

Toolkit and Training Help Raise Awareness and Educate Communities on Combating Childhood Obesity in Schools and Neighborhoods

Developing and implementing a childhood obesity toolkit that provides educational and resource materials for use by national membership organizations

SUMMARY

From 2008 to 2009 the Institute for the Advancement of Multicultural and Minority Medicine developed a toolkit and provided training to help 10 national organizations raise awareness and educate communities on combating childhood obesity within local schools and/or neighborhoods. Most organizations also implemented strategies to reduce childhood obesity in a target area.

Key Results

- The Institute for the Advancement of Multicultural and Minority Medicine developed the Reversing Childhood Obesity Through Schools and Neighborhoods toolkit and distributed it to participating national organizations.
- Nine of the 10 national organizations used the toolkit to implement strategies to
 prevent or reverse childhood obesity in local schools and/or communities in seven
 major U.S. cities and the state of Texas (two projects). (One organization opted to
 work nationally with its chapters instead of locally.)
- The Institute for the Advancement of Multicultural and Minority Medicine identified best practices for reversing childhood obesity through organizations, students and communities.

Funding

The Robert Wood Johnson Foundation (RWJF) funded this project with a grant of \$333,698 from December 2008 to December 2009.

CONTEXT

The Problem Addressed

Childhood obesity has reached epidemic proportions in America. It is especially prevalent in low-income and racial or ethnic minority communities.

Previous Work

In 2007 RWJF funded the Institute for the Advancement of Multicultural and Minority Medicine to convene a meeting of more than 75 national organizations to identify actions to address childhood obesity in schools and neighborhoods and at home (Grant ID# 062003). During the meeting, held in September 2007 in Washington, participants used the institute's Advocacy Model to determine recommended changes for schools and neighborhoods and at home.

The Advocacy Model has four components:

- Increasing awareness
- Increasing knowledge about the causes and consequences of childhood obesity
- Gaining skills to implement policies and practices to prevent or reduce childhood obesity
- Changing attitudes to implement policies and practices to prevent or reduce childhood obesity

The Institute for the Advancement of Multicultural and Minority Medicine is a Washington-based nonprofit organization focused on eliminating health disparities in underrepresented and underserved multicultural communities.

RWJF's Interest in the Area

RWJF is working to reverse the childhood obesity epidemic by 2015 by improving access to affordable healthy foods and increasing opportunities for physical activity in schools and communities across the nation. Much of RWJF's funding has focused on the communities that are most affected by the epidemic.

This project advances the Childhood Obesity team's strategies to increase support for policy and environmental changes and to work with leaders and advocates to support action. For more details, see Our Strategy.

THE PROJECT

From 2008 to 2009 staff at the Institute for the Advancement of Multicultural and Minority Medicine developed a toolkit and provided training to help 10 national organizations raise awareness and educate communities on combating childhood obesity within local schools and/or communities. Most of the organizations also implemented strategies to reduce childhood obesity in a target area. The organizations are all members of the institute's Collaborative Partners Council, which does research, education and advocacy on health and health care using a multicultural and multidisciplinary approach.

The institute called this project "A Compelling Community Collaboration—Reversing Childhood Obesity Through Schools and Neighborhoods." Participating organizations were:

- Alpha Phi Alpha Fraternity
- Association of Latino Administrators & Superintendents
- Chi Eta Phi Sorority
- Delta Sigma Theta Sorority
- Girls Inc. (a national nonprofit youth organization dedicated to inspiring all girls to be strong, smart and bold)
- Kappa Alpha Psi Fraternity
- The Links, Incorporated (an international, nonprofit corporation of professional women of color committed to enriching, sustaining and ensuring the culture and economic survival of African-Americans and other persons of African ancestry)
- National Alliance of Black School Educators (developed a framework for a project that could be implemented by its chapters nationally rather than in a specific target area)
- National Association of Black Social Workers
- Student National Medical Association

For more information about the projects of the participating partners, see Appendix 1.

Activities

Project staff developed the toolkit and provided technical assistance to help participating organizations use the toolkit. The technical assistance was composed of three one-day training sessions in Washington and monthly teleconferences. The technical assistance also covered advocacy, policy change and customizing the toolkit to each organization's

community. Staff gathered data about the organizations' activities through monthly and final reports.

RESULTS

Project staff reported the following results to RWJF:

• The Institute for the Advancement of Multicultural and Minority Medicine developed the *Reversing Childhood Obesity Through Schools and Neighborhoods* toolkit and distributed it to participating national organizations.

The institute designed the toolkit to help the organizations:

- Raise community awareness about the causes and consequences of childhood obesity
- Understand the environmental conditions in schools and neighborhoods that contribute to childhood obesity
- Identify existing policies and practices that must be changed to combat childhood obesity

The toolkit had seven key questions, with worksheets, to help the organizations determine best practices for changing factors that contribute to childhood obesity in the schools and/or neighborhoods in which they worked.

For example, "What change is needed in each of the target areas to reverse childhood obesity?" has a worksheet that asks participants to identify the change needed and the rationale for the change in schools, neighborhoods and families. For a list of the seven questions, see Appendix 2.

The participating organizations discussed their work and the decisions they made during the monthly teleconferences.

The toolkit also included:

- A glossary
- Childhood obesity data
- School and neighborhood options for taking action to reverse childhood obesity
- Nine national organizations used the toolkit to implement strategies to prevent or reverse childhood obesity in local schools and/or communities in seven major U.S. cities and the state of Texas (two projects):
 - Three organizations worked in schools and communities.
 - Five organizations worked in neighborhoods.

- One organization worked only in schools.
- As noted above, the National Association of Black School Educators developed a framework for a project that could be implemented by its chapters nationally.

Examples of activities

- In East Harlem, N.Y., the Student National Medical Association showed middle school children *Supersize Me*, a documentary about unhealthy eating habits, and then took them on a walk to a local McDonalds to teach them how to make healthy choices at a fast-food restaurant by reading food labels and limiting their calories.
- Girls Inc. encouraged girls in Ward 7 of the District of Columbia to be active and have fun while exercising through 30 minutes a day of games such as tag, double Dutch jump rope, relay races, scavenger hunts and basketball. Project staff also helped girls sign up for local sports leagues.
- Kappa Alpha Psi Fraternity took 80 young men in Chicago to the Washburne Culinary Institute at Kennedy King College and taught them how to prepare healthy meals. Learning about the nutritional content of healthy ingredients and preparing foods empowered the young men to make better decisions, according to project staff.
- In Charlotte, N.C., The Links, Incorporated developed the FIT (Families in Training) program to help participants lose weight through basic fitness classes that taught them how to work out at home, how to buy healthy foods and how to implement portion control.

The organizations reported that the toolkit had a positive impact on increasing awareness of and knowledge about childhood obesity and advocacy efforts for policy change in the targeted school or community environment. They also reported a positive reception from the community.

Eight organizations worked on identifying policies, policy-makers, tools and techniques for changing policies in schools and/or communities. At the end of the project in December 2009, they were continuing their advocacy work. There were no documented policy changes, as this generally takes longer than one year.

• The Institute for the Advancement of Multicultural and Minority Medicine identified best practices for reversing childhood obesity. Based on reports from the organizations, project staff identified best practices in three categories:

Organizational practices

 Develop an action plan consistent with organizational goals, objectives and national service projects Build capacity among organizations permanently identified as addressing childhood obesity

Student-centered practices

- Sustain physical exercise in organized programs
- Incorporate daily exercise
- Teach healthy eating habits in fun and interactive ways
- Find the correct incentive structures for students participating in the program

Community-focused practices

- Educate the public about a healthy lifestyle, including exercise, diet and weight control
- Present messages in a context relevant to the target audience
- Provide regular information fairs and programs stressing obesity prevention
- Enhance awareness by linking health information with engagement in activities that facilitate the application of new information

The organizations are using these best practices in their work nationwide.

Communications

Project staff produced six newsletters and distributed them by mail and e-mail to all national partner organizations and other people and organizations on the institute's mailing list. Staff included a project brochure in the institute's briefing packets for partners and other constituents.

LESSONS LEARNED

Lessons About Policy Changes

The national organizations participating in this project reported three challenges that prevented rapid changes in policy:

- Limited time
- Limited buy-in and support
- Limited funding and resources

They also noted the need for greater policy evaluation and accountability.

- 1. Expect policy change to take time. One year was insufficient to impact policy. The national organizations found that it took more time than anticipated to identify key leadership; build strategic partnerships; mobilize support; and educate students, parents, the community and other stakeholders. Schools were closed in summer months. Changes in administration (both politicians and bureaucrats) resulted in unexpected delays. Covering liability, acquiring insurance and obtaining parental waivers for children's physical activity all took time. Sustainable programs require patience as well as continuity to achieve positive results. (Report to RWJF)
- 2. Expect difficulty gaining support and buy-in from large school districts and metropolitan areas. Overall, city and public officials did not view childhood obesity as important. They embraced the message, but the issue was not a top legislative priority. (Report to RWJF)
- 3. **Expect difficulty engaging the private sector.** Grocery stores with fresh foods had abandoned inner cities for suburbs. Corner stores were overpriced and offered low-quality food. Adding fresh and healthy foods to corner stores was not a viable option for private merchants. (Report to RWJF)
- 4. Expect limited resources, financial and human, to be a problem. Because of the recession that started in 2007, local governments faced large budget shortfalls. Cities were unable to appropriate funds, and school districts had limited financial resources to support the local chapter projects. In rare instances, some funders reduced or withdrew their funding but provided in-kind services such as places to meet and volunteer personnel, which compensated for this and enabled the national organizations to meet their project goals. Also, limited professional help, advocacy and consulting on major health issues affected the community. (Report to RWJF)
- 5. More policy evaluation and greater accountability are needed. Although policy and practices needed to be updated and publicized constantly, the national organizations found little interdisciplinary planning and sharing of information. Increasing the availability of affordable healthy foods required changes in zoning laws and, potentially, tax increases. Community agencies and city representatives needed to become engaged in bringing more resources to the individual projects.

However, local government funding for economic and business development activities has decreased. Tax increases to support these activities were viewed as political suicide. (Report to RWJF)

For other lessons, see Appendix 3.

AFTERWARD

Childhood obesity continues to be a major initiative for the Institute for the Advancement of Multicultural and Minority Medicine. With funding from the AETNA Foundation, institute staff members are training parents, grandparents and caregivers in Montgomery

County, Md., to work with their children to combat childhood obesity. Project director Madeline Y. Lawson, M.A., expects to replicate this project nationally.

The participating organizations are continuing their work in childhood obesity and making it part of their national agendas (as of July 2010), according to Lawson.

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Report prepared by: Lori De Milto

Reviewed by: Kelsey Menehan and Molly McKaughan

Program Officer: Marjorie A. Paloma RWJF Team: Childhood Obesity

APPENDIX 1

The Projects of the Participating National Organizations

Alpha Phi Alpha Fraternity

- Target area: Hampstead Elementary School, Prairie View, Texas
- Target population: School administrators, politicians and community leaders

Association of Latino Administrators & Superintendents

- Target area: Dallas Independent School District
- Target population: Students and parents

Chi Eta Phi Sorority

- Target area: Tallahassee, Fla.
- Target population: Children and parents

Delta Sigma Theta Sorority

- Target area: Kentland Community within Prince George County, Md.
- Target population: Girls ages 14 to 18

Girls Inc.

- Target area: Washington
- Target population: Middle school girls

Kappa Alpha Psi Fraternity

- Target area: Chicago Public School System
- Target population: 60 minority male students in the Guide Right program

The Links, Incorporated

- Target area: Jackson, Miss., and Charlotte, N.C.
- Target population: Children and parents, stakeholders and community leaders

National Alliance of Black School Educators

- Target area: National
- Target population: National Alliance of Black School Educators chapters nationwide

National Association of Black Social Workers

- Target area: Greater Detroit, Mich., metropolitan area
- Target population: Advocates and engaged community residents

Student National Medical Association

- Target area: East Harlem in New York City
- Target population: Middle school children identified as at risk or obese/overweight

APPENDIX 2

Seven Key Project Questions

- 1. What makes childhood obesity a national epidemic?
- 2. How is the project designed to address the epidemic?
- 3. What change is needed in each of the target areas to reverse childhood obesity?
- 4. How will the community collaborators advocate for the proposed policy changes?
- 5. How will the community collaborators monitor and evaluate the reduction of childhood obesity?
- 6. Will reductions in childhood obesity rates be sustained in the community collaborators' project areas and through your national organization?
- 7. What best practices from the training are recommended for institutionalization?

APPENDIX 3

Other Lessons

- 1. **Provide project partners with working definitions or templates.** The toolkit provided the Centers for Disease Control and Prevention's definition for childhood obesity and a worksheet to help participating organizations develop a definition customized to their project areas. Eight of the 10 participating organizations used this worksheet to develop a definition. (Report to RWJF)
- 8. Providing only healthy foods and drinks in schools requires significant practice and policy changes. The national organizations faced substantial local resistance to altering school lunch programs. This requires evaluating menus in terms of food quality, unhealthy meal options (e.g., fried foods/foods high in salt and sugar), lack of healthy choices and lack of healthy lunch programs in general. The lack of nutritional information and nutrition education programs and vending machines with junk food also were problems. (Report to RWJF)

- 9. **Increasing physical education in schools requires significant changes in practices and policy.** The national organizations found that, for the most part, physical education was not required. If physical education was required, exercise time had decreased. (Report to RWJF)
- 10. **Realize that food stores in communities perpetuate childhood obesity.** The national organizations found that food stores were a major influence on childhood obesity. Neighborhood residents had little or no access to affordable healthy foods and had to travel long distances to find full-service grocery stores. Fast-food and liquor stores were overrepresented, and unhealthy food was abundant.

As one project participant noted, "We are bombarded with stores selling high-fat, processed food, junk food and fast-food restaurants."

Another force perpetuating childhood obesity was the lack of community health centers and safe recreational facilities. (Report to RWJF)

- 11. Expect awareness of childhood obesity and its severity to be low in minority communities. In general, the national organizations found that neighborhood residents lack insight into the severity of the obesity epidemic, and community awareness of the problem was low to nonexistent. (Report to RWJF)
- 12. **Be aware that culture and family habits perpetuate childhood obesity.** Some of the family habits that contribute to childhood obesity are cultural. For example, in some cultures eating fried foods and heavy starches is traditional. In others, it is considered healthy to "have meat on your bones."

Family habits that contribute to childhood obesity are the prevalence of fast food, which is inexpensive and fast, and the rarity of a family eating together. (Report to RWJF)