# NAACP CHILDHOOD OBESITY Advocacy MANUAL

**A**dvocacy
**C**ommunity Mobilization & Education
**T**raining

NAACP
CHILDHOOD OBESITY
Advocacy MANUAL

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NAACP
CHILDHOOD OBESITY
Advocacy MANUAL

Greetings:

In the aftermath of the historic passage of the Patient Protection and Affordable Care Act on March 23, 2010, the NAACP still finds itself in the fight against health inequity that faces the nation's African American community.

As a health professional and advocate, I am honored to share with you the NAACP Childhood Obesity Advocacy Manual. This resource was developed to assist NAACP units and other grass roots organizations to address the childhood obesity epidemic in African American communities across this country.

The NAACP views this as a social justice issue that is affected by one's environment, socio-economic status, and geographic region. With over 1,200 active units in the United States, the Association is well equipped to utilize our power to engage community and state leaders in this fight to save the next generation.

Join the NAACP and stand up for the health and future of our children. The next generation is relying on you! Include them in this fight, empower them to take their health back and fight for justice. Equality in health will help to build the legacy of our community.

In the struggle,

Roslyn M. Brock
Chairman
NAACP National Board of Directors

Greetings:

The NAACP's mission is to **ensure the political, educational, social and economic equality of rights of all persons and to eliminate racial hatred and racial discrimination**. Considering the current state of African American health in America, the NAACP stands with you to fight for the health of families, especially our children.

It is no secret that if not eradicated, childhood obesity will be one of the many causes of more premature deaths and chronic disease for our children. The NAACP treasures the lives of our children and will stand with communities to fight against any systemic or environmental barriers that inhibit one's opportunity to live a healthy life.

The NAACP intends to provide support for local units to implement awareness, education, and advocacy opportunities to address childhood obesity in the Black community. This manual is designed to provide you with the tools you will need to address childhood obesity through policy, systems, and environmental change.

Join the NAACP as we stand unified with our local units and other grassroots organizations to address childhood obesity. Thank you for your work and we look forward to the many victories that are to come!

Sincerely,

Benjamin Todd Jealous
President and CEO





# Foreword

The NAACP is committed to using our voice to "sound the alarm" on childhood obesity that plagues this young generation, deemed the first that will NOT outlive their parents. Childhood obesity remains an issue of enormous social impact for which there are significant racial and systemic bias implications. African American children are more likely to be poor, obese, and live in unsafe communities where there are few opportunities for physical activity, higher exposures to harmful environmental factors, fewer supermarkets, and limited access to healthy food options. African American children are less likely to have access to preventive care and more likely to have emergency room visits than their White counterparts.

**Childhood Obesity Facts:**

- By 2008-09, 29.2% of Black adolescent girls ages 12-19 were obese; the highest prevalence of any age group by gender, race or ethnicity.
- African American children ages 6 to 11 are more likely to be obese or overweight than White children.
- African American females born in 2000 have a 49% lifetime risk of being diagnosed with diabetes while White females have a 31% risk, respectively.
- African American males born in 2000 have a 40% lifetime risk while White males have a 27% risk of being diagnosed with diabetes during their lifetimes.

To address the issue of childhood obesity in the African American community requires an advocacy agenda designed to change policies and programs at the local, state, and federal levels and building an effective, community-wide outreach plan that will provide African American families with, and increase awareness about the need to eradicate childhood obesity across this country. Targeting childhood obesity is an opportunity to implement a cross-generational approach to the promotion of healthy behaviors in Black families.

Do you live in a safe place for your children to play? Are there adequate parks and recreation centers available year-round for our children? Do local grocers and corner stores provide fresh fruits and vegetables? Do families have access to healthcare? The NAACP encourages African American communities to address the lack of access to healthy school foods, physical activity guidelines for schools, food deserts and issues of food justice, poverty, and the built environment. Join us in this fight to save our children!

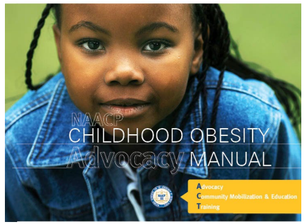
Shavon L. Arline-Bradley, MPH
Director
NAACP Health Programs

# NAACP CHILDHOOD OBESITY Advocacy MANUAL

## How to Use this Manual and Workbook

The NAACP Health Programs Department has partnered with CommonHealth ACTION to develop this manual as a tool that supports local efforts to combat childhood obesity by improving the conditions within which children and their families live. The manual is a resource to educate and guide community members and leaders as they address the complex root causes of the childhood obesity epidemic through effective advocacy and policy change.

The manual and workbook will be disseminated primarily to NAACP units nationwide. Each unit leader should share this information with local members and lead discussions focused on the background information and resources provided. The unit should then set up a task force or subcommittee to develop a plan of action and implement a policy change strategy based on the information in the manual. NAACP units are encouraged to engage their partners, community members, and stakeholders in this process and collaborate with them to develop strategies and take action.



**Instructions:**

- Download the manual and workbook.
- Contact the NAACP Health Programs Department with questions.
- View the Obesity Webinar available online.
- Review and discuss the manual with your unit/team [**NOTE: Key words will be bolded in PURPLE when they first appear in the manual. Be sure to refer to the Glossary on pages 34 - 36 for definitions].**
- Complete the process as outlined in the manual and workbook.
- Complete the requested online reports to give input, feedback, and progress updates to the NAACP Health Programs Department at health@naacpnet.org.



# NAACP'S CHARGE TO ITS MEMBERSHIP

The NAACP has decided to shine a spotlight on childhood **obesity**, identifying it as one of the most important social justice issues of our time. The disparate number of African American children affected by this epidemic calls for us to stand as a unified **community** to combat this silent killer. Unacceptable rates of obesity and overweight have placed our children on a trajectory to be outlived by their parents. Without coordinated, collaborative action, we are at risk of losing a generation of young people to chronic disease and early death while placing additional strains on our economic, public health, educational, and healthcare systems.

> "Many people believe that dealing with overweight and obesity is a personal responsibility … To some degree they are right, but it is also a Community responsibility."[1]
>
> ***Dr. David Satcher***[2]
> *Former Surgeon General*

The NAACP is calling upon our members and units to address one of the following three policy areas in their communities: **built environment, food environment,** and **school-based policies**. These terms are explained in detail later in the manual.

The ultimate goal of this call to action is for local units, state conferences, and communities to identify a policy area and successfully advocate for policy changes that help to reduce obesity and overweight rates for local children. At the same time, your collaborative action provides an opportunity to develop successful new models and strategies that can be shared and replicated in communities around the country as they seek to support the **health** and well-being of children.

It is important to note that disproportionately high rates of obesity among African American children are not because of genetics or being "big-boned," nor should we lay blame solely on poor behavioral choices – although they are important factors in the obesity equation.

Instead, we all must focus on the environments and contexts within which children and their families live their lives and make their choices. Science now tells us that childhood obesity is fueled by neighborhoods that discourage physical activity; schools that promote inactive children; and limited access to affordable, healthy foods in many of our communities.

To support the health and well-being of African American children and their families, we must work to create the circumstances in which they have opportunities to be healthy and make healthy choices. To that end, we call upon local leadership to participate in this new quest for health **equity** and to emerge victorious in the fight for healthier communities for African American children.

# OVERVIEW

The United States is currently engaged in a war for good health and losing the battle against obesity. While the data are alarming, it is important to acknowledge that the nation's challenges with obesity developed over the past four decades as a result of political, cultural, and economic conditions. Those conditions have converged and concentrated in communities of color, leading to ill-health, disease, and early death. They are most often the result of inequitable economic and social policies that place an unfair burden on African American communities while giving disproportionate benefits to other communities. Increasing rates of poverty, classism, and the ongoing manifestations of structurally racist policies have created African American and other communities of color that have limited resources and access to healthy foods and environments that support healthy weight, while perpetuating neighborhood conditions that promote obesity.

Childhood obesity is a serious medical condition that according to the Centers for Disease Control and Prevention has tripled over the past 30 years within the United States.[3] It disproportionately affects African American children, poor children, and children who live in rural communities. Childhood obesity and overweight are characterized by an above normal **body mass index (BMI)**. BMI is calculated as weight in pounds divided by inches in height. The relationship between these two measurements reflects an overall degree of "fatness" or "fat mass." It is important to note that the calculation of acceptable childhood BMI differs from adult BMI in that it takes into consideration childhood growth, and for children, healthy BMI is determined within percentiles.

Due to these issues, childhood obesity is currently one of the leading health concerns for American parents. So why are our children getting heavier and unhealthier every year? Rarely is obesity in children caused by a medical condition. It occurs when more calories are eaten than calories burned. Over-consumption of calories occurs for many reasons including:

> "Obesity is the terror within. Unless we do something about it, the magnitude of the dilemma will dwarf 9-11 or any other terrorist attempt."[4]
>
> ***Dr. Richard Carmona***[5]
> *Former Surgeon General*

**Factors that increase obesity...**

- Increased food portions
- Promotion of a processed food culture
- Increased marketing efforts that target children
- Developed and built neighborhoods that hinder or prevent outdoor physical activity
- Limited physical activity in schools
- The ignored need for access to healthy foods in communities of color
- Reduced access to safe green spaces in many neighborhoods
- Failure to educate, influence, and inform families about good nutrition

As a result of these and other factors, we have created an America that has made our children increasingly vulnerable and increasingly unhealthy.



# OVERVIEW

- Easy accessibility and availability of high-calorie, high-fat, high-sugar, high-sodium foods and beverages that also have little to no nutritional value or benefit;
- Challenges in the physical environment that prevent or discourage exercise and an active lifestyle;

- School environments that do not or cannot commit time or resources to support healthy eating and active lifestyles for children through sports and physical education;
- Limited availability of healthy foods;
- High cost of healthy food/low-cost of poor quality/junk food;
- A lack of education about healthy eating (e.g., right amount of calories, good nutrition, frequency of meals); and
- A lack of understanding about active living (e.g., walking or biking instead of riding in a vehicle, engaging in physical activities such as organized or recreational sports).

Data indicate that obesity, particularly among African American children, is the emerging health, social justice, and equity issue of our time. Not surprisingly, combating obesity in children is a priority for public health professionals, but it is also important to businesses, schools, government, and communities. Many individuals and organizations have invested time and resources in developing programs and campaigns to end this national epidemic. Despite the increased awareness of the epidemic and data showing some improvement, obesity rates continue to rise within certain racial and ethnic groups.[6]

In addition to the direct and obvious consequences of obesity on health, there are costly effects on our society and economy. Obesity and overweight perpetuate chronic diseases that lead to absenteeism from school and work, and decreased productivity of adults in the workplace and children in school. In addition, there are increased costs to our economy based on medical expenditures for obesity-related conditions, higher health insurance rates, and even higher transportation costs (additional weight in planes and on buses requires higher fuel usage). According to the Centers for Disease Control and Prevention (2009), obesity costs our nation as much as $147 billion per year in direct healthcare costs and lost productivity.[7]

Given these circumstances, it is clear that the nation's escalating rates of childhood obesity qualify as a crisis worthy of immediate action by NAACP units and conferences, as well as communities.

## CONTRIBUTING FACTORS TO OBESITY

### Lifestyle Choices

Every day, people make decisions about what to eat and the level of physical activity within which they will engage. They make these decisions based on available foods, personal finances, knowledge of nutrition and exercise, available time, and their neighborhood environment. In addition, there are important traditions and cultural beliefs in the Black community that guide families and individuals in their daily food choices, perceptions of healthy weight, obesity, and body image, and the role that food plays in our social interactions. To stem the tide of childhood obesity, we must openly acknowledge the role our culture plays in unhealthy eating and at the same time, offer healthier nutritional options. In doing this, we have the opportunity to teach everyone new ways to achieve and maintain healthy body weight, good health, and wellness.

As we educate and inform families and individuals about healthy eating, we must also promote physical activity that fits the lifestyles and interests of our communities. While in some neighborhoods bike and walking trails are in demand, in others, the primary interests may be in organized group exercise and activities. In some neighborhoods, it makes sense to support walking to the grocery store while in others the goal may need to be making safe indoor exercise facilities available.

The key is that local childhood obesity reduction efforts offer options for physical activity that are readily available, affordable, safe, culturally appropriate, sustainable, and when possible, involve the entire family.

**The impacts of obesity...**

- Families with obese children spend more money on clothing and medical care.
- Children who are obese and overweight are more likely to experience intense social pressures, such as teasing and bullying.
- Obese and overweight girls often enter puberty at a younger than average age, possibly increasing their risk of adolescent and teenage pregnancy.
- Girls and boys who are overweight and obese often suffer from low self-esteem, poor body image, and social isolation, all of which can lead them to engage in risky sexual behavior and substance abuse.





### Cultural Norms

While perceptions and culture play critical roles in food choices and physical activity, it is also necessary to consider body image (attitudes and perceptions of healthy weight) among African Americans. Scientific studies indicate that African American women and men are less likely to correctly perceive their status as overweight than their White counterparts. African American women in particular tend to be satisfied with their bodies and perceive themselves as attractive while overweight. This perspective is identified as a risk factor for obesity and only changes once the woman becomes obese.

While self-acceptance and self-esteem are important for mental health, some degree of dissatisfaction is necessary for overweight or obese people to take action to achieve a healthy weight. To begin the process of individuals or families attaining a healthy weight, there has to be an accurate perception of their current weight. Adults must recognize this for themselves and at the same time, they must be aware of what a healthy weight is for their children. Emerging research tells us that African American parents often incorrectly view themselves and their children as being at a healthy weight.[8, 9] One study of low-income African American and Hispanic parents indicated that two-thirds of mothers whose children were at risk of or were classified as overweight were satisfied with their children's weight or wanted them to be heavier.

While one component of body image is self-perception, the other is attitudinal (how a person feels others view them or the degree to which they believe their weight is accepted by others). This also poses unique challenges in African American communities because of cultural norms that accept, uplift, and at times reward individuals who are considered "big-boned," "P-H-A-T, fat," or "thick." These norms are often common in African American communities, consequently they put the population at increased risk for long-term chronic disease, early death, and in some instances school and work place discrimination, all of which jeopardize the viability of our people.

The issue of accurate body image and its connection to overweight and obesity is critically important for African American children. Science indicates that overweight and obesity pre-dispose girls to early puberty. As a result, their bodies begin to develop physical characteristics associated with womanhood and that is believed to put them at increased risk of sexual abuse and early sexual behaviors. At the same time, overweight or obese adolescent males often reach puberty later, which can lead to social isolation, teasing, and problems in school. Both situations create physical, social, and mental health challenges that may put African American children at increased risk for poor health, hinder academic achievement, and limit quality of life.

As we advocate for local policy changes to reduce obesity, we must understand African American perceptions and culture related to weight and obesity, focus on medically-defined healthy weight, and support one another and our children to accept accurate body images.

## The Roles of the Individual, Family, and Organizations

While effective public policy is the primary focus of this manual – and critical to ensure that communities are designed and managed to support healthy lifestyles – it is also important to acknowledge that individuals and families must play significant roles in addressing childhood obesity. Regardless of whether the conditions in a community provide opportunities for the residents to live healthily, it is up to individuals to choose to eat well and be physically active.

### The Individual

One of the key ways in which an individual can make decisions to influence the food available in their community is how and where they spend their dollars when buying food. Professor and author Michael Pollan calls it "Voting with your fork."[10] This type of action makes a difference in terms of personal behavior and it also influences the food options vendors offer, based on profitability. If each person decides to purchase healthy food and requests these options from their local food outlets, then merchants will be inclined to provide the products their customers want.

From the physical activity perspective, trying to increase one's daily movement by adding additional steps to your routine makes a difference. Dr. James Hill, co-founder of *America on the Move* calls these small actions "the first rung on the ladder of self-efficacy."[11] By taking 2,000 more steps per day, an individual can begin the process of stopping weight gain, and if the small increases continue, eventually they will achieve weight loss. The main message of America on the Move is that small incremental changes on the individual level are the key to significant and sustainable progress towards a healthy lifestyle and body weight.

### The Family

As it relates to children, there are critical factors affecting their individual behaviors that must be taken into consideration. The war on childhood obesity must be waged where children generally have the most support, within their families. While sometimes children make decisions regarding their food and activities, they often do not have a choice of what to eat, where to live, play, shop, or go to school. Since parents and adult caregivers most often decide and control what happens in children's lives, it is primarily their responsibility to ensure that these children develop healthy eating and physical activity habits.

Parents need to set the tone for these habits by teaching and encouraging healthy behaviors (e.g., learning how to select the best fruits and vegetables in the supermarket, creating meal plans for the week, and preparing meals together at home). In addition, they can encourage an active lifestyle by not just signing their children up for after-school activities, but also by making time to play outdoor games or sports with them. Children take their cues from parents and the adults in their households, so the behaviors that are cultivated within the family will ultimately influence how they make lifestyle decisions.

### Organizations

For many African Americans, social involvement is an essential component of their lives. Of course, in the Black community, faith organizations serve as a central social outlet, and this is where food plays a significant role in social interaction (e.g., potlucks, meetings, fundraisers, etc.). Unfortunately, the food served at many of these gatherings is high in fat, calories, sodium, and sugar. Since faith is such an influential part of the community, any individual or family efforts to establish healthy behaviors could be undermined on a weekly basis if faith institutions continue this approach to food preparation for their activities. In response to the call to address obesity in African American communities, faith leaders have begun providing their members with healthy alternatives to traditional meals (e.g., substituting turkey legs for ham hocks in greens, baking instead of frying chicken, etc.). Leaders have also begun using their platform to preach a "health message" and encourage their members to consider their health as an essential component of their spiritual lives.

Although faith communities have been a focus of anti-obesity efforts, there are other civic organizations and social groups – e.g., the Rotary club, fraternities and sororities, family reunion planning committees, etc. – that can also take part in helping to support healthy eating and active living in African American communities. These civic/service organizations can ensure that they build opportunities for physical activity, in addition to providing healthy food alternatives in their programs.

It is critical that individuals and groups begin to be thoughtful about how to support each other to achieve healthy weight and our best health. This is necessary to the quality of life of African American children and their families.

# Beginning The Process

## Now it's time to do the work!

Based on the information provided in this manual, your team should develop a plan of action that is to be completed and assessed over a two-year period. This process will involve members and local partners getting to know and understand resources and policies in their cities and towns, through research and outreach. It will also entail connecting and engaging diverse groups of community members, agencies, and organizations as a plan of action is developed for the team. The NAACP Health Programs Department will reach out to teams conducting this process periodically, to check in and determine where we can be of assistance. Together, we can all help to reduce and hopefully eliminate childhood obesity in our communities.

In order for your team to be successful in addressing childhood obesity, you must first understand the conditions and root causes that created and sustain this epidemic locally. Below, we have identified contributing factors that will assist you in understanding why your children are obese or at a greater risk for obesity. This understanding will serve as the basis for the strategies and activities provided later in the manual.

> "If we are serious about combating the childhood obesity epidemic and improving child nutrition, then everyone must chip in -- parents, schools, and yes even Congress."[12]
>
> ***Senator Tom Harkin (IA)***[13]

**The most effective method for helping people change their habits is to ensure that their daily surroundings support a healthy lifestyle.**

For example, if Mrs. Jones attended a course on cooking healthy meals and she is committed to changing the way her family eats, her commitment cannot translate into action if she does not have access to healthy, affordable food options in her community.

If she has to take a bus or drive a significant distance to get to a farmers market or grocery store with good quality produce, she may not be able to fulfill her commitment. This is why it is critical for you to examine your community's assets and determine what policies need to be changed or put in place to support community members' efforts to be healthy.

## The Role of Public Policy

Based on the information in the previous section that explained the root causes of childhood obesity, it is important to understand that focusing on personal responsibility (i.e., depending on people to change their unhealthy behaviors) will not be enough to reverse the current obesity epidemic. **People are products of their environment.** If the environment does not support a healthy lifestyle or healthy choices, it will be difficult and for some, nearly impossible to change individual behaviors.

So let's figure out what to do. The key to developing a successful strategy is to understand the major issues behind America's obesity problem. Based on our understanding of the roles of excess calories and unhealthy weight, it is clear that childhood obesity stems from two fundamental problems:

- **Limited or no physical activity**
- **Unhealthy eating habits**

An individual's healthy or unhealthy behaviors are greatly influenced and at times determined by his/her environment. The following are examples of factors that contribute to health behaviors:

- Food and drink options provided to children at school
- Physical activity opportunities for children during and after the school day
- Availability of stores in a neighborhood that provide healthy foods
- Large numbers of unhealthy restaurant options in certain neighborhoods
- Safe and easily accessible places to walk or exercise in a community (e.g., no parks, sidewalks, bad lighting, high crime rates, availability of drugs, etc.)
- Community resources and assets that are necessary for daily living and are accessible by walking or biking (e.g., proximity to banks, employment, schools, faith homes, retail, health services, etc.)
- Levels of pollution in the areas surrounding a neighborhood (e.g., a manufacturing plant or garbage dump within close proximity of where people live)

**Public policy shapes and controls all these factors and more.**

Therefore, it is important to understand public policy's scope and significance related to neighborhood conditions and the environments in which individuals live. Below is the definition of public policy for the purposes of this manual.

> Public policy [is] … a system of laws, regulatory measures, courses of action, and funding priorities … [set] by a governmental entity or its representatives.[14]

In short, public policy largely determines the kind of neighborhood in which each of us lives. The policies that govern your community need to be developed, implemented, and revised when necessary, in order for individuals, families, and children to live healthy lives and thrive. Consequently, there should to be a focus on changing policies, beginning at the local level, that will support people as they strive to be healthier.

It is important to note that policy is different from public policy in that it is not only legislative (i.e., laws passed by state or federal elected officials), but it also refers to rules and regulations that guide local agencies, organizations, or institutions such as non-profits, universities, job sites, schools, law enforcement, financial institutions, etc.

Understanding that childhood obesity can be addressed through various approaches, this manual aims to support members of NAACP units and grassroots organizations in local activities that help to reduce its impact. To that end, there are three areas around which the NAACP encourages its members to concentrate their efforts on **advocacy**, planning, and action for policy change. They are:

- **Built Environment** (e.g., improved public transportation, enhanced recreational spaces, better access to school playgrounds outside of school hours, increased **walkability/bikeability**)
- **Food Environment** (e.g., reducing **food deserts** by increasing access to healthy, affordable foods in corner stores and local grocery stores)
- **School-Based policies** (e.g., increased physical activity in schools and more nutritious school foods and drinks, including meals, vending, and concessions)

The following section will explain these topics in more detail and set the stage for how teams should begin framing their plan of action to address childhood obesity in their communities.

**Public policy directly impacts:**

- how much money is spent to maintain the infrastructure of a community
- what types of food are served in schools
- who is allowed to provide goods and services
- where services are located





These three advocacy approaches were chosen for the manual because they are the primary policy areas that affect childhood obesity. They also serve as some of the most appealing causes around which to mobilize communities, particularly because the issues are easy to identify and affect community members in tangible and direct ways.

As you will see later in the manual, your team will have to decide about the advocacy area on which to focus; however, we encourage you to review all the areas as it is good to understand the underlying factors that contribute to the childhood obesity epidemic. In addition, you may find that applying strategies from other areas may benefit your team's approach to your chosen area.

> "To say that obesity is caused by merely consuming too many calories is like saying that the only cause of the American Revolution was the Boston Tea Party."[15]
>
> ***Adelle Davis***[16]
>
> *Author & Nutritionist*

## AREA #1: BUILT ENVIRONMENT

### Overview

One of the primary influences on obesity is the built environment, which loosely defined encompasses all man-made structures, spaces, and conditions. This could include roads, schools, neighborhoods, town centers, parks, and even air pollution. The built environment's relationship to childhood obesity is important not only because it affects access to healthy food, but it also impacts the options children and adults have to be physically active.

### Background

Over the past decade, the level of concern regarding the number of obese children and adults has escalated. Several research studies have connected obesity rates to conditions in the built environment. Data collected indicate that some physical activity (e.g., walking and bicycling) will not only reduce one's tendency towards being obese, it will also add years to a person's life.

**TIP:**

The information outlined in this section is meant to be a guide for your team as it develops a strategy and plan of action. Feel free to modify and improvise as needed to create the best possible approach to address childhood obesity on a policy level within your community. What is most important is that you take away the lessons learned from how these organizations addressed issues related to obesity in their communities.

Here are some examples that illustrate how community design impacts everyday life.

- Availability of safe spaces to walk, exercise, and play (i.e., parks, sidewalks, school playgrounds, community centers, etc.)
- Availability of quality public transportation
- Access to quality public services (i.e., clean water supply, trash removal, etc.)
- Availability of and easy access to healthy food retail outlets (e.g., farmers markets, restaurants, etc.)

**All these factors affect the health of communities, particularly children.**

For many children today, play time is often relegated to indoor activities such as playing video games and using the computer. With a limited number of safe places to play outside the home, there are reduced options for physical activity in school (or after school). Many children just do not have the opportunity to do even minimal amounts of exercise. Coupled with the increased use of cars and limited walking, children now have a largely sedentary lifestyle that contributes to the alarming increase in childhood obesity.

Clearly, the environment within which we live, play, and work has the potential to either hinder our efforts to be healthy, or support them. For example, if children live in a neighborhood where the street is the only place they can play, then it is likely that their parents (or just the environment itself) may influence them to stay indoors to stay safe. Conversely, if these same children lived close to a park that is well lit, has security, as well as responsible adults supervising activities in the park, they might be more inclined to engage in physical activity. In addition, children spend at least a third of their time in school. In the past, physical education was not only encouraged but required in order to graduate. This is no longer the case within numerous school systems around the country, where very few or no physical education classes are available to students. Some of the issues related to the guidelines that govern our school systems will be addressed later in the School-Based Policies section of the manual.

Another important factor to note is that the built environment directly impacts how, when, and what we eat. Living in a neighborhood where there are supermarkets or food outlets that offer healthy options and that are within walking distance or a short drive away, is definitely great support for healthy living. This is especially true for families in which the adults work long hours and have limited time to prepare meals. Many of these families will choose to eat at restaurants rather than prepare home cooked meals because it is more convenient for their busy schedules. If they have the option to purchase either partially prepared, healthy meals from a supermarket or to pick up dinner from a food restaurant that





offers affordable/low-priced healthy options, this could have a significant impact on that family choosing and being able to live a healthy lifestyle. However, for many of these families, especially those in largely African American communities, those options tend to be limited. This directly connects to the community's Food Environment, which will be discussed in more detail later in this manual.

Some other examples of how built environment conditions impact our ability to live healthily include:

- zoning rules that influence the number of corner stores in a community, which is directly related to that community's available healthy food options;
- town planning policies that ask for sidewalks and complete streets, both of which encourage walkable/bikeable neighborhoods;
- local recreational facilities and parks that offer after-school and weekend programs in which the community's children and families may participate; and
- joint use agreements that allow school facilities to be used by the community after school hours.

These examples show the connection between place and health, and this means that addressing built environment policies will ultimately change the trajectory of childhood obesity in our communities.

# AREA #2: FOOD ENVIRONMENT

## Overview

The health and well-being of a community is usually connected to its food environment. For example, the number and types of food outlets such as restaurants, supermarkets, farmers markets, etc., has implications for the health of the community's residents. Many communities of color may be deemed unhealthy just by their food environment, which too often is dominated by corner stores, restaurants serving high-fat/high calorie foods, and deficient grocery stores. If individuals, especially the children in these communities can only access poor quality foods, then it is safe to assume that their health will suffer.

### *Food Justice*

The concept of food justice is critical to the fight against childhood obesity because it speaks to the opportunity for individuals and families to make the best choices about the food they consume. As with the civil rights movement, the food justice movement seeks to level the playing field, specifically related to available food options. It is known that certain communities do not have access to healthy foods because of factors such as the racial makeup and economic status of community residents. Since food is essential to human survival, just like any other right, the best food options should be readily accessible to everyone.[18]

## Background

In 2010, PolicyLink in partnership with The Food Trust published a report titled *The Grocery Gap: Who Has Access to Healthy Food and Why it Matters*,[19] which synthesized approximately 132 studies about food access in the United States. This publication is important in that it confirmed what many people suspected by stating "For decades, low-income communities of color have

*Food justice* seeks to ensure that the benefits and risks of where, what, and how food is grown, produced, transported, distributed, accessed and eaten are shared fairly. [It] ... represents a transformation of the current food system, including but not limited to eliminating disparities and inequities.[17]

suffered as grocery stores and fresh, affordable food disappeared from their neighborhoods."

In this report, the summarized data from national studies about this grocery gap concluded:

- Low-income zip codes have 25 percent fewer chain supermarkets and 1.3 times as many convenience stores compared to middle-income zip codes. Predominantly Black zip codes have about half the number of chain supermarkets compared to predominantly White zip codes, and predominantly Latino areas have only a third as many.
- Low-income neighborhoods have half as many supermarkets as the wealthiest neighborhoods and four times as many smaller grocery stores, according to an assessment of 685 urban and rural census tracts in three states. The same study found four times as many supermarkets in predominantly White neighborhoods compared to predominantly Black ones. Another multistate study found that eight percent of African Americans live in a tract with a supermarket compared to 31 percent of Whites.

The *Grocery Gap* report also noted these critical findings:

1. Accessing healthy food is a challenge for many Americans—particularly those living in low-income neighborhoods, communities of color, and rural areas.
2. Better access corresponds with healthier eating.
3. Access to healthy food is associated with lower risk for obesity and other diet-related chronic diseases.
4. New and improved healthy food retail in underserved communities creates jobs and helps to revitalize low-income neighborhoods.

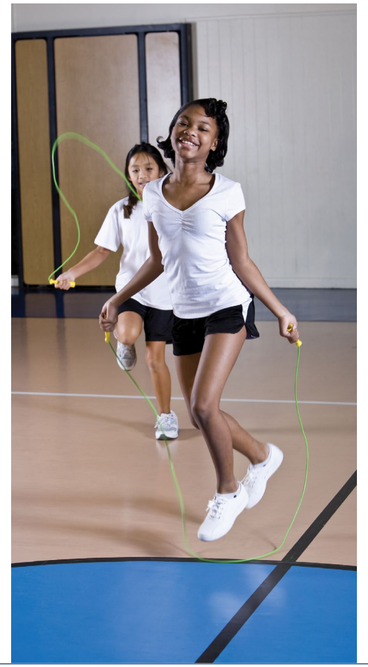
As the *Grocery Gap* report indicates, the quality of a child's food environment directly impacts his/her ability to access healthy food and develop healthy eating habits. By addressing the food access challenges within your community, you will also target one of the key determinants of childhood obesity.

# AREA #3: SCHOOL-BASED POLICIES

## Overview

Given that children and youth spend more than a third of their time in school and school-based activities, the school policy environment plays an important role in their health and well-being. Children's health is critical to their ability to come to school prepared and ready to learn, therefore linking it to academic achievement. Policies that support sound nutrition and consistent physical activity have the potential to promote good health and healthy weight through the introduction of healthy behaviors, support for healthy activities, and social supports for individual behavioral change.

Guidelines for school-based physical activities vary greatly from state to state and from one school jurisdiction to another. Currently, Illinois is the only state in the nation that requires daily physical education for all students, grades kindergarten through 12.[20] Additionally, numerous jurisdictions have issued high-profile bans against the sale of high calorie/high fat foods and sugary beverages on school-property and at school-based events.



## Background

### School Physical Activity Facts[21]

- Only 6-8 percent of senior, middle, and elementary schools provide daily physical education for the entire school year, for students in all grades.
- Approximately 71 percent of elementary schools provide regularly scheduled recess for students in all grades, kindergarten through 5.
- Only 49 percent of all schools offer intramural activities or physical activity clubs for students, and Black students are much less likely to participate in these clubs and sports than White students.





- 65 percent of high school students participate in vigorous physical activity on 3 or more days a week; 27 percent participate in moderate physical activity on 5 or more days a week.

### Offering Healthier Foods and Drinks at School

The **Healthy, Hunger-Free Kids Act of 2010** could help make major improvements to the National School Lunch and School Breakfast Programs. The law requires the USDA to update national nutrition standards for all foods sold and served in schools—not only for meals, but also those sold in vending machines, cafeteria à la carte lines, and school stores. The law also calls for more training for food service workers and for the first major funding increase in more than 30 years to help schools offer healthier meals.

### School Meals

In January 2011, the USDA proposed new school meal standards that would increase the amount of fruits, vegetables, and whole grains, and limit unhealthy fats and sodium. The USDA is now working to finalize the standards. Because improving the meals will increase food service costs, it is critical for Congress to appropriate the funds included in the law.

### Competitive Food and Beverages

When schools sell **competitive food** and beverages in vending machines, school stores, and à la carte lunch lines, students eat more unhealthy snacks and take in more calories. A national study showed that 68% of students drank sugary beverages (like soda) during the school day. Many students buy competitive foods in the cafeteria with their lunch. Those students often eat less of their lunch, get fewer nutrients, and consume more fat.

The USDA is expected to propose new nutrition standards for competitive food products in December 2011. These standards must be strong and schools and school districts need to be held accountable for changing their policies to keep junk foods and sugary drinks out of our nation's schools.

**General Guidance for Choosing an Advocacy Area**

It should be noted that these three areas are not mutually exclusive in that concerns in one area may influence another, e.g., a community's built environment may impact the types of food sources available and how certain school policies are shaped.

Nevertheless, while some components may overlap, it is important for teams to determine which area would be most beneficial to target, and focus on developing a strategy to address obesity from that advocacy perspective. The manual and workbook together will give more details about different approaches and how to use them, and this should give teams a base of information from which to make decisions about moving forward.

The following section provides specific steps to support your collaborative community processes to reduce childhood obesity. Before beginning these steps, you should identify a core group of leaders, members, **stakeholders**, and partners to form a team to participate in this process. This is the time when you, collectively, will identify the vision and targets of your efforts to reduce and eliminate childhood obesity through local action.

We recommend that you use each step as described and in the order provided. At the same time, recognizing that each community is unique, feel free to modify the steps to fit the needs and culture of your unit, population, the current political context, resources available, and leadership. As with any advocacy effort, the ability to adjust the vision and the steps may be critical to long-term success.

The NAACP Childhood Obesity Advocacy Manual is accompanied by a workbook that should now be reviewed in conjunction with the information that follows. This workbook contains the tools (i.e., checklists and forms) your team will need to develop steps that guide advocacy activities. The location of each form will be identified in **orange**, e.g., the Feasibility Assessment form is on **WB p. 2**. In addition, the forms will be provided in electronic format (i.e., Microsoft Word) to allow the team to enter information directly into the documents.

The process is comprised of the following five (5) steps:

**STEP #1** **Identify Your Target Advocacy Area**

**STEP #2** **Create Your Community Portrait**

**STEP #3** **Pick Your Policy**

**STEP #4** **Develop and Implement Your Childhood Obesity Advocacy Action Plan (COAAP)**

**STEP #5** **Track Your Progress**

Each of these steps is outlined in detail, and will include references to the necessary forms, definitions, and checklists in the workbook that support this advocacy process. We suggest reviewing the entire manual and workbook before beginning your collaborative work, in order to understand clearly how the components connect and support each other.

**Stay focused, but remain flexible. It's time to begin the work!**

> "More than ever, we as parents and a nation must do something about the growth of obesity in our children. We must do more than just talk, we must be concerned enough to act."[22]
>
> ***Lee Haney***[23]
> *Fitness Expert and*
> *Eight-Time Mr. Olympia Champion*





# Step #1

## Identify A Target Advocacy Area

As each team begins to review the advocacy areas, it is important to do a brief **feasibility assessment (FA)** **[WB p. 2]** as this process will help determine the area that has the greatest possibility for success. Through the FA process, the team will identify the following for each of the three possible target advocacy areas (i.e., the built environment, food environment, and school-based policies):

1. Define the level at which you will target your advocacy efforts for policy change (e.g., city, county, neighborhood, etc.)
2. Identify available **community assets** and resources

Review your responses for all three advocacy areas then choose the area that your team thinks has the greatest possibility of success.

> **TIP:** You may already have an idea about your team's advocacy area of focus based on your experience within your community. Begin by picking the "lowest hanging fruit" for this exercise and see if it is feasible!

> **Milestone:**
> Upon completion of the FA for each possible advocacy area, your team should select either the built environment, food environment, or school-based policies.

1. **Define Your Community/Jurisdiction**
   Work collaboratively to identify the level on which you would like to create policy change.

**Consider:**

- Is it more realistic for your community to advocate to the county council or would it make more sense to target the city officials?
- Does your jurisdiction have a track record of successful advocacy at the state level and how might you build on that to combat childhood obesity?
- Would it be more realistic to target advocacy efforts at your local school district to change school-based policies or would the state school board be more appropriate?

## Step #1

2. **Identify Your Community Assets**
   A community asset is anything that can be used to improve the quality of community life of residents. As local advocates engage in policy change efforts, it is critical that they take inventory of available community assets that can support their work.

**Examples of community assets include:**

- A person (people): Someone who contributes or could contribute to the community by giving his/her time, leadership, wisdom, hard work, influence, or skills to any collaborative effort that improves the community and **quality of life**.
- A physical structure or place [Built Environment]: For example, a school, highway, farm, church, library, landmark, or recreation center.
- The natural environment: A lake, pond, or stream; clean air and water; proximity or distance to other places (rural or urban); or natural space that promotes/supports physical activity/recreation or tourism (e.g., trails or mountains).
- A business based in the community that provides jobs and supports the local economy: For example retail, restaurants, or manufacturing.
- An organization or institution located within a community: For example, university/college, faith-based entity, social club, civic organization, or advocacy organization. Different from a physical structure or place, an organization or institution brings resources and capacity to a community through its reputation, financial assets, and activities.
- Community Identity: These are characteristics that people in your community identify as having in common (e.g., Common values, struggles, history, health issues, name, etc.).
- Transportation systems: These include highways, train stations, bus stops, or bike lanes.
- Communication Systems: For example, local radio, television, newspapers, blogs, neighborhood newsletters, listservs, or community/town hall meetings.
- Community interest, passion, and potential commitment to an advocacy area: Determine how interested your community would be to addressing childhood obesity, specifically in the advocacy area.
- Community readiness to advocate: Identify past experience, similar work, etc. that has taken place, and/or current efforts active within your community.
- Current political climate/context in relation to advocacy areas: Your community's unique political context that dictates the degree to which policy change is currently possible.
- Estimated chance of affecting change in each advocacy area: Based on your knowledge of the community, gauge the team's chances of affecting policy change.





## Step #2

### Creating Your Community Portrait

Before launching an advocacy campaign, it will be important for unit members and participants to assess the current state of childhood obesity in the community, especially as it relates to the advocacy area chosen during the feasibility assessment (Step #1). This is an important step in creating a persuasive argument for policy makers and power brokers (or even the community). It helps to provide evidence, proof, and data that there is actually a problem that is detrimental to children and that must be addressed through meaningful policy change.

Completing this task will give unit members and participants a greater understanding of the policies that govern their community, as well as the necessary information to decide how to address childhood obesity. More importantly, it will give them the rationale to convince others to join and support their cause.

**Milestone:**
A completed **Community Portrait** should **illustrate** how the surrounding environment contributes to childhood obesity.

Consequently, your team will create a "portrait" of your community that illustrates how various features of the environment influence residents' actions related to maintaining a healthy lifestyle. For many years public health practitioners have used a **Health Impact Assessment (HIA)**[24] process to help them understand the true effect of current or proposed policies. The HIA process is a very complicated and lengthy process; however, there are some tools in this process that may be simplified and applied to this approach **[WB p. 9]**.

**Guidance**

1. Research and collect local data related to your selected advocacy area (from Step #1) about your community.
2. Collect data for another community close to yours that has better obesity rates for comparison.
3. Conduct a Walkability or Bikeability Study of your community using the checklists included. This will help you to assess the activities that your community environment supports.
4. Take photos and videos of areas in your community you think need to be improved or addressed, and identify the specific problems.
5. Compile all the collected information into an album that should be used to illustrate to other community stakeholders and policy makers the importance and impact of childhood obesity on your community.

Creating your community's portrait is a great opportunity for you to truly understand how your community functions and what factors affect the health and well-being of the residents. It will also be a good opportunity for you to develop or renew relationships with other community members and stakeholders, and get even more support for your work to combat childhood obesity.

**TIP:**

Try to be creative about how you present the information you collect for the portrait. For example, you should try to use different types of media (e.g., photos, video, stories) and perspectives (e.g., young children, business people, community elders, etc.) to develop a historical and comprehensive picture of the factors that influence childhood obesity within your community. Your final product can be in any format your unit decides, i.e., electronic or hard copy, just make sure it makes your case!





## Step #3

**Milestone:**
The policy (or set of policies) chosen by the team should have a direct connection to the specific issues, within the advocacy area, that impact the community as identified by the team.

### Pick Your Policy

Now that you have selected your advocacy area and created your "community portrait," you will need to identify the local policies that create and maintain the current conditions in your advocacy area, as well as policies that need to be developed to change current conditions. For instance, if you have identified the food environment as the target of your advocacy work, consider the following:

- What policies need to be created, changed, or eliminated to increase the availability of healthy food options in your community?
- What policies can be changed to limit the availability (and marketing) of unhealthy foods and sugary drinks in schools?
- What policies can be changed to encourage more physical activity and physical education in schools?
- What business/economic policies need to be in place, or changes to current zoning codes made to attract grocery stores or "sit-down" restaurants to your neighborhood?
- What policies could encourage corner stores to sell fresh, healthy foods and make it profitable for the owners?
- What policies should be created to encourage the development and expansion of local farms and neighborhood gardens?
- What policies can be put in place to encourage restaurants to offer attractive, affordable, healthy options to customers?
- What local policies could be enacted to support the purchase of local produce by local government, schools, corner stores, grocers, and restaurants?

The Policy Selection Process [WB p. 17] will help you to identify a policy target for your advocacy activities. This policy target will be the basis on which you develop your Childhood Obesity Advocacy Action Plan (COAAP).

## Step #4

### Develop and Implement a Childhood Obesity Advocacy Action Plan (COAAP)

Included in the workbook is a template [WB p. 19] that will help each team to properly outline a plan of action. This tool will help the team to break down the program into manageable segments that may be assigned to individuals or sub-committees to manage. The action plan also provides the team with a comprehensive snapshot of the program and its approach, and will also help the team to organize and track its activities related to this program in the most effective way.

**Milestone:**
An effective COAAP should be clear and concise, and the information should be organized so that anyone who reviews it will easily understand the scope and trajectory of the program as well as its related activities.

**The action plan template is comprised of the following components:**

1. **Goals & Objectives:**
   Establish specific goals & objectives for the program
   - Identify the critical challenges related to the food environment of your community.
   - Determine an overall goal for your program.
   - Develop SMART (specific, measurable, achievable, realistic, and time-based) objectives for the program.
2. **Tasks & Timeline:**
   Develop a list of tasks and establish dates for completion
   - Establish a date for completing your goal.
   - Create a list of the tasks needed to complete your goals and objectives.
   - Develop a timeline to complete these tasks.
   - Create sub-committees and assign them to manage/implement these tasks.

**TIP:** It is best to choose simple goals that may be achieved in one or two years.





3. **Deliverables:**
   Create a list of deliverables for the program
   - Each program component should have deliverables that will demonstrate the team's movement through each stage of the process.
   - Deliverables serve as products/proof of the team's success in accomplishing the objectives of the program.
   - These deliverables should be saved, documented, and organized in a way that they can be easily accessed in the future.
4. **Resources:**
   Figure out the types of resources needed to complete each task
   - As the list of tasks and deliverables are determined, it will be important to determine what resources will be needed and how they will be acquired.
   - Take advantage of current and potential partnerships to draw upon their efforts and assets for your program.
5. **Assignments:**
   Assign tasks to team members
   - It is strongly suggested that a team member be selected to serve as the Health Ambassador, who will manage all the moving parts of the program and keep everyone on task and on time.
   - Tasks should be broken up into manageable segments and assigned to individuals or groups who will have the time and resources to complete them.
   - Do not forget to engage members of the community or outside partners in these tasks as it also helps to secure buy-in from these individuals and groups.

### Additional Guidance

When the team has developed its COAAP and is ready to begin implementation, there are certain issues to consider that will impact the team's success. The following are some suggestions of strategies that will help to establish and sustain the team's advocacy program:

- ❐ **Develop organizing strategies**
  - Secure key partnerships and relationships to engage different levels and sectors of the community
  - Develop outreach strategies to get buy-in and engage the community in your program
- ❐ **Plan for sustainability**
  - Establish events or programs that will surround this activity and continue building on the goals & objectives as well as the lessons learned.
  - Solidify relationships with community organizations and local agencies to continue the work.
- ❐ **Document lessons learned**
  - Develop a quarterly report to review the current challenges and successes of the program, as well as the lessons learned from each stage of the program.
  - Revisit previous lessons learned at each milestone and identify ways to improve the process.

## Step #5

### Track Your Progress

In order to know whether the team's program is a success or not, it will be important to establish an evaluation system. This will involve getting some basic information about the conditions within the community at the onset of the program, and this will serve as the "base data." Then, at various intervals and the end of the program period, additional data should be collected and compared to the "base data" to ascertain if any of the original conditions have changed. In addition, at the end of the program period, the team will also have to assess whether the established goals and objectives were met. The results of this evaluation will give the team an understanding of the program's level of success, as well as the impact it had on the community and conditions contributing to childhood obesity.

The following two components of the evaluation system should help inform the team of its progress periodically and at the end of the project.

**Milestone:**
The team's evaluation system should be established from the beginning of the program and should be updated periodically to record changes in the data/community conditions.

**Evaluating Your COAAP:**
Using the sample form provided [WB p. 22], each team should outline the goals of the program as well as the tasks identified for the advocacy area chosen. The team should develop a timeline to complete these tasks and then review and update this timeline at several intervals during the program process. At each six-month mark, an evaluation should be conducted to determine how far along the process the team has progressed and which tasks have been accomplished to date. Finally, at the end of two years, the team will use the post-program evaluation form to determine if they have achieved the goals they outlined at the beginning of the program.

**Assessing Your Impact:**
In order to assess how much your team's activity has had an impact on the policies influencing childhood obesity in your community, some preliminary information about the current state of the disease must be documented before a plan of action is put into place. Using the process outlined in the form provided [WB p. 23], the team should collect specific information/data related to childhood obesity **health indicators**. Over the two-year period, the evaluation process should also assess the impact of the team's advocacy efforts on the specific policies being targeted. Essentially, the team should try to document how its proposed plan of action to counter the effects of obesity have influenced policy. Subsequently, once the plan has been implemented, the members should then conduct another evaluation process to determine if the plan was successful and to what degree. In addition, the team should support the development and implementation of alternate policies that will assure the health and well-being of the community members.





Finally, here are some tips to help you achieve your goals of addressing childhood obesity in your community when using this manual.

- Be practical. Don't allow the process to overwhelm you and hinder you from your ultimate goal. Remember that this problem did not develop overnight, and that it will take time and effort to reverse its effects. Be sure to only take on what you and your team can manage and ensure that you do it well. You can then build on those successes and gather even more support from others in the community to help resolve the problem.
- Understand the root causes of the American childhood obesity epidemic. Get the facts and data to support your argument for change and be prepared to defend your argument against opposition. Learn how to use the facts to talk about childhood obesity in ways that are meaningful and inspire community advocacy. Acknowledge the role of individual behavior and choice but then elevate the dialogue to look at local conditions that influence both behavior and choice.
- Engage all sectors of the community. Your team cannot address this issue alone. It is important for you to reach out to and engage all types of community stakeholders, e.g., business people, faith leaders, administrators, schools, parents, youth, coaches, civic organizations, etc. The more support you generate, the more effective your advocacy will be.
- Get connected to your policymakers. These individuals are the ones who determine the rules that govern your community on various levels, i.e., local, state, and national. It is important for you and the team to connect with these individuals and let them know that you want to have a say in the development and implementation of your community's policies.
- Establish your media/communications strategy. The best plan is of little use if no one knows about it. Be sure to get the word out to your community using all types of media, e.g., newspaper, local radio and television, social media, etc. This is where you can capitalize on the relationships generated with community stakeholders. Be sure to get everyone on board to spread the word about what your team is doing and how it can help the community.
- Change YOUR habits. Although this manual is not focused on personal actions, we encourage team members to make healthier choices that will demonstrate their commitment to healthy eating and active living. This will ultimately improve their health and well-being. The NAACP Health Programs staff has developed a resource for just this purpose – Project Healthy Eating Lifestyles and Physical Activity **(see Appendix III: Resources for more information on Project H.E.L.P.)**. It is a great tool to help you take charge of your own life choices. YOU have a personal stake in this cause!
- Connect with the NAACP Health Programs Department. The health programs department is ready to support you in implementing this program, so please do not hesitate to contact us at health@naacpnet.org.

> "The physical and emotional health of an entire generation and the economic health and security of our nation is at stake. This isn't the kind of problem that can be solved overnight, but with everyone working together, it can be solved. So, let's move."[25]
>
> ***First Lady Michelle Obama***[26]

Before reviewing the manual's contents in depth, it is important to familiarize yourself with key definitions, terms, and concepts related to childhood obesity. The following glossary is provided as a reference to help educate members, participants, and stakeholders. **As with all advocacy and policy efforts, a critical first step is to establish a common language and a common understanding of issues.** Please reference the glossary often, particularly during your planning process and as you increase your communications with media, policy makers, and elected officials.

| KEY TERMS | DEFINITION |
|---|---|
| **Advocacy** | Advocacy is action taken by an individual or group to inform or influence public or institutional policy and resource allocation decisions within political, economic, and social systems. It may be motivated by moral, ethical, or faith principles. Advocacy may include activities including but not limited to media campaigns, public speaking, commissioning, and publishing research or polls.[27] |
| **Body Mass Index (BMI)** | Body Mass Index (BMI) is a number calculated from a person's weight and height. BMI provides a reliable indicator of body fatness for most people and is used to screen for weight categories that may lead to health problems.[28] For adults, a BMI greater than or equal to 25 is overweight and a BMI greater than or equal to 30 is obesity. BMI provides the most useful population-level measure of overweight and obesity as it is the same for both sexes and for all ages of adults. However, it should be considered a rough guide because it may not correspond to the same degree of fatness in different individuals.<br><br>For Children and Teens, BMI is calculated from the child's weight and height, and is a reliable indicator of body fatness for most children and teens. BMI does not measure body fat directly, but research has shown that BMI correlates to direct measures of body fat.[29, 30] |
| **Built Environment** | The phrase built environment refers to the man-made surroundings that provide the setting for human activity, ranging in scale from personal shelter, to neighborhoods, to the large-scale civic surroundings.[31] It encompasses all buildings, spaces, and products that are created, or modified, by people. It includes homes, schools, workplaces, parks/recreation areas, greenways, business areas, and transportation systems. It extends overhead in the form of electric transmission lines, underground in the form of waste disposal sites and subway trains, and across the country in the form of highways. It includes land-use planning and policies that impact our communities in urban, rural, and suburban areas.[32] |
| **Community** | A community is a group of people who share common characteristics, beliefs, or interests and see themselves as distinct in some way from the larger society within which it exists. It may be social, religious, political, geographic, or demographic in nature. |
| **Community Asset** | A community asset is anything that can be used to improve the quality of community life.[33] |





| KEY TERMS | DEFINITION |
|---|---|
| **Community Portrait** | A community portrait is a collection of data, narrative, and media (i.e., pictures, video) that illustrate specific features of a neighborhood or community, and given an indication of the quality of life of the individuals who live within that community. This document may be hard copy or electronic format and is typically used by community members to present and support their demands for policy change that will improve conditions and environment within which they live. |
| **Competitive Food** | The USDA defines competitive food as those foods and beverages, regardless of nutritional value, sold at a school separate from the USDA school meals program.[34] |
| **Equity** | Equity is a concept or idea of fairness related to people and communities equally sharing both the burden and benefits of society. |
| **Food Desert** | A food desert refers to any area where healthy, affordable food is difficult to obtain. It is a food environment that is unsupportive of health and defined by barriers, which restrict access to healthy foods. Barriers may include lack of access to food retailers, availability of nutritious foods, or affordability of foods.[35] |
| **Food Environment** | Food environment is typically defined by the number of food outlets – such as retail food stores or restaurants – that are accessible to community members. The level of accessibility may be assessed by the number of outlets within a specific geographic area or a particular neighborhood. It may also be determined by the distance an individual has to travel from his/her residence to a particular food outlet, which is particularly important when comparing the availability of certain goods and services that impact the health of the community. For example, when community members have easier access to liquor stores than supermarkets with healthy food, it speaks to the quality of their food environment.[36] |
| **Health** | Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.[37] |
| **Health Impact Assessment (HIA)** | A health impact assessment (HIA) is commonly defined as "a combination of procedures, methods, and tools by which a policy, program, or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population."[38] An HIA is used to evaluate objectively the potential health effects of a project or policy before it is built or implemented. HIA can provide recommendations to increase positive health outcomes and minimize adverse health outcomes. The HIA framework is used to bring potential public health impacts and considerations to the decision-making process for plans, projects, and policies that fall outside of traditional public health arenas, such as transportation and land use. The U.S. Department of Health and Human Services recommends HIA as a planning resource for implementing Healthy People 2020.[39] |
| **Health indicator** | A Health indicator is a characteristic of an individual, population, or environment, which is subject to measurement (directly or indirectly) and can be used to describe one or more aspects of the health of an individual or population (quality, quantity and time). Health indicators may include measurements of illness or disease. |

| KEY TERMS | DEFINITION |
|---|---|
| **Obesity (and overweight)** | Obesity is a term used to describe body weight that is much greater than what is healthy. If you are obese, you also have a much higher amount of body fat than is healthy or desirable.[40] Overweight and obesity are also defined as abnormal or excessive fat accumulation that may impair health.[41] |
| **Public Policy** | Public policy can be generally defined as a system of laws, regulatory measures, courses of action, and funding priorities concerning a given topic promulgated by a governmental entity or its representatives. Individuals and groups often attempt to shape public policy through education, advocacy, or mobilization of interest groups.[42] |
| **Quality of life** | Quality of Life describes a person's emotional, social, physical, and economic level of well-being. |
| **School-Based Policies/ School Policy** | The National School Boards Association (NSBA) compares the school policy system to Congress, state legislatures, and city or county council. School-board policies govern and regulate the educational system. By setting various goals and assigning authority, school-based policies make school governance and management possible. They clarify to the public exactly those things for which educators and administrators are accountable. School policy helps educators and administrators manage local school districts to reach the unified mission of serving the well-being of their students. Locally, there are various procedures that govern and guide the process by which school policies are developed, formalized, and implemented.[43] |
| **Stakeholders** | Stakeholder describes a person, group, or organization that has a vested interest in a community and that affects or can be affected by conditions within that community. |
| **Walkability/Bikeability Study** | A Walkability or Bikeability Study is an assessment of how amenable a neighborhood or community is to walking and biking. Research has linked a neighborhood's walkability to its residents' quality of life, notably improved physical and mental health.[44] |





## AREA#1: Built Environment

Community Case Studies: Accessible Physical Activity Options for Children and Their Communities. *These case study abstracts illustrate how solutions related to the built environment were implemented in communities to increase the physical activity of children and everyone in the community.*

### The Evergreen Cemetery Jogging Path

The city map of Boyle Heights, CA shows only two kinds of open spaces: freeway on- and off-ramps and a cemetery. But this did not stop community organizers from creating an outdoor fitness area that promotes health by encouraging physical activity. With the help of the Latino Urban Forum, residents transformed a cracked sidewalk that ringed the Evergreen Cemetery into a 1.5 mile rubberized jogging path. The Evergreen Jogging Path Coalition (EJPC) worked intensively with city officials, emphasizing the need for capital improvements in the area, designing careful plans and securing materials. Six months later, in June 2003, the new path was in use, not only by Boyle Heights residents but also by people from neighboring communities.

Read More:
http://www.preventioninstitute.org/index.php?option=com_jlibrary&view=article&id=114&Itemid=127

### Shape-Up Somerville

The Shape Up Somerville initiative, sought to change every part of a child's day to curb weight gain in 6-8 year olds. By working closely with parents, teachers, and community leaders, Shape Up supported healthy changes by implementing the following programs:

- increasing opportunities to participate in physical activity
- offering healthier food choices in school
- encouraging carrying over those healthy habits into the home
- transmitting healthy lifestyle messages through the media on a regular basis
- creating a school wellness policy

In first-year study results published by the journal Obesity, the developers of this program reported a successful intervention, reporting a drop in BMI in participating high-risk children.

Read More:
https://www.harvardpilgrim.org/portal/page?_pageid=213,262306&_dad=portal&_schema=PORTAL

## AREA#2: Food Environment

Community Case Studies: Availability of Healthy Food. *These case study abstracts illustrate how individuals and communities have developed solutions related to the food environment that support access to healthy food.*

### People's Grocery

Founded in 2002, People's Grocery was established to combat the negative effects of living with limited access to healthy food, disenfranchisement from food production, and lack of nutritional knowledge and resources. Over the past eight years, People's Grocery has created innovative food distribution models, urban agriculture programs, and public health and nutrition projects in West Oakland. Their work has been replicated by peer organizations and their leaders have spoken around the nation about their success.

After years of thought leadership and model urban agriculture and food enterprise creation, in 2008 and 2009, the organization devoted increased resources toward incubating a for-profit grocery store, a long-term goal. In January 2010, co-founder Brahm Ahmadi left People's Grocery to spin-off People's Community Market, which hopes to open its doors in 2012. In the long-term, People's Grocery and People's Community Market hope to create a for-profit/non-profit partnership that can holistically support solutions for food insecurity in West Oakland.

Using the foundation of successful and innovative programming, People's Grocery refined its organizational goals and launched refocused programs intent on connecting residents with opportunities to create health, wealth, and food systems improvements in West Oakland.

Read More:
http://www.peoplesgrocery.org/

ShopRite Parkside: Bringing Hope (and Food) to a Neighborhood
The ShopRite at the Park West Town Center in Philadelphia looks like a grocery store in any suburban neighborhood. The one-year old ShopRite is bustling, bright, clean, and has plenty of parking. However, this ShopRite isn't located in the suburbs—it's in a low-income urban neighborhood.

For 15 years, committed community members tried without success to get a large merchant into their community. Fortunately, several years ago, Jeff Brown, the owner of 10 ShopRite stores, partnered with Pennsylvania's Fresh Food Financing Initiative (FFFI) to make the community's dream a reality. "Without FFFI's financial know-how and assistance, Parkside ShopRite wouldn't have happened—the costs and obstacles were too substantial for me to take it on independently," says Brown. Residents now have access to a variety of foods they lacked just a year ago. The percentage of fresh produce sold at the 65,600-square-foot store is the same as at Brown's suburban outlets.

Read More:

- http://www.policylink.org/atf/cf/%7B97c6d565-bb43-406d-a6d5-eca3bbf35af0%7D/HFHC_SHORT_FINAL.PDF
- http://www.upliftsolutions.org/philadelphia-daily-news-neighbors-rejoice-as-shopping-center-opens/

## AREA#3: School-Based Policies

Community Case Studies: Food and Physical Activity Policies in Schools that Support Child Health. *These case study abstracts illustrate how school-based policy solutions were implemented to increase students' levels of physical activity and access to healthy foods while in school environments.*

District of Columbia Local School Project: DC Preparatory Academy-Edgewood
School Profile:

- 490 students enrolled
- Serves grades K-6
- 98% of students are Black
- 50% of students eligible for free/reduced lunch

DC Prep Edgewood is located in Ward 5, one of the poorest wards in DC. The neighborhood is plagued by violence and drug activity. As a public charter school, any student in DC is eligible to attend. Students come from throughout the 64 square mile District, but 62 percent of the students actually live two miles or less from the school.





The school was selected to participate in DC's Safe Routes to School Pilot program, along with 12 other schools. The infrastructure improvements, engineering support, and technical assistance are valued at approximately $345,000 per school.

Teachers and volunteers distributed information packets to parents about the WABA's pace car program, which encourages parents to drive below speed limits on streets near schools to calm traffic during school rush hours. WABA also trained students in pedestrian and bicycle safety through their citywide comprehensive traffic safety education courses.

The Metropolitan Police Department increased patrols during school hours in targeted areas around the school as part of the DC Safe Routes to School Pilot program, and worked with the local school team to have a visible officer's presence at activities like International Walk to School Day and the Park and Walk program.

Read More:
http://www.saferoutespartnership.org/media/file/Health_Evaluation_Feb_2010.pdf

Georgia Local School Project: Knollwood Elementary School, Belvedere
School Profile:

- 300 students enrolled
- Serves grades Pre-K to 5
- 99% of students are Black
- 97% of students eligible for free/reduced lunch

All of Knollwood's students live within two miles of the school, inside a ring of four busy roadways. The neighborhood has a traditional older suburban street design, including dead-end streets without bicycle and pedestrian access, long blocks, and few sidewalks and paths. The area also is dominated by high crime rates, stray dogs, and abandoned houses.

Knollwood Elementary applied for funding from the Georgia Safe Routes to School program in the spring of 2009, but was not selected. Competition was fierce as 65 schools applied, and only 13 were funded. Instead, Knollwood's Safe Routes to School program has relied on alternate funding sources and donations. One lead local school team partner, the DeKalb County Board of Health, donated $750 to fund minor infrastructure improvements. A local bicycle retail shop, Bicycle South, donated a bicycle rack for the school, the Southern Bicycle League donated a bicycle for a contest and Georgia SafeKids donated five bicycle helmets.

In fall 2009, Bicycle South sponsored a Back-to-School bicycle rodeo to introduce bicycle safety concepts. The physical education teacher partnered with the local school team to provide monthly in-class education and activities, including showing safety videos, playing a SRTS-themed jeopardy game and conducting map-your-route exercises. The teacher also is working to incorporate a permanent bicycle and pedestrian curriculum into physical education classes.

In 2009, Knollwood Elementary also enrolled in the state's Clean Air School program. The local school team implemented a "No Idling" campaign to encourage parents to shut off their cars while waiting for children, which also improves air quality for children walking and bicycling.

Read More:
http://www.saferoutespartnership.org/media/file/Health_Evaluation_Feb_2010.pdf

The following are resources in the form of reports, programs, and organizations with valuable information that will be helpful to your team as it develops its advocacy program to address childhood obesity. This offering is by no means comprehensive as there are many other local and national resources that can provide additional guidance for your team.

**TIP:** Using the information in this section as a guide, your team should develop its own list of resources to support the development of your childhood obesity advocacy program.

## ORGANIZATIONS/PROGRAMS

**America on the Move**
https://aom3.americaonthemove.org/
This is an evidence-based nonprofit organization located in Denver, CO whose mission is to improve health and quality of life by promoting healthful eating and active living among individuals, families, communities, and society.

**Centers for Disease Control and Prevention, Childhood Obesity and Overweight**
http://www.cdc.gov/obesity/childhood/
CDC's Division of Nutrition, Physical Activity, and Obesity(DNPAO) is working to implement policy and environmental strategies to make healthy eating and active living accessible and affordable for everyone.

**The Convergence Partnership**
http://www.convergencepartnership.org/site/c.fhLOK6PELmF/b.3917533/k.F45E/Whats_New.htm
Our environments determine our health. The Convergence Partnership was founded on the belief that health and place are inextricably linked. People are healthy when the places where they live support good health. Without a healthy environment, people are more likely to suffer from obesity or many other chronic diseases plaguing the United States: diabetes, asthma, and heart disease. To prevent disease we must create healthier neighborhoods that support healthy choices. It requires change in both the food environment—how food is grown, processed, distributed, and sold—and the physical environment—how neighborhoods are built to the transportation systems that serve them.

**Food Day**
http://www.foodday.org
Food Day will be October 24—in 2011 and in years to come. Food Day seeks to bring together Americans from all walks of life—parents, teachers, and students; health professionals, community organizers, and local officials; chefs, school lunch providers, and eaters of all stripes—to push for healthy, affordable food produced in a sustainable, humane way. We will work with people around the country to create thousands of events in homes, schools, churches, farmers markets, city halls, and state capitals.

**The Food Project**
http://thefoodproject.org/
Since 1991, The Food Project has built a national model of engaging young people in personal and social change through sustainable agriculture. Each year, we work with over a hundred teens and thousands of volunteers to farm on 37 acres in eastern Massachusetts in the towns and cities of Beverly, Boston, Ipswich, Lincoln, and Lynn. We consider our hallmark to be our focus on identifying and transforming a new generation of leaders by placing teens in unusually responsible roles, with deeply meaningful work.

**Let's Move!**
http://www.letsmove.gov/
Launched by First Lady Michelle Obama, Let's Move! is a comprehensive initiative dedicated to solving the problem of obesity within a generation, so that children born today will grow up healthier and able to pursue their dreams. Combining comprehensive strategies with common sense, Let's





Move! is about putting children on the path to a healthy future during their earliest months and years. Giving parents helpful information and fostering environments that support healthy choices. Providing healthier foods in our schools. Ensuring that every family has access to healthy, affordable food. And, helping children become more physically active.

**NAACP Project HELP (Healthy Eating Lifestyle & Physical Activity)**
http://www.naacp.org/pages/health-program-resources
The purpose of Project Help is to provide an intergenerational approach to health and wellness using the Project Health principles, Healthy Eating Lifestyles and Physical Activity. The Project HELP curriculum is divided into three modules (Healthy Eating, Physical Activity, and Chronic Disease Prevention). The modules foci areas aid NAACP units and their partners in education their target communities around the benefits of health and wellness.

Program Objectives

- Increase participant knowledge of risk factors that lead to cardiovascular disease (i.e., hypertension, stroke, obesity, and diabetes).
- Reduce health disparities in the African American community.
- Develop community health advocates to build healthier environments for families.

**The Robert Wood Johnson Foundation Childhood Obesity**
http://www.rwjf.org/childhoodobesity/
We want to help all children and families eat well and move more—especially those in communities at highest risk for obesity. Our goal is to reverse the childhood obesity epidemic by 2015 by improving access to affordable healthy foods and increasing opportunities for physical activity in schools and communities across the nation.

## REPORTS/DOCUMENTS

**Designing for Active Living Among Children**
www.activelivingresearch.org/files/Built_Design.pdf
Since the 1970s, there has been an alarming increase in the rate of obesity among children of all ages in the United States. The epidemic of childhood obesity is widely recognized as an immediate and long-term threat not only to children's health and quality of life, but also to the nation's healthcare system and economy. Changing the environments—homes, schools and neighborhoods—in which children live, learn and play is now seen as an essential strategy for reversing the obesity epidemic. This summary provides a synopsis of the current state of research into the environmental factors and policies related to young people's physical activity and sedentary behavior patterns, and how these in turn may be linked to obesity. This research identifies potential strategies for addressing physical inactivity among youth and the childhood obesity epidemic.

**Disparities in Park Space by Race and Income**
http://www.activelivingresearch.org/files/PolicyBrief_ParkDisparities.pdf
Parks offer a gateway to active living — a traffic-free space for children and adults to run, bike, engage with friends and have fun. Parks also play a critical role in the battle against obesity. In the United States, two-thirds of adults and nearly one-third of children are overweight or obese, yet nearly half of Americans fail to exercise at the level recommended by the U.S. Surgeon General — an hour a day for children and 30 minutes most days for adults. Researchers have found that people who live within a half-mile of a park report exercising five or more times per week more often than those who lived further away. It makes sense. Those who live close to a park have a place to integrate physical activity into their daily routine. And active living is part of good health.

**Funding Disparities for Local Parks and Recreation Resources in the Los Angeles Region**
www.activelivingresearch.org/files/PolicyBrief_ParkFundingDisparities.pdf
Growing evidence suggests that the built environment—where people live, learn, work, and play—impacts levels of physical activity. Parks, recreational programs, bike trails and sidewalks represent components of the built environment that allow for exercise and active living. Recently, a 10-year study of more than 3,000 children living in 12 communities of southern California found those who lived closer to parkland and recreational programs had much lower rates of obesity at 18 years of age than comparable children who lived further away.

**NAACP 2010 Program Toolkit: Handbook for Advocacy/Programs**
http://naacp.3cdn.net/e89b4538734694be4a_22m62rvg8.pdf
This toolkit contains guidance for NAACP members to pursue advocacy programs.

**Promising Strategies for Creating Healthy Eating and Active Living Environments**
http://www.eatsmartmovemorenc.com/TheEvidence/Texts/Convergence_Partnership_HEAL.pdf
Where people live, work, and play significantly impacts their health. People thrive when they live in communities with parks and playgrounds, grocery stores selling nutritious food, and neighbors who know one another. Without a healthy environment, people are more likely to suffer from obesity or one of the many chronic diseases confronting the United States right now, including diabetes, asthma, and heart disease

**Recommended Community Strategies and Measurements to Prevent Obesity in the United States**
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a1.htm
Approximately two thirds of U.S. adults and one fifth of U.S. children are obese or overweight. … Reversing the U.S. obesity epidemic requires a comprehensive and coordinated approach that uses policy and environmental change to transform communities into places that support and promote healthy lifestyle choices for all U.S. residents. Environmental factors (including lack of access to full-service grocery stores, increasing costs of healthy foods and the lower cost of unhealthy foods, and lack of access to safe places to play and exercise) all contribute to the increase in obesity rates by inhibiting or preventing healthy eating and active living behaviors. Recommended strategies and appropriate measurements are needed to assess the effectiveness of community initiatives to create environments that promote good nutrition and physical activity. To help communities in this effort, CDC initiated the Common Community Measures for Obesity Prevention Project (the Measures Project). The objective of the Measures Project was to identify and recommend a set of strategies and associated measurements that communities and local governments can use to plan and monitor environmental and policy-level changes for obesity prevention.

**School-Based Obesity Prevention Strategies for State Policymakers**
http://www.cdc.gov/healthyyouth/policy/pdf/obesity_prevention_strategies.pdf
Schools play a critical role in preventing childhood obesity. Governors, state agencies, and state boards of education can do much to help them. Below are some strategies that states have used and that have shown promise in helping schools address childhood obesity

**School Policies and Practices to Improve Health and Prevent Obesity: National Secondary School Survey Results**
http://www.bridgingthegapresearch.org/_asset/984r22/SS_2011_monograph.pdf
This report summarizes findings from one of the most comprehensive studies to date of health-related policies and practices in U.S. public middle and high schools. We examined issues addressed by the federal wellness policy mandate and many other factors relevant to childhood obesity, such as foods and beverages offered through the National School Lunch Program and in competitive venues, including vending machines, school stores and à la carte cafeteria lines. Our survey also examined physical education requirements and rates of participation; participation in varsity and intramural sports; and walking and bicycling to and from school.





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