

# Creating a Healthier Future for Our Kids, Families, and Communities

## Healthy Communities and Healthy Families

To Grantmakers In Health (GIH), healthy communities and healthy families go hand in hand. Everything we know about the social determinants of health confirms that neighborhoods with clean air, clean water, safe and livable housing, accessible healthy food, and accessible health care support and nurture healthy families. Likewise, healthy families are the cornerstone of vibrant and healthy community life. These connections – and the inspiring possibilities they generate – will inform the plenary speeches at the 2011 GIH annual meeting and many of the other sessions and discussions.

Strategies for building healthy communities are not new, but today there is a heightened sense of action. With new opportunities arising from health reform and our understanding of the social determinants of health on the one hand, and with preventable chronic diseases now affecting almost 50 percent of Americans on the other, many feel that it is imperative to make progress on improving family and community health while reducing major risk factors like tobacco use, insufficient physical activity, and poor nutrition (CDC 2010a).

## Entry Points for Action

Funders' entry points for improving the health of children, families, and communities vary widely. For example, The California Endowment's Building Healthy Communities initiative uses a broad framework that is built around outcomes in health, prevention, physical environment, youth development, equity, and economic development. Over the next 10 years, the initiative hopes to stimulate a "healthy California, where future generations of children are healthy, safe, and ready to learn."

Several other major initiatives take the sharp rise in childhood overweight and obesity as their starting point. Fifty years ago, polio, measles, and other communicable diseases were the main threats to children's health. Today, the enemy is overweight and obesity, which can mar childhood and ultimately affect quality of life throughout adulthood.

This essay will explore the overweight and obesity epidemic and will describe successful individual and community programs to combat it. The many factors that affect obesity illustrate the broader societal issues that affect health, especially those related to income and neighborhood. As is

### The California Endowment Building Healthy Communities 10 Outcomes for Community Health

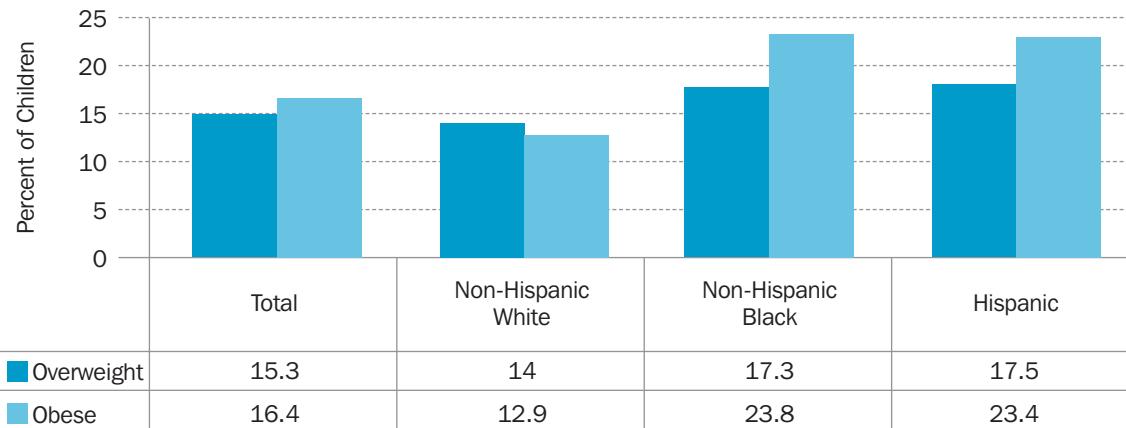
1. All children have health coverage.
2. Families have improved access to a "health home" that supports healthy behaviors.
3. Health and family-focused human services shift resources toward prevention.
4. Residents live in communities with health-promoting land use, transportation, and community development.
5. Children and families are safe from violence in their homes and neighborhoods.
6. Communities support healthy youth development.
7. Neighborhood and school environments support improved health and healthy behaviors.
8. Community health improvements are linked to economic development.
9. Health gaps for men and young boys of color are narrowed.
10. California has a shared vision of community health.

so often the case in this country, racial and ethnic minorities are most affected because poverty and residential segregation increase their vulnerability to diseases. However, even in poor communities, programs are achieving success.

The essay will focus on children because improving their health is an investment in the future. Getting young people started in a healthy direction will have a lasting effect on their health as adults and, by extension, on the health of communities as a whole. Adults are not left out of the picture, however. Addressing the factors leading to the childhood overweight and obesity epidemic will also improve adults' health. As role models, and as decisionmakers about their children's health, adults can – and should – be part of reversing the epidemic.

The successful programs and models that this essay describes provide optimism about our ability to reverse

**FIGURE 1:  
OVERWEIGHT AND OBESITY AMONG CHILDREN AGED 10-17 YEARS, BY RACE/ETHNICITY, 2007**



Source: HRSA 2010

current childhood overweight and obesity trends, especially if funders have a sustained commitment to this goal. Achieving it would mean substantial progress toward creating healthier futures for children, families, and communities.

## The Epidemic and Its Origins

Childhood obesity has tripled in the past 30 years, with rates among children aged 6 to 11 years increasing from 6.5 percent in 1980 to 19.6 percent in 2008, and rates among adolescents aged 12 to 19 years increasing from 5.0 percent to 18.1 percent (CDC 2010b). The prevalence of obesity is higher still in minority communities. Today, 41 percent of African-American and Hispanic children ages 12 to 17 are overweight or obese, compared to 27 percent of non-Hispanic white children (Figure 1).

Poor children – many of whom are African American, American Indian, and Hispanic – are disproportionately overweight and obese. But even among relatively affluent American children – those living at 400 percent or more of the poverty line – almost one-quarter are overweight or obese (HRSA 2010). Thus, while vulnerable communities are especially affected by overweight and obesity, all Americans are at risk.

The consequences of these trends include an increased risk for diabetes, heart disease, and certain cancers, even among children. Unless reversed, the trends will affect Americans' health for decades to come. Emerging research on the intergenerational transmission of health and illness tells us that as-yet unborn Americans will suffer the consequences as well. Meanwhile, the treatment costs of chronic diseases and other conditions associated with obesity and

overweight approach \$100 billion, with Medicaid and Medicare carrying much of the burden (CDC 2010c).

The childhood obesity epidemic is not just the result of what children are eating at home and at school. It is also symptomatic of broad social and economic developments that are affecting children, families, and communities. These developments include the availability of fresh and healthy food in neighborhoods, community factors that support safe physical activity and exercise, and the larger food system.

Research is finding that parents may unintentionally purchase unhealthy foods by letting their children choose what they want to eat when grocery shopping (Okeyi 2004). The relentless marketing of fatty, sweet, and high-calorie foods to children makes it highly likely that children's choices will be unhealthy. Food marketing to children is a \$10-billion industry that uses television, the radio, the Internet, magazines, product placement in movies and video games, schools, product packages, toys, clothing and other merchandise, and logos and product images to get its message across (CSPI 2010).

Multiplying marketing's effect is the fact that millions of low-income Americans – 25 million at last estimate – have limited access to a nearby full-service supermarket selling fresh foods (Treufaft and Karpyn 2010). A multistate study found that 8 percent of African Americans live in a tract with a supermarket, compared to 31 percent of whites, while a nationwide analysis found that there are 418 rural "food desert" counties – or 20 percent of rural counties – where all residents live more than 10 miles from a supermarket or supercenter (Treufaft and Karpyn 2010). In many settings, it is easier to walk or drive to the local convenience store or fast food restaurant, where choices

will be mainly high-fat, high-sugar, processed foods, than it is to locate a good grocery store. And the grocery stores that are nearby may offer more cheap, fatty cuts of meat and canned fruits and vegetables, than they do healthier options.

Eliminating food deserts will substantially improve the health of everyone in the affected communities (Trehaft and Karpyn 2010). Children and adults alike will be able to eat healthier foods. In addition, adults will be better able to take care of themselves if they have a diet-related condition, and there may be economic benefits for community residents if a newly constructed grocery store becomes the anchor for additional business development.

Food available at home or in local stores is just part of a child's day. School food – which for some students includes breakfast, as well as lunch and snacks – is another important component of the daily diet. Not all school food is unhealthy, but much of it is. Many schools rely on processed foods because they require minimal onsite preparation, require less labor, and are relatively inexpensive to provide. Federal nutrition guidelines are not consistently observed – and need to be updated. The problem has generated widespread support for school meal reform (GIH 2010).

Neighborhood factors that support physical activity and exercise are another part of the puzzle. Very often, especially in low-income communities, children and adults have limited options for walking, bicycling, playing games, or exercising because there is no place to do these things safely – or perhaps to do them at all. One New York City study found that playgrounds in low-income areas had more maintenance-related hazards, such as significantly more trash, rusty play equipment, and damaged fall surfaces, than playgrounds in high-income areas (CDC 2010d).

Sometimes, parks and playgrounds are available, but underused because young people do not feel physically safe being outdoors. Lower neighborhood safety and social disorder are significantly associated with less physical activity among urban children and adolescents (Molnar et al. 2004). Similarly, a study of nearly 800 urban and rural seven-year-olds reported that the children who perceived their neighborhood as less safe had a higher risk of being overweight (Lumeng et al. 2006).

Concern about the quality of foods American growers are producing – the “food system” – is increasing among funders and advocates. Issues include government-subsidized overproduction of crops that are integral ingredients in cheap, high-fat, high-sugar, processed foods; growers’ use of chemicals that are toxic to consumers and agricultural workers; overuse of antibiotics; the rising risks of foodborne illness; and methods of agricultural production that lead to poor air quality and respiratory illness (Cohen et al. 2010).

## What Works, What Does Not?

Some funder interventions target diet at the individual and household level, while others work to improve the conditions in the community, such as the availability of healthy food and of safe places to walk and keep fit. At every level, there are well-documented examples of effective programs – in welcome contrast to many programmatic areas.

Looking at programs for individuals, Child Trends reviewed 51 programs whose impacts on children’s nutrition, their physical activity, and/or their weight loss had been systematically evaluated, and identified several key components that did and did not work, related to program goals, target population, and design (see box below). These programs were typical of many that have been supported by health foundations (Hadley et al. 2010).

### Child Trends Review Behavior Change Programs

#### What Worked

- Programs with narrower goals
- Programs with a therapy/counseling component
- Physical activity programs designed for an adolescent population
- Long-term programs that addressed physical activity
- Programs that taught skill building

#### What Didn’t

- Obesity programs geared toward young children
- Long-term weight loss programs

At a larger scale, two national programs – one sponsored by the Centers for Disease Control and Prevention (CDC) and the other by the Robert Wood Johnson Foundation (RWJF) – have generated successful outcomes by working in partnership with local communities and focusing on community factors, as well as individual diet and behavior. (Descriptions of these are on pages 4 and 5 of this essay.)

## Next Steps for Funders

For funders interested in supporting healthy kids, families, and communities, it is a time of exciting possibilities. The \$400-million Healthy Food Financing Initiative, introduced in 2010, will bring grocery stores and other healthy food retailers to underserved urban and rural communities across America. Through the initiative and by engaging with the private sector, the federal government will work to eliminate food deserts across the country within seven years. California and New York have already developed

state-level programs to offer tax credits, below-market rate loans, loan guarantees, and grants to organizations providing healthy foods to underserved communities. Interested funders can support such local efforts and can use the U.S. Department of Agriculture's Food Environment Atlas ([www.ers.usda.gov/FoodAtlas/](http://www.ers.usda.gov/FoodAtlas/)) to identify food deserts in their community (HHS 2010).

Funders can also support projects that help families and children get out of the house and exercise safely. This includes parks, walking paths, lighting, sidewalks, safe crosswalks, and playground equipment.

School food is the focus of many funders, including the Colorado Health Foundation. Their groundbreaking work is described in GIH's *Back to Basics: Promoting Healthy School Food*. Successful behavioral interventions, like those assessed by Child Trends, can also be replicated.

All funder efforts are likely to be boosted, either directly or indirectly, by the launch of Healthy People 2020. Healthy People is guided by the philosophy that "the health of the individual is almost inseparable from the health of the

larger community and that the health of every community in every State and territory determines the overall health status of the Nation." Healthy People 2010 focused on two overarching goals: increasing the quality of life (including years of healthy life) for Americans and eliminating health disparities. Healthy People 2020 reaffirms these goals and adds two more: promoting quality of life, healthy development, and healthy behaviors across life stages, and creating social and physical environments that promote good health (Koh 2010). Funding is available for data and tools that will enable states, cities, communities, and individuals across the country to combine their efforts to achieve these objectives (Healthy People 2010).

Funders who need tips for getting started with, or improving, their work at the community level, may want to consult the CDC's Community Tool Box. The tool box includes models for promoting community health and development; guidelines for doing the work of developing partnerships and coalitions, designing and launching interventions, and evaluating interventions; and other support tools (CTB 2010).

## CDC: Healthy Communities Program (formerly Steps)

**Who:** CDC, local and state health departments, national organizations with extensive reach into communities, and a wide range of community leaders and groups throughout the United States.

**What:** Prevent chronic diseases by working to reduce health risk factors and attain health equity by using population-based change strategies (CDC 2010e). CDC's Community Health Resources Database, CHANGE assessment tool, and Action Guides support community leaders' efforts to more efficiently and effectively bring about improvements in community health.

**How:** Build community capacity – commitment, resources, and skills – to develop and implement policy, systems, and environmental change strategies that will:

- reduce health risk factors, especially tobacco use and exposure, insufficient physical activity, and poor nutrition, and
- support attaining health equity.

### SUCCESS STORY: INCREASING ACCESS TO FRESH FRUITS AND VEGETABLES FOR INNER-CITY RESIDENTS

The Pioneering Healthier Communities coalition in West Michigan, led by the YMCA of Greater Grand Rapids, has helped make fruits and vegetables more accessible and affordable by creating farmers' markets and student-maintained gardens in Grand Rapid's inner-city neighbor-

hoods. Several areas in inner-city Grand Rapids are food deserts, primarily affecting low-income, African-American, and Latino individuals and families.

Through ongoing efforts that started in 2005, Pioneering Healthier Communities in West Michigan has reached more than 2,000 elementary and middle school students, teaching them basic gardening skills and helping them cultivate 500 pounds of produce through 11 student-maintained gardens. When a garden could not be planted in a schoolyard, the school and community came together to identify and select a nearby alternative site, such as a city park. The gardens are supported by donations of plants, seeds, and money from organizations and individuals in the community. In addition, volunteers from community businesses and a master gardener from Michigan State University Extension have helped to supervise planting, weeding, watering, and harvesting.

Pioneering Healthier Communities in West Michigan also has worked to improve access to low-cost fresh fruits and vegetables for more than 2,500 people each year through five farmers' markets located in inner-city areas, four located at schools, and one at a Boys & Girls Club facility. Schools have helped promote the markets by sending information home with students and by prominently posting bilingual announcements on their campuses. Because of the popularity of the markets, the farmers sell almost all of the produce they bring (CDC 2010f).

## RWJF: Center to Prevent Childhood Obesity

**Who:** RWJF, PolicyLink, and a wide range of potential partners, including all levels of governments, schools, childcare providers, community- and faith-based organizations, media and business leaders.

**What:** The mission of the foundation's Center to Prevent Childhood Obesity is to reverse the childhood obesity epidemic by 2015. It places special emphasis on reaching children of color and children living in low-income communities who are most affected by the epidemic and its health consequences.

**How:** Shift children's diets toward healthy foods and beverages, increase physical activity, and build awareness and support for the goal of reversing the childhood obesity epidemic by 2015 (Center to Prevent Childhood Obesity 2010a).

### SUCCESS STORY: JAMMIN' MINUTE

Principal Shannon Foster and her staff's successful school-wide implementation of a simple one-minute fitness routine suggests that even modest efforts to ensure that students get daily physical activity can have overwhelmingly positive results and create momentum for building a more comprehensive school wellness program. The routine, called Jammin' Minute, is part of a larger effort that includes dietary changes in the lunchroom.

River Terrace Elementary, in Washington, DC, serves 160 African-American students from Head Start through the fifth grade. A majority of students participate in the free and reduced-lunch program. The school nurse's general awareness of childhood obesity, and her particu-

lar concern for a number of overweight students who were already experiencing diseases associated with excess body weight, stimulated efforts to bring more physical activity to the school.

She introduced Jammin' Minute, a simple daily exercise done to music. Students stop instruction at a given time each day, stand up, and enjoy a one-minute burst of aerobic activity. "One day the nurse might say, today we are going to visit the winter Olympics, let's pretend we're on the ski slope." Students have become so attached to the exercise, Principal Foster says, that they get upset if they have to miss it.

Principal Foster fully recognizes that children need more than a minute of exercise per day. She cites lack of funding as a significant obstacle to creating the infrastructure that would enable River Terrace to meet basic wellness standards, including a full-time physical education and health teacher.

Meanwhile, Jammin' Minute seems to be having a good effect on students' academic performance. Prior to the new wellness efforts, River Terrace had failed to make adequate yearly progress as measured by federal standards, but it is now making gains each advisory period. "Our literacy scores are climbing," says Principal Foster. "And in our most recent interim assessment, our children are showing growth. Our attendance rate is incredible, 97 to 98 percent, up from around 80 percent last year. We're excited about that, and I would like to think the little things we are doing, the changes in the lunch menu and increased physical activity, have something to do with it" (adapted from Center to Prevent Childhood Obesity 2010b).

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