



# Healthy Eating by Design

## An RWJF national program

### SUMMARY

*Healthy Eating by Design* increased access to healthy foods for children in low-income communities and schools from 2005 to 2007. The Robert Wood Johnson Foundation (RWJF) selected 12 community partnerships participating in its national program *Active Living by Design* to implement strategies to provide affordable, healthy and appealing food options to children and families by changing local food and nutrition policies and environments.

*Active Living by Design* funded 25 community partnerships to develop and implement strategies to increase physical activity by changing community design.

*Healthy Eating by Design* funded seven school-based partnerships (Albuquerque, N.M.; Buffalo, N.Y.; Chicago; Cleveland; Columbia, Mo.; Denver; and Seattle) and five community-based partnerships (Louisville, Ky.; Portland, Ore.; Santa Ana, Calif.; Somerville, Mass.; and Upper Valley, N.H./Vt.).

The program's definition of Healthy Eating is "a way of life [that] is influenced by what we eat, how much we eat and how it is prepared." See [Appendix 1](#) for more information.

### Key Results

The program had results in four areas:

#### ***Policy Actions and Changes***

- The 12 partnerships achieved six policy changes in schools and communities and acted in dozens of other policy change efforts, moving many partners for the first time to engage in policy development.
- The school-based partnerships worked with school districts and individual schools to provide healthy foods in cafeterias and to address other issues such as allowing adequate time for lunch and using nonfood items or healthy foods as incentives or rewards.
- The school-based projects were involved in the development and implementation of federally mandated school wellness policies. (Under the Child Nutrition and WIC

Reauthorization Act of 2004, educational agencies participating in the federal school breakfast program or the low-cost or free school lunch program had to pass a [local wellness policy](#) to encourage healthy eating and physical activity by 2006.)

### **Physical Projects to Improve the Healthy Eating Environment**

- Four school-based partnerships—Buffalo, N.Y.; Chicago; Columbia, Mo.; and Seattle—enhanced the physical environment in the school, with a focus on the cafeteria by:
  - Finding space for salad bars and storage of fruits and vegetables and equipment.
  - Improving the kitchen and serving line layout.
  - Creating healthy eating murals.
- Four community-based partnerships—Louisville, Ky.; Portland, Ore.; Santa Ana, Calif.; and Somerville, Mass.—established or revitalized local farmers' markets.

### **Programs—New or Expanded—to Support Healthy Eating or Access to Healthy Foods**

- Seven partnerships—Buffalo; Chicago; Denver; Louisville, Ky.; Santa Ana, Calif.; Seattle; and Upper Valley, N.H./Vt.—offered cooking demonstrations or classes. These included bringing chefs into schools and community centers to teach children and their parents how to prepare healthy food.

### **Sustaining Healthy Eating Work Beyond RWJF Funding**

- Four partnerships—Buffalo, N.Y.; Columbia, Mo.; Louisville, Ky.; and Seattle—used additional grants from RWJF to disseminate, institutionalize and sustain their healthy eating work.
- Most of the other partnerships—Chicago; Cleveland; Portland, Ore.; Santa Ana, Calif.; Somerville, Mass.; and Upper Valley, N.H./Vt.—sustained some of their healthy eating work. Although Albuquerque, N.M., did not sustain specific project activities, its work helped introduce healthier eating at the target school.

## **Program Management**

The University of North Carolina at Chapel Hill School of Public Health, which served as the national program office for *Active Living by Design*, also managed *Healthy Eating by Design*.

## **Funding**

The RWJF Board of Trustees authorized *Healthy Eating by Design* in April 2005 for up to \$600,293 for 20 months. The program ended in 2007.

## THE PROBLEM

A 2005 report by the Institute of Medicine, *Preventing Childhood Obesity: Health in the Balance*, provided an overview of the rise and extent of childhood obesity among American children:

- Over the past three decades, the rate of childhood obesity more than doubled for preschool children (ages 2 to 5) and adolescents (ages 12 to 19) and more than tripled for children ages 6 to 11. In the one-generation interval between the 1971–74 and the 1999–2000 National Health and Nutrition Examination Surveys (conducted by the National Center for Health Statistics), childhood obesity:
  - Increased from 5 percent to 10.4 percent for preschool children.
  - Increased from 4 percent to 15.3 percent for children ages 6 to 11.
  - Increased from 6.1 percent to 15.5 percent for youth ages 12 to 19.
- By 2005, approximately 9 million children age 6 and older were considered obese.
- Specific groups of children, including African Americans, Hispanics, American Indians and those in low-income families, were more likely than other children to be obese, according to the report. For example:
  - Up to 24 percent of African-American and Hispanic adolescents were considered overweight.
  - Between 1986 and 1998, obesity increased 120 percent among African-American and Hispanic youth compared to an increase of 50 percent among Whites.

Childhood obesity leads to serious health risks:

- The lifetime risk of being diagnosed with diabetes for children born in the United States in 2000 was estimated at 30 percent for boys and 40 percent for girls—if obesity rates level off. (Source: *Preventing Childhood Obesity: Health in the Balance*)
- Overweight adolescents have a 70 percent chance of becoming overweight or obese adults. The risk increases to 80 percent if one or both parents is overweight or obese. Overweight or obese adults are at risk for many health problems, including heart disease, type 2 diabetes, high blood pressure and some forms of cancer. (Source: A [fact sheet](#) from the Office of the Surgeon General)

## Limited Access to Healthy Foods

Children and families living in low-income communities have limited means to buy and limited access to healthy foods, such as fresh fruits and vegetables:

- People with annual incomes of less than \$15,000 are the least likely to consume any fruits or vegetables, according to fruit and vegetable consumption data from the Centers for Disease Control and Prevention.
- Many low-income neighborhoods do not have stores that sell healthy, affordable food. Transportation that people need to buy healthy foods often is inconvenient or unavailable, according to *Improving Access to Healthy Foods: A Guide for Policy-Makers*, from RWJF's national program, *Leadership for Healthy Communities*.
- Upper- and middle-income neighborhoods typically have three times as many supermarkets per capita as do low-income neighborhoods, where fast-food chains, corner markets and bodegas often are the only sources of food, according to *Improving Access to Healthy Foods: A Guide for Policy-Makers*.

## CONTEXT

In 2001, RWJF set promoting healthy communities and lifestyles as one of its goals. Early work focused on programs to support active living. When Risa Lavizzo-Mourey, M.D., M.P.H., became Foundation president in 2003, the focus began to shift to preventing childhood obesity.

## Work to Support Active Living

In 2002, RWJF launched a suite of national programs designed to work together to increase physical activity through community design, public policies and communications. "We wanted to reengineer activity back into people's lives," said former RWJF program officer Karen Gerlach Joyce, Ph.D., M.P.H., who, together with former RWJF senior program officer Katherine Kraft, Ph.D., designed the Active Living Portfolio. The programs in the portfolio are:

- *Active Living by Design*. From 2002 through 2009, the program has funded 25 community partnerships to develop and implement strategies to increase physical activity by changing community design. These community partnerships were composed of representatives from health care, public health or the medical community as well as other disciplines, such as planning, transportation, landscape architecture, urban design, real estate development, parks and recreation, housing, public safety and education.
- *Leadership for Healthy Communities* (formerly called *Active Living Leadership*) works with government leaders to create policies that reduce childhood obesity by promoting active living, healthy eating and access to healthy foods. The program

started in 2002 and ends in November 2010. Healthy eating was added as a focus in the latter part of 2004.

- *Active Living Network* promoted active, healthy environments by building a national coalition of leaders and advocates from the professions influencing community design, including land use, architecture and urban planning. RWJF supported the network from 2002 to 2007. See [Program Results](#).
- *Active Living Research* supports research to examine how environments and policies influence active living for children and their families. The program started in 2002 and is authorized through November 2012. See [Program Results](#).
- *Active Living Resource Center* provides technical assistance to create active communities. The program started in 2002. As of October 2007, RWJF was planning to support the center through January 14, 2010. See [Program Results](#).

### **Funding to Prevent Childhood Obesity**

In 2003, RWJF began to focus more aggressively on childhood obesity, which was reaching "epidemic proportions," according to Foundation documents from the time. RWJF's childhood obesity strategy focused on changing the food, nutrition and activity environments in low-income communities and on policies that helped shape those environments.

#### ***Childhood Obesity Synergy Projects***

As RWJF program staff members began to consider approaches to future childhood obesity prevention initiatives, they decided to try to leverage the expertise and momentum of existing RWJF national programs that were already working on issues related to childhood obesity, such as physical activity and children's health and safety. By authorizing new programs to be managed by these existing national program offices, the Foundation could avoid the expense of setting up another outside program office. Instead, these programs would receive funding to expand the work of selected projects to include work focused on preventing childhood obesity.

In 2005, RWJF program staff on the Childhood Obesity Team proposed a sister program for *Active Living by Design* to focus on healthy eating. Using some of the same community partnerships participating in *Active Living by Design*, the new program—*Healthy Eating by Design*—was to identify promising environmental and policy interventions to improve access to healthy food in schools and communities.

*Healthy Eating by Design* was one effort to create synergy between programs. The three other national programs chosen for this strategy were:

- *Active for Life*
- *Diabetes Initiative*
- *Injury-Free Coalition for Kids*

See [Appendix 2](#) for more details on the three other synergy programs.

### **A Major RWJF Childhood Obesity Initiative**

With the announcement in 2007 of a \$500 million campaign to reverse the childhood obesity epidemic by 2015, RWJF funding addressing this issue accelerated substantially. (See the 2006 [President's Message](#) for more information on the Foundation's childhood obesity initiatives.)

## **PROGRAM DESIGN**

All community partnerships participating in *Active Living by Design* were eligible to apply for *Healthy Eating by Design* grants. RWJF required applicants to focus on a narrow geographic area (e.g., a neighborhood, school or facility) but design a project that could be replicated within a larger area.

### **Projects to Promote Environmental and Policy Change**

RWJF designed *Healthy Eating by Design* to support projects that would implement policy and/or environmental strategies to increase access to healthy foods in either school or community settings, and especially among low-income children and their families.

- School-based projects were to target policies and other features within the school environment that were most likely to impact eating behavior among children in lower-income communities. Appropriate projects could focus on elementary and/or middle schools and/or before- and after-school programs, with special emphasis on children ages 3 to 12.
- Community-based projects were to increase access to healthy foods for children by creating new venues, such as farmers' markets and community and school gardens, for learning about, choosing and consuming healthy foods.
- Both school- and community-based projects also were encouraged to target behaviors in the home that influence healthy eating among children and their families.

Grantees also were to conduct an assessment of the eating environment in the area during the first three months of the grant to determine the best approaches in their communities for increasing access to healthy foods.

## The Program Framework

The program required grantees to use *Active Living by Design's* Community Action Model composed of the "5P" strategies as a framework for improving access to healthy foods—preparation, promotion, programs, policy and physical projects—which were to be integrated into school and community settings:

- **Preparation/Partnership Development:** Preparation included developing and maintaining a community partnership to collect relevant data to inform program planning and to pursue financial and other resources. Grantees could create healthy eating partnerships by any of the following:
  - Expanding the current *Active Living by Design* partnership.
  - Adding a *Healthy Eating by Design* subcommittee to the partnership.
  - Working with an existing childhood obesity advisory group or partnership within the community.
- **Policy:** Healthy eating partnerships were to identify and attempt to influence changes in public policies and standards as well as organizational practices. These advocacy efforts could include:
  - Relationship building with policy-makers.
  - Presentations to policy boards.
  - Influencing employer or school policies.
  - Educating policy-makers, citizens, professionals and advocates about the need for local environments that support healthy eating.
- **Physical Projects:** These strategies directly improved the local environment and/or removed barriers to accessing healthy foods and eating opportunities. Physical projects could include providing lunchroom and kitchen equipment for preparing and serving healthy foods or building and supporting community gardens.
- **Programs:** These organized, ongoing activities engaged people in healthy eating either directly or indirectly. Programs could include nutrition education in school curricula or gardening classes for children and families through community organizations.
- **Promotion:** Promotion and communications were the means by which the projects connected with the target audience. Specific messages could include the benefits of healthy eating and the importance of community environments in promoting healthy living.

## Evaluability Assessment

To understand better the environmental and policy changes related to healthy eating and to learn how to evaluate those changes, RWJF funded an evaluability assessment (also called "exploratory evaluation") of *Healthy Eating by Design*.

The design of the assessment departed from a typical evaluation, according to Laura Leviton, Ph.D., RWJF senior evaluation officer for *Healthy Eating by Design* and subsequently special advisor/research. This occurred because the grants were modest in both size and length, and RWJF was still in the learning stages of designing and evaluating programs to address childhood obesity. For more information on early assessments in the childhood obesity area, see [Program Results Special Report](#).

"Rather than doing a full-bore evaluation of these [projects], which probably would not be cost effective, I decided to look at the logic models being used, the approaches that were being employed, the stakeholders," said Leviton. That way, RWJF program staff could determine whether there was something worthwhile for further evaluation or testing.

A team from Wake Forest University School of Medicine conducted the assessment from October 2005 to March 2007. Scott D. Rhodes, Ph.D., M.P.H., C.H.E.S., was the lead evaluator.

See [Evaluability Assessment Findings](#) regarding the projects. See [Appendix 3](#) for future program and evaluation considerations.

## THE PROGRAM

### Management

#### *National Program Office*

The University of North Carolina at Chapel Hill School of Public Health—already the national program office for *Active Living by Design*—served as the national program office for *Healthy Eating by Design*. Sarah L. Strunk, M.H.A., served as *Healthy Eating by Design* director and Joanne Lee, M.P.H., R.D., served as project officer. Lee managed the daily operations of the program.

The national program office provided technical assistance and support to the projects, including monthly conference calls and annual site visits, and helped project staff members network with others who had similar goals and interests.

Under a separate grant from RWJF, the national program office also organized a grantee meeting in August 2005 in Chicago (ID# 053822; July to October 2005) to orient project

staff to the program concepts, strategies and RWJF expectations and to identify grantees' challenges and future technical assistance needs.

National program staff also integrated healthy eating into *Active Living by Design* by:

- Including it as a topic during three conference calls for all *Active Living by Design* partners and as the main focus of one day of the 2006 *Active Living by Design* grantee meeting.
- Writing an *Active Living by Design* policy on active living and healthy eating and posting it on the Active Living [website](#). The policy covers:
  - Definitions of healthy eating (see [Appendix 1](#)).
  - Basic dietary principles for healthy eating.
  - *Active Living by Design* policies and practices regarding active living and healthy eating.

### **National Advisory Committee**

The national advisory committee for *Active Living by Design* provided oversight of *Healthy Eating by Design*. National program office staff recruited two new members with healthy eating experience:

- Maxine Hayes, M.D., state health officer of the Washington Department of Health.
- Howell Wechsler, Ed.D., M.P.H., director of the Division of Adolescent and School Health at the Centers for Disease Control and Prevention's National Center for Chronic Disease Prevention and Health Promotion.

### **The Projects**

From among the 21 *Active Living by Design* community partnerships that applied, RWJF awarded 12 grants for projects under *Healthy Eating by Design*:

School-based projects in:

- Albuquerque, N.M.
- Buffalo, N.Y.
- Chicago
- Cleveland
- Columbia, Mo.
- Denver
- Seattle

Community-based projects in:

- Louisville, Ky.
- Portland, Ore.
- Santa Ana, Calif.
- Somerville, Mass.
- Upper Valley, N.H./Vt.

The projects received 18-month grants of \$50,000 that started in June 2005 (except for one site that started in July). Four projects extended their grants, with the last projects closing in May 2007.

### ***Preparation and Assessment***

In the early months of the projects, staff at the 12 *Active Living by Design* projects engaged key and nontraditional partners to create *Healthy Eating by Design* partnerships, including school officials and staff, food producers and vendors and parents and families.

In Buffalo, N.Y.; Chicago; and Denver, parents of children at the target schools served as project coordinators or key consultants.

The partnerships completed assessments to inform and guide their healthy eating work. The grantee organizations employed many assessment methods, including:

- Interviews, meetings and focus groups on healthy eating and food access with community residents, local school representatives, leaders of community-based organizations, key informants and stakeholders.
- Surveys of food preferences and consumption behaviors.
- Review of current or existing food policies in their communities.

For information about the projects' interest areas, lead agencies, partners and project populations, as well as contact information, see [Appendix 4](#).

### ***Four Grants to Disseminate Project Results and Sustain Healthy Eating Activities***

Toward the end of the *Healthy Eating by Design* program, RWJF awarded four projects—in Buffalo, N.Y.; Columbia, Mo.; Louisville, Ky.; and Seattle—transition supplement grants to focus on disseminating project results and lessons learned and/or on identifying ways to sustain the project after RWJF funding ended. These grants are made at the request of RWJF program officers to help projects sustain their work after RWJF funding ends.

The one-year grants began in December 2006. Buffalo, N.Y., and Seattle extended their grants to June 2008 and May 2008, respectively.

## OVERALL PROGRAM RESULTS

The national program office reported the following results to RWJF and in case studies about the *Healthy Eating by Design* partnerships.

### Policy Development

- **The 12 partnerships achieved six policy changes:**
  - In Buffalo, N.Y., the Bennett-Park Montessori Center established a weekly salad bar in the cafeteria after passage of a policy initiated by the *Healthy Eating by Design* partnership.
  - West Boulevard Elementary School in Columbia, Mo., established two policy changes to:
    - Serve healthy foods for classroom snacks and after-school events.
    - Use nonfood items when rewarding desired behaviors.
  - The Denver School District adopted a policy to provide breakfast at no charge to all students during the 2006-07 school year.
  - In Seattle, T.T. Minor Elementary School adopted a policy to increase the length of the lunch period from 20 minutes to 30 minutes to give students more time to eat.
  - Residents of the Romano Circle public housing complex in Upper Valley, N.H./Vt., adopted a healthy eating policy to serve no snacks with high fructose corn syrup or sugar at neighborhood events.
- **The partnerships played various roles in dozens of policy actions—*Healthy Eating by Design* staff estimated some 50—including initiating or advocating for policies and assisting with policy development.** This was important, according to RWJF Senior Program Officer Terry L. Bazzarre, Ph.D., and fellow Childhood Obesity team member and program officer for *Active Living by Design* Jamie B. Bussel, because many of the partners had not worked on policy development before this program. "There's always the challenge of getting folks to think about work in a different way. All of our focus is on environmental and policy strategies," said Bussel. "That was difficult for many sites, which were more accustomed to doing more behavioral-oriented programs."
- **The school-based partnerships worked with school districts and individual schools to have healthy foods served in cafeterias and to address other issues such as allowing adequate time for lunch, using nonfood items or healthy foods**

**as incentives or rewards and serving healthy foods at school functions.** For example:

- The Columbia, Mo., partnership's work led to the formation of a new district-wide Healthy Foods for Healthy Kids Committee, which was to work with nutrition services and tackle issues such as providing adequate time and a supportive environment for students to eat healthy meals at school.
- In Albuquerque, N.M., the principal at Valle Vista Elementary School established a guideline for teachers and staff to refrain from eating unhealthy foods such as sodas and candy in common areas of the school and in front of students to encourage positive role modeling.
- The Cleveland, Denver and Seattle partnerships engaged teachers and school staff as role models of healthy eating by providing "treasure boxes" or toolkits with ideas for healthy classroom celebrations and nonfood rewards.
- **The school-based projects had partners who were involved in the development and implementation of federally mandated school wellness policies.** (Under the Child Nutrition and WIC Reauthorization Act of 2004, educational agencies participating in the federal school breakfast program or the low-cost or free school lunch program had to pass a [local wellness policy](#) to encourage healthy eating and physical activity by 2006.)

Some partners served in key school district-level roles and had direct impact in shaping the policies. For example:

- In Albuquerque, N.M., Albuquerque Public Schools included the Fresh Snacks protocol—developed by the local *Healthy Eating by Design* partnership—as part of its Wellness Policy Resource Guidebook, designed to help schools district-wide meet the wellness policy.
- The food services supervisor was part of the Buffalo, N.Y., partnership. Because of the supervisor's input, the wellness policy called for purchasing fresh produce from local farmers to provide high-quality produce that was appealing to students.
- The project coordinator in Columbia, Mo., was a member of the committee that developed the district wellness policy. She facilitated the inclusion of objectives specifying more fruits and vegetables in school lunches and less access to soda in the school.
- As part of its school wellness policy, the Seattle School District required 10 hours of nutrition education every year in kindergarten through 12th grade, based on work done under the local *Healthy Eating by Design* partnership.

Other partners served on advisory councils or committees that reviewed proposed district school wellness policies. For example:

- The Cleveland partnership helped three neighborhood kindergarten through eighth-grade schools (Albert B. Hart School, Mound School and Willow School) establish school wellness teams to meet the district-wide wellness policy.

- **The Portland, Ore., partnership worked with the Portland Multnomah Food Policy Council.** Project staff developed and submitted to the city council draft recommendations to amend the Portland Comprehensive Plan to include food access issues. This was a significant step forward, according to Project Director Noelle Dobson. "Having our city council say [it's] going to look at food in the comprehensive plan is super important. It's laying the nuts and bolts for what the plan will look like," she said.

The partnership also helped establish a standing Food Access Committee of the Food Policy Council to work on food policies for low-income communities.

- **Most partnerships conducted organized advocacy activities for policy and practice changes.** Advocacy activities included letter-writing campaigns and meetings with school administrators, community leaders, food vendors, government officials and other decision-makers who influence food accessibility. For example:
  - The Louisville, Ky., partnership sent a letter to Jefferson County House delegation members asking them to consider requiring schools to remove vending machines and compensating them for any lost revenues.
- **The partnerships served as role models for healthy eating.** For example:
  - The Louisville, Ky., partnership established a policy to provide healthy foods at active living and healthy eating meetings and events. Project staff conducted research showing inexpensive, healthy alternatives to the usual choices and met with community members to share the research findings. Community members began serving fresh fruit, fruit juice and grilled chicken instead of soda and hot dogs at neighborhood events.

## Physical Projects

- **Four school-based partnerships—in Albuquerque, N.M.; Buffalo, N.Y.; Columbia, Mo.; and Seattle—enhanced the physical environment in a school, with a focus on the cafeteria.** For example:
  - Cafeteria staff at Bennett-Park Montessori Center (an elementary school) in Buffalo, N.Y., played a key role in creating a healthy school environment by helping to

*It takes a community to create a healthy school environment. This philosophy guided the work of the Buffalo, N.Y., Healthy Eating by Design partnership toward its goal of improving access to healthy foods for students at Bennett-Park Montessori Center, a public school serving economically disadvantaged children. [Read more.](#)*

find the right space for preparing a weekly salad bar and for storing vegetables and cleaning equipment. Staff managed the salad bar and also initiated a project to paint a healthy eating mural in the hallway next to the cafeteria.

- In Columbia, Mo., a local artist worked with students to create bright murals of healthy foods and the growing process from farm to table in the cafeteria at West Boulevard Elementary School. See the [sidebar](#) for pictures of these murals.
- To give students at T.T. Minor Elementary School in Seattle more time to sit and eat, project staff and partners identified cafeteria kitchen layout and line improvements to increase the efficiency of school food service. Student artwork of fruits and vegetables decorated the hallways and the cafeteria.
- **Five partnerships—in Buffalo, N.Y.; Chicago; Louisville, Ky.; Portland, Ore.; and Upper Valley, N.H./Vt.—worked with food gardens, including home or school container gardens, gardens at schools, gardens at local Boys and Girls Clubs and a one-acre community garden.** For example:

- In Chicago, project staff helped families of 14 students at McAuliffe Elementary School grow vegetables in backyard and home container gardens. Each family received gardening tools and packages of seeds.

- The St. Peter Claver Community Garden in Louisville, Ky., is a neighborhood space for education, physical activity and access to healthy food grown in the one-acre garden, which was created during the project. Three community members had plots in which they grew produce for their families. The other plots were used by neighborhood organizations, including Bates Memorial Baptist Church, Meyzeek Middle School and the Presbyterian Child Development Center. These organizations used the garden as an outdoor classroom.

- The 38-week Youth Grow healthy eating and garden curriculum at Wattles Boys and Girls Club in Portland, Ore., gave third- to fifth-graders the chance to work in an on-site garden, including learning about worms and composting and growing and transplanting vegetable starts. Program partner Growing Gardens led the after-school program and also helped 10 families start home gardens.

*To encourage the 530 students at Valle Vista Elementary in Albuquerque, N.M., to try new healthy foods and eat more fruits and vegetables, the Fresh Snacks program provided more than 9,000 pounds of locally grown produce during the 2006–07 school year. The food was procured from the Farm to Table/Farm to School program and delivered to students twice per week for mid-morning snacks. [Read more.](#)*

*Neighborhood farmers' markets are ideal venues for families to purchase fresh, healthy foods. But many markets appeal more to clientele in middle- to upper-income levels. The Somerville, Mass., Healthy Eating by Design partnership decided to create a farmers' market in Union Square that would be more welcoming to low-income and immigrant families. [Read more.](#)*

- **Four community-based partnerships—in Louisville, Ky.; Portland, Ore.; Santa Ana, Calif.; and Somerville, Mass.—established or revitalized local farmers' markets.** For example:
  - The Somerville, Mass., partnership established the weekly Union Square Farmers' Market in the multicultural neighborhood of East Somerville. Project staff created promotional materials in English, Haitian Creole, Portuguese and Spanish and offered nutrition and food preparation education in various languages.
  - The pilot Lents International Farmers' Market in Portland, Ore., also served a culturally diverse neighborhood. Project staff created promotional materials in English, Spanish and Vietnamese. Volunteer translators for Chinese, Russian and Spanish were available on the three days of the pilot farmers' market.

- **Three partnerships—Columbia, Mo.; Seattle; and Upper Valley, N.H./Vt.—provided equipment for preparing, cooking and storing healthy foods:**

- Families in the Romano Circle public housing complex reduced the cost of healthy food by using a community freezer purchased by the Upper Valley, N.H./Vt., partnership. The freezer was part of a communal food storage program that enabled families to buy food together in bulk and learn how to store and preserve it.

*Snack carts are piled high with apples, carrots or oranges in the hallways of T.T. Minor Elementary School near downtown Seattle. In the cafeteria, the salad bar offers an ever-changing variety of salad fixings and cut fruit, including romaine, cauliflower, peppers, strawberries, banana chips, jicama and mango. [Read more.](#)*

## Programs—New or Expanded

- **Five school-based partnerships—in Albuquerque, N.M.; Buffalo, N.Y.; Chicago; Columbia, Mo.; and Seattle—established healthy snack and/or salad bar programs in schools.** For example:

- Students at Valle Vista Elementary School in Albuquerque, N.M., had locally grown fruit and vegetables for mid-morning snacks twice a week through the Fresh Snacks program.
- The Tasty Bites program at West Boulevard Elementary School in Columbia, Mo., provided fresh fruits and vegetables twice a week. Tasty Bites highlighted a different fruit or vegetable, prepared and presented in various ways, each month.

*"I never knew garden vegetables tasted so good," said Tiffany, a sixth-grader at Meyzeek Middle School, who worked in the St. Peter Claver Community Garden. When the garden's first crops came in, Tiffany got to eat fresh squash and green beans — for the first time. [Read more.](#)*

- Students at T.T. Minor Elementary School in Seattle had fresh fruits and vegetables for snacks and a salad bar for lunch. They ate significantly more fruits and vegetables than students in another elementary school, according to an evaluation that the University of Washington conducted for *Healthy Eating by Design* in Seattle. For more information about the evaluation, see [Appendix 5](#).
- **Six school-based partnerships—in Albuquerque, N.M.; Cleveland; Chicago; Columbia, Mo.; Denver; and Seattle—included nutrition education in the classroom. The Buffalo, N.Y., partnership included nutrition education in an after-school program.** For example:
  - Teachers in Denver delivered the Integrated Nutrition Education Program, which included nutrition lessons and simple food preparation activities. They also reinforced healthy eating with fun and colorful nonfood rewards such as school supplies and books, instead of candy and sweets.
  - Students at West Boulevard Elementary School in Columbia, Mo., learned about healthy eating and the impact of the media on food and health behaviors through a media literacy program.
  - The Buffalo, N.Y., partnership developed weekly after-school Food & Fun workshops at Bennett-Park Montessori Center, in which students learned about healthy eating and active living and prepared and ate healthy snacks. Workshop projects included:
    - Designing a "healthwalk," a safe walking route from the school to the neighborhood. Students helped identify the walking route and necessary infrastructure improvements (e.g., fixing a street light that did not work) and planted trees and flowers along it. Project staff turned the needs assessment over to the city.
    - Making a video about healthy eating and access to healthy foods, featuring interviews with teachers, administrators and students. The students showed the video during an assembly.
- **Five partnerships—in Chicago; Denver; Louisville, Ky.; Santa Ana, Calif.; and Seattle—offered cooking demonstrations or classes.** For example:
  - Chefs-in-training from Johnson & Wales University taught students at Philips Elementary School in Denver and their families to prepare healthy and affordable food.
  - Twice a month, staff from a community nutrition program at the University of Illinois at Chicago and Purple Asparagus (a nonprofit organization that works to bring
 

*A revolution against food advertising began with fifth-grade students at West Boulevard Elementary School, in Columbia, Mo. The Healthy Eating by Design project integrated a 12-week media literacy curriculum into the classroom to teach students about healthy eating and the impact of the media on food and health behaviors. Read more.*

families back to the table through good eating) offered cooking demonstrations with vegetables and healthy snacks at McAuliffe Elementary School after school and in the evening.

- Chef Nancy Russman in Louisville, Ky., taught students how to prepare healthy foods in the summer program of the Presbyterian Community Center and at an after-school program in Meyzeek Middle School.
- **Four partnerships—in Louisville, Ky.; Santa Ana, Calif.; Somerville, Mass.; and Upper Valley, N.H./Vt.—created programs to make it easier for food assistance recipients to obtain healthy foods.** For example:

- The Louisville, Ky.; Santa Ana, Calif.; and Somerville, Mass. partnerships participated in the Women, Infants and Children (WIC) Farmers' Market Nutrition Program, which enables low-income women, who either are pregnant or have children under age 5, to buy fresh vegetables, fruits and herbs at approved farmers' markets. The state sends WIC recipients coupons for use at farmers' markets.

In Somerville, Mass., WIC recipients used 2,416 coupons worth \$6,040 at the farmers' market in 2005 and 2006; the figure for 2006 was 71 percent higher than that for 2005. In Santa Ana, Calif., WIC recipients redeemed about 63 percent of the coupons. (Figures are not available for Louisville, Ky.)

- Somerville, Mass., and Louisville Ky., encouraged people to visit the farmers' markets through coupons and other incentives. Project staff in Somerville contributed an additional \$1 to \$2 for every \$5 in WIC benefits spent at the market. Project staff in Louisville created coupons (e.g., \$2 off for every \$5 spent) and distributed them, along with flyers and magnets, through schools, community centers, neighborhood groups and corner stores.
- Project staff in Somerville, Mass., bought an electronic benefit transfer (EBT) machine so people could pay for fruits and vegetables electronically. (EBT lets recipients of food stamps and other government benefits transfer funds from a federal account to a retailer account to pay for products.) Food stamp recipients used the EBT machines to pay for fruits and vegetables totaling \$231 in 2005 and 2006 (in 2005, the machine was in the market for only six weeks). Staff also taught vendors how to accept and redeem food stamps.
- Santa Ana, Calif., also created a bus route brochure to tell people how to get to the Santa Ana Farmers' Market. The brochure includes information about which vendors accept WIC vouchers and EBT cards.
- **Two partnerships—in Santa Ana, Calif., and Seattle—developed culturally tailored healthy eating programs:**
  - The Santa Ana, Calif., partnership participated in a variety of healthy eating programs for Spanish-speaking people, including the [Latino Campaign](#).

The campaign, led by the California Department of Health Services, seeks to empower low-income Latino families to eat recommended amounts of fruits and vegetables and to be physically active every day. The campaign uses Spanish and English television advertisements, billboards and bilingual spokespeople to spread its message.

As part of the campaign, project staff members in Santa Ana:

- Trained five mothers to teach classes, do cooking demonstrations and promote the program (through the train-the-trainer 5-A-Day workshop).
- Had a booth at the farmers' market at which they provided cooking/food preparation demonstrations and handed out free bilingual recipe books and other nutritional information.

The Santa Ana partnership also published a monthly newsletter that included healthy recipes, information about seasonal fruits and vegetables and a schedule of classes and events.

- Healthy traditional and ethnic food became part of the school menu at T.T. Minor Elementary School in Seattle. Each month, students had a different ethnic lunch, ranging from Somali spaghetti to Vietnamese sandwiches. Project staff gave students menu cards with a recipe for the meal, information about its cultural significance and nutrition information. Parents had an opportunity to try the ethnic meals at family nights.
- **Partnerships sponsored other programs such as field trips to local farms, healthy community meals and hands-on learning experiences about healthy foods.** For example:
  - Students at Bennett-Park Montessori Center in Buffalo, N.Y., and residents of the Romano Circle public housing complex in Upper Valley, N.H./Vt., took field trips to local farms.
  - The Upper Valley partnership also sponsored community meals to demonstrate healthy menus and to teach Romano Circle residents how to prepare healthy foods.
  - The Broadway Boys and Girls Club, working with the Cleveland partnership, helped improve access to healthy foods for neighborhood children through Healthy Habits classes, healthy snacks for children attending their programs, Kids Café healthy meals (in which older members prepare and serve healthy foods to younger members) and healthy vending options.

## Promotion

- **All 12 partnerships promoted healthy eating through print materials, and nearly half used culturally and linguistically appropriate communications for the target**

**audience. Some partnerships also used promotional methods such as magnets and project logos.** For example:

- Project staff in Columbia, Mo., prepared 13 monthly fact sheets with nutritional information and recipes related to the fruit or vegetable of the month. The West Boulevard Elementary School sent these fact sheets home with students for their parents.
- Valle Vista Elementary School in Albuquerque, N.M., distributed magnets that said "Snack Smart! Choose fruits and veggies" in English or Spanish and three bilingual information sheets about healthy seasonal foods.
- Project staff in Somerville, Mass., developed culturally and linguistically appropriate signage and educational materials for the local farmers' market to reach more members of the multicultural population.
- The Seattle partnership created a colorful project logo depicting healthy foods from different food groups and the slogan "Eat Better, Feel Better."

## **Sustaining Healthy Eating Work Beyond RWJF Funding**

- **The four partnerships—in Buffalo, N.Y.; Columbia, Mo.; Louisville, Ky.; and Seattle—that received extra, one-year RWJF transition grants used the funding to disseminate, institutionalize and sustain their healthy eating work.** All four projects also raised other funds to sustain their work.

### ***The Buffalo, N.Y., Partnership***

With RWJF funding:

- Project partners and staff wrote *Transforming Food Environments and Building Healthy Communities* (August 2008), a guide for planners on strategies and actions for redesigning neighborhoods, destinations and routes to increase access to healthy foods.

The American Planning Association made the guide an official Planning Advisory Service report (entitled *Policy Guide on Community and Regional Food Planning*, by Samina Raja, Branden Born and Jessica Kozlowski Russell, number 554) and sent it to about 8,000 members nationwide in October 2008. The report also is available [online](#).

With other funding:

- The Buffalo School District continued the salad bar at Bennett-Park Montessori Center (a public elementary school).
- The Food & Fun workshops continued as part of the after-school programs at Bennett-Park Montessori Center and were expanded to other schools.

The Buffalo School District and project partner, the Massachusetts Avenue Project, through a [Community Food Projects](#) grant, were supporting the workshops. (The U.S. Department of Agriculture supports the Community Food Projects, which help nonprofit organizations establish and implement projects to increase food security in low-income neighborhoods.)

### ***The Columbia, Mo., Partnership***

With RWJF funding:

- Project partners and staff worked with the [Center for Media Literacy](#) to revise the media literacy program used at West Boulevard Elementary School. The new curriculum, called *MediaWise: Critical Questions About Food Ads*, teaches students to be critical viewers and readers of media.

Students learned that foods advertised to children—fast food, candy and sugar-added drinks and cereals—are high in fat, salt and sugar, and the foods they need to grow healthy—fruits and vegetables—are rarely advertised to them. Students produced commercials with healthy eating messages.

Project staff tested the six-lesson curriculum at West Boulevard, Benton and Lee elementary schools. Students showed their commercials during an evening program at YouZeum, an interactive science center focused on health, wellness and fitness in Columbia. Students and their parents ate a healthy dinner (which the students helped prepare based on the curriculum), and they viewed the museum.

The curriculum can be used for fifth- through eighth-grade students.

With other funding:

- West Boulevard, Benton and Lee elementary schools continued to offer the *MediaWise* curriculum, in partnership with YouZeum. The museum provided assistance with filming the commercials and provided the venue for showing the commercials and some of the fresh food students prepared.
- The Columbia/Boone County Health Department continued the Tasty Bites program once a week at West Boulevard Elementary School during the 2006–07 school year.
- The Columbia School District added fruits and vegetables "of the month" to the menu district-wide. Nutrition classes focused on the fruit or vegetable of the month to help students become familiar with it.

### ***The Louisville, Ky., Partnership***

With RWJF funding, project partners and staff:

- Created a plan to sustain the St. Peter Claver Community Garden. The garden project had an office in the Presbyterian Community Center next to the garden for

the first year. Then the Jefferson County Cooperative Extension Service took over management of the garden.

- Produced a how-to video about the community garden and developed a garden curriculum. The video explains how community members created the St. Peter Claver Community Garden; project staff delivered a copy to the approximately 30 Health Eating by Design partner organizations to show at schools and organizations interested in outdoor education and establishing gardens. In a March 2008 report to RWJF, project staff described the video as "hugely popular with the local outdoor education movement."
- Developed a healthy eating policies and tactics compendium to share successful strategies and lessons learned with others in Louisville through the [Mayor's Healthy Hometown Movement](#).

With other funding:

- The farmers' market continued and was self-supporting. The Annie E. Casey Foundation was funding the WIC Farmers' Market Nutrition Program.

### ***The Seattle Partnership***

With RWJF and other funding:

- With RWJF funding, the healthy eating project at T.T. Minor Elementary School—which included a salad bar in the school cafeteria, healthy snacks and nutrition education in the classroom—continued and was expanded to eight other schools. Other funders supported portions of the program at these schools, especially the salary of the wellness coordinator at each school.

The healthy eating project was offered in the following schools:

- In the Seattle School District: John Muir, Van Asselt, Emerson and Concord elementary schools, with funding from the [Seattle Nutrition Action Consortium](#), which works to improve the health and nutritional well-being of limited-income families with children in Seattle and King County. Emerson Elementary School also received a U.S. Department of Agriculture Fresh Fruit and Vegetable Grant for the 2007-08 school year.
- In the Highline School District: Madrona and Seahurst elementary schools, with funding from Washington State University.
- In the Tacoma-Pierce School District: Spanaway and James Sales elementary schools, with funding from the Tacoma-Pierce County Health Department.

The expansion was based on the results of the evaluation of the program (see [Appendix 5](#) for more information).

- **Even without a transition supplement grant, all of the other partnerships except Albuquerque, N.M.—Chicago; Cleveland; Portland, Ore.; Santa Ana, Calif.; Somerville, Mass.; and Upper Valley, N.H./Vt.—sustained some of their healthy eating work after RWJF funding ended.** For example:
  - In Chicago, nearly all healthy eating programs at McAuliffe Elementary School continued. For example, the Chicago Public Schools funded the fresh fruit and vegetable snack program and purchased a salad bar to add fruits, vegetables, yogurt and other healthy foods to the breakfast and lunch menus.
  - In Portland, Ore., project partners Community Health Partnership and Growing Gardens started a youth gardening program at Kelley Elementary School. With funding from the Northwest Health Foundation, the Community Health Partnership also started another program at the school combining nutrition education with bicycling and pedestrian safety.
  - In Santa Ana, Calif., a nurse and five volunteer parents created the ACTFIVE Project (Active Community Together Facilitating Increase in Vegetables, Fruits and Exercise) to promote healthy eating and physical activity. Twice a month, they closed the parking lot of two apartment complexes to do physical activities with the kids and their parents and also provided a healthy snack and healthy eating educational materials.
  - In Somerville, Mass., the city government provided public space and funding for a market manager to continue the Union Square Farmers' Market.

## Partnership Strategies

The national program office identified the following strategies that the school- and community-based partnerships undertook that appeared to have strengthened project implementation:

### *Developed Community Capacity*

- **The *Healthy Eating by Design* partnerships created relationships with new partners and strengthened existing networks.** Although the lead agencies were already engaged in policy and environmental work related to physical activity, the *Healthy Eating by Design* grants required them to identify and engage new partners with expertise in nutrition, food preparation, gardening and other areas related to healthy eating.
- **All of the school-based partnerships recognized the need to engage representatives at all levels of the school system, from teachers, administrators and cafeteria staff at the local schools to district-level school nutrition directors and board members.** These partnerships created tighter networks within the communities that would be likely to have a lasting impact beyond RWJF funding.

- **The school-based partnerships leveraged the timing of the federal school wellness policy mandate with the start of the *Healthy Eating by Design* projects to engage in policy actions.** (Under the Child Nutrition and WIC Reauthorization Act of 2004, by 2006 educational agencies participating in the federal school breakfast program or the low-cost or free school lunch program had to pass a [local wellness policy](#) to encourage healthy eating and physical activity.) *Healthy Eating by Design* partners became members of local wellness policy groups in their communities, influencing the development and implementation of district- and local-level school wellness policies.
- **The community-based partnerships identified common goals and created mutually beneficial relationships that helped sustain the community's commitment beyond the grant-funded project.**
- **The partnerships actively sought out residents' and parents' input for planning and implementation as a way to engage them in the projects.**

### ***Applied Practices That Support Schools and Communities***

- **In the school-based partnerships, many of the strategies to increase healthy food options within the school environment enhanced the existing school lunch menu—a simple change that is sustainable.**
- **The school-based partnerships designed nutrition education strategies to minimize teacher burden and maximize healthy eating.**
- **Supportive changes to the physical school environment reinforced the *Healthy Eating by Design* projects' policy, program and promotion strategies and yielded positive benefits that extended beyond the student body.** Providing salad bar, food preparation and cooking equipment also helped build supportive relationships with school staff. Cafeteria redecoration projects created pleasant mealtime environments and expanded *Healthy Eating by Design* partnerships to include local artists, art teachers, students and parents.
- **The community-based partnerships implemented culturally, linguistically and educationally appropriate communications and promotion strategies through many venues and on multiple occasions.** A majority of the partnerships focused on reaching culturally diverse populations.
- **The partnerships integrated their strategies to increase healthy food options with physical projects that made healthy foods more accessible to low-income families.**
- **The partnerships delivered healthy eating programs to community members in environments that were familiar and easily accessible, such as schools and neighborhood centers.**

- Policy changes reinforced the partnerships' program, physical project and promotion strategies.

### ***Engaged Families***

- The *Healthy Eating by Design* partnerships worked with parents to create healthy home environments by offering family-focused, hands-on initiatives.
- The *Healthy Eating by Design* partnerships offered hands-on opportunities at school and community events for families, which made parents more likely to support their children's increased interest in healthy eating.
- Educating and influencing children about healthy eating often had a big impact on parents and families. Children served as influential messengers to encourage healthy eating changes for their parents and families.

### ***Leveraged Financial Resources and Support to Sustain Projects***

- The *Healthy Eating by Design* partnerships garnered more than a quarter of a million dollars in additional funding. In communities and schools, these funds were instrumental in supplementing staff time to coordinate and implement healthy eating strategies.
- Partnership members generated a wealth of resources, including time from volunteers, student interns and parents; nutrition education and gardening materials; and healthy foods, such as fruits and vegetables.
- Several of the partnerships received post-grant funding and resources that enabled them to continue and disseminate their work. This included the four RWJF grants for dissemination and support from other sources.
- The partnerships replicated some of their practices and policies within member organizations.

## **FINDINGS**

### **Evaluability Assessment Findings**

Evaluators from Wake Forest University School of Medicine reported the following findings in a report to RWJF. They identified several areas of accomplishment for *Healthy Eating by Design* partnerships:

- **Staff members at the projects were clear, and partners agreed, on goals and tactics.** Projects had well-articulated goals, strategies and tactics, which provided a logical means to meeting goals. All interviewees at all projects reported understanding the project direction and were able to describe clearly how their roles fit in meeting the overall goals.

Interviewees expressed a strong commitment to the goals and articulated how they fit within their personal commitments and professional roles.

- **The most successful projects used resources creatively and synergistically.**

Projects that seemed most successful in implementing their tactics brought together a variety of community partners with individual and agency resources.

Together, the partners were able to contribute while minimizing the impact on their own organizations. Working alone or within more restrictive confines, projects might not have shown the same level of energy, had the same promise or attracted such enthusiastic and diverse partners.

The theme of leveraging resources and working in tandem was common to many projects that seemed to be most successfully implementing their tactics. However, not all projects were equally adept in identifying and developing partnerships. These differences could have resulted from a combination of:

- Levels of experience in working within community-based efforts.
- Levels of comfort about asking for help.
- Varied skills in delegating.

Also, some partners, although willing to engage, came from very different cultures. Specifically, projects that partnered with local farmers found that farmers were not used to working with schools. Differences in cultures between schools and farmers made understanding priorities, processes and coordination challenging.

- **Partnering with a university seemed invaluable.** Some projects partnered with a local university, which appeared to strengthen their capacity to implement comprehensive, detailed and multilevel projects with a wider scope. Universities contributed by providing faculty members who helped projects develop creative evaluation measures and innovative approaches to intervention.
- **The *Healthy Eating by Design* project coordinators were triggers for partnerships, resource sharing and action.** Across all projects, the project coordinators served as "community organizers," assessing the environment, identifying potential partners, reaching out to build a team, planning next steps, sparking action and planning for sustainability.

The evaluators also found challenges:

- **Achieving policy change was a challenge.** All projects were heavily focused on targeting children at risk for obesity through "intervention activities" (e.g., classroom activities and gardening curricula) and less focused on policy change.

This may have been a result of a short project time line and the desire to complete tasks that seemed tangible and concrete. Discussions indicated that at least some project staff members lacked policy expertise. The evaluators quoted one interviewee

in their May 2007 report to RWJF: "Choosing between what we know how to do, like plan a [cooking] demonstration, or really working toward policy change, I will choose what I know."

- **Project staff members needed more training in working with the media.** Some projects reported that they needed support in working with the media, and in using the media for policy advocacy.
- **In projects where the project coordinator was implementing multiple projects, as opposed to focusing exclusively on *Healthy Eating by Design*, less seemed to be happening in *Healthy Eating by Design*.**
- **There was a need for measurable objectives.** Few projects developed measurable objectives to help guide their work. Although goals were well articulated and the tactics were a logical extension of these goals, projects lacked clear articulation of objectives. Writing specific, measurable and attainable objectives might have helped the projects tell their stories.
- **Project staff members wanted more opportunities to learn from one another.** Although intraproject exploration and learning were reported as occurring, project staffs also reported not learning from one another. Most leaders expressed a desire to work together.
- **Project coordinators were concerned about sustainability.** They had concerns about how they would sustain their healthy eating work after the RWJF grant ended. However, projects with university partners seemed more secure about their ability to work with partners to sustain activities.
- **Parents were difficult to engage.** All projects had difficulty engaging parents in work to foster healthy eating, although parents were active in some partnerships.

See [Appendix 3](#) for future program and evaluation considerations.

## Communications

### Case Studies

Staff from the national program office created two sets of case studies, one on the school-based projects and one on the community-based projects. [Burness Communications](#) (Bethesda, Md.), a public relations firm specializing in foundations and nonprofits, worked with project staff on the case studies under a contract with RWJF.

The two case studies profiled each project and highlighted "keys to success" and lessons learned from the partnerships, as well as resources for schools and communities interested in healthy eating initiatives:

*Lessons from the Field: Promoting Healthy Eating in Schools*. Chapel Hill, N.C.: *Active Living by Design*, 2008:

- "Albuquerque, New Mexico: Introducing Fresh Snacks to Students"
- "Buffalo, New York: Engaging Cafeteria Staff in Food & Fun"
- "Chicago, Illinois: Student Adventures in Healthy Eating"
- "Cleveland, Ohio: A Neighborhood Invests in Healthy Learning and Healthy Eating"
- "Columbia, Missouri: Parents and Teachers Show Support for Healthy Changes"
- "Denver, Colorado: HEALing Students Through Healthy Eating and Active Living"
- "Seattle, Washington: Changes at School Teach Students and Families Healthy Habits"

*Lessons from the Field: Promoting Healthy Eating in Communities*. Chapel Hill, N.C.: *Active Living by Design*, 2008:

- "Louisville, Kentucky: Introducing Kids to Gardening—and Healthy Eating"
- "Portland, Oregon: International Farmers' Market Meets the Needs of an International Community"
- "Santa Ana, California: The Importance of Culturally Tailored Healthy Eating Programs"
- "Somerville, Massachusetts: Farmers' Market Makes Healthy Eating Affordable for All"
- "Upper Valley, New Hampshire/Vermont: Creating a Culture of Health in Romano Circle"

### **Healthy Eating by Design Web Site**

In addition to the case studies, staff from the national program office developed a section on the *Active Living by Design* [website](#) for *Healthy Eating by Design*, which provided information about the grantees and resources for the field:

- Assessment and planning tools
- Policy/action guides
- Reports/publications
- Presentations
- Other community resources

Staff also made presentations at the annual meetings of the American Public Health Association and many local presentations.

See the [Bibliography](#) for citations.

## LESSONS LEARNED

### Lessons from the National Program Office

#### **Overall Lessons**

1. **Shape healthy eating definitions and messaging during early stages of a program, and do so in ways that are practical and effective for reducing obesity among children and families in lower-income communities.** During *Healthy Eating by Design*, some sites had ideas and perspectives about healthy eating that were not focused on reducing obesity or the target population of the grant-children.

For example, one site promoted carob chips as being "healthier" than chocolate chips in an initial educational program. Some efforts were focused only on fresh and organic produce and did not mention affordable, practical and nutritious alternatives such as frozen and canned fruits and vegetables.

A conference call led by RWJF's Bazzarre on "Healthy Eating: Addressing Myths and Misconceptions" helped overcome this challenge and communicated the Foundation's definition of "healthy eating" to the grantees. The national program office also provided ongoing customized technical assistance and support to the grantees to address the issue. (Program Director/Strunk)

2. **Expect challenges in integrating active living and healthy eating initiatives.** Working across new and different disciplines required a true commitment to collaboration and learning, open dialogue and proactive problem solving. It also required a serious investment in capacity building for partnerships that were not already addressing both healthy eating and active living.

Integrating active living and healthy eating initiatives required a solid understanding of the target population and the available resources, diverse and supportive partners and a well-timed intervention that was designed to support both healthy eating and active living behaviors over time. The partnerships needed to respond to changing priorities and situations with flexibility and creativity. (Summative Report to RWJF)

3. **Expect environmental and policy changes to be difficult to carry out.** Policy work required significant time and effort. Environmental change efforts, which require financial resources, particularly those related to school capital improvements such as cafeteria kitchen redesign and purchase of major kitchen equipment, were also challenging given the limited amount of *Healthy Eating by Design* funding. (Summative Report to RWJF)

- 4. Consider project timing and duration for seasonal and school-based healthy eating initiatives.** The *Healthy Eating by Design* projects began in June, leaving most of the community-based partnerships with little time to prepare for the upcoming farmers' market and gardening seasons and the school-based partnerships with fewer than three months to plan and implement strategies at the beginning of the school year.

The duration of the grants, the length of the market and growing seasons and the academic calendar limited the partnerships' ability to refine and reapply promising strategies beyond one initial time period. The timing and duration also impacted the partnerships' ability to build strong relationships early on. (Summative Report to RWJF)

- 5. Expect partnerships to evolve, but ensure that they continue to be effective.** The *Healthy Eating by Design* grants required some of the *Active Living by Design* partnerships to stretch beyond their primary areas of focus. Although some lead agencies whose missions did not encompass healthy eating struggled, others were able to create new networks that led to larger-scale opportunities and improved organizational capacity.

The partnerships that early on identified common missions and goals, as well as tangible, mutually beneficial outcomes, had the most cohesive and committed partnerships. *Healthy Eating by Design* project staff had to recognize and fill in any gaps in the partnership's expertise, experience and capacity. (Summative Report to RWJF)

- 6. Look for incremental and simple changes.** These can have a meaningful impact on healthy eating and may be the best approach when working in low-income communities with other priorities. All of the *Healthy Eating by Design* partnerships focused on incremental behavior changes.

"Communities and individuals develop deep relationships with particular foods, and change challenges these fundamental relationships," said Nina Walfoort, project director in Louisville, Ky. For example, instead of suggesting that the neighborhood give up its annual fish fry, the Louisville partnership suggested adding fresh fruit to the menu, as a first step toward healthier eating. (Summative Report to RWJF and Project Director/Louisville, Ky.)

- 7. Work with children to encourage their parents and families to eat healthier food.** The *Healthy Eating by Design* partnerships had trouble engaging parents through project activities. Children served as messengers for healthy eating. Still, hands-on educational opportunities for children and their parents were effective in reaching families. (Summative Report to RWJF)

- 8. Consider using evaluation tools that help build the evidence for promising healthy eating strategies but do not burden school and community partnerships.** Although the projects were not required to evaluate their activities, some partnerships

stated that information related to their projects' impact would have been useful as they sought resources to continue and disseminate their work. (Summative Report to RWJF)

### **Lessons About Working With Schools**

9. **Engage school staff at all levels in all phases of a project to ensure success.** Although the *Healthy Eating by Design* projects targeted local schools, the partnerships needed to work with district-level school staff responsible for wellness policies, food procurement and cafeteria staff supervision. Working with school district staff enabled the partnerships to inform and influence changes with the best potential for long-term, broad sustainability. (Summative Report to RWJF)
10. **Look for a "champion" within the local school to foster success.** Several *Healthy Eating by Design* partnerships relied on school staff members as trusted insiders who provided practical insight to the partnerships and served as champions for their work. These staff members also served as positive healthy eating role models for students and other school staff. (Summative Report to RWJF)
11. **Position a project staff member in the local school to minimize the burden of implementing the project on school staff and to serve as a liaison with the school district.** Some of the *Healthy Eating by Design* partnerships formed allies with existing staff; other partnerships used resources to place a project staff member within the school system. Doing so minimized the burden on school staff related to project implementation while providing a liaison with the school district and a resource for immediate and ongoing support. (Summative Report to RWJF)
12. **Honor competing and pressing priorities of schools.** Although outside organizations bring needed resources and expertise, the school must be a leader and should have significant input in all phases of a project to ensure access, cooperation and lasting accomplishments. Partnerships worked better when they collaborated well with schools. (Summative Report to RWJF)
13. **Expose schoolchildren to healthy foods repeatedly and in social settings to influence their healthy eating habits positively.** The *Healthy Eating by Design* partnerships observed that the social setting within schools played a role in encouraging students and their parents to try new foods. Positive peer pressure and an atmosphere of shared new experiences may be influencing factors. (Summative Report to RWJF)
14. **Address barriers to parents' and students' participation in after-school programs.** Issues such as limited access to facilities, lack of transportation, child-care responsibilities and competing activities such as sports can affect the success of any after-school program.

*Healthy Eating by Design* partnerships that addressed these issues early believed that they were able to engage more families. Providing child care at cooking classes,

scheduling healthy eating programs so that they did not coincide with after-school sports and collaborating with staff responsible for cleaning and locking school facilities contributed to the success of after-school programs. (Summative Report to RWJF)

### **Lessons About Working With Communities**

**15. Treat community members as full and equal members of a partnership.**

Community members should be supported in their efforts to lead and shape projects. They can help provide an understanding of the cultural and economic context of community life, as well as the history of food access and eating practices.

This level of community engagement requires time, patience and flexibility, particularly when the work involves changing deeply rooted attitudes and behaviors about food and eating. Successful partnerships avoided pushing communities along a specific timetable or proposing major changes that might alienate community members. (Summative Report to RWJF)

**16. Help make healthy eating affordable, practical and familiar to children and families in low-income and minority communities.** Staff of the *Healthy Eating by Design* projects found that families were more likely to try new meals if they did not cost more, were quick and easy to prepare and used familiar foods. All of the partnerships worked with children and families on their own terms and balanced more idealistic definitions of healthy foods with incremental and manageable behavior changes. (Summative Report to RWJF)

**17. Ensure that partners have a clear, shared definition and vision of healthy eating within the context of the project goals and target population.** Partnerships consisting of organizations and members with missions and projects that related to healthy eating were at less risk of challenges related to "mission drift." (Summative Report to RWJF)

For lessons gathered from the school- and community-based partnerships themselves, see [Appendix 6](#).

## **AFTERWARD**

### **RWJF Work Building on Healthy Eating by Design**

#### **Healthy Kids, Healthy Communities**

In December 2007, RWJF launched a national program *Healthy Kids, Healthy Communities: Supporting Community Action to Prevent Childhood Obesity*, a five-year, \$44 million effort to catalyze and support policy and environmental change projects to promote children's physical activity and healthy eating, especially in lower-income and racial/ethnic communities in which the childhood obesity epidemic is most serious.

*Healthy Kids, Healthy Communities* will eventually work with approximately 70 local community partnerships across the country to support their efforts to increase opportunities for physical activity and to improve access to affordable, healthy foods for children and families. The *Active Living by Design* national program office, which also managed *Healthy Eating by Design*, is managing *Healthy Kids, Healthy Communities*.

Of the leading sites RWJF and the national program office announced in December 2008, six are *Active Living by Design* sites, and five of those are *Healthy Eating by Design* sites (they are in bold in this list):

- **Chicago**
- **Columbia, Mo.**
- **Louisville, Ky.**
- Oakland, Calif.
- **Seattle**
- **Somerville, Mass.**

### ***The Alliance for a Healthier Generation***

RWJF also used the experience of *Healthy Eating by Design* to inform its work on the [Alliance for a Healthier Generation](#), a partnership between the American Heart Association and the William J. Clinton Foundation. The program aims to create awareness about and solutions to the childhood obesity epidemic. RWJF is a partner in this program, which also is known as the Healthy Schools Program (Grant ID#s 055563 and 061099).

### ***Early Assessment of Programs and Policies to Prevent Childhood Obesity***

RWJF used findings from the evaluability assessment of *Healthy Eating by Design* to inform the development of a project called Early Assessment of Programs and Policies on Childhood Obesity (ID#s 056623 and 065425). This two-year project is co-sponsored with the Centers for Disease Control and Prevention (CDC) and the CDC Foundation and began in March 2007. Under a subcontract from the CDC Foundation, MACRO International is coordinating the project.

See [Appendix 3](#) for the assessment findings related to future program and evaluation considerations. For more information on the need for early assessments in the childhood obesity area and how they will inform the field, see the [Program Results Special Report](#).

Early Assessment of Programs and Policies on Childhood Obesity seeks to identify and assess local programs and policies that have been implemented successfully to improve the eating habits and physical activity levels of children.

An expert panel selected a first batch of 25 initiatives to improve the eating habits and physical activity levels of children in three areas:

- Child care in after-school or day care settings.
- Programs/policies increasing access to healthy foods (restaurants, supermarkets/convenience stores, farmers' markets).
- Local wellness policies.

In the second year, the expert panel selected 27 initiatives across four areas for evaluability assessments:

- Child care in after-school or day care settings (with stronger inclusion criteria).
- Programs/policies increasing access to healthy foods (restaurants and supermarkets/convenience stores).
- Comprehensive school physical activity programs.
- Land use/built environment programs/policies.

Evaluators conducted evaluability assessments of these programs and policies in 2007 and early 2008. From both rounds, the funders will select a small number of programs with promising strategies for rigorous evaluation under a second round of funding.

### ***Active Living by Design Activities***

National program staff at *Active Living by Design* continued to provide technical assistance and strategic consultation about active living and healthy eating to communities, professionals, nonprofit agencies and philanthropic organizations across the United States. This has included:

- **Fit Community**, a North Carolina program that began in 2005 funded by the NC Health and Wellness Trust Fund and Blue Cross and Blue Shield of North Carolina. The program has two components, a designation component and a grant program. Both focus on healthy eating, physical activity and tobacco prevention in municipalities and counties throughout North Carolina. *Active Living by Design* program staff members helped develop Fit Community and, as of June 2008, were providing technical assistance. *Active Living by Design* has provided ongoing technical assistance and support to another North Carolina-based program, Fit Together, which focuses on policy and environmental approaches to increase physical activity in rural North Carolina communities. **Fit Together** is funded by the Blue Cross and Blue Shield of North Carolina Foundation.

- The W.K. Kellogg Foundation's [Food & Fitness](#) initiative, launched in 2007. Food & Fitness aimed to create community environments that support access to fresh, locally grown, healthy and affordable food as well as safe environments for physical activity and play. *Active Living by Design* was a member of the Food & Fitness technical assistance team, contributing expertise on how built environments can support active living to the initiative and its grantees.

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## APPENDIX 1

### Definition of Healthy Eating

**Source:** From the *Active Living by Design* website

**Healthy Eating** is a way of life and is influenced by what we eat, how much we eat and how it is prepared.

- **What we eat:** Healthy food should be moderate in calories and nutrient dense (rich in vitamins and minerals). Examples: fresh, frozen and canned (in fruit juice or water) fruits and vegetables; low-fat and fat-free dairy products; lean and extra-lean meats, poultry and fish; whole grains; foods low in sugar, sodium and fat.
- **How much we eat:** Healthy eating includes eating appropriate portion sizes and balancing how often foods are eaten.
- **How it is prepared:** Healthy eating involves choosing foods that are prepared using healthy cooking methods, and without the addition of extra calories, fat, sodium and sugar. **Examples:** baking, broiling, grilling, poaching and steaming; limiting full-fat or high-fat dressings, gravies, sauces, spreads and syrups.

Specific dietary recommendations should be tailored to individual needs, which may be influenced by factors such as gender, activity level, ideal weight, health status and more. Although there are many sources of conflicting nutrition information, the basic dietary principles for healthy eating are not in dispute:

- **Balance food and beverage choices with physical activity.**
- **Eat fruits, vegetables, whole grains and low-fat dairy products.**
- **Avoid too many empty calories (food of minimal nutritional value and highly processed sweets and snacks that are high in sodium, sugar and saturated fat).**

Locally grown foods and/or those grown using organic methods are not lower in calories or more nutrient dense. However, local foods grown under environmentally friendly conditions and/or those grown without pesticides and/or hormones may be more beneficial to individual health, to the environment and to the creation of sustainable communities. For these reasons, *Active Living by Design* supports purchasing foods grown using these approaches when possible.

## APPENDIX 2

### The Three Other RWJF Childhood Obesity Synergy Projects

#### *Intergenerational Programming With Active for Life to Reduce Childhood Obesity.*

Active for Life delivered one of two proven physical activity programs for adults age 50 and older in community settings. Under the synergy project, four senior service organizations developed projects to increase access to healthy, lower-calorie foods and opportunities for safe, daily physical activity through policy and environmental changes for children living in low-income, culturally diverse neighborhoods and communities.

*Obesity Prevention in Children: Synergy With the Diabetes Initiative.* The Diabetes Initiative focuses on advancing diabetes self-management and building community supports for diabetes care in real-world clinic and community settings of diverse populations. Under the synergy project, four projects supported the efforts of schools and communities to increase access to healthy, lower-calorie foods and opportunities for safe, daily physical activity through policy and environmental changes in order to prevent obesity among children living in low-income, culturally diverse neighborhoods and communities.

*Community-Based Childhood Obesity Prevention Within the Injury-Free Coalition for Kids.* The Injury-Free Coalition for Kids is composed of hospital-based, community-oriented programs that work to reduce and prevent injuries to children. Under the synergy project, eight projects added healthy eating environments and programs into their ongoing focus on physical activity and developing safe play areas.

The selected projects from each of the synergy national programs received 12- to 18-month grants that ranged from \$45,000 to \$60,000 and began in fall 2005 or early winter 2006. The national program offices for these programs managed the childhood obesity synergy projects and provided technical assistance and support to the projects.

## APPENDIX 3

### Considerations for the Evaluability Assessment Process and Future Program Development

In a report to RWJF, evaluators from Wake Forest University School of Medicine reported the following considerations about using the process of evaluability assessment—which the researchers also termed "exploratory evaluation"—in the future and basing future program development on it.

### ***Process Lessons Learned About Exploratory Evaluations***

- **The exploratory evaluation process may seem vague at first; the key to helping projects understand the process is the site visit.**
- **The evaluators learned more from projects that had prepared and planned the site visit more carefully.** Projects that saw the site visit as an opportunity to brag about their efforts provided a more detailed picture of the project and most likely gained more from the exploratory evaluation.
- **Using an evaluation process that placed a low burden on the projects in gathering information or documenting project activities also meant a slower evaluation process.**
- **Some projects reported that planning and preparing for the exploratory evaluation, specifically the site visit, provided an opportunity to reflect on where they were and where they were going.**
- **The iterative process necessary for exploratory evaluation frustrated some project staff members at times.**

### ***Considerations for Future Exploratory Evaluations***

- **Further standardizing the fluid process of exploratory evaluation may help alleviate anxiety at the project level.** Although part of the beauty of the exploratory evaluation process is its flexibility and adaptability to the particular project, it may be useful to delineate expectations for project staff members of projects in which an exploratory evaluation is being conducted. Having mutual and documented expectations may reduce the pre-site visit stress that some interviewees expressed.
- **Having two site visits in an exploratory evaluation would be useful.** To reduce the burden on project staffs, the evaluators conducted one, two-day site visit. However, having a second site visit would have been useful for the exploratory evaluation process and for developing reports. Two or more site visits may be necessary to complete comprehensive exploratory evaluations.

### ***Considerations for Future Childhood Obesity Prevention Efforts***

Based on the work of the 12 projects, the evaluators identified the following issues that RWJF should take into consideration in future childhood obesity prevention efforts:

- The development of innovative interventions that could be tested to fill the current gap in the arsenal of programs to prevent childhood obesity.
- What to measure and how to measure it in different environments: schools, homes and after-school programs.
- The role of community organizing in policy change.

- How partnerships congeal around childhood obesity.
- How to engage parents in childhood obesity prevention.
- The various roles of a community garden: healthy eating to reduce childhood obesity, increased physical activity, reduced alienation and reduced violence.
- Intergenerational approaches to childhood obesity prevention.
- The role of places of worship in childhood obesity prevention.

## APPENDIX 4

### Project Areas, Lead Agencies, Partners and Project Population

The following information comes from the case studies developed by the national program office. The project population quick facts are based on data provided in grant proposals, submitted in April 2005; in some case percents do not add up to 100. Contact information is from RWJF documents.

#### *School-Based Projects*

- **Albuquerque, N.M.**
  - Project area: Valle Vista Elementary School outside downtown Albuquerque in the Atrisco neighborhood.
  - Lead agency: 1000 Friends of New Mexico, a community development agency.
  - Partners:
    - Principal, teachers and cafeteria staff at local school
    - School district food and nutrition staff
    - Local Farm to Table
    - Neighborhood association.
  - Project population:
    - Race/Ethnicity: 94 percent Latino
    - Median household income: \$29,768
    - Population living below federal poverty line: 23 percent
    - Children qualifying for free-/reduced-lunch: 100 percent.

#### **Contact Information**

Joanne McEntire, Project Director

1000 Friends of New Mexico  
(505) 848-8232 x104  
[joanne@1000friends-nm.org](mailto:joanne@1000friends-nm.org)

- **Buffalo, N.Y.**

- Project area: Bennett-Park Montessori Center, a public school in the Fruitbelt and Allentown neighborhoods adjacent to an urban medical campus.
- Lead agency: Buffalo Niagara Medical Campus, a university-affiliated organization.
- Partners:
  - Youth peer trainers
  - Principal, teachers and cafeteria staff at the school
  - School district food/nutrition staff
  - Local food systems community organization
  - Planning department faculty of local university.
- Project population:
  - Race/Ethnicity: 58 percent African American, 34 percent Caucasian and 6 percent Latino
  - Median household income: \$24,536
  - Population living below federal poverty line: 37 percent
  - Children qualifying for free-/reduced-lunch: 75 percent.

**Contact Information**

Michael Ball, Project Director  
Buffalo Niagara Medical Campus  
(716) 881-8922  
[mball@bnmc.org](mailto:mball@bnmc.org)

- **Chicago**

- Project area: McAuliffe Elementary School, a public school in the Logan Square neighborhood near downtown Chicago.
- Lead agency: Illinois Health Education Consortium, a university-affiliated organization.
- Partners:

- Local school council, principal, teachers and cafeteria staff
- AmeriCorps volunteer
- District food and nutrition director
- Neighborhood association
- Regional urban conservation organization
- Local ecological sustainability organization.

— Project population:

- Race/Ethnicity: 67 percent Latino and 25 percent Caucasian
- Median household income: \$35,456
- Population living below federal poverty line: 22 percent
- Children qualifying for free-/reduced-lunch: 93 percent.

**Contact Information**

Virginia Warren, Project Director  
 Illinois Health Education Consortium  
 (312) 996-6927  
[vwarren@ihec.org](mailto:vwarren@ihec.org)

• **Cleveland**

— Project area: Public schools and a nonprofit community center located in Slavic Village, a postindustrial neighborhood.

— Lead agency: Slavic Village Development, a community development agency.

— Partners:

- School wellness teams at three local schools
- Nutritionist with city department of health
- Neighborhood Boys and Girls Club
- Local food system organization.

— Project population:

- Race/Ethnicity: 39 percent Caucasian, 38 percent African American and 24 percent Latino
- Median household income: \$26,090

- Population living below federal poverty line: 62 percent
- Children qualifying for free-/reduced-lunch: 95 percent.

### **Contact Information**

Emily Miller, Project Director  
Slavic Village Development  
(216) 429-1182 x121  
[emilym@slavicvillage.org](mailto:emilym@slavicvillage.org)

- **Columbia, Mo.**

- Project area: West Boulevard Elementary School, a public school in a mid-size university town.
- Lead agency: PedNet Coalition, a bike/pedestrian advocacy organization.
- Partners:
  - Principal, teachers and cafeteria staff at local school
  - School district food and nutrition director
  - Local Cooperative Extension Service
  - County health department staff
  - City cable access television director
  - Local artist.
- Project population:
  - Race/Ethnicity: 61 percent African American, 31 percent Caucasian
  - Household income (range): \$8,359–\$29,127
  - Population living below federal poverty line: 56 percent
  - Children qualifying for free-/reduced-lunch: 82 percent.

### **Contact Information**

Ian M. Thomas, Ph.D., Project Director  
PedNet Coalition  
(573) 445-2928  
[ian@pednet.org](mailto:ian@pednet.org)

- **Denver**

- Project area: Philips Elementary School, a public school in a suburban Denver neighborhood.
- Lead agency: Friends of the Center for Human Nutrition, a university-affiliated organization.
- Partners:
  - Principal and teachers at local elementary school
  - School district food and nutrition staff
  - Culinary and dietetic students
  - Local USDA Food Stamp Nutrition Education Program.
- Project population:
  - Race/Ethnicity: 73 percent African American, 18 percent Latino
  - Median household income: \$32,600
  - Population living below federal poverty line: 13 percent
  - Children qualifying for free-/reduced-lunch: 84 percent.

**Contact Information**

Helen C. Thompson, Project Director  
Friends of the Colorado Center for Human Nutrition  
(303) 315-9045  
[helen.thompson@uchsc.edu](mailto:helen.thompson@uchsc.edu)

- **Seattle**

- Project area: T.T. Minor Elementary School, a public school in a multicultural urban neighborhood.
- Lead agency: Feet First, a pedestrian advocacy organization.
- Partners:
  - Principal, teachers and cafeteria staff at local school
  - School district food and nutrition staff
  - Regional nutrition coalition
  - Local USDA Basic Food Nutrition Education Program
  - Public health nutrition faculty at local university.

- Project population:
  - Race/Ethnicity: 80 percent African American
  - Household income (range): \$13,057–\$47,431
  - Population living below federal poverty line: 49.6 percent
  - Children qualifying for free-/reduced-lunch: 87 percent

**Contact Information**

Kirsten Frandsen, Project Coordinator  
Seattle School District  
(253) 798-3540  
[kirsten247@comcast.net](mailto:kirsten247@comcast.net)

***Community-Based Projects***

- **Louisville, Ky.**
  - Project area: Smoketown, an urban neighborhood with public housing.
  - Lead agency: Louisville Metro Housing Authority, a government agency.
  - Partners:
    - Local chef
    - Neighborhood community center
    - Local Women, Infants and Children Program
    - Local Community Farm Alliance
    - County Cooperative Extension Service.
  - Project population:
    - Race/Ethnicity: 98 percent African American
    - Household income: 89 percent less than \$15,000
    - Population living below federal poverty line: 52 percent
    - Children qualifying for free-/reduced-lunch: 94 percent.

**Contact Information**

Jennifer Clark, Project Director  
Housing Authority of Louisville/Jefferson County Metro Government  
(502) 819-7881

[activelouisville@gmail.com](mailto:activelouisville@gmail.com)

- **Portland, Ore.**

- Project area: Lents community in a suburban working-class neighborhood.
- Lead agency: American Heart Association, a nonprofit health organization.
- Partners:
  - Neighborhood food group
  - City Food Policy Council
  - Local educational farm
  - Local community service garden organization
  - Neighborhood Boys and Girls Club.
- Project population:
  - Race/Ethnicity: 73 percent Caucasian
  - Median household income: \$35,321
  - Population living below federal poverty line: 16 percent
  - Children qualifying for free-/reduced-lunch: 71 percent.

### **Contact Information**

Noelle Dobson, Project Director

Community Health Partnership: Oregon's Public Health Institute  
(503) 227-5502, x224

[noelle@communityhealthpartnership.org](mailto:noelle@communityhealthpartnership.org)

- **Santa Ana, Calif.**

- Project area: Apartment complexes in an urban Latino neighborhood.
- Lead agency: YMCA of Orange County, a nonprofit health organization.
- Partners:
  - Local parent and community champion
  - Apartment complex managers
  - Neighborhood community centers
  - Neighborhood farmers' market
  - Local WIC and food stamp programs.

— Project population:

- Race/Ethnicity: Approximately 90 percent Latino
- Accurate census data are limited, due to the high number of undocumented residents living in the neighborhood.

**Contact Information**

Kristen Thompson, Project Director  
Young Men's Christian Association of Orange County  
(714) 665-1342 x108  
[kthompson@ymcaoc.net](mailto:kthompson@ymcaoc.net)

• **Somerville, Mass.**

— Project area: East Somerville, a community in a multicultural urban neighborhood.

— Lead agency: City of Somerville, a government agency.

— Partners:

- Volunteer health advisors
- Community revitalization program
- Statewide farmers' market organization
- Local health care system
- Local WIC and Food Stamp Programs.

— Project population:

- Race/Ethnicity: 30 percent Caucasian, 21 percent Latino and 32 percent Mixed/Other (including Brazilian, Haitian and Portuguese)
- Household income (range): less than \$25,000 to \$43,160
- Population living below federal poverty line: 15 percent
- Children qualifying for free-/reduced-lunch: 65 percent.

**Contact Information**

Mimi Graney, Project Partner  
Union Square Main Streets  
(617) 623-1392 x119  
[mimi@unionsquaremain.org](mailto:mimi@unionsquaremain.org)

- **Upper Valley, N.H./Vt.**

- Project area: A public housing community in a small rural town.
- Lead agency: Upper Valley Trails Alliance, a trails advocacy organization.
- Partners:
  - Local farmers
  - Regional community development organization
  - City housing authority
  - Local Cooperative Extension Program
  - Local college community service volunteers.
- Project population:
  - Race/Ethnicity: 90 percent Caucasian
  - Median household income: \$17,360
  - Population living below federal poverty line: 47 percent
  - Children qualifying for free-/reduced-lunch: data not available.

**Contact Information**

Wallace M. Elton, Project Director  
Upper Valley Trails Alliance  
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## **APPENDIX 5**

### **The Evaluation of *Healthy Eating by Design* in Seattle**

Researchers and students from the University of Washington evaluated *Healthy Eating by Design* in Seattle. The project introduced a salad bar in the lunchroom, fresh fruit snacks, nutrition curricula, family nights and cooking demonstrations at T.T. Minor Elementary School.

The evaluation covered fifth-grade students from T.T. Minor Elementary School and fourth- and fifth-graders (in a combined classroom) from Martin Luther King Elementary School (M.L.K.) as a comparison group. It included:

- A survey of students in both schools.

- Lunchroom observations in both schools.
- Interviews with teachers, staff and parents/guardians of fifth-grade students at T.T. Minor only.

## **Key Findings**

### **Students**

- Students at T.T. Minor were more willing to choose vegetables and fruits at lunch than were students at M.L.K.

### **Parents/Guardians**

- Some 73 percent of parents/guardians with children at T.T. Minor were aware of the salad bar; of these, 100 percent said their children use it.
- Some 73 percent of parents/guardians were aware that fresh fruits and vegetables were available for morning snacks; of these, 75 percent said their children eat them.
- Some 73 percent of parents/guardians were aware of the nutritionist at T.T. Minor; of these, 75 percent thought she made a difference in how their children eat.

Parents and guardians of children at M.L.K. were not surveyed.

### **Teachers and Staff at T.T. Minor**

- None thought that the programs were a burden or wanted to see them eliminated.
- Some 89 percent saw the programs as worth the effort because of the positive changes in the students' food choices, increased access to nutritious foods and increased consumption of fruits and vegetables.
- All noticed a change in the students' eating behaviors.

## **APPENDIX 6**

### **Lessons Gathered From the School- and Community-Based Partnerships**

#### **Lessons From the School-Based Partnerships**

1. **Partner with a community-based organization to minimize burden on school staff.** The Bennett-Park Montessori Center in Buffalo, N.Y., partnered with the Massachusetts Avenue Project, a community-based organization, to meet its healthy eating goals without overburdening school staff and teachers. The Massachusetts Avenue Project developed an after-school Food & Fun workshop and helped implement a salad bar in the cafeteria. (Project Director/Buffalo, N.Y.)

2. **Use a variety of tactics to engage students with healthy eating and food issues.**  
The Buffalo partnership used after-school workshops, mural painting, walking path design, video production and field trips to local farms to engage students. (Project Director/Buffalo, N.Y.)
3. **Establish a good relationship with the partners in and around the project area.**  
The success of the *Healthy Eating by Design* project in Columbia, Mo., can be attributed to the cooperation and involvement of West Boulevard Elementary School, the Columbia Boone County Health Department, the University of Missouri and other community members, according to Project Director Ian Thomas, Ph.D.
4. **Determine the mission, resources, limitations and needs of project partners, and develop a work plan upfront.** By doing this work upfront, project staff in Columbia, Mo., facilitated the project's work. "We all knew what we were doing. The work plan was kind of a contract between the parties," said Project Director Ian M. Thomas, Ph.D.
5. **Continually assess and evaluate the project.** The Columbia, Mo., partnership used simple assessment and evaluation methods, such as observations and verbal surveys, to measure the impact of the project and make adjustments. For example, the partnership continued the media literacy class and fact sheets and adjusted efforts in other areas, for example, providing fruit and vegetable lunch samples fewer times each week in order to reach more students. (Project Director/Columbia, Mo.)
6. **Involve school staff in developing and monitoring a school-based project.** The Seattle partnership did not involve school staff in developing the project's work plan. As a result, project staff met resistance in implementing some parts of the project. (Project Coordinator/Seattle, Frandsen)
7. **Provide a project nutritionist to schools that lack one to work with school staff members to gain their support for healthy eating projects.** The nutritionist for Seattle's *Healthy Eating by Design* project developed relationships with school staff and became part of the team. This enabled her to be more effective in getting staff support. (Project Coordinator/Seattle, Frandsen)
8. **Be flexible. The Seattle partnership found that priorities within schools shifted without notice.** "Excitement in a project may waver from one day to the next," wrote Project Coordinator Kirsten Frandsen. Project staff responded to these challenges as opportunities rather than threats. For example, project staff provided a class for school staff members that addressed their personal nutrition concerns, thereby promoting stronger relationships between school staff and the project. (Project Coordinator/Seattle, Frandsen)
9. **Provide resources to schools to help increase participation and involvement.** Participation in Family Nights at T.T. Minor Elementary School in Seattle more than doubled when the Seattle partnership provided food and staff to help manage the events. (Project Coordinator/Seattle, Frandsen)

10. **Find a health "gatekeeper" who can get community partners involved with schools.** Project staff in Seattle found that many community organizations wanted to do health-related work in the schools at no cost to the schools. Schools, however, do not have a point person for this, and staff members are generally too busy to respond to these offers. The project nutritionist served as a health gatekeeper, or a liaison between community organizations and school staff and facilitated the involvement of community organizations in health-related work. (Project Coordinator/Seattle)
11. **Identify community partners and programs with similar goals to leverage additional resources for the school.** The Seattle partnership found many community partners that were interested in supporting health efforts within schools at no cost to the schools. For example, the University of Washington evaluated the program at no cost. (Project Coordinator/Seattle, Frandsen)
12. **Maximize a school project's impact and facilitate its replication by having a point person in the school and a champion in the school district.** Seattle's *Healthy Eating by Design* project had a nutritionist at T.T. Minor Elementary School and a school district staff member (the champion) serving as project coordinator.

"The synergy that we were able to create was really important because the school benefited from the work happening at the school level, but I was able to take the lessons from the school and broaden and expand them into other schools within the district," said Project Coordinator Frandsen.
13. **Expect forming relationships and trust between project and school staffs to take time.** Although the principals and/or health champions within each school had to apply to be included in the expansion of *Healthy Eating by Design* in Seattle, not all the staff members within the school accepted the new program. "It took more time than expected to form the relationships necessary for a successful program," said Project Coordinator Katie Busby, who succeeded Frandsen. "[Teachers are] more likely to let you use their class time if they trust you as a person and value and understand your program."
14. **Strengthen programming by documenting it.** In the expansion of *Healthy Eating by Design* in Seattle, project staff provided the coordinators in each school with an activity log to track their work in the classroom. Although documenting activities is difficult, it is worth it, according to Project Coordinator Busby. "In the long-run, this documentation will strengthen your programming," she said.

### ***Lessons From the Community-Based Partnerships***

1. **Provide tangible rewards for community change.** It is not enough to point out that serving full-sugar sodas at a neighborhood event is unhealthy to convince community members to change. To foster change, the Louisville, Ky., partnership needed to use tangible rewards, such as finding a vendor who would sell the organizers fruit juice for less than the cost of soda. (Project Director/Louisville, Ky.)

2. **Approach potential partners with respect.** Project staff in Louisville, Ky., showed respect for the way that partners were working (e.g., planning community events despite minimal resources) instead of preaching that they should be providing healthier foods. This made change more palatable to partners. (Project Director/Louisville, Ky.)
3. **Allow people time to accept change and continually present reasons for the change.** Project staff in Louisville, Ky., initially had trouble understanding why some new programs were poorly attended or why it was so difficult to change an event menu to feature juice instead of soda. Over time, staff members realized that they needed to present the rationale for change repeatedly for people to become comfortable with even small changes. Also, partners needed to set their own timetable for change. (Project Director/Louisville, Ky.)
4. **Identify partners with sincere enthusiasm and commitment for the work and get their buy-in for project objectives.** The *Healthy Eating by Design* project in Portland, Ore., was a "true collaboration among key partners," according to Project Director Noelle Dobson. Dobson believed one successful strategy was defining project objectives that met all of the partners' desires and objectives. (Project Director/Portland, Ore.)
5. **Develop a project proposal that builds upon existing momentum and fills gaps that partners want to address.** By building on previous work around food access issues in the Lents community, the Portland, Ore., partnership was able to strengthen existing community relationships and confirm its commitment to following through on community initiatives related to healthy eating. (Project Director/Portland, Ore.)
6. **Be flexible when working on food policy issues and take advantage of opportunities as they present themselves.** "The road to policy is often long and unpredictable, so those working on policy issues need to be able to reassess what strategies are going to be the most effective," said Portland, Ore., Project Director Dobson. By the time the RWJF grant started, new policy opportunities had appeared, so project staff adjusted its policy objectives.
7. **Provide incentives for community volunteers.** Strong commitment and volunteer work from Lents community members were crucial to the success of the Lents International Farmers Market, according to the project director. The Portland, Ore., partnership provided incentives to volunteers, such as coupons for the farmers' market, to avoid volunteer burnout and validate the importance of their work. (Project Director/Portland, Ore.)
8. **Work with community-based organizations that community members trust.** Project staff in Santa Ana, Calif., found that the family resource centers it was already working with had the trust of community leaders. This made it easier to get community members involved with the project. (Project Director/Santa Ana, Calif.)

9. **Expect immigrants to want to shop "like Americans."** Project staff in Somerville, Mass., found that immigrants wanted to shop at grocery stores "like Americans," and that they considered shopping at farmers' markets something they did in their native countries. So project staff used culturally and linguistically appropriate educational materials to promote the farmers' markets' value in terms of health. "We need to change the perception of what eating like an American means—it's not all junk food," said Mimi Graney, the project partner. (Project Partner/Somerville, Mass.)

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Joanne J. Lee, "*Healthy Eating by Design*," at the American Public Health Association Annual Meeting, November 5, 2007, Washington. Available [online](#). Subscription required.

## SIDEBAR LIST

- **Buffalo, N.Y.: Engaging Cafeteria Staff in Food & Fun** *(Results: Four school-based partnerships enhanced the physical environment.)*
- **Middle School Students Grow Fresh Fruit and Vegetables in Louisville, Ky.** *(Results: Five partnerships used food gardens.)*
- **Somerville, Mass.: Farmers' Market Makes Healthy Eating Affordable for All** *(Results: Four community-based partnerships established or revitalized local farmers' markets.)*
- **Albuquerque, N.M.: Introducing Fresh Snacks to Students** *(Results: Five school-based partnerships established healthy snack and/or salad programs.)*
- **Students at Seattle Elementary School Love Their Fruits and Vegetables** *(Results: Five school-based partnerships established healthy snack and/or salad bar programs in schools.)*
- **Columbia, Mo.: Parents and Students Show Support for Healthy Changes** *(Results: Five school-based partnerships included nutrition education in the classroom.)*