



March 26, 2010

Director, Office of Executive Secretariat
U.S. Department of Agriculture
1400 Independence Avenue, SW
Room 116–A Whitten Building
Washington, DC 20250

**RE: Task Force on Childhood Obesity: Joint Request for Information from the
Departments of Agriculture, Health and Human Services and Education, USDA
2010-0001-0002, FR Doc. 2010–5719**

Dear Secretary Vilsack, Secretary Sebelius and Secretary Duncan,

Samuels & Associates respectfully submits comments in response to the joint request for information from the Task Force on Childhood Obesity, posted in the Federal Register on March 16, 2010, Doc. 2010–5719, USDA 2010-0001-0002.

The following comments are submitted by Samuels and Associates in response to the joint request for information from the Task Force on Childhood Obesity, posted in the Federal Register on March 16, 2010, Doc. 2010–5719, USDA 2010-0001-0002. **Samuels & Associates, Inc. (S&A)**, created 15 years ago by Dr. Sarah Samuels, specializes in public health evaluation, research, strategic planning, and policy. The firm has worked collaboratively with foundations, non-profit organizations, state and county public health departments, and universities. Samuels & Associates has served on evaluation teams and been the lead evaluator for several multi-million dollar, multi-site foundation initiatives and will apply these experiences to this planning process. Samuels & Associates have received funding from The California Endowment, The Robert Wood Johnson Foundations, the W.K. Kellogg Foundation, the Bechtel Foundation, The Rosalinde and Arthur Gilbert Foundation, and NIH.

Samuels & Associates is recognized for its work in developing and evaluating community based prevention programs that address environmental and policy change. We have worked with the philanthropic community and government programs and evaluated obesity prevention efforts in multiple settings. Major products resulting from our research have included numerous innovative methods and evaluation instruments for assessing environments and outcomes, surveys and issue briefs that informed development of policy, strategic plans and tool kits for communities, and nationally disseminated reports describing lessons learned. Logic models and strategic plans from facilitated planning processes have been used to shape organizational and collaborative



funding priorities and organizational or program goals and objectives. Our work has been published in professional journals and presented at professional conferences.

The responses that follow are based on our experience with the design, implementation, and evaluation of several comprehensive national and community based nutrition, physical activity, and obesity related initiatives. Samuels & Associates is building the evidence for food and physical activity policy and environmental change strategies through policy related research, strategic program development, program evaluation, and the development of innovative environmental measures. The following describes some of these multi-site initiatives we have helped to create and evaluate most relevant to the four objectives of the Task Force.

1. **Project LEAN** (Low-fat Eating for America Now) was the first national social marketing nutrition campaign developed and funded by a national foundation (Kaiser Family Foundation) in partnership with government agencies, food corporations, and voluntary associations. The Project LEAN national campaign, 1987-1991, aimed to foster cross sector collaboration to increase access to healthier foods and stimulate consumer demand for the healthier choices. Project LEAN has continued in some states across the country. Dr. Samuels conceived and directed the Project LEAN campaign. The lessons learned are reported in the referenced Public Health Reports article. (Samuels SE. Project LEAN: Lessons learned from a national social marketing campaign. *Public Health Reports* 1993; 108(1):45-53.)
2. **Healthy Eating Active Communities (HEAC) Program.** Samuels & Associates was involved in designing this \$26.2 million initiative of The California Endowment focusing on reducing disparities in obesity and diabetes by improving food and physical activity environments for school-age children. The initiative concentrates on five sectors: schools, after-school, neighborhoods, health care, and marketing and advertising. Samuels & Associates serves as the lead evaluator, in collaboration with UC Berkeley Center for Weight and Health and UCLA School of Public Health, in a participatory, multi-level evaluation within and across the five sectors of HEAC, measuring and reporting changes in the food and physical activity environments in each sector in the Endowment's six healthy eating and physical activity collaboratives located in low income communities throughout California. Healthy Eating, Active Communities, Phase I Evaluation Findings 2005-2008
http://samuelsandassociates.com/samuels/upload/ourlatest/HEAC_Phase1_Evaluation_ExecutiveSum.pdf
3. **Central California Regional Obesity Prevention Program (CCROPP), Evaluation**
The Central California Regional Obesity Prevention Program (CCROPP) is an initiative funded by The California Endowment that focuses on improving the social and physical environments for healthy nutrition and physical activity in the San Joaquin Valley. Eight public health departments and their community partners are collaborating to change these environments through advocacy, policy, and systems



change efforts. Samuels & Associates is conducting the evaluation of the program, including development of a regional logic model, environmental assessments, stakeholder surveys, policy tracking and a variety of other evaluation methods.

Central California Regional Obesity Program Phase I Evaluation Report

http://samuelsandassociates.com/samuels/upload/ourlatest/CCROPP_Report_Final_052909.pdf

4. **The Food and Beverage Environment Analysis and Monitoring System (Food BEAMS)TM** is a web-based tool developed by Samuels & Associates primarily used to aid public health professionals and school administrators in monitoring implementation of school nutrition policies for competitive foods and beverages sold on campus. Food BEAMS uses an observational data collection methodology to accurately catalogue competitive foods and beverages sold on school campuses, link to a nutrient database of competitive foods and beverages, and assess their adherence to food and beverage standards. Samuels and Associates have received NIH, SBIR funding to support the development of this tool. Bullock, SL, Craypo, L; Clark, SE; Barry, J, Samuels, SE; Sarah E Samuels, Food and Beverage Environment Analysis and Monitoring System (Food BEAMS): A Reliability Study in the School Food and Beverage Environment Journal of the American Dietetic Association, accepted for publication.
5. **Commodities in the Schools.** Samuels & Associates, in partnership with California Food Policy Advocates (CFPA) was funded by the Robert Wood Johnson Foundation to conduct a study of how commodities have shaped the healthfulness of what is served for breakfast and lunch in the National School Meal Program. Samuels & Associates and CFPA conducted quantitative analyses of the foods available to and ordered by schools, held focus groups to understand the influence of commodities on lunches from the Food Services perspective, and convened experts to help develop policy recommendations to improve the role of commodities in school meals. The Federal Child Nutrition Commodities Program: A Report on Nutritional Quality http://www.cfpa.net/School_Food/commodities_full.pdf
6. **Santa Clara County Early Childhood Obesity Prevention Strategic Plan.** First 5 in Santa Clara County, CA commissioned Samuels & Associates to assist in the development of their Early Childhood Obesity Prevention Strategic Plan. Our activities included facilitating meetings of the Early Childhood Obesity Prevention Collaborative, as well as meetings with community members and policymakers, creating a logic model based on feedback from all groups, and drafting the final Plan. The Plan contains the strategic steps that will be taken by First 5 to combat childhood obesity in the coming years, and a comprehensive list of resources relating to nutrition and physical activity for children ages 0-5. Early Childhood Obesity Prevention Plan 2008-2010
<http://samuelsandassociates.com/samuels/upload/obesity/5ECOP.pdf>



1) For each of the four objectives described above, what key topics should be addressed in the report?

(1) Ensuring access to healthy, affordable food

Low-income communities participating in HEAC and CCROPP have worked intensively on the retail food environment. Project LEAN worked with major supermarket chains to offer and promote more low-fat foods. Strategies that have the greatest impact on improving access to healthy foods:

- Improve retail food environments:
 - Bring full-service grocery stores into low income communities
 - Encourage full service grocery stores to feature and promote healthy items and reduce shelf space for unhealthy items
 - Assist small stores in offering healthy food items and reduce unhealthy items
 - Promote farmers markets in low income communities that accept EBT and WIC
 - Support produce stands on schools grounds
 - Work with mobile vendors to offer healthy foods and reduce access to schools
 - Adopt local government policies to set nutrition standards to stock vending machines with healthy foods and beverages
- Limiting access to fast food:
 - Support policies to reduce concentration of fast food restaurants
 - Promote healthy choices in fast food restaurants
 - Monitor menu labeling adoption in fast food restaurants
 - Children's meals in fast food restaurants as the healthy meal

(2) Increasing physical activity in schools and communities

- Increase moderate to vigorous physical activity (MVPA) throughout a child's day by promoting more active play before school, during recess, and after-school.
- Improve the quality of PE classes to achieve 50% MVPA during PE class time
- Promoting Joint use, opening school grounds for community use
- Create parks and improve safety and programming in parks
- Safe routes to school
- Public transit
- Bike and pedestrian safety
- Improve PE facilities

(3) Providing healthier food in schools

- Adopt and fully implement school wellness policies

- Create school wellness champions on school sites to assure implementation of school wellness policies
- Increase participation in school meal programs
- Reduce dependence on processed commodities and help schools to purchase raw commodities to prepare on site
- Make competitive foods healthier
- Eliminate all sweetened beverages from school campuses
- Ensure access to potable free drinking water
- Offer low fat, non-flavored milk

(4) Empowering parents with information and tools to make good choices for themselves and their families

Evidence supports program successes in educating and training parents and community residents to advocate for improvement in their communities. The skills and confidence community residents acquire when they are equipped with the information they need to make healthy choices empowers them to advocate for healthy schools and neighborhoods. The following illustrates how parents can be supported:

- Limit advertising/promotion of unhealthy foods
- Increase advertising/promotion of healthy foods
- Offer more nutrition/health education on healthy food and physical activity environments for parents through WIC and other assistance programs
- Support peer educators (e.g. promotoras)
- Promote and support breastfeeding
- Give parents the tools to become stronger consumer advocates to advocate for healthier foods and opportunities for physical activity in schools and neighborhoods.

2) For each of the four objectives, what are the most important actions that Federal, State, and local governments can take?

Evidence supports the need for all government agencies to share a consistent focus across sectors that support changing food and physical activity environments and promote internal and external policies that sustain environmental changes. Across low-income communities in California, community residents express widespread support for government involvement in promoting policies and programs that support improving access to healthy food and physical activity. Government can set the tone for a consistent focus across sectors that support changing food and physical activity environments. The following actions apply to all four objectives:

- Media advocacy and well-placed publicity can attract public and political attention for obesity related issues.

- Investments in PSA campaigns are costly, cumbersome and have little impact on behavior, especially when they are offered within an advertising environment that is overwhelmingly unhealthy.
- Tracking and monitoring is essential to tracking the impact of policy and programs. Government agencies can provide leadership in establishing and sustaining strong policy monitoring and surveillance systems.
 - Ongoing evaluation, assessment, and surveillance are needed to track progress and increase accountability.
 - Qualitative and quantitative data should be collected and triangulated for analyses.
 - Public health departments are well positioned to provide local level monitoring.
 - Food BEAMS™, is a web-based tool developed by Samuels & Associates primarily used to aid public health professionals and school administrators in monitoring implementation of school nutrition policies for competitive foods and beverages sold on campus.
 - Food and physical activity environmental assessments are key to measuring improvements in access to healthy choices.
 - Tracking the policy adoption and implementation
 - Surveillance systems to track health disparities, environmental inequities, and social determinants of health
 - Tracking intermediate factors or process variables
- Building a network among national, state, and local efforts to foster collaboration, allow for sharing of best practices, and create the synergy needed to scale local efforts up to local, state, and federal policy.

Tracking the attitudes and perspectives of community residents provides insight into support for policy and program strategies. A recent community resident survey conducted among residents of the Central Valley in California for CCROPP illustrates this point. Several of the major findings from CCROPP area residents survey point to actions that the government can take to prevent obesity. The idea that the environment is an important cause of obesity clearly resonates with CCROPP area residents. Even among those who view the problem as one for families and individuals to deal with, significant numbers support changes in the environment. A majority (53%) believes that it is very important for the government to take steps to improve the environment in order to address the problem. Strong and broad support exists for a variety of specific policies including efforts to keep parks, playgrounds, walking paths and bike paths crime-free (96%); efforts to clean up and improve parks and open spaces (97%); funding of street improvements to make walking and biking easier (89%); and joint use, i.e. requiring school facilities to be open to the whole community (86%). There is also support for urban redesign efforts that would reduce the need for auto use (83%); public investment in farmer's markets (76%), community gardens (79%), and supermarkets in low-income neighborhoods (72%); and a soda tax with funds earmarked for the fight against childhood obesity (69%).

Many residents surveyed reported a lack of environmental supports for healthy eating and active living.

Two-thirds rated the community as only fair or poor on a health promotion dimension. Twenty-seven percent reported difficulty in accessing sidewalks and walking and bike paths; 38% reported difficulty in accessing other safe outdoor places for physical activity. Thirty-two percent said that it was not very easy to find places for the children to be active indoors. Seventeen percent reported a problem with accessing a large supermarket and 33% reported a problem in accessing a farmer's market. Among those with access to farmer's markets, however, 57% reported frequent use, at least multiple times per month. In terms of an overall trend only 23% perceived that it was getting easier to find community environmental support for more healthy eating and active living; two-thirds viewed things as "staying about the same" where they lived.

References:

Samuels SE. Project LEAN: Lessons learned from a national social marketing campaign. *Public Health Reports*. 1993; 108(1):45-53.

Central California Regional Obesity Program Phase I Evaluation Report

http://samuelsandassociates.com/samuels/upload/ourlatest/CCROPP_Report_Final_052909.pdf

3) Which Federal government actions aimed at combating childhood obesity are especially in need of cross-agency coordination?

The federal government should engage with a broad range of agencies that will participate in cross agency partnerships and reduce barriers to cross agency collaboration. Federal government policies can also help facilitate greater cross agency collaboration at the state and local level.

- Agencies that should be involved in collaboration to prevent obesity
 - Department of Interior (e.g. parks and recreation policies)
 - Department of HHS- CDC, NIH
 - Department of Education (e.g. school meal planning)
 - USDA
 - Department of Transportation (e.g. need more funding for transit and bicycle/pedestrian infrastructure development and maintenance as opposed to roads/highways)
 - Department of Defense, VA (i.e. health care should be prevention focused and not just treatment oriented)

- Policy opportunities for cross-agency collaboration
 - Replication of the "Health in all policies" executive order in California
 - Farm bill- greater involvement from public health (USDA, HHS)
 - Child nutrition reauthorization (HHS, Education, USDA)

- Transportation reauthorization
 - Health elements in general plans at the local and county level
 - Municipal governments can form interagency task forces focused on obesity prevention. In the City of Chicago, through the CLOCC program such a task force has been developed with 11 participating departments.
- Research should be coordinated across agencies. Examples of the types of studies that could benefit from collaboration:
 - Natural experiments not just randomized controlled trials
 - Policy monitoring
 - Studies of low income communities of color
 - Studies of prevention not just treatment oriented interventions
 - Studies of environmental factors not just individual outcomes
- 4) For each of the four objectives, what are the most important actions that private, nonprofit, and other nongovernmental actors can take?**
- Use evidence based strategies for all efforts
 - Promotion of breastfeeding is a salient example of a strategy that could be used to prevent obesity on a widespread basis
 - Organizations should adopt internal healthy food and physical activity policies- e.g. worksite wellness policies and breastfeeding support
 - By way of example, in California, recent laws have required all hospitals and maternal care facilities to provide either lactation services or information on lactation to new mothers, and also required employers to accommodate employees who want to express their breast milk. Related efforts should include limits and/or regulation of marketing of formula to mothers.
 - Food industry partners need to commit to promoting a healthier product mix in schools and neighborhood stores

References:

Preventing Overweight in Children from Birth to Five Years Old: Overview for Decision Makers

<http://samuelsandassociates.com/samuels/upload/obesity/12preventing.pdf>

- 5) For each of the four objectives, what strategies will ensure that efforts taken by all of the entities mentioned above reach across geographic areas and to diverse racial, ethnic, socioeconomic, and geographic groups, including children who are at highest risk of obesity and children with disabilities?**

From the HEAC and CCROPP evaluations we have found the following:



- Seeking broad input and fostering community and youth engagement, e.g. community advocates and researchers are the voice of vulnerable communities.
- Putting resources into vulnerable communities and targeting areas where the need is greatest, e.g. obesogenic environments Work in urban, suburban, and rural areas (CCROPP)
- Not just work where the highest risk/prevalence of obesity exists, but also where the greatest inequities and disparities exist.
- Goals of these strategies:
 - Communities mobilized around obesity prevention
 - Community leaders cultivated to push prevention agenda
 - Policies developed, adopted and implemented
 - Policymakers engaged
 - Community residents support policies
 - Neighborhood policies emerged
 - Improvements made in built environment and community infrastructure
 - Health care providers engaged as advocates
 - Health care practice incorporates BMI screening and prevention messages
 - Focus has shifted from treatment to prevention
 - Public health practice embraced environmental approach
 - Strong link between local and state strategies
 - Youth report improvements in behavior

For more information on findings from the HEAC and CCROPP evaluations please see the following reports:

Healthy Eating, Active Communities, Phase I Evaluation Findings 2005-2008
http://samuelsandassociates.com/samuels/upload/ourlatest/HEAC_Phase1_Evaluation_ExecutiveSum.pdf

Central California Regional Obesity Program Phase I Evaluation Report
http://samuelsandassociates.com/samuels/upload/ourlatest/CCROPP_Report_Final_052909.pdf

6) What goals should we set within each objective to ensure that we meet our overall goal of solving the problem of childhood obesity in this Nation in a generation?

Evidence supports focusing on 5 sectors having the greatest impact on children's health:

- Schools, after school
- Preschool, child care
- Neighborhood
- Health Care
- Home



Working within each of these sectors communities have accomplished the following:

- Improved Access to Affordable Healthy Food in Low-Income Communities
- Increased Breastfeeding
- Improved Feeding and Eating Practices for Young Children
- Increased Opportunities for Physical Activity in childcare and pre-school facilities
- Reduced Television Watching/ Screen Time and Marketing of Unhealthy Food to Children
- Communities mobilized around obesity prevention
- Community leaders cultivated to push prevention agenda
- Policies developed, adopted and implemented
- Policymakers engaged
- Community residents support policies
- Neighborhood policies emerged
- Improvements made in built environment and community infrastructure
- Health care providers engaged as advocates
- Health care practice incorporates BMI screening and prevention messages
- Focus has shifted from treatment to prevention
- Public health practice embraced environmental approach
- Strong link between local and state strategies
- Youth report improvements in behavior

References:

Early Childhood Obesity Prevention Plan 2008-2010

<http://samuelsandassociates.com/samuels/upload/obesity/5ECOP.pdf>

Healthy Eating, Active Communities, Phase I Evaluation Findings 2005-2008

http://samuelsandassociates.com/samuels/upload/ourlatest/HEAC_PhaseI_Evaluation_ExecutiveSum.pdf

7) What concrete, specific actionable recommendations or guidelines would help parents reduce the risk that their child will become overweight or obese and how can their effectiveness be measured?

Evidence supports the following actionable recommendations:

- Implement policies that support breastfeeding
- Parent education through WIC
- Empower parents to act as community advocates
- Establish policies for child care sites that promote healthy eating and moderate-vigorous physical activity
- Set minimum nutrition standards for all foods served to kids in restaurants
- Change the norms around food and activity choices. For example:

- Soda and sweetened beverages, as well as flavored milk, should not be seen as an acceptable drink choice for children.
- Eliminate advertising and marketing of unhealthy foods and beverages to children.
- Based on the experience with the National Project LEAN campaign, well-placed publicity, not the use of public service advertising, was a more effective strategy for communicating more information directly to the target audience.
- The Project LEAN campaign used food professionals as credible spokespersons that brought the campaign national visibility.
- Providers should track BMI through programs such as EPSDT, Medicaid, Healthy Families

8) What are the key benchmarks by which we should measure progress toward achieving those goals?

Evaluations of obesity prevention efforts should be designed to understand how community food and physical activity environments have changed, what it takes to make and sustain changes over time, and what impact the changes have on communities that are at greatest risk for obesity. To satisfy these aims, evaluators need innovative tools to measure a range of outcomes such as changes in the built environment, organizational and legislative policy, diet and physical activity or fitness levels. The evaluations of the place-based obesity prevention initiatives HEAC and CCROPP (described above) employ a variety of qualitative and quantitative methodologies to capture accomplishments, challenges, and lessons learned and best practices from these efforts. The documentation of processes and outcomes related to changing the nutrition and physical activity environments in communities has provided valuable insight into the opportunities, challenges, and best practices for utilizing policy and environmentally focused strategies to improve the children's health and reduce health disparities. Other funders, community advocates, and scientists from around the nation have adopted the tools used for these evaluations.

Key best practices that have emerged from the HEAC and CCROPP evaluations include:

- The multi-method evaluation approach has captured a diverse set of outcomes and allowed for the reporting of findings to diverse audiences.
- Standardized measures allowed the evaluation to track progress across sites.
- Environmental assessments have painted a picture of community environments and how they change over time.
- Policy implementation monitoring has provided strong evidence for the extent to which policies can lead to environmental improvement.
- Reporting both quantitative and qualitative measures has added depth and context to the evaluation findings.
- Measures of public attitudes and perceptions (community resident surveys) have been useful for informing intervention direction and focus.



- Facilitating development of locally tailored data collection methods has engaged grantees in collecting and reporting local data not captured in the cross-site evaluation.
- Comparison site assessments (HEAC only) strengthen the ability to draw conclusions about the impact of the strategies attributable to the program.
- Evaluation questions and methods must have the flexibility to meet the evolving needs of a variety of end-user audiences.
- Outcome measures need to match the change that can be realistically expected from a given intervention. At the same time, the strength of the intervention determines the extent to which outcomes are achieved.
- Many of the policy and environmental strategies take a long time to fully develop and implement, pointing to the need for ongoing evaluation.

Based on evaluation and research work, Samuels & Associates recommends the following key benchmarks to measure progress toward the goals.

- Measurements of breastfeeding rates
- Hospitals will make breastfeeding information and accommodation readily available for new mothers
- 100% of hospitals receive the baby friendly certification
- Healthcare, early care/preschool and other key stakeholders all promote consistent feeding practices
- Parents hear consistent messages regarding feeding best practices from healthcare and early care/preschool providers
- Best-practice feeding messages promoted by local media
- Parents implement feeding practices
- Early Care providers and preschools adopt food environment guidelines
- Food served in early care/preschool is healthy
- Measurements policy adoption
- Measurements of full policy implementation
- Measure changes in environments.
- Measurement of implementation of school nutrition policies
- Measurement of quality of physical education and moderate to vigorous physical activity
- Measurement of implementation of after-school nutrition and physical activity standards
- Measurement of quality and access to neighborhood park space
- Measurement of community resident and youth support for policies and engagement as advocates
- Measurements of neighborhood farmers markets and produce stands
- Measurements of health care providers practice on BMI and as advocates
- Measurement of Public Health Department and local government engagement in supporting change in schools, after-school and neighborhood environments



- Measurement of readiness for policy strategies and audit of policies developed, adopted and implemented
- Measurement of self reported attitudes and behaviors

Samuels & Associates has developed reliable and valid assessment tools that will allow these benchmarks to be measured and tracked. Examples of these benchmarks and the tools used to measure them can be found in the following documents:

To what extent have California schools been able to implement state mandated standards:
<http://samuelsandassociates.com/samuels/upload/ourlatest/JournalofAdolescentHealth0309.pdf>

Promoting healthier after school environments: Opportunities and challenges
http://samuelsandassociates.com/samuels/upload/ourlatest/90077_CAE_HealthierAfterSchool_7.pdf

Failing Fitness: Physical activity and physical education in schools
<http://samuelsandassociates.com/samuels/upload/obesity/6Failing.pdf>

The food and beverage vending environments in health care facilities participating in the Healthy Eating, Active Communities Program.
http://samuelsandassociates.com/samuels/upload/ourlatest/Food_Beverage_Vending.pdf

Local public health departments in California: Changing Nutrition and Physical Activity Environments for Obesity Prevention.
http://samuelsandassociates.com/samuels/index.php?option=com_content&view=article&id=27

Healthy Eating, Active Communities, Phase I Evaluation Findings 2005-2008
http://samuelsandassociates.com/samuels/upload/ourlatest/HEAC_Phase1_Evaluation_ExecutiveSum.pdf

Central California Regional Obesity Program Phase I Evaluation Report
http://samuelsandassociates.com/samuels/upload/ourlatest/CCROPP_Report_Final_052909.pdf

9) What important factors should be considered that do not easily fit under one of the four objectives?

Samuels & Associates feels that there are several areas that do not easily fit under one of the four objectives and would like to address those areas here.

School marketing

Marketing and advertising play a significant role in setting norms and encouraging behaviors, especially for children. Since the 1980s, the food and beverage industry has made children and adolescents the targets of intense and specialized food marketing and advertising efforts. As a result, children are exposed to multiple food advertisements every day, and foods marketed to children—from highly sweetened cereals to cookies, candy, fast foods, and soda—are predominantly high in calories, sugar and fat. Given the growing body of evidence supporting the impact of food marketing on children’s food preferences, schools must become aware of the types and intensity of food and beverage marketing on their campuses.

To minimize the potential negative impact of food and beverage marketing on students, schools should undertake the following actions:

- **Eliminate the marketing and advertising of unhealthy foods and beverages at school.**
 - Assure that all school-based marketing is consistent with or more stringent than state and district level policies eliminating the sale of sweetened beverages and unhealthy foods on school campuses.
 - New local Wellness Policies should include promotional activities that encourage students to consume fruits and vegetables, low-fat and non-fat milk and water.

- **Eliminate commercial influences that promote unhealthy foods and beverages in district curriculum, classroom materials and on campus.**
 - Review resources provided by outside sources, including curriculum and Channel One broadcasts used in the classroom, to ensure they do not promote unhealthy foods and beverages.
 - Prohibit any district curriculum from including identifiable brand names in the content of the curriculum. Require sponsored programs and materials to undergo the same review procedures and meet the same standards as other curriculum materials.
 - Restrict teachers from using identifiable brand names in their instruction unless they are found to be necessary to the lesson being taught.

- **Include consumer education as part of the curriculum.**
 - Adopt school-based curricula that teach youth media literacy skills, which teach them to be informed consumers of the media.

- **Set guidelines for business partnerships that restrict marketing and advertising of unhealthy foods and beverages.**
 - Encourage partnerships with business that does not include product advertising to students.



- For school staff with the responsibility of entering into business partnerships, conduct trainings on the perils of marketing unhealthy foods on campus.

Additional information and recommendations related to advertising and marketing can be found from reports and research conducted by Samuels & Associates at:

Food and Beverage Industry Marketing Practices Aimed at Children: Developing strategies for Preventing Obesity and Diabetes.

<http://samuelsandassociates.com/samuels/upload/obesity/7fbimpac.pdf>

Food and Beverage Marketing on California High School Campuses Survey: Findings and Recommendations

<http://samuelsandassociates.com/samuels/upload/obesity/8fmbchscs2006.pdf>

Retail food marketing

There are many strategies local communities can implement to address neighborhood food and beverage marketing. One strategy that has been successful in communities participating in HEAC is to change the types of food and beverage advertisements displayed within small neighborhood stores. Another success was the degree to which youth mobilized to attempt to influence retail food establishments to offer healthier foods. In the HEAC communities, youth were successfully engaged and were central to establishing relationships with storeowners and managers. Youth participation in leadership initiatives has been shown to enhance community ownership of a project and facilitate positive relationships among local leaders.

Additional information and research conducted by Samuels & Associations on retail food marketing strategies can be found in the following report:

Healthy Eating, Active Communities, Phase I Evaluation Findings 2005-2008

http://samuelsandassociates.com/samuels/upload/ourlatest/HEAC_Phase1_Evaluation_ExecutiveSum.pdf

Breastfeeding duration

Prolonged, exclusive breastfeeding may play a greater role in preventing overweight later in life than short-term nursing or nursing along with supplemental formula feeding. The following are among the most successful strategies to improve breastfeeding practices:

- Increasing the number of hospitals achieving a designation of “Baby-Friendly” (according to a UNICEF/WHO initiative) or adopting model hospital breastfeeding policies, which can ensure that maternity wards become centers of breastfeeding support.



- Passing legislation supporting breastfeeding mothers. In California, recent laws have legalized a woman's right to breastfeed in public, allowed breastfeeding mothers to defer jury duty, required all hospitals and maternal care facilities to provide either lactation services or information on lactation, and required employers to accommodate employees who want to express their breast milk. Issues remain, however, around enforcement of these laws, and more work is needed regarding aggressive marketing of formula to mothers.
- Encouraging companies or employers to set up on-site lactation programs or other supports for women returning to work who want to continue to breastfeed.
- Providing sustained funding for peer counseling programs to increase initiation, duration, and exclusivity of breastfeeding among low-income women of color.

Additional information and research conducted by Samuels & Associates on increasing breastfeeding duration can be found in the following report:

Preventing Overweight in Children from Birth to Five Years Old: Overview for Decision Makers

<http://samuelsandassociates.com/samuels/upload/obesity/12preventing.pdf>

10) What are the key unanswered research questions that need to be answered with regard to solving childhood obesity and how should the Federal Government, academia, and other research organizations target their scarce resources on these areas of research?

- More research should be conducted on natural experiments that occur where communities or schools pass policies or make changes to environments that increase access to healthy food and physical activity. Natural experiments often present a better and real picture of what is occurring in a community or school. Samuels & Associates evaluated the implementation of district nutrition policies in six school districts in California that had implemented standards for foods and beverages sold on their school campuses prior to the implementation of any federal or state mandated nutrition standards.

Please see the following report for additional information:

Improving School Food Environments through District Level Policies: Findings from Six California Case Studies.

<http://samuelsandassociates.com/samuels/upload/obesity/9Improving.pdf>

- Research should be conducted after the complete implementation of policies and programs, many studies are done before programs and policies are fully implemented and cannot present an accurate picture of what types of changes were



made or how the policies or programs have truly affected access to healthy foods and physical activity.

- There is a need for additional research to explore how commodity foods can improve the nutritional quality of the school meal program. Further research should involve an in depth exploration of the impact of processing on the quality of school meals and how to better support school districts in aligning the school meal program with obesity prevention strategies.

Please see research conducted by Samuels & Associates and California Food Policy Advocates in the following report for additional recommendations on school commodities:

The Federal Child Nutrition Commodities Program: A Report on Nutritional Quality
http://www.cfpa.net/School_Food/commodities_full.pdf

- There is a need to develop monitoring and surveillance systems to ensure the success of any policies that have the potential to increase access to healthy foods and physical activity. Monitoring tools and tracking of policy implementation need to be developed and used.
 - Data from Samuels & Associates research has demonstrated the need for monitoring and enforcement policies that address school competitive food systems, the amount of moderate to vigorous physical activity in physical education classes, policies that allow for school yard to be open to the community after hours for physical activity uses, the content of food and beverage vending machines in government facilities after vending policy implementation.

Please see the following research and reports by Samuels & Associates for additional data and recommendations:

To what extent have California schools been able to implement state mandated standards:
<http://samuelsandassociates.com/samuels/upload/ourlatest/JournalofAdolescentHealth0309.pdf>

Promoting healthier after school environments: Opportunities and challenges
http://samuelsandassociates.com/samuels/upload/ourlatest/90077_CAE_HealthierAfterSchool_7.pdf

Failing Fitness: Physical activity and physical education in schools
<http://samuelsandassociates.com/samuels/upload/obesity/6Failing.pdf>

The food and beverage vending environments in health care facilities participating in the Healthy Eating, Active Communities Program.



[http://samuelsandassociates.com/samuels/upload/ourlatest/Food Beverage Vending.pdf](http://samuelsandassociates.com/samuels/upload/ourlatest/Food_Beverage_Vending.pdf)

Local public health departments in California: Changing Nutrition and Physical Activity Environments for Obesity Prevention.

http://samuelsandassociates.com/samuels/index.php?option=com_content&view=article&id=27

Healthy Eating, Active Communities, Phase I Evaluation Findings 2005-2008

http://samuelsandassociates.com/samuels/upload/ourlatest/HEAC_Phase1_Evaluation_ExecutiveSum.pdf

Central California Regional Obesity Program Phase I Evaluation Report

http://samuelsandassociates.com/samuels/upload/ourlatest/CCROPP_Report_Final_052909.pdf

11) In areas or communities that currently have a high incidence of childhood obesity, what is the best explanation of why particular children do *not* become obese?

We are not recommending differentiating between obese and non-obese children. All children need to make healthy food and physical activity choices and need environments that support those choices. Creating seamless environments where the healthy choice is the easy choice is the aim of the community-based initiatives that Samuels & Associates has designed and evaluated. If children/families are able to make healthy choices, they will be less likely to be obese. Creating healthy environments will benefit everyone regardless of their body weight. Low-income populations carry the burden of chronic disease and tend to live in communities with the least access to healthy choices. By improving access to healthy foods and safe places to play, children in low-income communities will have the opportunity to make the healthy choice, thereby reducing health disparities.

12) Specifically with regard to objective 1 (empowering parents): How can Federal, State, and local governments, the private sector, and community organizations best communicate information to help parents make healthy choices about food and physical activity?

The National Project LEAN campaign provides valuable experience that can be applied to the Let's Move Initiative. Project LEAN was very successful in creating national partnerships, creating a high degree of visibility for consumer messages, engaging attractive spokespersons with practical and actionable information for public use, and supporting local partnerships to meet the needs of local communities. Likewise the HEAC and CCROPP campaigns have empowered parents and community residents to advocate for healthier options in neighborhood schools and communities. Parents and youth have become effective advocates in raising the community voice to lead to



successful local and state policies to limit access to unhealthy foods, promoted access to parks and open space, created safer streets, and promoted farmers markets and produce stands. These improvements have supported parents and children in making healthier choices. Parents and community residents in HEAC and CCROPP are supportive of policy and environmental change strategies and want government to take more steps to create healthier environments for their children.

References:

Samuels SE. Project LEAN: Lessons learned from a national social marketing campaign. *Public Health Reports* 1993; 108(1):45-53.

13) Specifically with regard to objective 2 (healthier food in schools): What are the most promising steps that can be pursued by the Federal, State, and local governments, schools, communities, the private sector, and parents to ensure that children are eating healthy food in schools and child care settings?

Based on many evaluations and studies of foods and beverages available to children in schools, after school programs, and childcare programs, there are a number of promising steps that governments, communities, schools and the private sector can take to ensure that children have access to healthier foods and beverages in these settings.

Schools

- Apply healthy standards to 100% of the foods and beverages offered on school campuses grades K-12.
- Ensure 100% compliance with healthy food and beverage standards
- Eliminate or reduce advertising of foods and beverages on campus.
- Price healthy foods and beverages cheaper than unhealthy foods and beverages.
- Increase/enhance the variety of healthy foods and beverages to ensure more choices for students.

The following measures could be taken to increase adherence to competitive food and beverage standards and increase the healthfulness of the school nutrition environment:

- Establishing simpler food standards based on food categories (e.g. fruit without added sugar, whole grain cereal bars) instead of specific nutrients provides more user-friendly guidance in identifying healthy foods and would make it possible to include criteria that favor naturally healthy options (i.e. fruit) rather than modified versions of less healthy foods (i.e. baked chips).
- Limit/eliminate the amount of competitive food sold on school campuses could encourage more students to participate in the school meal program and reduce consumption of snack foods during the school day.



- Additional support is needed from federal, state and local jurisdictions to provide schools with the resources needed to implement and monitor food and beverage policies in order to sustain improvements in the school environment.

The following recommendations for policy-makers are based on the research presented in *The Impact of the Federal Child Nutrition Commodity Program on the Nutritional Quality of School Meals in California*. Additional information from this report can be found at: http://www.cfpa.net/School_Food/commodities_full.pdf

- Per the 2004 Reauthorization of Child Nutrition and WIC legislation, align School Meal Initiative Standards with current Dietary Guidelines for Americans and ensure school meals—which are heavily based on federal commodity foods—are meeting these guidelines.
- Implement nutrition guidelines for processors to align processed commodities with the Dietary Guidelines for Americans.
- Increase the proportion and amounts of fresh fruits and vegetables purchased by the federal government for use in the school lunch program.
- Provide grants to school for one-time-only infrastructure costs, such as the creation or expansion of refrigeration and freezing capacity, incurred to support the storage and preparation of fruits and vegetables.

Please see the following Samuels & Associates reports for additional information and recommendations for healthy foods and beverages in schools:

Selling obesity: Beverage vending machines in California high schools.
http://samuelsandassociates.com/samuels/upload/obesity/selling_obesity.pdf

To what extent have California schools been able to implement state mandated standards:
<http://samuelsandassociates.com/samuels/upload/ourlatest/JournalofAdolescentHealth0309.pdf>

The impact of competitive foods and beverage standards
<http://samuelsandassociates.com/samuels/upload/ourlatest/CompetitiveFoodsmemo51909.pdf>

Competitive foods policy brief
<http://samuelsandassociates.com/samuels/upload/obesity/3Competitiveve.pdf>

Healthy Eating, Active Communities, Phase I Evaluation Findings 2005-2008
http://samuelsandassociates.com/samuels/upload/ourlatest/HEAC_Phase1_Evaluation_ExecutiveSum.pdf

After school programs

After school programs have an opportunity to provide healthy foods or snacks to children during after school hours. The following recommendations on ways to increase healthy foods in after school programs come from research conducted on after school programs in California:

- Encourage the adoption and monitoring of nutrition standards in all after school programs.
- Increase the number of fresh fruits and vegetables served as after school snacks.
- Encourage after school programs to participate in federally funded reimbursable snack programs.
- Encourage after school programs to work with school food service programs to provide healthy after school snacks.
- Assure that all state nutrition policies apply to all after school programs, not just those that are located at schools.

Please see the following Samuels & Associates report for additional information and recommendations for healthy foods and beverages in after school programs:

Promoting healthier after school environments: Opportunities and challenges
http://samuelsandassociates.com/samuels/upload/ourlatest/90077_CAE_HealthierAfterSchool_7.pdf

Childcare settings

In order to increase access to healthy foods in childcare, **state or local agencies** could take the following actions:

- Enact changes to licensing requirements to improve nutrition and physical activity, such as requiring nutrition standards for foods and beverages served in childcare and establishing minimum physical activity requirements.
- Promote nutrition and physical activity in childcare by emphasizing these components in compulsory licensing trainings and monitoring visits.
- Develop and implement a plan to condition subsidies to license-exempt providers upon compliance with minimum standards of nutrition and physical activity.
- Establish additional licensing requirements that would include meeting certain nutrition standards as part of licensure.
- Measure nutrition and physical activity practices as an indicator of quality care.
- Include child care-related nutrition education in WIC counseling sessions.

In order to increase healthy foods offered through **CACFP, Congress and USDA** should:

- Provide higher CACFP reimbursement tied to improved CACFP nutrition standards.



- Require CACFP sponsors to provide nutrition education in exchange for higher administrative reimbursement.
- Require CACFP-participating facilities to adopt mealtime behaviors and practices associated with healthier eating.
- Strengthen the monitoring and evaluation of CACFP centers that are not sponsored by an independent agency.
- Simplify CACFP by:
 - Reducing paperwork requirements on both providers and sponsors.
 - Re-evaluating separation of reimbursement claims into Tier 1 and Tier 2 rates.
 - Providing schools that operate both the National School Lunch Program and CACFP the authority to operate CACFP under NSLP rules and regulations.

Please see the following report for additional information and recommendations for healthy foods and beverages in child care programs:

It's 12 O'clock: What are our preschoolers eating for lunch?

http://www.cfpa.net/cacfp/gilbert_final.pdf

14) Specifically with regard to objective 3 (access to healthy, affordable food): What are the biggest challenges to enhancing access to healthy and affordable food in communities across America, and what are the most promising strategies to overcome these challenges?

Challenges

In Samuels & Associates research and evaluation work, we have found that communities, particularly low-income communities, face many challenges in accessing healthy, affordable food:

- The lack of full service supermarkets and grocery stores in low-income neighborhoods has been well documented and in recent decades supermarket chains have been reluctant to locate in poor neighborhoods that are perceived to be less profitable.
- Grocery stores in low-income African-American neighborhoods are less likely than those elsewhere to sell healthful items such as fruits, vegetables, non-and low-fat milk and low-fat snacks.
- Access to high-fat, high-calorie foods is easy at the large number of fast food restaurants, liquor stores, and convenience stores that are more common in lower-income neighborhoods.
- In contrast, many rural areas offer virtually no stores or restaurants, and residents (for example, migrant workers) often lack transportation to shop in nearby towns.



- The price of healthy foods is also a factor for many low income families – healthier foods are often significantly more expensive than a diet high in sugar, fat, and refined grains and despite access to healthy foods, many low income families cannot afford to purchase them.
- Many low-income neighborhoods are home to an excessive number of outlets for unhealthy foods, such as fast food, while concurrently lacking access to supermarkets, produce markets and other retailers of healthy food options.
- The Central Valley, one of our nation’s richest agricultural regions, is lacking in easy access to the many fruits and vegetables grown in the region. Low-income residents, who may work in the fields, do not have stores or markets in their neighborhoods that sell fresh fruits and vegetables.

Additional information on challenges to accessing healthy, affordable food can be found in the following Samuels & Associates documents:

Central California Regional Obesity Program Phase I Evaluation Report
http://samuelsandassociates.com/samuels/upload/ourlatest/CCROPP_Report_Final_052909.pdf

Environmental Strategies and Policies to Support Healthy Eating and Physical Activity in Low-Income Communities. Boyle M, Stone-Francisco S, Samuels S. *Journal of Hunger and Environmental Nutrition*. Volume 1, Issue 2 April 2007. Pp. 3 – 25.

Promising strategies

Based on evaluation and research work conducted with HEAC and CCROPP (both described earlier in this document), Samuels & Associates has documented a number of promising strategies to increase access to healthy foods for communities:

- Farmers markets are a viable option for increasing access to healthy food in underserved communities
 - Farmers markets contribute to the local economy and raise awareness about locally grown produce
 - Implementing EBT/WIC increases reach of farmers markets to low income communities
 - Locating farmers markets and produce stands in novel locations such as school grounds, flea markets, and public health departments increases visibility and access.
 - Establishing farmers markets and produce stands may require changes in local zoning ordinances
- In CCROPP, the farmers’ markets, farm stands, and flea markets have yielded a tremendous opportunity to change the food landscape in these poor communities. Farmers’ markets have brought new vitality to some of these neighborhoods and



brought a diversity of partners together including schools, community residents, public health departments, and farmers.

- In HEAC, increasing healthy food options at neighborhood food outlets and large chain stores occurred across all HEAC sites, exposing 470,000 residents who live and shop in HEAC neighborhoods to HEAC retail interventions. Examples of local food retail interventions in HEAC include:
 - South Los Angeles neighborhood corner stores converted to sell healthier foods
 - In Northern California, South Shasta County youth engaged Wal-Mart to create healthy food checkout aisles
 - Oakland schools established school-based produce stands available for parents and residents
 - In Orange County, Santa Ana regulated mobile vendors operating near school campuses

Additional information on promising strategies to accessing healthy, affordable food can be found in the following Samuels & Associates documents:

Central California Regional Obesity Program Phase I Evaluation Report
http://samuelsandassociates.com/samuels/upload/ourlatest/CCROPP_Report_Final_052909.pdf

Healthy Eating, Active Communities, Phase I Evaluation Findings 2005-2008
http://samuelsandassociates.com/samuels/upload/ourlatest/HEAC_Phase1_Evaluation_ExecutiveSum.pdf

15) Specifically with regard to objective 4 (physical activity): What steps can be taken to improve quality physical education and expand opportunities for physical activity during the school day, in local communities and neighborhoods, and in outdoor activities and other recreational settings?

Based on evaluation and research work conducted through a number of research and evaluation projects, Samuels & Associates has documented a strategies and steps that can be taken to improve physical education and expand opportunities for physical activity in schools, after school programs, and neighborhoods.

Schools

For school physical education (PE) to become part of the solution to the childhood obesity epidemic, the following practices should be incorporated into policy:

- To ensure PE quality, PE should be taught by qualified instructors.



- To ensure sufficient activity occurs during PE class, PE class size should be similar to effective academic class size.
- To ensure sufficient quantity of PE in school, minutes of PE class should meet or exceed state standards; exemptions from PE should be eliminated except for medical exemptions.

Based on research findings, implementing the following strategies would result in students' increased physical activity levels during the school day:

- Increase PE duration requirements for elementary schools.
- Monitor and enforce requirements for PE duration.
- Monitor moderate-to-vigorous physical activity time during PE to ensure national minimum standards are met.
- Limit PE class size to no more than that found in classes for other academic subjects.
- Implement strategies to increase moderate-to-vigorous physical activity during PE, such as hiring more PE specialists for elementary schools; using activity-focused curricula; requiring PE coursework for certification of all elementary school classroom teachers; and providing in-service teacher training in PE and physical activity promotion approaches.
- Provide additional resources to low income schools

Please see Samuels & Associates reports for additional information and recommendations for physical activity and physical education in schools:

Failing Fitness: Physical activity and physical education in schools
<http://samuelsandassociates.com/samuels/upload/obesity/6Failing.pdf>

Healthy Eating, Active Communities, Phase I Evaluation Findings 2005-2008
http://samuelsandassociates.com/samuels/upload/ourlatest/HEAC_Phase1_Evaluation_ExecutiveSum.pdf

After school programs

Increasingly, research has demonstrated that vigorous physical activity supports academic achievement and success. In order to ensure seamless physical activity from the school day to after school programs, the following is recommended:

- A dedicated source of health/public health funding for after school programs would help assure that programs could resist cutting their physical activity or health elements despite academic pressures.
- Mobilize parents, youth and community members to advocate to officials and policy makers for daily physical activity in after school programming.



- Build on guidelines developed by school districts, state departments of education and after school organizations to implement physical activity standards for after school programs.
- Collaborations and joint use agreements between school-based and community-based after school programs and organizations with appropriate resources, such as the YMCA and Parks and Recreation Departments, can stretch program dollars.
- Scheduled physical activity programming that is at least 30 minutes in duration maximizes the opportunity for achieving moderate to vigorous physical activity.
- Extend the physical activity requirements in federally mandated school wellness policies to after school time and apply these standards to community based programs or all city facilities used for after school programming.

Please see Samuels & Associates reports for additional information and recommendations for physical activity in after school programs:

Promoting healthier after school environments: Opportunities and challenges

http://samuelsandassociates.com/samuels/upload/ourlatest/90077_CAE_HealthierAfterSchool_7.pdf

Neighborhoods

There are a number of factors from our evaluation work that we have found make it difficult or easy for community residents to access physical activity in their neighborhood or community include:

- Lack of places to play and concerns regarding crime and traffic safety make it difficult for children and families to be physically active.
- Lack of access to existing facilities, such as schools with locked gates and parks with entrance fees.
- Poor condition of parks – parks are too small, littered, have holes in the field, and have inadequate lighting. Bathrooms in parks are sometimes either non-existent, locked, or in poor condition.

Communities throughout California have attempted to address these challenges, and have implemented promising strategies to increase access to physical activity for their residents:

- Based on our evaluation work in HEAC, we found that a number of communities participated in community planning commissions and influenced general plans to ensure that land use and redevelopment plans increase improve parks and create joint use agreements that allow neighborhood residents access to schoolyards outside of the school day.
- Additional examples of local physical activity strategies include:



- Improved park facilities, programming and a mobile recreation van in San Diego
- Community residents provided input into Baldwin Park's Parks Master Plan
- In Orange County, the Santa Ana school district agreed to open school grounds for after school use
- Pedestrian safety improvements instituted around schools in Oakland

Please see Samuels & Associates reports for additional information and recommendations improving access to physical activity in neighborhoods:

Central California Regional Obesity Program Phase I Evaluation Report
http://samuelsandassociates.com/samuels/upload/ourlatest/CCROPP_Report_Final_052909.pdf

Healthy Eating, Active Communities, Phase I Evaluation Findings 2005-2008
http://samuelsandassociates.com/samuels/upload/ourlatest/HEAC_Phase1_Evaluation_ExecutiveSum.pdf

16) What other input should the Task Force consider in writing the report?

We would be happy to talk further with the Task Force about findings from our work. For more information about Samuels & Associates and the reports and studies we have referred to in this document, please visit our website: www.samuelsandassociates.com or contact us by email or phone. We are very eager to help support become more involved in the work of the Task Force.

Sincerely yours,

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