RESULTS-BASED PUBLIC POLICY STRATEGIES FOR Preventing Childhood Obesity

FEBRUARY 2011

POLICY for RESULTS.org
The Center for the Study of Social Policy (CSSP) believes that policymaking should be based on achieving concrete results; and that using reliable data for learning and accountability leads to improved outcomes for all children and families.

Results-based public policy helps policymakers:

- Establish an aspiration that directs policy, budgeting and oversight on the desired result for children and families.
- Use results to drive decisions about policies, programs, practices and the investment of taxpayer dollars.
- Measure progress and assure accountability by using powerful and commonly understood data.
- Improve cost-effectiveness because smart policies that make a difference are essential to the nation's long-term economic and civic health; and leading with results is the best way to make hard spending decisions.

CSSP helps provide state policymakers with research-informed, results-based policy strategies to support child and family well-being in their states through PolicyForResult.org. This web-based tool provides guidance on maximizing federal resources and highlights state examples of effective policies and financing approaches; which is critical during tough economic times. This paper is intended to be a companion piece to the preventing childhood obesity section on PolicyForResults.org.

Stringent criteria were used to select the indicators and recommended strategies in this paper. For example, the indicators are limited to those for which 50-state data are available and those that research or practice indicates can be improved. All indicators and strategies were chosen in consultation with issue experts and based on specific research regarding their effectiveness. Levels of evidence were identified and used to guide the selection of strategies and recommendations.

We recognize that evidence exists in different forms. PolicyForResults.org relies on three levels of evidence:

- **Rigorous statistical evidence** refers to the most scientifically defensible evidence, which comes through statistical evaluations with control groups, randomly assigned participation, and/or tests of statistical significance. Research of this sort is usually not available, particularly in the fields related to children and family policy. In addition, it is important to exercise caution when interpreting and generalizing findings from this sort of research to entire populations. True random assignment is ethically prohibited in many cases and this limitation must be recognized when interpreting the findings of quasi-experimental studies.

- **Program evaluation and emerging evidence** refers to evidence that is derived from state studies, policy analysis, the evaluations of specific programs and research or extrapolations from related fields.

- **Practice-based evidence** refers to evidence that enjoys broad consensus from practitioners. Practice-based evidence of success and experience can provide compelling evidence, as can research, provide strong, but not conclusive, statistical evidence.
PREVENTING CHILDHOOD OBESITY

In the last four decades the rate of childhood obesity has grown significantly across all age groups; quadrupling for children ages 6 to 11. In fact, today 32 percent of American children and adolescents are obese or at risk of becoming obese. The alarming growth of childhood overweight and obesity is impacting all children; however, it is disproportionately impacting children of color (38.2 percent of Latino children and 35.9 percent of Black children ages 2 to 19 are overweight or obese, compared with 29.3 percent of white children). This paper includes information about root causes of childhood obesity, childhood obesity data for your state and helpful guidance for setting projection and targets.

State policymakers are uniquely positioned to serve the needs of both rural and urban communities in their efforts to promote health and reduce childhood overweight and obesity. A key element in implementing statewide childhood obesity prevention policies is to ensure that state efforts take into consideration, and further, local efforts taking place in communities and schools. Policies that improve access to healthy foods, support healthy community design, and require healthy school initiatives are all ways to make a significant impact on children’s’ health. By creating environments across communities and schools where physical activity and access to healthy foods are the norm, states will decrease both the health costs and financial burden that childhood obesity generates, creating healthier, more vibrant communities for children and families.

Root Causes of Childhood Obesity

Families are living in poverty: Obesity rates are generally the highest in communities with high levels of poverty and low levels of income. Low-income communities are often underserved by grocery stores and frequently have fewer places that are safe for children to play.

Children do not have access to safe places to play and do not have enough opportunities for physical activities: Most children do not get the required amount of physical activity. A lack of safe places to play outside, community infrastructures that do not support walking and biking as a means of transportation and the recent reduction and elimination of physical education in schools has led to increased levels of obesity in children.

2 Healthy States, Talking Points: Childhood Obesity Retrieved: 12/15/2010

The Facts

A collaborative report by the United Health Foundation, the American Public Health Association and Partnership for Prevention says that the United States is projected to spend $344 billion in obesity-related health care costs in 2018 if obesity levels continue to increase at their current rate.

According to the article, Medicaid: Health Promotion and Disease Prevention for School Readiness, poor health limits functioning and increases school absence, special education placement and diminished academic performance.
Children living in neighborhoods considered unsafe by their parents are more likely to be overweight than children who live in what their parents consider to be safe neighborhoods. Moving from a high poverty area to a low poverty area is associated with a 50 percent increase in the overall availability of outdoor places to play and engage in physical activity.

There are also significant race equity issues; communities with higher percentages of African American residents have fewer available parks and green spaces, places to play sports, public pools and beaches. Communities without safe places to engage in physical activity lead to less active children and higher rates of childhood obesity.

**Families do not have access to affordable fresh fruits and vegetables:** Living in communities without access to fresh foods limits the ability of parents to provide nutritious meals for their children, and this lack of access disproportionately affects minority and low-income families. In one study, fruit and vegetable consumption among African American families increased 32 percent for each additional supermarket in the local community. There are three times as many supermarkets in wealthy neighborhoods as in poor neighborhoods. Additionally, there are four times as many supermarkets in predominately white neighborhoods as in predominately African American neighborhoods.

**Children do not have healthy eating habits:** The 2007 Youth Risk Behavior Survey found that only 9.5 percent of students eat the recommended amount of fruits and vegetables. Healthy eating habits are impacted not only by choice but by access to healthy foods in a child’s community and school. Developing healthy eating behavior early leads to reduced childhood obesity rates and an increased likelihood that a child will grow into a healthy adult.

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Setting Priorities: Why is it Important That Children are Healthy and Prepared to Succeed in School?

Success in school and later life depends on establishing a positive foundation in early childhood, and environmental influences have a significant impact on young children. Stress associated with maternal deprivation, poverty, poor nutrition and child abuse can lead to lifelong behavior, learning and physical and mental health problems. By supporting young children and ensuring that they are healthy and prepared to succeed in school, policymakers help to provide the foundation needed for children to grow into thriving adults. Children who are healthy and successful academically, socially and emotionally have a greater chance of becoming economically productive and engaged citizens. In addition to the important benefit to children, making investments in the well-being of the next generation ultimately translates into savings for taxpayers.

What are the Key Elements of this Result?

Achieving health and developmental milestones. Optimal results start with planned, healthy births to individuals who are prepared for parenthood and continue with a child’s positive social and emotional development, safety, physical health and cognitive growth. Early physical and mental health is important to school readiness and success.

Supportive families. Stable, secure and nurturing relationships are a core component of healthy development. Parents who have effective parenting skills, are literate and have the capacity to provide for their children’s physical and emotional needs, combined with connections to supportive networks and services, are the foundation for healthy and prepared children. Teens that delay parenthood, and plan for parenthood as adults, are better able to achieve educational and financial goals that result in better outcomes for their children.

High-quality early care and education. Quality early care and education programs can enhance cognitive, emotional and social development, especially among low-income preschoolers. Participation in these programs helps prepare children for school and has a long-term positive impact on a child’s academic performance.

Effective early elementary education. Regular attendance and successful progression through school, school stability, positive classroom experiences and teachers who provide instructional and emotional support all contribute to early and continued school success.
USING DATA

How are your kids?

Using data enables policymakers to examine the data trends within their state and compare these trends with other states and national averages. Considering the data in context, by analyzing the root causes behind the data leads to considering data projections and setting targets for improvement.

Projections
In order to achieve measureable results, it is essential to examine the direction in which a trend is likely to move. Making projections allows policymakers to determine the current and future conditions and to set realistic and appropriate targets. When making these projections consider the following questions:

- What do trends suggest about the current outcomes for children, families and communities?

- What will childhood obesity rates look like in the near and distant future (for instance, after one year, three years and five years) if you continue on the current course?

- Does the projected trend suggest positive conditions for children, youth and families?

- If positive change is projected, is it significant? Is it enough?

- What is the impact on communities, public systems and state budgets?

Targets
Target-setting is an important step in achieving positive outcomes for children, youth, families and the community. In order to achieve better results, leaders can commit to setting a measurable target and a timeframe for its accomplishment. When establishing targets consider the following questions:

- Based on trend and projection data what is an achievable target?
- How will the target be used?
  - As an inspiration for mobilizing public will and action?
  - As a benchmark for measuring performance and accountability?
- Can targets be set for specific groups or regions within the state?
  - How will local targets be incorporated, if at all, into the state target?
  - What support can the state give to local entities to set and achieve targets?
- How will racial disparities, geographic differences and other variations be considered?
- What will ensure targets are appropriately set and used over time?
  - How can you prevent targets from being misused for punitive purposes or from leading to unintended consequences and poor practices?
**The Data**

**Rates of Childhood Obesity:** These data are the percentages of children ages 10 to 17 with a body mass index (BMI) determined to be overweight or obese. BMI is used to assess children and teens as underweight, overweight and at risk for becoming overweight. Data is from the Child and Adolescent Health Measurement Initiative, 2007 National Survey of Children's Health.

To learn more about the way that BMI is used to measure overweight and obesity in children and teens, visit the Center for Disease Control’s website dedicated to measuring a child’s height and weight.

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For information on trends & the impact of childhood obesity over time, the CDC’s National Center for Chronic Disease Prevention and Health Promotion created a series of maps charting obesity across the country. Visit: http://www.cdc.gov/HealthyYouth/obesity/obesity-youth.htm
STRATEGIES FOR PREVENTING CHILDHOOD OBESITY

What works?

Strategy # 1 - Promote policies that increase access to affordable, healthy foods

By supporting policies that provide incentives for grocery stores to locate in underserved communities and for small retailers to offer fresh fruits and vegetables, policymakers can address one of the most critical contributors to childhood obesity: the lack of access to healthy, nutritious and affordable food. Studies show that improved access to healthy food corresponds to healthier eating and lower rates of obesity and diabetes.\(^\text{10}\) In fact, people who live close to grocery stores are less likely to be overweight and obese.\(^\text{11}\) By increasing access to affordable, healthy food, policymakers can provide children and families with the opportunity to make healthy choices. Some of the strategies that can be used to increase access to healthy foods include:

- **Incentivize private groceries moving into underserved communities**, this leads to lower food costs and more nutritious choices, creates jobs and revitalizes neighborhoods. **Pennsylvania’s Fresh Food Financing Initiative** (FFFI), a public-private partnership, provides loans and grants to assist food retailers in building or refurbishing grocery stores in low-income communities. The effort has led to 4,860 full and part-time jobs, 1.5 million square feet of grocery retail space and the expansion of food access for more than 400,000 residents.\(^\text{12}\)

- **Provide tax credits to other retailers for offering fresh fruits and vegetables.** Corner stores and gas stations are sometimes the only retailers present in a community. By providing tax credits to those retailers that provide fresh fruits and vegetables, states enable access to healthy foods in a community while helping to offset the cost associated with carrying fresh foods. **The District of Columbia Healthy Corner Store Program**, supported by the D.C. Department of Health, aims to reduce food insecurity and improve D.C. residents' health by increasing access to fresh produce and other healthy foods in neighborhoods that do not have supermarkets. The program also supports corner grocery stores by

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expanding their capacity to sell healthy foods and thereby increase their profits by meeting the community’s unmet need.

- **Provide state funding for farmers markets.** By providing incentives to local farmers who create farmers markets in underserved communities, states can increase access to healthy foods while supporting local farms. Farmers markets have also been proven to increase revenue to the local businesses in the community where they are located. Arkansas provides funding to assist with the costs of construction and other expenses associated with farmers markets.

- **Support local food policies.** Supporting local food policy not only promotes access to healthy food for children and families but can also bolster the local economy. States across the country are beginning to rebuild the local food systems so that producers have the proper infrastructure to provide fresh food to their communities. Local food efforts can include the development of food policy councils that advance the availability of locally grown healthy foods, the financing of infrastructure development and the initiation of local food campaigns. Illinois passed the Illinois Food, Farms, and Jobs Act, which established the goal that by 2020, 20 percent of all of the food purchased by the state of Illinois will be produced within the state.

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**Strategy #2 - Support healthy school initiatives**

Supporting policies that require nutrition and physical education and improving the nutritional quality of foods served in schools not only helps to reduce obesity but also has been shown to improve academic achievement. Physically fit students are less likely to miss school, engage in risky behaviors, get pregnant or attempt suicide; the avoidance of these behaviors, in turn, leads to better academic outcomes. Children across the country spend their formative years in the country’s schools, and schools therefore remain a critical place for policymakers to implement childhood obesity prevention efforts. Some of the strategies that can be used to support healthy school initiatives include:

- **Increase school wellness standards.** Children all across the country spend a majority of their daytime hours in school. By setting nutrition standards for the food and drinks sold in schools, states are able to increase the nutritious foods being consumed by children. Evidence shows that there are developmental benefits to adequate nutrition, and that leads to more successful academic achievement. Studies also show that when healthy options are provided in schools, revenue for school food remains steady or increases. Louisiana’s **House Bill No. 1** sets nutrition standards for school meals and has a built-in accountability mechanism in the form of performance indicators for the School Food Nutrition Program.

- **Increase physical education** during the school day, which leads to healthier children and also to increased academic achievement. Policies establishing statewide standards for physical education that consider the recommended 60 minutes of activity a day, recommended by **The Physical Activity Guidelines for Americans**, will contribute to the health and academic success of children in school. Texas’ Senate Bill No. 1 provides grants for school physical education programs. Eligibility for the grants includes showing reduced childhood obesity and diabetes in schools with low-income students.

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• *Increase nutrition education* that is integrated into general subjects and that provides students with interactive opportunities to learn about nutrition. Such nutrition education, in combination with nutrition standards, community involvement and staff training, has been shown to reduce the incidence of overweight in children by 50 percent. In **Massachusetts** House Bill 4149 appropriates funds to incorporate obesity prevention programs and nutrition education into the school curricula.

• *Support farm to school initiatives* that connect schools with local farms in order to provide healthy school meals and create opportunities for agriculture, health and nutrition education, all while supporting local and regional farmers. The **Kentucky** Farm to School Program utilizes the Department of Defense and its distribution system to bring local farm goods into schools as part of the DoD Fresh program. Kentucky’s Farm to School is a collaboration of the USDA, the Kentucky Department of Agriculture, the University of Kentucky Extension, the Kentucky Department of Education and the US Department of Defense.

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Find out more about how the Washington State **Healthy Kids Act** eases state and school procurement restrictions to enable school districts and state entities to choose local foods.

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**Strategy #3 - Support healthy community design**

Policymakers can support community design initiatives that improve the health of children and families. Studies have found that children living in neighborhoods without parks and recreation centers are more likely to be overweight and obese.26 Having safe ways to walk to school, work and shop increases the physical activity in a community. The five state policy options that are most effective at encouraging physical activities, like biking and walking, are incorporating sidewalks and bike lanes into community design, providing funding for biking and walking in highway projects, establishing safe routes to school, fostering traffic-calming measures and creating incentives for mixed-use development.27 Supporting infrastructure change to allow and encourage physical activity is an opportunity for states to make short- and long-term investments that benefit the health of children and families. Some of the strategies that can support healthy community design include:

- **Implement Safe Routes to School initiatives (SRTS).** SRTS initiatives examine the conditions around schools, improve safety and accessibility and reduce traffic and air pollution. As a result, these programs help make bicycling and walking to school safer and more appealing, encouraging a healthy and active lifestyle for school-aged children.28 Louisiana’s [SRTS](http://www.saferoutesinfo.org/index.cfm) Advisory Board is involved in nearly every aspect of development and implementation. Board member appointments were designed to ensure expert representation for each of the five E’s – Engineering, Encouragement, Education, Enforcement and Evaluation.29

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• **Support transit-oriented development.** Mixed-use development within walking distance of public transportation is a key way to create livable and sustainable communities in which families are encouraged to walk, bike and take public transportation for their daily travel. 30 Traditionally designed communities that provide sidewalks, safe infrastructure and access to nearby destinations have been shown to increase physical activity. 31 In Utah, House Bill No. 179 authorizes the state to donate land to facilitate the development of commuter rail stations and the associated transit-oriented development. 32

• **Support Complete Street Policies.** By adding Complete Streets language to states’ comprehensive general plans, policymakers can develop safer streets that promote physical activity and thereby reduce obesity. Changing the signal time at crosswalks, for example, allows safer pedestrian crossing without additional costs. **Michigan requires** the Department of Transportation and local road agencies to develop and adopt Complete Street policies. **Wisconsin requires** the Department of Transportation to include bicycle and pedestrian accommodations in all new public construction projects. 33

• **Support state parks** and connect parents to the tools they need to access and explore them with their children. Enjoying state parks provides children with the opportunity to receive the recommended amount of exercise in an easy and fun way. **Maryland** and **Virginia** are partnering with the American Hiking Society and the National Park Trust to promote hiking trails and green spaces in both states and in the **District of Columbia**. 34

34 Maryland Department of Natural resources (2010) Explore your parks program. http://www.dnr.state.md.us/publiclands/.
Success Story: California

Since the 1990s, California has been a leader in childhood obesity prevention. The state’s efforts recognize that preventing childhood obesity requires greater access to healthy foods, healthy school initiatives, healthy community design and collaborating to create healthier communities.

Increasing Access to Healthy Food
The state’s Healthy Food Purchase program provides increased access to fruits and vegetables in low-income communities. The program makes available technical assistance and, in some cases, financing for small grocers to purchase, store and market fresh produce. It also encourages food stamp recipients to purchase fresh produce by coordinating the use of electronic benefit transfers (EBT) at small groceries. State legislation requires farmers markets to accept electronic benefit transfers (EBT), making fresh, local food more available to food stamp recipients. The Department of Social Services provides free EBT equipment to farmers markets on a voluntary basis.

California was one of the first states to create a Farm to School Program, which connects schools with local farms to serve healthy meals in school, provide opportunities for health, nutrition and agriculture education and supports local farmers. The state has several successful Farm to School Programs at the county and school district levels.

Promoting Healthy School Initiatives
The state Department of Education established a program that funds school districts and county offices of education to create instructional school gardens and to establish school garden salad bars or compost programs. In 2005, the state established nutrition standards beyond those federally required. Schools are prohibited from serving snacks with more than 35 percent of calories from fat, 10 percent of calories from saturated fat, 35 percent sugar by weight, and no more than 250 calories per item and entrees may not exceed 400 calories and 4 grams of fat per 100 calories. In 2007, the state prohibited schools from selling and serving foods containing trans fats. In 2008, this prohibition was expanded to include fried foods.

Soda has been banned from all school vending machines since 2007, and the state prohibits the sale of sugar-sweetened sports drinks in elementary, middle and high schools. Recent legislation established beverage nutrition standards for child care facilities. Since 2002, the California Wellness Task Force, a public/private partnership, has created and promoted programs and policies to increase access to healthy foods and physical activities in the state’s schools and workplaces. One of the Task Force’s many initiatives is a pilot School Health Report Card (SHRC), which allows schools to share health information about their student body with parents and other community members. If the pilot is successful, the SHRC template will be made available to all California schools by 2011.

Supporting Healthy Community Design
In 2008, the state passed Complete Streets legislation, requiring cities and counties to include complete streets policies as part of their general development plans.
The state’s Safe Routes to School program makes grants to local governments for bicycle and pedestrian safety and traffic calming projects. Similarly, the Safe Routes to Transit program funds improvements in bicycle and pedestrian access to public transit.

**Collaborating to Create Healthier Communities**

California’s Project LEAN, a partnership between the Department of Health Services and the Public Health Institute, works with state and local leaders in nutrition and physical activity to conduct programs for youth in communities throughout the state. The project also creates resources on topics such as school wellness, physical education, safe routes to schools and stakeholder engagement, as well as policy implementation guides.

The governor established the Health in All Policies Task Force, facilitated by the California Department of Public Health. The task-force coordinates with existing Strategic Growth Council working groups to identify priority programs, policies and strategies which improve the health of residents of California.

The Network for a Healthy California sponsored local and regional programs as part of a state-wide social marketing campaign in efforts to improve nutrition and increase physical activity among low-income parents and children. The campaign was evaluated by The California Nutrition Network for Healthy, Active Families.

The California Endowment is a private, California-wide health foundation focused on expanding access to affordable, quality health care for underserved individuals and communities and promoting fundamental improvements in the health status of all Californians. They have several initiatives aimed at reducing childhood obesity in the state.
IMPLEMENTATION, ACCOUNTABILITY AND FINANCING

How can you ensure and sustain success?

Implementation
Because of the variety in proven interventions, states and communities have leeway to find programs that suit local values, opportunities and budgets. The key is to select strategies that have documented effectiveness, assure that they are implemented well and recognize the critical importance of a strong commitment to continuous program improvement.

- **Match expectations with sufficient resources.** Be clear about the goals, purpose and target audience for specific programs. Provide sufficient resources to ensure fidelity to the evidence-based model or modify expectations to accommodate variances.

- **Identifying barriers.** Effective policy development requires the identification of factors that may impede effective implementation.

- **Make provisions for broad-based input.** When involvement will increase the likelihood that the needs of children and families are being met by the policy, engage community stakeholders (children and youth, parents, schools, providers, and local farmers and retailers) in implementation.

- **Support local capacity and communication.** Provide technical assistance, monitoring and oversight to local programs and agencies. Create opportunities for local-to-local communication, best practices sharing and local input on state policy decisions.

- **Support ongoing evaluation** and continuous program improvement.

In 2005, the **Utah** Department of Health published a report, *Health Status by Race and Ethnicity*. The Department produced *Moving Forward in 2010* as a review of the comprehensive health status of minorities in Utah using the 2005 data as the baseline and the 2010 report to track progress. In order to meet the needs identified in the report, Utah established the **Center for Multicultural Health**.

**Considering Racial Equity:**
Does this policy take into account differences in cultures and community norms? Will/Is this policy improving racial equity?
Accountability
Evaluation is essential for successful policy implementation and to ensure intended outcomes. Accountability requires determining whether programs are implemented correctly, the right programs and strategies are used, progress is measured appropriately and children and families are benefiting. This is established through both monitoring results (what we are trying to accomplish) and monitoring performance (how we tried to accomplish it).

- **Monitoring Results.** Through data, other information and consultation, it is possible to determine if the results we set out to achieve for children and families have been attained. By reexamining the selected indicators we can measure our progress toward the desired result.

- **Monitoring Performance.** Oversight requires policy-makers to determine if policy objectives have been achieved by focusing attention on the performance of specific programs or agencies. This involves reviewing individual programs and their impact on the lives of the people the program is designed to serve.

- **To determine if the strategies are contributing to better results and meeting performance standards.**

- **Assign responsibility for realistic outcomes.** Responsibility for outcomes should be designated based on the appropriate roles, resources and capacity of public and private stakeholders.

- **Establish oversight bodies** that consistently review key actions by state agencies.

- **Measure and report progress** to stakeholders and the community. Require public availability of data to allow administrators, policymakers and the public to measure the state’s progress on key outcomes.

The **Tennessee Department of Health** and Vanderbilt University collaborated to guide the **Tennessee Obesity Taskforce**. The Tennessee Obesity Taskforce is seeking to reduce the burden of obesity in Tennessee using systematic, comprehensive, multidisciplinary and evidence-based strategies. The taskforce works on strengthening partnerships and state-wide collaborations in order to meet their goals. Evaluation is a continuous and important component of their work. The Tennessee Department of Health is working with a professor at Vanderbilt University to assemble and lead a team to evaluate the wellness plan for Tennessee. The evaluation can be tracked on their website, **Eat Well, Play More Tennessee**, which also serves as the portal for the consumer focus panels that are key to the state’s evaluation.
Financing Options
In order to ensure that state policies are sustainable it is important to consider ways to both maximize federal resources and to utilize public-private partnerships. To that end, there are several opportunities to support state efforts to prevent childhood obesity. For example:

Maximize Federal Funds.
President Obama’s proposed Healthy Food Financing Initiative, a $400 million dollar effort led by the Departments of Health and Human Services, Treasury and Agriculture, will support both private sector investment and a public-private loan program to promote a range of interventions to expand access to nutritious food in “food deserts” across the country.”

The Urban Circulator and Bus Livability Program disburses approximately $300 million to fund projects improving public transportation options. For example, the Massachusetts Regional Bike Share System will locate more than 500 Bike Share stops near bus and rail stations to encourage the use of public transit. The system will create two million new bike trips a year.

Federal highway funding programs, including the Surface Transportation Program, Transportation Enhancements, the Congestion Mitigation and Air Quality Improvement Program and Safe Routes to School, all provide funding for infrastructure change to promote walking, biking and taking public transportation. A Wisconsin law requires the Department of Transportation to include bicycle and pedestrian accommodations in all new construction or reconstruction funded by state or federal dollars.

The Centers for Disease Control (CDC) funds states to develop and implement nutrition and physical activity initiatives. State Nutrition and Physical Activity Programs to Prevent Obesity and Related Chronic Diseases is a CDC project that funds states in the development and implementation of nutrition and physical activity initiatives, particularly through population-based strategies. Wisconsin is using the funds to implement the Wisconsin Nutrition and Physical Activity State Plan.

More Valuable Information
The Finance Project’s report, Financing Childhood Obesity Prevention Programs: Federal Funding Sources and Other Strategies, is a great resource about the funding available to support your state’s efforts to prevent childhood obesity.

Utilize Public-Private Partnerships

The Robert Wood Johnson Foundation funds projects to reverse childhood obesity nationwide. The National Council of State Legislatures, partnering with the Robert Wood Johnson Foundation, is providing policy assistance to Arizona, Louisiana, Mississippi, New Mexico, North Carolina, Oklahoma, South Carolina and Texas.

The Ruth Mott Foundation provides grants to both create more livable, vibrant communities and to support initiatives to improve children’s health. The Mott Foundation provides several grants to projects in Michigan in order to both increase health and enhance livability in communities.

The W.K. Kellogg Foundation provides grants to ensure that children are healthy and have access to high-quality food, physical activity, interaction with nature and health care.

The Aetna Foundation, provides grants to fight obesity in a number of states including: Arizona, Maryland, Texas, Pennsylvania and the District of Columbia.

**FINANCING PRINCIPLES: What Does It Take to Invest in Results?**

*While the above are specific financing options to prevent childhood obesity, there are some universal guidelines around funding that should be considered with any results-based public policy initiative.*

**A compelling vision.** Powerful visions – such as clear and compelling goals for improving children’s lives – are magnets for resources.

**Aligning financing with results.** The goal is to invest in policies, programs and practices that research and experience indicate will contribute to better results for children. Policymakers can act to ensure that desired results drive financing, instead of available funding driving policy and programs.

**Effective use of existing resources.** The number one financing priority is to use resources that you already have to pay for better results. Fiscally responsible approaches that are accountable to taxpayers focus on spending existing funds in more effective ways.

**Packaging financing.** No single financing approach will support the change required to achieve ambitious targets for improving children’s lives. The best results are accomplished with financing packages that draw from a wide array of resources, instead of getting stuck on a single funding stream or financing approach.

**Leveraging resources.** Even small amounts of money can be leveraged to have positive impact. For example, grants from foundations or the federal government can provide seed money for shifting investments.

**Local-state-federal-private financing partnerships.** Federal policies, funding streams and regulations have an enormous impact on the well-being of state residents. Likewise, communities are dramatically affected by both state and federal financing. While cost shifting across levels of government can have dire consequences, carefully crafted agreements developed in partnership can provide powerful incentives for change.