Healthy Kids, Healthy Communities: Supporting Community Action to Prevent Childhood Obesity

Executive Summary

*Healthy Kids, Healthy Communities: Supporting Community Action to Prevent Childhood Obesity* supported multidisciplinary partnerships in 49 communities to promote changes to local policies, systems, and physical environments to foster healthy living and prevent childhood obesity. The Robert Wood Johnson Foundation (RWJF) invested $34.7 million in the program and its evaluation from February 2008 to August 2014.

The community partnerships helped create 715 policy and practice changes to improve access to healthy affordable food, 576 policy and practice changes to increase safe physical activity options, and 828 changes in the built environment. They raised more than $140 million in cash and in-kind contributions.

**CONTEXT**

More than 23 million children and adolescents in the United States were overweight or obese in 2007. Lower-income communities and communities of color bear the brunt of the childhood obesity epidemic, according to RWJF Program Officer Jamie B. Bussel, MPH.

**Building on Active Living by Design**

*Healthy Kids, Healthy Communities* evolved from another RWJF national program, *Active Living by Design*. Under that program, 25 community partnerships aimed to change the built environment and support public policies to make physical activity part of everyday life. The multidisciplinary community partnerships developed the “5P Community Action Model” that includes Planning, Programs, Promotions, Policies, and Physical projects. Sarah L. Strunk, MHA, directed *Active Living by Design* at a national program office based at The University of North Carolina at Chapel Hill.
Read the Program Results Report on *Active Living by Design*.

**THE PROGRAM**

*Healthy Kids, Healthy Communities: Supporting Community Action to Prevent Childhood Obesity* (*Healthy Kids, Healthy Communities*) supported multidisciplinary partnerships in 49 communities across the country to promote changes to local policies, systems, and physical environments that foster healthy living and prevent childhood obesity. RWJF invested $34.7 million in the program and its evaluation from February 2008 to August 2014. ¹

*Healthy Kids, Healthy Communities* built on *Active Living by Design* by broadening the focus to include increasing access to healthy foods along with increasing opportunities for physical activity. Like *Active Living by Design*, the program worked to reshape community environments through policy, systems, and environmental change. *Healthy Kids, Healthy Communities* focused on lower-income communities, communities of color, and southern states, where the risk of obesity was greatest.

“The program supported communities to execute strategies that make the most sense—based on their values, needs, and culture—to improve the food and activity environments for their kids and families.”—Jamie Bussel, RWJF

**The Community Partnerships**

RWJF awarded four-year grants of $360,000 to $400,000 to 49 communities that either already had, or formed, a multidisciplinary partnership to lead their work. Each community had to match at least 50 percent of the RWJF grant with cash or in-kind contributions.

The community coalitions formed by the 49 communities in *Healthy Kids, Healthy Communities* had an average of 29 partners each—for a total of 1,415 partners. The three most common partners were:

- Community-based organizations
- Government agencies
- Businesses

¹ 3.7 million of this total was for the evaluation.
Other partners included elected/appointed officials and community members, including low-income residents and some youth.

**Leading Sites**

Nine of the communities had extensive experience in active living and healthy eating policy and environmental changes (six of them had participated in *Active Living by Design*). National program office and RWJF staff thought of them as leading sites, whose partners would help mentor the 40 community partnerships funded as sites in round two, many of which were newer to this work.

These are the leading sites, each with a brief description that provides a few examples of their prior experience and successes:

- **Baldwin Park, Calif.** (a suburb of Los Angeles). Baldwin Park’s healthy eating, active community collaborative was established in 1999 and continued under the name People on the Move with support from The California Endowment in 2005. By the time *Healthy Kids, Healthy Communities* came along, People on the Move had undertaken several steps for widespread community and policy change, including passing a resolution to ensure that only healthy food and beverages were sold in city-sponsored youth facilities, and completing a Parks Master Plan.

- **Central Valley, Calif.** (San Joaquin Valley). As part of the Central California Regional Obesity Prevention Program, partners in the San Joaquin Valley received funds from The California Endowment to help county agencies build local coalitions, create an infrastructure, train staff and community members, and develop local action plans. By the time the opportunity to participate in *Healthy Kids, Healthy Communities* came along, the partners had been through a year-long planning process and developed work plans. ²

- **Chicago** (an *Active Living by Design* site). Focusing on a Latino neighborhood, partners had developed and implemented train-the-trainer programs for youth in bicycle safety, repair, and maintenance. Youth participants subsequently trained other community residents and some secured summer employment at city parks. A health organizer led efforts to create Walking School Bus programs and to build trails and small parks along an elevated rail line.

- **Columbia, Mo.** (an *Active Living by Design* site). With a 2005 $22 million federal grant, partners in Columbia had built an extensive bicycle and pedestrian network that increased weekday peak-hour walking by 33 percent and the number of cyclists by 71 percent. Partners also fitted several intersections with pedestrian crossing lights and redesigned some major intersections to accommodate bicycle lanes and improve safety.

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² The project originated at the University of California, Fresno. Now it is a project of the Public Health Institute in Oakland, Calif.
• District of Columbia. In 2006, the city’s Summit Health Institute for Research and Education established the 96-member Early Childhood Obesity Prevention Collaborative to address the city’s alarming rates of childhood obesity. In 2007, D.C. Hunger Solutions launched a Healthy Store Program in Wards 7 and 8 (which were later targeted in Healthy Kids, Healthy Communities). In 2008, a Teen Health Educators program trained teenagers in health education, especially nutrition and exercise, and prepared participants to train others.

• King County/Seattle (an Active Living by Design site). Partners in King County/Seattle had helped secure a commitment that 18 percent, or $7.3 million per year, of a transportation tax levy passed in 2006 would be used for pedestrian and bicycle infrastructure projects. The partners also mounted a strategy to increase physical activity by encouraging and supporting residents to walk to grocery stores with personal shopping carts.

• Louisville, Ky. (an Active Living by Design site). Partners prompted officials to initiate new bus services including buses that carry bicycles. They then created and posted on YouTube a rap video showing how bike racks on buses worked and encouraging residents to ride their bikes. They also enlisted teens from the low-income areas to work with police to identify and address threatening and hazardous street elements like abandoned cars, dangerous alleys, and vacant buildings. In three neighborhoods of middle- and low-income African Americans, partners worked with a community center to add a walking club and fitness classes to its offerings.

• Oakland, Calif. (an Active Living by Design site). Partners in Oakland increased the number of youth participating in recurring recreational sports activities at San Antonio Park and Roosevelt Middle School. They also completed construction of a secure bike storage facility on the Roosevelt Middle School campus. As a result of the work of the partners, the city of Oakland installed new “countdown” lights at intersections serving Garfield Elementary School. In addition, the city of Oakland received a Safe Routes to School grant to construct curb bulb outs at two intersections. (Bulb outs are a traffic calming measure, primarily used to extend the sidewalk, which reduces the crossing distance and allows pedestrians about to cross and approaching vehicle drivers to see each other.)

• Somerville, Mass. (an Active Living by Design site). Partners secured passage of a bicycle parking ordinance and a policy to make biking and bike parking more visible, accessible, safe, and convenient. The city also funded a permanent bicycle/pedestrian coordinator in the Office of Strategic Planning and Community Development. After the partners convened a walkability workshop and follow-up activities, the city completed repairs to a walking loop in town, and partners then created walking maps for residents and visitors.
**Round Two Sites**

In round two, the program funded 40 additional sites that worked with the leading sites to promote changes to policies, systems, and physical environments. The sites were located in 25 states and Puerto Rico. See the program’s website for a list of all the sites (including the leading sites) with links to their work. The website also organizes their work by strategy.

**Management**

Strunk directed the Healthy Kids, Healthy Communities national program from an office based at the University of North Carolina at Chapel Hill until January 2014. During the final months of the program, it was managed by Strunk in her new role as executive director of Active Living By Design (ALBD), which left its home at the university and became a fiscally sponsored project of Third Sector New England. To read more about the work of this new entity, see the Afterward section.

Project officers at the Healthy Kids, Healthy Communities national program office were matched with specific communities in the program, building trusting relationships with their grantees. The project officers provided extensive technical assistance to their assigned communities through phone calls, the program’s web-based reporting and communication system, site visits, webinars, and annual grantee meetings.

The national program office also provided group technical assistance and supported peer mentoring and learning through a learning network, which included conference calls, webinars, special trainings, and annual grantee meetings. The learning network strengthened relationships among project directors, community partners, and other participants, creating connections that lasted even after Healthy Kids, Healthy Communities ended.

**The Evaluation**

Transtria LLC (St. Louis) and the Institute for Public Health at Washington University in St. Louis evaluated Healthy Kids, Healthy Communities. Transtria’s CEO, Laura K. Brennan, PhD, MPH, led the evaluation team. See The Evaluation & Its Findings for more information.

**OVERALL PROGRAM RESULTS**

Active Living By Design staff and the evaluators reported the following results in a report to the field, Growing a Movement (2014), and in interviews.
Changing Policies and Practices

- *Healthy Kids, Healthy Communities* contributed to sustainable policy changes. Some policy changes had the potential for a profound impact in communities while others were symbolic or modest. The geographic impact ranged from small communities to entire cities, counties, or regions.

Examples of potentially profound changes were:

- A county board of health adopting new requirements for all child-care providers to meet physical activity and nutrition guidelines
- Zoning changes that allow fresh produce to be grown and sold in cities that have had limited access to affordable healthy food

Examples of symbolic or modest changes were:

- City council resolutions supporting the concept of Complete Streets
- A single child-care center implementing healthier food guidelines or starting a garden

Policies included ordinances, resolutions, codes, executive orders, design guidelines, administrative policies, and other written rules on government operations and local development. The community partnerships also influenced the development or modification of comprehensive and master plans.

Healthy Eating Policy and Practice Changes

- The community partnerships helped create 715 policy and practice changes to improve access to healthy affordable food. Top new or changed policies and top practice changes were:
  - Some 529 child-care facility nutrition standards
  - Some 95 farmers’ markets
  - Some 23 community gardens
  - Some 23 corner store changes

Examples:

- The board of health in Jefferson County, Ala., passed sweeping child-care regulations to ensure healthy environments for 17,600 young children. The regulations cover nutrition, physical activity, screen time, and tobacco use.

- Chattanooga, Tenn., increased access to affordable fresh fruits and vegetables by building or modifying more than 30 community gardens and creating the Chattanooga mobile market.
Active Living Policy and Practice Changes

- The community partnerships helped create 576 active living policy and practice changes to increase safe physical activity options in urban, suburban, and rural areas. Top areas of new or changed policies were:
  - Some 384 child care physical activity standards
  - Some 102 active transportation changes
  - Some 43 park and play space changes

Examples:

- **Birmingham, Ala.**, adopted the Red Rock Ridge & Valley Trail System plan, Jefferson County’s 750-mile blueprint for off-road and street improvements to make safe walking and bicycling a reality. The plan helped spawn investments of more than $12 million in built environment improvements, including in low- to moderate-income areas of the city.

- **The School Board of Palm Beach County, Fla.**, unanimously passed a shared use agreement for Berkshire Elementary School. Community members can now use the playing fields during weekends and holidays.

Combined Healthy Eating and Active Living Policy and Practice Changes

- The community partnerships helped create 61 policy and practice changes that addressed both healthy eating and active living. Top changes were:
  - Some 19 changes in policy committees or task forces
  - Some 13 resolutions and other policy changes
  - Some 13 changes to city/comprehensive plans

Example of combined changes:

- Policymakers in **Philadelphia, Pa.**, approved Healthy Living Guidelines for Out-of-School-Time programs, which were pilot-tested in nine sites and then approved for use citywide. These after-school standards have the potential to improve physical activity and healthy eating for about 20,000 children at more than 209 out-of-school-time programs citywide.

Changing the Healthy Eating and Active Living Built Environment

- The community partnerships helped create 828 built environment changes—417 changes that improved access to healthy foods and 411 changes that increased opportunities for active living—with public and/or private support.
Top changes to the healthy eating built environment were:

— Some 59 corner stores changes
— Some 10 restaurant changes
— Some 9 grocery store changes

Example of a healthy eating built environment change:

— The community partnership in Louisville, Ky., helped outfit seven Healthy in a Hurry Corner Stores with refrigeration and fresh produce, using funds from a Communities Putting Prevention to Work grant from the Centers for Disease Control and Prevention (CDC) and with the help of the Louisville Metro Department of Health & Wellness and the YMCA of Greater Louisville.

Top changes to the active living built environment were:

— Some 251 active transportation changes
— Some 124 park and play space changes
— Some 35 child-care changes

Example of an active living built environment change:

— The Fishing Creek Community Trail is now open in Milledgeville, Ga. The Georgia Department of Natural Resources Recreational Trails Program provided funding to create the trail, which is part of a Safe Routes to School project.

Raising Money and Other Support

- In spite of the 2008-2011 recession, the community partnerships raised more than $140 million in cash and in-kind contributions, more than four times RWJF’s $34.7 million investment in Healthy Kids, Healthy Communities. Nearly $76 million was in grants and other financial contributions from:
  
  — Federal, state, and local governments: 83 percent
  — Foundations: 8 percent
  — Non-profit organizations: 4 percent
  — Schools: 4 percent
  — Businesses: 1 percent

“These communities were adept and savvy at leveraging the investment the Foundation made. Without this,
sustaining any of this work would have been really challenging.”—Jamie Bussel, RWJF

While RWJF had originally hoped the community partnerships would generate more cash contributions, the fact that they were able to raise so much money in combined cash and in-kind donations during an economic downturn showed that they were “strong and resilient,” said Bussel.

Other Key Results

Strunk also noted the following key results in the Growing a Movement report and in an interview for this report:

- **Some 21 councils, commissions, and advisory boards related to healthy eating and active living were formed** based on the work of the community partnerships. The most common structures are:
  - Eight food policy councils
  - Eight Complete Streets, trails and bicycle/pedestrian advisory committees

- **Some 15 community partnerships implemented strategies to engage youth**, which involved their direct and regular involvement in assessing, planning, implementing, and evaluating activities.

Communications Results

The national program office’s communication activities to help build the healthy communities field included 165 presentations and participation in more than 70 local, state, or national advisory committees, task forces, and planning committees. Project staff at the sites made many additional presentations.

Staff from the national program office made presentations to local, state, or national audiences, ranging from obesity coalitions to elected officials, researchers, and funders. Examples are:

- American Institute of Architects
- Association of Pedestrian and Bicycle Professionals
- Centers for Disease Control and Prevention program officers and staff
- Grantmakers in Health
- Let’s Move! and First Lady Michelle Obama
- National Community Development Association
- National Conference of State Legislators
- Southern Obesity Summit

Staff served on many committees, tasks forces, and advisory committees, such as the strategic advisory committee for **Voices for Healthy Kids**—a collaboration between RWJF and the American Heart Association to help all young people eat healthier foods and be more active—and on the boards of the Alliance for Biking and Walking, the Safe Routes to School National Partnership, and Farmer Foodshare.

The *Healthy Kids, Healthy Communities* website includes reports about the program and community profiles and case studies. See the **Bibliography** for details.

**THE EVALUATION & ITS FINDINGS**

Evaluators at Transtria reviewed data provided by the partnerships and interviewed, surveyed, and observed them. To build evaluation capacity among the partners, they provided training and technical assistance around data collection, coding, and analysis through the Community Dashboard (a web-based reporting and communication system), an Assessment & Evaluation Toolkit, and in-person or web-based training as part of an Enhanced Evaluation supporting environmental audit and direct observation methods.

The evaluators conducted a qualitative cross-site process and outcomes evaluation of all 49 community partnerships and a quantitative cross-site outcomes evaluation of a subset of community partnerships. The evaluation covered six core elements and strategies of the program:

- Corner stores
- Farmers’ markets
- Child care nutrition standards
- Child care physical activity standards
- Active transportation
- Parks and play spaces

The evaluation covered the period from March 15, 2009 through April 14, 2014.

Evaluators also used group model-building sessions to actively involve a range of representatives (e.g., residents, elected officials, staff of government agencies and community-based organizations, and business leaders) from each community partnership in identifying trends and feedback systems they perceived to be driving local change in health behaviors and obesity.
Evaluating this type of complex work is difficult. “There are so many different strategies that can be used,” said RWJF Evaluation Officer Tina J. Kauh, PhD. “It’s almost impossible to make comparisons across those strategies because the context in which they’re implemented varies so much.”

Evaluation director Brennan also noted that little is known about the policy, practice, and environmental change interventions that the evaluation tried to assess and measure.

“We need to figure out ways to understand these changes in order to meaningfully say these kinds of changes can cause improvements in behavior and health outcomes.” —Laura Brennan, Transtria

Evaluators present their findings in component parts. For example, if the work of a partnership resulted in a policy change (e.g., a regulation regarding physical activity in child-care programs) and an environmental change (e.g., reconfiguring the child-care play area to make it more conducive to physical activity), and a practice change (i.e., hiring staff to guide the physical activities) those changes are reported separately, one as a policy change, one as an environmental change, and one as a practice change. If a partnership made the same change multiple times (e.g., installing 50 bike racks), the evaluators counted each time as an individual change.

Evaluators define settings where changes were made as the place, such as a farmers’ market or park and the geographic location (by ZIP code where available).

Along with the evaluation findings reported in Growing a Movement, evaluators reported the following findings about the qualitative cross-site evaluation of the 49 community partnerships in a special issue of the Journal of Public Health Management and Practice (May/June Supplement [21:suppl. 3], S1-136) and in interviews. These findings are taken from the article entitled “Evaluating the Implementation and Impact of Policy, Practice, and Environmental Changes to Prevent Childhood Obesity in 49 Communities” and they also include the perspective of RWJF Evaluation Officer Kauh that was shared during an interview for this report.

**Overview of Findings Regarding Policy, Practice, and Environmental Changes**

- The 49 community partnerships made 4,261\(^3\) policy, practice, and environmental changes across all strategies and 1,536 settings. For the six core areas examined

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\(^3\)This number is higher than the total 2,180 policy, practice, and environmental changes noted earlier because the evaluators counted each individual change, while the national program office counted the same change made multiple times as one change. For example, if a partnership installed 50 bike racks, the national program office counted this as one change, while the evaluators counted this as 50 changes.
(corner stores, farmers’ markets, child care nutrition standards, child care physical activity standards, active transportation, and parks and play spaces), there were a total of 3,629 changes and 1,195 settings.

— Each community partnership made an average of 87 changes (range = 4 to 1,800), and these changes took place in an average of 31 settings (range = 3 to 360).

— Some 85 percent of all changes were made in the six core settings studied. Other settings that made some changes included community or school gardens, trails, and restaurants.

— “The volume of changes is an impressive feat in and of itself, along with the number of settings they worked in,” said Brennan in an interview for this report. She noted, however, that the changes cannot be attributed entirely to RWJF funding since the community partnerships had multiple sources of funding. “RWJF was the sparkplug. Those funds came in before the other funds and allowed the communities to leverage their work and do more.”

- Policy changes were most common, accounting for nearly two-thirds (63%) of the changes. Some 32 percent were environmental changes and 5 percent were practice changes. Ninety percent of the changes were for new policies, practices, or environments, while the rest were modifications to policies, practices, or environments.

**Findings Regarding Settings Where Changes Occurred**

Of the six core cross-site strategies studied:

- Changes in child care nutrition and physical activity standards had the greatest number of changes and the greatest number of settings. Changes in farmers’ markets, parks and play spaces, and corner stores were less prevalent.
  
  — Child care nutrition standards: 1,476 changes took place in 390 settings
  
  — Child care physical activity standards: 966 changes took place in 370 settings
  
  — Active transportation: 687 changes took place in 186 settings

Changes in farmers’ markets, parks and play spaces, and corner stores were less prevalent:

— Farmers’ markets: 261 changes took place in 120 settings

— Parks and play spaces: 145 changes took place in 79 settings

— Corner stores: 93 changes took place in 50 settings
Findings Regarding Intervention Reach, Dose, and Impact for the Six Core Areas Studied

Evaluators used a rigorous method to assess the dose (intensity), reach (population affected), and impact of interventions developed by partnerships, in which overall ratings reflect the aggregation of policy, practice, and environmental changes.

- **Active transportation and parks and play spaces tended to have more environmental changes that were at the implementation stage, and therefore, more likely to directly influence behavior.** Whereas, child care nutrition standards and farmers’ markets tended to have more policy changes at the adoption stage, and, therefore, less potential in their current state to influence behavior.

- **The implementation of changes was strongest in the areas of parks and play spaces and corner stores, closely followed by the implementation of changes in active transportation and farmers’ markets.** Changes in child care nutrition and physical activity standards received lower ratings for execution. It’s worth noting that this finding regarding implementation largely reflects the stage of implementation (adoption, implementation, or enforcement/maintenance) as well as completion (full or partial).

- **When the prevalence of policy, practice, and environmental changes were combined with the number of people reached and the strength of implementation, the core areas that have the greatest potential to change peoples’ behaviors are active transportation, child care nutrition standards, and parks and play spaces.** Corner stores also had a high potential to create changes in neighborhoods with high-risk populations, but fewer community partnerships used this strategy.

SIGNIFICANCE OF THE PROGRAM

**Impacting Childhood Obesity**

“*Active Living by Design, Healthy Kids, Healthy Communities*, and work by other funders and by the CDC have all impacted the leveling off of childhood obesity in many communities,” said RWJF’s Bussel.

According to the CDC, the national obesity rate among youth ages 2 to 19 leveled off, and the obesity rate among children ages 2 to 5 saw a “small but significant decline” between 2003-2004 and 2008-2011. Researchers found this decline in 18 states and one U.S. territory, out of 43 states/territories examined.

Strunk noted that during the *Healthy Kids, Healthy Communities* grant period, childhood obesity rates began to decline in several key areas where community partnerships worked, including California, Philadelphia, Massachusetts, Mississippi, parts of North Carolina, and West Virginia.
“Although Healthy Kids, Healthy Communities was one of many initiatives that may have influenced obesity rates during this time, this trend is promising and suggests that our collective, multi-pronged approach is starting to have traction.”—Sarah Strunk, Active Living By Design

“Even through the program has ended, there are important signs of progress that continue: additional funding for parks and recreation, passage of Complete Street policies, shared use agreements, etc. We certainly see the fruits of this investment in many ways,” said Bussel.

**Demonstrating the Influence of Place on Health**

*Healthy Kids, Healthy Communities* and its predecessor, *Active Living by Design*, have demonstrated the power and influence of place on behavior, health, wellness, and quality of life. The programs have also shown the importance of changing policies, systems, and environments “to transform communities so they can be health-promoting places where every child and every family regardless of where they live can have access to places that support health and a high quality of life,” said Bussel. “That is reflected in the community partnerships that are deeply committed to doing that through *Healthy Kids, Healthy Communities***.”

RWJF’s program, *County Health Rankings & Roadmaps*, gives Culture of Health Prizes to honor communities that place a high priority on health and bring partners together to drive local change. Two *Healthy Kids, Healthy Communities* were among the winners in 2013: New Orleans and Santa Cruz County, Calif. Somerville, Mass. was a finalist. See the [Program Results Report](#) on *County Health Rankings & Roadmaps* that describes all the winning communities in 2014.

**Providing a Model that Works**

*Healthy Kids, Healthy Communities* serves as a model that can be—and is being—used to create health promoting places, where everyone can thrive. Its principles and strategies support the Foundation’s vision of a Culture of Health nationwide.

“*Healthy Kids, Healthy Communities highlighted the importance of the policies, systems, and environmental approach. The work endures, continues, and evolves.*”—Jamie Bussel, RWJF
It is especially noteworthy, adds Strunk, that the Healthy Kids, Healthy Communities model worked in many communities nationwide, not just those with extensive experience in active living and healthy eating work. Community partnerships in the South, for example, were quite effective, despite the fact that few investments in reducing childhood obesity had been made in these communities before Healthy Kids, Healthy Communities.

The CDC and others have used the program as an example in their work to create places where people can be healthy. They have also turned to Strunk and her team at Active Living By Design for “expertise and wisdom,” said Bussel.

“Active Living By Design is a leader in the healthy communities movement and an important part of changing the public discourse around childhood obesity.”—Jamie Bussel, RWJF

The peer learning community was another key part of the model, said Risa Wilkerson, MA, senior project officer and marketing and communications director during Healthy Kids, Healthy Communities and now associate executive director at Active Living By Design. “A well-designed learning network builds capacity for sustainable work,” she said. “It’s the idea of being able to learn from another community and not feeling as if you’re in it alone. There’s support.”

Creating More Capacity in Communities

The program increased communities’ capacities to create places where people can be healthy. “Project staff and partners now have the capacity to continue making improvements in the quality of life of their communities for years to come,” said Strunk, and Brennan agrees.

“Healthy Kids, Healthy Communities created a lasting impact in dense urban areas, in rural towns, in neighborhoods with immigrants from many nations, and in multi-county regions.”—Sarah Strunk, Active Living By Design

The projects often moved communities far beyond the initial scope of the grant:

- Local governments became more involved in improving health conditions for low-income children and families.
- Resident involvement in policymaking grew, influencing the delivery of government services.
- Elected officials became champions of healthy communities.
- Local project staff often transitioned to more influential roles, becoming elected officials and members of appointed commissions and working for government agencies involved in healthy eating and active living work.

Keys to building community capacity were community organizing and advocacy, youth or civic engagement, collaboration, and youth or community leadership.

Advocacy, said Brennan, enabled the partnerships “to work really effectively in creating healthy eating and active living system changes and in addressing social determinants of health in the communities.” Through advocacy, communities that had previously had “less of a voice in policies and decisions that were made” became engaged in decision-making about which strategies to work on and how to implement them, she said.

**Furthering Evaluation of Work to Combat Childhood Obesity**

The evaluation of *Healthy Kids, Healthy Communities* increased understanding of how to evaluate this type of complex work and provided some much-needed measures for childhood obesity prevention activities, say Brennan and Kauh. It provided a method and typology for increasing understanding in the field related to the reach, dose, and impact of policy, practice, and environmental changes promoting healthy eating and active living in order to reduce childhood obesity. RWJF’s Kauh highlighted the technique used to quantify the reach, dose, and impact as “a value added to the field.”

**Defining Terms and Creating Indicators**

For example, Brennan noted, the evaluation defined “the intervention setting, how it corresponded to specific strategies, and some indicators that look at variation across communities working in that setting.” It also helped create metrics for the six cross-site areas, metrics that can help the field standardize reach (the population reached) and implementation (stage, state, and quality of implementation, and inclusion of community residents).

**Improving Communities’ Capacities to Assess Themselves**

Helping community partners and residents assess their own communities was another key contribution of the evaluation, said RWJF’s Kauh. The evaluators developed tools using environmental audit and direct observation methods, and associated training resources for both methods (part of the Assessment & Evaluation Toolkit), designed for people without research backgrounds. They also used data from these tools in the evaluation.
CHALLENGES FACED AND LESSONS LEARNED

The Economy and Political Will

In 2009, just as the Healthy Kids, Healthy Communities round two selection process launched, the nation began to experience the full economic impact of the 2008 recession. For example, all levels of government and the nonprofit sector faced layoffs, elimination of programs, and much smaller capital budgets. The recession affected the community partnerships in many ways, including hiring delays and outright hiring freezes, loss of key collaborators, scaling back of ambitious plans with rigorous timelines, and more competition for diminishing funding from public, private, and philanthropic sources.

All of the Healthy Kids, Healthy Communities partnerships demonstrated their resourcefulness by intensifying their efforts to collaborate and by being even more intentional about how to frame and implement their work.

In many communities, challenges generated by the recession were further compounded by increasing resistance to the perception of government interference in personal or family matters, such as access to healthy foods, opportunities for physical activity, and obesity prevention. Such challenges required grantees to communicate about the co-benefits of their work, such as economic development, employment, and improvements in crime rates and safety. In many cases, broadening the lens attracted new partners to the table. While the program made great progress in making the case for healthy community investments and policy change, the debate over government vs. personal responsibility continues in communities and states—and on a national level.

Sustaining the Work

From the program’s inception, national program staff members focused on helping grantees think about how to sustain their work. In some cases, the focus was on securing grants or contracts to continue to fund coalition partners and/or leadership. In other cases, sites pursued opportunities to replicate and scale their work. All grantees worked to ensure that the policy, systems and environmental changes they were implementing had sufficient community buy-in to leave a legacy once grant funding had ended.

While the long-term health effects of Healthy Kids, Healthy Communities may not be measurable for a generation or more, this work continues to have an ongoing impact in funded communities.

For example, in Charleston, W.Va., a multidisciplinary group dedicated to reducing childhood obesity formed the KEYS 4 HealthyKids (KEYS) coalition in response to the original Healthy Kids, Healthy Communities Call for Proposals. Jamie Jeffrey, MD, a pediatrician and medical director for the childhood obesity clinic at Charleston Area Medical Center, leads KEYS, which is still firmly in place. Since the HKHC initiative
and RWJF funding ended, KEYS has secured support from multiple sources, including the United States Department of Agriculture and a regional foundation, to continue and expand KEYS’ work to make child-care centers healthier places. KEYS has two full-time staff members and several VISTA volunteers to implement policy, systems, and environmental strategies. Most recently, KEYS was awarded more than $300,000 to implement healthy child-care strategies statewide.

LESSONS

1. **Creating healthy communities requires collaborative, multidisciplinary partnerships and a long-term perspective.** Developing healthy communities is complex, comprehensive work that requires changing systems. Collaborative, multidisciplinary partnerships are best suited to this work. “This work can’t be done unless folks from multiple disciplines are working together,” said Wilkerson of the national program office.

   Most of the changes in the communities took at least three years. “Making policy and environmental changes really takes time,” added Kauh, seconded by National Program Director Strunk.

2. **Policy change is difficult, but it is the most promising way to generate lasting change in creating healthy communities.** The process for policy change is complex and slow. It includes analyzing choices, informing constituents, refining arguments for debates, training new advocates about the political process and their role, building relationships with decision makers and the media, and organizing coalitions.

   Implementation of new or revised policies can also be complex and prolonged, and public commitment can be fleeting. People charged with implementing a policy may resist the new direction and opponents may attempt to reverse or undermine the policy change.

   For the community partnerships in *Healthy Kids, Healthy Communities*, policy change required use of the right strategies and the persistence of dedicated partners, along with support from elected officials, government employees, community leaders, and residents.

   Despite the challenges, the emphasis on policy and environmental change has been “profoundly productive,” according to a report of the national program office, *Lessons for Leaders: Navigating the Process of Healthy Community Change* (2014). (This view was shared by national program director Strunk and the evaluators in the report, *Growing a Movement*.)
3. **Support policy implementation as well as policy change.** Many policy changes authorized during the program had not yet been implemented when *Healthy Kids, Healthy Communities* ended. “Changing and adopting new policies is just the first step. Organizations would likely need additional support to monitor those changes over time and see them come to fruition,” said Kauh. Communities might need technical assistance as well as funding for this.

4. **Engage the community to drive action and equity.** More engagement of community members, particularly low-income residents, helped the projects develop grassroots activism and grounded government staff and elected officials in the needs, assets, and perspectives of traditionally underrepresented neighborhoods.

   Engaging community members in decision-making about how to achieve change was “a very important part of the process of making policy and environmental changes happen,” said RWJF’s Kauh.

   *Effective community engagement involves considering “the inevitable tension that exists when diverse interests are present, arrangements are not fair, the status quo is embedded, and people are uncomfortable. For health equity efforts to yield true, lasting change, the community change itself may be less important than who drives the change agenda and in whose interest it is led.”*—from Lessons for Leaders: *Navigating the Process of Healthy Community Change. (This perspective also appears in Growing a Movement.)*

5. **Use a high-touch approach to help communities achieve more change faster.**

   Project officers at the national program office established strong, trusting relationships with the community partnerships, and offered lots of support and customized technical assistance and many opportunities for peer-to-peer learning.

   “The power of the high-touch approach should not be underestimated. That gave communities a person on the inside they could connect with and celebrate with and troubleshoot with. This helped to move the work along further and faster,” said RWJF’s Bussel.

6. **Improving access to healthy foods through corner stores has great potential to help people living in high-risk communities.** The *Healthy Kids, Healthy Communities* evaluation found that changes to corner stores had the highest impact on people living in high-risk communities.
Lessons for Leaders in Building Healthy Communities

*Lessons for Leaders: Navigating the Process of Healthy Community Change* (2014), identifies lessons and offers extensive guidance in four key areas (community capacity building, communication, community engagement, and advancing policy and systems change). A brief overview is provided here:

7. **It is important to recognize the community’s current level of capacity, to account for its various assets, and to build from there.** Key strategies are:
   - Identify and cultivate leadership
   - Improve the quality of relationships
   - Stay flexible and continuously adapt
   - Create structure(s) and multiple paths to what you value most
   - Use careful assessment to engage and build leadership
   - Share the money and opportunity

8. **Strategic communication supports the kind of strong and sustained intention and teamwork that is required for changing the status quo.** Key strategies are:
   - Communicate and connect with strategic intention
   - Highlight benefits that resonate broadly
   - (Re)set how issues are framed

9. **Engaging community stakeholders is essential to seeing challenges and opportunities more clearly and to addressing community interests more completely and effectively.** Key strategies are:
   - Engage stakeholders who bring diverse backgrounds and perspectives
   - Engage youth
   - Embrace creative tension
   - Be patient and shift power to achieve equity

10. **The emphasis on policy and environmental change has proven productive, but the process of implementing change is complex.** Key strategies are:
    - Address social and cultural factors along with the physical environment
    - Test, then invest
    - Continuously evaluate
— Sustain the policy effort through implementation and beyond
— Embrace complexity—think about strategy and systems

AFTERWARD

After Healthy Kids, Healthy Communities ended, 26 of the 49 community partnerships continued to operate. Even where partnerships disbanded, the communities had made lasting improvements and built the capacity needed to continue to do so.

A New Organization Comes into Being

In January 2014, Active Living By Design (ALBD) left the University of North Carolina at Chapel Hill and became a fiscally sponsored project of Third Sector New England, where it fulfilled its final responsibilities as the Healthy Kids, Healthy Communities national program office and began focusing on its own organizational growth and sustainability.

In mid-2015, ALBD continues to create community-led change by working with local, state, and national partners to build a culture of active living and healthy eating. Staff there has consulted and collaborated with more than 160 local coalitions in 30 states, dozens of national partners and a variety of philanthropic organizations. As of mid-May 2015, ALBD has secured nearly $5.5 million in grants, contracts and fee-for-service work through December 2017, including almost $3 million from RWJF.

ALBD is also doing some work that goes beyond healthy eating and active living to address other social determinants of health.

RWJF Invests $500 Million More to Help Children Grow up Healthy

In February 2015, RWJF committed $500 million over the next 10 years to expand efforts to ensure that all children in the United States—no matter who they are or where they live—can grow up at a healthy weight. This builds on the $500 commitment to reverse the upward trend in childhood obesity the Foundation made in 2007.

RWJF will intensify its focus on places and populations hardest hit by the childhood obesity epidemic. New work will advance strategies that help eliminate health disparities that contribute to higher obesity rates among children of color and children living in poverty across the United States. The Foundation is also expanding the focus on preventing obesity in early childhood and on engaging parents, youth, and health care providers to be active champions for healthier communities and schools.
Through its program, *Voices for Healthy Kids*, a joint initiative with the American Heart Association, RWJF continues to support work to change public policy, community environments, and industry practices to give all children opportunities to achieve a healthy weight.

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