



# Getting From Fat to Fit

Report for the Advocacy Working Group of the Childhood Obesity Team  
at the Robert Wood Johnson Foundation

*Mapping, Criteria, Strategic Framework, and Top Line Recommendations  
For Enhancing the Advocacy Strategy of the Childhood Obesity Team at the Robert  
Wood Johnson Foundation*

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## 1. INTRODUCTION

The overall landscape currently facing advocates working to reverse childhood obesity in the United States is promising, with pockets of broad, bi-partisan support at the federal, state, and local levels.

With national, state, and local policymakers aligning on various levels in support of initiatives to reverse the trend of childhood obesity, this issue is ripe for new conversations with stakeholders. New windows of opportunity have opened, reinforcing the need to target resources strategically in order to achieve positive policy outcomes.

We understand that the Childhood Obesity Team’s advocacy strategy is twofold: 1) to build local and statewide momentum for policy and environmental change with the greatest potential to reverse the childhood obesity epidemic; and 2) to educate leaders to foster change.

## 2. PURPOSE

To facilitate the development of a strategy for the advocacy working group of the Childhood Obesity Team of the Robert Wood Johnson Foundation, the team (“RWJF”) retained the Raben Group (“TRG”) to develop a policy, resource, and opportunity assessment and a strategic policy map with recommendations for the team to advance federal, state, and local healthy eating and active living policies that have the potential to reverse childhood obesity. This assessment includes information regarding federal, state and local policies, resources, and opportunities.

The project goals consisted specifically of developing a set of criteria to help evaluate policy proposals in both the short and long term; recommending 10 policy proposals at the federal, state and local level that have the potential to reverse the trend of childhood obesity; and providing general “high-altitude” strategies and tactics for the implementation of these proposals.

Our report addresses the following key areas:

### Policy and Political Scan:

- What, in broad strokes, is the policy and political landscape for childhood obesity issues?
- What are the likely opportunities in state, local, and federal arenas, considering the dynamics, political climate, and timing confronting these opportunities?



#### Strategic Alliances:

- Who does the RWJF Childhood Obesity team need to engage to achieve its public policy goals?
- What kind of relationships (and which actors) would be necessary for the RWJF Childhood Obesity Team to cultivate in order to achieve its public policy goals?
- What is currently being done by these groups, and how will the Foundation's work supplement and cooperate with existing efforts?

#### Strategic Use of Resources:

- What is the best role for the Childhood Obesity Team, and what are the actions they can take to promote these policy and advocacy movements?
- How can these policies be achieved and/or advanced with the Childhood Obesity Team's limited resources, and how are those resources best deployed to effectively push policy outcomes?

### 3. METHODOLOGY

TRG worked with the RWJF Childhood Obesity Team to develop a strategic map and recommend a comprehensive advocacy strategy to include perspectives from policymakers, public policy organizations, and other relevant stakeholders. TRG performed a mapping function by conducting research through the review of written reports and studies supplied by the Childhood Obesity Team and our interviewees; attending briefings, conferences and policy discussions; and through individual stakeholder interviews following a carefully developed interview guide.<sup>1</sup> From all these sources, we systematically gathered and compiled the information to inform our work.

Interview participants included members of the RWJF Childhood Obesity Team, national program officers, researchers, and other advocates and stakeholders. Events TRG attended and participated in included: RWJF's Leadership for Healthy Communities Obesity Summit; Tufts University and the Kellogg Foundation's "Future of Food and Nutrition Policy" policy discussion; and the California Endowment's congressional briefings on competitive foods and obesity in May 2009.

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<sup>1</sup> The interview guide can be found in appendix 10.4

#### 4. POLITICAL & POLICY LANDSCAPE

The current political and policy climate provides various opportunities and challenges to advance efforts to reverse the trend in childhood obesity.

With the economy in recession and federal, state and local budgets under tremendous strain, policies that cost money and lack a revenue stream face the toughest hurdles. Governments at all levels are mostly looking at where they can cut back programs rather than create new ones, making innovation a challenge. At the federal level, both Congress and the Administration are committed to PAYGO, the “pay-as-you-go” fiscal policy in which any spending increases must be off set by spending cuts or revenue raisers in other areas.

However, there are also certain opportunities that come with a heightened sensitivity to cost and revenue. The ability to pass a “soda tax” suddenly seems within reach, and obesity prevention, seen as a way to cut long-term costs, has some appeal. Federal stimulus funds have given states and localities the ability both to promote economic development and address factors in the built environment that play a role in obesity.

Economic conditions notwithstanding, the national political climate has become more conducive to advancing healthy living policies. The new Administration has placed health care reform center stage, and with it, strongly supports prevention measures as a long-term strategy to help control costs.

##### 4.1. Obama Administration

“Nearly a third of the children in this country are either overweight or obese, and a third will suffer from diabetes at some point in their lifetime. In Hispanic and African-American communities, those numbers climb even higher so that nearly half of the children in those communities will suffer the same fate.”

- *First Lady Michelle Obama*

The First Family is leading by example through optics that send a healthy living message. The Obama's gave their daughters a new playground, boasting a swing set, climbing frame, ladder and slide, rather than a flat-screen television, sending an implicit endorsement for recreational options that promote physical activity. The First Lady has garnered much attention for planting a vegetable garden, and both she and the President are public about their own physical fitness routines. The White House Chef, who shares the Obamas' interest in community gardens and healthy foods, will likely play a role in public relations efforts to promote better eating habits.

#### **4.2. Executive Branch Agencies**

New and receptive leadership in every cabinet department and various agencies offers the opportunity to pursue regulatory changes and partnerships that could not be realized before, requiring advocates to consider a new range of non-legislative policy options. In particular, the new director of the Centers for Disease Control and Prevention (CDC), Thomas Frieden, will likely be a vigorous champion for prevention. He is best known for his ground-breaking work as New York City's Public Health Commissioner, leading the effort to ban trans-fats and require calorie labeling on menus in New York City restaurants. A similarly-minded public health leader from Baltimore, Joshua Sharfstein, is now the deputy commissioner at the Food and Drug Administration.

This new leadership provides opportunities to access various funding streams, such as CDC grants and the American Recovery and Reinvestment Act, known simply as the stimulus bill, which is in the process of being implemented by executive branch departments and agencies in cooperation with state governments.

#### **4.3. Congressional & Legislative Actions**

In addition to health care reform, the 111<sup>th</sup> Congress is considering the reauthorization of several pieces of legislation that provide opportunities to address obesity, such as the Child Nutrition Act, the No Child Left Behind Act, and the regular reauthorization of the surface transportation bill. Congressional champions of reversing childhood obesity are in key leadership positions on the committees relevant to these pieces of legislation, opening the door for further policy advances.

In health care reform, which is currently on the center stage of the political arena, the Administration supports prevention measures as a long-term strategy to help control costs. Obesity is among the costly conditions recognized as being preventable. In the U.S. Senate, a compromise has recently been reached on menu labeling that is expected to be included in the final draft of health care reform legislation. The menu labeling deal unites backers of the progressive MEAL Act with proponents of the industry-backed LEAN Act.

Reauthorization of the Child Nutrition Act is expected to be complete by the end of this year. This legislation includes WIC, school breakfast and lunch programs, the summer food service program, and the child and adult care food program. It is currently moving through the House Committee on Education and Labor and the Senate Agriculture Committee.

The No Child Left Behind Act (NCLB) is scheduled to be reauthorized next year and is the vehicle for moving Senator Tom Harkin's FIT Kids bill which would set physical activity standards in public schools. NCLB is wrought with controversy between teachers unions and education reform advocates, among others. It is possible that these controversies –



which have nothing to do with obesity-related policies – will not be resolved next year and will push reauthorization until after the 2010 elections.

The 111<sup>th</sup> Congress is also scheduled to reauthorize major surface transportation legislation which determines how federal highway trust fund dollars are spent. Named SAFETEA-LU after its last reauthorization in 2005, this legislation includes funding for highways, road construction, mass transit and bike paths. Since this legislation is only renewed every five to six years, these reauthorization windows provide excellent opportunities to influence the spending of around a quarter trillion dollars worth of infrastructure.<sup>2</sup> For those working to reverse the childhood obesity trend, the transportation legislation provides an opportunity to address built environment issues and promote complete streets and public transit.

Discussions on how to handle pre-emption pervade consideration of most of these bills, with tension between proponents of “floor pre-emption” and those who favor “ceiling pre-emption.” Public health advocates who favor floor pre-emption are making the case for setting minimum standards and allowing states to exceed those standards. Meanwhile, the food and restaurant industries, citing the unwieldiness of a haphazard patchwork of inconsistent standards, favor ceiling pre-emption that sets a cap on standards across states and localities.

#### **4.4. States**

At the state level, governors are exercising their executive powers to coordinate action across agencies, developing state-wide policy recommendations and standards for schools, child-care settings, and other areas. Next year, 36 governors are facing re-election or being forced out due to term-limits. This includes some champions, such as California Governor Schwarzenegger who is being termed out of office and Arkansas Governor Mike Beebe, who faces re-election. The coming year will therefore be particularly important for action in those states to take advantage of the remaining months of those champions’ presence. In other states, next year’s elections may bring new opportunities where action has been limited due to a lack of political interest.

#### **4.5. Municipalities & Local Governments**

Counties, cities and school districts will continue to face tight budgets for at least a year after the recession ends. Despite this, consciousness about the need to address obesity is spreading. Stakeholders in favor of action at the local level are probably those most in need of capacity-building assistance in order to organize for policy change. RWJF’s Leadership for

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<sup>2</sup> SAFETEA-LU directed \$244 billion in transportation infrastructure spending. The size of the upcoming reauthorization is yet to be determined, Some lawmakers on Capitol Hill are proposing an amount twice that size, though that seems unlikely under current economic conditions.



Healthy Communities Summit was a good example of work in that direction. More will be needed.

## 5. SUMMARY OF POLICY PROPOSALS

Throughout the first six to eight weeks of this project, we conducted an inventory of policy proposals being pursued, discussed and debated at the local, state and federal level. These policy options fall into six broad categories.

### 5.1. Active Living

Active living policy proposals are those that promote physical activity. TRG divided these into two sub-categories.

"Your quality of life and your performance increases as a student as you get a good healthy dose of physical activity."  
*- U.S. Rep. Zach Wamp*

#### 5.1.1. In School, Physical Education & Physical Activity

No one is opposed to the idea of increased physical education in theory. Indeed, it represents one anti-obesity policy that can be fully embraced by the food and beverage industry. However, implementing increased physical education standards and physical activity hours faces opposition from those who view it as competing for scarce funding and detracting from the rigorous academic goals that schools are required to meet. So even though physical activity programs are mandated in most state, there are no consequences for most schools that fail to meet those requirements.

- **Require minimum number of minutes of daily physical activity in schools** (e.g. 30 minutes)
- **Require standards-based physical education classes.** These would be taught by certified PE teachers for a minimum amount of time (e.g. 150 minutes per week) and include a mandate that a percentage of that time be physical activity.
- **FIT Kids.** Include this legislation, which sets physical activity requirements in public schools, as an amendment to NCLB.
- **Educate policymakers about the link between physical activity and school performance.** This would help overcome resistance to in-school physical activity requirements.

### 5.1.2. Out-of-School & in the Community

- **Minimum physical activity requirements for summer programs.**
- **Minimum physical activity requirements for after-school programs.**
- **Promote the reduction of screen time.** Working with parents, after-school programs, and in day care settings, reduce the amount of time spent playing video games and watching television.

## 5.2. Healthy Eating

Healthy eating policy proposals are those that promote increased nutrition standards and access to healthier food options.

“Restaurants are super-sizing their meals. Americans are super-sizing their bodies. We can’t go on like this. We are choking our economy. We are exploding the federal budget. And we are, literally, killing ourselves.”

*- U.S. Senator Tom Harkin*

### 5.2.1. In School Nutrition

While it is a difficult environment in which to effect change, there are a number of ways in which school-based policies could be changed or implemented to affect child nutrition.

- **Improve nutritional quality of school meals (state-level).** School nutrition standards have received a lot of attention in recent years. California has among the most stringent standards. In Mississippi, the state legislature delegated the task of creating standards to the state’s Department of Education, while in Texas and New Jersey this task was delegated to those states’ agriculture departments. Note that when legislatures delegate to a state agency, there tends to be less opportunity for the food and beverage industry to influence policy outcomes.
- **Improve nutritional quality of school meals (federal-level).** At the federal level, the Child Nutrition Act (CNA) is the main vehicle for addressing nutritional standards in federally-reimbursable meal programs, such as school lunches. Senators Harkin and Murkowski have proposed an amendment to the CNA which would allow USDA to implement future school dietary guidelines recommended by the Institute of Medicine without having first to go back to Congress.

- **Expand the school breakfast program to “breakfast in the classroom” or “second breakfasts.”** The goal is to expand healthy breakfast and snack offerings so that kids are less likely to consume unhealthy snacks during the day.
- **Increase funding for the Child Nutrition Act.** Increased funding should be used for purchasing more fresh and healthy foods to include in school lunch offerings.
- **Require minimum nutritional standards for competitive foods.** This proposal could be achieved at the federal level through the Child Nutrition Act reauthorization. Options include limiting the availability of low-nutrient, energy-dense foods on school grounds generally and specifically restricting what is carried in vending machines and when vending machines can be accessed.
- **Expand farm-to-school programs.** This policy is gaining momentum due in part to its popularity among various stakeholders and its bipartisan appeal. This option is largely seen as a win-win because it creates a market for local farmers and provides fresh food to kids.
- **Train cafeteria directors and workers.** Such training would include education on how to use different equipment and food preparation techniques that result in healthier meals.
- **Give children more time to eat lunch.**
- **Require minimum hours of nutrition and health education.**
- **Require school administrators to be educated on child nutrition.**
- **Develop parent-led initiatives.** Train a cadre of parent leaders to assume responsibility at their children’s schools and to determine a distribution system for fresh fruits and vegetables.
- **Strengthen USDA Food Program Standards.** Little attention has been given to using executive branch regulatory power to improve the nutritional standards of USDA’s annual \$40 billion worth of food programs, such as SNAP, WIC, and the school lunch and breakfast programs. Now that there are healthy living champions in key leadership roles at the department, these options should be explored.

- **Upgrade school cafeteria facilities.** Stimulus funding can be used to rebuild school cafeterias so that they are equipped to provide healthier meals. Examples include more refrigeration for fruits and vegetables and the replacement of fryers with broilers.

### 5.2.2. Out-of-School & in the Community

- **Improve nutrition standards in child care and day care settings.** The goal would be to align food standards in these settings with the policies we want to see in schools. This can be most effectively achieved at the state level. While there is a federal child care food program that is part of the Child Nutrition Act, it reaches only a limited number of children.
- **Expand the Child Care Food Program.** The goal would be to use the reauthorization of the Child Nutrition Act to expand this program to cover more children.
- **Develop nutrition standards for meals served in after-school programs.** The goal would be to align food standards in these settings with the policies we want to see in schools.
- **Institute snack and/or soda taxes.** In addition to serving as a disincentive to consume unhealthy foods, the tax revenue could provide a funding stream for other healthy living policies.
- **Require menu labeling.** Requiring, at a minimum, the calorie content of menu items, as well as the daily recommended caloric intake, posted clearly on the menu board.
- **Food labeling.** Set standards for labeling foods as “whole foods.”
- **Bring full service grocery stores to under-served/isolated areas.** One way to accomplish this could be by adding specific language to comprehensive local development plans to identify grocery stores as important considerations for developing and redeveloping neighborhoods. Grants, loans, and/or tax incentives could be offered for grocery stores to locate in underserved areas. These incentives can be viewed under the framework of economic development.
- **Discourage un-healthy food outlets from establishing themselves in minority, low-income and rural communities.** Tactics include creating a "saturation index" of unhealthy food and beverage outlets within a

community and helping residents to identify the types and quantities of healthy vendors that should be there instead; developing model policies that could limit the ability of fast food restaurants to locate near schools; and supporting zoning changes that would decrease the density of fast food restaurants, particularly around schools.

- **Encourage existing outlets in under-served areas to carry healthier foods.**
  - Offer financial, promotional, and other incentives to encourage convenience stores to offer healthier food options.
  - Provide incentives to local mobile markets that offer convenient and affordable healthy food in lower-income communities that lack access or have limited access to healthy foods.
  - Replicate the Food Trust’s Fresh Food Financing Initiative in other localities.
  - Organize small stores to win bulk purchasing power
- **Incentivize healthy food vendors.** As proposed in New York City, fast-track vendors in the process of getting their license if they carry healthy foods.
- **Promote Farmers Markets.** Provide incentives, grants, and subsidies to farmers market organizers to support new and existing farmers markets. Also encourage farmers markets to accept SNAP and WIC benefits.
- **Expand healthier food options in and around parks.** This could be accomplished through zoning or the targeted permitting of street vendors.
- **Establish a federal after-school Supper Program.**

### 5.3. Built Environment

Policies that focus on the impact that physical surroundings have on active living and healthy eating span the range from ambitious to modest. Re-designing schools or neighborhoods can be daunting and costly, but affordable and achievable policy proposals can also be found in this category.

“Differential structures of opportunity get built into structures over time”  
- *Kellogg Foundation*

- **Facilitate the development of joint-use agreements.** Opening up school playgrounds and sports fields to local communities for use outside of school hours can provide physical activity options in neighborhoods that lack other options. Obstacles tend to be concerns about liability and the lack of cooperation between municipal governments and school boards.
- **Increase construction and maintenance funding for school-based physical activity facilities.** The construction and improvement of school playgrounds, gymnasias and sports fields could be tied to after-school, weekend and summer programs, including organized sports events that could attract funding through public-private partnerships, as well as through public safety funding streams (after-school activities can be sold as public-safety policies that give children alternatives to gangs and street crime).
- **Expand Complete Streets.** The construction of “complete streets” unites a broad array of stakeholders (such as public health advocates, environmentalists, cyclists, developers) to build or improve sidewalks, pedestrian paths, bike lanes and bike trails to connect neighborhoods to recreational, commercial and educational centers.
- **Promote transit-oriented development.** The transportation reauthorization bill can be a vehicle for increasing funding for transit-oriented development. Like complete streets, transit can be promoted as a way to advance economic development.
- **Safe Routes to School.** Expand outreach efforts and funding sources for Safe Routes to School (SRTS) and institutionalize SRTS strategies within the school system.
- **Increase the safety and accessibility of local parks and playgrounds.** Involve law enforcement in the design of parks. Some funding streams already exist through the public safety system to promote the design of parks that are less prone to the drug trade and other forms of crime.
- **Include health perspective in community planning.** Cities and counties could be required to include a public health professional in their planning boards so that community development does not create or perpetuate inherent obstacles to healthy living.

#### 5.4. Media & Advertising

Influencing the messages that children see and hear will influence their behavior. The food and beverage industry knows this, or else they would not be spending the resources they do



on advertising their products to children. The following policy proposals address those messages.

- **Reinstating FTC authority over food marketing.** This federal-level policy option could apply to both broadcast/electronic marketing and packaging. The Children's Television Workshop is a potential partner in pursuing this option.
- **Restrict billboards, posters and other visual ads.** Implement ordinances that restrict advertising of unhealthy foods and beverages in or near schools, youth centers, and other areas where youth gather.
- **Address product placement in grocery and convenience stores.** The placement of products directed at catching children's attention, typically on lower shelves, often includes unhealthy snacks and foods. Research is needed on product placement and how to positively influence it.
- **Public education campaigns.** Public service announcements, advertisements, event sponsorships to promote healthy eating, and physical activity.

## 5.5. Health Care

The health consequences of obesity have spurred greater attention to focus on prevention, and how it can be addressed within the health care and public health systems.

- **Require obesity screening at child wellness exams.** This could be required through Medicaid.
- **Require BMI measurement in schools.** A number of states already conduct BMI measurements. In some, the information is sent to children's parents while in others the information is aggregated.
- **Promote substantial prevention elements in health care reform.** The various health care reform proposals under serious consideration in Congress contain substantial investments in prevention and require a national prevention strategy.
- **Establish requirements for state-level data collection on childhood obesity.** States should all be encouraged to engage in baseline data collection (such as BMI or other measurements) in order to track whether a particular policy change, or collection of policy changes, is working.
- **Insurance coverage for preventative services.** Preventative services, such as visits to a dietician, should be covered within health insurance plans.

- **Insurance Reimbursements.** Advocate policies through which insurers would reimburse community-based fitness and healthy living programs.

## 5.6. General (Cross-cutting policies)

There are several policies that cut across the previously mentioned categories. These include the following:

- **Implement stronger local wellness policies.** Building upon work in the last iteration of the Child Nutrition Act, school wellness policies should be strengthened. The requirement to have these policies created energy around school wellness policies. This, however, did not translate into implementation or uniformity in detail and reach. A requirement is needed in the reauthorization of the Child Nutrition Act around measurement and evaluation of the quality of the policies in addition to capacity building goals.
- **CDC healthy community grants.** Encourage the CDC to expand the potential scope of grants for healthy communities to include programs for obesity prevention.
- **Cultivate local school system champions.** Develop ways to motivate school principals and school board superintendents to make changes in their micro-environments.
- **Promote healthy eating and active living in child care settings.** Childcare centers are vastly under-funded with a largely under-educated staff. Many are waiting for better ideas about what to do to promote healthy living among the children in their care. States can establish a program for centers that meet certain guidelines to receive a state certification, giving them a much sought-after seal of approval that helps them in marketing their centers to parents.

It is also worth noting that Leadership for Healthy Communities has 15 target states for their childhood obesity work; Save the Children is targeting 15 rural communities; and Healthy Kids/Healthy Communities has nine lead sites on board and is bringing on another 70 by the end of the year.

## 6. CRITERIA & STRATEGIC FRAMEWORK

In reaching our recommended policy targets, we employed the following criteria, applying them to the inventory of policy options being considered by the various actors involved in combating childhood obesity. Through answering the questions that each of the criteria poses, we drew



conclusions about which policy options would best meet RWJF's childhood obesity advocacy goals.

Since the criteria would play a central role in determining our recommended policy targets, we put a lot of consideration into their development. Our thinking started with these questions:

- What are the key opportunities that RWJF can seize now?
- Could RWJF make a difference?
- Are there others doing this work?
- What are the barriers to success and strategies for overcoming them?
- What additional considerations need to be made in light of the political context?

We then discussed with the Advocacy Team the elements of the criteria under consideration and their priorities. After incorporating that input, we arrived at the following criteria:

- Attainability
- Role of RWJF Team
- Impact on reversing the childhood obesity trend
- Reaching target communities
- Evidence
- Potential for enforcement and/or evaluation

## **6.1. Attainability**

### **6.1.1. Political Viability**

This is where we take a political reality check and ask who supports the policy proposal and who opposes it. Is there sufficient political will among policymakers and stakeholders to accomplish the policy? Are proponents of the policy in a (potentially) stronger position than opponents?

Some policy options are political non-starters: the political cost of pursuing them far outweighs the political benefits, regardless of what the public health impact might be. On another level, different policy options require different forms of political decision-making, such as regulation, legislation, or executive orders. Policy options also require action at different levels of government. Each of these forms of decision-making involves different actors. And stakeholders have varying levels of impact on those actors. This required us to think about which paths toward implementation of a particular policy option could best be pursued.

### **6.1.2. Timing**

Is now a good time to pursue this policy option? And if not now, when?

Some policy options may be very ripe for action due to temporary factors such as those related to the economic climate, a swing in public opinion, the presence of particular elected leaders in fixed-term positions, or the cyclical review of certain public policies conducted on a multi-year basis. Understanding where a policy option falls among those factors can make it more or less attractive to pursue. It can also help inform decisions about what strategy and tactics to pursue and which stakeholders' support or opposition may be enhanced due to those factors.

### **6.1.3. Ripeness to Engage Stakeholders**

Are there potential partners in the private, public, and/or non-profit sector with which to join forces? Where are the stakeholders? Are the stakeholders ready and in place? Could they be? Is there sufficient support among stakeholders? Can we create support?

The potential availability of partners varies across policy arenas, and even where there are available partners, their readiness to be *effective* partners varies. Potential partners could be in various stages of cohesion and organization. In some cases there may be a number of potential partners who have simply not yet been organized into an effective coalition. In other cases, partners have found each other but may be missing funding, a strategy or tactical ideas.

### **6.1.4. Economic Viability**

Will this change cost money? Will it cost "big" or "small" money? Where will the funds come from?

Unfunded mandates on states and localities face political and implementation challenges. That is why a policy proposal is more attainable when an existing funding stream can be identified to pay for it, such as appropriations linked to reauthorization bills or stimulus funding. Alternatively, consider if creating a new funding stream is feasible, such as through a revenue raiser like a soda tax or by increasing participation in school lunch programs.

## **6.2. Role of RWJF Team**

Given the existing RWJF investments, RWJF capacity, and limited funds, we asked how RWJF can use its assets to effectively push forward these policy proposals. This led us to ask the following:

- Is there a role for the RWJF team?
- How can RWJF use its assets most effectively?

- What's the best role for the team, what can they do to contribute most to the policy outcome?

### **6.3. Impact on Reversing the Childhood Obesity Trend**

Will the policy's implementation result in reducing the prevalence of childhood obesity?  
Will the change have a sustainable long-lasting impact?

There is a certain degree of tension between what is measurable and what "makes sense." In many cases, some policies are difficult – if not impossible – to measure, as there are too many other variables to isolate a single policy's impact. In other cases, experts cite a lack of data to measure a policy's effectiveness.

Some experts were able to confidently conclude that certain policies were not effective, citing no significant change in health outcomes following their implementation. This made it easier to rule out certain policies as lacking impact. Due to the difficulty of finding an objective measurement for impact in most policy options, we made judgments of impact based on the broad consensus of experts who have the greatest degree of familiarity with the particular policy option. In other words, the science may not be there yet, but this is what we know based on what appears to be working.

### **6.4. Reaching Target Communities**

Does the policy effectively reach children in low-income, minority and rural communities, positively altering their health status?

Many policy options touch almost all categories of children. However, others were found to have a disparate impact across RWJF's targeted sub-populations. The difficulties of measuring impact, as discussed above, also made it difficult at times to determine which policies would or would not have a meaningful impact on target communities. Again, we relied on the consensus opinions of experts most familiar with those target communities. In other instances, some policy proposals can be easily directed at a particular community based on geography or family income levels, making those proposals especially attractive.

### **6.5. Evidence**

What does the scientific evidence say to support these recommendations?

Where available, we considered evidence for policy proposals' effectiveness that included Institute of Medicine (IOM) recommendations, active living and healthy eating research, and CDC research and studies.

## 6.6. Potential for Enforcement and or/ Evaluation

What mechanism or actor is going to ensure that the policy is implemented? What's the enforcement driver – will it take a carrot or a stick to make this happen? Who's the watchdog?

Ensuring that policies are actually and effectively implemented is obviously critical to a policy proposal's ability to have an impact. We heard from various sources that many proposals have been implemented on paper but not in practice.

## 7. POLICY & ADVOCACY RECOMMENDATIONS

### 7.1. State & Local

As we considered the policy proposals for the state and local levels, three themes led our approach:

1. **Focus on Schools.** Children are confined to the school environment for a significant amount of time, which provides numerous opportunities to influence what they eat, what they do and what messages they hear.
2. **Address Awareness Gaps.** There remain large awareness gaps across significant segments of society. Too many school board members, principals, and teachers continue to lack awareness about how physical activity can enhance student academic achievement. Too many parents are not aware of the long-term health consequences of certain eating habits or what they can do to promote their children's health. These are all actors with a tremendous influence over children so getting them invested in healthy living policies has the potential to make a significant difference.
3. **Improve what we have.** During economically challenging times, it makes more sense to focus on improving existing infrastructure rather than build new infrastructure.

#### 7.1.1. Establish Minimum Requirements for Nutrition and Health Education in Schools

This policy proposal, if approached at the state and local level, would educate the entire school community – including students, administrators, cafeteria directors and cafeteria workers – about nutrition and health. For children, it would focus on good eating and physical activity habits while for cafeteria directors and workers, it would focus on how to prepare more nutritious meals on existing budgets. This policy proposal would



improve the nutritional quality of school meals and raise awareness about healthier living habits.

Politically, this is a non-controversial policy proposal that can be directed at RWJF's target communities. The greatest challenge will be funding and finding the time within school schedules. However, even if it proves to be too difficult to include health and nutrition education in the curriculum, training for staff can still move forward. Potential stakeholders include school nurses, students, school administrators, and teachers.

RWJF's Obesity Advocacy Team can play a critical role in bringing potential partners together, along with ideas of best practices from areas where similar efforts have been undertaken. For example, in some schools, students have been part of designing a healthy menu, resulting in more nutritious meals that children will actually eat, drawing them away from unhealthy competitive foods.

Whether this process is implemented at the state or local level will impact what tools can be used to ensure that the policy, if fully implemented, succeeds. Making it a requirement mandated by the state may yield different results than depending on an activated local community to pressure school leaders to follow through on the policy.

Pursued at the state level, this policy could be achieved through a requirement imposed on school districts by the state government. RWJF could enhance the advocacy capacity of statewide organizations to improve their ability to cultivate and partner with policy champions in the state legislature and governor's mansion.

At the local school district level, RWJF could cultivate local leaders and build a coalition to implement this policy proposal. Inviting key school board members, principals and school nurses to leadership conferences could help build local capacity and support.

### **7.1.2. Promote Structural Improvements in School Food and Activity Environments**

The goal of this policy proposal is to rebuild the school environment so that it is structurally equipped to promote both better nutrition and more physical activity. RWJF can direct its focus on school districts that serve large minority and low-income communities, or those in rural areas, linking local leaders and advocates with technical assistance to apply for funding from the states through the American Recovery and Reinvestment Act.

Examples of structural improvements include: 1) retooling cafeterias so that they have the equipment necessary to provide healthier meals (acquiring refrigeration for maintaining fruits and vegetables, and replacing fryers with other preparation

equipment such as broilers); 2) acquiring new gymnasium equipment; and 3) renovating playgrounds and sports fields.

This policy option presents no political opposition, other than the competition for stimulus funding. Speed in implementation is critical as stimulus funds will likely be exhausted within months.

### **7.1.3. Facilitate the Development of Joint Use Agreements**

In many communities, especially RWJF's target communities, there is a lack of recreational facilities for children to engage in physical activity. Existing playgrounds in schools are usually locked after school hours and on weekends, removing them as an option for use in communities where those may be the only recreational facilities within a reasonable distance. The idea for schools to share their recreational facilities with local communities requires cooperation between the school district and municipal or county government. While it seems like a simple concept, it has been difficult to achieve, mostly over liability concerns. Whether those concerns are legitimate or an excuse to avoid action is debatable.

RWJF could support the work of organizations, such as NPLAN, that are developing legal language for states to use in clearing the way for joint use agreements; and connect such organizations with community and neighborhood groups and statewide anti-obesity advocates. The mechanism to bridge liability concerns would take the form of a resolution, memorandum or statement issued by a relevant state or county official to clarify liability obligations and clear the path for implementing joint use agreements.

This proposal does not involve any ideological-political controversy, and is far less costly and time-consuming than constructing new recreation facilities, especially in urban settings. It has the potential to relatively quickly provide many communities with physical activity options.

### **7.1.4. Support Zoning to Promote Healthier Food Options**

Local zoning and permitting processes are a potentially strong tool that can be used to incentivize healthier food options. For example, preferential treatment in the zoning process could be provided to a food outlet that carries healthy options over a fast food outlet. Likewise, the permitting process for a green cart could be more streamlined than for a taco truck.

This policy could also include a sliding scale mechanism in which fast food outlets that provide healthier menu options could be rewarded with more positive consideration than fast food establishments that do not make an effort to provide healthier options.



This could result in a climate where restaurants would compete among themselves to provide healthier meals.

To achieve the greatest impact, this policy option can be directed in minority and low-income communities and around schools. RWJF would need to identify specific sites for action and connect experts in zoning with neighborhood and community groups, as well as key local elected leaders.

#### **7.1.5. Encourage Existing Food Outlets to Carry Healthier Foods**

This policy proposal seeks to increase the availability of healthy foods in communities often referred to as “food deserts” where healthy options are scarce or non-existent. Through tax incentives, farm-to-city programs, financing and other measures, the goal is to use the existing retail infrastructure of convenience stores, bodegas and small grocery stores to make healthy foods more available.

RWJF can bring together local government, farmers, community and neighborhood groups, and existing grantees to implement this proposal. Examples such as Pennsylvania’s Fresh Food Financing Initiative exist, providing valuable lessons which RWJF is already applying as it supports the Food Trust’s projects in Illinois, New Jersey and Louisiana. Continued support of these and similar efforts is warranted.

#### **7.1.6. Baseline Data Collection**

Many states have already begun to require the collection of data in schools that measure obesity. In fact, 20 states already have such policies in place, but that leaves 30 states where action is still needed.

Body-mass index (BMI) is the most common measurement used in existing policies. While the CDC has voiced some caution about BMI measurement, some form of data collection, whether BMI or an alternative, should be employed in order to provide researchers and policymakers with the data necessary to track whether anti-obesity policies are effective. Data collection and sharing in themselves will not reduce obesity rates, but they are necessary components of overall efforts.

### **7.2. State & Federal Overlap**

#### **7.2.1. Competitive Food Standards**

This policy proposal can and should be approached at both the state and federal levels. At the federal level, the Child Nutrition Act should require states to set minimum

standards to restrict competitive foods. Twenty-seven states have done so, which leaves almost half the states without them.

State governments should be encouraged to design the detailed plan to achieve those standards, which include vending machine content and hours of availability and foods sold at school events and fundraisers. It is important that the state plans also develop a system for accountability to ensure that school districts meet competitive food standards.

PAYGO will restrict new policy proposals within the Child Nutrition Act that cost money, such as expanding school breakfasts and establishing healthy supper programs. However, setting standards for existing programs does not trigger PAYGO, making this policy proposal more politically feasible. With champions of anti-obesity policies in leadership positions heading the committees with jurisdiction over the Child Nutrition Act, the prospects for progress are good.<sup>3</sup>

### **7.2.2. Strengthening School Wellness Policies**

The 2004 Child Nutrition Act required states to develop School Wellness Policies. While 20 states have complied in developing these policies, most have not, and for those that have, the policies vary greatly in detail, length and effectiveness. The current reauthorization of the Child Nutrition Act should include provisions to require more detailed wellness policies. States, in turn, should be encouraged to take the lead in the coordination, design and oversight of implementation of wellness policies within school districts.

Like competitive food standards, strengthening school wellness policies does not trigger PAYGO. With champions in key roles at the federal level, the greater amount of work will be needed at the state level to build the capacity of advocates to assist, influence, and inform state governments to support stronger school wellness policies.

## **7.3. Federal Only**

### **7.3.1. Strengthen USDA Food Program Standards**

The Secretary of Agriculture has the executive power to influence nutrition standards for \$40 billion worth of food programs through the regulatory process. These programs include SNAP, WIC, the school lunch and breakfast programs, and others.

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<sup>3</sup> The Child Nutrition Act reauthorization will be written by the House Education and Labor Committee, chaired by Rep. George Miller (D-CA), and the Senate Agriculture Committee, chaired by Sen. Tom Harkin (D-IA).



The Food and Nutrition Service is already planning to implement the school lunch and breakfast nutrition standards being developed by the IOM, which are expected to be completed by the fall or winter of 2009, with regulations to follow in early 2010. This October, states will be required to implement 2005 IOM nutrition standards in WIC packages. These are promising examples, with more work remaining to be done in SNAP, summer food service, and the child and adult care food program.

Supporting regulatory approaches at the federal level has not been on the radar screen of many advocates. In part, there were few enthusiastic champions within executive branch agencies during the last eight years, which turned most focus at the federal level to Congress. Working through the legislative process does provide easier organizing tools for advocates than the executive rulemaking process. However, when there are champions in place to support regulatory change, the process can sometimes move faster and with greater likelihood of success, than the legislative process.

Strengthening the nutrition standards of USDA's programs would directly impact RWJF's target communities, as it is precisely low-income families that rely on them. It also provides an opportunity to bring nutrition standards into after-school and daycare programs.

In pursuing this policy option, RWJF would need to identify grantees and allies with specific regulatory expertise and an understanding of how far leaders at USDA can push their regulatory reach without requiring legislative authorization. It would also be worthwhile considering what simple legislative language could be added to existing bills in order to give the Secretary of Agriculture additional rulemaking authority.

### **7.3.2. Inclusion of FIT Kids in NCLB**

Reauthorization of the No Child Left Behind Act (NCLB) presents opportunities to address in-school factors that contribute to childhood obesity. The Fitness Integrated with Teaching Kids Act (FIT Kids Act) is the principal legislative proposal that could be added in NCLB that would establish physical activity requirements on all schools.

The FIT Kids Act would amend NCLB Act to increase children's physical activity throughout the school day and ensure that they learn how to live healthy lives through exercise and diet. Specifically, the legislation would:

- Require all schools, school districts and states to report on the quantity and quality of physical education;
- Amend existing school programs to integrate physical activity and wellness throughout the school day;

- Support professional development for health and physical education teachers and principals to boost students' ability to learn and help promote healthy lifestyles and physical activity; and
- Fund studies to examine the impact of health and physical activity on student achievement and find effective ways to increase physical activity during the school day.

It is important to note that NCLB has become a controversial law since its enactment for reasons that have nothing to do with obesity. Its requirements on states and school districts have been met with resistance by state and local government, teachers unions and some parents. While reauthorization is scheduled for next year, it is possible that the timeline will not be met due to ongoing controversy. Indeed, the first attempt to reauthorize NCLB in 2007 failed.

On top of those complications, there is a certain degree of resistance to expand the requirements of NCLB beyond reading and math. Efforts to include physical activity and physical education could end up competing with efforts to include art, music and other subjects in the required curricula.

While the inclusion of FIT Kids in the current NCLB reauthorization will face many obstacles, it is a valuable effort that will educate federal policymakers on the link between physical activity and improved academic performance, laying the groundwork for FIT Kids, or similar legislation, in the future, as policymakers view physical activity as a necessary ingredient to meeting the academic achievement goals that are central to NCLB. Therefore support for additional research that shows a strong link between physical activity and academic achievement would be worthwhile.

#### **7.4. Runners Up**

During the process of determining a list of ten policy recommendations, there were several important, high-profile policy proposals that were not included, but which deserve special attention. These are policies with many merits which have deservedly already received significant attention from RWJF. These policy proposals were ultimately not included in the final list of recommended policy options for several reasons, including a lack of consensus within the TRG team about whether to include them, the presence of a particular factor or factors that caused concern, and the interest of limiting the number of federal-level policy options within the list of recommendations. These policies deserve continued attention from RWJF with consideration given to some of the concerns that follow.

#### **7.4.1. Soda Taxes**

Momentum for implementing taxes on high-sugar soft drinks has been growing. At the state and local level, the current economic climate has intensified the search for additional revenue-raising measures, and at the federal level new taxes are being considered to help pay for health care reform.

However, engaging directly in favor of soda taxes would likely have serious future repercussions on RWJF's ability to partner with the beverage industry, which strongly opposes such taxes as they impact a significant part of their business. RWJF needs to consider the relationship it wants to have with the beverage industry before engaging further in this arena. Choosing a path of direct conflict with an industry that can easily out-spend RWJF will likely yield unsatisfactory results. In the meantime, RWJF could consider funding studies on the impact that soda taxes would have on its target communities as little research exists in that area.

#### **7.4.2. Complete Streets**

Complete Streets is an appealing policy proposal that commands widespread support and is capable of capturing the imagination of policymakers. Existing and potential allies for supporting complete street policies include local elected officials, neighborhood groups, developers, environmentalists, cyclist organizations, and local-level chambers of commerce.

However, there are two principal concerns about complete streets that require consideration. First, complete streets may not be an ideal way to reach low-income and minority communities concentrated in urban areas. Sidewalks and public transit options already exist there. One of the principal obstacles to making greater use of this existing infrastructure is the lack of public safety. Advancing complete streets does not address that obstacle.

Second, the commute for students between home and school is under significant change. More students are moving away from community-based schools within walking or biking distance, to magnet and charter schools that are much further away from home, making the placement of bike lanes a potentially less impactful policy option.

One activity that RWJF could pursue is to support studies of how home-to-school commuting patterns are changing. The results from such a study could help determine how complete streets policies might be able to best serve minority and low-income communities.

### **7.4.3. Reinstating FTC Authority Over Food Marketing**

In the late 1970s, the Federal Trade Commission (FTC) lost its authority to regulate television advertising directed at children. Regaining that authority could be a potentially powerful way to influence messages that children are exposed to on a daily basis. The timing to pursue this policy option is particularly good given the current political climate which favors more pro-consumer policies. There is also the potential to partner with others interested in giving the FTC the ability to regulate child-targeted advertising, such as consumer groups.

However, as with soda taxes, pursuit of this policy option would likely antagonize industry. Advertising to children is a key part of industry's efforts to establish brand loyalty. Consideration of RWJF's desired relationship with industry is required before taking an aggressive role in favor of this policy option. In the meantime, RWJF could support studies focused on how its target communities are impacted by television advertising and how that compares with other forms of marketing, such as billboards and sponsoring sporting events.

### **7.4.4. Menu Labeling**

Menu labeling is another policy with momentum and many proponents. It has been achieved at the local level, in New York City, and has received serious attention in Congress. Additional research shows that it has a significant impact on the general population.

However, two principal concerns kept menu labeling from inclusion in the top ten policy recommendations. First, while research shows it has impact overall, there is no specific research that speaks to its effectiveness in impacting minority and low-income communities.

The second concern is timing. Now that a compromise has already been reached in the Senate on a menu-labeling package, it is too late for action on the federal level, and since the Senate compromise includes pre-emption, local and state menu-labeling policies may be rendered moot.

RWJF should wait and see what happens with the Senate's menu-labeling deal. If health care reform legislation fails to be enacted, or if menu labeling provisions are not included in final legislation, RWJF should consider resuming support for state and local efforts. In the meantime, RWJF could support research on the impact of menu-labeling in minority, low-income and rural communities.

## **8. STRATEGY & TACTICS**

To achieve progress in advancing the policy recommendations and other related goals, an overarching strategy is necessary. This section will provide a high-altitude strategy with some suggested tactics that are broadly applicable, as well as an overview of likely opposition to some or many of the policy recommendations.

### **8.1 Opposition**

We identified four main areas of opposition to the anti-obesity policies that RWJF may want to support.

#### **8.1.1. Industry**

The food and restaurant industry, as well as certain agricultural interests such as corn syrup and sugar producers, can be expected to have an antagonistic view of efforts to curtail consumption of their products. However, there are also opportunities for the industry to take a lead in introducing healthier options that respond to consumer interest and legal requirements.

#### **8.1.2. Other Groups Competing for Funding**

In tough economic times, the competition for resources increases. Federal, state and local government services such as unemployment insurance and housing assistance become heavily used, draining resources away from a broad range of services, such as parks, public safety, education and social services deemed as having lower priority. Efforts to introduce new programs, even those that do not have a significant fiscal impact, may be viewed suspiciously.

#### **8.1.3. Backlash to “Nanny State”**

Already some protestations have begun to be heard from libertarians and related entities, such as the CATO Institute, decrying anti-obesity policies as government intrusion upon personal freedom. They are likely to provide opponents of change with messaging about how health and wellness, including obesity prevention, are a matter of personal responsibility and not a place for government to be involved.

#### **8.1.4. Leadership in Schools**

In many schools and on many school boards, there is tremendous pressure to meet state and federal education standards. Adding new responsibilities or even the consideration of adopting voluntary policies is viewed as burdensome. Budgets are

tight, as are school curricula and schedules, making some principals and school boards unwelcoming to anything that would tax their limited resources.

## **8.2. Building a National Campaign**

Achieving the goal of reversing the trend in childhood obesity needs to be accomplished through an effort not unlike a coordinated campaign. It needs to be a campaign that consists not only of strategy, money and tactics, but a campaign that has an infrastructure, a message and a campaign captain to make sure the effort is coordinated and effective. Four main elements of the campaign follow below.

### **8.2.1. Advocacy Training**

Advocates and potential coalition partners on the state and local level will need training and tools to build the capacity that will enable them to form the basis of an effective ground operation. For example, they need to learn how to steer stimulus money, pressure policy makers, empower minority communities, take advantage of local bond measures to establish funding streams, and generally navigate the local and state public policy system. The campaign will also need to devise metrics to measure advocacy efficacy and determine where additional training and support is needed within the campaign's advocacy infrastructure.

### **8.2.2. Build Alliances**

Alliances or coalitions will provide RWJF with better leverage for achieving its policy objectives. A good example is the Strategic Alliance in California, which brings together healthy eating and active living groups to present coherent policy options and leverage each others' strengths to make progress.

This campaign should adopt that model and take it a step further by developing relationships with other stakeholders outside of the obesity and public health silos. Outreach is needed to civil rights organizations, environmentalists, religious groups, and labor unions among other organizations. One participant in this project put it bluntly: "It's about time our coalition included people and groups that politicians *fear*." Having coalition members that policymakers are loathe to ignore will help in getting the message heard.

### **8.2.3. Research and Advocacy Coordination**

Research and advocacy need to work hand-in-hand so that research is relevant and effective in providing support to advocates' policy objectives. Sound research can be incredibly effective, especially when there is a lot of it as policymakers can only ignore

facts and evidence for so long. This will require greater harmonization of grantees' work around advocacy efforts.

#### **8.2.4. Messaging**

Effective communication with each target audience is critical. Beyond having the right research and right policy proposals, the campaign will need to communicate in a way that will be listened to by the people who need to hear the message. This means finding the right validators for the right audiences, and influencing the communities that influence the target policymakers. Validators could range from a former president to sports and entertainment celebrities.

There are also various framing opportunities for reaching particular audiences. Depending on the target audience, policy proposals could alternatively be cast in terms of economic development, health care reform, climate change, or public safety. Having broad alliances that include organizations with credibility in these policy frameworks strengthens the ability to convey a convincing message that will be heard.

Finally, RWJF should also consider to what degree it can use the bully pulpit that comes with the stature of the Foundation and encourage like-minded leaders to do the same.

### **8.3. Applying Campaign Infrastructure to Federal Reauthorization Legislation**

A preliminary example of how a national campaign infrastructure could be applied at the federal level would be how to influence major pieces of legislation being considered for renewal. The approach would be focused on the following.

- **Identify targets** – Consider which bills, and which provisions in those bills, are best to target, based on the criteria included in this report.
- **Educate policymakers** – The constituency primarily being served – children at risk of becoming obese – are largely voiceless in this process. This intensifies the imperative to develop a strong education program for policymakers and their staff, using the combined research and advocacy strength developed through the national campaign.
- **Build grassroots** – The ground operation developed in the national campaign can be used to engage the grassroots and build public support. In communicating with the grassroots, policies to reverse the obesity trend need to be linked to everything that matters in people's lives: their health, their economic well-being, and their children's futures.



- **Messaging** – The national campaign’s messaging strategies and tactics will play a critical role in mobilizing grassroots activism and local media coverage, both of which heavily influence policymakers.

## 9. CONCLUSION

Public policy rarely progresses in a linear fashion. Rather, the path resembles a bumpy road with peaks of achievement and troughs of set-back. It is difficult to predict how long current windows of opportunity will remain open, making the need for strategically selected action all the more urgent. The period between now and the end of 2010, if not beyond, is a time that should be a peak of achievement. By harnessing the energy and expertise that exists across America into coalitions for change, those peaks can be reached.



## **10. APPENDIX**

### **10.1. INTERVIEW PARTICIPANTS**

#### **Marice Ashe, JD, MPH**

Director

Public Health Law & Policy

Marice Ashe is the Director of Public Health Law & Policy (PHLP) – a nonprofit national technical assistance center offering public health leaders access to high quality legal resources for public health campaigns related to both chronic and communicable disease control. In this position she directs the National Policy & Legal Analysis Network (NPLAN) to Prevent Childhood Obesity which is funded by the Robert Wood Johnson Foundation as part of its commitment to reverse the childhood obesity epidemic by 2015. She teaches Public Health Law at the School of Public Health, University of California at Berkeley. She is a graduate of the University of Notre Dame, and received her MPH and JD from the University of California at Berkeley.

#### **Rich Bell, MCP**

Project Officer

Active Living By Design and Healthy Kids, Healthy Communities

North Carolina Institute for Public Health

UNC Gillings School of Global Public Health

As project officer for ALBD, Rich provides a broad range of guidance and support for grantee partnerships for multiple foundation clients. He helped develop ALBD's "5P Community Action Model" and is the lead point of contact for in the fields of land use, transportation and urban design, housing and community development and community gardening. He also serves as ALBD's liaison to the planning process for Carolina North, a future satellite campus for the University of North Carolina at Chapel Hill. Rich has wide-ranging experience in managing nonprofit organizations and projects, planning, building and supporting community partnerships and initiatives, training community-based organizations and leaders, fundraising and providing strategic advice and technical assistance.

Rich earned a BA in Economics from Brown University and an MCP from the University of California at Berkeley. He currently serves on the Planning Board for the Town of Carrboro, NC.

#### **Philip Bors, MPH**

Project Officer

Active Living By Design and Healthy Kids, Healthy Communities

North Carolina Institute for Public Health

UNC Gillings School of Global Public Health



As project officer for Active Living by Design (ALbD), Phil provides technical assistance, support, and monitoring for grantee community partnerships funded by Robert Wood Johnson Foundation and WK Kellogg. Phil has provided consultation to funders on active living initiatives and serves as lead point of contact for Active Living by Design for evaluation, physical activity and public health issues. He helped ALbD develop its "5P" Community Action Model and an on-line extranet progress reporting system for documenting community changes.

Phil has experience in coalition building, community assessment, strategic public health program planning, program implementation, evaluation and surveillance. Phil earned a BS in Biology from Virginia Tech and a Masters in Public Health in Health Behavior and Health Education from the UNC School of Public Health. He is also active in his own community as a member of the Pittsboro Parks and Recreation Advisory Board.

**Kelly D. Brownell, Ph.D.**

Professor of Psychology, Epidemiology and Public Health Director, Rudd Center for Food Policy and Obesity  
Yale University

Kelly Brownell is Professor in the Department of Psychology at Yale University, where he also serves as Professor of Epidemiology and Public Health and as Director of the Rudd Center for Food Policy and Obesity. In 2006 Time magazine listed Kelly Brownell among "The World's 100 Most Influential People" in its special Time 100 issue featuring those "... whose power, talent or moral example is transforming the world."

Dr. Brownell was elected to membership in the Institute of Medicine in 2006 and served as President of several national organizations, including the Society of Behavioral Medicine, Association for the Advancement of Behavior Therapy, and the Division of Health Psychology of the American Psychological Association. He has received numerous awards and honors for his work, including the James McKeen Cattell Award from the New York Academy of Sciences, the award for Outstanding Contribution to Health Psychology from the American Psychological Association, the Distinguished Alumni Award from Purdue University, and the Lifetime Achievement Award from Rutgers University. He has served in a number of leadership roles at Yale including Master of Silliman College and Chair of the Department of Psychology from 2003-2006.

He has published 14 books and more than 300 scientific articles and chapters. One book received the Choice Award for Outstanding Academic Book from the American Library Association, and his paper on "Understanding and Preventing Relapse" published in the *American Psychologist* was listed as one of the most frequently cited papers in psychology.



Dr. Brownell has advised members of congress, governors, world health and nutrition organizations, and media leaders on issues of nutrition, obesity, and public policy. He was cited as a “moral entrepreneur” with special influence on public discourse in a history of the obesity field and was cited by Time magazine as a leading “warrior” in the area of nutrition and public policy.

**Lisa Craypo, MPH, RD**

Senior Associate  
Samuel & Associates

Ms. Craypo has a broad range of experience in public health programming, research, and program evaluation. Her expertise encompasses children's health, food and nutrition, and health communications. At Samuels & Associates, Ms. Craypo is responsible for conceptualizing research and evaluation study designs, strategic planning and logic modeling, and managing all phases of research projects from development of data collection instruments through data collection, analysis, and reporting of project results. She is also responsible for training and technical assistance, media tracking, qualitative research including focus groups and stakeholder surveys, and dissemination of project and evaluation results through reports, policy briefs, and presentations to a wide variety of professional audiences. Most recently, Ms. Craypo has played a lead role in the California Endowment Healthy Eating Active Communities Evaluation, the California Project LEAN assessment of Marketing and Advertising in Public High Schools, the NIH-funded study of the Impact of Removing Sweetened Beverages from High School Campuses, and a series of case studies of food environments in public middle and high schools in California. Ms. Craypo is a registered dietitian and holds an MPH from the University of California, Berkeley.

She also moderated Policy Actions and Strategies to Reduce Junk Food Marketing on Wednesday June 10, 2009 at the Strategic Alliance 2009 Childhood Obesity Conference Participation; served on the expert panel for ENACT(Environmental Nutrition and Activity Community Tool) pilot test which was created by the Prevention Institute, on behalf of the Strategic Alliance for Healthy Food and Activity Environments which was supported by the RWJF with a \$165,000 unsolicited grant from September 2005 to June 2007; she prepared a pamphlet “Improving School Food Environments Through District-Level Policies: Findings from Six California Case Studies” in July 2006 which was funded by RWJF as well as The California Endowment.

**Ginny Ehrlich**

Executive Director  
Alliance for Healthier Generation

Ginny Ehrlich is the Executive Director at the Alliance for a Healthier Generation. Prior to becoming Executive Director, Ginny led the Alliance's Healthy Schools Program from its



inception through its growth to reaching over 4,300 schools in all 50 states. She quadrupled the Healthy Schools Program budget in less than two years. Before joining the Alliance, Ms. Ehrlich served as a Project Director to the Rocky Mountain Center for Health Promotion & Education (RMC) where she directed a national training project and consulted with multiple national organizations and state departments of health and education. In 1999, Ms. Ehrlich founded Oregon's Healthy Kids Learn Better Partnership, a public-private partnership comprised of several state agencies and over forty non-governmental organizations that now work together to address the physical, social and emotional health needs of Oregon students. In total, Ms. Ehrlich has spent 17 years as a public health and education professional in a number of capacities ranging from the classroom to national levels.

Ms. Ehrlich holds Masters Degrees in both Public Health and in Special Education. She is a doctoral candidate in Educational Policy & Leadership at the University of Oregon. She was awarded the Healthy School Hero Award through Action for Healthy Kids in 2002. She is actively involved in a number of civic and professional organizations committed to improve child health and well-being. In her spare time, she enjoys running, tennis and hiking.

**Joanne Lee, MPH, RD**

Project Officer

Active Living By Design and Healthy Kids, Healthy Communities

North Carolina Institute for Public Health

UNC Gillings School of Global Public Health

In her role as Project Officer for Active Living By Design (ALBD), Joanne Lee provides direct technical assistance and support to partnerships across the country in their efforts to create healthier communities. Her work spans across several portfolios including the Active Living by Design, Healthy Eating by Design, Fit Together, and Fit Community grants programs. Joanne offers experience to the multidisciplinary ALBD team in the areas of nutrition, public health, community-level programming, children's and women's health, at-risk populations, chronic disease prevention and related research. She has unique and diverse experience in planning, implementing and evaluating programs in various public health and epidemiological research settings in North Carolina, Hawaii and Arizona.

Joanne is a Registered Dietitian and Licensed Dietitian/Nutritionist. She completed her MPH and BS degrees at the University of Hawaii. Joanne also holds a Certificate of Advanced Clinical Education in Child and Adolescent Obesity from the Shapedown Program based at the University of California, San Francisco. She supports local community efforts for routine active living and healthy eating, including serving as a member of the Town of Winterville's Pedestrian Plan Task Force.

**Joyal Mulheron**

Program Director, Center for Best Practices



National Governors Association (NGA)

Joyal Mulheron is a Program Director for the National Governors Association's Center for Best Practices located in Washington, DC. She manages the public and population health portfolio for the association by providing states with specialized technical assistance on programs and policies related to disease management, prevention, state employee health benefits, childhood obesity, and wellness design.

Prior to coming to NGA, Ms. Mulheron served as a Senior Policy Manager to American Cancer Society and independently consulted for the National Academies of Sciences. Ms. Mulheron holds a Masters of Science in Biotechnology from Johns Hopkins University and undergraduate degrees in biochemistry and English from Virginia Tech.

**Dwayne C. Proctor, PhD, MA**

Team Director and Senior Program Officer  
Robert Wood Johnson Foundation (RWJF)

Dwayne Proctor, Ph.D., M.A., a distinguished educator and researcher, is team leader for the Robert Wood Johnson Foundation's Childhood Obesity Team. He believes that the Foundation's work presents a unique opportunity to "focus on the needs of the underrepresented in ensuring quality health and health care for all Americans." As the Childhood Obesity team leader, Proctor guides the team toward its strategic objective of reversing the childhood obesity epidemic by 2015.

The multidisciplinary team concentrates its efforts on halting the rise in childhood obesity rates by promoting healthy eating and physical activity for children ages 3–18 in schools and communities nationwide.

Proctor notes that RWJF's programming in childhood obesity prevention "focus on the policies that shape the environments where children live, learn and play and seek to create support for opportunities for kids to eat right and be physically active." With its concentration on reaching children at greatest risk—African-American, Hispanic, Native American and Asian/Pacific Islander children living in low-income communities—the team builds evidence on programs that work well, tests innovative approaches, educates leaders, and invests in advocacy strategies.

Proctor came to RWJF in 2002 as a senior communications and program officer, working on such child health and risk-prevention initiatives as Nurse Family Partnership, Free to Grow, Leadership to Keep Children Alcohol-Free and National Campaign to Prevent Teenage Pregnancy.



Previously, he served as an assistant professor at the University of Connecticut School of Medicine, with a focus on implementing programs to decrease interpersonal violence among at-risk youth. He also was a Fulbright Fellow in Senegal, West Africa, charged with investigating the effectiveness of HIV/AIDS risk messages in raising awareness of AIDS as a national health problem.

Proctor received his doctoral, master's and bachelor's degrees in communication science from the University of Connecticut. He enjoys making and playing West African drums and traveling with his family. He and his wife, Laura, a vice president for marketing with GS1 Global, live in Princeton Junction. They have two children.

### **Laura Ojeda**

Deputy Director

Leadership for Healthy Communities

Laura Ojeda has worked in the field of public health in the areas of program planning, policy and evaluation for more than 12 years. Her most recent position was Program Officer with First 5 LA, a major funding agency dedicated to improving the lives of young children in Los Angeles, California. In this capacity, Laura designed and managed several multimillion dollar initiatives relating to the areas of health and early learning. Specifically, she managed a five-year \$100 million health insurance program targeting low-income children ineligible for public programs due to income restrictions and immigration status. Laura also represented First 5 LA in the Children's Health Initiative (CHI) Coalition of Greater Los Angeles. This work involved collaborating with numerous stakeholders and advocates throughout Los Angeles County, including governmental, community based, and philanthropic agencies, to inform statewide health policy reform. In addition, Laura played a critical role in the development of the agency's five-year strategic plan specific to its health priorities. Prior to this experience, Laura planned and evaluated HIV prevention programs with Clinica Para Las Americas, a community clinic serving uninsured, low income, Latino immigrants in Los Angeles, California. Laura also worked as a Research Analyst with the UCLA School of Public Health providing technical assistance to non-profit agencies in evaluation and needs assessments. Laura holds a master of public health from UCLA in community health sciences with a policy concentration.

### **Maya Rockeymoore Cummings**

Director

Leadership for Healthy Communities

Dr. Maya Rockeymoore is Director of Leadership for Healthy Communities and President and CEO of Global Policy Solutions\*, a Washington, DC policy consulting firm with a social change mission.

Maya has previously served as the Vice President of Research and Programs at the



Congressional Black Caucus Foundation (CBCF), Senior Resident Scholar at the National Urban League, Chief of Staff to Congressman Charles Rangel (D-NY), Professional Staff on the House Ways and Means Committee, and as a CBCF Legislative Fellow in the office of Congressman Melvin Watt (D-NC) among other positions.

Maya's areas of expertise include health, social insurance, income security, education, women's issues and youth civic participation. She is the author of *The Political Action Handbook: A How to Guide for the Hip Hop Generation* and co-editor of *Strengthening Community: Social Insurance in a Diverse America*. Maya was named an Aspen Institute Henry Crown Fellow in 2004 and holds other prestigious honors and awards. She holds a B.A. in political science and mass communications from Prairie View A&M University and an M.A. and Ph.D. in political science and public policy from Purdue University.

*\*Global Policy Solutions provides technical assistance and direction for the Leadership for Healthy Communities program.*

### **Sarah Samuels, DrPH**

President  
Samuel & Associates

Sarah Samuels, DrPH is President of Samuels & Associates. For over 20 years, Dr. Samuels has worked on public health and health policy issues for government, university, and philanthropic institutions. As a program officer at the Kaiser Family Foundation, she was instrumental in developing major foundation initiatives in disease prevention, reproductive health and health care reform. She conceived and directed Project LEAN, a national nutrition social marketing campaign. As a consultant, Dr. Samuels has designed and developed health promotion programs and policies; social marketing and communications strategies; and multi-site program evaluations. Her expertise spans many public health issues including managed care, women's health, food and nutrition, and other preventive health programs. She has conducted logic modeling and provided technical assistance to many California-based foundations, state and county health departments, and non-profit health programs to support strategic planning, program development, and program evaluation. Dr. Samuels is the co-chair of the California Project LEAN steering committee, is a founding member of the California Nutrition Network and the Strategic Alliance to Promote Healthy Food and Physical Activity Environments, and is on the board of California Food Policy Advocates. She is also an evaluation advisor to the CDC Youth Media Campaign. Dr. Samuels holds a doctorate in public health from the University of California, Berkeley and masters' degrees in education from Columbia University, Teacher's College. She was a Pew Health Policy Fellow at the Institute for Health Policy Studies, University of California, San Francisco.

### **Laura Segal**

Director of Public Affairs



Trust for America's Health

Laura oversees public affairs, communications, and policy research for Trust for America's Health. She brings more than 15 years of strategic communications to TFAH. Prior to joining TFAH, Laura directed corporate communications for Health Venture Partners, Sigma Networks, and Charitableway. She worked for the Clinton/Gore Campaigns and Administration from 1992-2000 in a variety of capacities, including on the 1992 and 1996 campaigns, in the White House, in the Presidential Transition and Inaugural Offices, as a press secretary and speechwriter to the U.S. Secretary of Education, and for the 2000 Democratic National Convention. Laura also served as Executive Director of a new initiative for the Kennedy School of Government at Harvard to start a communications, events, and fundraising effort for the Shorenstein Center for Press, Politics, and Public Policy. She has also served as a contributing columnist and political analyst with United Press International. Laura began her career as an intern at CNN and in field production at C-SPAN television. She graduated Magna Cum Laude with Distinction in Communication from the University of Pennsylvania and received a M.A. from the Annenberg School for Communications.

**Marion Standish, MA, JD**

Director, Healthy Environments  
The California Endowment

Marion Standish joined The California Endowment with an extensive legal and philanthropic background.

As director of Healthy Environments, she leads the foundation's efforts to develop initiatives to address the health disparities and environmental factors that contribute to the poor health of underserved communities. In that capacity, Standish serves as lead officer on many of The Endowment's major funding initiatives, including Healthy Eating Active Communities, which supports community coalitions to develop and implement policies and programs to reduce obesity; Community Action To Fight Asthma, which focuses on reducing environmental triggers for asthma among school-aged children; and, The Partnership for the Public's Health, a five-year program designed to build strong, effective partnerships between local public health departments and the communities they serve. She also designed The Endowment's partnership project with The Rockefeller Foundation, California Works for Better Health, a four-year effort to build the capacity of community-based organizations to improve neighborhood health status through regional employment strategies.

Previously, Standish served as a senior program officer for The Endowment. In that capacity, she managed the foundation's San Francisco office and was responsible for overseeing the grant-making activities in the Bay Area. She conducted outreach to organizations to increase their awareness of funding opportunities, reviewed health-related grant proposals from



community-based organizations, helped to develop programs to assist underserved communities and monitored a portfolio of foundation grants.

Prior to joining The Endowment, Standish was founder and director of California Food Policy Advocates (CFPA), a statewide nutrition and health research and advocacy organization focusing on access to nutritious food for low-income families. Before launching CFPA, she served as director of the California Rural Legal Assistance Foundation, a statewide advocacy organization focusing on health, education and labor issues facing farmworkers and the rural poor. She began her career as a staff attorney with California Rural Legal Assistance, a federally funded legal services program.

Standish serves on the board of directors of the Food Research and Action Center, the San Francisco Community Boards Program, and the Neighborhood Funders Group. She was recently appointed by California's Chief Justice to the Judicial Council's Legal Services Trust Fund Commission and by Mayor Gavin Newsom to San Francisco's Children Youth and Families Commission. She received her J.D. from the University of San Francisco School of Law, and both her M.A. and undergraduate degrees from New York University.

### **Sarah Strunk, MHA**

Director

Active Living By Design and Healthy Kids, Healthy Communities

UNC Gillings School of Global Public Health

The University of North Carolina at Chapel Hill

Sarah Strunk is Director of Active Living By Design (ALBD). ALBD creates community-led change by working with local and national partners to build a culture of active living and healthy eating. Established by the Robert Wood Johnson Foundation (RWJF), ALBD is part of the North Carolina Institute for Public Health at the UNC Gillings School of Global Public Health in Chapel Hill, NC. In this role, she also directs RWJF's Healthy Kids, Healthy Communities national program, a new 5-year initiative that will work with dozens of communities across the nation to reverse childhood obesity.

Strunk has previous experience in strategic planning, business development, operational planning, fundraising and constituent relations in provider, payer, public health and academic organizations. Prior to her current role, she served as Deputy Director of Active Living By Design, Director of External Affairs at the UNC School of Public Health, and Director of Corporate Planning at Blue Cross and Blue Shield of North Carolina. She also served in strategic and business planning roles at Duke University Health System in Durham, NC, and at Wake Forest University Baptist Medical Center in Winston-Salem, NC.

Ms. Strunk earned a BA in Public Policy from Duke University in 1987 and an MHA in Health Policy and Administration from the UNC-Chapel Hill in 1991. She is an avid runner and enjoys college basketball.



**Dr. Joe Thompson, MD, MPH**

Director

Arkansas Center for Health Improvement

Director, Arkansas Center for Health Improvement (ACHI) Surgeon General for the State of Arkansas Associate Professor in the Colleges of Medicine and Public Health at the University of Arkansas for Medical Sciences Practicing General Pediatrician at Arkansas Children’s Hospital

Drawing on years of expertise in using scientific evidence to inform health policy, Dr. Joe Thompson directs and oversees all of the center’s activities. He provides leadership in devising the center’s policy, engagement and other strategies and serves as the center’s key spokesperson.

In addition to his leadership role for the center, Dr. Thompson is responsible for developing health policy, research activities and collaborative programs that promote better health and health care in Arkansas. This has included vanguard efforts in planning and implementing health care financing reform, and tobacco- and obesity-related health-promotion and disease-prevention programs. He was the lead architect of the Tobacco Settlement Act of 2000, has been at the forefront of Arkansas’s efforts to prevent childhood obesity and instituted the Arkansas Health Insurance Roundtable. Under Dr. Thompson’s watch, ACHI helped pass the Clean Indoor Air Act of 2006, documented the state’s success in halting progress of the childhood obesity epidemic and helped implement ARHealthNetworks, Arkansas’s health care benefits waiver for low-income workers.

Dr. Thompson serves on the Arkansas Board of Health and is past president of the Arkansas Chapter of the American Academy of Pediatrics.

Nationally, Dr. Thompson serves on the board of Academy Health and on the Health Care Financing and Organization National Advisory Panel. He has authored many articles and publications.

Dr. Thompson earned his medical degree from the University of Arkansas for Medical Sciences (UAMS) and Master of Public Health from the University of North Carolina at Chapel Hill. He served as the Robert Wood Johnson Foundation Clinical Scholar at the University of North Carolina at Chapel Hill, the Luther Terry Fellow in Preventive Medicine advising the U.S. Assistant Secretary of Health in Washington, D.C., and the assistant vice president and director of research at the National Committee for Quality Assurance in Washington, D.C.

**Mildred Thompson**

Senior Director

Policy Link



Mildred Thompson provides day-to-day direction and management for the center. Drawing from her extensive knowledge and experience on the impact of place on health and in advancing policies and strategies to create healthy environments that support healthy eating and active living, Thompson is well positioned to assist in providing oversight in operations of the center.

She also leads the work of the PolicyLink health team, participates in research focused on understanding community factors that impact health disparities, and identifies practice and policy changes needed to improve individual, family and community health. She has authored several reports and journal articles focused on reducing health disparities, increasing awareness about social determinants of health and effective ways to impact policy change. Prior to joining PolicyLink, she was director of Community Health Services for the Alameda County Public Health Department; director in Oakland for Healthy Start, a federal infant mortality reduction program; and director of San Antonio Neighborhood Health Center. Thompson has degrees in nursing and psychology and a graduate degree in social work from New York University. She has also taught at Mills College and San Francisco State University and has worked as an organizational development consultant.

Thompson speaks frequently on health and place issues and serves on several boards and commissions, including the Zellerbach Family Foundation and the Institute of Medicine's Health Disparities Roundtable.

### **Elizabeth Walker, MS**

Project Director, Center for Safe and Healthy Schools  
National Association of State Boards of Education (NASBE)

Elizabeth Walker, MS, directs NASBE's Healthy Eating cooperative agreement with the Center for Disease Control and Prevention, Division of Adolescent and School Health. She works with national and federal agencies to promote high impact, evidence based policy changes to support healthy school environments. She also provides technical assistance and resources to states and their boards of education to build capacity around school nutrition and health.

Previously, Elizabeth coordinated the Nemours childhood obesity prevention campaign which focused on changing the policies and practices in school, community, primary care and child care environments. She worked closely with state agencies to change physical activity, nutrition and screen time regulations affecting after school and child care environments and developed tools to support this work. These tools are now being used in other states to promote changes in child care policies. At the Harvard Prevention Research Center, she focused on childhood obesity prevention in schools and early childhood environments through research, policy development, state coalition building, and youth engagement. She led the development of the Action for Healthy Kids, Students Taking Charge toolkit which is now being used as their national youth engagement program. Prior to that, she worked at Babies and



Children's Hospital in New York, developing community-based obesity prevention programs for women, children and adolescents. Elizabeth earned a bachelor's degree in health studies and exercise physiology at Boston University and a master's degree in exercise science from the University of Oregon.

**Amy Winterfeld**

Program Manager, Health Program  
National Conference of State Legislatures (NCSL)

Amy Winterfeld, J.D. is a Program Manager in the Health Program at the National Conference of State Legislatures (NCSL). Ms. Winterfeld began her work with NCSL in 2003. She specializes in public health and chronic disease prevention topics. Her work focuses on legislative policy options for creating healthy communities, reversing childhood obesity, encouraging nutrition and physical activity, preventing cardiovascular disease and diabetes, wellness incentives, smoke-free laws, and strengthening public health programs. She is the author of two published guides for legislators that link legislative childhood obesity policy options with associated research evidence regarding specific policy approaches. Ms. Winterfeld is a graduate of Brown University and the University of Colorado Law School.



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### **10.3. Proposal**

## **PROPOSAL TO ASSIST THE RWJF CHILDHOOD OBESITY TEAM TO STRENGTHEN THEIR ADVOCACY STRATEGY**

We are pleased to provide this proposal to work with the Robert Wood Johnson Foundation (RWJF) in support of strengthening the Childhood Obesity team's advocacy strategy. We understand that the team's advocacy strategy is twofold: 1) to build local and statewide momentum for policy and environmental change with the greatest potential to reverse the childhood obesity epidemic; and 2) to educate leaders to foster change.

The Raben Group team (TRG) is excited about the opportunity to assist in this important work. We believe that our experience in the analysis of large and complex issues, development of public policy and advocacy programs, the design and management of extensive field research program and advocacy campaigns, and our historically "outside the box" thinking uniquely position us to design a set of strategic advocacy recommendations for the Childhood Obesity team.

In particular, our experience with the Childhood Obesity team and its grantees includes the following: gathering and analyzing information (through document review, environmental scans, and interviews) for RWJF Thought Leaders Project and in support of the design and development of the RWJF Center to Prevent Childhood Obesity; providing our strategic view on how to frame policy issues for action for the RWJF Federal Policy briefing; and our general knowledge and expertise of federal, state, and local policies that have the potential to reverse the childhood obesity epidemic situation.

### **Scope of work:**

This is a proposal for the development of a policy, resource, and opportunity assessment for the RWJF Childhood Obesity team and assistance in the development of a final strategic policy map with recommendations for the team to advance federal, state, and local health eating and active living policies that have the potential to reverse childhood obesity. The assessment will include information regarding both federal and state policies, resources, and opportunities.

The bulk of the work needed is fact-finding, environmental awareness, and assessment to include research (select state, local, and federal) as well as outreach to NPO directors,



congressional staff, current and potential partners and others in the field. This information needs to be determined and mapped to serve as the raw material for the development of the strategic policy map.

TRG will not engage in any direct or grassroots lobbying under this contract and will attest to that fact in writing on all submitted invoices.

### **In General:**

To develop a comprehensive advocacy strategy we offer the following:

TRG proposes to work with RWJF Childhood Obesity staff to develop a strategic map and recommend a comprehensive advocacy strategy to include perspectives from elected officials, public policy organizations, and other relevant stakeholders. We will perform a mapping function for the RWJF Childhood Obesity team, through research and individual stakeholder interviews and systematically gather and compile the information into a comprehensive and coherent picture to inform the team's advocacy strategy.

Our work will address these key questions:

### **Policy and Political Scan:**

- What, in broad strokes, is the policy and political landscape for childhood obesity issues?
- What are the likely opportunities in state, local, and federal arenas, considering the dynamics, political climate, and timing confronting these opportunities?

### **Strategic Alliances:**

- Who does the RWJF Childhood Obesity team need to engage to achieve its public policy goals?
- What kind of relationships (and which actors) would be necessary for the RWJF Childhood Obesity team to cultivate in order to achieve its public policy goals?
- What is already being done by these groups, and how will the Foundation's work supplement and cooperate with existing efforts?

### **Strategic Use of Resources:**



- What is the best role for the Childhood Obesity team in these policy and advocacy movements?
- How can these policies be achieved and/or advanced with the Childhood Obesity team's limited resources, and how are those resources best deployed?

### **Phase I – Environmental Scan**

We propose spending substantial time with you to determine and refine your policy priorities. We will conduct a broad environmental scan to learn more about the political context and the assessment of the necessary federal, state, and local policies to meet the team's advocacy goals. In this phase, we will survey the universe of RWJF materials and the universe of federal, state, and local policies proposed, and devise criteria for selecting policy targets.

In particular, we will:

1. Review reports, scans, and other material and develop a salient menu of potential policies to advance.
2. Complete stakeholder interviews.
  - a. We anticipate an intense period in which we personally interview key stakeholders – elected officials and their staff, leaders from public policy organizations, and potential coalition partners – and others to whom you direct us to determine the priorities of key stakeholders.
  - b. Target list of potential interviewees includes:
    - i. Maya Rockeymore, Director, Leadership for Healthy Communities
    - ii. Sara Strunk, Director, Healthy Kids, Healthy Communities
    - iii. Joe Thompson, RWJF Center to Prevent Childhood Obesity
    - iv. Angela Glover Blackwell/Mildred Thompson, PolicyLink
    - v. Judith Bell, PolicyLink, on behalf of the Convergence Project
    - vi. Marice Ashe, Director, NPLAN
    - vii. Joyal Mulheron, Program Director, Public Health Division, National Governors Association
    - viii. Amy Winterfeld, Program Principal, Health Program, National Conference of State Legislatures
    - ix. Ginny Ehrlich, Executive Director, Alliance for a Healthier Generation
    - x. Jeff Levi, Executive Director, Trust for America's Health



- xi. Dr. Maria Rosa, Vice President, NCLR Institute for Hispanic Health
- xii. Tracey Orleans, Senior Scientist, RWJF Childhood Obesity Team
- xiii. Mary Story, Program Director, Healthy Eating Research
- xiv. Marion Standish/Sarah Samuels, The California Endowment

### **Phase II – Strategic Policy Map and Assessment of Policy Opportunities**

Once we have completed the environmental scan and review of materials, the individual stakeholder interviews, identified policy priorities and targets, and assessed the policy and political context of the policy priorities, we anticipate quickly drafting a strategic policy map that clearly synthesizes the data collected from the scan and the stakeholder interviews and recommends an approach for policy advocacy. Our goal is to create a map that highlights federal, state and, local advocacy efforts related to childhood obesity and draw attention to opportunities for the Childhood Obesity team’s engagement in advocacy and organizing efforts.

In particular, we will:

1. Develop an overall strategy for policy advocacy opportunities, including related tactics.
2. Assess the opportunities and risks for advancing these policy priorities.
3. Identify advocates and organizations that are currently engaged in the issue, both for and against.

### **Phase III – Final Presentation to RWJF Team**

Our work will culminate in the creation of a written report (and other presentation materials TBD for the RWJF Childhood Obesity team) which captures our top line findings and recommendations on the most effective advocacy strategy to achieve the RWJF Childhood Obesity team’s advocacy goals.

In particular, we will:

1. Develop a final report outlining project process and deliverables.
2. Provide initial recommendations on policy targets.
3. Develop high level strategy and tactics to achieve policy priorities.

### **Deliverables**



1. Plan of action with appropriate timeline to conduct the above activities.
2. Bi-weekly phone calls would serve to keep RWJF apprised of the progress.
3. Coordinate strategy development with the RWJF Childhood Obesity team to ensure appropriate integration.
4. Written report of the overall project, including:
  - a. Menu of Policies: Menu should be of up to ten state and local promising policies and two federal policies
  - b. Each recommendation should be accompanied with strong rationale and an overall strategy for policy advocacy.
    - i. Policies should be population-focused vs. individual behavior
    - ii. Policies that have the potential to have a major public health impact.
5. Final presentation to RWJF Childhood Obesity staff.

### **Timeline**

The assessment and draft strategic policy map should be completed by Friday, June 12, 2009. We propose presenting the final report findings and recommendations to the RWJF Childhood Obesity team on Tuesday, June 23, 2009 in Princeton, New Jersey.

### **Project Fees**

For the work outlined above, we propose a monthly retainer of \$15,000 for an eight-week period from Monday, April 20, 2009 to Tuesday, June 23, 2009, averaging 80 hours per month of senior consulting time.

Additional expenses, such as travel and out-of-pocket costs, will be billed separately at cost.

### **Total Project Fees**

Consulting:	(80 hours/month x 2 months)	\$ 30,000.00
Other expenses:	(Printing, shipping, conf. calls, etc.)	\$ 1,500.00
Travel expenses:	(Travel to RWJF; taxis, etc.)	\$ 1,500.00
<b>Total:</b>		<b>\$ 33,000.00</b>



## **Background**

The Raben Group is a highly respected and successful advocacy firm that develops creative strategies; manages issue campaigns; communicates effectively with experts, policymakers and the general public; and possesses expertise in developing tailored research, advocacy and communications plans. The firm has effectively represented multiple non-profit client interests in government, corporate, and public sectors.

The Raben Group has a passion for and extensive expertise working with communities of color, and counts among its clients organizations dedicated to this work, including the NAACP, MALDEF and the National Association of Latino Elected & Appointed Officials" (NALEO). The firm itself reflects a rich diversity of voices representing multiple cultures and perspectives.

*Examples of activities* include strategic communications planning, management of research campaigns, expert-opinion and grassroots outreach and development, strategic partnership planning, branding and message development, congressional member advocacy strategy, congressional testimony preparation, monitoring and reporting of legislative activities, communications crafting (speeches, press materials, white papers, op-eds, etc.), and special event management targeting specific advocacy goals.

*Sample list of clients* include The California Endowment, W.K. Kellogg Foundation, Mexican American Legal Defense and Educational Fund (MALDEF), Alliance For Justice, Breast Cancer Fund, Family Violence Prevention Fund, Farmworker Justice Project, Hispanic Heritage Foundation, Human Rights Campaign, Immigration Equality, National Council of La Raza, National Black Justice Coalition, The Justice Project, and the Vera Institute of Justice.

## **Our Team**

The Raben Group works on a team model. For each project, a Primary Team provides day-to-day management and support functions. A Secondary Team, comprising other staff who contribute when their unique skills are well-suited to a particular task, assists the Primary Team as appropriate. The following Raben Group staff will serve as the Primary Team:



**JULIE A. FERNANDES** is a principal in The Raben Group's Health and Education and Constitution and Justice Practice Groups, where she provides strategic advice and counsel to help clients advance their public policy goals.

Prior to joining The Raben Group, Ms. Fernandes was the Senior Policy Analyst and Senior Counsel at the Leadership Conference on Civil Rights, the nation's oldest, largest and most diverse civil and human rights coalition. Her work focused on policy development and advocacy in the areas of voting rights, criminal justice reform and civil rights enforcement. In 2006, Ms. Fernandes successfully led the civil rights community's effort to reauthorize the Voting Rights Act of 1965.

Prior to her position with LCCR, Ms. Fernandes worked for the U.S. Department of Justice where she served as a trial attorney in the Civil Rights Division and as Counsel to the Assistant Attorney General for Civil Rights, Bill Lann Lee. In that position, Ms. Fernandes worked primarily on legal and policy issues related to voting rights, international human rights, and police misconduct, including racial profiling. Ms. Fernandes also served as Special Assistant to President Bill Clinton at the White House Domestic Policy Council where her work focused on the development of policy in the areas of immigration, race relations, and civil rights.

Ms. Fernandes received both her J.D. and A.B. degrees from the University of Chicago. After law school, she was the Karpatkin Fellow in the National Legal Department of the American Civil Liberties Union, where she focused on race and poverty issues, and clerked for the Honorable Diane P. Wood at the United States Court of Appeals for the Seventh Circuit. She is on the National Governing Board of Common Cause and a co-chair of the Democracy and Voting Issue Group of the American Constitution Society for Law and Policy.

**MICHAEL JOSE TORRA** is a principal with the Raben Group. He brings a decade of broad policy and communications experience working on Capitol Hill and political campaigns. Through coalition-building and collaboration within Congress and beyond – to advocacy organizations, local government and industry – he has been able to advance various public policy goals across a diverse array of subject areas, including civil rights, education, international affairs, technology and telecommunications.

Prior to joining the Raben Group, Mr. Torra served as chief of staff to U.S. Representative Linda T. Sánchez, where he led the Congresswoman's staff in advancing her policy, political and constituent service goals. He assisted the Congresswoman in



transitioning to her successful role as chair of the House Judiciary Subcommittee on Commercial and Administrative Law during the 110<sup>th</sup> Congress, a leadership role she used to investigate the firing of U.S. attorneys by the Bush Administration, extend the internet tax moratorium and advance reform of arbitration and bankruptcy law.

Mr. Torra's Capitol Hill experience included serving on the staff of the Congressional Hispanic Caucus, where his principal focus was on protecting bilingual education and other programs important to the Latino community in the writing of the No Child Left Behind Act, helping bridge the digital divide, and carving out a role for the Caucus to influence the Senate confirmation of candidates for federal judgeships.

He also worked as senior policy advisor for U.S. Representative Charles A. Gonzalez and legislative director for U.S. Representative Silvestre Reyes, handling education, civil rights, immigration and international affairs, among other issues. Mr. Torra also assisted Congressman Gonzalez in his work for two subcommittees of the House Energy and Commerce Committee and served as an interim communications director. For Congressman Reyes, Mr. Torra also served as the lead staffer coordinating the work of the Hispanic Caucus' task force on international relations.

In between various positions on Capitol Hill, Mr. Torra worked on congressional races in five election cycles, including Adam Schiff's successful 2000 campaign to unseat an incumbent in the most expensive House race at that point in U.S. history.

Mr. Torra earned a bachelor's degree in international relations at Occidental College and a master's degree in law and diplomacy from the Fletcher School of Law and Diplomacy at Tufts University. He is also an abstract and non-representational artist who periodically exhibits his paintings in the Washington area.

**JULIA-FELIZ SESSOMS** is a director at The Raben Group where she helps clients reach their policy and advocacy goals through direct lobbying, strategic planning, coalition building, and by developing and implementing effective legislative strategies and public relations message campaigns. Ms. Sessoms brings to The Raben Group a rich background in politics and public policy.

Prior to joining The Raben Group, Ms. Sessoms worked as a legislative aide for Senator Edward M. Kennedy on the Senate Judiciary Committee, Subcommittee on Immigration, where she was responsible for advising and briefing the Senator on issues related to the Legal Services Corporation, violence against women, and immigration and refugees. In that role, Ms. Sessoms managed the immigration private relief process



for the Subcommittee and advanced and promoted Senator Kennedy's agenda to secure equal access to justice for all Americans and specifically worked to enact legislation that removes all unjust restrictions on legal service providers.

Before working for Senator Kennedy, Ms. Sessoms served on the legal and accounting team of the Gore-Lieberman presidential campaign in Nashville, Tennessee.

A native of Louisville, Kentucky, Ms. Sessoms graduated with a degree in Political Science and Legal Studies from Washington University in St. Louis, where she was a Mellon fellow. Julia is currently pursuing her Masters in Business Administration at Johns Hopkins University.

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## 10.4. Interview Guide

### RWJF Childhood Obesity Policy Scan Interview Guide

#### **Introduction**

Thank you for the opportunity to talk with you to gain your insights on state, local and federal policies that have the potential to reverse childhood obesity. As you may know, we are working with the RWJF Childhood obesity staff to develop a strategic map of state, local, and federal policies and recommend a comprehensive advocacy strategy for the team. We are interviewing a range of stakeholders for their perspectives and input. Once our research and interviews are completed we will provide the team with our top line recommendations for their advocacy strategy.

We have identified initial criteria that we are using to help identify potential policy targets including:

- (1) Do we have any evidence that this change would be effective in reversing the childhood obesity epidemic?
- (2) Would this change have a significant impact on our target populations?
- (3) Is there state/local support on the ground for this change?
- (4) Is there strong opposition to this change by relevant actors?
- (5) Do the relevant policymakers have the political will to make this change?
- (6) Has there been recent progress on childhood obesity policy in this locality/state in the past? What is the jurisdiction's record of making childhood obesity related policy changes? Have they had success in the past with hard stuff? Easy stuff?
- (7) What are the resource requirements to make this change effective?
- (8) What is the relevant time-frame for action on this policy change?

#### ***What are we missing?***

#### **Policy Targets**

- What are the top two or three state or local promising policies with the potential to have a major impact on the work to combat childhood obesity?
- What would your top federal policy change be?
- What policies have gained the most traction at the state/local/federal level? Do you think that they are the "right" policies?



- What are the policies with the potential for the greatest impact in low-income populations and African-American, Asian and Pacific Islander American, Latino American, and Native American communities that are at highest risk for childhood obesity?
- Are there specific policies that would work best to reach rural populations?

**For Each Potential Policy Target**

- Which stakeholders on the ground would be critical to advancing this policy? Where have these stakeholders been most effective? Are there particular organizations that have unique strengths or connections?
- Which stakeholders would be most opposed to this policy change?
- Are there any strategic differences of opinion among stakeholders that may become barriers to effectiveness of an advocacy campaign?