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Healthy Eating, Active Living

Reflections, Insights, and Considerations for the Road Ahead

BY FAITH MITCHELL

For more than two decades, health philanthropy has contributed to efforts to slow or reverse increases in US overweight and obesity rates. Although these trends have proven resistant to change, health funders have invested generously in possible solutions and been open to creative strategies. Working solo, together, and in partnership with government, they have tackled this complex issue that has major implications for Americans' health-care expenditures, lifespans, and quality of life.

In this supplement to *Stanford Social Innovation Review*, Grantmakers In Health is pleased to present a snapshot of the latest thinking from health funders, researchers, and advocates on healthy eating and active living (HEAL) and healthy communities. Grantmakers In Health (GIH) is a philanthropic affinity organization that informs and advises health foundations, corporate giving programs, and other funders, providing opportunities for them to share their knowledge and experience. We are a voice for the funding community and a contributor to its effectiveness, with the goal of achieving better health through better philanthropy.

The articles that follow offer a sample of the experiences and perspectives from leading local, state, and national organizations that address ways to improve HEAL. Drawing on their expertise, these authors reflect on their past and current work, offer lessons for the field, and suggest next steps to create healthier communities that help reduce obesity and its associated chronic illnesses.

HEAL is such a broad field that we could not possibly cover all topics within it, but it should be clear from our selection that reducing obesity is a long-term goal and will require many years of sustained investment and attention to achieve transformative impact. We expect the nature and focus of this work to evolve as the field becomes increasingly adept at developing and recognizing effective interventions.

Faith Mitchell *is president and CEO of Grantmakers In Health, a nonprofit, educational organization dedicated to helping foundations and corporate giving programs improve the health of all people.*

OUR COMMITMENT TO HEAL

GIH's work on HEAL derives its urgency from decades of research showing a correlation between obesity and a higher incidence of numerous diseases, including diabetes, cardiovascular disease, and cancer. Research has also made clear that obesity is a social phenomenon—not just a matter of individual behavior—with contributing factors that include changes in the physical environment that reduce opportunities to walk or exercise safely; limited access to healthy foods, especially in low-income communities; and increased availability of inexpensive, heavily advertised, high-calorie foods. These same factors lead to dramatic differences in overweight and obesity rates by race, ethnicity, and community of residence. Consistently, the highest rates are among adults and children in African-American, Latino, and rural communities.

Since the late 1990s, an increasing number of health foundations have identified HEAL and healthy communities as a strategic priority. In a 2014 GIH review of the field, funders' perceptions of the value and impact of their HEAL grantmaking were generally quite favorable. There was a sense that real progress was being made toward achieving HEAL goals, but funders also stressed the need for realistic expectations regarding the pace of change.

GIH has been committed to promoting healthy eating and active living for nearly 20 years. Our early programming, like that of many foundations and public health organizations, revolved around the obesity epidemic. More recently, our strategy has shifted, with more attention to understanding HEAL within the framework of the social determinants of health and tackling issues of equity. Thus, our scope has expanded to include larger issues like food production and the effects of violence on physical activity. We have also begun to look at how poverty and childhood trauma are linked to HEAL outcomes. Our HEAL Funder Learning Community, organized in 2017, examines such issues as meaningful community engagement in the policy process, the needs and challenges of rural communities, and working across sectors to better address HEAL equity.

INNOVATIVE APPROACHES TO IMPROVING HEAL

Contemporary work in HEAL and healthy communities addresses a wide range of health issues, settings, and systems. For the supplement, we present examples from advocacy, philanthropy, and research that have national relevance and applicability, whatever their original level of implementation.

Using public policy as a lever, some programs focus on changing how and what Americans eat.

- "Public policy is the only lever with which we can create change at the scale necessary to make a substantial difference," writes Jake Williams, executive director of Healthier Colorado. Instead of simply educating the public about the dangers of sugary drinks, Healthier Colorado helped pass the nation's second-ever voter-approved tax on sugary drinks, which directed the resulting revenue toward health programs for low-income families.
- Another initiative, Healthy Eating Research (HER), focuses its efforts on sustainable policies, systems, and environmental-change strategies. Among other objectives, HER's grants have targeted dietary patterns and feeding practices for babies and young children; food environments in schools and childcare settings; and agricultural and nutrition policies, food pricing and economic incentives and disincentives, and food and beverage marketing and promotion.

Other organizations work directly with the food and beverage industries to stimulate change. For some in the HEAL arena, this is a controversial strategy akin to "working with the enemy"; for others, partnering with the companies that contribute to the overweight and obesity epidemic is essential.

- The Partnership for a Healthier America (PHA) uses the power of the private sector to improve food quality and increase

physical activity. For example, PHA partnered with six food distributors to help them identify and source a broader supply of "better for you" convenience foods (e.g., protein bars) in order to increase the supply of these foods in low-income areas.
- Public Health Advocates (PHAdvocates) aspires to find common ground between health advocates and the food and beverage industries but acknowledges that there are times when more adversarial tactics are used by both sides.

School systems, childcare settings, and community parks are key settings for introducing healthier eating opportunities and healthy activities, such as exercise.
- The Healthy Schools Campaign, which once focused on traditional components of the school-based HEAL model such as school meals and physical education policies, explains why it is turning to a broader approach that includes issues like chronic absenteeism and the funding of school-based health services.
- The Physical Activity Research Center at Baylor University provides recommendations about sectors and settings on which continued research is needed, such as rural communities.

Contributions from several place-based foundations reflect a willingness to make sustained investments and a concern for addressing community-defined needs.
- In Colorado, the Colorado Health Foundation funds grantmaking and advocacy focused on increasing children's physical activity and access to healthy foods. The foundation's efforts include the creation of the Denver Food Access Task Force, which gave rise to the Colorado Fresh Food Financing Fund and increased access to healthy food for underserved communities and store owners.
- In Maryland, the Horizon Foundation has supported a suite of HEAL initiatives that address school policy, pediatricians' skill sets, the availability of healthier food and drinks, and increased access to opportunities for physical activity.
- In North Carolina, the Kate B. Reynolds Charitable Trust's Healthy Places NC initiative supports long-term, community-driven health improvement in several rural counties that identify healthy eating and active living as key focus areas. The foundation invests in playgrounds, walking trails, community gardens, farmers' markets, and parks.

ACCOMPLISHMENTS AND LESSONS LEARNED

The experiences described in this supplement address several key points:
- There is effective, bipartisan support for HEAL and healthy communities. For example, through their lobbying and political resources, Healthier Colorado and its partners have generated bipartisan legislative victories on a broad range of issues that influence health, including healthy eating and active living.
- Behavior change is difficult and requires the active involvement of people in communities. The Horizon Foundation found that a focus on reducing sugary drink consumption was more effective than asking people to make too many behavioral changes at the same time. The Kate B. Reynolds Charitable Trust learned that it is essential to pay attention to the voices of the people most affected by poor health outcomes and to build authentic relationships with those communities. The Colorado Health Foundation found that policies and programs generated at the local level were more successful than those that were top-down and statewide.
- Systems change is a critical component of institutionalizing support for HEAL and healthy communities. For the Healthy Schools Campaign, three strands of work were critical: identifying, engaging, and training parents to advocate; building effective policy advocacy campaigns; and creating innovative programs that support sustainable systemic changes. For the Kate B. Reynolds Charitable Trust, interventions at the systems level have changed the context that shapes the way people live. For example, the foundation responsibly built the capacity of grassroots organizations, especially organizations led by people of color, to participate in health campaigns. For the Horizon Foundation, which is a local grantmaker, supporting advocacy and working with state and regional partners has been very important.
- To tackle child obesity, strategies will need to adopt a broader focus that includes children's physical, social, and emotional health. Healthy Eating Research is turning its attention to the effects of social, political, economic, and familial influences and environments on nutrition, healthy eating, and healthy weight across the course of a life.
- To increase young people's levels of physical activity, interventions should focus on improvements across multiple sectors. The Physical Activity Research Center at Baylor University calls for concerted action from a variety of interests, including city planners, school officials, and media experts.
- Collaboration with the private sector is a vital part of changing how Americans eat. Partnership for a Healthier America has learned that changing the food culture will require shifts in inventory, pricing, and marketing of food, made in collaboration with the private sector. Their experience suggests that public-private partnerships aimed at helping business diversify and promote better food are the best opportunity for progressing toward sustainable health.
- Public-private partnerships that include the food and beverage industry can identify areas of common ground. For PHAdvocates, one place where health advocates and the food and beverage industry can work together is to ensure that consumers have complete information about the products they purchase.

The programs and initiatives described in this supplement confirm the value of multisector collaborations, innovative policy approaches, and sustained investments in achieving reductions in obesity. The pursuit of healthy eating, active living, and healthy communities is an evolving challenge that constantly opens up new questions and strategies. These new areas include early childhood and maternal interventions, HEAL in health-care settings (e.g., nutrition education for health-care providers, fresh food prescription programs, and hospitals as food sites and food buyers), working with the media to develop effective health messaging, engaging young people—especially young people of color—and effectively using new technologies.

Philanthropy and its partners will continue to play a vital role in developing, testing, and evaluating current and emerging strategies. Their sustained commitment and willingness to invest in a very difficult health challenge are crucial to the nation's progress.

We thank the Colorado Health Foundation for their sponsorship. ◆

Healthy Eating and Active Living Through an Equity Lens

To ensure equitable health outcomes, we need to be explicit about goals, build transparent relationships with local communities, address underlying issues that drive health disparities, and measure and adjust outcomes accordingly.

BY LAURA GERALD

McDowell County, located in North Carolina's southern Appalachian Mountains, is overwhelmingly white. African-Americans are approximately 4 percent of the population, and less than 3 percent of residents are Latinx. McDowell's county seat, Marion, is no less stratified, and this uneven population distribution has historically led to lopsided power imbalances in the region. People living in the predominantly black section of West Marion say that their community was often the last to see plows after a snowfall. Substandard housing proliferated and fresh food was scarce.

Community leaders in West Marion were tired of being treated like second-class citizens. So they started holding community conversations at a small local church to discuss these disparities and how they might upend the status quo. One of the first projects they undertook was the founding of a community garden.

The Kate B. Reynolds Charitable Trust, based in Winston-Salem, works statewide to improve the health and quality of life of financially disadvantaged residents, and since 2012 it has partnered closely with McDowell County through the Healthy Places NC initiative. With Healthy Places NC, Trust staff spend time in underserved rural areas like McDowell County to gain a greater understanding of how to address the health needs of marginalized populations.

When we started Healthy Places NC, we didn't know which way the trail would bend. But over the past six years, we have learned a great deal about how to invest in rural regions. We understand that to do this work well, new voices, like those of the West Marion residents, must be heard at decision-making tables. The West Marion community conversations and the garden were the beginning of elevating those voices in McDowell County.

As president of the Trust, I also bring my own background to the work. I was raised in rural North Carolina, in one of the most economically distressed communities in the country. I started my career as a pediatrician in my hometown, and I have since served in various leadership roles aimed at improving population health, including a tenure as state health director. This experience taught me that to change harmful trends, you must first name what you are trying to accomplish. For us, that goal is equitable health outcomes.

Through the Trust's Healthy Places NC initiative, we are doing long-term, community-driven health-improvement work in 10 rural counties. Each of these counties identifies healthy eating and active living as key focus areas. To meet this need, we have invested in playgrounds, walking trails, community gardens, farmers' markets, and parks.

What we continue to ask ourselves is, how do we leverage the excitement and momentum in these counties around healthy eating and active living to advance equitable health outcomes and decrease long-standing disparities? My own experience, and the experience of the Trust, point to some preconditions and values that can advance our shared interest in building thriving places to live and play, especially for those with the greatest needs.

LISTENING AND TRANSPARENCY

As a clinician, I learned the power of listening to patients and allowing them to help shape the course of their own treatment. A physician lecturing a patient to lose weight is unlikely to inspire change. The same is true of a foundation deciding, based on surveys and statistics, that a community should reduce its overall rates of obesity. So we start by listening, and we pay particular attention to the voices of the people most affected by poor health outcomes. Working toward a collective goal encourages partnerships, rallies residents, builds momentum, and has a greater likelihood of addressing issues underpinning inequity in health.

Transparency is also critical to building authentic relationships in the places we serve. This is why we seek to get clear, both internally and externally, about what foundations can offer healthy eating and active living initiatives. Our organization is guilty of starting expensive, intensive programs without first considering scale and sustainability and without adding comprehensive evaluation. We can't perpetually support efforts that help a few people in a few places. But if we reallocate funding without providing nonprofit partners with the proper tools, people will feel abandoned, and our impact will be ephemeral.

SUPPORT COMMUNITY CAPACITY

Foundations often find that communities starved of resources lack the organizational infrastructure to seek grant funds. The Trust employs several strategies for addressing this challenge. We contract with an intermediary organization that provides networking, facilitation, and organizational development services for the under-resourced communities. We partner with grassroots capacity-building groups such as Resourceful Communities, a project of the Conservation Fund, to build networks and provide small grants to new or small nonprofits. We also work with larger organizations that can serve as fiscal agents as marginalized communities form nonprofits and develop the proficiency and framework to pursue funding. We sometimes mediate the relationships between existing institutions and nascent community organizations to ensure that these fledgling groups based in marginalized neighborhoods have the autonomy they need to grow and succeed.

This is the path we pursued in West Marion. As the community established a nonprofit, West Marion Community Forum, we worked with a local health coalition and the city to provide the nonprofit with financial support. We contracted with technical assistance partners to assist the people of West Marion with communications and adaptive leadership. Now the neighborhood that started regular

Laura Gerald *is the president of the Kate B. Reynolds Charitable Trust, a North Carolina foundation focused on improving health and quality of life statewide.*

gatherings and developed a community garden has its own nonprofit that is attracting funds from several sources to mobilize financially disadvantaged residents.

INTERVENE AT THE SYSTEMS LEVEL

Some of the rural counties we serve in North Carolina have the highest rates of obesity and chronic disease in the state. Foundations and public health agencies have spent enormous amounts of time and money trying to "program" us out of these problems. Despite this work, the percentage of overweight adults and adolescents continues to climb. Something about our current strategy isn't working.

We've found that the best place for philanthropy to intervene is at the systems level, changing the contexts that shape the way people live and recreate. This approach can take many forms. Foundations can help communities make better-informed and more equitable decisions by extending technical assistance, content expertise, data analysis, and outcomes monitoring. We can also responsibly build the capacity of grassroots organizations, especially organizations led by people of color, to participate in health campaigns. We can encourage creative partnerships and fund public education and advocacy on select topics or finance the development of effective messages.

One example: Halifax County is in northeastern North Carolina. The population is 53 percent black, approximately 40 percent white, about 4 percent Native American, and 3 percent Latinx. When the Trust launched Healthy Places in Halifax, parks and playgrounds were not equitably distributed. A few larger towns had recreation resources, but there was little countywide planning. The Trust helped public schools across Halifax upgrade playground equipment and walking trails with the stipulation that they open these facilities to the community after hours and on weekends. We helped finance a county master recreation plan, which included support for facilitation and engagement to ensure that traditionally marginalized voices played a central role in shaping the plan. We also provided general operating support for grassroots groups that educated residents about the recreation plan and about the importance of a county-level recreation department.

We believe that efforts to address community context, to go beyond just one program or a single playground, hold the greatest potential to make an enduring difference. That is not to say that programs aren't important for healthy eating and active living. When we invest in programs, however, we need to evaluate the evidence to increase the likelihood that we will see the desired results. We also must grasp the scale of the intervention and gauge it against the size of the need. During implementation, we should help build relationships with the government entities, health systems, or insurance companies that have an interest in continuing activities that improve population health and lower costs. Philanthropy can spark innovation by nurturing new ideas or pilot programs. In these cases, we should support evaluation to understand the successes and shortcomings of the project.

FOCUS ON OUTCOMES

In all of our work, we must keep an eye on results. Because our aim is equitable health outcomes, we have an obligation to understand if our actions are narrowing or widening disparities. Opening school facilities on weekends may be good policy, but if communities of color feel unwelcome in these spaces, then black and Latinx children may not use these recreation resources. Well-intentioned policy changes can have unintended consequences that may negatively impact low-income populations.

I offer these recommendations because, after spending my career improving population health, I am convinced that what has gotten us to where we are will not deliver us to where we want to go. Again, we make no claim to omniscience. Our organization is still learning along with our colleagues inside and outside of philanthropy. But I feel confident that we are on the right course.

In McDowell County, where the people of West Marion started small community conversations that grew into well-attended meetings, change is afoot. These gatherings now attract city council members, county commissioners, and city planners. This section of the city, which was once the last to be cleared of snow, is now one of the first areas to see plows. We are now supporting the spread of this engagement model to other underserved areas of the county.

This work can seem overwhelming. But a hopeful note about changing current conditions is that systems are always shifting. The status quo requires maintenance. Policies are in a constant state of flux, and communities are always being made and remade. If we listen and build authentic relationships, we can find the fulcrums that will direct our state toward greater equity and fairness. ◆

Connecting Health and Education So Children Can Learn and Thrive

Building effective policy advocacy campaigns, creating programs that support sustainable systemic changes, and engaging parents to identify and advocate for critical issues are all key to supporting healthy schools and communities.

BY ROCHELLE DAVIS & SARAH WEISZ

Schools have emerged as important places to address childhood health problems, such as asthma and obesity. Children spend most of their waking hours at school, where they consume up to one-half of their daily calories.[1] Schools also play an important role in the life of a neighborhood, serving as local hubs where students, teachers, parents, and community members can come together.

The schools that low-income children of color attend often maintain less healthy settings for learning, with poorer air quality, less access to physical activity, higher exposure to environmental toxins, fewer health services, inadequate facilities, and less access to healthy foods and safe drinking water during the school day.[2] The low-income communities in which these schools are situated are less likely to have parks, playgrounds, or green spaces for outdoor play.[3] More than half of public schools do not have a full-time school nurse or counselor on staff, and less than 5 percent of the nation's students have access to services through a school-based health center.[4] Compounding matters, nearly 20 percent of students enter school with a chronic health condition, such as asthma, life-threatening allergies, diabetes, or seizure disorder. Many of these diseases have a disproportionate impact on low-income African-American and Latino students. For example, 40 percent of African-American children and 39 percent of Latino children are overweight or obese compared with 26 percent of white children.[5]

Rochelle Davis *is president and CEO of Healthy Schools Campaign, a nonprofit dedicated to ensuring that children have access to healthy school environments where they can learn and thrive.*

Sarah Weisz *is a writer and project manager at Healthy Schools Campaign.*

Since 2002, Healthy Schools Campaign (HSC) has worked at the intersection of health and education, starting as a local organization in Chicago and then expanding nationally. In its early years, the organization focused on addressing obesity and asthma by applying traditional components of the Healthy Eating Active Living (HEAL) model to the school setting. HSC advocated for healthier school meals, strong physical education policies, recess, physical activity, and other health-related issues. But in keeping with the national dialogue on student health and school wellness, HSC's approach now includes efforts to grapple with chronic absenteeism and also build systems to fund school-based health services in order to address the full range of children's physical, mental, and behavioral health issues.

The next few years will present important opportunities for school health advocates to address student health and wellness as states and school districts implement their new plans created under the Every Student Succeeds Act (ESSA), the education law that replaced No Child Left Behind in 2015. ESSA requires states to include a "school quality and student success" measure for the first time, which can encourage states and school districts to see student health as part of overall school success. HSC worked with states to encourage them to build accountability systems that use chronic absenteeism for this measure, and 36 states followed through. (Chronic absenteeism is commonly defined as missing 10 percent or more of a school year for any reason, including excused absences for illness.) Monitoring chronic absenteeism is a proven way to shine a light on children's health issues, including acute illness (such as cold and flu), chronic conditions like asthma and diabetes, and mental and behavioral health issues, such as depression and anxiety.

In nearly two decades as advocates for student health and school wellness, HSC has learned the importance of combining three key strands of work: providing leadership training to prepare parents to identify and advocate for the issues that matter most; building effective policy advocacy campaigns; and creating innovative programs that support sustainable systemic changes. The lessons learned from this work provide important lessons for how student health advocates can move their efforts forward in the years to come.

ENGAGING AND TRAINING PARENTS

Parents United for Healthy Schools, HSC's leadership program for Chicago Public Schools (CPS) parents, uses a popular education framework based on the work of educator and philosopher Paulo Freire alongside a hybrid community organizing and advocacy model. The learning process starts with participants' own personal experiences and uses a social justice lens to help them build on their knowledge, create common understanding, and develop an action plan.

Providing parents with practical knowledge and skills that they need to become champions for change in their schools and community is central to this work. HSC helps build parents' personal knowledge about nutrition and physical activity through experiential learning (e.g., opportunities to cook and eat healthy meals) as well as through a training and leadership development curriculum. For instance, HSC works with parents to conduct a community power analysis of the school environment and develop a common understanding of who has the authority, both formally and informally, to improve school food, for example, or make decisions about recess or health services. This analysis explores the complex interplay between school-level authority (principals and teachers) and the school district, as well as city, state, and federal policies and programs.

Parent leaders from this program have been remarkably successful. In 2006, they mobilized a rally around CPS's first wellness policy. Only 200 parents were expected, but more than 700 parents turned out, and this impressive showing helped alter the district's approach to parent involvement in wellness policy. Within just a few years, parent leaders had pushed the district to adopt a local school wellness policy that created a role for parent involvement in school-based wellness teams in CPS schools.

Through these wellness teams, parents have promoted health at more than 50 schools, from creating after-school soccer and exercise clubs to instituting healthy snack policies and salad bars. Many parent leaders have also gone on to run for local school councils, serve on district-level committees, and speak at board meetings.

POLICY ADVOCACY FOR ACCOUNTABILITY

HSC has worked on a variety of district and national policy campaigns, many of which were built on issues and solutions identified by school stakeholders, including parents. For example, in the early years of HSC's work, parents quickly homed in on recess as crucial in their efforts to address child obesity and asthma. CPS had not required daily recess in its schools in more than 30 years. By 2009, years of neglect had left many schools, especially those in the city's poorest neighborhoods, without working playground equipment or green space. With leadership training and support from HSC, parents were able to bring this issue to the foreground. Parent leaders from HSC's Parents United for Healthy Schools group submitted more than 4,000 petitions in support of recess and served on the district's recess task force, and in 2011, the district announced that it was bringing back daily recess.

In 2017, with the support of HSC and parent leaders, CPS adopted a new wellness policy, which includes a variety of commitments around healthy food, such as specific steps toward providing healthy and less processed foods to CPS students, commitment to local and sustainable food, restrictions on food and beverage marketing during the school day, and breakfast in the classroom. Other health-promoting policies include requiring opportunities for physical activity, encouraging schools to open their facilities to the community outside of school hours, and requiring schools to provide programming that links the classroom, dining center, and school gardens. In addition, by using CPS' massive purchasing power, some of these policies—such as those impacting the school meal program—have driven widespread local and even national changes in the marketplace.

PROGRAMS FOR SUSTAINABLE IMPLEMENTATION

Even the greatest policy wins must be implemented sustainably. In 2013, with recess reinstated and daily PE returning to many CPS schools, HSC and parent leaders identified a new problem: Playgrounds at the majority of the city's more than 400 elementary schools were inadequate. Some had even been turned into parking lots years ago when schools moved away from recess.

In response, HSC and Openlands, a nonprofit conservation agency, launched Space to Grow to transform Chicago schoolyards into shared green spaces for outdoor learning, active play, physical education, and environmental literacy, while using green stormwater infrastructure to reduce flooding in low-income flood-prone communities. The program offers a holistic vision for a healthier school environment and supports the central role that schools play in building healthy communities. In the first phase of this program, 15 schoolyards have been transformed, five schoolyards will be built in 2019, and partners have a commitment for 14 more.

Space to Grow is a dynamic example of HSC's model for sustainable systemic changes in practice. Parent leaders helped advocate for district-level policy and practice changes that required a new public investment in outdoor space, and HSC and other partners have layered in innovative programs to support a schoolwide focus on wellness that fully incorporates the schoolyard. Space to Grow brings together the health, education, and environmental sectors to create a comprehensive plan to sustainably support children, families,

and communities. Space to Grow is regarded as a model for school districts nationally and internationally, and agreements to formally share its findings have recently been signed with the mayors of Paris and Rotterdam.

HSC is working to build programs that support sustainable policy implementation at the national level as well. For example, HSC worked with school nurses for many years, providing them with leadership training and getting their input into promoting school wellness. Through this work, HSC heard firsthand about national Medicaid guidelines that made it impossible for schools to get adequate reimbursement for health services provided to most students enrolled in Medicaid. HSC and school nurse leaders advocated for the Centers for Medicare & Medicaid Services to reverse this policy, and now HSC, in partnership with Trust for America's Health, runs a learning collaborative that provides technical assistance and training to district and state leaders from 15 states to help them capitalize on this new source of funding for school-based health services.

CHALLENGES AND OPPORTUNITIES FOR CHILDREN'S HEALTH ADVOCATES

Over the last two decades, school health advocates have become increasingly aware that student health must be broadly defined in order to be meaningfully addressed. Thus, while many school health organizations, including HSC, initially viewed this work through the lens of obesity and asthma prevention, it is increasingly clear that these conditions must be seen in the context of the entire constellation of health issues that impact school attendance and performance, including vision problems, dental pain, acute illness care, chronic health conditions, and, notably, emotional and behavioral health problems, including the impact of childhood trauma.

This focus is an essential component of children's health. However, as funders adjust their guidelines and areas of interest, advocates in the HEAL space face the difficult challenge of linking their previous body of work to this new area of focus and finding new ways to talk about the impact of their programs, such as noting the impact of physical activity on mental health and trauma resilience. HSC has found that chronic absenteeism presents an effective framing that can help both health and education funders understand the importance of addressing a wide range of student health issues.

There are also opportunities to make this link through ESSA, the federal education law. In the coming years, HSC will be working with states across the country as they develop needs assessments and other tools that will help schools identify and address the health-related causes of chronic absenteeism. HSC is also working with national stakeholder groups, as well as directly with parents in Chicago, to help them understand the importance of the chronic absenteeism data that is included in all school report cards this year.

The inclusion of chronic absenteeism in state education policy opens up funding streams through ESSA for programs to address health issues. For instance, ESSA allows Title I funding to be used for health-related supports for low-income schools, such as school nurses or a physical education program. ESSA's Student Support and Academic Enrichment Grants can be used to promote student health, including mental health services. And ESSA provides funding to support professional development for principals, teachers, early childhood educators, and other school personnel, which can include health and wellness topics, including trauma-informed practices.

One major challenge is maintaining the gains that were made during the years when children's healthy eating and physical activity had a champion in First Lady Michelle Obama.

Changes in the health sector are also presenting opportunities for school health advocates. As the health sector increasingly prioritizes prevention, population health, care coordination, and chronic disease management, health providers are realizing that school health services are a way for them to engage with populations that are otherwise hard to reach. School health services can help them meet many of the new metrics they are being held accountable for under the Affordable Care Act. In fact, the American Academy of Pediatrics released a major policy statement in February 2019 highlighting the need for health-care providers to promote school attendance in their offices, in the community, and at the state and federal policy levels.

Despite the successes that HSC has seen in Chicago and nationally over the last 16 years, the risk remains that these advances could fade. One major and immediate challenge is maintaining the gains that were made during the years when children's health, obesity prevention, healthy eating, and physical activity had an active and visible champion in First Lady Michelle Obama, as well as momentum in legislation and funding.

School food is an example of this challenge. In May 2017, US Secretary of Agriculture Sonny Perdue announced the administration's intentions to roll back some of the healthy school food standards. The rollbacks to sodium and whole grains requirements encompassed in the department's new final rule, released in December 2018, would allow schools that were already meeting the requirements that went into effect in 2012 (95 percent of schools, according to the USDA's own numbers) to weaken their school food standards.

When the proposed rollbacks were initially announced, HSC heard from several districts that they weren't planning on rolling back the progress they had already made. Nevertheless, rolling back the standards may encourage schools to reverse any progress to date and could discourage schools that have not yet met the standards from continuing to move forward.

HSC has learned the importance of involving grassroots leaders in shaping advocacy and in educating and engaging other stakeholders. This creates a broad base of stakeholders who are engaged and can be activated to counter policy rollbacks—such as on school food—or capitalize on new opportunities—such as the inclusion of chronic absenteeism on school report cards—and makes it more likely that program and policy implementation accurately reflects the priorities and realities of schools, communities, and families. ◆

NOTES

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The Future of Healthy Eating Research

Policy, Systems, and Environmental Change (PSE) strategies are critical tools in the battle for good health in adults and children.

BY MEGAN LOTT & MARY STORY

The most recent national data available on US rates of obesity and diet illustrate that Americans are still not consuming enough fruits, vegetables, dairy, and whole grains, but are eating too many added sugars, saturated fats, and sodium, mostly in the form of sweetened beverages, desserts, and snacks.[1] Relatedly, the United States continues to face significant public health problems, with large geographic-, income-, race-, and ethnicity-based disparities in diet quality, overweight and obesity rates, and chronic health conditions.[2]

Policies, systems, and environments are significant determinants of children's dietary intake, weight, and health. Policy, Systems, and Environmental Change (PSE) strategies go beyond education and information programming to embed changes in a community, and they are designed to be more sustainable and reach a larger number of people than programming alone. PSE changes aim to create communities where healthy choices are easy, safe, practical, and affordable for all.

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THE IMPORTANCE OF PSE STRATEGIES

Although it is important to target individuals for behavior change, it is also imperative that people live in an environment that supports good decisions. According to "The Future of the Public's Health in the 21st Century," a 2002 report by the Institute of Medicine, "It is unreasonable to expect that people will change their behavior easily when so many forces in the social, cultural, and physical environment conspire against such change."

Unfortunately, the food environments that children experience in childcare, schools, restaurants, grocery stores, and other community settings, as well as the widespread marketing of unhealthy foods and beverages, often do not support healthy choices. Inadequate nutrition, poor diet, food insecurity, and obesity are most pronounced in lower-income communities that lack access to healthy foods. Often these households have limited funds to buy—or time to prepare—healthy foods, and they frequently live in neighborhoods surrounded by inexpensive and heavily marketed unhealthy foods and beverages. Until all children in America have access to affordable, healthy foods where they live, learn, and play, efforts to educate children and families on healthy eating will be of limited usefulness.

Along these lines, the 2005 Institute of Medicine report "Preventing Childhood Obesity: Health in the Balance" concludes that environmental and policy influences are

potentially the most powerful strategies for addressing childhood obesity. At that time, little was known about the most important food- and diet-related environmental influences that impact children's eating patterns and weight, or about the most feasible and effective policies for improving children's food environments. To reduce this knowledge gap, the Robert Wood Johnson Foundation (RWJF), the largest US philanthropic foundation dedicated to improving health for all Americans, launched Healthy Eating Research (HER), a national research program, in 2005.

THE RESEARCH PROGRAM

HER supports research on PSE strategies with strong potential to promote the health and well-being of children at a population level. Specifically, HER aims to help all children receive optimal nutrition and obtain a healthy weight. HER grantmaking focuses on children and adolescents from birth to 18 years old, and their families, giving priority to lower-income and racial and ethnic minority populations that are at risk of poor nutrition and obesity. Findings are expected to advance the field's efforts to ensure that all children and their families have the opportunity and resources to experience the best physical, social, and emotional health possible and to promote health equity.

Since its inception in 2005, HER has released 18 competitive calls for proposals and awarded more than 200 grants, totaling approximately $25.3 million, focused on the following: improving dietary patterns and feeding practices for infants, toddlers, and young children; improving food environments in schools and after-school, childcare, and preschool settings; increasing healthy food access; agricultural and nutrition policies; food pricing and economic incentives and disincentives; food and beverage marketing and promotion; sugar-sweetened beverages; water access; message framing; and menu labeling.

HER has been a leader in providing evidence in areas where there has previously been little or no research. For instance, HER studies and papers have provided key evidence showing the following:

- Policies to improve school food environments have been implemented without resulting in increased food waste.
- Childcare settings participating in the federal Child and Adult Care Food Program (CACFP) serve healthier foods than non-participating settings, but there is room for improvement in nutrition quality in all childcare settings.
- Children and adolescents frequently visit corner stores in close proximity to schools where availability of healthy foods is limited and the most frequently purchased items are energy dense and of low nutrition. But initiatives in communities have begun to demonstrate success in improving the availability of healthy food in these stores.
- Food industry standards for regulating unhealthy food advertising have improved but still have a way to go.
- Current sugar-sweetened beverage taxes are neither large enough nor transparent enough to change behavior without accompanying consumer education, but larger taxes have the potential to improve behavior and weight outcomes.
- While studies of menu labeling have shown limited evidence of changing customers' purchasing behaviors, they have increased awareness of calorie information.
- PSE strategies to improve healthier food and beverage choices in food retail settings (i.e., grocery stores and restaurants) have largely not been implemented or evaluated.

In addition to making grants, HER launched a new research strategy in 2013 focused on bringing together a panel of national experts and leaders to develop recommendations on timely and relevant topics, and to inform the development of healthy eating and obesity-prevention policies and practices at the local, state, and national levels. To date, HER has convened four panels of national experts to develop comprehensive recommendations regarding age-based definitions of healthier beverages; responsible practices in marketing food to children; minimum stocking levels of healthful food for small retail food stores; and best practices for promoting healthy nutrition and feeding patterns for infants and toddlers. The recommendations have been widely used by several organizations, including Partnership for a Healthier America, 1,000 Days, and Pan American Health Organization, and have been cited frequently by advocates such as the National Alliance for Nutrition and Activity and the American Heart Association during state- or federal-rule-making comment periods. Not all research questions lend themselves well to this format, but the benefits of an expert-panel approach include a multidisciplinary consensus-building process, consolidation and augmentation of existing standards or recommendations, and the opportunity to fill research gaps in a timely manner.

What is Policy, Systems, and Environmental Change?

Policy, Systems, and Environmental Change (PSE) strategies modify settings where people live, learn, work, and play. These strategies go beyond programming to embed changes in a community, and are designed to be more sustainable and reach a larger number of people than programming alone.

STRATEGY TYPE	DESCRIPTION	EXAMPLES
POLICY	Policies at the legislative or organizational level that create or amend laws, ordinances, resolutions, mandates, regulations, or rules. Policy change could occur at the organizational, federal, state, or local level.	■ Policy requiring access to safe, clean water throughout the school day ■ Required calorie and nutrient labelling on menus and displays in restaurant and food retail venues ■ Nutrition standards for food and beverages available in childcare facilities and schools
SYSTEMS	Changes that affect elements of an organization, institution, or system. These could be rules, processes, procedures, or infrastructure changes to facilitate policy implementation or environmental changes.	■ Resources for policy implementation, such as providing training and technical assistance to school personnel on the provision of water during the school day ■ Screening for food insecurity in community clinics and developing comprehensive mechanisms to refer individuals experiencing food insecurity to food ■ Incorporating healthy eating education into all federally funded, evidence-based home visiting models
ENVIRONMENT	Alterations to the physical or observable environment. This could also include changes to the economic, social, or cultural environment.	■ Addition of water bottle refill stations in schools ■ Initiatives to increase the availability and affordability of healthier foods and beverages in food retail environments ■ Charging higher prices for less healthy food and beverages to decrease their use

The variety of funding mechanisms that HER offers—competitive calls for proposals, small-scale commissioned studies, rapid-response studies and papers, and expert panels—as well as the methods available for communicating research findings—scientific publications, research reviews, issue briefs, policy briefs, and infographics—has enabled the program to be highly responsive to the needs of advocates, policymakers, and other decision makers, as well as to contribute new scientific knowledge to the field.

HER'S FUTURE

Child obesity remains a critical public health issue. In order to tackle this problem, PSE strategies may need to take a more holistic approach in order to achieve optimal health for children. Our health is shaped by our social conditions and circumstances, including the communities and neighborhoods in which we live, access to education, good jobs with fair pay, housing, quality health care, and social support networks. Many Americans will not achieve good health until systemic barriers—poverty, discrimination, and racism—are dismantled and the social, environmental, and economic conditions of these social determinants of health are improved.[3] Moreover, environmental factors influencing child nutrition, diet quality, and food access are often compounded by social and individual factors such as gender, age, race, ethnicity, education level, socioeconomic status, and disability status.

In her 2017 National Academy of Medicine discussion paper, "Getting to Equity in Obesity Prevention," Shiriki Kumanyika points out that the reported differences in obesity prevalence and trends by racial and ethnic minority groups or those of low socioeconomic status are not chance occurrences. Rather, they reflect certain population groups "whose opportunities and social agency have been systematically and unfairly curtailed to be more exposed to obesity-promoting environmental influences and less able to avoid the associated adverse effects on eating and physical activity."[4] Thus, Kumanyika argues, we will not be able to tackle the issues of obesity and diet quality equitably without also addressing the social determinants of these issues.

Going forward, HER is broadening its scope to establish a research base on PSE strategies to promote supportive policies and enabling environments for caregivers, families, and communities to foster optimal nutrition, diet quality, and weight. This approach will go beyond the work we have funded in the past to focus on the interaction of social, political, economic, and familial influences and environments on nutrition, healthy eating, and healthy weight.

Ultimately, this work aims to boost healthy eating by providing the evidence needed to promote healthier food environments and establish equitable and supportive policies for caregivers and families. Approaches need to be considered that cut across multiple levels: empowering individuals and families to make healthier choices; creating or adjusting microenvironments where children and families live, learn, work, and play, and building supportive macroenvironments that provide families with adequate economic supports and poverty-reduction strategies. Applying this framework to an early intervention designed to promote diet quality and mitigate obesity risk for new parents and their babies might suggest several different possibilities:

- Educating parents on strategies around what and how to feed their infant in the first year (empowering families)
- Implementing up-to-date nutrition standards and feeding practices in the infant's childcare setting (enabling microenvironment)
- Improving access to economic supports for the family, such as the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) or the Supplemental Nutrition Assistance Program (SNAP), so that a family has more money available to spend on healthy food
- Examining a parent's access to paid family leave or breastfeeding supports in the workplace, which would improve a new parent's ability to follow through on recommended feeding practices

Poor diet and obesity are health equity issues. In order to achieve health equity—whereby everyone has a fair and just opportunity to be as healthy as possible—we need to apply an equity lens across all levels of influence and PSE strategies. This includes addressing disparities among communities of color, between rural and urban geographic areas, in socioeconomic status, and among other groups of marginalized children and their caregivers. Not all families and communities operate within the same constraints or have access to the same resources. In cases where resources are lacking, this approach requires an intentional examination of how interventions or PSE strategies may need to be adapted and tested, given these new sets of constraints.

THE LINK BETWEEN RESEARCH AND POLICY

Over the years, HER has succeeded in bridging the gap between researchers and key decision makers by identifying a critical research gap, acting on it, and effectively communicating findings to advocates and policymakers. Research conducted and funded by HER continues to inform high-level federal, state, and local policy as well as garner extensive media coverage, and HER's grantees have been quite successful in using funding from external agencies and publishing their scholarly work in high-profile peer-reviewed journals. Study findings have often led to meaningful improvements in food and nutrition policies, systems, and environments, which we know to be significant determinants of children's weight and health.

In order to design research studies to address disparities and inequities in healthy eating and weight, and to identify and target the socioeconomic and contextual barriers contributing to these disparities and inequities, there must be a two-way flow of information between policymakers and the research and advocacy communities.[5] We hope that this new conceptual framework will help drive demand for research focusing on the social determinants of health related to nutrition and enhance the field's focus on the interactions of individual, environmental, and social factors that influence a child's health, diet, and risk for obesity. We also hope that others can build on the lessons learned and approach HER to fund PSE strategies in the United States and globally, and communicate research results to a broad array of audiences to improve healthy eating and weight status among children and adults. ◆

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How to Improve Physical Activity and Health for All Children and Families

Physical activity is critical for healthy development in the young, but many children are being left behind. Physical Activity Research Center (PARC) investigators examine physical activity across built environments, parks and recreation, schools, and rural areas—all through an equity lens.

BY M. RENÉE UMSTATTD MEYER, J. AARON HIPP, NISHA BOTCHWEY, MYRON F. FLOYD, ANNA J. KIM, KESHIA M. POLLACK PORTER & JAMES F. SALLIS

Years of research tell us there are many influences on young people's physical activity (PA), including psychological, social, educational, and environmental. Researchers have evaluated interventions focused on these factors and found several to be effective.[1] However, little of what has been proven effective has been widely implemented or translated for underresourced communities and communities of color. Applying an equity lens to promoting PA requires evaluation of evidence-based interventions in one population and then adaptation and implementation in other populations. Underlying inequities that lead to disparities in PA can be addressed by tailoring interventions to appeal to different cultures. We recommend high-priority studies, paying specific attention to equity.

The built environment | There is a growing body of evidence on the influence of the built environment—places where we live, work, and play—on youth obesity, physical inactivity, and chronic diseases. Studies have established relationships between PA and availability of green and recreational space,[2] higher degrees of neighborhood safety,[3] more walkable neighborhood design,[4] increased access to healthy food,[5] and active modes of transportation (e.g., walking, biking).[6] Strategies to improve these environmental features span various scales, from small areas like individuals' homes to schools, neighborhoods, and communities at large. Although this relationship between environmental factors and population health manifests across all ages, youth health behavior is especially influenced by the form, quality, and design of the built environment in which they live.[7]

The American Planning Association (APA) acknowledges the importance of relationships between various urban planning "fields" and PA prevalence, especially among youth.[8] Its 2006 report *Planning Active Communities* identifies five methods for how planning and public health professionals can collaborate to promote PA, from large-scale plan making to more granular site design. The report promotes aspects of new urbanism (e.g., complete streets, safe routes to school) that directly apply to youth safety, active transportation, and PA. Various professional divisions of the APA—including Housing and Community Development and Urban Design and Preservation—emphasize the influence of the built form (such as gathering places and connections between places) on health.[9] Another perspective considers the scale at which health happens. From the built-environment perspective, scale can range from the home (small) to other community institutions where youth spend much of their out-of-school time (large). PA happens at the neighborhood, city, and regional levels: from recreation and play to physical education classes and organized sports, to active commuting, institutions, community markets, parks, and other social and physical activities. Ensuring safe, accessible, and attractive routes and destinations (e.g., play spaces) can ensure positive behavior choices for increased PA across most communities.

Parks and recreation | When people live near parks, especially within a 10-minute walk, they get used more frequently. Their proximity also creates opportunities to gain PA by walking or biking to and from parks. Unfortunately, not every child is within a 10-minute walk of a safe, well-maintained, and programmed park or playground. Youth from lower-income communities of color tend to be those with limited access, and the parks near them often have inadequate amenities and programming.

Recent experiments and evaluations show that park renovations and improvements create short-term gains, including better access, greater interest from residents, and more people using park spaces for recreation.[10] Beyond physical changes, offering a range of programs and activities is needed to engage and retain new users. Children and families should feel welcomed, have positive experiences, discover new ways of using park spaces, and see other users and staff representative of their cultures and identities in parks. Little is known about how the type, frequency, duration, modes of instruction, and marketing of programs relate to park and playground use. With continued urbanization and a growing mix of diverse cultures within the United States, especially in large cities, there is limited knowledge of how these trends influence desires and preferences for park amenities and services.

Presence and use of parks and playgrounds are becoming easier to evaluate with social media and big data. But the use of such data is not well understood.

Presence and use of parks and playgrounds are becoming easier to evaluate with social media and big data. Families can tweet or post Instagram photos from parks and review them on Google, TripAdvisor, and Yelp. Google tracks visitation data from cell tower pings. But the use of such data, including social media posts, online reviews, and smartphone location, is not well understood, especially how

The authors are investigators for the Physical Activity Research Center (PARC), an initiative supported by the Robert Wood Johnson Foundation. See more at paresearchcenter.org.

representative such data are for children and families of color. Many questions related to tech evaluation await answers but struggle to attract funding. Traditional public health funders have been reluctant to fund projects where the health behavior is not captured via primary surveys or direct engagement with communities. Funders have not seen the use of big data to understand health-promoting environments, such as parks and playgrounds, as a proper focus. This presents an opportunity for health funders to collaborate with computer scientists and social scientists on projects that advance technology within the context of parks and PA.

Schools, early care, and education | Current approaches to school PA promotion recognize multiple strategies to achieve the recommended 30 minutes daily of moderate-to-vigorous physical activity (MVPA) within school time. The Institute of Medicine recommended a "whole-of-school approach" to school PA: This means that educators promote active transport to and from school, active classroom breaks, recess, and after-school programs, as well as daily physical education.[11] One study found that students attending schools implementing multiple PA strategies did twice as much MVPA at school (40 minutes) as students whose schools implemented no effective strategies (20 minutes). Thus, it appears feasible for schools to implement a combination of interventions. However, in a troubling finding, schools serving mainly lower-income students offered fewer PA strategies.

Physical education has been a part of US schools for more than a century, and several evidence-based programs provide substantial PA during the school day. Though almost all states have physical education requirements, implementation of requirements is poor, and most schools do not use evidence-based programs.

Almost all effective or promising youth PA strategies take place in school settings. These strategies include more comprehensive approaches, such as programs throughout the school day, and parental involvement. Specific strategies target enhanced physical education programs that emphasize PA during class, brief PA breaks in classrooms, and recess in elementary schools that includes teacher training, sport/play equipment, and playground markings. Schools can also implement interventions outside of the school day. Although they are promising, active transport strategies, such as Safe Routes to School, and after-school PA programs need further research.

For the first time, the 2018 PA guidelines recommended at least three hours of PA per day for children 3 to 5 years old. Promising strategies in early childcare or preschool settings include increasing outdoor time, using portable play equipment, training staff, and using PA to teach other subjects.

Rural settings | Rural America includes up to 97 percent of US land area and 21 percent of the population (about 65 million people), with the most dramatic population growth occurring among communities of color.[12] Rural areas often have pronounced equity challenges related to PA engagement, opportunities, infrastructure, and disease.[13] Rural areas have significant geographic dispersion, persistent poverty, limited preventive resources, and a lack of accessible places and opportunities for PA and active play. However, rural communities also look different from one community to another and exhibit great diversity in employment, resources, geography, topography, age, ethnicity, and culture.

It cannot be assumed that what works in urban or suburban America is also going to work in rural America, or that rural Americans want to be like urbanites or suburbanites.

It cannot be assumed that what works in urban or suburban America is also going to work in rural America, or that the people of rural America want to be like urbanites or suburbanites. Current PA research conveys a lack of effort in collecting evidence from rural settings. For example, in the 779 pages of the 2018 Physical Activity Guidelines issued by the US Department of Health and Human Services, the word "rural" is used only twice.[14] Rural settings are not small cities or suburbs, and evidence derived from urban contexts cannot simply be scaled down to fit rural communities. This is not to say, however, that this evidence should be ignored for rural contexts. Rather, efforts are needed to identify "promising" interventions proven effective for majority populations in urban and suburban settings that also show promise for rural settings. Then, research can examine if and how these initiatives can be adapted and translated for rural and high-need populations.

Current evidence suggests that rural settings are "active-play deserts"—settings with few places for children to play—which offers actionable opportunities for research.[15] It is imperative to think broadly about where children, youth, and families in rural areas can be physically active and to expand upon urban approaches, which focus mostly on traditional spaces like parks, playgrounds, and sports facilities or fields. In rural settings, PA spaces can be traditional or nontraditional (e.g., many rural settings have open fields and natural resources) and can include community-wide programming and events (e.g., festivals, back-to-school bashes, summer meals programs, or National Night Out).

These strategies address two challenges in rural settings: transportation and limited human and physical resources. It is important to build on community strengths by starting with current community infrastructure and resources to create low-cost accessible PA opportunities where people already are. These solutions bring together families and community organizations from multiple sectors to enhance the lives of children and youth—providing opportunities for social engagement, connection and active play; addressing perceptions regarding accessibility for all residents; building awareness of community resources; and improving health.

EVALUATING PRIORITIES BY SECTOR

There are several research areas with great potential for improving youth PA and should thus be prioritized. We present these research priorities by sector, but more effort is needed to develop partnerships across sectors to support them.

Built-Environment Priorities

- Evaluate promising strategies to enhance out-of-school time with developmentally appropriate PA opportunities for lower-income and underrepresented children of color and youth in urban and rural communities.
- Conduct macro- (community design) and micro-scale (street design) environmental analyses to guide investment in built-environment improvements to equitably promote PA and walkability.

- Evaluate dissemination and implementation approaches for youth community engagement and advocacy programs that can lead to better PA resources, opportunities, and access for all children and families.

Parks and Recreation Priorities

- Improve access to existing parks and other PA spaces for children and families. Specifically, examine local concerns such as safety, elements of the built environment, and quality of park facilities to inform policies and interventions designed to increase park use and PA.
- Evaluate innovative PA programming for parks and other PA spaces to better understand community preferences for programs and effectiveness of alternative models (e.g., public-private, shared use).
- Increase evaluation and surveillance of PA spaces using big data sources to make current data available, accessible, and useful for community leaders, planners, and researchers.

Schools, Early Care, and Education Priorities

- Evaluate implementation and sustainment of multicomponent strategies (active physical education, recess, classroom activity breaks) in schools and early care settings serving lower-income youth.
- Evaluate methods to improve communication of academic achievement benefits of school PA programs to school decision makers.[16] Improved understanding of academic benefits should encourage more adoption of evidence-based PA programs.
- Identify effective strategies to increase the adoption and implementation of classroom activity breaks and evidence-based recess programs in schools on an equitable basis.

Rural Priorities

- Examine and identify rural-specific characteristics associated with active children, youth, and families, learning from diverse communities already doing this well. Simultaneously, determine which urban and suburban evidence-based approaches to increasing PA are applicable across rural America, and how these need to be tailored for implementation in rural settings.
- Increase access to PA and active-play opportunities and spaces for all youth, children, and families residing in rural America, considering traditional and nontraditional PA spaces, and including natural resources and open spaces often located in rural settings.
- Examine PA outcomes, broader community impacts, implementation, and sustainability of two promising solutions for increasing access to PA opportunities for all children in rural settings: creating temporary PA opportunities and activating current community programming and spaces with PA opportunities.

It is especially important to implement multiple PA interventions in underresourced communities and communities of color to help advance health equity.

END RESEARCH SILOS

Building regular PA back into young people's days is challenging, but even more so for children from communities of color, and those living in lower-income and/or rural communities. PARC has identified some effective strategies, such as youth advocacy and Play Streets in rural communities (Play Streets involve temporary closure of streets or other public spaces, mostly during the summer, to create safe places and opportunities for active play), but additional innovative strategies are needed.

The research priorities we have outlined call for specific next steps to move the United States forward in improving the health of all children, youth, and families through multiple PA settings. It is especially important to implement multiple PA interventions in underresourced communities and communities of color to help advance health equity. Failure to consider equity creates potential for PA disparities to widen between subpopulations because the underlying inequities have not been addressed or interventions have been implemented differently and have had differential effects. PA research must make health equity an explicit priority in ensuring that all children, youth, and families achieve optimal PA levels.

It is imperative to build evidence in these areas with an equity lens to move toward stronger translation, implementation, and dissemination, to help improve health and well-being for all children and families. The siloing of research in separate disciplines stifles the potential impact of collective expertise and vantages, so multidisciplinary research is needed to address the challenges preventing all children and youth from being active. ◆

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The Colorado Health Foundation's HEAL Evolution

Learning to listen to community members was a critical step on the road to food security and good health for all Coloradans.

BY DARA HESSEE, KHANH NGUYEN & ALEXIS WEIGHTMAN

One of Colorado's overriding stereotypes is that it's one of the healthiest states in the nation. In reality, although Coloradans are known for their outdoor pursuits and active lifestyles, good health is beyond the reach of many of our residents, especially those facing inequities.

Starting in 2008, the Colorado Health Foundation recognized healthy eating and active living (HEAL) as essential to the well-being of Coloradans. Colorado was a comparatively "healthy" state overall in 2008, according to commonly used metrics, but one of the most alarming statistics involved its children, with rates of obesity rising faster than in almost all other states in the nation. Working with these data, we began to focus on childhood obesity and nutrition education. Our funding and advocacy work centered on increasing physical activity and access to and consumption of healthy foods statewide, specifically for children.

Now, we understand that many factors influence healthy eating and active living, which directly contribute to creating social and physical environments that promote good health. We are focused on evolving this understanding by engaging with each community in our state, listening to understand, bringing an equity lens to all that we do, and focusing specifically on Coloradans living on low incomes or those with less power or privilege. We aim to serve Coloradans for whom good health is furthest from reach. But it was not a linear journey to get where we are today.

BEGINNING OUR STRATEGIC WORK ON HEAL

After initiating work to address childhood obesity and nutrition in 2008, we soon discovered that our past approaches and partnerships, in the traditional health and health-care sectors, could not simply be replicated in the HEAL space. Our immediate questions were: In this new space, who are our partners? How do we work at the local level in addition to the state and federal agency levels, where we have a higher level of comfort and deeper knowledge base?

So we started by working in and funding areas that seemed most intuitive: in schools and in food deserts. In schools, we focused on funding physical education, cooking from scratch, and providing nutritious breakfasts. Partnering with the Food Trust, we did a scan identifying communities across Colorado that lacked access to affordable, healthy food. This quickly led to the formation of the Denver Food Access Task Force, from which the Colorado Fresh Food Financing Fund (CO4F) was born. The foundation seed-funded CO4F, which was modeled after the Pennsylvania Fresh Food Financing Initiative. An evaluation of CO4F, completed in March 2017, showed promising results in that this investment was creating access to healthy food for underserved communities. Investment in 10 stores to carry healthy food has resulted in 143 new jobs, 125 jobs retained, and 134,000 square feet of retail space created or maintained.

EARLY HEAL POLICY ADVOCACY

Meanwhile, as part of our commitment to HEAL, our policy advocacy work focused on getting quality physical education (PE) into all public schools. Initially we concentrated on statewide policy change. In 2011, we were successful in passing legislation to require a minimum of 30 minutes of physical activity for all public school elementary students; however, passing a statewide PE requirement met multiple political hurdles. Recognizing the challenges of a statewide mandate, we formed the PE for All coalition, which was focused on local-level policy change to support PE.

In 2016, the foundation, along with the PE for All coalition, issued "Physical Education and Colorado: A Report on the State of PE across Colorado's Public School System." This report was designed to answer two sets of questions: What are the current PE programs in school districts across Colorado, and where do inequities exist? And, what are the barriers to improving quality PE and addressing these inequities? As a group, we recognized that although we could influence people at the local level to a certain extent, there were also limitations. Unless the ideas were being generated and championed locally, they weren't as sustainable.

In 2013, we worked closely with advocacy partners to promote and ultimately pass a bill in the state Legislature to provide universal free breakfast to kids in schools across Colorado, which took us from being one of the worst states in the country for such provision to being 11th best in the nation. We also engaged in federal advocacy and convened partners to inform and shape the federal Farm Bill and Child Nutrition Act reauthorizations. And through the HEAL network, we advocated for preserving the Supplemental Nutrition Assistance Program (SNAP) as an entitlement program instead of a block-grant program—a change that would have significantly limited funding and flexibility to serve families in need. As an organization, we were starting to make the connection between the federal food assistance programs and health outcomes, and policy advocacy was our entry point into understanding the issue.

While we had some major successes in promoting HEAL initiatives, a top-down, statewide approach was not always appropriate in a state like Colorado, which favors local control. Over time and through several failed attempts, we came to realize that policies and programs were not going to be as successful or sustainable unless they were prioritized at the local level.

THE IMPORTANCE OF LISTENING TO COLORADANS

Fast-forward to 2015: Karen McNeil-Miller comes to the foundation as president and CEO. With experience in education, organizational change, and place-based philanthropy, she took the helm with clear intent. Two weeks into

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her new position, she was out on the road with the #HealthiestCO Statewide Listening Tour.

Over a period of six months in 2015, McNeil-Miller, along with many members of our staff, visited all 64 counties in Colorado. Our goal was to learn what was happening on the ground in communities across Colorado. The tour illuminated the core issues that communities face when it comes to barriers to health, and the social determinants of health came up loud and clear. We learned that basic needs like access to food and affordable housing were not being met in both urban and rural communities across Colorado, with significant health impacts.

In support of continued local-level listening, we implemented a new community engagement model in 2016. We learned through the tour that being community-informed was critical to our work, and so we restructured our program staff to ensure that we were able to listen and learn from communities. With this model, our program staff are in communities much more often, and, more important, they are listening to community members. We know that if program officers are in a town only once every year, we'll hear only about the community's most urgent needs. However, if our engagement is more frequent and consistent, we'll better understand the systemic challenges.

Communities continue to want opportunities for children to be active in a safe and fun way, so physical activity remains a priority area for us. However, funded projects and programs must reflect our cornerstones of serving low-income Coloradans, being community-informed, and creating health equity.

THE BLUEPRINT TO END HUNGER

With the input from the tour and our continued community-engagement efforts, and building on our HEAL-focused initiatives of the past, we began thinking about what a more comprehensive strategy around hunger and food insecurity might look like. In 2016, the foundation invested in efforts to consolidate research on hunger in Colorado and the programs, organizations, and initiatives working to alleviate hunger throughout the state. This research helped identify areas of focus to create a hunger-free state and highlighted benefits of reaching this goal for individuals, communities, and the overall Colorado economy.

In June 2017, the foundation convened nearly 100 key stakeholders to more closely examine the challenges of hunger in Colorado. Representatives from various sectors and institutions—health care and hospital systems; state health and human services agencies; local county human services; advocacy, policy, and legal organizations; community-based organizations; Feeding America food banks; foundations; businesses; consumers; and the office of the governor—attended this meeting and agreed that Colorado needed a road map to achieve the goal of a hunger-free state. The idea for the Colorado Blueprint to End Hunger was born.

Our vision is that across Colorado, each of us can say, "We have all we need to live healthy lives." It is the vision of a place where communities support the health of every resident.

A steering committee of more than 35 stakeholders provided leadership to create and advance the blueprint, enhance public and political will to end hunger, and leverage their influence to find solutions. At the highest level, the blueprint envisions linking systems and solutions to create real and meaningful progress. Five goal areas are identified as opportunities to make a measurable difference for Coloradans:

- Increase public understanding and awareness that solving hunger is vital to the health and well-being of all individuals and families, the Colorado economy, and every local community.
- Increase the number of Coloradans who can access affordable, nutritious food in their communities.
- Increase the number of Coloradans who can access food assistance and nutritious food through community-based organizations.
- Maximize SNAP and WIC (Women, Infants, and Children) enrollment to propel Colorado to become a leading state for enrollment in these health and nutrition benefits.
- Maximize participation in federal child nutrition programs, moving Colorado to become a national leader in delivery of these vital programs.

The blueprint was released in January 2018, and we are now focused on implementation. The foundation is taking deliberate steps to ensure that blueprint implementation is truly owned by and accountable to the community. We are keenly focused on including those affected by hunger with this project, and to that end we have engaged partners to develop a tool kit for creating a diverse, equitable, and inclusive community that contains key steps and core strategies to increase access, stimulate cross-cultural contributions, and help eliminate barriers that prevent individuals from fully participating and authentically engaging in the blueprint's work.

A STRATEGIC SHIFT TO FOOD ACCESS AND SECURITY

Shortly after the blueprint's launch in the spring of 2018, following a yearlong strategic refinement process, the foundation announced four new focus areas and 10 new priorities. Under our new "strengthen community health" focus area, we've added food access and security as a distinct priority. This new strategy keeps equity at the heart of our work. And this is because although we know that healthy eating and active living are goals we should have for every Coloradan, we must dive deeper to understand the *why*. So our strategic framework now includes food access and security work alongside more traditional HEAL-related funding for efforts like physical activity opportunities for children and youth.

We are focused on pulling the levers that will benefit the largest number of Coloradans, specifically those living on a low income or with less power or privilege. We are supporting community food programs and food program participation while we partner with organizations across the state on the implementation of the blueprint. It is the intentional evolution of our initial HEAL work, the result of a decade of focus on policy advocacy, research, funding, and strategic experimentation. Our vision is that across Colorado, each of us can say, "We have all we need to live healthy lives." It is a vision of a place where connected communities support the health of every resident and where healthy eating and active living is part of a state of well-being that is accessible, vibrant, and whole. ◆

How Market Forces Could Improve How We Eat

Health advocates and the food and beverage industries have traditionally clashed over issues of public policy. Warning labels might help the two find common ground.

BY HAROLD GOLDSTEIN

In the late 1990s, Public Health Advocates, a nonprofit organization that promotes health equity, began working to remove soda and junk food from California schools. The food and beverage industries fought these reforms, as schools had become ground zero for building brand loyalty. Yet studies confirmed an out-of-control childhood obesity epidemic, with schools becoming soda-and-junk-food superstores. This data, along with support from parents and other stakeholders, led to growth in support for public policy reforms. After long and contentious policy battles, California enacted statewide legislation in 2001, 2003, and 2005 to remove soda and junk food from schools. Over the next five years, more than 20 states followed California's lead with similar legislation.

The tide had turned. In partnership with the Clinton Foundation, the three largest soda producers agreed to remove sugary drinks from schools. They bought national ads to celebrate their decision and eventually came to see that protecting the health of children not only was politically expedient but also made good business sense. Twenty years later, these once highly controversial policies are now mainstream.

As a public health advocate for the past 20 years, I have helped enact legislation at both state and local levels, promoting healthy eating and active living to mitigate the twin epidemics of obesity and diabetes. During this time, public health proponents and the food and beverage industries have often treated one another as enemies. Public health advocates frequently accuse the food and beverage industries of caring only about the bottom line, while the food and beverage industries often consider advocates to be "the food police" and say that eating well is strictly a matter of personal responsibility.

We have nevertheless made progress. Childhood obesity rates have plateaued in some communities, and there is growing evidence that public policies like those promoting healthy school food have a real impact. Still, the diabetes and obesity epidemics continue, disproportionately harming low-income communities and communities of color. Remarkably, more than half of US adults now have diabetes or prediabetes.

Finding common ground between health advocates and the food and beverage industries can save lives and prevent chronic disease across the nation. By pushing boundaries, changing expectations, and collectively questioning the status quo, we could forge a new era of mutual benefit.

Brand, image, and sales have always been the lifeblood of food and beverage companies. But today these companies find themselves in a bind. As Pulitzer Prize-winning reporter Michael Moss describes in his best-selling book, *Salt Sugar Fat: How the Food Giants Hooked Us*, high-calorie and processed foods are big sellers because we are biologically drawn to them. Companies scientifically formulate and market products that compel us to eat and drink them. By increasing the sugar content of Yoplait yogurt, General Mills saw sales soar. Likewise, beverage industry formulators aim for the "bliss point"—the precise amount of sweetness that induces the greatest cravings.

In *Capitalism and Freedom*, Nobel Prize-winning conservative economist Milton Friedman writes, "There is one and only one social responsibility of business ... to increase its profits." Importantly, Friedman qualifies this oft-quoted statement by adding, "so long as it stays within the rules of the game, which is to say, engages in open and free competition without deception or fraud." Perhaps one place where health advocates and the food and beverage industries can work together is to ensure that consumers have more complete information about the products they purchase, so they are neither misled nor deceived.

For many years, those industries have claimed that the obesity and diabetes epidemics should not be addressed through public policy. In order to exercise this responsibility in a free market, however, consumers must have the information they need to make an informed purchase. Too often they do not, with products marketed to suggest that consuming them brings only fun and happiness. We must change the rules to ensure that consumers have information about the health effects of consuming harmful products.

Warning labels on sugary drinks are a good place to start. With 16 teaspoons of sugar in every 20-ounce fruit drink, energy drink, or soda, these beverages are the single largest source of sugar in the American diet. That sugar payload is absorbed by the body in as little as 30 minutes, taxing the pancreas and being stored in the liver as fat.

Warning labels would also aid competitiveness in the beverage industry. All manufacturers would have to play by the same rules, helping the industry to elevate its reputation by demonstrating its contribution to personal responsibility by providing consumers with science-based product information. Many major beverage companies already voluntarily post calorie information on the front of bottles and cans. Warning labels are the next logical step toward promoting the public's health. The industry can get ahead of the curve by supporting this as public policy.

If the food and beverage industries take a long-term view, they will see that public policy is their safest path to maintaining market share while recapturing a sense of corporate responsibility. Just as the industry eventually came together to support removal of soda and junk food from schools nearly two decades ago, it can do the same with warning labels—without putting any single corporation at risk.

America's business community is often reluctant to embrace public policy. But as consumers demand more corporate accountability and express greater concern about their health, public policy might be the smartest place for industry and health advocates to find common ground in seeking solutions. ◆

Harold Goldstein *is the founding executive director of Public Health Advocates, a California-based organization that challenges the social, political, and economic systems that perpetuate racial, economic, and health disparities.*

The Power of Business to Change Food Culture for the Better

The key to getting people to adopt healthier eating habits may lie in leveraging the power of the private sector.

BY NANCY E. ROMAN

By the time Tom chooses the cheese-curd bacon burger, he has internalized so much commercial influence on that decision that almost no amount of nutrition education will change his mind. That single decision will cost him 1,950 calories, 53 grams of saturated fat, and 4,700 milligrams of sodium. It will be difficult for Tom to change his behavior, and over time, a habit of fast food will predispose him to a life with obesity, diabetes, heart disease, and/or cancer.

Tom has also been exposed to thousands of tempting ads for burgers, fries, and soda, and his neighborhood store has been stocked with processed foods. Packaged goods companies have invested millions in marketing products that appeal primarily to his cravings for sugar, salt, and fat.[1] In other words, Tom turns to the cheese-curd bacon burger in a food culture that has made it tasty, convenient, affordable, and desirable.

So are we surprised that poor food habits stubbornly persist as obesity rates rise? Four in 10 Americans now live with obesity, putting the United States on the precipice of a public and economic health crisis. Like many other NGO leaders, I spent a lot of my time, and my various teams' energy, getting people to adopt healthier eating behaviors. Why aren't we having more impact? Culture overwhelms some of our best programmatic work in nutrition and health, and we fail to appreciate the power of business and marketing to shape it. Programs designed to help people choose healthier foods must overcome this problem.

The power of culture isn't new to most of us. However, we who promote nutrition tend to respond by doubling down on efforts to shift individual human behavior without working on the business practices and offerings that shape that behavior. Improving food culture will require changes in inventory, pricing, and marketing. And those reforms cannot happen without collaboration with the private sector—specifically, the consumer packaged goods industry, the restaurant industry, and the beverage industry.

Nancy E. Roman *has worked in government, on Wall Street, at the United Nations, and in nonprofit sectors. She is now CEO of Michelle Obama's Partnership for a Healthier America.*

SUSTAINABLE REFORM

The private sector has the power to sustain the changes it makes. Every grant application I've reviewed has asked how the program we seek funding for will be "sustainable." Yet we know that donor-funded programs are inherently unsustainable unless they are embedded into ongoing business practices or they permanently shift human behavior.

Not every issue lends itself to sustainable results achieved through voluntary changes in business practices. *But food's connection to health does*. Food companies, restaurants, and retailers have a real opportunity to reformulate and innovate healthier products, embrace reasonable portion sizes, and employ behavioral economics in food marketing to shift behavior toward food habits that will build health and prevent disease. Their challenge is to do it while continuing to make a profit—so that the new normal is sustained.

The Partnership for a Healthier America (PHA)—a Washington, D.C.-based NGO that works to leverage the power of the private sector to improve food and increase physical activity—has helped food companies remove six trillion calories,[2] not to mention tons of fat and sugar, from their products.

Our work with convenience stores illustrates the model. PHA partnered with the National Association of Convenience Stores and nine convenience store chains selling food at more than 2,000 locations. The partners agreed to increase the availability of fruits and vegetables, and to offer healthier prepared food items and snacks, and zero- and low-calorie beverages. PHA worked with the stores to identify foods that would meet daily nutritional requirements, audited and verified the inventory changes through a third party, and then celebrated the success of the retail chains at a national summit with hopes that other businesses would follow the model.

As we worked on this partnership, convenience stores complained that their suppliers weren't offering enough healthy choices. So PHA moved further upstream, partnering with six distributors to help them identify and source a broader supply of healthier convenience foods, and increase their supply in low-income areas. About 75 percent of PHA-partner convenience stores operate in areas with poor food access, and they are influencing the culture of their shoppers. If bottled water rather than soda gets prime positioning, or if packaged almonds or walnuts replace—or even sit alongside—greasy pizza slices, people's expectations gradually begin to shift.

REBOOTING FAST FOOD

The next big sector to tackle in the effort to promote healthier eating is fast food. About half of the money Americans spend on food is spent eating out. Although the days of supersizing are over, major chains still offer calorie-laden meals, and new offerings tend to result in more calories, salt, and fat.

McDonald's took a bold step in removing soda from the kids' menu. Now, for the first time, more than 50 percent of Happy Meals sold come with healthier beverages. And soda consumption by children eating at McDonald's has dropped 15 percent. That improvement merely scratches the surface of possibility for the industry: Restaurants nationwide could revamp kids' menus, shrink the size of cups dispensing soda, reduce portion sizes, and develop lower calorie meals that taste good.

At some point in our social evolution, we hope to live in a food culture dominated by delicious food that will help us live well and disease-free. Until then, business has an opportunity to lead—not follow—the consumer toward sustainable health. ◆

NOTES

1 Jessica Almy and Margo Wootan, *Temptation at Checkout: The Food Industry's Sneaky Strategy for Selling More*, Center for Science in the Public Interest, 2015.

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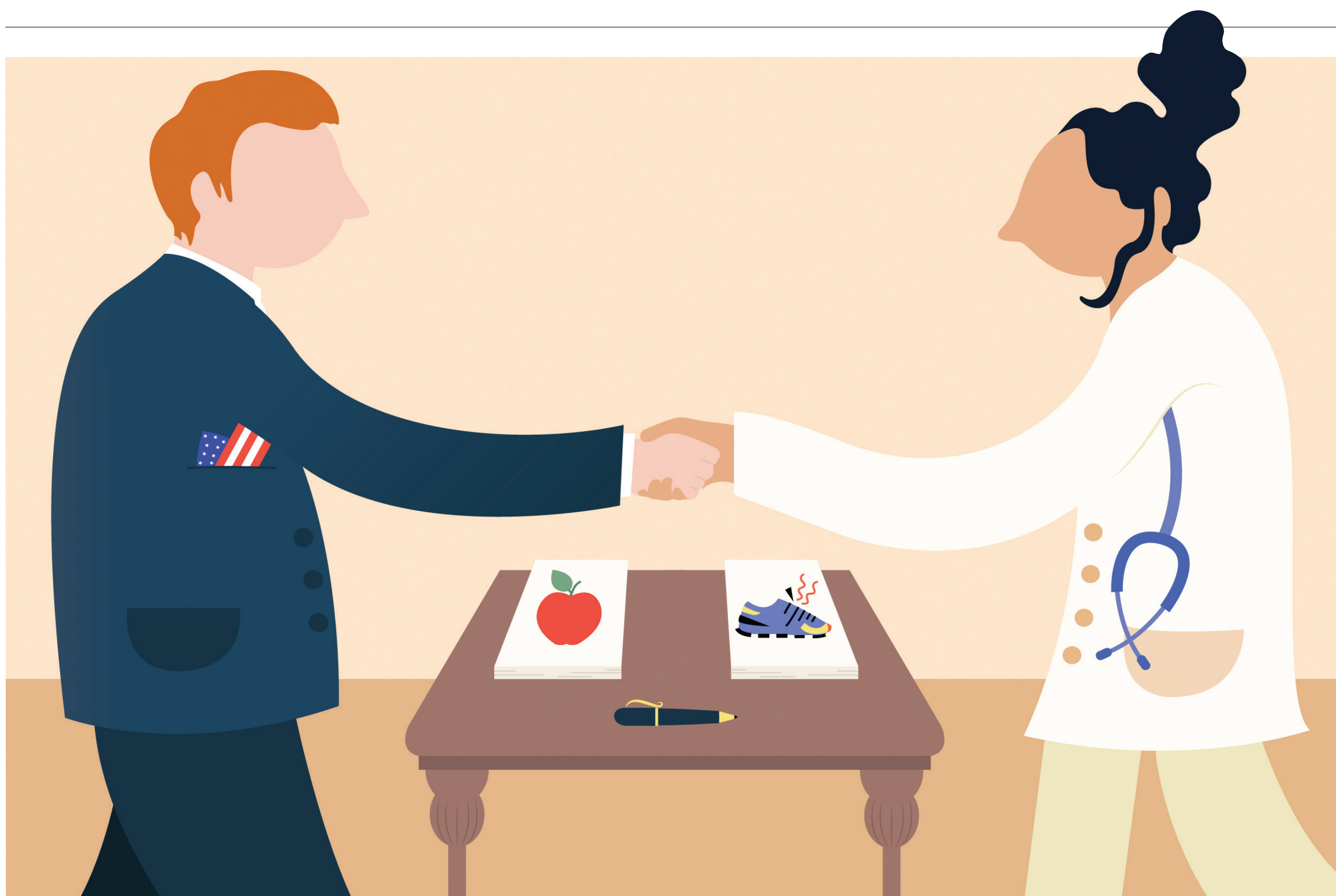

Political Power as a Tool to Improve the Health of All Americans

Healthier Colorado is that state's largest health-advocacy organization. By supporting fundamental policy shifts and engaging actors at all levels of policymaking, they are helping create lasting change for Coloradans.

BY JAKE WILLIAMS

America leads the world in the size of our economy and the amount of money we spend on health care, but these variables do not translate into longer lives for Americans. Data just released by the US Centers for Disease Control show that life expectancy has fallen for the past three years. We have not seen American life expectancy decline this much since a century ago, when a flu pandemic swept the country in 1918. So-called deaths of despair, such as suicides, drug overdoses, and alcoholic liver disease,[1] have significantly contributed to our long-term decline in life expectancy vis-à-vis peer nations; there are now at least 30 nations in which people have a longer life expectancy than we do here in the United States.[2] A baby born in America is nearly three times as likely to die in infancy as a baby born in Finland, Japan, Portugal, or Sweden.[3] We also have the highest obesity rate of any wealthy nation in the world.

We aren't suffering from a mass outbreak of personal irresponsibility. The flaws are not in our character, but rather in our politics and resulting policies. The stark reality is that Americans by and large are not presented with sufficient opportunity to be healthy. Public policy is the only lever with which we can create change at the scale necessary to make a substantial difference. Charitable efforts may be well intentioned, but they fall short of creating a just system for many communities.

Many political actors are focused on health care, but the policy solutions required to improve health in America go well beyond the walls of the doctor's office. Right now, there are some modest lobbying efforts in state capitols and in Washington, D.C., on health and health-care policy, but they are too often outmatched by other competing interests. In our pay-to-play political system, the interests of population health are at a significant disadvantage versus those of other actors who are less concerned with public health. In Colorado, we are standing up against these actors and for people's well-being.

Jake Williams *is the executive director of Healthier Colorado and the host of* Wooden Teeth, *a podcast focused on the convergence of public health, politics, and policy.*

HEALTHIER COLORADO AND HEAL

Through lobbying and exerting influence in elections, Healthier Colorado has produced several policy victories on a broad range of issues that influence health, including healthy eating and active living (HEAL). Spending around $1.5 million on elections over the last three years, we succeeded with both health-related ballot measures and political candidate races. Moreover, we did all this by working with Democrats and Republicans alike.

Our approach to HEAL public policy is to mitigate where we must, but put fundamental change first whenever possible. We adopted this approach for a couple of reasons. First, mitigation strategy is essentially the role of most foundations and direct service providers, such as ones who may provide access to nutritious food or physical activity for disadvantaged populations. They aren't changing the forces that shape our world but are instead confronting the world as it is and trying to make it better for people suffering any ill effects as a result.

Healthier Colorado takes a different tack. Instead of building a playground in a low-income community, for example, we implemented new statewide regulatory standards in 2015 for physical activity, nutrition, and screen time for commercial childcare centers. Instead of just trying to educate the public about the dangers of sugary drinks, we passed the nation's second-ever voter-approved tax on sugary drinks and directed the resulting revenue toward health programs for the low-income families disproportionately affected by the consumption of those products. Due to political necessity, we sometimes pursue incremental public policy changes that do not necessarily directly address the root cause of a problem, but our long-term strategy is to make fundamental changes via public policy.

Although health policy can be complex and obscure, people have an intuitive understanding of human needs that can be leveraged when asking them for support.

In addition, it has become clear that simply making positive HEAL resources available to people is often not enough for significant population-level health improvement. For example, studies show that workplace wellness programs don't work very well.[4] Providing financial incentives or additional opportunities for people to make healthier choices tends to work best with people who would make healthier choices anyway, particularly as time and other scarcities pose insurmountable obstacles for so many.[5]

Therefore, although we do support policies geared toward things like improving the food or active transportation infrastructure within a low-income neighborhood, we also apply focus to changing the fundamental economic and lifestyle realities of populations. This has led us to support public policy that expanded broadband internet access in rural areas, for example, as well as public policy that significantly curtailed the predatory activity of payday lenders, who have life-altering negative impacts on the physical and mental health of low-income residents.[6]

PEOPLE, MONEY, AND POLITICAL ACCOUNTABILITY

People and money are what matter most in politics. With about 70,000 members across the state—a number that is steadily growing—we are Colorado's largest health-advocacy organization. We have members in every state House and Senate district, and we possess the capacity to mobilize a critical mass of grassroots action on every statewide campaign we run. We built this membership through three avenues: online engagement, field activities such as community events and advocacy trainings, and America's first full-time health-focused field canvassing and fundraising.

As we started with a tiny staff, online engagement was initially our only means of connecting with sizable audiences. We quickly built a large following as we invested in actions that directly put people together with decision makers on a wide array of health issues. Through simple online petitions, thousands of Coloradans added their names and contact information in support of our actions.

We also learned a few important lessons along the way.

It became clear that we did not have to painstakingly explain the broader scientific or public policy contexts for our petitions. Although health policy can be complex and obscure, people have an intuitive understanding of human needs that can be leveraged when asking them to support a policy issue that might be new to them.

In addition, although people have an intuitive understanding of human needs, they do not have an intuitive understanding of the jargon used in health policy circles. For example, in a recent series of voter focus groups we commissioned, not a single participant recognized or understood the phrase "health equity." Most people thought of "equity" as the value accrued in home ownership. Through both opinion research and online and field experimentation, we honed our language to make it accessible to everyone, regardless of background.

Third, just as we should not silo the many components that influence our health when we address health policy, we don't have to silo our approach to engaging grassroots

How Our 501(c)(4) and 501(c)(3) Work in Tandem

Healthier Colorado was founded in 2014 as a 501(c)(4) organization and, in 2015, we created a sister 501(c)(3), The Fund for a Healthier Colorado. How do 501(c)(3) organizations and 501(c)(4) organizations compare? First, financial contributions to 501(c)(3) organizations are tax deductible, while those to 501(c)(4)s are not. In addition, 501(c)(3) organizations that are organized as "public charities" can elect to spend a minority portion of their budget on lobbying, but are forbidden from working to influence political candidate elections. Organizations that are 501(c)(4)s are legally allowed to lobby on an unlimited basis and are allowed to work to influence candidate elections.

Consequently, we run all our candidate engagement and most of our lobbying through our 501(c)(4) organization, Healthier Colorado. We created our sister 501(c)(3) organization, The Fund for a Healthier Colorado, for reasons including fundraising, as many donors cannot or will not donate to 501(c)(4) entities. As much of our activity does not need to be paid for by 501(c)(4) dollars, the 501(c)(3) funds allow us to both be better stewards of our 501(c)(4) resources and do even more than we could as a 501(c)(4) alone.

action on health. We found that many people are interested in taking action on a variety of the seemingly disparate topics within it. For example, a person signing a petition concerned with pedestrian infrastructure is often as willing to sign one on Medicaid policy. This cohesion mirrors the environmental movement, which embraces a wide variety of issues, from climate change to land conservation to toxics, and yet is cohesive. We must begin to focus on building a health movement that includes and connects all the various influences upon our health.

As we grew as an organization, we applied the lessons learned from our online efforts and found that they worked equally well in the field. In 2017, we began deploying a canvassing team to ring people's doorbells and approaching them in the street. The team engages with individuals on the wide range of issues we focus on and solicits one-time and sustaining donations. In 2019, we anticipate that around 2,000 state residents will donate to Healthier Colorado. Canvassing is a critical component to building an activist base, as well as fundraising.

To fund our agenda, we need not just any type of money, but money that is legally eligible to be spent on candidate elections. We are fortunate to have a well-resourced 501(c)(4), but we cannot always send money directly from that 501(c)(4) to candidates, due to restrictions in state law. (Similar restrictions are found in many other states and local jurisdictions across the country.) Donations from individuals, up to specified limits and routed through regulated entities prescribed under law, can be converted into checks that we can write to political candidates that we support. In addition to this direct-to-candidate activity, we spend money from our 501(c)(4) on a variety of so-called independent expenditure (sometimes less charitably called "dark money") activities, which are efforts to support or oppose candidates in a manner that is not conducted in coordination with that particular candidate.

We have also developed methods to measure the performance and potential of these politicians, which can help determine how we deploy the accountability and political influence resources we've built. In 2018, we released what we believe to be America's first state legislative scorecard that covers a range of health policies that include health care, public health, and socioeconomic influences on health.[7] We issue and collect candidate questionnaires that elicit positions on key health policy issues for state legislative and gubernatorial candidates as well as candidates at the local level.

IN THE INTEREST OF PERMANENT INTERESTS

We are a political organization that believes government should play a fundamental role in creating an environment where everybody can live a healthy life, but we emphatically do not place our allegiance with one particular party. We set our priorities based on evidence-based policies that are responsive to the population health needs of Coloradans. Although we make calculations regarding the political viability of the policies we push, we do not make subjective decisions based on an estimate of where a policy sits on the left-right political spectrum.

Our belief about the role of government often puts us at odds with many on the far right. However, we believe that if we show elected officials, regardless of party, how our positions support their constituents, and offer meaningful political rewards and punishments, we can build new bridges.

We are proud of what we have achieved so far but are also cognizant that our resources are relatively limited versus those of corporate and other well-heeled stakeholders.

Although I am a progressive Democrat, I hired a well-known Republican operative to run our statewide political portfolio. We also have both prominent Democrats and Republicans on our boards of directors. This arrangement was not simple to construct, and its operation has not been completely tension-free, but the dividends it's yielded have been significant. Almost every bill we have supported in the state Legislature has had bipartisan support. We have also won tax-increase ballot measures in deep red areas of the state. In 2018, about 54 percent of the total we spent on state legislative candidate races went to support Democrats, and about 46 percent went to Republicans—not because we sought an artificial balance, but rather because we had legitimate reasons to support politicians on both sides.

In 2018, 51 of the 53 state legislative candidates we supported were victorious, and we won all 11 of the local and state ballot measures we supported. Over the past few years, we have won a multitude of policy victories on a wide variety of issues. In addition to the HEAL policies mentioned above, we passed a state law to end the practice of putting innocent people who are experiencing a mental health crisis in jail. We passed regulations to improve child immunization policy in schools. We also took legislative action to improve access to health care in rural areas.

You might think that Colorado is a politically liberal oasis within the mountain West that makes our progress uniquely possible. Not quite. Every policy victory mentioned in this article occurred during a time in which state government control was split between Democrats and Republicans. Bipartisanship, as described above, is at the heart of our approach and can be applied anywhere.

We don't want to be unique anymore, particularly because we know that we cannot turn the tide alone. We are proud of what we have achieved so far but are also cognizant that our resources are relatively limited versus those of corporate and other well-heeled stakeholders who often advance agendas that are contrary to our own. For example, in the 2018 election cycle, the food and beverage industry gave federal political candidates more than $17 million and state-level political candidates $31 million.[8]

We at Healthier Colorado do not have all the money, nor do we have all the answers. What we do have is a sincere interest in providing every American with the opportunity to live a healthy life, along with a track record of successes and mistakes from which others can learn. Life, liberty, and the pursuit of happiness are not possible without the opportunity to be healthy. We hope you'll join us in building a nationwide political movement for people's health. ◆

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Evaluate, Invest in Advocacy, and Shrink the Change

Troubling health trends in Howard County, Maryland, inspired the Horizon Foundation—a local health-focused philanthropy—to adopt a HEAL framework. Here's what they learned along the way.

BY GLENN E. SCHNEIDER & NIKKI HIGHSMITH VERNICK

In 2010, the Horizon Foundation staff took a routine look at local health data and noticed some troubling trends. Data indicated that most deaths in our community were related to heart disease, cancer, stroke, and/or diabetes. Trends showed increasing rates of hypertension and high cholesterol, alongside increasing rates of unhealthy weight. Worse yet, data also showed that local school-aged children had similar rates of unhealthy weight as those in neighboring counties and throughout the state. For an independent, place-based, health-focused philanthropy like ours, this was grim news.

The Horizon Foundation is based in Howard County, Maryland, and we focus our work on its approximately 321,000 residents. In any given year, Howard County has one of the highest median household incomes in the nation. About 95 percent of our residents are high school graduates, and a majority have bachelor's and other higher-education degrees. According to *Money* magazine, two of our cities are among the best places to live in America, and our county has won awards for its open spaces, parks, sports culture, recreation facilities, and library system. Evidence suggests that these health determinants should provide relative protection against disease, and yet our local data indicated otherwise.

In response, the foundation launched a suite of Healthy Eating Active Living (HEAL) initiatives in 2012. Our plan included efforts to reform the school system's wellness policy; reduce sugary drink consumption; improve school food; increase participation in federal school meals programs; enhance pediatricians' skills related to the prevention, diagnosis, and treatment of childhood obesity; and make healthier food and drinks more widely available for children and families. Concurrently, we have been working to make physical activity more routine by improving equity in sports participation and increasing physical activity in schools and childcare facilities. We also routinely advocate for "complete streets"—properly designed roads and pathways that allow all walkers, bicyclists, transit users, and motorists to jointly use and safely get from one point to another. Over the years, we learned some useful lessons.

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Plan for evaluation from the beginning. If it's worth doing HEAL work, it's worth measuring its impact. Prior to launch, Horizon hired the Rudd Center for Food Policy and Obesity to help it design a sound evaluation plan and determine what data would be necessary to gauge impact. At the onset of our work, data systems were not robust enough to adequately detect HEAL changes. Working with community partners, we created new data systems that have enabled us to set baselines, prospectively track progress, and tweak our programming. For example, we administer a biennial, behavioral risk-factor survey that is used by county health groups as a joint planning tool. We also worked with the county's school system to collect student weight status data and to conduct a student nutrition and physical activity survey. Our local provider groups conducted surveys of pediatricians, dentists, and hygienists about their HEAL-related practices. And we purchased data on aggregate local sugary drink sales from a private company to set our baseline consumption patterns. To date, about 10-15 percent of our HEAL program dollars are dedicated to evaluation.

Shrink the change. In their 2010 book *Switch: How to Change Things When Change Is Hard*, Chip and Dan Heath describe how complex behavioral-change processes require intentional efforts to make hard changes more manageable—what the authors refer to as "shrinking the change." Indeed, our focus groups suggested that behavior change would not come easily. Many participants bemoaned how public health experts ask them to do too much—cut sugar, fat, salt, and calories while simultaneously increasing rates of exercise. In response, focus group participants chose to make no behavioral changes. The results of this research, combined with evidence showing that nutrition environment changes may prove most effective in reducing childhood obesity,[1] persuaded our organization to focus its public-facing work on reducing sugary drink consumption. Sugary drinks are the largest source of calories and added sugar in a child's diet today, and daily consumption is a key contributor to heart disease, diabetes, and other chronic diseases.[2] Further, changing what people personally drink or the drinks they purchase for home use may be easier to accomplish than changing their overall diets and exercise routines—especially if consistent community policies and messaging supports such changes. As stated above, we still do other HEAL work, but our media campaign and public messaging focuses on reducing sugary drink consumption as a simple but key step toward improving health. A recently published peer-reviewed article[3] details our progress thus far—a 20 percent decrease in sugary drink sales when compared with a control community, and healthy weights are trending in the right direction for our community's young children.

Advocate for HEAL policy and system change. Investing in advocacy allowed the foundation and our grantees to properly build strong coalitions, organize residents on the ground, engage in social marketing and media advocacy, and win long-lasting improvements in our HEAL environment. Our active transportation initiatives combine community education with advocacy efforts to support the public funding, design, and construction of complete streets. Together with partners, we conducted four complete-streets community festivals that attracted almost 4,000 residents, who experienced what a redesigned complete street might look and feel like. We organized a strong coalition of more than 40 health, faith, business, and civic groups to advocate for increased county

biking infrastructure spending to improve health, attract new employers, and better the environment. More than 2,000 local residents directly contacted their elected officials urging them to adequately fund active transportation, and safer walking and biking have been listed as top concerns of residents in recent county government listening sessions. As a result of these efforts, county bike infrastructure funding has nearly quadrupled over the past three years, and a strong complete-streets ordinance and pedestrian master plan are in the works.

Given that policy and systems changes drive HEAL impact, having open and trusting relationships with policymakers is important. Building and nurturing these relationships can lead to faster policy adoption and don't necessarily require lobbying. The foundation has an advocacy policy, and trustees regularly consider how to best engage local elected officials. We schedule regular meetings and phone calls and have an annual breakfast to let elected officials know about the foundation's work. We also invite our local elected officials to join us at community events. For example, local leaders recently participated in a walk audit of a neighborhood whose residents had complained about unsafe conditions for walking and biking. These officials directly experienced the unsafe conditions firsthand, spoke with residents about their active transportation needs, and now understand what can be done to address community concerns.

Work with state and regional partners to make HEAL changes more "sticky." At least 57 percent of our residents work and/or spend significant time outside the county. Pursuing consistent policy changes at the state or regional levels—especially in places where our residents work, learn, worship, and play— is often key to making change stick. For example, the foundation is a founder and lead partner of Sugar Free Kids Maryland, a statewide coalition working to reduce sugary drink consumption. Together with state partners, we made sure that innovations piloted here in Howard County were adopted across the state. Five neighboring governments adopted laws or policies to make healthier food and drinks more widely available on county property that were similar to the one first enacted by Howard County. Also, a local healthy childcare demonstration project later became state law. In both cases, the media extensively covered these policy changes and helped reinforce the importance of our local HEAL efforts.

So how can local communities continue to drive local HEAL change moving forward?

Establish a HEAL equity framework. Research shows that some members of our communities face significant barriers to good health, overall wellness, and opportunity. This is particularly true for communities of color, who experience disproportionate levels of chronic disease, disability, and death. Retail redlining (i.e., when healthy food outlets avoid serving areas based on their ethnic-minority composition, rather than economic criteria), targeted marketing, and price differences between healthy and unhealthy food are just some examples of why it may be more difficult for people of color to maintain a healthy diet.[4] We can reduce health disparities and work toward racial equity in health by advocating for policies and practices that dismantle long-standing health barriers and promise more equitable health outcomes for people of color; elevating the voices of leaders from communities of color; and strengthening the abilities and resources of community organizations to advance movements for social change. Being intentional about collecting disaggregated HEAL data by race is a critical first step. By engaging a diverse set of organizational partners and affected communities, we can pilot experiments and find long-lasting solutions to our problems.

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Determine which HEAL policy interventions have the most promise. Many national health organizations have published papers on promising HEAL policy interventions to reduce chronic disease, but the field is still young compared with other movements that produced defined sets of effective policies (e.g., tobacco-use prevention). We are probably years away from having definitive HEAL research about which policies are most effective. Until then, it's up to local communities to take calculated risks in advocating for and adopting policies that seem promising and then evaluating them for effectiveness. It's through this experimentation and evaluation that we have the best chance of reducing chronic disease.

Fight state preemption of local government policy. State lawmakers in an increasing number of states are blocking cities, towns, and counties from passing laws that keep our families healthy and our environments clean, and/or create good jobs. Currently, 14 states have blocked local governments from passing certain HEAL policies at the local level. This is called preemption, and special-interest groups are behind it. When special-interest groups push state lawmakers to block local laws, it hurts the health, safety, and paychecks of our families, neighbors, and friends. As HEAL advocates, we must do all we can to protect the ability of local governments to pass these types of laws through constant vigilance, effective state and local organizing, and skillful media advocacy. Our ability to try new policy approaches to stem diseases related to unhealthy eating and lack of activity may well depend on how well we fight state preemption of local laws.

Think long term. It's hard for foundations to invest in any topic over a long period of time. Other community priorities may eventually take precedence. Committed trustees' terms expire or they experience issue fatigue. The Horizon Foundation, however, just finished its sixth year of significant HEAL programming with a commitment for at least another four. Staff has shown trustees, the community, and the field that our work is having an impact. In response, our trustees have made a strong commitment to further HEAL progress. The future of HEAL work depends on foundations, governments, and community groups taking a long view toward these problems and taking calculated risks to best solve them. It took decades for our nation to develop its chronic disease problems. And it will take many years of collective HEAL work to solve them. ◆

NOTES

1 Desiree C. Wilks, Stephen J. Sharp, Ulf Ekelund, et al. "Objectively Measured Physical Activity and Fat Mass in Children: A Bias-Adjusted Meta-Analysis of Prospective Studies," *PLoS One*, vol. 6, no. 2, 2011.

2 Regan L. Bailey, Victor L. Fulgoni III, Alexandra E. Cowan, and P. Courtney Gaine, "Sources of Added Sugars in Young Children, Adolescents, and Adults with Low and High Intakes of Added Sugars," *Nutrients*, vol. 10, no. 1, 2018.

3 Marlene B. Schwartz, Glenn E. Schneider, Yoon-Young Choi, et al. "Association of a Community Campaign for Better Beverage Choices With Beverage Purchases From Supermarkets," *JAMA Internal Medicine*, vol. 177, no. 5, 2017.

4 Denver D'Rozario and Jerome D. Williams, "Retail Redlining: Definition, Theory, Typology, and Measurement," *Journal of Macromarketing*, vol. 25, no. 2, 2005. See also the Prevention Institute report "Retail Redlining: One of the Most Pervasive Forms of Racism Left in America?"

Grantmakers In Health is a nonprofit, educational organization dedicated to helping foundations and corporate giving programs improve the health of all people. Its mission is to foster communication and collaboration among grantmakers and others, and to help strengthen the grantmaking community's knowledge, skills, and effectiveness.

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