Salud America! The RWJF Research Network to Prevent Obesity Among Latino Children
A Progress Report

INTRODUCTION
Salud America! The RWJF Research Network to Prevent Obesity Among Latino Children (Salud) addresses the problem of obesity among Latino children through the strategic integration of research, communication, education, and policy formation. From July 2007 to August 2012, Salud developed the first National Latino Childhood Obesity Research Agenda, funded 20 research projects, created a 2,200-member network of stakeholders, and launched an interactive website featuring stories, videos, issue briefs, and research findings. Starting in August 2012, Salud has been promoting research and evidence to support a policy, action, and advocacy agenda; and it has been expanding its network, with a focus on engaging Latino youth.

The Robert Wood Johnson Foundation (RWJF) established Salud in July 2007 and reauthorized it in August 2012 through January 2015. The total authorization as of August 2013 is up to $6,973,363. The Institute for Health Promotion Research at the University of Texas Health Science Center at San Antonio serves as the national program office for Salud.

See the Appendix for a list of people interviewed for this report.

WHAT IS SALUD AMERICA! ABOUT?
Salud America! addresses an important public health problem: Latino children are more likely to be obese than other children. Nearly 40 percent of Latino children ages 2 to 19 were overweight or obese in 2009–2010, compared with about 32 percent of all children in that age range, according to a 2012 article in the Journal of the American Medical Association. Latino children are also less likely to have access to healthy foods and opportunities for physical activity. But more in-depth research has been sparse.

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“Little research is out there on how to prevent obesity [in Latinos], and research is typically done ‘on’ the people rather than with them,” says Laura C. Leviton, PhD, RWJF’s special adviser for evaluation and program officer for Salud. “When Salud first started, research was very thin, even though Latinos have higher rates of obesity and need,” says James F. Sallis, PhD, a member of Salud’s national advisory committee.

**RWJF Establishes Salud America!**

RWJF established Salud America! in 2007 to develop scientific evidence, new researchers (including Latinos), communications, and an online network of experts, community leaders, and advocates addressing this problem. From July 2007 to August 2012 (Phase 1), the program focused on filling gaps in research, funding emerging researchers, and establishing a network for sharing information.

RWJF reauthorized the program in August 2012 (Phase 2), shifting its focus toward the generation of a comprehensive advocacy support system to unite scientific and communication experts to produce evidence-based news, research, and education on Latino childhood obesity. This shift was consistent with RWJF’s overall change in direction in its childhood obesity grantmaking toward advocacy informed by research and toward action.

Amelie G. Ramirez, DrPH, MPH, the national program director for Salud America!, directs the Institute for Health Promotion Research at the University of Texas Health Science Center at San Antonio. Kipling J. (Kip) Gallion, MA, is deputy director of the national program and the institute.

“Amelie is probably the premier person in the country [on this issue],” says Leviton. “She already had terrific stature with the National Institutes of Health and had been involved with behavior change interventions to help Latinos in highly effective ways. She had developed extensive networks of health researchers and community leaders across the country.” See the Grantee Story about Ramirez.

A national advisory committee of researchers, federal officials, directors of other RWJF childhood obesity programs, attorneys, advocates, and others guided the program from its inception through the end of Phase 1. Committee chair Lawrence W. Green, DrPH, MPH, says, “We were chosen not only for our individual expertise, but also to represent the range of organizations that had a stake in the area, to bring all of our experience and cross-examine it for its relevance to this program.”

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2 Sallis is national program director for RWJF’s Active Living Research program and distinguished professor of family and preventive medicine and chief of the division of behavioral medicine at the University of California, San Diego.
3 Green is professor of epidemiology and biostatistics in the School of Medicine at the University of California, San Francisco.
HOW DOES SALUD AMERICA! WORK?

Phase 1: Creating the Research Base and the Network

The program’s early goals were to “develop a research base and grow a cadre of researchers on this issue, whether they be Latinos getting started in a research career or other researchers who could be attracted to the field,” according to Leviton.

Ramirez focused on three key activities during this period, all of which featured an emphasis on communication and dissemination via issue briefs, videos, infographics, newsletters, and extensive use of social media.

I. Developing a Network of Researchers, Community Leaders, and Others Interested in Preventing Obesity among Latino Children

Salud's first activity was to create an online network for people interested in childhood obesity among Latinos. “The network focuses on a couple of things,” says Ramirez. “First to inform the public about Latino childhood obesity, but also to get more Latino researchers involved in this issue and [we hoped] to have this influence other research they do and other problems they investigate.”

II. Developing a Research Priority Agenda on Preventing Childhood Obesity

In 2008, Ramirez and Gallion conducted a national Delphi survey of researchers and other stakeholders to identify topics that should be given priority for funding research about childhood obesity among Latinos. They engaged the national advisory committee and the network in the survey. Sallis recalls the experience: “They involved us quite a bit in the Delphi survey. We were involved in that process and then used the results to make decisions about what to fund.”

Leviton was struck by this approach, “Amelie did some careful planning with the network. She consulted with them about which aspects of the epidemic Salud should focus on and which possibilities for prevention should take priority. And she did that in a principled and disciplined way.”

The resulting National Latino Childhood Obesity Research Agenda became the framework for funding priorities for Salud and for other policy-makers and funding agencies. The agenda ranks “family” as the main focus of intervention to prevent Latino childhood obesity, followed by community, school, society, and individuals.

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1A Delphi survey is a structured group interaction process that takes place in rounds of opinion collection and feedback. A series of survey questionnaires are sent to respondents. Survey results are presented to the group and the questionnaire used in the next round is built upon the results of the previous round.
The *American Journal of Preventive Medicine* published the National Latino Childhood Obesity Research Agenda, and the abstract is online.

### III. Funding Pilot Research Projects

In 2009, using the Latino Childhood Obesity Research Agenda as a guide, *Salud* staff—through RWJF—issued a call for proposals for pilot research projects that would both increase the skills and experience of researchers and identify policy-relevant strategies for preventing and reducing childhood obesity among Latino children. They selected 20 projects to receive grants ranging from about $65,000 to $75,000.

*Salud* staff facilitated training for funded researchers in media literacy, interviewing, scientific writing, and geographic information system mapping. Policy issues were a focus from the start: “We thought that our research projects were very grass-roots focused, and we told the researchers from the very beginning that we wanted them to have some kind of policy change, even at the local level. We wanted to begin connecting them, the researchers, to their communities,” says Ramirez.

Consistent with the priorities established by the Research Agenda, 11 of the 20 grants focused on family, six on community, and three on schools. Researchers were located in 11 states, focused on different levels of government, used a range of strategies, and aimed for different outcomes. Each project conducted its own process and outcome evaluations.

The research projects explored questions such as:

- What are the associations between body image and physical activity across three generations of low-income Latinos in South Texas?

- How can guidelines to increase the ease of understanding of nutrition improve food-purchasing behaviors among low-income Spanish-speaking families with children under age 18? See the Program Results Report about this project.

- What are the perceptions of Latino church leaders and congregations about childhood obesity?

- What are Latino children’s perceptions of environmental factors that affect their physical activity, and what are the salient environmental characteristics in colonias (unincorporated settlements along the U.S.–Mexico border) in South Texas?

- How much weight-related medical attention do children get during well-child checkups in a rural, migrant farm-worker community in Florida?
● What factors promote or prevent physical activity among Latina teens? Does providing teens with Photovoice\(^3\) develop their leadership and advocacy skills? See the Program Results Report about this project.

Summaries of all 20 research studies and their findings appear on the Salud America! website (scroll down to Past Grantee Research).

**Other Activities in Phase 1**

Other key activities undertaken in Phase 1 include:

● Launching communications and promotion activities. These included creating the Salud website, writing articles for peer-reviewed journals, and preparing e-newsletters, stories, reports, and blog posts. Its English and Spanish video, "Did You Know?/¿Sabia Usted?" won several awards from the television and film industry. Watch the video online in English and in Spanish.

● Convening annual Salud America! Scientific Summit Meetings. The summits involved funded researchers, the national advisory committee, policy-makers, and others. The meetings served as venues for skill-building among researchers and helped them view their projects through a policy lens. Reports of the summits are available online (scroll down to Scientific Summits).

**Phase 2: Connecting Research to Action, Advocacy, and Policy**

Starting in 2012, RWJF’s childhood obesity strategy moved away from a focus on research toward an emphasis on education and on supporting advocacy efforts. According to Leviton, “After our midcourse review of our childhood obesity portfolio, we identified advocacy as a very important area for us in which to develop some work, along the lines of what we did with tobacco. Amelie had done a lot of advocacy on the issue of tobacco and Latinos and understood the role of research in stimulating advocacy.”

Deputy Director Gallion agrees that Salud's strategy fits well with RWJF's new direction: “Much of what we try to do is conduct the research, get the data, synthesize it, and then make it available to different audiences through different constructions and using different channels.”

With its 2012 reauthorization, RWJF is supporting Salud in three key activities.

**Establishing Salud America! Growing Healthy Change**

The Growing Healthy Change online platform is under development as of August 2013. Ramirez describes it as a “dynamic online Latino childhood obesity platform for curated

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\(^3\) Photovoice is a research method that puts cameras in people's hands as they assess community problems and assets, and then connects them to policy-makers to pursue change.
content and linkages keyed to RWJF's six childhood obesity policy priorities and their influence on Latino children and adolescents. The goal, she says, “is to be the source for information on Latino childhood obesity.”

Growing Healthy Change uses geo-location systems to target content to areas of the country with high numbers of Latino youth. Alfred L. McAlister, PhD, an adviser to Ramirez and Salud, describes the vision:

“People will be able to go on a map and see what policies are where, and then access a graphic function to see how well that policy is ‘growing’ in that area. The diagram for tracking is a tree, so you can see, for example, ‘Are there roots for a soda tax?’ and if there are roots, you can also find, ‘Is there any flowering?’ Then you can access steps in the development of the policy and see how it has developed.”

Ramirez summarizes the strategy: “In Phase 2, we are trying to identify what is already out there in the community that we can highlight and organize it according to RWJF’s policy priority areas, but with a Latino-specific focus. Then we are taking that information and retooling it into different formats to make it relevant to different audiences, be they public or scientific.”

**Pairing Researchers with Curators to Create Content**

*Salud* has assembled a team of researchers in the field of Latino childhood obesity to conduct reviews of research and policies and develop communication material for distribution via *Salud*’s network, Growing Healthy Change, and other venues. The researchers work with *Salud* employees called “curators” who identify relevant policies, news, and legislation, and feed that information to the platform. The curators also engage and educate platform users, advocates, and others about potentially helpful tools or trainings.

**Expanding/Enhancing the Salud America! Network**

*Salud* is recruiting more network members, featuring more content, and making the network more interactive. A key focus is to involve more youth and prompt community

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6 RWJF’s priority areas in the area of childhood obesity are: promoting healthier foods in schools, promoting healthier food in the neighborhood, increasing access to local places to be active, providing children with more opportunities to be active, decreasing unhealthy food and beverage advertising, and reducing consumption of sugary drinks.

7 McAlister is professor of behavioral sciences at the University of Texas School of Public Health in Austin. He advises *Salud* in issues relating to disseminating and accelerating innovation, and in assessing its progress meeting Phase 2 goals.
change. Ramirez notes, “The curators and researchers will develop content and dynamic media productions, training tools, templates, and modules to feed the network... Much of this content is aimed at educating and encouraging both Latino adults and youth to facilitate change in their communities.”

Gallion, the program’s deputy director, describes the approach as suggesting a different frame for advocacy. “The notion of advocacy—that is very tricky. The approach we are taking, and what we have always been doing, is presenting options and information for people so they can operate from their own volition.”

**HOW IS SALUD AMERICA! PROGRESSING?**

Salud’s Phase 1 was a success from the perspective of all involved. Activities underway suggest the program is effectively building on Phase 1 as it transitions to Phase 2.

**Increased Awareness of Latino Childhood Obesity**

George R. Flores, MD, MPH, is a program manager at the California Endowment with a long history of working on health issues in the Latino community, in a state in which 38.2 percent of the population is Latino. Salud, says Flores, has “elevated the profile of how Latinos are dealing with obesity and how obesity is affecting Latinos. In the policy and funding arenas, Latinos are often overlooked, and Salud is shining a light where one is needed.”

“*Salud represents a really important point of entry to the Latino community that I don't think anyone else has,*”—James S. Marks, MD, Senior Vice President, RWJF

Salud “amplifies both research and action for Latino childhood obesity prevention,” says adviser McAlister.

**A Large and Active Network**

By August 2013, the Salud America! network included about 2,200 members; it is the “largest network of Latino childhood obesity researchers in the country,” according to Marks. The network has become a go-to source of information about Latino childhood obesity and a vehicle for researchers to engage with a community of peers. “We agree that the network is a major achievement, including how much members turn to us for information, for funding opportunities, and so forth,” says Ramirez. “Because there are not many Latinos in the academic field, coming together is important.”

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8 The California Endowment is a private statewide health foundation with a mission to expand access to affordable, quality health care for underserved individuals and communities, and to promote fundamental improvements in the health status of all Californians.
McAlister notes the role of the network in spurring innovation. “You have a network of real people on the ground, in their homes, and in institutions; and a communications system that is telling the stories of ‘early adopters’—spreading the word about what is possible and how to go about making change through the network. This accelerates innovation.”

**A Field of Research and a Community of Researchers**

Some of the pilot research projects attracted the attention of other funders such as NIH and RWJF’s *Active Living Research*. “We had about $1.5 million for our pilot phase researchers, and they were able to leverage that to more than $30 million over the four years,” says Ramirez. The researchers “were able to use the pilot information to write federal grants.”

The success of pilot researchers in securing additional funds is a testament to *Salud’s* success in raising awareness of Latino childhood obesity as a research and policy issue, and to the value of the mentoring it provided to the researchers. “My being involved helped the researchers through their NIH applications,” says Charlotte A. Pratt, PhD, an official at NIH and a national advisory committee member. “I would help them think about their projects and also help them understand how to frame their requests in a way that would make sense to the reviewers.”

RWJF’s Leviton notes the importance of the program's process as well as its outcome: “When do we ever ask people what they want?” she asks. Yet *Salud* “created a field of research that involves the principles of participatory research from day one at the highest possible level.”

“The research grants created a nice body of new research on this topic in a number of different dimensions. That has helped build the field,” says Sallis, director of *Active Living Research* and a *Salud* national advisory committee member.

California Endowment’s Flores describes another benefit of raising awareness: “Elevating the profile of how Latinos are dealing with obesity and how obesity is affecting Latinos is a catalyst that opens doors to the policy and funding arenas and enhances the capacity of Latino communities to advocate on their own behalf. Efforts to improve health gain momentum when conditions and solutions are held up prominently and spoken of with credibility and respect.”

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9 Pratt is program director of the National Heart, Lung, and Blood Institute, Division of Prevention and Population Science, at the National Institutes of Health in Bethesda, Md.
**A Policy and Action Agenda**

Ramirez and Gallion promoted a policy focus from the outset of Phase 1, building on their earlier work: “What is happening in Phase 1 and Phase 2 are things we have done previously,” says Gallion. “We are applied communication researchers so we seek ways to get communication to change behaviors.”

NIH's Pratt is struck by the strength of the research-to-policy connection coming from *Salud*. “At NIH, we haven't in general focused on policy research, especially about Latino kids. *Salud* set the stage for us to do that on a wider scale. We now have funding announcements that deal with policy.”

*Salud*'s increasing focus on informing advocacy and policy is apparent in the recent annual summits. Pratt notes, “The last meeting I attended did not have only the research grantees, but also had people from policy, community groups, and nongovernmental organizations working across the country. They are to be applauded on the meetings they convene—they get people from the public arena to come. The mayor of San Antonio attended the last meeting, and that is good.”

Advisory committee member Sallis says, “All the pieces of the program fit together well. The summits created a community of people that are more and more committed to the field and the population. All have had a good mix of researchers and practitioners. Creating that community is important, and helps both the researchers and the practitioners. It grounds the research in practice and it grounds the practice in research.”

**The Policy Contribution Spectra: A New Way of Thinking about Policy**

*Salud* national advisory committee member Judith W. Ottoson, EdD, MPH,10 wanted to help *Salud* researchers and other advocates and program managers understand more concretely about their contributions to policy. She wanted to answer the question: “What counts as policy? What does 'contribution' mean?”

Ottoson created case studies of the 20 *Salud* projects by plotting them on a Policy Contribution Spectra. The Policy Contribution Spectra11 is a framework that helps people visualize, reframe, discuss, and communicate policy contributions along different points in time, using different interventions, and focused on different outcomes.

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10 Ottoson is a lecturer at San Francisco State University and an independent evaluation consultant.
11 The Policy Contribution Spectra grew out of Ottoson’s work evaluating the policy impact of RWJF’s *Active Living Research* national program.
Ottoson's study appears in an article in the *American Journal of Preventive Medicine* and is available online.\(^2\)

Ottoson concluded: “Researchers, advocates, and program managers can contribute to policy at multiple points in time, through varied actions, and at multiple levels. … The Spectra framework serves as one tool in helping researchers look beyond hypothesis testing and helping managers to look beyond program efficiency toward policy contribution.”

National advisory committee chair Green notes that the Spectra “opened a wider perspective on potential influence on policy—not just taking research directly to policy-making, but helping to build advocacy groups, helping researchers see other opportunities to use their research to move from one end of the pipeline to the other.”

Ottoson and Green’s work on the Policy Contribution Spectra became part of *Salud’s* annual summits, helped shape its communication strategy, and provided Ramirez and Gallion with a framework for *Salud* as a whole. “People get afraid of using the word ‘policy’ and they think of it as getting legislation passed,” says Ramirez. With the Policy Contribution Spectra “we let people know that getting to policy change can mean smaller steps.”

**Award-Winning Communications Products**

From the beginning, *Salud* has employed an aggressive and multifaceted approach to communicating its work. Sallis describes the “depth and utility of their website. Anyone interested in Latino childhood obesity will find that website, and find useful information. That drives people to the research. It is like a multicomponent program that was really well-designed.”

*Salud*’s videos have earned high praise and won prestigious awards. Its video “*Did You Know?/¿Sabía Usted?*,” which Ramirez describes as a “dramatic video that uses shocking statistics and actual child voices to document the multifaceted epidemic of Latino childhood obesity” won a Gold World Medal from New York Festivals International Television & Film Awards in May 2010, the Aegis Video & Film Production Awards in May 2010, and two bronze Telly Awards in February 2010.

“We used that video in our launch stage of creating a community network” says adviser McAlister. “Then they came to a meeting and looked at childhood obesity in their community.”

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Each researcher has written an issue brief explaining his or her research to general audiences. The research briefs are available online (scroll down to Past Grantee Research and click on "research brief" after each project description).

*Salud America!* was the subject of a March 2013 special supplement to the *American Journal of Preventive Medicine*. The supplement features essays by Ramirez, Leviton, and Mayor Julian Castro of San Antonio, and articles written by 12 of the pilot researchers.

Latino youth are a major audience for *Salud*. According to Ramirez, “The younger generation is one of the fastest growing users of social media. We have to stay in front of the curve to make sure we are providing them with the information they need that is at the same time interpersonal and interactive for them.” To this end, *Salud* staff created [www.saludtoday.com](http://www.saludtoday.com), an interactive, online forum that features stories, news, and events, and encourages visitors to make comments and contribute their own stories.

**WHAT CHALLENGES IS SALUD AMERICA! FACING?**

**Resting an Evidence Base on Small Pilot Research Studies**

While *Salud* has made strides in creating the evidence base for Latino childhood obesity prevention, that base is still thin and may not be adequate to prompt significant policy changes. Sallis notes this concern: “I always thought the size of the grants was a huge challenge. A lot of these are big questions, but with the small size of the grants you can address them on only a small scale. If you are a policy-maker, do you feel comfortable recommending a state policy change based on one small study?”

“For people to advocate, they have to have a research foundation. There were 20 funded grantees and that isn't enough,” says advisory committee member Pratt.

Ramirez adds, “Our pilot projects were small and they were in a nascent stage. So a big challenge is that we still have a lot more work to do if we are going to make change.”

**Making a Smooth Transition from Research to Policy and Action**

Research findings do not automatically resonate with policy-makers, and researchers are not often comfortable with, or rewarded for, communicating their work to policy-makers and community representatives. “Some of these brand new Latina researchers were trying to make tenure in academic institutions that don't support a policy focus,” says advisory committee member Ottoson.

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RWJF's Marks sees a need for resources and assistance to help Salud make this transition. “It [the program] needs other money for its researchers to export their work. Often researchers are not the best ones to do advocacy or to translate their findings.”

Salud is meticulous about following RWJF's strict policies prohibiting lobbying of any sort with its funds, and has hired outside legal counsel to advise it on these issues. McAlister describes the tension in finding the balance: “We want to produce a social media function so, for example, people will know what is happening at a Parks and Recreation Department meeting and can show up. That involves a fine line between education, advocating, and lobbying.”

RWJF's policy of reviewing communications material before it is posted—and its concern that communications not cross into the realm of advocacy for a particular policy—has slowed Salud’s roll-out of its Phase 2 agenda. “There is a fine line between informing advocacy and doing advocacy,” notes Leviton, and this makes RWJF cautious.

WHAT DOES THE FUTURE HOLD?

Moving forward, addressing Latino childhood obesity involves taking on some of the environmental factors that negatively affect Latino health. The California Endowment's Flores, says: “I think about the evolution of obesity work into another phase. It is not just physical activity and food. From a Latino community perspective, what underpins obesity is also about safety, housing, transportation, and more. The partners that help address these issues are diverse: architects, investors, urban planners, etc. We can't stick to the language of obesity when the social determinants of health and equity are on the line.”

RWJF staff believes that Salud's expertise and structure can inform other RWJF initiatives. “They have a lot of potential to be a platform for Latino health generally. They know what they are doing and could do it for any number of issues that plague Latinos,” says Leviton. Marks agrees: “Part of our challenge at RWJF is how to have Salud fit more closely with the advocacy arm of our work. We need to create these opportunities. It doesn't have to be only about obesity—it can contribute to creating a culture of health that plays to the strengths of Latinos.”

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APPENDIX

People Interviewed for This Report

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National Program Director, Active Living Research  
Distinguished Professor of Family and Preventive Medicine  
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San Diego, Calif.
GRANTEE STORIES LIST

- Amelie G. Ramirez, PhD, MPH (January 2014)

PROGRAM RESULTS REPORT LIST

- Evaluating the Healthy Tomorrows for Teens Program, Grant ID# 66460 (Middletown, Conn.) (January 2014)

- Improving Food Purchasing Selection Among Low-Income Spanish-speaking Latinos Through Social Media Messages, Grant ID# 66357 (Boston, Mass.) (January 2014)