

The Woodrow Wilson School's Graduate Policy Workshop

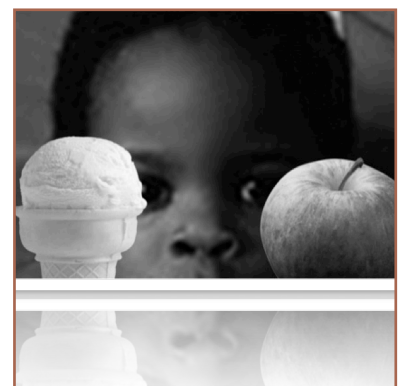
Tipping the Scales

Strategies for Changing How America's Children Eat

A Report to the Robert Wood Johnson Foundation

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LIST OF ABBREVIATIONS

BMI	Body Mass Index
CSA	Community Supported Agriculture
EBT	Electronic Benefit Transfer
FFFI	Fresh Food Financing Initiative
FMNP	Farmers Market Nutrition Program
FPC	Food Policy Council
HFFI	Healthy Food Financing Initiative
HOPE	Health for Oakland's People and Environment (HOPE) Collaborative
NOLA	New Orleans, Louisiana
NSLP	National School Lunch Program
OWG	OrganWise Guys
PHS	Pennsylvania Horticultural Society
RFP	Request for Proposals
RWJF	Robert Wood Johnson Foundation
SBP	School Breakfast Program
SLI	School Lunch Initiative
SNAP	Supplemental Nutrition Assistance Program
USDA	U.S. Department of Agriculture
WIC	Women, Infants and Children

EXECUTIVE SUMMARY

The steady increase in childhood obesity in the United States over the last three decades has received considerable attention both in policy and research circles—and for good reason. According to a recent study published in the *Journal of the American Medical Association*, one-third of America’s children are now overweight or obese; and as a result, today’s children are likely to have a shorter life expectancy than the preceding generation’s children. Alarming, this appears to be a continuing trend.

In response to this epidemic, the Robert Wood Johnson Foundation (RWJF) and other actors have developed and advocated for a number of policy initiatives, and have increased funding and research of this public health crisis. On February 9th, 2010, the First Lady’s office launched the *Let’s Move!* campaign, which aims to support communities, faith-based groups and schools in tackling childhood obesity. Less than a year later, in December 2010, President Obama signed the Healthy, Hunger-Free Kids Act, an important nutrition bill designed to help reduce childhood obesity through expanded influence in designing standards for food sold in school vending machines and cafeterias. Notwithstanding these recent federal efforts, the current initiatives to fight childhood obesity across the United States vary enormously. Some examples include the Farm to School programs, fitness testing in schools, Fresh Food Financing, community and school gardening, nutrition education, and health zoning. Recognizing the diversity of these initiatives, this report largely focuses on strategies that influence how children eat, including urban food systems and nutrition based interventions.

Several of these programs and interventions have had a measure of success. However, it is also evident that childhood obesity is a multi-

faceted problem that cannot be addressed using a single strategy. For instance, there is evidence that increasing access to fresh foods in so-called “food deserts” may not be sufficient if there are also large numbers of unhealthy competing options from which to choose. Similarly, policies that aim to improve school lunches are likely to be more effective if access to competitive foods and à la carte items is restricted. In short, the complexity of the issue requires a comprehensive examination of the food environment as a whole.

Following the mandate formulated in conjunction with RWJF’s Childhood Obesity program, this report aims to identify ways to support, strengthen, and scale those strategies which can “move the dial” on reversing childhood obesity in the United States. This report pays particular attention to increasing and improving choice of—and access to—fresh and healthy foods both in schools and urban communities. This report also identifies concrete ways to build upon, and enhance strategies that already form a part of RWJF’s overall approach to addressing childhood obesity. Each of the three proposed strategy enhancements constitutes a section of this report. In each of these sections, the challenges within the current landscape are described, and opportunities for RWJF to strengthen and enhance the existing strategy are outlined in detail. A brief overview of these strategy enhancements is provided below:

1) Increase access to, and choice of, high-quality and affordable healthy foods.

In order to strengthen this strategy, the following axes of intervention are proposed:

- 1.1 Increasing community knowledge about healthy eating options through:

- Nutrition and cooking education programs
- Guided tours of retail food markets and other sources of healthy and affordable foods

1.2 Moving beyond supermarkets to increase alternative venues for access, such as farm stands and mobile “fresh food” trucks

1.3 Refocusing on childhood obesity through positive marketing, heuristic health labeling, and promotion in grocery stores and other venues

2) **Use schools as a lever to build a better baseline for student diet and preferences, and help translate nutrition education beyond school walls through parent and community partnerships.**

More specifically, the following axes are proposed:

2.1 Building capacity within districts and schools through:

- Training and technical assistance for food service directors
- Funding for school meals, transition costs, and capital intensive projects

2.2 Connecting schools to families, communities and local governments through:

- “Ready-to-operate” nutrition education programs
- Technical assistance and better coordination for groups advocating legislation

3) **Dedicate resources towards capacity building and regional collaborations that are required to build a cohesive movement around fresh, healthy food in urban America.**

More specifically, the following approaches are proposed:

3.1 Using key regional organizations to provide capacity building programs for new and innovative organizations.

- Focusing specifically on leadership development and technical assistance around long-term strategic and financial planning

3.2 Encouraging collaboration and collective action through:

- Promoting the direct and indirect support of Food Policy Councils (FPCs) as vehicles to foster regional partnerships around increasing access to healthy and affordable food, and changing consumer preferences
- Developing diverse advocacy coalitions to advance specific policy interventions that are beyond the capabilities of FPCs

In sum, this report highlights the need for better coordination at all levels of community organizing, land-use planning and policy-making. Clearly, reducing or eliminating childhood obesity will require individuals to change themselves and to change the food environment in which they find themselves - which they cannot do alone.

SECTION I:

Childhood Obesity and Food: Situating the Issues

The Childhood Obesity Epidemic

The United States is facing a crisis with increasing childhood obesity rates. One-third of America's 55 million school-age children are overweight or obese.¹ Even more alarming, 17 percent of all school-age children, or more than 9.3 million kids have a Body Mass Index (BMI) at or above the 95th percentile for children of the same age and sex.² This figure represents a threefold increase in obesity among children since 1980.

More generally, obesity is estimated to cause 112,000 deaths per year in the United States among all age-groups, and contributes to other epidemic illnesses such as diabetes and cardiovascular complications.³ In addition, the economic costs of obesity are startling: health associated childhood obesity costs are upwards of \$14.1 billion per year across all income groups.⁴ Obese children are also more likely to become obese adults; and adult obesity currently costs the United States medical system \$147 billion per year.⁵

Without question, the childhood obesity epidemic is an issue of national importance, and one that will likely have lasting and devastating consequences on the country and the well-being of millions of Americans.

1 U.S. Department of Education Institute of Education Sciences, *Calories In, Calories Out: Food and Exercise in Public Elementary Schools, 2005* (Washington, DC: DOE, 2005), <http://nces.ed.gov/pubsl2006/nutrition/01.asp>.

2 Cynthia L. Ogden et al., "Prevalence of High Body Mass Index in US Children and Adolescents, 2007-2008." *Journal of the American Medical Association* 303, no. 3 (2010): 242-249.

3 Let's Move Campaign, *Solving the Problem of Childhood Obesity Within A Generation: Report to the President*. (Washington DC: White House Task Force on Childhood Obesity, 2010).

4 Joy Moses and Amara M. Foster, "Fighting Fat at 15: What the Federal Government Can Do to Combat Childhood Obesity" Center for American Progress, http://www.americanprogress.org/issues/2010/09/fighting_fat.html.

5 Ibid.

Childhood Obesity and Food

A variety of strategies have been employed to combat childhood obesity in recent years: from the elimination of competitive foods in school cafeterias, to fresh food financing initiatives in lower-income communities, to a number of other community-based programs designed to increase access and change eating behavior. There has been a plethora of largely uncoordinated actions and programs in different "food settings" across communities in America.

It is becoming clear that no one strategy can succeed alone. Indeed, food policy actors agree that the problem of childhood obesity can be—and should be—thought of as systemic. Academic studies and field reports support the view that any program addressing childhood obesity must account for the family, neighborhood, and school contexts as well as important psychological and physical fitness elements.

This is precisely the approach underlying the First Lady's *Let's Move!* campaign. The campaign aims to "solve the challenge of childhood obesity within a generation" so that children born today will reach adulthood at a healthy weight.⁶ The program proposes "simple tools to help kids be more active, eat better, and get healthy" within their own communities.⁷ While *Let's Move!* is a federal initiative, its implementation rests with local governments, communities, schools, families, and individuals.

Likewise, the Robert Wood Johnson Foundation's funding strategy around childhood obesity aims to improve nutrition and increase physical activity

6 The Let's Move! Campaign, <http://www.letsmove.gov/about.php>.

7 Ibid.

through changing policies at the local, state and federal levels, and through modifying the physical and food environments themselves. In this program area, the foundation has identified six policy priorities as part of its strategy:

- 1) Ensure that all foods and beverages served and sold in schools meet or exceed the most recent Dietary Guidelines for Americans.
- 2) Increase access to high-quality, affordable foods through new or improved grocery stores and healthier corner stores and bodegas.
- 3) Increase the time, intensity and duration of physical activity during the school day and out-of-school programs.
- 4) Increase physical activity by improving the built environment in communities.
- 5) Use pricing strategies—both incentives and disincentives—to promote the purchase of healthier foods.
- 6) Reduce youth exposure to unhealthy food marketing through regulation, policy and effective industry self-regulation.

The *Let's Move!* campaign and RWJF's strategy to combat childhood obesity have great potential. However, the success of these national efforts will ultimately depend on the ability and capacity of organizations on the frontline: schools, local governments, community and faith-based groups, to build on each other's work with coordinated interventions, programs and policies. The approaches and interventions from these campaigns will only be as effective as those organizations and actors on the ground who implement them.

Given the complexity of the issue, and the variegated nature of the strategies currently used, there is a need to 1) hone in on those strategies which are most promising from the perspective of funding organizations such as RWJF and 2) identify what makes them work so they can be strengthened, scaled up, and replicated.

Following the mandate from RWJF, fieldwork for this report focused on those initiatives or programs related to food access and/or food choice in urban communities which could fit under priorities #1, #2, #5 and #6. This report is divided in two main sections. Here, in the first section, the problem of childhood obesity is situated in the contemporary food landscape. This section also includes a summary of important facts and trends, and an overview of strategies and programs currently in place. The second section focuses on two of the foundation's existing approaches for reducing childhood obesity, and identifies concrete opportunities to strengthen and scale up these strategies. Section two also proposes a new strategy to foster better regional integration of policies and programs.

Facts and Trends

Despite the reality that childhood obesity as a medical condition is well researched, there is still debate as to the proximate and ultimate causes of the problem. Researchers and practitioners agree that there is no simple causal mechanism or mechanisms leading to childhood obesity. Rather, the etiology of obesity seems to vary according to contexts and populations. Below are a few of the trends in childhood obesity as experienced in communities across the United States. These trends also inform the strategies proposed in the next section of the report.

Access to Fresh and Healthy Foods

- The consumption of fresh foods is likely to be impacted by food prices, and the price of fresh produce is increasing faster than that of other foods. Average absolute prices for fresh fruits and vegetables rose between five and six percent from 1987 to 2007, while prices for sugars, sweets, fats, and oils rose between two and three percent during the same period.⁸
- Access to fresh and healthy foods is a real problem in a large number of urban and rural communities across the country. Studies show that more than 23.5 million people in low-income communities in the United States live more than one mile from a supermarket.⁹
- Food access matters for reducing obesity. Individuals living in a food desert¹⁰ are 25 to 46 percent less likely to have a healthy diet than those with a supermarket near their homes, even when controlling for demographic and socioeconomic factors.¹¹ The communities without access to a supermarket also have the highest rates of obesity.¹² The causal mechanism(s) are

more complex than these figures may suggest, but there is no doubt that access is a critical variable.

- There is a difference between potential access and realized access. According to a USDA report released in 2009, people in low-income neighborhoods do not necessarily shop at those grocery stores located nearest to where they live.¹³
- Increased consumption of fruit and vegetables and other healthy food items by itself does not necessarily result in lower BMI and decreased obesity.¹⁴ This suggests that one must pay attention to all foods consumed, in addition to other life habits.
- There is evidence that proximity to sources of fresh foods is not the only factor at play. Despite a significant increase in the number of farmers' markets that accept Supplemental Nutrition Assistance Program (SNAP) dollars since 1993, SNAP participants spent fewer food dollars in farmers' markets in 2009 than they did in 1993.¹⁵ The main reason cited for this mismatch between availability and popularity is the inconvenience of shopping in farmers' markets and the perception that produce at these markets is more expensive.
- In light of these trends, scholar Donald Rose and his colleagues have argued that the expression "food desert" may

8 Urban Design Lab: The Earth Institute at Columbia University and Collaborative Initiatives at MIT: Massachusetts Institute of Technology, "Food and Health: Using the Food System to Challenge Childhood Obesity--Final Report on the Curbing Childhood Obesity Project, Phases I and II," <http://collaborativeinitiatives.org/pdf/ObesityFoodHealth.pdf>.

9 United States Department of Agriculture, *Access to Affordable and Nutritious Food: Measuring and Understanding Food Deserts and Their Consequences*, (Washington, DC: USDA, 2009).

10 Broadly defined, a "food desert" is a district or an urban area with little or no access to foods needed to maintain a healthy diet (e.g., lack of access to affordable and fresh fruits and vegetables).

11 Latetia V. Moore et al., "Associations of the Local Food Environment with Diet Quality--A Comparison of Assessments based on Surveys and Geographic Information Systems," *American Journal of Epidemiology* 167 (2008): 917-924.

12 Sarah Treuhaft, and Allison Karpyn, "The Grocery Gap: Who Has Access to Healthy Food and Why It Matters," PolicyLink, <http://www.policylink.org/site/c.lkIXLbMNJrE/>

b.5860321/k.A5BD/The_Grocery_Gap.htm.

13 USDA, *Access to Affordable and Nutritious Food*.

14 Ibid.

15 Suzanne Briggs et al., "Real Food, Real Choice: Connecting SNAP Recipients with Farmers Markets," Community Food Security Coalition, http://www.foodsecurity.org/pub/RealFoodRealChoice_SNAP_FarmersMarkets.pdf.

not be the most useful way to describe neighborhoods where obesity prevalence is high.¹⁶ It may be more appropriate to use the expression “food swamp,” which suggests that access to fresh foods is not the only thing that matters. In fact, as the data suggest, the convenience of shopping at gas stations, convenience stores and liquor stores, and the availability of other unhealthy foods may play an even bigger role than access to fresh foods in predicting obesity (See Figure 1).

Schools

- Every day, 31.5 million children—approximately 60 percent of the country’s school-age population—are served through the National School Lunch Program (NSLP). The School Breakfast Program (SBP) serves 11 million children, or 40 percent of the school-age population. Each year, a total of 5.5 billion lunches and nearly 2 billion breakfasts are served in schools across the country.¹⁷

16 Donald Rose et al., “The Importance of Multi-Dimensional Approach for Studying the Links between Food Access and Consumption,” *The Journal of Nutrition* (2010): 1170-1174.

17 Center for Ecoliteracy, *Rethinking School Lunch* (Berkeley, CA: Learning in the Real World, 2010). <http://www.ecoliteracy.org/downloads/rethinking-school-lunch-guide>.

Food Retail Options Surrounding Coan Middle School, Atlanta, GA

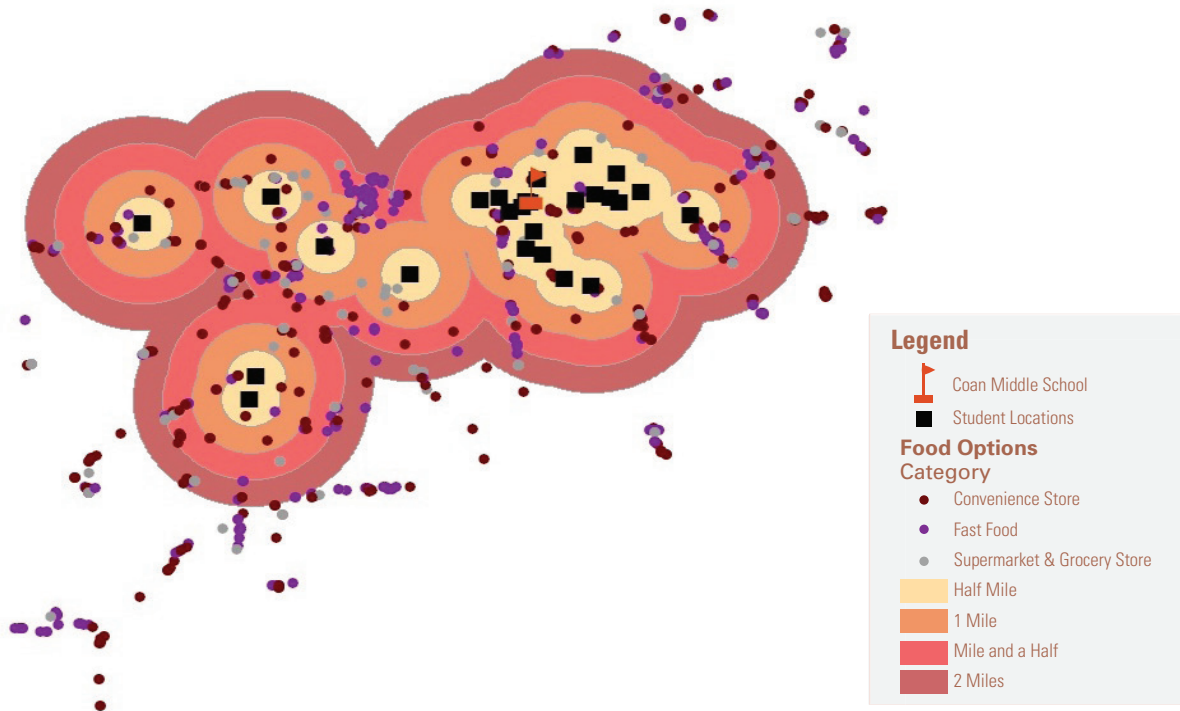


Figure 1. The above map illustrates the complexity of measuring access. It shows the residential locations of students at Coan Middle School in Atlanta, as well as the main food options available to them (grocery stores, convenience stores and fast food outlets). Although the vast majority of students live within a mile of a grocery store, the combined number of convenience stores and fast food outlets far outnumber the total number of grocery stores.

Class and Race

- In any discussion about school meals and childhood obesity, the issue of class cannot be ignored. Across the country, 59 percent of NSLP lunches were served to children from low-income families.¹⁸ In particular, school districts in urban areas often bear the responsibility for feeding large numbers of children from families living in poverty. The 100 largest districts in the United States serve 40 percent of the nation's minority schoolchildren, and a disproportionate share of low-income students.¹⁹
- Race is also an important consideration in any discussion of childhood obesity. Data for the 2007-08 school year show that nearly one-third of black female children and more than one-fourth of Mexican-American male children are obese. The only group of adolescents that did not have obesity rates in excess of 15 percent was non-Hispanic white females.²⁰ Besides being overrepresented in obesity rates, black and Hispanic students are also likely to be overrepresented in school meal participation. Compared to the entire student population nationally, whites and Asians were less likely to participate in the NSLP.²¹

18 Nancy Cole and Mary Fox, "Diet Quality of American School-Age Children by School Lunch Participation Status: Data from the National Health and Nutrition Examination Survey." FNS, U.S. Department of Agriculture. <http://www.fns.usda.gov/ora/menu/published/cnp/files/nhanes-nsnp.pdf>.

19 Janet Poppendieck, *Free For All: Fixing School Food in America* (Berkeley, CA: University of California Press, 2010).

20 Ibid. 2, Odgen et al.

21 Constance Newman and Katherine Ralston, "Profiles of Participants in the National School Lunch Program: Data From Two National Surveys," Economic Research Service, U.S. Department of Agriculture, <http://www.ers.usda.gov/publications/eib17/eib17.pdf>.



Figure 2: A Detroit party store sign displaying services highlighting acceptance of SNAP benefits.

- Evidence suggests that certain groups are more affected than others by curtailed access to fresh and healthy foods. Majority white zip codes have twice as many grocery stores as majority black zip codes and three times as many as predominantly Latino areas.²² For instance, 70 percent of food stamp retailers in Detroit are classified as "party stores" (local liquor stores), convenience stores and gas stations.²³
- There are also significant and important regional disparities in obesity rates. These are likely correlated with factors of race and class. For example, a study conducted by the Trust for America's Health, with support from RWJF, found that "10 out of the 11 states with the highest rates of obesity were in the South—with Mississippi weighing in with highest rates for all adults (33.8 percent) for the sixth year in a row."²⁴

22 Marion Standish and Judith Bell, "Building Healthy Communities Through Equitable Food Access," *Community Development Investment Review* 5 (2009): 75-87.

23 Mari Gallagher, "Examining the Impact of Food Deserts on Public Health in Detroit," Mari Gallagher Research & Consulting Group, http://www.marigallagher.com/site_media/dynamic/project_files/1_DetroitFoodDesertReport_Full.pdf.

24 Jeffrey Levi et al., "F as in Fat: How Obesity Threatens America's Future, 2010," Trust for America's Health, <http://healthyamericans.org/reports/obesity2010/Obesity2010Report>.



Figure 3: Inside the Detroit party store. No fresh produce is available.

Incentive and Nutrition Education Programs

- Despite the obstacles described above, incentive and education programs to increase the consumption of fresh foods seem to have some success: Wholesome Wave, a private foundation underwriting many of SNAP matching programs at farmers markets around the country, found that SNAP redemption rates increased anywhere from 300 to 600 percent in markets that have implemented incentive programs.²⁵ Wholesome Wave found this even though SNAP participants still only represent a fraction of all sales at farmers' markets across the U.S.
- Research on the Women, Infants and Children (WIC) program suggests that a healthy food subsidy coupled with nutrition education can change eating habits and lead to a sustained increase in fruit and vegetable intake.²⁶

- Some evidence also suggests that providing nutrition education to children can change their preferences and eating habits.
- The School Lunch Initiative (SLI) in Berkeley, California, integrates cooking and gardening education into the academic curriculum in elementary and middle schools while simultaneously revamping school meals and the dining environment. According to the Chez Panisse Foundation, SLI has been effective in increasing student nutrition knowledge, as well as changing preference for and consumption of healthy foods.²⁷

Advertising Aimed at Children

- RWJF has been a leader in revealing the extent of unhealthy food marketing directed towards children. Importantly, this marketing is disproportionately reaching low income kids and kids of color. A 2007 study found that low-income children, as well as children belonging to racial minority groups, are more likely to be exposed to junk food marketing than other children.²⁸

Other Important Factors

This report focuses specifically on programs and policies aimed at increasing access to—and choice of—fresh and healthy foods. It therefore does not directly address issues related to fitness, psychosocial context, cultural sensitivity and funding structure, all of which are also integral

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²⁵ Moore et al., "Associations of the Local Food Environment with Diet Quality."

²⁶ DR Herman et al., "Effect of a Target Subsidy on Intake of Fruits and Vegetables Among Low-Income Women in the Special Supplemental Nutrition Program for Women, Infants, and children," *American Journal of Public Health* 98 (2008): 98-105.

²⁷ Chez Panisse Foundation, personal e-mail communication.

²⁸ Juliet B. Schor and Margaret Ford, "From Tastes Great to Cool: Children's Food Marketing and the Rise of the Symbolic," *Journal of Law, Medicine & Ethics* 35 (2007): 10-21.

to curbing the childhood obesity epidemic in the United States. They are, however, important policy elements to consider in formulating an overall strategy to combat childhood obesity. These other important factors are briefly addressed below.

Fitness

- Fewer children engage in regular physical activity than a generation ago. According to scholar Howard Frumkin and his colleagues, 61.5 percent of American children participate in no “organized physical activity” outside of school, while 22.6 percent engage in no “free-time physical activity” of any sort.²⁹
- The average American child spends more than 7.5 hours a day watching television and movies, using cell phones and computers, and playing video games.³⁰
- The neighborhood context matters. BMIs are lower in areas with higher population densities, more mixed land uses, more commercial space, and more access to transit (when controlling for individual characteristics). Considering it alone, walkability itself is not a strong predictor of obesity in disadvantaged areas. The propensity to walk is not simply a function of the urban form; it also depends on other factors, including perceptions of safety.³¹

29 Howard Frumkin, Lawrence Frank, and Richard Jackson, *Urban Sprawl and Public Health: Designing, Planning, and Building for Healthy Communities* (Washington, DC: Island Press, 2004).

30 The *Let's Move!* Campaign, “Learn the Facts: The Epidemic of Childhood Epidemic,” <http://www.letsmove.gov/learnthefacts.php>.

31 Gina Lovesi et al., “Exploring the Inner-City Paradox: Poverty, Neighborhood Walkability, and Obesity,” Built Environment & Health Project, Columbia University, Presentation at the 2008 Active Living Research Annual Conference.



Figure 4. The chalkboard in the kitchen at Samuel Green Charter School, home to Edible Schoolyard New Orleans. The youngest students learn the alphabet through food.

Psychosocial Context

- A recent study of obesity by McKinsey & Company found that parents who are overweight or obese often teach incorrect eating patterns and other habits to their children, making it difficult for those children to control their own weight later in life.³² It is telling that childhood obesity clinics, such as the Obesity Clinic at the *Hospital for Sick Children* (SickKids) in Toronto and the Healthy Weight Program at the *Children's Hospital of Philadelphia*, usually involve parents from the start of treatment. Treating obesity requires changing not just the individual, but also the home and school environment.

32 Jeffrey Algazy et al., “Why Governments Must Lead the Fight Against Obesity,” *McKinsey Quarterly* 4 (2010).

Cultural Sensitivity

- There has been a concerted attempt to ban certain unhealthy foods from school cafeterias across the country. However, certain cultures may have “traditional” foods that fall into this category. Conversely, introducing “healthy” foods that are associated with poverty may not be culturally appropriate.³³ Finally, as definitions of what constitutes “culturally appropriate food” vary, there will likely be disagreement in a given school or community setting as to what is and is not appropriate.

Matrix of Current Strategies and Approaches

The Food Policy Matrix found on page 11, serves to identify the scope of the different strategies, interventions and programs that were encountered in reviewing current literature and during field visits. These elements varied significantly in scale, impact and deployment. Three major axes of intervention were identified, namely: 1) increasing healthy options, 2) changing preferences and 3) restricting unhealthy options. Under each strategy, three local settings or arenas were identified: 1) grocery and food stores, which are privately owned and operated, 2) public schools and 3) the community at large, including community gardens, nutrition education programs for children and adults, mobile “good food” trucks, farm stands, farmers’ markets, etc.

The matrix is meant to be used as a tool for understanding the scope and range of initiatives and programs currently on the ground in various contexts across the United States. It can be used as a way to identify gaps in current programs, and to identify areas where there might be overlapping interventions or redundancy in organizational mandates.

The strategies identified in the matrix are not intended to be implemented in isolation, and the matrix is not meant to be a list of best practices. Rather, the matrix reflects the range of approaches currently employed across the United States.

Note that the following section focuses on those axes of intervention and food settings that are connected to RWJF’s six policy priorities regarding the reduction of

Food Access and Food Choice: Current Initiatives

Methodology

This report draws on an extensive literature review of issues pertaining to food policy, food access, child nutrition, urban agriculture and neighborhood design. It is also based on field notes and data collected from more than 50 meetings with a broad range of actors, including food activists, community organizers, school managers, program managers, urban planners, city council members, state and local health officials, and other government employees across the country. Students visited the following locations to conduct interviews and gather data: Washington, DC; Atlanta, GA; New Orleans, LA; Jackson, MS; Berkeley, CA; Oakland, CA; Portland, OR; Seattle, WA; Detroit, MI; Philadelphia, PA; New York, NY; Montreal, Canada; Toronto, Canada; and London, UK.

33 Tony Yarber, Principal of Marshall Elementary and Councilman for Jackson, MS, personal e-mail communication.

childhood obesity - and therefore addresses only some of the policy areas identified in the matrix. However, the matrix can serve to situate RWJF's current funding strategy within the broader policy context of strategies aimed at changing the way children eat.

Table 1: Food Policy Matrix: Strategies to Change How Children Eat

		AXES OF INTERVENTION		
		Increasing healthy options	Changing preferences	Restricting unhealthy options
FOOD SETTINGS	Grocery/corner stores	<ul style="list-style-type: none"> • Support healthy food financing initiatives • Offer products that students are learning about in schools • Offer technical assistance to corner stores to change product offerings 	<ul style="list-style-type: none"> • Redesign grocery stores and corner stores using behavioral economics • Implement heuristic health labeling • Create links to nutrition education in schools (e.g. labels on foods) • Incentivize purchases of healthy foods using SNAP, WIC, FNMP • Use pricing strategies that change real or perceived cost of healthy food (e.g. \$1 bag of grapes vs. \$5/lb) • Institute a soda tax 	<ul style="list-style-type: none"> • Promote corner store accountability through community organizing • Restrict use of SNAP at liquor stores and other stores that do not stock produce
	Community (community gardens, soup kitchens, restaurants, farmers markets, farm stands, mobile trucks/ food delivery)	<ul style="list-style-type: none"> • Dispatch a fleet of mobile “fresh food” trucks • Develop a food delivery program (Meals on Wheels) • Increase the number of—and access to—farmers’ markets and produce stands • Implement EBT access in farmers’ markets • Offer affordable produce boxes (through a Community Supported Agriculture program, or by other means) • Encourage co-op buying • Develop community gardens 	<ul style="list-style-type: none"> • Indicate calories and/or nutrition information on restaurant menus • Promote cooking and nutrition education (e.g. chef mentors in churches, grocery store tours, cooking demonstrations in community centers, etc.) • Use community gardening as an educational tool 	<ul style="list-style-type: none"> • Institute a Happy Meal ban (to reduce incentives for children to order a Happy Meal at McDonald’s) • Support a salt/trans fat ban • Implement restrictive zoning to limit the number of fast food outlets in proximity to schools and other sensitive locations
	Schools	<ul style="list-style-type: none"> • Pass legislation that requires healthier options for school meal menus • Add healthy options to vending machines • Expand Farm to School programs and provide subsidies to schools for using local products • Form co-ops across districts to increase economies of scale • Launch and/or support summer and dinner feeding programs 	<ul style="list-style-type: none"> • Redesign school cafeterias using behavioral economics • Use school gardens where possible to increase exposure to a variety of foods • Integrate nutrition and cooking education into school curricula 	<ul style="list-style-type: none"> • Limit “à la carte” items to students who purchase school lunch • Eliminate competitive junk food (open vs. closed campus) • Limit hours of operation on vending machines • Eliminate soda and junk food from vending machines • Restrict calories in school lunches • Integrate restrictions in food service contracts

SECTION II

Enhancements to RWJF Strategies

Section two focuses on the Robert Wood Johnson Foundation's existing approaches for reducing childhood obesity. It is further divided into three subsections: 1) Refocusing Food Access Programs, 2) Schools as a Lever for Reducing Childhood Obesity, and 3) Building Capacity for Emerging Organizations and Strengthening Regional Collaborations. The first two subsections identify concrete opportunities to strengthen and scale up RWJF's strategies. The final subsection presents an overall framework for consideration across all of RWJF's Childhood Obesity programs' approaches. Each subsection also includes case study examples from field visits to illustrate best practices, specific opportunities, or key gaps in the field.

Strategy Enhancement 1: *Refocusing Food Access Programs*

I. Introduction of the Strategy

Pennsylvania's Fresh Food Financing Initiative (FFFI) encourages the entry of supermarkets and other fresh food retailers into low-income areas where they would otherwise not enter the market. In its relatively short existence, the initiative has already been one of the most successful examples of increasing access to fresh foods in communities. First championed by Philadelphia's State Representative Dwight Evans, The Food Trust, and The Reinvestment Fund, FFFI today has leveraged \$30 million in state seed money with private investment. The resulting \$190 million has brought 83 new or improved stores into underserved communities, serving more than 400,000 residents, and creating or retaining

over 5,000 jobs.³⁴ In addition to tax revenue and other economic gains stimulated in the local community, Pennsylvania's FFFI set the ambitious goal to eliminate food deserts within seven years.³⁵ Pennsylvania's success with this model has spurred a national movement of replication. In fact, the Obama Administration has proposed a federal program based on this model known as the Healthy Food Financing Initiative (HFFI).

The Robert Wood Johnson Foundation is strongly committed to a multidimensional strategy to reverse the trend of childhood obesity by funding efforts "at the local, state, and federal level to change public policies and community environments in ways that promote improved nutrition and increased physical activity."³⁶ RWJF has focused its efforts on increasing access to high-quality, affordable foods through new or improved venues, as well as reducing youth exposure to unhealthy food marketing through regulation and policy. In particular, RWJF supports the creation of the federal HFFI as a primary way to fund the expansion of the Pennsylvania FFFI model to communities across the United States. While an explicit link between healthy food financing initiatives and an anti-obesity marketing strategy currently does not exist, a comprehensive approach may be necessary moving forward.

II. Why an Access-Only Approach May Be Insufficient

There is little doubt that FFFI and similar initiatives have indeed increased access to food, but to what extent this ultimately affects

34 The Reinvestment Fund, "A Healthy Food Financing Initiative: Frequently Asked Questions," http://www.trfund.com/financing/realestate/FAQ_2_19_10.pdf.

35 Ibid. 22, Standish & Bell

36 RWJF, "Childhood Obesity," <http://www.rwjf.org/program-areas/ChildhoodObesityFramingDoc.pdf>.

childhood obesity still remains unclear. Research directly linking increased food access to health outcomes is limited and inconclusive. Two longitudinal studies in the United Kingdom examined diets in the surrounding community before and after a grocery store was built. Though results showed that a significant number of consumers shopped at the new store, there were mixed result on the health impacts. One study found no change in eating habits.³⁷ The second showed that an extra half serving of fruit and vegetables was consumed per person every day.³⁸ Neither showed a change in obesity among local residents.

14 The Food Trust, supported by RWJF, is currently engaged in a longitudinal study measuring the public health impacts of a supermarket built in Philadelphia, with the hopes of shedding more light on the impact supermarkets have on obesity. It is worth noting, however, that one study conducted in Australia found that *over-access to unhealthy foods* may be a more important variable in the relationship between access and healthy eating. Researchers showed that living closer to fast food restaurants and convenience stores negatively affects the consumption of fresh fruits and vegetables.³⁹

The findings of these studies, though limited, are consistent with the theme that a multi-faceted approach surrounding fresh food financing initiatives may have the greatest likelihood of succeeding—that, in fact, the problem is not merely one of a lack of access to fresh and

healthy foods, but also a lack of emphasis on education, and how access and choice affect childhood obesity. Continuing to promote fresh food financing coupled with expanding the scope of interventions beyond access, including nutrition education, may produce significant gains in reversing childhood obesity trends.

III. Enhancing the Strategy

A number of nuanced opportunities for enhancement emerge by stepping back from a narrow focus on healthy food access, and instead broadening the perspective to include the interaction and movement of people through these venues. Three specific recommendations for enhancement are listed below.

- 1) Emphasis in funding initiatives should not be placed solely on access, but increasingly on building collective knowledge around what to do when access is available
- 2) Additional financing dollars could be used to support alternative venues that are more culturally relevant than supermarkets and corner stores, achieving better access in communities where childhood obesity is on the rise
- 3) Where masses of food dollars are spent on advertising toward children, counter-campaigns can be initiated or supported that deliver education and encourage healthier choices

With both federal and local governments now focused on increasing access through financing initiatives, this is a pivotal moment for private foundations, including RWJF, to direct resources beyond access towards the necessary elements required to achieve marked improvements in health outcomes.

37 Steven Cummins et al., “Healthy Cities: The Impact of Food Retail-Led Regeneration on Food Access, Choice and Retail Structure,” *Built Environment* 31, no. 4 (2005): 288-301.

38 Neil Wrigley, Daniel Warm, and Barrie Margetts, “Deprivation, Diet, and Food Retail Access: Findings from the Leeds ‘Food Deserts’ Study,” *Environment and Planning* 35 (2003): 151-188.

39 Anna Timperio et al., “Children’s Fruit and Vegetable Intake: Associations with the Neighborhood Food Environment,” *Preventative Medicine* 46 (2008): 331-335.

Strategy Enhancement 1.1: *Building Collective Knowledge*

The funding and support of healthy food financing in grocery and corner stores has been significant. Like any public health initiative aimed at creating widespread behavioral changes, healthy food financing as currently envisioned has its limitations. Research is limited and even contradictory when it comes to correlating increased access alone with healthier eating habits or decreases in obesity. Food deserts are not only characterized by a lack of supermarkets, but also by a higher concentration of convenience stores, gas stations, liquor stores, and bakeries, all providing foods with a longer shelf life and less nutritional value. On average, low-income communities have 30 percent more of these stores than do higher-income communities.⁴⁰ Even when healthy food financing is applied, it runs the risk of being utilized in what could be alternatively considered a “food swamp,” which is a geographic metaphor for low-income communities in which unhealthy and energy-dense foods outweigh healthier food options.⁴¹

Though The Food Trust was founded on the notion that, as a matter of equality everyone should have the choice and access to buy fresh foods, sometimes that choice falls short due to a lack of education. Executive Director Yael Lehmann acknowledged that, “It can be pretty complex for anybody, including me, to make sense of food labels—especially since there’s a lot of misleading marketing.”⁴² Lenora Phillips of the

Mississippi Office of Healthy Schools similarly observed that, in Jackson, “We have grocery stores... what people *buy* in the grocery stores is a different story. There are different mindsets of people in poverty.”⁴³ Phillips concluded that people see different ways to feed their children, and that “there is a lack of education that Ramen [Noodles] and Kool-Aid isn’t a good meal.”⁴⁴

Proposed Role for RWJF

Supermarkets and grocery stores located in low-income communities, many developed under healthy food funding initiatives, vary in quality, but all sell fresh fruits and vegetables along with other healthy food options. However, simply increasing access to healthy foods is limited in its ability to impact obesity. RWJF can supplement food access efforts by supporting complementary nutrition education programs.

Recommendation 1.1a: **Link education programs directly to food retailers.**

Food retailers can serve as a gateway for introducing people in underserved communities to a variety of policies and programs that promote healthier choices. Nutrition education programs can be most effective if located where people make food choice decisions. Possible programs include partnerships with nonprofits that assist with applications to the Supplemental Nutrition Assistance Program, tours of the store to educate local residents about the food options available, basic nutrition education provided through store signage, and in-store cooking demonstrations and classes.

40 Urban Design Lab and Collaborative Initiatives at MIT, “Food and Health: Using the Food System to Challenge Childhood Obesity.”

41 Rose et al., “The Importance of a Multi-Dimensional Approach.”

42 Sarah Rubin, “The Grocery Gap,” *The Atlantic*, May 17, 2010, <http://www.theatlantic.com/special-report/the-future-of-the-city/archive/2010/05/the-grocery-gap/56677/>.

43 Lenora Phillips, interview by authors, Jackson, MI.

44 Ibid.

Recommendation 1.1b:
Co-locate education initiatives and food retailers.

Another option is for education initiatives to be co-located with food retail sites. The education delivery might not physically happen in the grocery store, but nearby, and could still be promoted or incentivized through community partnerships with the new or improved stores. This broadens the landscape for programming possibilities, lessens the burden on the part of the grocery store, and supports the work that local nonprofits are already doing.

Below are a few examples of this approach:

- **Detroit:** Metropolitan Organizing Strategy Enabling Strength in Detroit (M.O.S.E.S.) runs a program at local churches where interested cooks can participate in a workshop and learn how to cook fresh produce with other members of the community.
- **Philadelphia:** The Food Trust has engaged with FFFI-funded stores to create grocery store tours that guide consumers through the store on an educational shopping trip that provides instruction on how to identify healthy foods. They also offer instruction to help participants read common food labels for important information and decode the commonly used percent-of-daily intake system.
- **Philadelphia:** A registered dietician at the Children's Hospital of Philadelphia's Healthy Weight Program works with children and families struggling with obesity. As part of their sessions, the dietician uses color-coded food cards to help families learn which foods are healthy and unhealthy.
- **Toronto:** FoodShare runs a number of programs aimed at educating both children and adults about healthy eating throughout Toronto. One workshop educates parents on how to make healthy food for infants using fresh produce and other ingredients from the grocery store.



Figure 5. Crescent City Farmers Market in New Orleans makes a substantial effort to attract and educate shoppers of all backgrounds, but high-income customers tend to make up the majority.

Strategy Enhancement 1.2: *Supporting Alternative Venues*

Successful healthy food financing initiatives have figured out how to support traditional grocery stores and farmers markets in low-income communities. However, these funding initiatives are limited in their ability to fund non-traditional retailers. An array of alternative food venues have been appearing across the country, such as food trucks that travel through low-income communities, and the establishment of food stands in churches, WIC centers, and hospitals. Field visits show that some communities may be better served by a non-traditional food retailer (as opposed to more traditional venues such as generalist grocery stores and farmers' markets).

- **Detroit:** In Detroit, the Fair Food Network started an initiative called “Double Up Food Bucks,” which awards food stamp beneficiaries with one dollar (\$1) of Double Up Food Bucks bonus tokens for every two dollars they spend on locally grown fresh food, up to \$20 matching per visit. Though the program has attracted new customers to Detroit’s Eastern Market, and the amount of SNAP dollars used at the market is steadily increasing, the total amount of SNAP dollars spent is still relatively small compared with the total amount of money spent at the market (less than 1 percent). Given that food stamp benefits represent 80 percent of all money spent at a meat market adjacent to Eastern Market, it appears that monetary incentives do not play an integral enough role in bringing people here to purchase fresh produce from a farmers’ market.

- **New Orleans:** The Crescent City Farmers’ Market of New Orleans, which was designed two decades ago to serve downtown NOLA at a time when no farmers would venture into the area, today serves a mostly affluent customer base despite multiple programs, matching incentives, and outreach aimed at enticing lower-income communities to shop at the market. Like the Detroit example above, some shoppers are low-income, but most are not. Kathia Duran, Executive Director of the Latino Farmers Cooperative of Louisiana, pointed out that members of the NOLA Latino community are not going to Crescent City because they don’t see other Latinos there. What is needed instead, she said, is a market “for Latinos by Latinos.”⁴⁵

Proposed Role for RWJF

Evidence suggests that in some communities, local residents do not visit traditional food retailers, enough. A question remains about whether or not supermarkets and farmers’ markets present inherent barriers for widespread low-income participation.

Recommendation 1.2a: Foster diverse, location-specific venue models.

RWJF should support the creation of alternative models that are more culturally relevant to communities where going to supermarkets may not reflect the preferred food-shopping choice. The hope is that if these experimental models are proven successful, healthy food financing initiative

45 Kathia Duran, interview by authors, New Orleans, LA.

dollars can be applied more evenly to increase the diversity of venues available that promote access to fresh, healthy foods in targeted communities.

Recommendation 1.2b:
Research potential for alternative venues and limitations of traditional food retailers.

Additional research is still required on the sustainability of these alternative markets and the full limitations of grocery stores and farmers' markets at reaching low-income communities. In order to better support the long-term sustainability of alternative models and venues RWJF should support targeted research in this area.

Below are two examples of this approach:

- **Philadelphia:** The Reinvestment Fund, in part through Pennsylvania's FFFI, is supporting Greensgrow Farms to offer subsidized Community Supported Agriculture (CSA) boxes to low-income families.⁴⁶ They are experimenting with the model in hopes to expand distribution in future years.
- **Vermont:** Holton Farms' Food Truck brings CSA boxes of Vermont-grown produce to New York City residents.⁴⁷ The truck makes stops at 22 locations around the city, including an after-work, regularly scheduled stop each Thursday from 7 PM to 7:30 PM in Harlem. Low-income residents receive a 20% discount on CSA memberships, bringing the total

cost to a family to potentially as little as \$10 a week. While the Food Truck does cater to a population of largely affluent New Yorkers, it also brings the opportunity to purchase healthy foods directly to communities that may be otherwise underserved. Holton Farms' long term goals reach further than just mobile produce: "We want a complete overhaul of the way our children eat by going to NYC schools, showing school officials and other decision makers how to cook inexpensive healthy meals for all NYC students using fresh ingredients from local farms."⁴⁸ The organization has also recently opened a farm stand in La Marqueta in East Harlem—creating another avenue through which they are able to engage with low-income communities.

Strategy Enhancement 1.3:
Launching Marketing and Education Campaigns

The advertising market is dominated by large food company interests. Every four days, the food industry spends on marketing and advertising to children what RWJF spends on its programs annually.⁴⁹ Furthermore, these advertising dollars often send distorted or mixed messages to consumers, making healthy eating choices difficult at all points in the consumption spectrum—from choosing where to shop to meal preparation. A significant share of this spending is targeted toward children and influencing their

⁴⁸ Ibid.

⁴⁹ Corporate Accountability International, "Frequently Asked Questions," <http://www.stopcorporateabuse.org/frequently-asked-questions>.

⁴⁶ Greensgrow Farm, <http://www.greengrow.org/farm/overview/csa.html>.

⁴⁷ Holton Farms, <http://www.holtonfarms.com/>.

consumption preferences. More specifically, these marketing dollars are disproportionately spent targeting low-income and minority children.

Preliminary evidence shows that on-site, targeted advertising can counteract some of the millions of dollars spent to convince consumers to make unhealthy choices. For example, color-coded “traffic light” food labeling systems, which have been growing in popularity, fair better than percentage daily intake systems in helping consumers identify healthy foods.⁵⁰ Shoppers who used traffic light labeling were five times more likely to correctly identify healthier food products than consumers who used the traditional percentage daily intake labeling. The traffic light system also helped socially disadvantaged people easily identify healthy products, which is particularly relevant in venues supported by healthy food financing initiatives. With the increase of front-of-package nutritional labeling, this system shows promise of keeping consumers aware of what is healthy and what is not. Because of its efficacy with socially disadvantaged people, this approach may be an intervention that RWJF could investigate for use in stores participating in healthy food financing initiatives.

Proposed Role for RWJF

The Robert Wood Johnson Foundation is doing much to study the effects of food advertising on children through a number of partnerships, including providing support for the work of the Rudd Center for Food Policy at Yale University. While the prospect of launching a counter-campaign to the billions of dollars spent on

food advertising each year is out of the scope of this report, some important opportunities for protecting consumers from distortions made by advertisers were identified in the field.

Recommendation 1.3a:

Support new labeling strategies.

RWJF can support research around innovative labeling campaigns that help to steer consumers towards healthy food. There is specific need for effective labeling in stores supported by healthy food financing initiatives, as they are often located in underserved communities where sufficient education on making healthy food choices is lacking. Promoting innovative labeling and therefore making the decision-making process easier for consumers is one way RWJF can potentially mitigate some of the confusion that results from predatory marketing and advertising campaigns of large food companies.

Recommendation 1.3b:

Support positive marketing strategies and promotions at diverse food retailers.

Traditionally, food retailers select in-store product placement and promotion displays to maximize profits, not healthy consumer choices. Site visits show that it is possible for retailers to promote healthier choices without decreasing profits. Most retailers do not have the time or resources to experiment with this new type of positive marketing. Compiling cost-neutral or revenue generating positive marketing materials, strategies and ideas for interested retailers would encourage them

50 Bridget Kelly and Kathy Chapman, “Label Wars: Traffic Lights vs. Percentage Daily Intake,” *Junk Food Injunction*, Cancer Council of New South Wales, http://www.cancercouncil.com.au/html/policyaction/campaigns/foodmarketing/downloads/jnk_food_injctn_sum09.pdf.

offer healthy promotions. Additionally, a foundation could provide resources to incentivize more retailers to experiment with positive marketing strategies. These could include replacing candy bars with pre-packaged healthy snacks in select checkout lines, highlighting a healthy item of the day, or creating a healthy kids corner with rotating healthy snacks targeted for kids.

Recommendation 1.3c:
Invest in diverse advocacy coalitions to advance local and regional legislation.

In addition to supporting positive marketing, RWJF stands as the strongest voice against the marketing and advertising dollars spent on targeting ads toward children, and can continue to expand this role with broader outreach. This is great opportunity to invest in advocacy campaigns designed to increase public awareness. RWJF could be instrumental in identifying and recruiting diverse organizations to these campaigns. Below are a few examples of this approach:

- **United Kingdom:** Traffic light labeling has been widely incorporated into use in the UK through advocacy led by the Food Standards Agency. The labeling provides at-a-glance assistance in decision-making, and stands apart from nutrition claims made by the food product's manufacturer.
- **Philadelphia:** The Fresh Grocer, a private supermarket supported in part by FFFI, recently opened a store in a North Philadelphia neighborhood previously

without a store for over a decade. In support of First Lady Obama's *Lets Move!* campaign, store operators created a display in the prepared foods department. The new "Kids Corner" includes a vibrant display and provides pre-packaged healthy snacks and lunches for children.

- **Philadelphia:** The Food Trust provides corner store operators with colorful coolers to house healthy snack items to be placed near the entrance and checkout counters. Operators have found that if they package "one-dollar" bags of fruit and other healthy items children often select these in place of chips or candy. Simply changing the packaging and selling fruit by the bag as opposed to by the pound increased sale of the healthier items.
- **San Francisco:** Recently, a bill in the city of San Francisco banned the inclusion of a toy with the purchase of any meal for children if that meal contains over than 600 calories, or if more than 35% of the meal's calories come from fat.⁵¹ The legislation is intended to encourage restaurants to increase the nutritional value of their children's meals by requiring more fruits and vegetables and less fat and sodium. If these new requirements are met, toys can be provided with the meal. The successful passage of the ordinance is arguably the result of the vast network of grassroots organizing that was created over time.

51 Michele Simon, "Civil Eats—Happy Meal Makeover: How a Healthy Food Coalition Defeated a Fast Food Icon," *Corporate Accountability International*, November 8, 2010, <http://www.stopcorporateabuse.org/civil-eats-happy-meal-makeover-how-healthy-food-coalition-defeated-fast-food-icon>.

Advocates emerged from an array of fields, from small business owners who compete with large fast food chains, to pediatricians who were concerned for the general health of the city's children. This is an area where determined advocates are still needed to fight against message distortions and help parents and others understand the potential dangers of marketing unhealthy food to children through the use of rewards, like toys.

In sum, RWJF could fund nutrition education programs and advocate for heuristic labeling in grocery stores, corner stores and other food retail venues to empower consumers to make healthier choices. In addition, the foundation could support alternative food venues where HFFI dollars might eventually be applied.

Strategy Enhancement 2: Schools as a Lever for Reducing Childhood Obesity

I. Introduction of the Strategy

On a typical day, American schools serve school lunches to 31.5 million children. About one-third of those same children will also eat school breakfast.⁵² Schools are the single most influential lever in what and how children eat. In addition, schools play roles as centers of communities, important authorities, and conduits for federal, state, and local food policy.

For these reasons, the Robert Wood Johnson Foundation has rightly focused on schools in its strategic approach to reduce childhood obesity, particularly policy priority #1 to “ensure that all foods and beverages served and sold in schools meet or exceed the most recent Dietary Guidelines for Americans.”⁵³ This report highlights the value of the RWJF’s current approach to this priority, namely its support for adoption of strong nutrition guidelines in schools and efforts to reduce sugary beverages in school cafeterias and campuses.

RWJF’s strategy, however, can be enhanced through an expanded view of how schools can be used as vehicles for change in the health of children and families. There are clear opportunities to use schools as a lever to build a better baseline for student diet and preferences, and to help translate nutrition education beyond school walls through parent and community partnerships.



Figure 6. At Samuel Green Charter School in New Orleans, Louisiana, learning how to eat also means learning table manners.

II. Why Schools Matter for Childhood Obesity

The American Academy of Pediatrics states that multi-component school-based interventions are effective in reducing childhood obesity, particularly at “urban public schools with a high proportion of children eligible for free and reduced-priced school meals.”⁵⁴ Schools are the primary way that federal and state governments are able to influence child and family nutrition, through channels like the National School Lunch and Breakfast Programs. Regulating what schools provide to children can also be more politically palatable than regulating what parents choose to feed them.

52 Food Research and Action Center, “Federal Food/Nutrition Programs,” <http://frac.org/federal-foodnutrition-programs/school-breakfast-and-lunch/school-breakfast-program/>.

53 RWJF, “Childhood Obesity.”

54 Gary D. Foster et al., “A Policy Based Intervention to Prevent Overweight and Obesity,” *Pediatrics: Official Journal of the Academic of American Pediatrics* 121, no. 4 (2008): 794-802.

With growing participation in school breakfast programs⁵⁵ and, increasingly, supper feeding programs⁵⁶, children—especially low-income children—are getting an increasing number of their daily calories from school meals. As educational trends like charter schools and extended school days gain traction, the role of schools in influencing children’s diets will only grow. For example, at Samuel Green charter school in New Orleans, Louisiana, it is estimated that students get 80 percent of their calories at school.⁵⁷

Schools are also critical neighborhood hubs. They provide an environment where one can increase knowledge and change attitudes about food and nutrition among parents and community members. These potential partnerships are a particularly robust area for development in the fight against childhood obesity.

III. Enhancing the Strategy

Given the importance of a school-based strategy, two opportunities for RWJF to enhance its current programming have emerged. This section is dedicated to developing these two enhancements:

- 1) Building and maintaining capacity for districts and schools; and
- 2) Connecting schools to families, communities, and governments

⁵⁵ Eighty-six percent of schools serving lunch also serve breakfast.

⁵⁶ Thirteen states and the District of Columbia currently participate in the Department of Health and Human Services’ Child and Adult Care Food Program.

⁵⁷ Estimate provided by Kelly Regan, Community Partnerships, Volunteer, and Family Coordinator for Edible Schoolyard NOLA. Interview by authors, New Orleans, LA.

Strategy Enhancement 2.1: Building and Maintaining Capacity for Districts and Schools

Capacity here is defined as the resources, infrastructure, staff quality, and institutional knowledge that allow schools and school districts to deliver fresh, healthy food, work with contractors that prioritize student health, and avoid nutrition-undermining practices like competitive food sales. The most obvious capacity-related need in school lunch programs is funding. Mary Hill, School Food Service Director for Jackson Public Schools and former president of the School Nutrition Association, noted that the insufficiency of reimbursements from the U.S. Department of Agriculture (USDA) for school meals is the most universal and challenging problem faced by her colleagues nationally.⁵⁸ However, there are other challenges. The lack of a well-trained staff, functional kitchens, or the ability to source and store food are all capacity challenges that hinder a school or school district’s efforts to serve fresh and nutritious meals to students; and addressing these capacity needs, in turn, can translate to healthier school food.

Some school districts have developed capacity building efforts designed to enhance food services and promote healthier meals for kids. Field visits bore a few examples of this approach:

- **Mississippi:**
Institutional Knowledge in School Food Service Administration

Lenora Phillips, Director of Technical Assistance for the Office of Childhood Nutrition in the Mississippi Office of Healthy Schools, noted that Mississippi will lose significant expertise in its food

⁵⁸ Mary Hill, interview by authors, New Orleans, LA.



Figure 7. A Revolution Foods truck heads out for delivery in Oakland, CA. Approximately 80 percent of Revolution Foods' clients are charter schools.

service administration as the current leadership retires. She worried that the next generation, which she described as being eager to manage school food service programs without first “learning the ropes,” will become overwhelmed by the challenges of operating the programs. They would then turn to contract managers for school food—who, with a few exceptions, are likely to prioritize cost-savings and efficiency over nutrition because such arrangements are easier. An even greater concern for other states is granting contracts for competitive foods, which are banned in Mississippi, to make tight budgets work. In order to combat this phenomenon as the next wave of staff retires, Mary Hill’s Office of Childhood Nutrition is developing a mentoring program that connects school food service veterans with newer leaders as a way to pass on institutional knowledge.

- **Washington, DC:**
Contract Negotiation Skills

In districts that do contract school meals to food service providers, the administrative staff’s capacity for savvy contract negotiation is essential to getting healthier meals at lower costs. In the nation’s capitol, District of Columbia Public Schools Food Director Jeff Mills, a former restaurateur, designed Requests for Proposals (RFPs) to include the cost of labor in the price per meal. Understanding these subtleties helped him make the case for contracting food services for seven of his schools to Revolution Foods, which provides healthful and produce-heavy meals at a lower cost.⁵⁹

- **Portland, Oregon:**
Seed Money for the Transition Phase

Many school districts cannot meet the costs of “transitioning” a food service program—that is, sourcing new foods, buying more produce, and losing student customers to competitive foods or bag lunches during an adjustment period. In what has become a typical scenario, an effort by Portland Public Schools to reform their school meals was stymied by upfront costs. Ecotrust, a Portland-based foundation, stepped in and fostered the changes from the beginning by subsidizing the changes in the school lunch program. Without Ecotrust’s involvement, the school lunch changes in Portland would have taken much longer, or even possibly would never have happened.

⁵⁹ Jeff Mills, interview by authors, Washington, DC.

Current Capacity Challenges to Healthier School Food

While the case studies illustrate positive results from capacity-focused interventions, a number of challenges to focusing interventions on school capacity remain. One challenge is that some schools do not have their own kitchen. Some schools deal with this by relying on a central kitchen that is used by schools in the same district. This, however, may not be an option for charter schools, which often operate independently. Schools that are too far apart, like those in Detroit, may find centralized kitchens to be impractical. As a way around this, some schools or school districts that lack the facilities have established external contracts for healthy meals. These schools and school districts include charter schools in California, Colorado, and the District of Columbia that work with Oakland-based Revolution Foods. But where nutrition-driven contractors are not available or are unaffordable (the 2010 federal reimbursement rate for a free school lunch was \$2.74 per school meal and Revolution Foods provides meals for \$3.00), the inability to cook food in-house can be a significant obstacle to providing nutritious school meals.

Staff shortages also pose a challenge to serving healthier meals. Budget cuts have reduced the number of food service workers and/or scaled back their working hours. Scholar Janet Poppendieck highlighted the fact that school food service directors often order pre-packaged, processed, and high-sugar foods because they are easy to serve in schools with large numbers of children. Given the number of students and the limited amount of time food service workers have to prepare and serve lunch, they may simply lack the capacity to prepare healthier food.⁶⁰

60 Poppendieck, *Free for All*.

Good Practices in Capacity-Building

Despite these challenges, some schools and school districts are able to serve healthy, high-quality meals that are provided by contracts and either prepared in central kitchens, or cooked on site. Some of the encouraging practices in these schools, including those mentioned previously in this section, include:

- Training dedicated staff in key food service and cafeteria positions, including mentorship programs for new food service directors
- Changing agreements with contract management or food service providers
- Updating kitchens and kitchen equipment
- Providing sufficient capital to cover “transition costs” of reforming school meals

25

Proposed Role for RWJF

Field research and scholarship on the topic suggest that capacity building within school food systems could represent a mission-compatible and strategically shrewd opportunity for RWJF to invest in improving childhood nutrition. Specifically, RWJF could take the following actions:

Recommendation 2.1a: Support training and technical assistance for food service directors.

When school food service staff has the proper management tools, child nutrition prevails. Thirty-year school food veteran Mary Hill testified that school food requires dedicated people who understand the “big picture” and

have the skills and capacity to push back against easy fixes, like competitive foods and bottom-line-driven contract management. Many of the demands of these roles, such as designing effective RFPs and negotiating contracts, are likely areas where a foundation like RWJF could have a great impact through supporting effective trainings and technical assistance programs.⁶¹

Recommendation 2.1b:
Provide funding for transition costs and capital-intensive projects.

As the Portland case study demonstrates, foundation money can be instrumental in helping school systems take on the daunting process of reforming their meals, especially when school food budgets are tight and federal reimbursement insufficient. Schools compensate for free and reduced-price meals by offering competitive foods that are popular, but often unhealthy. Similarly, projects to reform school cafeterias can have high upfront costs but long-term benefits. One example is building salad bars, which provide a healthier option and alleviate long lunch lines, but are often expensive to install at about \$2,000 each.⁶² Jeff Mills, Food Service Director for District of Columbia Public Schools, reported that he already put a few salad bars in his schools and would like to scale up, but he lacks the available capital to meet the upfront

costs. These projects represent important opportunities for a foundation to provide small, one-time grants that can have lasting results.

Strategy Enhancement 2.2: **Connecting Schools to Families, Communities, Governments**

In addition to providing healthier school meals, schools have another important role to play to end the childhood obesity epidemic: encouraging healthier lifestyles. Schools must engage parents, communities, and even governments in translating the lessons of a healthy school lunch to an overall healthy lifestyle for kids. Some of the practices to foster such connections are familiar, like school-wellness policy mandates or cooking demonstrations for parents. Others are more experimental, such as BMI updates on student report cards and legislation to remove deep fryers from school kitchens. All of these approaches, however, are reacting to the reality that children do not eat school food in a vacuum, and are targeting critical partnerships to move healthy eating outside the school lunchroom.

Below are brief illustrations of promising programs that are achieving positive results by involving parents in nutrition education or engaging local and state governments to prioritize nutrition in schools:

- **Portland, Oregon:**
Parent Involvement in Abernathy Elementary School Food

At Abernathy Elementary School in Portland, parents regularly eat school lunch with their kids. Inviting parents

61 We note that the recently passed Childhood Nutrition Reauthorization Bill does include some money for staff training, but we believe that foundations still have a key role, because of both expertise in areas like RFP-writing and an ability to serve local school food directors more directly and nimbly than the Federal Government.

62 Estimate from Jeff Mills, interview by authors, Washington, DC

to participate in school meals is one prong of the parental outreach and school food reform program piloted by Southeast Portland at Abernathy during the 2005-2006 school year. Like the more conventional PTA parent-classroom-aide programs, Abernathy hosts parent volunteers who come into their healthy eating and gardening classes on a rotating basis. The school's Garden of Wonders program seeks to connect nutrition education to the broader community by partnering with local businesses and restaurants for field trips to learn about scratch cooking and healthy eating. These community-centric efforts have been met with success. According to Edible Portland, a website devoted to tracking sustainable and local food in the area, "The integrated program at Abernathy continues today and the cafeteria component serves as the inspiration for district-wide changes."⁶³

- **Georgia:**
Including Parents in Fitness and Nutrition Education, Increasing Communication with Parents Around Health Metrics

HealthMPowers, an Atlanta-based nonprofit, designs comprehensive school fitness and health programs to encourage healthy behavior among students, staff, and parents. Their model seeks to impact behaviors around physical activity and healthy eating. They also recognize the importance of creating a supportive environment for students to make these

changes, and work to engage multiple populations (students, teachers, staff, families, school nurses and nutrition directors) to try to correct for mixed messages and disconnects between what kids are learning in the classroom and what they are eating at home. Their affordable model (\$30 per student per year) is now in 100 schools, mainly elementary, across 23 districts. Meanwhile, the Georgia Student Health and Physical Education (SHAPE) Partnership, a statewide public-private initiative, is being piloted in five school districts. The initiative will assess students on health-related fitness measures set by The Fitnessgram Scientific Advisory Board, whose software generates student and parent reports that contain personalized feedback and serve as important communication between parents and schools.

- **Mississippi and Nationally:**
Legislative Interventions for Healthier Schools

A provision in the 2004 Child Nutrition and WIC Reauthorization Act required all schools participating in the National School Lunch Program to develop a local school wellness policy. These school wellness policies have represented an opportunity for community participation in shaping school approaches to nutrition. Mississippi is an excellent example of the "domino effect" of this legislative approach. Required school wellness policies, along with companion state-level legislation in the Mississippi Healthy Schools Act, have resulted in local school

63 Deborah Kane. "Back to School: Voting with Your Lunch Money," *Edible Portland*, Fall 2007, http://www.edibleportland.com/2007/10/i_was_pretty_ex.html#more.

districts introducing new nutrition education programs, removing their deep-fryers, and in the example of one Jackson Elementary School, accepting a community member's offer to build a school garden. Researchers estimate that competitive foods add, on average, 277 “largely empty” calories per day to the diet of students who consume one or more competitive foods during lunch.⁶⁴ State-level bans on the sale of competitive foods, such as à la carte options or vending machine food, could soon become national policy as the Healthy, Hunger-Free Kids Act of 2010 empowers the USDA secretary to regulate all food served in schools.

Challenges to Connecting Schools to Families, Communities, Governments

Though these case studies demonstrate the potential impact of linking school-based programs to parental involvement, community partnership, and governmental action, many challenges to implementing and maintaining successful outreach programs remain. One major concern is that many of the parent-targeted programs will run into the traditional obstacles for parental involvement in education, failing to serve lower-income families who may require the most attention. Lower-income parents are less likely to have time off work to attend events at their child's school, and are less likely to be able to read and understand flyers and educational materials that are sent home. When parents do engage, they are less likely to have the resources to implement the program's lessons. Specific to nutrition and

food-related outreach, other obstacles to parental participation include concerns about paternalism in telling parents what to feed their children, fear of stigmatizing families, and lack of cultural sensitivity. In this era of austerity, nutrition education can generally be difficult to implement in schools where budgets and a testing-driven academic culture often challenge expenditures of money or time on “unconventional” lessons.

Finally, regarding legislation, the effectiveness of governmental standards or school policies can be challenged through miscommunication or lack of local buy-in. A “closed campus” at an Oakland high school provides one example of weak buy-in. Here, the closed campus requires students to stay on campus for lunch rather than allowing them to eat at nearby fast food restaurants. However, one principal was willing to look the other way as his students circumvented the policy by purchasing lunch from a taco truck that passed burritos through the school's chain-link fence. In summary, government or school board action is only as effective as the buy-in from students and administrators.

Good Practices in Connecting Schools to Families, Communities, Governments

In places where partnerships with parents, communities, and governments *are* working, there are some important and scalable good practices.

Those practices include:

- Inviting parent participation in school lunches, school gardens, and nutrition education programs⁶⁵

65 A further note on school gardens: Our research—both academically and in the field—suggests that school gardens can play a role in educating children and their families about nutrition, and in helping children and parents develop a palate for fresh, whole foods. We believe, however, that school gardens do not represent their own strategy for addressing childhood obesity and lack of

64 Eileen Salinsky, “Got Junk? The Federal Role in Regulating ‘Competitive’ Foods,” Report for the National Health Policy Forum, Washington, DC., <http://www.nhpf.org/library/details.cfm/2769>.

- “Ready-to-operate” flexible curricula for nutrition education (e.g. OrganWise Guys or Philadelphia Food Trust programs)
- Healthy Schools legislation and School Wellness policy mandates
- Partnerships with community businesses and farmers

Proposed Role for RWJF

Many of these local efforts to extend healthy habits beyond school walls could be targeted and enhanced through strategic foundation investment and assistance. In particular, there are two promising opportunities for RWJF within this strategy enhancement:

Recommendation 2.2a: Fund “just add water” nutrition education programs.

The best nutrition education programs are those which require very little lesson planning for teachers, which can be incorporated into existing instructional time, and which offer natural extensions in the home and community. Fortunately, such programs already exist. Two examples are the Philadelphia Food Trust model, and the OrganWise Guys (OWG), a comprehensive program that has debuted to huge success in Jackson elementary schools. Programs like OWG are well received by children and parents,

access; their scale and output is too small to address these broader issues in any meaningful way. A recent review of the available evaluations of school gardens’ ability to promote increased fruit and vegetable intake among children show the empirical evidence for positive outcomes to be “relatively scant,” and argued that more research is needed to show program effectiveness. [Robinson-O’Brien et al, “Impact of Garden-Based Youth Nutrition Intervention Programs: A Review,” *Journal of the American Dietetic Association* 109 (2009): 273-80.]



Figure 8: A store offering healthy produce in New Orleans. While operational, they have been unable to accept SNAP due to limited bookkeeping and financing capacity.

and place little burden on teachers, except they cost money to implement. There is reason to think that funding such programs for one or two years could be a sustainable, long-term investment. However, as the principal of one OWG school explains, what schools really need is the experience and training for the teachers, not the physical presence of the program. The school can reproduce the educational piece even once the grant funding is gone. In his words, “If we’ve been indoctrinated well enough on health and wellness, it will continue after funding.”⁶⁶ This is good news for a foundation looking to fund a one to two year program that will produce long-term sustainable results.

Recommendation 2.2b: Provide technical assistance and coordination for groups advocating legislation.

As seen with the school wellness policies, legislation at the state or even federal level

66 Tony Yarber, interview by authors, Jackson, MS.

can be a driver for greater parental and community involvement with schools. When knowledgeable and child-oriented institutions help shape and drive these policies, such as the quasi-governmental Mississippi Office of Healthy Schools' leadership role in designing what became the Mississippi Healthy Students Act, the results can be even better. A foundation could assist in these efforts by providing technical assistance to help networking amongst parents, nonprofits, and quasi-governmental groups in order to help them advance or write policies for adoption from school boards all the way to the federal government.

In conclusion, RWJF could fund nutrition education programs in schools which can be easily incorporated into existing curricula and offer natural extensions to the home and community. The foundation could also provide funding for school meal transition costs and capital-intensive projects aimed at increasing healthy food options in school cafeterias.

Strategy Enhancement 3: Building Capacity for Emerging Organizations and Strengthening Regional Collaboration

I. Introduction of the Strategy

From dozens of conversations with local and national organizations working on healthy food access and childhood obesity initiatives, it has become evident that many important organizations lack the necessary capacity to fully realize their work. Additionally, these field visits revealed that there is insufficient regional and national collaboration among related organizations. Such obstacles have been well documented, including in the Michigan State University and PolicyLink 2009 study of Detroit and Oakland which noted that, “[d]espite significant momentum and collaborative efforts underway to improve the [healthy food access] situation, the major challenges are financing innovative models and achieving scale and sustainability.”⁶⁷ Beyond scarce funding, there remains inadequate attention towards sustained mobilization in this arena. As a result, many organizations work in narrow silos at the expense of the comprehensive approach to healthy food access and behavior change that is required to achieve measured reductions in childhood obesity rates. In short, growing and supporting key regional organizations, especially emerging and innovative groups, and improving the regional and national cooperation among existing organizations are critical for RWJF to achieve its goal to “reverse the childhood obesity epidemic by 2015.”

67 Sarah Treuhaft, Michael Hamm, and Charlotte Litjens “Healthy Food For All: Building Equitable and Sustainable Food Systems in Detroit and Oakland,” PolicyLink, <http://www.policylink.org/atf/cf/{97C6D565-BB43-406D-A6D5-ECA3BBF35AF0}/Healthy%20Food%20For%20All-8-19-09-FINAL.pdf>.

While indeed capacity building and regional and national collaboration are interrelated, for the purposes of this report they are presented separately as two critical approaches that deserve further attention and study. Before discussing these strategies, however, this final section begins with a general justification of capacity building and the role of collective action within this field. Next, this section includes a discussion and analysis of RWJF’s current grantmaking strategy in this arena, paying special attention to opportunities to support both capacity building and regional and national collaborations. Finally, this section proposes opportunities for RWJF to enhance its existing funding strategy by addressing significant gaps in local, regional, and national childhood obesity work. The section concludes with two case studies.

II. Why Capacity Building and Regional Collaboration are Critical

One of the most apparent and widespread observations from field visits was that many small local organizations, while serving a necessary and critical role within healthy food access and childhood obesity movements, suffered from significant capacity constraints. For example, a new fresh food market in New Orleans struggled with preparing the tax and accounting records required for the SNAP application. Due to limited capacity, this fresh food market was unable to fulfill a key goal of its mission to serve low-income residents of the neighborhood. Similar examples are witnessed across the country as many school and community gardens struggle to overcome the significant obstacles of beginning and maintaining engagement in their gardens. Rarely did the gardens have the physical and human capital required for these endeavors to succeed

in the long-run. In New Orleans, one flourishing community garden demonstrated its ability to engage and educate young people about urban farming, healthy eating, and entrepreneurship. However, the organization functions as an ad-hoc enterprise held back by its shoestring budget and nonprofit management inexperience. These examples illustrate that too often a lack of capacity prevents some of the most innovative organizations from scaling up their operations, expanding their outreach, securing widespread community buy-in, and planning a long-term strategic vision around increased healthy food access and childhood obesity prevention programs.

32 The story is very similar concerning local and regional collaboration. While there are clear regional and national social networks that connect organizations and community leaders, few of these organizations collaborate with each other for joint or strategic programming. As a result, many organizations function in narrowly constructed silos. The most obvious separations are between organizations working on healthy food access and nutrition education within schools, and those working on the same issues in the community at-large.

As discussed in the previous subsection, targeted community and school interventions are required to address childhood obesity, and yet partnerships across these venues remain limited. Here, the comprehensive approach necessary to “move the dial” demands that organizations work collaboratively within a region through organizing vehicles such as Food Policy Councils (FPCs). At its full potential, regional collaboration, including FPCs, can work to harmonize approaches and reinforce strategic interventions, promote efficiency and prevent programmatic redundancy,

identify critical gaps in programming, breakdown issue silos such as that between public health and city planning initiatives, and provide a competitive advantage in raising both private and public funds. Regional collaboration can also provide the necessary incubator resources and opportunities for innovative ideas and new approaches to take root. Separately, national collaboration presents vital opportunities for organizations to share knowledge, best practices, and lessons learned across regions. Ultimately, a collective action approach will work to strengthen a cohesive movement around fresh food and health issues by building community and organizational political power, and maintaining momentum through sustained victories and proven results.

III. Enhancing the Strategy

Capacity building is already consistent with RWJF’s grantmaking strategy. While the Childhood Obesity program does not have a systematic capacity building approach, the foundation has recognized this essential need through past grants. This includes funding nonprofits explicitly for capacity building efforts, as well as, supporting organizations that specialize in capacity building programs and initiatives within RWJF’s fields of work (e.g. BoardSource, the Community Toolbox). The Childhood Obesity program is currently supporting some capacity building efforts, including leadership development and regional movement building through grants to Partnership for a Healthier America and the Highlander Research and Education Center, respectively. Similarly, RWJF recognizes the importance of collaboration through regional and national connectivity. Within the Childhood Obesity Program, the

recent four-year grant for the New Jersey Partnership for Healthy Kids: Communities Making a Difference to Prevent Childhood Obesity, is a key example of support for regional community coalition building. Finally, RWJF has supported national conferences in the past as an important platform for convening and networking among community and regionally based groups and coalitions.

While RWJF already supports some small-scale capacity building and collaboration initiatives, these areas generally remain underfunded and regionally uneven, despite the fact that they are critically important to realizing the Childhood Obesity program’s objectives. Notably, field visits around the United States revealed significant regional disparities in capacity. For example, there is a strong need for capacity building and development in the Southeastern and Gulf regions of the United States—the very regions with the highest childhood obesity rates. Nonprofits in these regions have suffered from prolonged underfunding and weak capacity development.

As one public health scholar at Georgia State University explained during a site visit:

The problem with some of the larger foundations is that they seem to only want to invest in places that are implementing the most progressive policy and environmental change strategies, and that leaves some states and communities behind. It becomes a magnifier, and it can end up creating a situation that exacerbates health disparities across geographic regions. The rich get richer and the people that really need an intervention miss out on the opportunity... There needs to be an understanding that there are regional differences, as well as social and cultural differences as a result

*of those regional differences; and the strategies and interventions that are feasible to some extent will be different. Collaborative efforts and innovative models must start with this is mind.*⁶⁸

The Childhood Obesity Program has adopted a national grantmaking approach, spreading funds broadly across regions and not necessarily going deep in place-based funding. At the same time, regional disparities suggest an opportunity for RWJF and other funders to dedicate special attention to building up the capabilities and networks of key strategic organizations in the South.

The Childhood Obesity Program can enhance its existing strategies by directly supporting capacity building, as well as regional and national collaboration efforts. This is especially important pertaining to the program’s goals to “[e]nsure that all foods and beverages served and sold in schools meet or exceed the most recent Dietary Guidelines for Americans” and “[i]ncrease access to high-quality, affordable foods through new or improved grocery stores and healthier corner stores and bodegas.”⁶⁹

Strategy Enhancement 3.1: Building Capacity for New and Innovative Organizations

Capacity building can be a catchall term, and it is important to clearly identify the elements that are the most important to this report. Field visits and interviews revealed that in the context of this work, there are three key and related capacity needs:

68 Rodney Lyn, interview by authors, Atlanta, GA.

69 RWJF, “Childhood Obesity,” <http://www.rwjf.org/childhoodobesity/strategy.jsp>

1) Leadership development

2) Long-term strategic planning

3) Financial sustainability

The most successful and impactful organizations, such as Eastern Market Corporation in Detroit, demonstrated strength in all three components. Emerging organizations, which do play an important and necessary role, are often lacking resources in at least one of these areas. It is often these new organizations that provide some of the most promising and innovative ideas and strategies, but their capacity constraints remain significant obstacles.

Current Challenges Around Financial Sustainability

It is well documented within the nonprofit sector that leadership development and long-term strategic planning are critical to the sustainability of the organization. While these two elements are important, field visits suggested that financial sustainability within the food security and childhood obesity movements should be prioritized.

Both leadership development and long-term strategic planning are well researched needs within the nonprofit sector. This report instead focuses on the acute and widespread need for financial sustainability within the food security and childhood obesity movements. Field visits revealed that both new and small-scale organizations lack vital grant writing and back office capabilities such as bookkeeping and accounting; however, a more significant concern is that these organizations lack a general business planning aptitude. Across the board, organizations expressed concern about uneven and unreliable funding. Working to achieve

sufficient and secure funding often dominated the time of leadership at these organizations and prevented them from important programmatic planning, mission fulfillment, imaginative thinking, or broader leadership development and skill building. Strategic planning is also hindered because organizations are unsure if they will have future resources to implement such plans. For example, the Seattle Urban Farm Co, a for-profit organization in Washington, has clearly demonstrated its relevance by pioneering an exciting fresh food endeavor, but organizationally, the group lacks a clear business plan; and given this, the organization does not have a well defined projection for its program. This is a story witnessed across the country in both nonprofit and for-profit groups. Financial instability is undermining the longevity of some of the most innovative organizations in this field.

Proposed Role for RWJF

This report does not seek to be overly prescriptive on how RWJF should invest its funds. Instead, it hopes to highlight critical gaps within the field and identify strategic funding opportunities that are consistent with the Childhood Obesity program's objectives and existing strategic framework. In keeping with this objective, the following avenues have been identified:

Recommendation 3.1a: Build business capacity and skills of emerging organizations.

There is a clear need within this movement to financially support the business capacity of start-up nonprofit organizations that are performing a unique and critical role within their respective regions. Ultimately, these new

organizations can fill key regional gaps within the food security movement, and may require assistance in developing business models that will ensure their effectiveness and permanence.

**Recommendation 3.1b:
Provide technical assistance for organizations to diversify revenue streams.**

Organizations working to increase local food access need technical assistance in designing innovative and sustainable revenue streams to diversify their funding sources. This is a practice that should be praised by funders, and presents a key opportunity for RWJF and other foundations to invest in new funding models to promote long-term stability.

**Recommendation 3.1c:
Empower anchor organizations to grow a region's capacity.**

One potential avenue that deserves further examination is providing support to a local “anchor” organization within the food movement that will allow it to offer key technical assistance and capacity building programs to emerging and small, but critical, regional organizations. This approach could also be coupled with RWJF’s supporting more general organizations that specialize in capacity building.

**Recommendation 3.1d:
Move beyond the money.**

RWJF, as a major funder and advocate within this field, should examine opportunities to move “beyond the

money” and offer critical and strategic support, such as underwriting learning retreats and targeted training programs. As Dr. Rodney Lyn, Director for Policy Leadership for Active Youth at Georgia State University explained, “Just because you are not giving financial support to each applicant organization, it does not mean that you can’t give them support and advice. It also does not mean that you can’t let organizations know what is working really well in other parts of the country.”⁷⁰

Strategy Enhancement 3.2: Growing Collaboration and Collective Action

It is clear that reversing childhood obesity requires a comprehensive approach to increasing access to healthy and affordable food, and changing consumer preferences. Such an approach includes policy and programmatic interventions in both schools and in the wider community. This approach though, is predicated on a two-prong method that encourages strong regional infrastructure and strategic collaboration across organizations. Ultimately, this approach can succeed in advancing policy priorities and bolstering new and creative initiatives designed to increase access to healthy food and change eating preferences.

Food Policy Councils Overview

FPCs are the most obvious and well-established vehicle to support and grow regional partnerships within this field. FPCs originated as a way

⁷⁰ Rodney Lyn, interview by authors, Atlanta, GA.

to address the food system as a whole, often bringing the weight and resources of local and state government into alignment with grassroots initiatives. A key advantage of well functioning FPCs is that they work across sectors, engaging with government policy and programs, grassroots and nonprofit projects, private businesses, labor groups, and those directly employed in the food industry. Importantly, FPCs work to establish platforms for coordinated action at the local level, seeking to overcome the tendency to silo the work. In several field visits, FPC members around the country explained that their councils were created at the behest of community organizations that had identified policy barriers, and hoped that the FPC would create an efficient and effective context in which to facilitate joint activities. In sum, well functioning FPCs have an important role as a regional clearinghouse of food system information and as a strategic planning body around innovative solutions to improve local and regional food systems.

The Challenges of Food Policy Councils

While FPCs can serve as the primary regional venue through which to coordinate and advance food policy and programmatic objectives, they also face significant challenges.⁷¹ Broadly, these challenges include:⁷²

- Achieving and working with diverse memberships and constituencies
- Working in complex and unstable political climates

71 Here, it is important to also note that there are many different structures and objectives among FPCs around the country and world. Naturally, different Council structures result in different organizational challenges and strategic approaches.

72 Alethea Harper et al., “Food Policy Councils: Lessons Learned,” Institute for Food and Development Policy http://www.foodsecurity.org/pub/Food_Policy_Councils_Report-Exec_Summ.pdf.

- Designing an effective and inclusive organizational structure
- Obtaining adequate funding
- Balancing focus between policy and program work
- Adequately evaluating a council’s impact

Although FPCs are the most obvious existing venue to support regional collaboration, their structure poses important challenges. First, if FPCs are dependent on one strong organization or political figure, this can significantly impact the direction of the FPC, its membership and resources, and its overall status as the local or regional movement builder.⁷³ This challenge may be especially evident for FPCs formed by elected officials who transition out of executive office. A second critical challenge is lack of secure funding. If councils are overseen by local or state governments, they may be restricted to only being able to use government funds. Ultimately, this places the programmatic strength of the council at the mercy of politics and the ever shrinking state and local budgets they depend on. Public funds can also restrict the policy and programmatic initiatives that FPCs can undertake. That is, while FPCs can *recommend* local policy changes, they may be prevented from acting as an organizing body for policy advocacy. As author and leading FPC scholar Mark Winne stated, Food Policy Councils “are not advocacy groups.”⁷⁴ Even if FPCs have strong relationships with government agencies and elected officials, advocacy and activist work may still be required to advance food policy. Third, some FPCs may focus on overly narrow policy goals and lack a larger vision, thereby failing to maintain

73 Harper et al., “Food Policy Councils.”

74 Mark Winne, class lecture, Princeton University.

movement momentum. Finally, FPCs sometimes initiate direct programming, which can dominate their activities and distract its members from broader collaborative planning.

Proposed Role for RWJF

The full potential of FPCs is difficult to assess, and the dissolution of some FPCs over the years only complicates this assessment. However, key case studies point to a powerful overall trend of citizens and neighborhoods working to directly influence the policies of their local food systems.⁷⁵ FPCs, such as the well-funded council in Kansas City, are moving the dial on healthy food access, and could benefit from increased attention and support from funders, including RWJF.

Recommendation 3.2a: Study how FPCs can best be used as organizing and capacity building bodies.

Additional exploration is still required to best understand how FPCs can be utilized as organizing bodies to lead meaningful regional programmatic and policy collaboration, and as capacity building vehicles for its membership. Here again, there is a great need to develop the leadership skills of FPC members to become strong and vocal champions of local and regional food issues. There is also a critical need to develop policy and technical skills—such as urban planning—for community members and groups that are participants of FPCs. This is a strategic opportunity to focus on the skill development and capacity of traditionally unrepresented groups, including youth,

to ensure they have a meaningful voice on FPCs and that their issues are heard and addressed by these councils. Perhaps the best example of this is the Food Policy Council in Detroit, which works closely with the Detroit Black Food Security Network to ensure deep and meaningful participation within the council.

Recommendation 3.2b: Examine funding models to support and grow collaboration through FPCs.

All FPCs are structured differently, so it is imperative that funders determine how to help FPCs realize their full potential regardless of their design. For instance, some FPCs are administered by state and local governments and may not be allowed to directly accept private funding. At the same time, many of these same FPCs have significant funding constraints, and could benefit from outside funding, especially if government funding tightens in future years. A 2009 study for the Institute for Food and Development Policy of 48 FPCs from around the country found that “many FPCs have no funding at all, and survive as all-volunteer organizations.”⁷⁶ Strong FPCs, such as the ones in Toronto, Kansas City, and New Mexico, require sustained funding, resources, and staff. For this, funders could explore alternative funding mechanisms, including grants to an “anchor” FPC member organization that would serve as a fiscal agent. This anchor organization can then re-grant funds to support specific FPC’s collaborative programs and policy objectives.

75 Harper et al., “Food Policy Councils.”

76 Harper et al., “Food Policy Councils.”

Recommendation 3.2c:
Support national FPCs
collaborations and knowledge
sharing opportunities.

The Robert Wood Johnson Foundation could explore opportunities to facilitate collaboration across regional FPCs. Many regions face similar challenges and opportunities, and could benefit from the best practices and lessons of other FPCs.

Recommendation 3.2d:
Support regional advocacy
collaborations that function outside
of FPCs.

As Winne stated, “You can do a lot of good food policy work without a Food Policy Council.”⁷⁷ There have been successful regional collaborative efforts beyond FPCs, particularly with local advocacy coalitions organized around a specific policy objective. Two organizations that operate outside of the FPC paradigm are the City Harvest program at the Pennsylvania Horticultural Society and the Health for Oakland’s People and Environment (HOPE Collaborative) in Oakland, CA. The HOPE Collaborative includes diverse grassroots and community organizations, as well as foundations and public agencies. To accommodate the uniqueness of each city and state and maximize impact within this movement, consideration must be given to the fact that in some regions collaboration bodies other than FPCs may be more effective at promoting collaboration and deep partnership.

Case Studies

The following case studies are intended to illustrate two successful collaborations. One with, and one without the guidance of a FPC.

- **Toronto, Ontario, Canada:**
Toronto Food Policy Council

The Toronto Food Policy Council (TFPC) operates as a sub-committee of the Toronto Board of Health. It includes City Councilors as well as volunteer representatives from consumer, business, farm, organized labor, multicultural, anti-hunger advocacy, faith, and community development groups. Its principal aims are to bring together the important actors of the local food system, and to bridge the gap between producers and consumers.

The TFPC has been instrumental in putting food in general, and nutrition in particular, on the policy agenda at the municipal and provincial level. An example of success, the TFPC successfully overcame the “silo mentality” that is too often inherent in government by positioning food as a crosscutting issue. Specifically, it has fostered better collaboration between public servants in such departments as Public Health, Urban Planning, Social Housing, Parks and even the Toronto Parking Authority—all of which have now integrated important aspects of food planning into their respective plans and/or policies.

Expressly on the issue of childhood obesity, the TFPC has fostered alliances between public health professionals, community organizations, urban farmers,

77 Mark Winne, class lecture, Princeton University.

food banks and schools. Thanks to this common front, the TFPC is now able to influence policy directly by having input in such binding policy documents as the City's Master Plan.

- **Oakland, CA:**
Health for Oakland's People and Environment (HOPE) Collaborative

The Health for Oakland's People and Environment Collaborative (HOPE Collaborative) was created in 2007 with funding from the W.K. Kellogg Foundation's Food & Community grants. HOPE originally identified three policy and system change targets: 1) to increase incentives for healthy food retail in Oakland's flatland areas, 2) to incorporate a "complete neighborhoods" model in the city's planning process, and 3) to equalize the representation of voices in community planning and civic ownership.

HOPE's short history illustrates how a community can engage with, and participate in policy advocacy work at both the local and regional levels. HOPE's original structure proved challenging to securing meaningful community involvement in policy making, and in response the Collaborative made key adjustments to accommodate a better balance of private, public, and citizen participation in its collaborative structure. HOPE's new structure is now comprised of four working groups led by a Steering Committee of approximately 30 people. The Steering Committee reports to an Executive Committee that oversees the entire mission of the Collaborative.

This flexibility was key to ensuring deep community participation.

The Steering Committee and working groups span many tiers of civic involvement, from representatives of large public health organizations, to community members committed to advocacy roles. Importantly, community members are specifically recruited and provided with a stipend for their participation in an effort to equalize the idea that their time is just as valuable as that of partners from the public and private sectors. Community members are also provided with leadership training and development.

As a result of HOPE's inclusive framework, the Collaborative has experienced extraordinary success in establishing trust among community members. Oakland is home to many low-income neighborhoods that have seen projects initiated by outsiders fail or disappear over time as investment or interest diminishes. The Collaborative remains determined to maintain an inclusionary process so that the community feels direct ownership of policy reforms.

CONCLUSION

The authors did not expect to find a single program or policy to combat childhood obesity that could be simultaneously sustainable, scalable and replicable, let alone one that could tackle the entirety of the childhood obesity problem in one sweeping gesture. Not surprisingly, nothing of the sort was found.

What this report does highlight, however, is the need for better coordination at all levels of community engagement, land-use planning, school programming, and policy-making. Reversing childhood obesity will not merely require individuals to change themselves. It also requires changes to the food environments across the country; and improving the food environment requires more than a few uncoordinated interventions.

The avenues for enhancing RWJF's funding strategy identified in the preceding sections all seek to better integrate schools, communities, local government and other important actors in the food landscape. These proposals are designed to be consistent with the foundation's Childhood Obesity Program's current grantmaking approach.

In summary, these are the proposed opportunities for the Robert Wood Johnson Foundation to enhance its existing strategies for combating childhood obesity:

Promoting nutrition education in schools and grocery stores

Although nutrition education programs exist, they are often not catered to those people most affected by childhood obesity. In response to this, RWJF could fund nutrition education programs in schools which can be easily incorporated into instructional time,

offer natural extensions in the home and community, and can become integrated into the school culture after one or two years.

Such programs could also be implemented in grocery stores, corner stores and other food retail venues to empower consumers to make healthier choices. In addition, the foundation could advocate for heuristic labeling (for example using the Traffic Light System) and support positive marketing in these stores as a way to increase food literacy among socially disadvantaged people, which is particularly relevant in communities where healthy food financing initiatives are being applied.

Funding of capital-intensive initiatives with high potential

Oftentimes, schools and other organizations active in the food environment lack only a few thousand dollars to be able to “go the extra step.” RWJF could help remove that hurdle, for example by providing start-up capital to alternative venues, such as farmers' markets and mobile trucks, to better reach low-income communities.

Schools may also need funding for school meal transition costs and capital-intensive projects. The Robert Wood Johnson Foundation could have a role here as well, for example by providing support to an organization that subsidizes the building of salad bars or other capital costs to increase healthier options for school lunches.

Collaboration and capacity building in schools and communities

Capacity building within and among school food systems and nonprofit organizations in the food arena can facilitate the implementation of nutrition programs and policies to increase the efficacy of nutrition-related initiatives. Such programs can help schools in designing effective RFPs and negotiating contracts, as well as non-profit and community organizations that are advocating for legislation to support and strengthen reform efforts.

There is a clear opportunity for the foundation to support the business capacity of emerging non-profit organizations that are performing a unique and critical role in this movement. Such efforts may be most effective when channeled through regional anchor organizations that can provide assistance in such areas as financial management, strategic planning and leadership development.

Finally, RWJF could promote the formation of FPCs and other bodies to increase coordination and collaboration within regions by providing counsel to community organizations as well as “start-up” financial assistance when possible. At the same time, the Foundation could foster knowledge sharing among FPCs by supporting regional, state or national networking and collaboration initiatives.

These avenues are truly real opportunities for building on what has already been done and anticipating the future challenges and openings within this arena. The United States is in the middle of a unique political and social moment where actors across the

country are eager to tackle these issues.

These different proposals may or may not be amenable to funding by RWJF or any single agency, but the hope is that they will generate important discussion and innovative ideas on how to move the dial in addressing this critical epidemic.

In conclusion, there is a clear opportunity for RWJF to provide technical assistance, financial support and mentorship to emerging non-profit organizations that are performing a unique and critical role in the mobilization around food-related issues. The foundation can also play an important role in fostering and supporting the development of FPCs in communities across America so as to better coordinate policies, programs and interventions.

APPENDIX I

List of Interviewees and Organizations

(In alphabetical order)

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Security Advocate, Second Harvest Food Bank
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Community Food Bank, Atlanta, GA
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Public Policy Coordinator and Community Food
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Alyssa Denny

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Elizabeth Dettmer, Ph.D.

Supervisor, SickKids Team Obesity Management Program (STOMP), Toronto, ON Canada

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[Specific-rotation-descriptions/SickKids-Team-Obesity-Management-Program.html](http://www.sickkids.ca/Psychology/Education-and-learning/Predoctoral-internship-program/Specific-rotation-descriptions/SickKids-Team-Obesity-Management-Program.html)

Kathia Duran

Executive Director, Latino Farmers Cooperative of Louisiana, New Orleans, LA

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Dwight Evans

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Andy Fisher

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Randall Fogelman

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Grace Fricks

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Ismaël Hautecoeur

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Shaina Robbins

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(Photo by Kim Joseph)

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(Photo by Kim Joseph)

Figure 4. The chalkboard in the kitchen at Samuel Green Charter School, home to Edible Schoolyard New Orleans. The youngest students learn the alphabet through food.
(Photo by Kate Sullivan)

Figure 5. Crescent City Farmers Market in New Orleans makes a substantial effort to attract and educate shoppers of all backgrounds, but high-income customers tend to make up the majority.
(Photo by Kate Sullivan)

Figure 6. At Samuel Green Charter School in New Orleans, LA, learning how to eat also means learning table manners.
(Photo by Kate Sullivan)

Figure 7. A Revolution Foods truck heads out for delivery in Oakland, CA. Approximately 80 percent of Revolution Foods clients are charter schools.
(Photo by Kate Sullivan)

Figure 8. A store offering healthy produce in New Orleans. While operational, they have been unable to accept SNAP due to limited bookkeeping and financing capacity.
(Photo by Kim Joseph)

