

Financing Childhood Obesity Prevention Programs:

FEDERAL FUNDING SOURCES AND OTHER STRATEGIES



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Financing Childhood Obesity Prevention Programs:

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Preface

The problem of obesity in American society, including the high and growing rates of childhood obesity, is receiving increasing recognition and attention. Obesity is a complex issue with significant health, social, and fiscal implications. As such, addressing the obesity epidemic will require a strong and comprehensive approach involving a variety of actors—including federal, state, and local public agencies, schools, community organizations, the medical community, food industry, and others. Key to this effort, especially for children and youth, is the prevention of obesity. Steps taken today to promote healthy behaviors and conditions among children, their families and communities can begin to counteract the many factors contributing to the rising trend of obesity.

A variety of promising initiatives aimed at preventing childhood obesity are being undertaken at national, state, and community levels. These include efforts to encourage healthy lifestyles, including physical activity; promote fitness and nutrition education; support parental involvement in their children’s lives; provide access to safe facilities and neighborhoods for physical activity; and directly support adequate and healthy nutrition. Yet finding the resources to develop, operate and sustain such initiatives is a challenge, especially in the current fiscal environment. State and local leaders are facing new pressures in their efforts to finance supports and services for children and families just as the public health costs of ignoring the obesity epidemic begin to skyrocket.

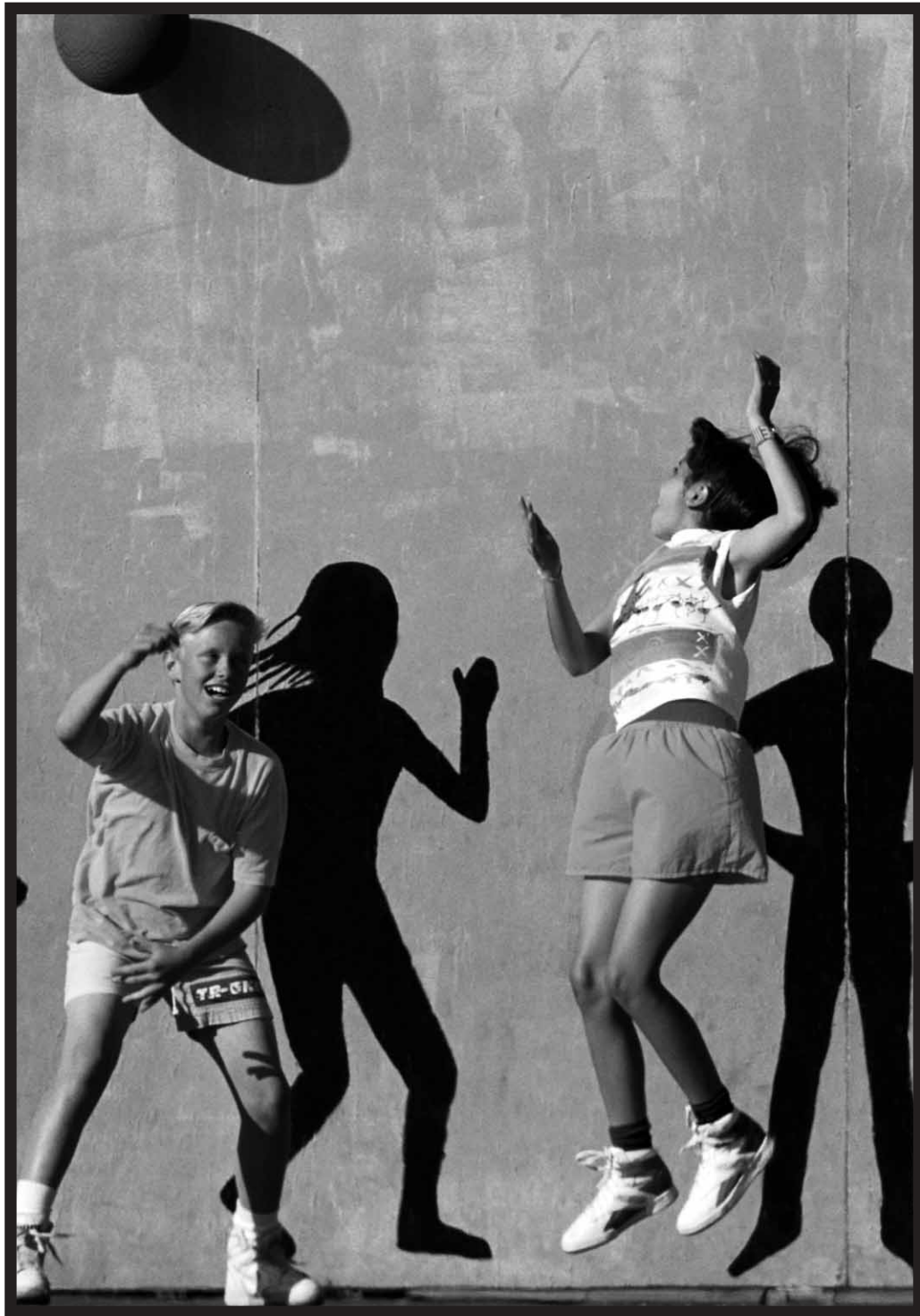
In today’s tight fiscal environment, therefore, it is critical for state and community leaders to approach the financing of important education, family, and children’s services—including obesity prevention—knowledgeably and strategically. This includes thinking about how resources can be generated as well as how they can best be used to support effective and sustainable efforts.

This brief, *Financing Childhood Obesity Prevention Programs: Federal Funding Sources and Other Strategies*, represents The Finance Project’s first published resource on financing childhood obesity prevention. It provides a brief guide to relevant federal funding sources as well as frameworks of financing strategies and childhood obesity prevention strategies. It also illustrates the potential of these funding sources and strategies for childhood obesity prevention with examples of creative initiatives in states and communities across the country. It is our hope that this work contributes to knowledge in the field and informs and assists state and local decision makers as they seek to develop, sustain, or expand effective initiatives to combat childhood obesity.

Cheryl D. Hayes

A handwritten signature in black ink, reading "Cheryl D. Hayes". The signature is written in a cursive style with a large initial "C".

Executive Director



Introduction

Over the past generation, dramatic changes in family and community life have altered the way many children and adults spend their leisure time. Gone are the days of healthy afternoons and weekends spent outside with friends and family. Many Americans live in “car-centric cities”¹ where 44 percent of people say it is hard to walk anywhere from their home. Only 17 percent of children walk to school and only 25 percent of all errands are run by foot, a drop of 42 percent in the past 20 years. Instead, children are increasingly spending their time in sedentary activities. Data from a 2001 survey indicated that almost a third of the adolescents sampled had participated in less than satisfactory amounts of physical activity, and about 10 percent had not participated in either vigorous or even moderate physical activity in the time period covered by the survey.² The figures for physical activity among children ages 9 to 13 are equally dismal. According to the Centers for Disease Control (CDC) Youth Media Campaign Longitudinal Survey conducted in 2002, 61.5 percent of children do not participate in any organized physical activity outside of school hours, and 22.6 percent do not engage in any type of physical activity at all during their free time.³

At the same time, schools are providing fewer opportunities for physical activity and nutrition education. As school systems struggle with dwindling budgets and a push to meet the requirements of the No Child Left Behind Act, physical education is taking a back seat.⁴ According to the CDC, fewer than 10 percent of elementary, junior high, middle, and high schools surveyed provided daily physical education or an equivalent at the time of the study. Additionally, less than half of all schools offered any out-of-school time intramural activities or physical activity clubs for students.⁵

¹ Richard Lacay, “The Walking Cure,” *Time Magazine*, June 7, 2004, 93-97.

² J. Grunbaum, et al. “Youth Risk Behavior Surveillance – United States, 2001.” In: *Surveillance Summaries*, June 28, 2002. MMWR 2002;51 (No. SS-4): 18.

³ Centers for Disease Control and Prevention. “Physical activity levels among children aged 9-13 years – United States, 2002.” *Mortality and Morbidity Weekly Report*. 2003;52(33);785-788.

⁴ Eric Kelderman, “Childhood Obesity: States Neglect Phys Ed.” April 9, 2004, <http://www.stateline.org/stateline/?pa=story&sa=showStoryInfo&id=363521>.

⁵ National Center for Chronic Disease Prevention and Health Promotion, “Fact Sheet: Physical Education and Activity.” Centers for Disease Control and Prevention, <http://www.cdc.gov/shpps>.

As American children are engaging in less physical activity, they are also consuming more calories from high sugar, high fat foods. Supersized portions, soda machines in schools, and convenience foods full of fat are now mainstays of our diet. According to the U.S. Department of Agriculture, the average person's daily consumption increased by 200 calories between 1970 and 1994.⁶

The growth of women in the labor force has also increased the number of meals eaten outside of the home. In 1996, Americans were spending more than 40 percent of their food budget on meals outside of the home as compared with 16 percent in 1977.⁷ These meals tend to be larger in size and subsequently higher in calories and fat than meals prepared at home. According to a recent study by Ludwig and colleagues, the average American child eats a fast food meal one out of every three days, accounting for an extra six pounds of weight gained in a year.⁸ The tide is beginning to turn, however. The food industry, an ever growing target of obesity lawsuits and unwanted publicity from documentaries like “Super Size Me” and books like *Fast Food Nation*, has finally begun to reevaluate menus

and phase out large portion sizes.

These two factors—less activity and more food—have contributed to the soaring number of overweight children. Data compiled by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDKD) on the prevalence of obesity are alarming. According to the NIDDKD, nearly two-thirds of adults in the United States are overweight, and nearly one-third are obese. In 2000, approximately 15.3 percent of U.S. children ages 6 to 11 and 15.5 percent of adolescents ages 12 to 19 were overweight.⁹ In addition, of the children and adolescents who were not overweight, 15 percent of children and 14.9 percent of adolescents were at risk for becoming overweight. The medical costs associated with this are astronomical. According to a recent study by RTI International and the CDC, annual obesity-attributable medical costs in the United States were estimated to be \$75 billion in 2003. If the epidemic continues unchecked, costs soon will surpass the total financial costs of smoking-related illness, estimated to be \$150 billion per year.¹⁰

⁶ Greg Critser, *Fat Land: How Americans Became the Fattest People in the World*. Boston, MA: Houghton Mifflin, 2003, 28n28.

⁷ Greg Critser, *Fat Land: How Americans Became the Fattest People in the World*. Boston, MA: Houghton Mifflin, 2003, 32.

⁸ Claudia Wallis, “The Obesity Warriors.” *Time Magazine*, June 7, 2004, 89.

⁹ Weight-control Information Network, “Prevalence statistics related to overweight and obesity,” National Institute of Diabetes and Digestive and Kidney Disorders, <http://www.niddk.nih.gov/health/nutrit/pubs/statobes.htm#preval> (accessed November 21, 2003).

¹⁰ Centers for Disease Control: Chronic Disease Prevention, “Preventing chronic diseases: investing wisely in health,” U.S. Department of Health and Human Services, http://www.cdc.gov/nccdphp/pe_factsheets/pdfs_schoolhealth.pdf (revised September 2003).

Obesity Prevention in Action

Across the nation, policymakers, program developers, and health providers are seeking ways to reverse the trend toward increased obesity, especially childhood obesity, and its negative consequences. A variety of federal agencies and national organizations are taking significant steps to address obesity prevention. These include:

- The **American Academy of Pediatrics (AAP)** has called for the medical community to focus on prevention and to advocate for physical activity and nutrition for children.¹¹
- The **American Heart Association (AHA)** now recommends that children two years of age and older get at least 30 minutes of moderate-intensity physical activity every day and, to achieve cardio-respiratory fitness, participate in at least 30 minutes of vigorous physical activity at least three to four times a week.¹²
- The **Secretary of Health and Human Services and the Secretary of Education** outlined strategies for promoting physical activity in their 2000 report to the President, “Promoting Better Health for Young People Through Physical Activity and Sports.” The report identified schools and afterschool programs as key providers of opportunities for youth to be physically active.¹³
- The **Centers for Disease Control** reported providing in FY2004 about \$15 million in funds from different grant programs that could be accessed to support coordinated school-based health programs.¹⁴ Such programs may include: family/community involvement, health education, physical education, health services, nutrition services, counseling services, healthy school environments, and health promotion for staff.
- The **Centers for Disease Control** in March 2004 began a new public advertising campaign that encourages Americans to take small steps to lose and control weight. (See www.smallstep.gov)

¹¹ American Academy of Pediatrics, Committee on Nutrition, “Prevention of Pediatric Overweight and Obesity: Policy Statement.” *Pediatrics* 112, no. 2 (August 2003): 424-430.

¹² American Heart Association, “Exercise (Physical Activity) and Children.” American Heart Association, <http://www.americanheart.org/presenter.jhtml?identifier=4596> (accessed November 4, 2003).

¹³ U.S. Department of Health and Human Services, “The Surgeon General’s call to action to prevent and decrease overweight and obesity.” (Rockville, MD, 2001) 19-20.

¹⁴ National Center for Chronic Disease Prevention and Health Promotion, “Healthy Youth: An Investment in Our Nation’s Future.” Centers for Disease Control and Prevention, http://www.cdc.gov/nccdphp/aag/aag_dash.htm (accessed June 8, 2004).

- The **Food and Drug Administration** unveiled a new campaign in March 2004 to revise food guidelines and nutrition labels to make it easier for the public to evaluate the nutritional content of food.
- In October 2004, The **Department of Health and Human Services** awarded \$2 million to the national office of YMCA to build partnerships with local communities and support outreach activities that promote better health. Projects may include increasing healthy food choices in schools, walking programs, and health education classes.

States also are realizing the skyrocketing public health costs of the obesity epidemic because state budgets are stretched thin paying for obesity-related illnesses. According to a recent article in *Obesity Research*¹⁵, annual U.S. obesity-attributable medical expenditures are estimated at \$75 billion in 2003 dollars, with Medicare and Medicaid financing approximately one-half of these expenditures. In part due to this crisis, state executive agencies and legislatures are developing initiatives to promote healthy lifestyles and prevent illness through exercise and nutrition programs, including:

- **Florida** created a Governor’s Task Force on the Obesity Epidemic. The 16-member task force developed 22 recommendations outlining the role of the family, community, healthcare providers, public health offices, schools, and worksites in promoting improved nutrition and increased physical activity. The recommendations were presented to Governor Jeb Bush in February 2004.¹⁶
- **Colorado’s** Department of Public Health and Environment established a Physical Activity and Nutrition Program (COPAN) that in its first phase established “Colorado on the Move” as part of the state plan to address obesity through prevention.¹⁷
- **Washington’s** State Department of Health developed a statewide plan called the “Nutrition and Physical Activity Plan” in June 2003.¹⁸
- **Hawaii’s** State Department of Health used federal tobacco settlement money to fund the Healthy Hawaii Initiative, a public education campaign to promote good nutrition, physical activity, and healthy lifestyles.¹⁹
- **Arkansas’** Department of Health developed an initiative to address the rising tide of obesity

¹⁵ Eric A. Finkelstein, Ian C. Fiebelkorn, and Guijing Wang, “State-Level Estimates of Annual Medical Expenditures Attributable to Obesity.” *Obesity Research* 12 (2004): 18-24.

¹⁶ Florida Department of Health, *Obesity in Florida: Report of the Governor’s Task Force on the Obesity Epidemic* (February 2004).

¹⁷ Colorado Physical Activity and Nutrition Program, “Colorado Physical Activity and Nutrition Program Overview.” Colorado Department of Public Health and Environment, <http://www.cdph.state.co.us/pp/COPAN/COPAN.html>.

¹⁸ Washington State Department of Health, Diabetes, Nutrition and Physical Activity Program, “Washington State Nutrition & Physical Activity Plan.” <http://www.doh.wa.gov/Publicat/NPA%20State%20Plan.pdf>.

¹⁹ Hawaii State Department of Health, “Start. Living. Healthy.” Hawaii State Department of Health, <http://www.healthyhawaii.com/home.asp>.

²⁰ Associated Press, “Arkansas officials launch health initiative.” *New York Times*, December 15, 2003, <http://www.nytimes.com> (accessed on December 15, 2003).

in the state after its director indicated that local clinics have reported an 800 percent increase in children with type 2 diabetes. The initiative will include outreach and education strategies for local health organizations, and an insurance plan that will give incentives for state employees to take steps toward improving their health.²⁰ In addition, the Arkansas state legislature is aggressively addressing the issue of obesity by enacting laws that authorize all Arkansas schools to include “health report cards” detailing students’ health status.²¹ Legislation also will ban vending machines in all elementary schools.²² Finally, a recent study noted that 40 percent of Arkansas public school children are overweight, a sign that has led public health officials to surmise that obesity among children nationwide is far worse than previously thought.²³

Communities across the country also are working to create childhood obesity initiatives that focus specifically on local needs:

The Robert Wood Johnson Foundation’s **Active Living By Design Project**²⁴ funds partnerships in

25 cities to increase active living. Each partnership has a \$200,000 grant to address community design, land use, transportation, architecture, trails, parks, and other issues that influence healthier lifestyles. Examples of funded community activities include:

- **Bronx** residents’ efforts to promote the South Bronx Greenway as an active living community by planning traffic calming and “parks outside the park” - green streetscaping along routes to the greenway;
- **Norwich, Vermont**, doctors writing prescriptions for patients to walk rather than using other forms of transportation; and
- **Jackson, Michigan**, teens leading a Safe Routes to School Program.

The **Duval County** Health Department in Florida has implemented an obesity prevention program. The program has a 12-week child-focused component (the Healthy Kids Club), a county-wide nutrition and physical education component (Shape Up Jacksonville), and a teen component (Hip-Hop Healthy Teens Program).²⁵

²¹ Wallis, C., “Guess what F is for? Fat: Obesity spurs Arkansas to something new: grading fitness.” *Time*, September 15, 2003, http://www.time.com/time/2004/kids/grading_fitness.html (accessed on August 18, 2004)

²² National Conference of State Legislatures, “Vending Machines in Schools.” National Conference of State Legislatures, <http://www.ncsl.org/programs/health/vending.htm> (accessed May 2, 2004).

²³ Associated Press, “State study suggests national child obesity problem.” *CNN.com*, June 4, 2004, <http://edition.cnn.com/2004/HEALTH/diet.fitness/06/04/obese.children.ap/index.html> (accessed June 15, 2004).

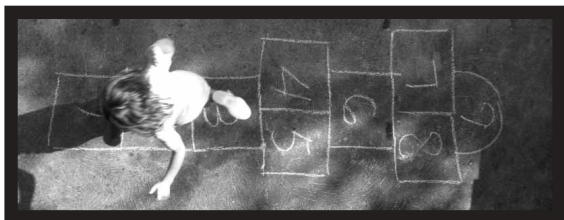
²⁴ Active Living by Design, “Active Living by Design.” University of North Carolina, School of Public Health.

²⁵ “Community Nutrition: Obesity Prevention Program.” Duval County Health Department, <http://www.dchd.net/obesity.htm> (accessed May 2, 2004).

About This Guide

Local school districts are banning high calorie soft drinks and fat-laden snacks from school vending machines, replacing them with healthier fare, at least for some portion of the day.

- The **Chicago Public Schools** system is breaking its exclusive beverage contract with a major soft drink company and has banned candy and chewing gum outright;²⁶
- The **New York City Schools** system has replaced its lucrative soft drink contract with a juice company;²⁷ and
- The school district in **New Haven, Connecticut**, has declared all schools “junk-free,” banning all unhealthy snacks and drinks from vending machines and lunches, and prohibiting bake sales and cakes at birthday parties. The school district also started cooking classes for parents, is integrating classes with nutrition lessons, and plans to renovate buildings to encourage physical activity.²⁸



This guide addresses the funding challenges of obesity prevention by profiling a variety of federal funding sources that can be used to support obesity prevention efforts for children and youth. While federal funding is not the only source of revenue for supporting obesity prevention strategies, these funds may help to launch, expand, or sustain promising approaches. The guide begins by providing an overview of financing strategies, types of federal funding, childhood obesity prevention strategies, and challenges that may be faced.

Then, each obesity prevention strategy is discussed in more detail, including a brief overview of several relevant funding sources and creative examples from communities across the country of how funds are being utilized. Also covered are important considerations that state and local leaders need to think about as they develop financing plans that meet their program goals, including recognizing that successful initiatives take advantage of a range of funding opportunities that include both public and private dollars. Federal funding is just one important element in a diverse and sustainable long-term funding portfolio.

²⁶ Reuters, “Chicago schools to ban soda, candy.” *CNN.com*, April 21, 2004, <http://edition.cnn.com/2004/EDUCATION/04/20/health.schools.reut/> (accessed May 2, 2004).

²⁷ *ibid*

²⁸ Associated Press, “Pilates, milk reign at “junk-free” schools.” *CNN.com*, May 3, 2004, <http://edition.cnn.com/2004/EDUCATION/05/03/junkfree.schools.ap/index.html>.

Financing Strategies

Five broad categories of financing strategies are available to support programs and services for healthy lifestyles and obesity prevention. Decisions about which strategy or combination of strategies is most appropriate will depend on the nature and scope of the initiative and the economic and political environments in which it operates.

STRATEGY 1: Making Better Use of Existing Resources

Among the most ambitious efforts to improve financing and make resources go further are those that reshape the way dollars already in the system are spent. This is especially true of those funds that benefit families served by several agencies and programs. Vulnerable families and those at highest risk typically have multiple needs and receive services from more than one agency or program. Efforts to make better use of existing resources frequently focus on coordinating and streamlining these services to reduce administrative costs; shifting funding from more restrictive and costly programs to less restrictive and less costly, community-based services; and improving efficiency by making better use of non-money resources and creating greater economies of scale.

STRATEGY 2: Maximizing Federal and State Revenue

A wide variety of federal funding streams are available to support healthy lifestyles for children, including obesity prevention. Typically these funds are narrowly focused on a target population or an approach to dealing with one aspect of a multifaceted problem. Entrepreneurial program leaders can educate themselves about the various types of federal funding streams that might support obesity prevention efforts and then work with the relevant decisionmakers to access these funds.

STRATEGY 3: Creating More Flexibility in Existing Categorical Funding

Most funding streams are categorical; they tend to support programs and services with narrowly defined purposes that provide specific types of assistance to special categories of children and families deemed eligible under law. The result at the community level has been a plethora of programs and services that are disconnected and duplicative. Providing the customized help that many children, youth, and families require is difficult when services are not easily coordinated. Strategies to create more flexible funding can be key to developing comprehensive community support systems and paying for an array of needed services when one

funding stream cannot do the job alone. The common objective of these strategies is to enable community leaders to provide an array of coordinated, community-based supports and services.

**STRATEGY 4:
Building Public-Private Partnerships**

Another important category of financing strategies that can extend the reach of public sector funding is the creation of public-private partnerships. Partnerships between government, community nonprofit organizations, charitable foundations, corporations, the faith community, and others provide valuable avenues for broadening the base of financial support for community programs and services as well as providing new leadership for these initiatives.

**STRATEGY 5:
Creating New Dedicated Revenue Streams**

Finally, dedicated revenue sources that raise and/or direct public funds for specific purposes are an important category of strategies to generate funding for services that improve the health of families and children.^{29 30} These funds can be generated privately at the program level through fundraising, fees, and unrelated business income. Alternately, they can be generated publicly by state and local governments through the creation of special taxing districts, special tax levies, guaranteed expenditure minimums, trust funds, and fees or other narrowly based taxes.³¹

This brief focuses on **Strategy 2: Maximizing Federal Funding** as the federal government has increased its focus on obesity and there are a number of funds available for core programming and program supplements targeting obesity.

²⁹ Barbara Langford, *Creating Dedicated State and Local Revenue Sources for Early Care and Education*. Washington, DC: Carnegie Corporation and The Finance Project, 2000.

³⁰ Barbara Langford, *Creating Dedicated State and Local Revenue Sources for Out-of-School Initiatives*. Washington, DC: The Finance Project, 2000.

³¹ Cheryl D. Hayes, *Thinking Broadly: Financing Strategies for Comprehensive Child and Family Initiatives*. Washington, DC: The Finance Project, March 2002.

Types of Federal Funding

It is important to realize that federal funds flow to states and localities through a variety of funding mechanisms. The types of mechanism often determine how funds flow, who is eligible to apply for funds, what requirements applicants need to meet to access funds, and how flexibly they can be used. Policymakers and others working to secure funds for obesity prevention need to have an understanding of the types of funding mechanisms represented by various federal funding programs as well as the challenges and opportunities that they present.

Federal funding sources discussed in this strategy brief include:

- **Formula/Block Grants** provide states with a fixed allocation of funds based on a formula prescribed by law or legislation to address particular issues or problems of national significance. Programs and services funded through formula/block grants are particularly important for program developers and community leaders to be aware of because this funding mechanism typically gives states significant flexibility in determining how funds will be used to meet program goals. States are typically required to provide a match or spend a minimum of state funds to access these grants. Communities using these funds should take advantage of fees and in-kind donations of time, space, or staff to meet matching requirements. Although states are usually the primary grantees under this funding mechanism, they can further allocate funds to localities and other eligible grantees through mini-grants and contracts. There is great flexibility in how these funds are used as long as they meet the overall goals of the funding program.
- **Entitlements** guarantee that individuals who meet a program's eligibility criteria are served (e.g., low income eligibility for Medicaid services). Entitlements are an excellent source to tap because they can be a potentially stable source of core funding and there is no competition with others for the funds. Because entitlement program funds are disbursed to states through a formula, these programs also can be classified as formula grants. States have the option of operating their particular programs or providing the funds to local agencies and private nonprofit organizations for the provision of services. It is important to note that there are few entitlement programs remaining and they can be difficult to negotiate administratively; however, communities that serve children from eligible populations should consider using these funds, as they are guaranteed.

An Issue to Watch: Obesity and Federal Insurance

On July 15, 2004, The Centers for Medicare and Medicaid Services (CMS) removed language stating that obesity is not an illness from its coverage manual for Medicare (the national health insurance entitlement program for the elderly and disabled). Though obesity is not classified as an actual disease, CMS will allow for a review of evidence to determine if obesity-related treatment—from surgery to sending a person to a fitness club—can improve health. This alone does not change any of the current coverage determinations and does not address obesity prevention coverage under Medicaid, the federal medical assistance entitlement for low-income children and families. However, this is an issue that program developers of obesity prevention efforts should continue to monitor. For now, individuals are encouraged to submit requests for modifications to current coverage determinations. Guidance on this process is available at <http://www.cms.hhs.gov/coverage/8a.asp>. In addition, watch for the upcoming Medicare Coverage Advisory Committee in Fall 2004.

- **Discretionary/Project Grants** target a particular federal effort, such as obesity prevention, and are awarded for a specific period of time. Depending on the program requirements, eligible grantees include state or local public, private, or nonprofit entities or a collaboration of any of these entities. Grants are competitive and are not based on a particular formula. Keep in mind that using targeted funding means less flexibility and usually a short time frame for funding. Most of the funds highlighted below are discretionary.
- **Cooperative Agreements** are similar to project grants except that the project objectives are very prescriptive. The federal agency's staff may be actively involved in proposal preparation, and may have substantial involvement in activities once the award has been made.

While federal funding represents only a piece of the funding puzzle, the amount of funding available and its scope indicate that policymakers see obesity prevention as a high priority. In 2002, President Bush, in conjunction with the Department of Health and Human Services (DHHS), launched the HealthierUS³² Initiative with the goal of helping people understand and use federal resources to promote health and prevent obesity with simple and modest improvements in physical activity, nutrition, and behavior. Due in part to this initiative, several agencies within DHHS, the Departments of Agriculture and Education, and other federal agencies have made obesity prevention a funding priority. Many of these efforts target children.

³²For the executive summary see The White House, "HealthierUS: The President's Health and Fitness Initiative – Executive Summary," The White House, <http://www.whitehouse.gov/infocus/fitness/execsummary.html>.

Childhood Obesity Prevention Strategies

While there are clearly many factors contributing to the rapid rise in obesity, there is a growing consensus among health professionals that prevention is the key solution, especially for children and youth. The American Academy of Pediatrics contends that the increasing prevalence of childhood obesity and the resulting health problems warrant strong and comprehensive prevention efforts.³³ The following strategies demonstrate the range and comprehensiveness of efforts that states and communities are developing to address this growing epidemic.

- **Encouraging Healthy Lifestyles (physical and emotional health):** This can include physical activity provided in environments where children feel supported and valued. Positive social and emotional experiences can help children learn to value physical fitness activities.
- **Providing Fitness and Nutrition Education:** Fitness and nutritional activities that are realistic, easily incorporated into a child's daily routine, and based on experiential learning can provide children with opportunities to learn about the benefits of physical activity and healthy eating.
- **Involving Parents:** Parents play a vital role in their children's health and obesity status. Involving parents makes it easier for them to support their children and reinforce positive behaviors at home.
- **Ensuring Access to Safe Environments:** Children at risk for obesity are more likely to be low income and minority and have limited access to safe facilities and neighborhoods for physical activity. Safe, clean, and inviting places that encourage children to be active can make a significant difference in the fight against obesity.
- **Ensuring Access to Adequate Amounts of Healthy Food:** Low-income families have more difficulty purchasing the healthy foods necessary for a well-balanced diet, tending to load up on high-fat, high-calorie foods that are less expensive than fresh fruits and vegetables or protein-rich meats. Providing children with nutritional supports can help maintain healthy diets.

³³ American Academy of Pediatrics, Committee on Nutrition, "Prevention of Pediatric Overweight and Obesity: Policy Statement." *Pediatrics* 112, no. 2 (August 2003): 424-430.



The strategies on the previous page may be combined in a variety of ways to fit the needs of the children being served and the resources available. This brief will highlight several federal funding sources that program developers and community leaders can use to support these strategies. Identifying relevant funding sources and developing creative financing strategies to support and sustain such work is key. Forming collaborative relationships and creating a varied portfolio of funding streams also are critical to creating interventions that successfully address the many facets of obesity prevention.

The table to the right provides an overview of obesity prevention strategies and a sampling of appropriate federal funding sources that can support these strategies.

Potential Federal Funding Opportunities For Childhood Obesity Prevention Programs By Category

Healthy Lifestyles

Targeting Obesity

State Nutrition and Physical Activity Programs to Prevent Obesity and Related Chronic Diseases
Prevention and Treatment of Childhood Obesity in Primary Care Settings

Targeting Special Populations

Health Disparities in Minority Health Grant Program
Children, Youth, and Families at Risk State Strengthening Projects
Community Programs to Improve Minority Health

General Health and Wellness

Steps to a HealthierUS Cooperative Agreement
Preventive Health and Human Services Block Grant
New Delivery Sites and New Starts in Programs Funded Under the Health Consolidation Act

Physical Fitness

Carol M. White Physical Education Program
National Youth Sports Program Fund

Fitness and Nutrition Education

Team Nutrition Training Grant
21st Century Community Learning Centers Block Grant

Parental Involvement

Even Start Program: State Agency Block Grant

Access to Safe Environments

Community Development Block Grant Program

Access to Adequate Amounts of Healthy Food

National School Lunch Program/National School Lunch Program: Afternoon Snacks
National School Breakfast Program
Summer Food Service Program
Child and Adult Care Food Program
Food Stamp/Food Stamp Nutrition Education Program
Women Infants and Children (WIC)/ WIC Farmers Market Program
Community Food Project

Challenges

Childhood obesity is a complex and multifaceted problem. It follows, then, that successful obesity prevention initiatives themselves will require a concerted and coordinated effort on the part of policymakers, schools, employers and workplaces, local community service providers, and health providers to address the many dimensions of this problem. The diversity of existing federal funding opportunities permits program developers to begin to think broadly about options for financing obesity prevention programs. However, there are still many obstacles that need to be addressed to smooth the way for states and communities to develop and take promising efforts to scale. Some of the challenges include:

Federal/State/Local Agency Coordination. Many agencies are involved in overseeing different aspects of the obesity issue. At the federal level, the Centers for Disease Control, the Department of Agriculture, and the National Institutes for Health each have a role. Likewise, many state and local agencies also have important roles to play. It will take great effort, planning, and cooperation for these various governmental and non-governmental agencies and departments to work together in an effective way.

Funding. Currently, funding streams to address obesity are often tied up with other initiatives such as cancer or diabetes prevention, school lunch programs, food stamps, and afterschool programs. Without the availability of a dedicated funding stream, program leaders will continually face the challenge of blending together funding from a variety of sources. Funding successful obesity prevention strategies that address the multiple needs of the target population will require a range of coordinated funding strategies.

Identification and Sharing of Best Practices. Reversing the obesity trend will require the testing and evaluation of innovative practices across a range of programs and policy areas. Key to stemming the tide of obesity is the ability of innovators to share promising practices and to learn from each other's trials. Creating the infrastructure for collecting, examining, and sharing best practices across a wide range of providers and agencies is another challenge.

Developing Broad Public Messages. The obesity epidemic stems from a combination of factors that are part of larger societal trends. Public awareness and education about the range of issues that are contributing to obesity must be part of the solution.



Childhood obesity is a chronic health condition with the potential for long-term consequences.

Developing Targeted Messages for Key Stakeholders. Convincing divergent groups to get involved with the fight against obesity will involve appeals to each stakeholder's own interests. It will be necessary to research and create tailored explanations for why a particular community should take action or get involved in the effort to curb obesity.

Building Partnerships. Many constituencies and interest groups are already active on obesity or can be tapped to encourage public sector support to fight obesity. Cooperation will be necessary to avoid conflicting messages and goals that might hinder progress. Public debate among the various groups will be important for developing successful initiatives, but the partners need to be able to speak with a unified voice in order to drive an agenda.

Childhood obesity is a chronic health condition with the potential for long-term consequences. The prevention framework presented here highlights the need for childhood obesity prevention programs that include a variety of components

and provide comprehensive services for the child and family. Finding resources to support these programs can be challenging, but the information presented in this brief provides program developers with guidance on available federal resources and helps them to consider the ways to marshal fiscal and non-fiscal resources to support and sustain these important initiatives.

It is important to bear in mind that this guide presents information representing a point in time and should only serve as a framework for seeking funding. *Program developers should keep up to date with the latest legislative initiatives and continue to monitor funding opportunities as new opportunities develop on a regular basis.*



Supporting Childhood Obesity Prevention Programs with Federal Funds

Promoting Healthy Lifestyles

TARGETING OBESITY

An obvious place for program developers to begin their search for federal funding is targeted funding for obesity prevention. State Nutrition and Physical Activity Programs to Prevent Obesity and Related Chronic Diseases support state health departments and their partners as they develop statewide networks around obesity prevention and eventually develop obesity prevention interventions. This Centers for Disease Control program currently funds 28 states working to implement interventions: Arizona, Arkansas, Colorado, Florida, Georgia, Illinois, Iowa, Kentucky, Maine, Maryland, Massachusetts, Michigan, Missouri, Montana, New Mexico, New York, North Carolina, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Texas, Vermont, Washington, West Virginia, and Wisconsin. Details are provided below.

State Nutrition and Physical Activity Programs to Prevent Obesity and Related Chronic Diseases

Federal Agency: Division of Nutrition and Physical Activity, Centers for Disease Control, Department of Health and Human Services

Funding Type: Discretionary/Project Grants

Program Description: The goal of these grants is to prevent and control obesity and related chronic diseases by supporting states in the development and implementation of nutrition and physical activity interventions, particularly through population-based strategies such as policy-level change, environmental supports, and social marketing planning. Though the focus is not solely on childhood obesity, many states have chosen to include children's concerns in their plans and implementation. Grants are awarded at either the capacity building or basic implementation level.

Eligible Applicants: State health departments

Flow of Funds: Funds flow directly to state health departments

Funding level: In FY04, 23 states are funded at \$300,000 to \$400,000 for capacity building. Five states are funded at \$800,000 to \$1.5 million for basic implementation, bringing the total number of funded states to 28.

Matching requirement: Matching is required only at the Basic Implementation level. Matching must be from non-Federal sources in an amount not less than one dollar for each four dollars. The matching funds may be cash or its equivalent, in-kind contributions, or donated services.

Website Link: www.cdc.gov/nccdphp/dnpa/obesity/state_programs/index.htm

The field of childhood obesity prevention is not well developed and there are still questions about what works best for which children, so interventions with a research component can track results and contribute to building knowledge about what works to effectively curb obesity. Program developers who do not have the capacity to develop and implement a research intervention should consider partnering with a university or medical

research institution with that capability. Federal funding for such research usually comes in the form of a one-time solicitation from an arm of the Federal government (e.g., National Institutes for Health). One example of this type of funding source is the **Prevention and Treatment of Childhood Obesity in Primary Care** grant detailed below:

Prevention and Treatment of Childhood Obesity in Primary Care

Federal Agency: National Institutes of Health, Department of Health and Human Services

Funding Type: Discretionary/Project Grants

Program Description: Funds support research intervention programs delivered in primary care practices to improve dietary and physical activity behaviors of pediatric patients. The goal is to prevent excessive weight gain in children at risk for obesity, to prevent further weight gain, or to promote weight loss in children who are already obese. While the initial evaluation and at least some of the intervention should be carried out by a primary care provider (physician, nurse practitioner, dentist, or physician's assistant), other types of providers and settings can also be included in the intervention. Linkage to ongoing primary care research networks, where available, is encouraged, as is interaction with community-based health coalitions and with schools that have initiated intervention programs. Funds will be awarded to small exploratory projects and large scale research projects.

Eligible Applicants: For profit or nonprofit organizations, universities, hospitals, laboratories, state and local governments, faith and community-based organizations

Flow of Funds: Funds flow directly to the grantee

Funding Level: In FY04, approximately \$6 million is available; up to 12 programs may receive funding of up to \$500,000 per year.

Matching Requirement: None

Website Link: <http://grants.nih.gov/grants/guide/rfa-files/RFA-HD-04-020.html>

TARGETING SPECIAL POPULATIONS

Obesity disproportionately affects children from minority and low-income families. Over 20 percent of African-American and Hispanic children are at the 95th percentile in body mass compared to only 12 percent of white children. The problem has worsened over time; 20 percent of today's minority children are as heavy as the heaviest 5 percent of minority children were between 1960 and 1980.³⁴ Program developers from communities that are primarily low income or minority

may benefit from looking for funds targeted to meeting their community's needs. Though these funds might not exclusively target obesity, they can be accessed for obesity-related work. The Finance Project has identified two such funding programs: The **Health Disparities In Minority Health Grant Program** and **The Children, Youth, and Families at Risk State Strengthening Projects**, and **Community Programs to Improve Minority Health**. Details on these three programs are in the following boxes.

Health Disparities In Minority Health Grant Program

Federal Agency: Office of the Secretary, Department of Health and Human Services

Funding Type: Discretionary/Project Grants

Program Description: These grants support programs that work toward the elimination of health disparities among racial and ethnic populations through local small-scale projects that address a demonstrated health problem or health issue, including obesity. Funds are to be used to conduct collaborative efforts to modify the behavioral and/or environmental conditions that are implicated in the health problems of minority groups. These projects also should address socio-cultural and linguistic barriers to care and should have the potential for replication in similar communities.

Eligible Applicants: Private nonprofit community-based, minority-serving organizations addressing health and human services. Grantees are encouraged to collaborate with community agencies.

Flow of Funds: Funds flow directly to grantee

Funding Level: Grants are awarded in three-year cycles. In FY03, 17 awards were made for a total of \$1 million. Continuation awards are expected for FY04.

Matching Requirement: None

Website Link: <http://www.cfda.gov/public/viewprog.asp?progid=1548>

³⁴R.S. Strauss & H.A. Pollack, "Epidemic Increase in Childhood Overweight, 1986-1998." *JAMA*, 2001; 286:2845-2848.

Children, Youth, and Families at Risk State Strengthening Projects

Federal Agency: Department of Agriculture, Cooperative State Research, Education, and Extension Service

Funding Type: Discretionary/Project Grants

Program Description: The goal of this grant program is to marshal resources of the Land-Grant and Cooperative Extension System so that, in collaboration with other organizations, they can develop and deliver educational programs that equip limited resource families and youth who are at risk for not meeting basic human needs with the skills they need to lead positive, productive, contributing lives. These needs may be addressed by physical fitness, nutrition, and general health and wellness initiatives.

Eligible Applicants: Cooperative Extension Services at 1862 Land-Grant Institutions. These institutions are encouraged to partner with 1890 Land-Grant Institutions, including Tuskegee University and West Virginia State College, 1994 Land-Grant Institutions, and Hispanic-serving institutions. Eligible applicants may subcontract to organizations not eligible to apply, provided such organizations are necessary for the project.

Flow of Funds: Funds flow directly to grantee.

Funding level: In FY04, estimated funds are \$ 6.5 million. Availability of future funds is contingent on congressional approval.

Matching requirement: State match required (a maximum of \$50,000 using state funds only).

Website Link: <http://www.csrees.usda.gov/nea/family/cyfar/program.html>

Community Programs to Improve Minority Health

Federal Agency: Office of Minority Health, Department of Health and Human Services

Funding Type: Discretionary/Project Grant

Program Description: These grants support health promotion and disease reduction intervention programs for minority populations. Funds are used to develop, implement and conduct community-based demonstration projects, to link minorities in low-income communities to necessary health services, and to address cultural and linguistic barriers to care. Obesity prevention is one of eight high-priority health issues targeted by the Office of Minority Health for its FY04 grants.

Eligible Applicants: Public or private nonprofit community-based, minority-serving organizations addressing health and human services; community coalitions consisting of at least three local organizations; Historically Black Colleges/Universities (HBCUs), Hispanic Serving Institutions (HSIs) and Tribal Colleges/Universities (TCUs).

Flow of Funds: Funds flow directly to grantee or to the lead organization in a community coalition.

Funding Level: Approximately \$3.4 million is expected to be available in FY04. It is anticipated that 17 to 30 grants will be awarded.

Matching Requirements: None

Website Link: <http://www.omhrc.gov/omh/whatsnew/2pgwhatsnew/Funding715cpguide.pdf>

Steps to a HealthierUS Cooperative Agreement

Federal Agency: Centers for Disease Control, Department of Health and Human Services

Funding Type: Cooperative Agreement

Program Description: Supports community and school-based initiatives that promote better health and prevent disease. Grantees must address the priorities of diabetes, obesity, and asthma.

Eligible Applicants: Local health departments, in collaboration with local education agencies (Large City and Urban Community Applicants); state health departments, in collaboration with state education agencies (State Coordinated Small City and Rural Community Applicants); and Tribes (Tribal Applicants).

Flow of Funds: Funds flow directly to lead agency; funds may be allocated or dispersed from the lead agency to local educational agencies and key partners (Large City and Urban Community and Tribal Applicants) or to communities, the state education agency, or other key partners at the community level (State Coordinated Small City and Rural Community Applicants).

Funding Level: In FY03, 12 five-year cooperative agreements totaling \$13.7 million (supporting 23 communities, including one tribal consortium, 15 small cities or rural communities, and seven large cities) were awarded. As of FY04, grants total \$35.7 million. Each of the 12 original grantees received increased funding and ten new programs were awarded funds in 2004.

Matching requirement: At least 25 percent for funds awarded to Large City and Urban Community Grantees. At least 50 percent for funds awarded under State Coordinated Small City and Rural Community Program to support communities through technical assistance. In no case shall the amount to be matched be less than 25 percent of award to the state. Tribal Applicants are not required to provide a match; however, financial and in-kind contributions are strongly encouraged. The Secretary of Health and Human Services may require an increase in the match requirements in years two to five of the grant.

Website Link: <http://www.healthierus.gov/steps/index.html>

New Delivery Sites and New Starts in Programs Funded Under the Health Centers Consolidation Act

Federal Agency: Health Resource and Services Administration, Department of Health and Human Services

Funding Type: Discretionary/Project Grant

Program Description: Grants support the establishment of new service delivery sites in each of the Health Center programs funded under section 330 of the Public Health Service Act. Programs include Migrant Health Centers, Public Housing Primary Care and Healthy Schools-Healthy Communities Programs provide preventive and primary health services, including treatment of chronic diseases like obesity and nutrition and health education.

Eligible Applicants: Public and private non-profit agencies, institutions or organizations.

Flow of Funds: Funds flow directly to grantee.

Funding Level: In FY04, the appropriation was \$43 million. It is expected that the average size of each award will be \$350,000 to \$650,000.

Matching Requirements: None

Website Link: <http://www.hrsa.gov/grants/preview04/guidancebphc/hrsa04034.htm>

GENERAL HEALTH AND WELLNESS

While it is helpful to find funds targeted for specific issues, funding programs that support the general health and wellness of children tend to be more flexible and potentially easier for community leaders and program developers to access and align with their program goals. Keep in mind that general health and wellness may be defined broadly to include the promotion of physical fitness, a healthy diet, and positive mental health, all issues critical to obesity prevention efforts. To maximize the opportunities to build comprehensive programs, program

developers and community leaders should think broadly and look for creative ways to supplement their funding portfolios using these types of funding opportunities.

The Finance Project has identified three funding programs that provide support for interventions that meet a definition of general health and wellness promotion and may be used to support obesity prevention programs for children. Details for these programs are on pages 27 and 28.

Preventive Health and Health Services Block Grant

Federal Agency: Centers for Disease Control, Department of Health and Human Services

Funding Type: Block/Formula Grant

Program Description: Funds are used by states to help them meet the objectives in the Healthy People 2000/2010 National Health Promotion and Disease Prevention Objectives, which include the prevention of obesity. States may use block grant funds for preventive health services including planning, administration, and educational services. States receiving block grant dollars must develop health plans, report to the federal government about their activities, and target public health interventions to populations in need.

Eligible Applicants: State health agencies

Flow of Funds: Funds flow to the state agencies. These state agencies may contract with local agencies or nonprofit organizations.

Funding Level: State allotments are determined by a formula that takes into account the state's population. The FY03 grants were \$129 million. In FY02, states used over \$9 million to fund initiatives concerned with physical activity, fitness, nutrition, and obesity.

Matching Requirement: An allocation percentage is determined for each state based on the amounts of fiscal year 1981 funds provided to the state for certain categorical health grants that were combined to comprise the Preventive Health and Health Services block grant.

Website Link: <http://www.cdc.gov/nccdphp/blockgrant/index.htm>

The flexibility of the **Preventive Health and Health Services Block Grant** allows each state to address its own unique challenges in exciting and innovative ways. Below is an example of one state's creative use of this funding source for childhood obesity prevention.

Arizona Uses Preventive Health and Health Services Block Grant to Support Statewide Obesity Prevention Programs

Physical activity programs of the Arizona Department of Health Services (ADHS) are funded primarily through the Preventive Health and Health Services Block Grant (PHHSBG). A major portion of the PHHSBG goes toward the Promoting Lifetime Activity for Youth (P.L.A.Y.) program, which ADHS has implemented since 1996 in an effort to stem the rise in childhood obesity rates in its state. Focusing on increasing independent physical activity among 4th through 8th graders, P.L.A.Y. reaches over 24,000 students, 8,200 parents, and 900 teachers each year. The eventual goal of P.L.A.Y. is to encourage student independence in achieving 60 minutes of daily activity at school and at home. Participating students receive a handbook that suggests a variety of ways to be physically active along with a log to chart their daily activity. The program is offered to schools statewide, free of charge.

In addition to funding P.L.A.Y., the PHHSBG supports the Arizona Governor's Council on Health, Physical Fitness, and Sports as well as various community events that increase physical activity awareness in 37,000 students and 16,000 adults each year.

The Arizona Department of Health Services uses state funds for physical activity to supplement the PHHSBG funds for P.L.A.Y. State funds are also used to promote physical activity among children from kindergarten through 8th grade and to expand the successful P.L.A.Y. program.

Currently, ADHS is implementing the Healthy Arizona 2010 project with objectives including increasing physical activity in children and adolescents. The workgroup for Healthy Arizona consists of public and private leaders from numerous partners including county health departments, state associations, universities, media stations, physical activity and wellness coalitions and organizations, other state agencies, and businesses.

Contact: Carol Vack, Program Manager
Arizona Department of Health Services
(602) 364-2401 or cvack@hs.state.az.us

For more information on PHHSBG see p. 28 of this guide.

PHYSICAL FITNESS

Participating in physical activities on a regular basis is another key factor in preventing childhood obesity and reducing the risk of future obesity-related diseases. In today's culture, too many children lead sedentary lifestyles and do not get enough daily exercise. Despite all the benefits of physical activity, only one in four school-aged children gets the recommended amount of physical activity each day (30 minutes of moderate activity or 20 minutes of vigorous

activity).³⁵ As physical education programs continue to disappear from our school systems,³⁶ program developers may seek funding that supports fitness and activity as part of their portfolio for obesity prevention.

The Finance Project identified two funding sources that focus on physical fitness and sports activities for children. Details for these programs are highlighted below.

Carol M. White Physical Education Program

Federal Agency: Office of Elementary and Secondary Education, Department of Education

Funding Type: Discretionary/Project Grant

Program Description: Funds support innovative approaches to health and physical activity that equip students with the knowledge to be healthy and physically active. Funds can be used to initiate, expand, and improve physical education programs (including afterschool programs for students in kindergarten through 12th grade) in order to help them meet state standards for physical education. The program also provides funds for training and education for teachers and staff, and for equipment and support.

Eligible Applicants: Local education agencies and community-based organizations

Flow of Funds: Funds flow directly to grantee

Funding level: In FY04, 237 grants were awarded at a total cost of \$68.4 million.

Matching Requirement: None

Website Link: <http://www.ed.gov/programs/whitephised/index.html>

³⁵ "Enhanced Physical Education Classes in Schools are Recommended to Increase Physical Activity Among Young People." 2002. The Guide to Community Preventive Services. Available at <http://www.thecommunityguide.org/pa/pa-int-school-pe.pdf>.

³⁶ Eric Kelderman, "Childhood obesity: States neglect phys ed." April 9, 2004, <http://www.stateline.org/stateline/?pa=story&sa=showStoryInfo&id=363521>.

National Youth Sports Program Fund

Federal Agency: Office of Community Services, Division of Community Demonstration Programs, Department of Health and Human Services

Funding Type: Discretionary/Project Grant

Program Description: Funds provide for the management of the National Youth Sports Program, which provides comprehensive developmental and instructional sports programming to low-income children ages 10 through 16 between the months of June and August.

Eligible Applicants: Since the inception of this program, the National Collegiate Athletic Association (NCAA) has been the only recipient of this grant.

Flow of Funds: The NCAA receives the funds, administers the program, and contracts with over 200 colleges and universities in 46 states to provide sports instruction and enrichment activities.

Funding Level: The program began in 1969 with \$3 million. Program funding has been steady at approximately \$17 million since FY02.

Matching Requirement: As a summer program, funding is provided for a maximum of 30 days. Participating institutions donate the services of a project administrator and staff.

Website Link: <http://www.acf.hhs.gov/programs/ocs/demo/nysp/> or <http://www.nyscorp.org>

Below is an example of an afterschool program that received a **Carol M. White Physical Education Program** grant to incorporate a fitness program. It also charges fees to help cover some of the program costs.

Fees and Federal Dollars Support an Afterschool Program with a Focus on Fitness

The Happy Hours School-Age Program, a fee-based afterschool program serving 500 children in Tucson, Arizona, received a \$35,000 Carol M. White Physical Education Program grant in 2003. The project's guiding philosophy is that children need the support of their families to make lifestyle changes, and the program takes advantage of its ability to connect with parents on a daily basis. The program's activities include having children, parents, and staff participate in a community sponsored 12-week fitness program (The Tucson Challenge); providing physical education, equipment, and training for their program staff; involving families in community fitness activities; and providing parents with the opportunity to be active when they pick their child up from the program (e.g., walking around the track at the school with their child before going home).

Contact:

Lisa Rice
Assistant Program Director,
Happy Hours School-Age Program
Child & Family Resources, Inc.
2800 E. Broadway Blvd.
Tucson, AZ 85716
lrice@cfraz.org
520-321-3773

For more information on the Carol M. White Physical Education Program Grant

see p. 30 of this guide.

Fitness and Nutrition Education

It is important for children at risk for obesity to understand why healthy eating and physical activity prevent obesity. Knowing the facts makes it easier to assimilate the behaviors into their everyday lives. In addition, it is critical that staff of prevention programs have professional development and training opportunities to help them appropriately implement program components. Accordingly, program developers and community leaders might

want to pursue funding opportunities that focus on nutrition and fitness education – at the child level, the staff level, and community level. The **Team Nutrition Training Grant Program** is an example of a funding source geared toward training and technical assistance around issues of fitness and nutrition for schools and communities at large. Details on this funding source are highlighted below.

Team Nutrition Training Grant Program

Federal Agency: Department of Agriculture (USDA)

Funding Type: Discretionary/Project Grant

Program Description: This grant offers funding to state agencies to deliver new and innovative nutrition training programs and technical assistance for food service professionals, children and their parents, school and childcare administrators, and other school and community partners. States are encouraged to implement these behavior-oriented strategies and food service initiatives through classroom activities, school-wide events, home activities, community programs and events, and media events.

Eligible Applicants: State agencies that administer the National School Lunch Program or the Child and Adult Care Food Program. States may apply individually, as a coalition within their state if there is an alternate state agency, or may establish a network and apply as a coalition of states.

Flow of Funds: Grants go to eligible state agencies and they may award sub-grants to local school districts and/or schools.

Funding Level: In FY04, USDA funded 21 training grants for a total of \$4 million.

Matching Requirement: None

Website Link: <http://www.fns.usda.gov/tn>

Afterschool programs can offer a variety of services, including childhood obesity prevention, through activities that include physical and nutrition education as part of their programming. One key funding source for afterschool programming is the **21st Century Community**

Learning Center (21st CCLC) Block Grant described below. Later in this brief, we provide examples from two communities that have used these funds to leverage dollars and other non-fiscal resources to provide nutrition and physical education to children.

21st Century Community Learning Center Block Grant

Federal Agency: Office of Elementary and Secondary Education, Department of Education

Funding Type: Formula/Block Grant

Program Description: The program's goal is to fund expanded academic enrichment opportunities for children attending low-performing schools. Tutorial services and academic enrichment activities are designed to help students meet local and state academic standards in subjects such as reading and math. In addition 21st CCLC programs may provide an array of activities including youth development activities, drug and violence prevention programs, technology education programs, art, music and recreation programs, counseling and character education.

Eligible Applicants: State education agencies

Flow of Funds: Funds flow to state education agencies who make competitive awards to schools, community-based organizations, faith-based organizations, and institutions of higher learning.

Funding Level: \$999 million is available for FY04.

Matching Requirement: States are prohibited from discriminating among applicants based on their ability to provide matching funds but states may require all applicants to match at a minimum level.

Website Link: <http://www.ed.gov/programs/21stcclc/index.html>

Parental Involvement

Poor diet and inactivity are partly to blame for the rise in childhood obesity, but there are also contributing factors in the home environment. Researchers believe that the same behaviors that have contributed to the increased prevalence of overweight adults may be transmitted within the family setting and affect the weight status of children. For example, children with overweight

parents have lower levels of physical activity and diets higher in fat and lower in carbohydrates.

Furthermore, the presence of parental obesity more than doubles the risk of adult obesity among both obese and non-obese children under age 10.³⁷



³⁷ “Facts about Childhood Obesity and Overweightness,” *Family Economics and Nutrition Review*, January 1999.

Given the influence of the family environment on childhood obesity, it is important for parents to serve as good role models for their children. If children see their parents enjoying healthy foods and physical activity, they will be more likely to do the same now and for the rest of their lives.

Program developers interested in involving parents in childhood obesity efforts may want to

think about forming partnerships with staff from other federally funded programs that offer parent education and parent involvement as part of their programming. The Finance Project identified **Even Start** as a program that community leaders may want to consider as a partner to engage parents in obesity prevention. These programs are highlighted below.

Even Start Program: State Agency Block Grant

Federal Agency: Office of Elementary and Secondary Education, Department of Education

Funding Type: Formula/Block Grant

Program Description: Funds support an education program for low-income families that is designed to improve the academic achievement of young children and their parents, especially in the area of reading. Even Start requires grantees to combine the four core components that make up family literacy: early childhood education, adult literacy (adult basic and secondary-level education and/or instruction for English language learners), parenting education, and interactive literacy activities between parents and their children. Some programs have incorporated health and nutrition education into the parenting, early childhood, and interactive components of the program.

Eligible Applicants: State education agencies

Flow of Funds: Funds flow to state education agencies who make competitive awards to partnerships of local education agencies and other organizations.

Funding Level: \$247 million in continuing grants were available in FY04.

Matching Requirement: Programs must increase their share of the costs over time. The increasing share of the program expenses ranges from 10 percent in the first year through 40 percent in the fourth year. Cost-sharing for years five through eight is 50 percent and after the eighth year of Federal Even Start funding, the Federal share may not exceed 35 percent.

Website Link: <http://www.ed.gov/programs/evenstartformula/index.html>

A North Carolina community has created a partnership between two public agencies—one that serves children and families and one that offers

technical assistance on health-related issues—in order to provide joint learning opportunities in obesity prevention for children and their parents.

Building Partnerships in North Carolina: Even Start and Cooperative Extension Services Partner for Parent-Child Education

For the past two years, the Greene County Lucy Hart Hill Family Literacy Program, an Even Start funded program, has partnered with the North Carolina Cooperative Extension Services in Greene County to provide parents with the opportunity to participate in Out For Lunch, a cooking program that stresses economics and nutrition for food stamp eligible families. The program involves several components for parents including menu planning, budgeting, and food safety. The preschool component of the program includes hands-on cooking activities with parents and a curriculum called “Read Me A Story” that uses children’s stories with food themes to engage children in activities that foster recognition and acceptance of many types of foods. Objectives of the program support each group’s ability to identify and choose more fruits,

vegetables, and low-fat dairy products; choose and prepare nutritious, appealing foods on a limited budget; and handle food to prevent food-borne illnesses. For information on this program and other nutrition education services offered by the North Carolina Cooperative Extension Services, see:

<http://www.ces.ncsu.edu/depts/fcs/food/ofl.html>

Contacts:

Shenile Ford at the North Carolina Cooperative Extension Office 252-747-5831

Lou Anne Shackelford at Lucy Hart Hill Family Literacy Program 252-747-4300

For more information on Even Start see p. 35 of this guide.

Access to Safe Environments

Children at risk for obesity are more likely to be low-income and often do not live in environments conducive to physical activity or exercise, particularly if they live in the inner city. The Robert Wood Johnson Foundation has highlighted this problem in several of its publications and relates the lack of activity and resulting obesity problems in low-income youngsters to loss of play spaces, unfriendly urban planning, environmental health threats, and declines in recreation budgets.³⁸

One federal funding stream that may be useful to program developers interested in the development or improvement of safe recreation environments for children from large urban settings is the **Community Development Block Grant Program**. Details on this funding program are provided in the table below.

Community Development Block Grant Entitlement Communities Program

Federal Agency: Department of Housing and Urban Development

Funding Type: Block Grant/Formula Grant

Program Description: Grants support the development of viable urban communities by providing decent housing, suitable living environments, and expanding economic opportunities for persons of low and moderate incomes. Funds can be used for a wide range of activities directed toward neighborhood revitalization, economic development, and provision of improved community facilities and services. All of these criteria support the use of funds to improve recreational facilities, parks, and play equipment.

Eligible Applicants: Central cities listed in the Metropolitan Statistical Areas, other cities with populations over 50,000, and qualified urban counties of at least 200,000 citizens. Grantees must use at least 70 percent of CDBG funds for activities that principally benefit low- and moderate-income persons. (A separate component of CDBG—the State CDBG Program—provides program funds to states, which they allocate among localities that do not qualify as entitlement communities.)

Flow of Funds: Funds flow to local communities and these entities may contract with local agencies or nonprofit organizations.

Funding Level: In FY04, Congress appropriated about \$3 billion for this grant program. Grant size is determined by a formula that uses several objective measures of community needs, including the extent of poverty, population, housing overcrowding, age of housing, and population growth lag in relationship to other metropolitan areas.

Matching Requirement: None

Website Link: <http://www.hud.gov/offices/cpd/communitydevelopment/programs/entitlement/index.cfm>

³⁸ Halpern, R., "Physical (in)activity among low-income children and youth: Problem, prospect, challenge." July 2003. Report prepared for the After School Project of the Robert Wood Johnson Foundation.

Access to Adequate Amounts of Healthy Food

Many low-income families have food insecurity, defined as limited and uncertain availability of nutritionally adequate and safe foods. While many families with food insecurity may be hungry, research suggests that food insecurity may coexist with obesity. In such cases, weight gain may occur because of the need to maximize caloric intake with limited dollars—overeating when food is available and sacrificing quality for quantity.³⁹

In recent Congressional testimony presenting the Bush Administration’s proposed FY04 \$44.2 billion budget request for food and nutrition programs, Undersecretary of Agriculture Eric Bost stressed the importance of combating obesity through a number of federal programs that provide nutritious food supplements to low-income children and adults. This section provides an overview of the major federal food programs.⁴⁰

Several federal entitlement programs provide reimbursement or vouchers to give low-income children and families access to healthy and nutritious foods, and many also have nutrition education components. These programs include the **National School Lunch Program**, **National School Breakfast Program**, **Summer Food Service Program**, **Child and Adult Care Food Program**, and **Food Stamps**. The USDA Food and Nutrition Service administers the funding for these programs. Participants are eligible for free or reduced-price meals based on their income. The table below provides information on the eligibility and funding for these programs. Many of these programs are due for reauthorization and have proposed revisions to include obesity prevention activities.



³⁹ Ashley Sullivan, “Overweight but Undernourished: Can Obesity Co-exist with Hunger and Food Insecurity?” Presentation at the New York WIC Association’s Annual Conference, November 4, 2003, PowerPoint.

⁴⁰ Barbara Hanson Langford, *Maximizing Federal Food and Nutrition Funds for Out-of-School Time and Community School Initiatives*. Washington, DC: The Finance Project, February 2000.

USDA Food and Nutrition Service Programs

| Program | Eligible Applicants | Funding |
|---|---|--|
| National School Lunch Program (NSLP) National School Lunch Program: Afternoon Snacks | Public or nonprofit private schools and public or nonprofit private residential childcare institutions Participation in the National School Lunch Program and provision of regularly scheduled and supervised educational or enrichment activities for children after the school day has ended | FY03, over \$6 billion reimbursed |
| National School Breakfast Program (NSBP) | Public or nonprofit private schools and public or nonprofit private residential childcare institutions | FY03, approximately \$1.6 billion reimbursed |
| Summer Food Service Program (SFSP) | Public or private nonprofit service institutions | FY03, Congress appropriated \$288.2 million |
| Child and Adult Care Food Program (CACFP) | Childcare centers, family daycare homes, afterschool programs, homeless shelters, and adult daycare centers | FY03, total costs were \$1.9 billion |
| Food Stamp Program | Households in need of food assistance, as determined by family size, income level, resources, work requirements | FY03, total costs were \$23.9 billion |

In addition to the entitlement programs, the following two initiatives, **Community Food Project** and **Women Infants and Children**, are discretionary grants that communities can use to help improve low-income families' access to nutritious foods.

Community Food Project

Federal Agency: Cooperative State Research, Education, and Extension Service, Department of Agriculture

Funding Type: Discretionary/Project

Program Description: Funds may be used to help develop community food projects that support local food systems, from urban gardening to local farms. Communities can use these funds to help low-income families develop healthier eating habits by improving their access to high quality, affordable food and promoting comprehensive responses to local farm and nutrition issues such as obesity.

Eligible Applicants: Private nonprofit organizations may make proposals and are encouraged to create partnerships with public, private nonprofit, and private for profit organizations.

Flow of Funds: Funds flow directly to grantee.

Funding Level: Funds have been authorized through FY07 at \$5 million per year.

Matching Requirement: None

Website Link: <http://www.csrees.usda.gov>

Women Infants and Children (WIC)

Federal Agency: Federal Nutrition Services, Department of Agriculture

Funding Type: Discretionary/Project

Program Description: This program targets a low-income population of women, children, and infants who are nutritionally at risk, specifically serving 1) pregnant women (through pregnancy and up to six weeks after birth or after pregnancy ends); 2) breastfeeding women (up to infant's 1st birthday); 3) non-breast-feeding postpartum women (up to six months after the birth of an infant or after pregnancy ends); 4) infants (up to 1st birthday); and 5) children up to their 5th birthday. Benefits that WIC participants receive include: supplemental nutritious foods, nutritional education and counseling at WIC clinics, and screening and referrals to other health, welfare, and social services. The *WIC Farmer's Market Nutrition Program* is also available to WIC participants, especially those in rural settings. This program provides fresh, nutritious, unprepared, locally grown fruits and vegetables to WIC participants, and expands the awareness and use of farmer's markets as well as sales.

Eligible Applicants: Local agencies, clinic sites, state health organizations, and Indian Tribal Organizations.

Flow of Funds: Funds flow to grantee

Funding Level: In FY04, Congress appropriated \$4.9 billion for this initiative.

Matching Requirement: None

Website Link: <http://www.fns.usda.gov/wic>

State agencies may use a portion of their WIC dollars to develop educational materials for their clients. Pennsylvania's use of the WIC education funds helped in the development of obesity prevention modules and flyers for WIC-eligible women and their children.

Pennsylvania Uses WIC Funds to Develop a Series of Obesity Prevention Modules

Pennsylvania's WIC Program has developed a series of modules for use with all children ages two years and older. The modules are described as Obesity Prevention Modules internally among WIC staff, but are presented as guidelines for developing healthy eating habits for WIC clients. Included with the modules are staff reference sheets and flyers that can be distributed to participants. Module topics include:

- Increasing Physical Activity/Reducing TV Viewing
- Teaching Children Positive Attitudes Toward Food
- Choosing Healthy Snacks
- Limiting Juice Intake
- Choosing Fast Foods Wisely
- Increasing Fruits and Vegetables
- Reducing Fat Intake

For more information on the modules see: http://www.nal.usda.gov/wicworks/Sharing_Center/statedev_PAmembers.html

For more information on WIC see above.



Children at risk for obesity are more likely to be low-income and often do not live in environments conducive to physical activity or exercise



Real Life Strategies for Financing Childhood Obesity Prevention Efforts

While it is useful to understand the current federal fiscal landscape for obesity prevention, it is only the first step. In years with tight budgets or competing priorities, the funds for these programs will fluctuate. It is important for community leaders and program developers to determine the goals and objectives of their efforts, develop financing strategies that can be used with a variety of funding sources, and work toward sustainability. This section includes examples from communities dealing with these issues and the strategies they have used to provide quality services for children at risk for obesity.

Coordinating Funds

Many communities combine funding streams to support components of their obesity program, such as nutrition education. For example, states participating in the **Food Stamp Program**, **Women Infants and Children**, and **Child and Adult Care Food Program** have the option of providing nutrition education to their eligible recipients. Below is an example of one state's coordination of these and other funding streams to develop an early childhood nutrition curriculum.

Coordination of State and Federal Funding Streams Supports Development of Early Childhood Nutrition Curriculum

North Carolina's **Cooperative Extension Services** developed **Color Me Healthy**, an early childhood nutrition curriculum that uses color, music, and exploration of the senses to teach preschool children that healthy food and activity are fun. Until recently, funds from the **Food Stamp Nutrition Education Program** provided a large percentage of the funding to support the development, implementation, and updating of the curriculum. Over the years, the program developer and her colleagues have been very successful in refocusing their mission and agenda to fit the current funding priorities of state and federal government. Currently, the curriculum is supported by a combination of the following four funding sources:

1. North Carolina's Cooperative Extension Service;
2. North Carolina Department of Public Health's **State Nutrition and Physical Activity Programs to Prevent Obesity and Related Chronic Diseases** grant;
3. **Women Infants and Children**; and
4. **Child and Adult Care Food Program**.

The curriculum employs a train-the-trainer model, offering training to county cooperative extension agents who then return to their local communities to train childcare providers serving food stamp-eligible children. The **Color Me Healthy** curriculum and training model is now used in many communities across the country. For more information on the curriculum, visit the program's website at:
<http://www.eatsmartmovemorenc.com/programs/colormehealthy>

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For more information on State Nutrition and Physical Activity Programs to Prevent Obesity and Related Chronic Diseases see p. 23

WIC see p. 40

Child and Adult Care Food Program see p. 38 of this guide.

Another rural North Carolina community has blended federal and state funds to provide an afterschool program focused on health and wellness for children and their families.

Project LIFE and North Carolina Northwest Three Afterschool Consortium: Appalachian Area Coordinates Funds to Support a Regional Afterschool Consortium Focused on Health and Wellness

Project LIFE (Learning Involves Fitness for Everyone) serves high-risk children, youth, and families in a consortium of schools in three economically depressed and rurally isolated Appalachian counties (www.ed-lbex.org). The program focuses on the development of fitness, health, and nutrition activities that link with the North Carolina Standard Course of Study objectives and builds resilience in at-risk youth. Parental involvement is promoted through various family night activities and activities are planned in ways that are engaging and provide authentic, experiential academic enrichment while enhancing community involvement.

This three-school/three-county consortium has found ways to coordinate different local, state, and federal funding streams to support its goal of providing health and wellness activities to families. Project LIFE is supported by a blend of sources including a consortium **21st Century Community Learning Centers** grant, a state grant from the **Office of Juvenile Justice**, and a grant from **Temporary Assistance for Needy Families (TANF)** dollars. This coordination of multiple funding streams has provided flexibility in determining how different components of the program are provided (e.g., TANF dollars can pay for the social worker and health nurse; 21st CCLC funds can support fitness and educational activities). Project LIFE has also formed partnerships in each of the participating counties with organizations including cooperative extension services, community colleges, wellness centers, health departments, and chambers of commerce. The independent consultant who has served as grant developer and project director is exploring recognition as a nonprofit intermediary organization in order to seek additional funding from foundations, corporations, and local donors without the need to seek additional 501(c)(3) organizations willing to serve as fiscal agents.

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For more information on the 21CCLC grant see p. 33 of this guide.

Creating Public-Private Partnerships

Partnerships between government and private agencies provide valuable avenues for broadening fiscal and non-fiscal support for services as well as developing important connections that will serve the community in the future.

State agencies that apply for **Team Nutrition** (TN) grants often use their funds to build public-

private partnerships and provide joint technical assistance for obesity prevention. Below is an example of a state using a Team Nutrition grant to encourage innovative ideas at the local level as well as to create partnerships supporting nutrition training and technical assistance throughout the state.

Colorado Supports Local Districts with Mini-grants and Expands the Reach of Its Statewide Preschool Nutrition Curriculum

Colorado's Team Nutrition Grant provided 25 mini-grants to school districts to create coordinated school health and nutrition services for preK-12. These mini grants provide educators, parents, students, and food-service personnel with resources and training needed to plan and implement school nutrition policies and programs. In addition, mini-grants fund awareness campaigns that support healthy eating and physical activity behaviors in the school and community settings based on community needs.

Partnerships between the Colorado Departments of Public Health and Environment, Colorado Department of Education, the Western Dairy Council, Colorado Physical Activity and Nutrition State Coalitions, and a school site task force as well as the Colorado Child Nutrition Program enhance the implementation of Colorado's Coordinated School Health Program in Team Nutrition schools. Grant activities also include statewide expansion of Food Friends, a 12-week preschool-age curriculum developed by the Colorado Nutrition Network designed to reach children who participate in the Child and Adult Care Food Program in both childcare centers and family day care homes.

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For more information on the Team Nutrition Training Grant see p. 32 of this guide.

Creating Statewide Networks

Many states have sought funding that encourages collaborative partnerships and network building statewide. Such partnerships and networks support efforts to deliver integrated services to communities, ensure program quality, and leverage fiscal resources available to the cause. The **State Nutrition and Physical Activity Programs to Prevent Obesity and Related Chronic Diseases** grant supports state health departments and their partners as they develop statewide networks around obesity prevention and eventually develop obesity prevention interventions. The state of Pennsylvania has used funding from this program to form an umbrella organization focused on the prevention of obesity in the state.



Pennsylvania Forms a Statewide Umbrella Organization to Combat Obesity

The state of Pennsylvania has received funding from the **State Nutrition and Physical Activity Programs to Prevent Obesity and Related Chronic Diseases** grant since 2001. In 2003, the state was funded at the basic implementation level. During the capacity building stage, Pennsylvania focused on creating a state plan and laying the groundwork for a statewide coalition geared toward obesity prevention. An initial outcome of the planning process was the creation of the **Pennsylvania Advocates for Nutrition and Activity (PANA)**, a statewide nonprofit umbrella organization that works to connect people, ideas, and resources to encourage healthy lifestyles among Pennsylvania's citizens. PANA has over 80 leadership members from various public and private agencies, businesses, trade organizations, health associations, and advocacy groups. PANA is divided into seven smaller regional networks with over 400 local partners that work to help translate state policy to the community level.

In early 2003, The **Pennsylvania Nutrition and Physical Activity Plan to Prevent Obesity and Related Chronic Diseases** was published. The developers of the plan began with the assertion that most efforts geared toward preventing obesity are unsuccessful when they focus solely on the interpersonal and individual level. Accordingly, the state's plan draws uses a sociological model and calls for action at many levels, including: a) state and regional policy, b) communities and municipalities, c) organizations, d) interpersonal networks, and e) individual behavior. The plan's mission is to create a Pennsylvania where individuals, communities, and public and private entities share the responsibility for developing an environment that supports and promotes active lifestyles and healthy food choices.

Using the state plan as a guiding document, PANA's efforts include education, advocacy, and evaluation for creating community strategies, mobilizing school communities, and partnering with healthcare professionals.

The **Keystone Healthy Zone Campaign** is the first public health campaign that PANA has undertaken in the implementation phase. Each member of the coalition is contributing toward the \$400,000 cost of the campaign. For example, the Pennsylvania Department of Public Health contributes one full-time staff member and \$10,000. The initiative will provide training and toolkits to over 365 community champions. These champions will return to their communities to help at least 12 schools each create environments that promote physical activity and sound nutrition. Each school, in partnership with its community champion, will be encouraged to complete an online needs assessment. Information from those assessments will be used to create an action plan. Every school that completes an online assessment will be eligible for a \$2,000 mini-grant to help them implement its action plans. PANA expects to award 100 mini-grants in 2004.

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For more information on State Nutrition and Physical Activity Programs to Prevent Obesity and Related Chronic Diseases see p. 23 of this guide.



It is important for children at risk for obesity to understand why healthy eating and physical activity prevent obesity.



Acknowledgments

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Related Finance Project Publications

Blending and Braiding Funds to Support Early Care and Education Initiatives, by Margaret Flynn and Cheryl D. Hayes (January 2003)

Creating Dedicated State and Local Revenue Sources for Out-of-School-Time Initiatives, by Barbara Langford (September 2000)

Creating Dedicated State and Local Revenue Sources for Early Care and Education Initiatives, by Barbara Langford (April 2000)

Finding Funding: A Guide to Federal Sources for Out-of-School Time and Community School Initiatives, Revised and Updated, by Heather Clapp Padgett (January 2003)

Finding Resources to Support Rural Out-of-School Time Programs, by Elisabeth Wright (February 2003)

A Guide to Federal Funding Sources for the Jim Casey Youth Opportunities Initiative and Other Youth Initiatives, by Aracelis Gray and Carol Cohen (January 2004)

Maximizing Federal Food and Nutrition Funds for Out-of-School Time and Community, by Barbara Hanson Langford (February 2000)

Maximizing Medicaid Funding to Support Health and Mental Health Services for School-Age Children and Youth, by Andrew L. Bundy with Victoria Wagener (October 2000)

Replacing Initial Grants Tips for Out-of-School Time Programs and Initiatives, by Elisabeth Wright with Sharon Deich (December 2002)

State Networks of Local Comprehensive Community Collaboratives: Financing and Governance Strategies, by Erika Bryant and Carol Cohen (September 2003)

Sustaining Comprehensive Community Initiatives: Key Elements for Success (April 2002)

Thinking Broadly: Financing Strategies for Comprehensive Child and Family Initiatives, by Cheryl D. Hayes (March 2002)

Using CCDF to Finance Out-of-School Time and Community School Initiatives, by Sharon Deich with Erika Bryant and Elisabeth Wright (August 2001)

All Finance Project publications are available at www.financeproject.org

Obesity Prevention Resources

Comprehensive Websites

Healthfinder®:

<http://www.healthfinder.gov>

Healthfinder® is a comprehensive website sponsored by the Department of Health and Human Services that provides information from over 1,700 health-related organizations. Users may also sign up to receive daily health news updates or bi-monthly e-mails announcing health observances, health tips, and new online resources.

HealthierUS.gov:

<http://www.HealthierUS.gov>

HealthierUS.gov is a comprehensive website sponsored by the Department of Health and Human Services that provides information on a number of topics designed to help Americans choose to live healthier lives, including physical fitness, nutrition, prevention, and making healthy choices.

The Power of Choice:

http://www.fns.usda.gov/tn/Resources/power_of_choice.html

The Food and Drug Administration partnered with the Food and Nutrition Service to produce **The Power of Choice** - a guide for afterschool leaders working with young adolescents. The guide includes interactive sessions, activity materials, posters, recipe booklet, parent letter, nutrition fact cards, and a training video for adult leaders.

Small Steps Website:

<http://www.smallstep.gov>

Small Step.gov website is sponsored by the Department of Health and Human Services and provides a wide array of online resources on some simple things that Americans can do to live a healthier life. Each section contains in-depth facts about how to make smart choices when it comes to your health, diet, and activities. The site also contains a list of 100 “small steps” people can make to become healthy over time.

Fitness

Hearts N’ Parks:

http://www.nhlbi.nih.gov/health/prof/heart/obesity/hrt_n_pk/index.htm#base

Hearts N’ Parks is a national, community-based program supported by the National Heart, Lung, and Blood Institute and the National Recreation and Park Association designed to help park and recreation agencies encourage heart-healthy lifestyles in their communities. The program aims to reduce obesity and the risk of coronary heart disease in the U.S. by encouraging Americans of all ages to aim for a healthy weight, follow a heart-healthy eating plan, and engage in regular physical activity.

President’s Challenge Website:

<http://www.fitness.gov>

The **President’s Challenge Website** provides valuable information on fitness, ranging from research publications on exercise to how to develop a physical fitness or activity program. Links are also provided to other federal agencies that may have fitness-related programs.

Recreation.gov:

<http://www.recreation.gov>

Recreation.gov includes information on nature-based, historic and cultural activities available on federally managed and government affiliated (subordinate, subsidiary, or member) sites. The site provides a number of resources for visitors, such as maps of trails, state tourism links, and a searchable database of what activities can be found in state parks around the country.

Verb™ It’s what you do:

<http://www.cdc.gov/youthcampaign>

The **VERB** national youth media campaign, sponsored by the Centers for Disease Control and Prevention, aims to improve physical activity levels among youth. The multicultural social marketing campaign encourages young people ages 9 to 13 (tweens) to be physically active every day. The campaign combines advertising, marketing strategies, and partnership efforts to reach distinct audiences of tweens and adults/influencers. The campaign has produced materials and ideas for youth programs.

Interactive Websites Geared for Children and Youth

BAM! Body and Mind™:

<http://www.bam.gov>

BAM! Body and Mind is a website sponsored by the Centers for Disease Control and Prevention designed for children ages 9-13. The site uses kid-friendly lingo, games, quizzes, and other interactive features to provide children with the information they need to make healthy lifestyle choices. BAM! Body and Mind also serves as an aid to teachers, providing them with interactive, educational, and fun activities that are linked to the national education standards for science and health.

VERBNow:

<http://www.verbnow.com>

VERBNow is an interactive website sponsored by the Centers for Disease Control and Prevention that gives children the opportunity to explore different sports, such as basketball or tennis, and provides links to search engines that may help them find activities in their neighborhood.

Milk Matters Website:

<http://www.nichd.nih.gov/milk/kidsteens.cfm>

Milk Matters is an interactive website sponsored by the National Institute of Child Health and Human Development. Bo Vine, the website's cow mascot, helps children learn why milk matters for healthy bones and strong teeth through games, coloring books, and other fun activities.

Nutrition and Food Assistance Programs

Center for Nutrition Policy and Promotion:

<http://www.usda.gov/cnpp>

The **Center for Nutrition Policy and Promotion** is an agency within the Department of Agriculture that works to improve the health and well being of Americans by developing and promoting dietary guidance that links scientific research to the nutrition needs of consumers. The Center's website translates cutting edge nutrition research into information and materials for consumers, policymakers, and professionals in health, education, industry, and media.

Eat Smart. Play Hard.TM:

<http://www.fns.usda.gov/eatsmartplayhard/About/overview.html>

Eat Smart. Play Hard.TM is a national nutrition education and promotion campaign designed to convey science-based, behavior-focused and motivational messages about healthy eating and physical activity to children ages 2-18 who are eligible to participate in Food and Nutrition Services programs. A range of support materials are provided on the website, including posters, a slogan, Power PantherTM costumes, and other materials.

Food Research Action Center's (FRAC) Building Blocks Project:

http://www.frac.org/html/building_blocks/bblox_index.html

The Food Research Action Center's **Building Blocks Project** aims to maximize child participation rates in Federal nutrition programs such as the Summer Food Service Program, the School Breakfast Program, and the Child and Adult Care Food Program, by building on existing child development programs. FRAC helps partners access the benefits and resources of these programs by offering information, technical assistance, and support on its website.

Nibbles for Health: Nutrition Newsletters for Parents and Child Care Directors:

<http://www.fns.usda.gov/tn/Resources/nibbles.html>

Nibbles for Health is a kit that offers childcare center staff guidance on how to talk to parents about nutritious diets. The kit contains 41 reproducible newsletters on a range of topics that staff can use help parents make good choices about what to feed their children.

Team Nutrition Resources:

<http://www.fns.usda.gov/tn/Resources/index.htm>

The **Team Nutrition** initiative was launched by the Department of Agriculture to ensure that children eat lunches and breakfasts lower in fat and sodium and containing a variety of foods. This section of the website provides a number of resources designed to inform the public about improving the quality of children's nutrition.

WIC Sharing Center:

http://www.nal.usda.gov/wicworks/Sharing_Center/statedev-nutritioneducation.html

The **WIC Sharing Center** is an online resource center that contains information from various state WIC programs on a variety of topics, including downloadable materials from the obesity prevention initiative Fit WIC.

Weight Loss and Weight Control

Obesity Education Initiative (OEI):

<http://www.nhlbi.nih.gov/about/oei/index.htm>

The **Obesity Education Initiative (OEI)** was launched in 1991 by the National Heart, Lung, and Blood Institute. Its goal is to help reduce the prevalence obesity and physical inactivity in order to lower the risk and overall morbidity and mortality from coronary heart disease. This website provides links to current research on obesity, information on new initiatives, and interactive applications that people can use to guide their eating habits.

The Weight-Control Information Network (WIN):

<http://www.niddk.nih.gov/health/nutrit/win.htm>

The **Weight-Control Information Network (WIN)**, a national information service of the National Institute of Diabetes and Digestive and Kidney Diseases, produces, collects, and disseminates materials on obesity, weight control, and nutrition. The website includes newsletters, abstracts, and a searchable publication database that users can consult for the latest information on maintaining a healthy weight.

Funding Information

Healthy Youth Funding (HYFUND) Database:

<http://apps.nccd.cdc.gov/SHPFP>

Sponsored by the Centers For Disease Control, the **Healthy Youth Funding Database** contains active information about funding opportunities for adolescent and school health programs. These funding opportunities are from Federal agencies and the private sector. Each funding opportunity is carefully selected based on its relevance to adolescent health.

National Conference of State Legislatures Funding School Health Programs Block Grant Database:

<http://www.ncsl.org/programs/health/pp/bkgrsrch.htm>

This database provides information about Federal funding of school health programs from six major block grants through 1999.



About The Finance Project

To support decisionmaking that produces and sustains good results for children, families, and communities, The Finance Project develops and disseminates information, knowledge, tools, and technical assistance for improved policies, programs, and financing strategies.

Overview

The Finance Project is a nonprofit policy research, technical assistance, and information organization created to help improve results for children, families, and communities nationwide. Its work is concentrated in several areas:

- Financing issues and strategies related to education, family and children's services, income security, and community building and development;
- Community supports and services that reach across categorical boundaries and the public and private sectors to effectively link health care, education, family support, income security, economic development, and neighborhood revitalization;
- Managing for results in government, philanthropy, and community-based organizations; and
- Information for decisionmaking, including Internet-based capacities for sharing knowledge, tools, and resources on the design and implementation of effective policies, programs, and systems reforms.

Established in 1994, The Finance Project is a valuable intellectual and technical resource to policymakers, program developers, and community leaders, including state and local officials, foundation executives, academic researchers, service providers, and advocates who:

- Seek creative ideas for policies, programs and system reforms, and effective policy tools to implement them;
- Need information about what is occurring elsewhere, how it is working, and why; and
- Want practical, hands-on assistance to advance their reform agendas.

Products and Services

The Finance Project's products and services span a broad continuum from general foundation knowledge about issues and strategies to customized resources and intensive, hands-on technical assistance. They encompass efforts to cumulate knowledge and build the field over time as well as time-sensitive projects to address immediate challenges and opportunities, including:

- Research and Analysis – gathering and analyzing information and data to identify promising practices and evaluate policy and program options and to improve the financing, management, and implementation of programs and services.
- Policy Tool Development – developing tools and “how to” materials to support implementing and sustaining of promising practices and systems reforms, including financing strategies.
- Technical Assistance – providing and coordinating assistance to decisionmakers on the design and implementation of policies, programs, and system reforms.
- Development of Web-Based Clearinghouses – assisting in organizing and presenting research findings, technical assistance tools and other information on the Internet.
- Management of Major, Multi-Site Initiatives – helping funders manage collaborative efforts and large, multi-site initiatives by providing technical assistance to the sites, monitoring their progress, and serving as liaison between sites and funders.
- Peer and Organizational Networks – creating and managing networks of professionals and organizations to assist in the development and dissemination of information and resources to implement policy, program, and system reforms.

Staff

The Finance Project's capacity to take up wide-ranging research, development, and technical assistance challenges with great success is due to its highly qualified professional staff that has substantial experience in public policy research and development, state and local government, public- and private-sector finance, and social program management and design. A small group of core consultants with specialized knowledge and expertise extend the staff capacity. The Finance Project also participates in strategic partnerships with other national and regional organizations that provide complementary expertise and direct ties to key audiences.

Publications

The Finance Project develops and disseminates an array of published resources:

- Working Papers – occasional papers that examine issues related to financing, governance, and management in education, family and children’s services, and community building.
- Reports and Monographs – studies of federal, state, and local financing; governance and management issues; and strategies.
- Strategy Briefs – “how to” briefs that outline innovative financing strategies and considerations for implementing them.
- Issue Notes and Resources – short notes on policy choices related to welfare reform and workforce development that summarize relevant research findings and highlight promising practices.
- Resource Guides – guides to the design and implementation of financing strategies and available funding sources.
- Toolkits and Workbooks – step-by-step guides to help users design and implement policy, program, and systems reforms that are tailored to their needs and priorities.
- Email Newsletters and Updates – electronic publications highlighting recent developments, publications, and other resources.

WebSites

The Finance Project maintains two major websites.

- Financeproject.org – a website that provides up-to-date information on The Finance Project and its work, including project descriptions, descriptions of available services and access to publications, tools, and other resources it has developed.
- Financeprojectinfo.org – Information for Decisionmaking, a comprehensive web-based clearinghouse of policy information, research and evaluation findings, state and local initiatives, and technical assistance resources in a broad array of policy areas, including the most comprehensive, web-based information resource on welfare reform and welfare-to work topics, with more than 20,000 links to electronic resources, including more than 500 other websites maintained by federal, state, and local governments and national and community-based organizations. Other clearinghouse topics include out-of-school time programs, workforce development, financing strategies, and managing for results.

