MESSAGE GUIDE:

Inspiring Parents to Demand Communities Where All Children Can Grow Up at a Healthy Weight

Robert Wood Johnson Foundation
To Organizations Committed to the Well-being of Children:

As we’ve worked together to make our communities healthier places for all children, one thing is clear: We can research the best policies and practices, work with elected officials to pass those policies, and press for different products and services. But if people in our communities don’t demand those changes, don’t demand that they are fully funded and implemented, and don’t use or buy the new offerings in the community, those changes won’t last.

As part of our ongoing commitment to help all children grow up at a healthy weight, the Robert Wood Johnson Foundation (RWJF) is prioritizing building that demand. Our goal is that key stakeholders—including parents, children, and youth—actively demand healthier environments and options. Over the past year, we’ve been working with Metropolitan Group, a national communication firm with expertise in developing messages to drive social change, to research how to build this demand.

The insights from this research are informing our strategy moving ahead, and we wanted to share what we’re learning in the hope that it might inform your work, too. This guide includes our findings as well as messages, created in collaboration with parents across the country, and a conversation guide that shows how to help parents and others identify needs, demand changes, and create solutions in their communities.

By design, our findings and recommendations are not prescriptive—they are intended for you to explore, adapt, and apply in your work.

WHO MAY BENEFIT FROM THIS GUIDE:
Organizations that directly engage parents on an ongoing basis will be able to integrate the information in this guide most seamlessly into their work. Whether you are already addressing childhood obesity or are aware of its importance but haven’t known where to start, this guide can help you explore it with parents in an empowering, hopeful, and nonthreatening way. Focusing on changing the community to help children be healthier can help avoid the blame or defensiveness parents may feel about their own children’s weight. It also helps them see their power to move beyond individual action, connect with others to create change, and, over time, become leaders in the community. Our hope is that this will be a tool you can plug into the work you’re already doing, rather than having to create something new.
OTHERS WHO MAY FIND THE INSIGHTS AND TOOLS IN THIS GUIDE USEFUL:

- **Community organizers and mobilizers** can engage parents and community members in this conversation, beginning to spark small community changes and helping build a pipeline of engaged parents ready to join organized efforts over time.

- **Researchers** can use the messages to shape their instruments and strategies to engage parents, and to frame and translate findings in a relevant way. Researchers might also explore related questions, such as: When parents take early steps to demand change, are they more likely to get involved in more formal organizing and policy work? Does parental demand for policy implementation lead to faster or more effective implementation?

- **Policymakers and advocates** can use the messages to keep decision-makers and voters focused on community-level changes rather than expecting individuals and parents to make all the changes themselves. They might also gain insights about how to inspire parents to demand that policies are implemented so communities receive the benefit.

- **Organizations creating health communication campaigns** can use these insights to segment audiences and inform strategies to engage parents beyond their own homes and families to demand changes in the community. For example, a campaign aiming to reduce sugar-sweetened beverage consumption by young children could use these messages to drive demand for policies in child-care facilities, parks, and other places, as well as motivating parents to change their behavior.

Please try out what’s here, let us know how you would add to or alter it, and tell us how it works for you. We will be reaching out to our grantees to hear their feedback, and we invite anyone doing this work to email us at BuildingDemand@rwjf.org with their thoughts. Building demand is no small undertaking, and this is definitely a work in progress. We welcome the opportunity to learn together.

Sincerely,

Robert Wood Johnson Foundation

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Kim Diehl from Praxis Project says the conversation guide could become part of the project’s training curriculum for community organizers.

Vanessa Garrison from GirlTrek says that her organization could use the messages and tidbits from the conversation guide as training tools for its community volunteers—organizers and mobilizers—helping them find ways to raise the conversation at church, in the hair salon, or on a walk.

Thank you to the 150+ people across the country who contributed insights and ideas to this message guide. Metropolitan Group worked with parents and moms-to-be, education and health providers, spiritual leaders, parent-serving organizations, and national leaders focused on equity. Together these contributors built on each other’s ideas and fine-tuned the messages. Please see page 27 for a list of everyone whose voices made this work possible.
How to Use this Guide

5 **Overview:** A one-page summary of the key findings. Skim this for a quick preview now or a refresher later.

6 **Part One:** Building demand. Start here if you’d like the backstory on why RWJF is exploring demand as a strategy in childhood obesity prevention.

10 **Part Two:** Five lessons to inspire demand among parents. Read this section for insights on how to move parents past barriers and toward action.

15 **Part Three:** Messages created with parents, for parents. These are yours to adapt, make relevant for your audience, and put into your voice.

22 **Part Four:** Conversation guide. This guide emerged directly from parent focus groups, and effectively kept the conversation at the community level versus slipping back to individual blame and responsibility. Use all or part of it in your trainings, curriculum, or direct conversations with parents.
MESSAGES CREATED WITH PARENTS, FOR PARENTS

All children deserve to be healthy and live up to their full potential.

But children today could be the first generation to live shorter lives than their parents.

We want to change this. We want every child to be able to eat healthy and stay active where they live, learn, worship, and play.

We aren’t alone! When we work together, we have more power than we realize to create change.

Across the country, parents and families are leading the way to creating places where all children can grow up healthy, no matter who they are or where they live.

It’s up to us to make changes like this happen here, and each of us can help. What can we do? Here are some ideas:

- Notice what needs to change.
- Talk about it with other parents, neighbors, and friends.
- Ask for the changes you want—from your corner store owner, your child’s teacher, your spiritual leader, the park manager, and so forth.
- Thank businesses that offer healthy options, and do your best to support them.
- Join the efforts of organizations in your community working on the kinds of changes you care about.

TELLING A GREAT STORY

Stories that show what parents have done to demand and create change are powerful motivators. Great stories will:

- Come from your community and have cultural relevance
- Feel doable and focus on small steps that parents can take
- Show that people are working together to create change

Use the conversation guide to get parents thinking and surface the stories in your community.

WORDS TO EMPOWER, WORDS TO AVOID

Use this | Rather than this
---|---
“Helping children grow up at a healthy weight” | “Preventing childhood obesity”
“Healthy food and places to play in the community” | “Weight”
A clear description of “community” (neighborhood, school, church, family) | General “community,” which means something different to each person
Clear facts about the magnitude of the problem | “Bombard,” “avalanche,” and other words that trigger trauma

POWERFUL FACTS AND DATA

- This generation of children could be the first to live shorter lives than their parents.
- One in every three children in our communities is at risk for high blood pressure, high cholesterol, and diabetes—diseases that used to affect only adults.
- Half of African-American and Latino children born after the year 2000 will develop diabetes or other chronic conditions.

Use local data to paint a picture of health and opportunity in your area. Good sources include:

- County Health Rankings and Roadmaps: www.countyhealthrankings.org
- The State of Obesity: www.stateofobesity.org
PART ONE:
Building Demand
Helping All Children Grow Up at a Healthy Weight

After years of rising childhood obesity rates, we have started to see signs of progress. According to the Centers for Disease Control and Prevention, the obesity rate among young children from low-income families has declined in 18 states and one U.S. territory.¹ Still, more than one-third of young people are overweight or obese—a rate far higher than it was a generation ago. African-American and Latino youth continue to have higher obesity rates than their white peers, even in most places that are reducing obesity rates in children overall.² This leads to higher rates of diabetes, high blood pressure, and other life-long health risks. In fact, today’s generation of children may be the first to live shorter lives than their parents.

In our work to reverse this epidemic, the Robert Wood Johnson Foundation has adopted the following strategy. As with all our work, this strategy emphasizes eliminating disparities in childhood obesity related to ethnicity, geography, and income, and creating equity in healthy options and overall health in every community.

GOAL: BY 2025, 85 PERCENT OF CHILDREN IN AMERICA WILL BE AT A HEALTHY WEIGHT.

<table>
<thead>
<tr>
<th>Strategies: The five big bets</th>
<th>Domains: Critical elements driving this work</th>
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<tr>
<td>1. Ensure that all children enter kindergarten at a healthy weight.</td>
<td>1. Establishing strong policies</td>
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<td>2. Make a healthy school environment (Pre-K–12) the norm and not the exception across the United States.</td>
<td>2. Supporting quality implementation of policy and environmental change</td>
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<td>3. Make physical activity a part of the everyday experience for children and youth.</td>
<td>3. Building demand for healthier environments and options among key audiences, including parents, children, and youth</td>
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<td>4. Eliminate the consumption of sugar-sweetened beverages among 0- to 5-year-olds.</td>
<td>4. Building the evidence base and measuring progress</td>
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<tr>
<td>5. Make healthy foods and beverages the affordable, available, and desired choice in all neighborhoods and communities.</td>
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In this report, we focus on domain number three: Building demand for healthier environments and options among key audiences, including parents, children, and youth.

Building Demand

Our thinking about building demand goes beyond the prevention of childhood obesity to our overall vision of a Culture of Health. This is our singular focus to create a society that gives all people an equal opportunity to live the healthiest lives they can, whatever their racial, ethnic, geographic, socioeconomic, or physical circumstances happen to be.

Change this radical requires a groundswell of demand—a movement to abandon the status quo for something better. That starts with helping parents realize that we’re all in this together, and sparking informal conversations about how their communities might change to support their children’s health. These individual steps have the potential to grow into more formal organizing and advocacy as people experience success. Over time, this can lead to changes in policy and in the marketplace. And then, if we want those policies to come to life and create lasting culture shifts, we need the people most impacted to demand funding and implementation. We also need them to vote with their dollars and their feet when new options are offered in their communities. (See Figure 1.)

Figure 1: The Spectrum of Demand

To help us think about how this might start, we worked with Metropolitan Group to explore the question: What would motivate parents to demand change? And specifically, what would inspire those parents who face the highest barriers to helping their children grow up at a healthy weight—families living in poverty and communities of color?
Metropolitan Group began by surveying other efforts to help children grow up at a healthy weight. There were many programs that teach parents new behaviors for healthy eating and physical activity, and others that organize and mobilize parents for specific policy changes (e.g., healthy school food). In between, there seemed to be few efforts focused on encouraging parents who are not part of a more formal organizing effort to begin to recognize barriers in the places where their children live, play, learn, and worship, and to demand and create change in those places. This is where we zeroed in. (See Figure 1.)

We know that this very early stage of encouraging parents to contemplate action is a narrow slice of the organizing continuum of change. It might even be the step before organizing begins. Yet it is a vital step, inspiring parents to consider their power in the community, and supporting much deeper work led by the many advocacy organizations with which the Foundation has had the privilege to work.

To explore this niche, Metropolitan Group conducted a national voter poll; interviews with experts in the field; focus groups with parents living on poverty-level incomes in six locations across the country; and discussion groups with maternal and child health providers, early childhood educators, community-based organizations, and spiritual leaders. In addition, the team learned from organizations working on issues of equity to maintain a strong focus on eliminating disparities. (See page 27.)

The work with parents was an iterative process, with each step building on the last. In the end, everything from the flow of conversation to the resulting messages was created alongside parents in some of the most-affected communities.
PART TWO:

Five Lessons to Inspire Demand Among Parents
When it comes to sparking demand among parents and shifting the focus from individual to community-level change, five lessons emerged from the research, summarized below and detailed on the following pages.

1. **THE SHARED VALUE OF CHILDREN IS THE CORE DRIVER FOR CHANGE.**

2. **WE MUST CLEAR THESE HURDLES** before parents can become involved in community-level change.
   - Low awareness of the extent and severity of childhood obesity and its effects
   - Default to a belief in individual responsibility
   - Low appreciation for their own power to create change

3. **INCLUDE THESE VITAL POINTS** in messages to motivate parents to demand community-level change.
   - **Lead** with “All children deserve to grow up healthy.”
   - **Define** the community and its role.
   - **Share facts** that demonstrate the extent of the problem.
   - **Encourage** simple actions that feel doable, and use real-life examples to show it can be done.

4. **TAILOR MESSAGES** to parents, reflecting who they are and the unique barriers they face.

5. **CONVERSATION CREATES MOTIVATION.**

**AS A RESULT, PARENTS...**
- See the community differently
- Recognize what needs to change
- Take small steps in creating demand

© Jordan Gantz
ONE: Children are the core driver for change.

Leading with children as the dominant, shared value is a powerful position for messaging. There is no core value more central to moving parents to demand and create change than children.

The meaning imbued in “our children” may vary by community and culture. In this research, Latino and African-American parents were more likely to think of “our children” not just as their own children, but also as all children in their neighborhood and beyond. They were motivated by the idea of creating broader changes that would benefit all children. This is likely because taking care of extended family is held as a strong value and a cultural norm. In contrast, Caucasian parents were more likely to think of “our children” as their own children and sometimes those of relatives and close friends. The exception was within Caucasian communities that were encountering systemic, community-wide hardships such as gun violence and substance addiction, where there was more necessity and commitment to working collectively and supporting each other.

TWO: We must clear three hurdles before parents can become involved in community-level change.

- **Low awareness of the extent and severity of childhood obesity and its effects.** Although people recognized that more children are becoming overweight, they were shocked to learn that as many as half of the children in their communities were at risk for type 2 diabetes and other long-term and life-threatening health conditions.

- **Default to a belief in individual responsibility.** In conversations about obesity and healthy weight, the default is to focus on what parents should do better to care for their own children. This leads parents to become defensive or dismissive about their children’s weight, and to blame other parents and children for “bad behavior.”

- **Low appreciation for their own power to create change.** Many parents walked into the conversations feeling powerless to change the things they didn’t like in their communities. Ironically, several parents in each group had taken small actions to help their own children, which in turn had benefited other children, but they had not previously recognized this as community-level change. As conversation progressed, they became increasingly excited about the possibility that they could demand or create change in their communities.
THREE: Messages must include four vital points in order to get parents excited and motivated to demand community-level change.

- **Lead with “All children deserve to grow up healthy.”** Across the board, parents preferred to frame the message from a position of strength rather than focus on a problem.

- **Define the community and its role.** When conversations focused on community conditions that affect parents’ ability to keep their children healthy, parents readily identified barriers to healthy food and play, and talked about what they could do to overcome these. They brainstormed ideas such as removing junk food from the church food bank, asking the community center to put healthy food in the vending machine, bringing back dances and other activities, and working with youth groups to turn a vacant lot into an urban farm or safe play space.

- **Share facts that demonstrate the extent of the problem.** The most compelling facts to people were: “This generation will be the first to live shorter lives than their parents” and “One in every three children in our community is at risk for high blood pressure, high cholesterol, and diabetes.” For African-Americans and Latinos, it was important and most compelling to share the heightened risk within their communities as compared to the general population.

- **Encourage simple actions that feel doable and easy to incorporate into daily activities—and use real-life examples of people just like them taking these actions.** These small steps, and the positive results they create, empower and motivate parents to see the community differently, recognize what needs to change, and take small steps to create that change. This may be an opportunity to prepare previously unengaged parents for more formal organizing efforts.

FOUR: Messages must be tailored to the specific audience of parents, reflecting who they are, where they live, and the unique barriers they face.

Messages—including definition of specific barriers and doable actions—should come from within the community itself, and be delivered by other parents or a trusted messenger such as a local service provider or spiritual leader.

FIVE: Conversation creates motivation.

Conversations with others, along with a little information about the topic, have the potential to propel parents over the three hurdles to engage in community-level change. As conversation develops, people see the barriers in their community more clearly (rather than accepting the status quo) and become increasingly animated about creating change.
Insights for Working With Influencers

Additional learnings emerged from conversations with early childhood educators and care providers, maternal and child health providers, spiritual leaders, grassroots organizations serving parents, and RWJF grantees and others focused on equity.

**Influencers involved in direct service have a strong default to individual behavior, and need support to focus on community-level change.**

Providers focus on teaching new skills and habits to the children and families they serve. Asking them to think about changing the community that surrounds those families can feel overwhelming. The opportunity comes in exploring how they might integrate conversations about the community into their initial assessments or ongoing work with parents. One maternal and child health provider noted that her clinic asks many questions about what parents feed their children and how they stay active, and gives suggestions for new behavior. She said it would be easy to add a question like: “In the area where you live, are there things that make it hard to eat healthy food and keep your children active?” This could lead to a conversation about steps parents might take to change those conditions. Providers might also serve as matchmakers, connecting parents who share similar concerns to work together to create change.

Focusing on community-level change rather than individual change may make it easier for some providers to join in obesity prevention.

Providers shared that they sometimes hesitate to talk to parents about their children’s weight because it generates shame and guilt. This is especially true if the parents and/or the provider are themselves overweight. Talking about conditions in the community, however, that make it difficult to eat well or be active may ease this discomfort. This doesn’t negate individual responsibility; rather, it helps providers focus on the changes needed in the community to make individual healthy behaviors easier.

There is great opportunity to engage organizations doing social justice and equity work.

Spiritual leaders, in particular, immediately saw how addressing community-level barriers aligned with their values. They could see the intersection between lack of healthy food and places to be active, and the larger issues of systemic racism and discrimination that destroy neighborhoods and families. Supporting them with facts and information as well as tangible actions for them or their congregants to take—alone or as a group—may lead to greater engagement with your work.
PART THREE:
Messages Created With Parents, for Parents
Messages for Community Change

The main outcome of our research is the following set of messages, created together with parents across the country to motivate other parents to “join them” in taking small steps toward demanding changes in their communities.

Knowing that there are infinite specific groups of parents for these messages, and even more nuances in relevant facts and language, we did not attempt to customize them for every group—or for every organization that might use them. Feel free to revise them in your language, cultural context, organizational brand or style, and so forth. For example, spiritual leaders may want to add language from scripture or emphasize the value of caring for others. Early childhood educators may want to talk about the impact of good health on learning.

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<thead>
<tr>
<th>MESSAGE</th>
<th>RATIONALE BASED ON THE RESEARCH</th>
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<tbody>
<tr>
<td>All children deserve to be healthy and live up to their full potential.</td>
<td>• Comes from a position of strength.</td>
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<td></td>
<td>• Acknowledges that children are the core driver for change.</td>
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<td>• Leads with the dominant shared value of children’s health.</td>
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<tr>
<td>But children today could be the first generation to live shorter lives than their parents. That’s because one in every three children living in this community is at risk for high blood pressure, high cholesterol, and diabetes—diseases that used to affect only adults.</td>
<td>• Shares two facts that demonstrate the extent of the problem.</td>
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<td>• Overcomes Hurdle 1: Low understanding of the problem.</td>
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<td>We want to change this. We want every child to be able to eat healthy and stay active where they live, learn, worship, and play.</td>
<td>• Shows that the invitation comes from inside their “community.” It is important that parents know who the “we” is.</td>
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<td>• Overcomes Hurdle 2: Default to a belief in individual responsibility.</td>
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<td>• Identifies the problem and offers potential solutions to motivate demand and demonstrate that change is possible.</td>
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**MESSAGE**

We aren’t alone! When we work together we have more power than we realize to create change.

Across the country, parents and families are leading the way to creating places where all children can grow up healthy, no matter who they are or where they live.

It’s up to us to make changes like this happen here, and each of us can help. What can we do? Here are some ideas:

- Notice what needs to change. Don’t assume things have to stay the way they are.
- Talk about it with other parents, neighbors, and friends.
- Ask for the changes you want—from your grocer or corner store owner, your child’s teacher or principal, your pastor or spiritual leader, the park manager, and so forth.
- Thank businesses that offer healthy options, and do your best to support them.
- Join the efforts of organizations in your community working on the kinds of changes you care about.

**RATIONALE BASED ON THE RESEARCH**

- Overcomes Hurdle 3: Low appreciation for their own power to create change.
- The “together” message is inspiring and motivating, and makes it feel doable for people.
- Uses real-life examples of changes brought about by people just like them in response to issues they identified in their local communities. *(See page 18.)*
- Encourages simple action steps that are easy to incorporate into daily activities.
- Ensures that action steps feel doable through community and cultural relevance.

_A note about calls to action:_ We tested dozens of specific activities that parents could take, and the ones that were well received are listed above. You’ll notice that we do not include specific actions such as “ask your principal to switch to low-fat milk in the lunchroom.” That’s because the most compelling actions are the ones that parents identify themselves, based on what they are experiencing in their community.
Stories that show what parents have done to demand and create change are powerful motivators to show that change is possible. The examples should illustrate initial steps by individuals or small groups of parents—this builds early confidence more effectively than stories about a “heavier lift” like joining a movement or getting involved right away in policy advocacy.

THE MOST COMPELLING STORIES COME FROM YOUR OWN COMMUNITY. THE RIGHT STORY WILL:

- Motivate and inspire people to act.
- Have cultural relevance in terms of the community, the geographic area, and so forth.
- Feel doable in everyday life. Focus on informal, accessible, easy first steps. Save the stories about long-term organized efforts, broad community mobilization, and policy change initiatives for later in the process.
- Show that people are working together and are not alone in what they are experiencing.

To find great stories, ask the questions in the conversation guide and listen to what comes out.

AS YOU LOOK FOR STORIES, USE THESE EXAMPLES TO INSPIRE YOUR THINKING:

In a rural community that had few places for children to come together and play, a dad worked with members of his church to lead active games for children and organize field trips so they could visit parks.

A mom in a small suburban area used to go to the grocery store with her children. Every time she went, the grocer would give each child a cookie. It used to bother her, and one day she asked that he stop giving her children sweets and suggested that he give them fruit instead. He listened. Now when she goes to the store, there is a tray with apples, and children are offered a slice. She didn’t help just her children; she brought about a change that helps many children in her neighborhood. Fruit is much more expensive than cookies. Now she goes out of her way to take her children to that grocer, and thanks him for what he is doing to help children be healthy.

A home care provider in a large city with active gang and crime activity didn’t know her neighbors and was not comfortable letting the children under her care play outside. She talked to a couple of other people in her apartment building and learned that they felt the same way. Together, they organized a block party where all the neighbors got to know each other. Now they look out for each other’s children when they are playing outside.

Parents in a mid-sized community were nervous to let their children play outside unattended because of local violence and drug use. They remembered that a retired community member used to drive a vanpool for a local church, and they had a great idea. They decided to ask him to drive groups of children, with a few parent chaperones, to a local park for group playtime in the evenings.
Avoid: “Obesity” Starting a conversation with “childhood obesity” triggers fatigue, defensiveness, and individual responsibility/blame. Parents are overloaded with messages about obesity, and many struggle with it themselves. They become defensive (“My child is just big boned.” “BMI is not an accurate measure for kids.”) and blaming (“I do my best; other parents just don’t try hard enough.”)

Do use: Talking about “helping children grow up at a healthy weight” makes it much more likely that parents will stay focused on community-level change.

Avoid or use with care: “Weight” Even though “healthy weight” trumps “obesity,” the word “weight” itself can be derailing in the effort to create demand for healthy environments and motivate action on a community level.

Do use: A focus on access to healthy food and places to play, along with the heightened risk for diabetes and high blood pressure when those things are not available, is more effective. This frame keeps people from defaulting to individual responsibility or blame and keeps them focused on community action. We are still keeping the core issue and needed solutions top of mind, but we are avoiding self-defeating language.

Use with care: “Community” The term “community” is very personal and local for parents. It might mean “my church,” “my trailer park,” “the people who live on the same floor in my apartment building,” “my neighbors on my street,” or “my circle of friends and family.” It is not the same as the “community-level” idea used in public health messaging—“everyone in a community,” “a specific cultural group,” or “a neighborhood.”

Do use: When discussing community-level change, it is important to define what “community” specifically means to participants, since most people feel more comfortable considering actions that involve people within their “community” or close network.

Avoid: “Bombard,” “avalanche,” “wave,” or similar words that bring to mind a traumatic disaster These words are often used to describe the impact of junk-food marketing: “Children are bombarded with hundreds of ads for sugary drinks and cereals.” But these words can have immediate negative association for people who have experienced natural disasters in the United States and in their countries of origin. They can be stressful and trauma-inducing, and don’t belong in conversations about health.

Do use: State the facts about the volume of marketing, and show that children experience it continually during their day.
Messages in Spanish

These messages were created in Spanish with parents, rather than merely translating the English messages. They are similar in content, meaning, and flow, with some subtle but important changes in wording.

Todos los niños merecen la oportunidad de estar sanos y de alcanzar su máximo potencial.

Pero los niños de hoy podrían ser la primera generación que vive menos que sus padres. Esto se debe a que uno de cada tres niños corre el riesgo de sufrir presión alta, colesterol alto y diabetes; enfermedades que antes solían afectar únicamente a los adultos.

Uno de cada dos niños hispanos nacidos después del año 2000 tendrá diabetes.

La mayoría de nosotros desea algo diferente. Queremos que todos los niños puedan comer sanamente y mantenerse activos.

No estamos solos! Cuando trabajamos juntos tenemos más poder para hacer que nuestras demandas se conozcan.

En todo el país, los padres se están encaminando a crear comunidades en donde cada niño tiene la oportunidad de crecer sano, sin tener en cuenta quiénes sean y en dónde vivan.

Se pueden generar cambios como éstos aquí también y cada uno de nosotros puede ayudar.

Por ejemplo, algunas ideas de lo que podemos hacer:

- Fíjese qué cambios necesita. No suponga que las cosas tienen que quedar como están.
- Hable de esto con sus amigos, otros padres y vecinos.
- Pida los cambios que desea al dueño de la almacén, al director de la escuela o al maestro o la maestra, al supervisor del parque o a su consejero espiritual.
- Agradezca a los negocios que ofrecen opciones saludables y haga todo lo posible por apoyarlos.
- Únase a los esfuerzos de las organizaciones de su comunidad que están trabajando para lograr los cambios que son importantes para usted y su familia.
Stories in Spanish to Illustrate the Changes Parents Can Create

Again, the most effective stories will come from the communities where you work. See page 18 for tips on creating stories.

EJEMPLOS PARA INSPIRARLOS

Un papá que habitaba en una comunidad rural, en donde había pocos lugares para que los niños se reunieran para jugar, se puso a trabajar con los miembros de su iglesia para organizar paseos y visitar parques, en donde les ofrecía juegos activos a los niños.

Una persona que trabajaba como niñera en una gran ciudad en donde había pandillas y actividad criminal, no conocía a sus vecinos y no se sentía tranquila de dejar que los niños que cuidaba jugaran afuera. Así que habló con algunas personas de su edificio y se enteró de que también ellos se sentían inseguros. Fue así que juntos organizaron una fiesta en la que todos los vecinos se conocieron y ahora entre todos cuidan a los hijos de los demás cuando juegan afuera.

Una madre de una pequeña área suburbana acostumbraba a ir a la tienda con sus hijos y cada vez que iban les regalaban una galleta a los pequeños. Esto le molestaba un poco, así que sugirió que en lugar de darles dulces a los niños mejor les dieran una fruta. En la tienda le hicieron caso. Ahora, cuando va a la tienda hay una bandeja con manzanas y les regalan una rebanada a los niños. Esta mamá no sólo ayudó a sus hijos, sino que hizo un cambio que ayudó a muchos niños de su vecindario. La fruta es mucho más cara que las galletas y ahora la mamá se desvía para llevar a sus hijos a esa tienda y agradece al encargado por lo que está haciendo para ayudar a los niños a mantenerse sanos.

Algunos padres en una ciudad de mediano tamaño tenían miedo de dejar que sus hijos jugaran afuera solos, dado que habia mucha violencia y uso de drogas en el barrio. Recordaron que un vecino jubilado tenía una camioneta que usaba para transportar miembros de su iglesia. Se les ocurrió que podrían pedirle que llevara a grupos de niños, y unos padres para supervisar a un parque para que jugaran por la tarde.
PART FOUR:

Conversation Guide
Starting the Conversation in Your Community

The following conversation guide is one example of how to incorporate the lessons and messages into a single application. Our research found that conversations among small groups of people play a crucial role in propelling parents and others over the three hurdles to engage in community-level change. This guide, honed through several rounds of focus groups, can be used as is by organizations that directly engage parents. The questions and flow can also inform research methodologies, communication initiatives, reporting, and program development.

START WITH THE BIG PICTURE

1. **Begin the conversation by asking participants to focus on community needs and any changes they’ve witnessed or participated in. These do not need to be about healthy food or play, initially.**

   *Can you think of a time when you saw something that should be different in your neighborhood or community? Did you do something to try to change it? If you haven’t seen something you wanted to change, have you known someone who wanted to change something and asked you to help?*

   Ask participants to write independently for two to five minutes.

   If they need a prompt, provide a relevant example of community-level change. Remember that participants may not link change they’ve created to community-level change—they may think of it as something they did for their own children or families:

   *A home care provider in a large city plagued by gangs and crime didn’t know her neighbors and wasn’t comfortable letting the children under her care play outside. She talked to a couple of other people in her apartment building and learned that they felt the same way. Together, they organized a block party, and all the neighbors got to know each other. Now they look out for each other’s children when they are playing outside.*

   Ask participants to share their examples aloud. Ask them to describe what they think of when they hear the word “community”—so everyone is clear on what this means to each participant. You may want to stress that this is about what happens outside their homes.

   Affirm the powerful nature of the stories, and thank participants for sharing.

2. **As a whole group, move through the following questions about community-level change. Use reflective listening (hear what the speaker says, then repeat it back to confirm that you heard them correctly and reinforce their idea) to encourage parents to recognize the power they have to change things, especially together. Encourage participants to share stories of taking both the lead and support roles in a project or action step to highlight the power of collaboration.**

   - *How many of you—before just now—had thought about these important changes you helped to create? Why or why not?*

   - *If you’ve personally taken action, what do you think it is about you that inspires you to see things that need to be done in the community, and then go do something about them?*

   - *For those of you who haven’t tried to change something, is there something you really wish you could change in your community? What keeps you from doing something about that?*
CHILDREN’S HEALTH AND COMMUNITY CHANGE

3. Begin to shift the conversation to focus on children’s health. Share facts to raise awareness of the problem in their community. If there is heightened risk of diabetes or other health concerns in the participants’ community, highlight those specific numbers.

   Let me share some facts with you:

   Today’s children may be the first generation to live shorter lives than their parents. One in every three children in our community is at risk for high blood pressure, high cholesterol, and diabetes.

   (Insert population-specific facts, for example: Among Latino and African-American children born after the year 2000, half will develop diabetes. This happens because most children in America are surrounded by unhealthy food and beverages and don’t have safe places to be active. It’s the reality for 25 million children across the country, but it’s avoidable.)

4. In the large group, ask reflective questions regarding the children’s health facts.

   How many of you already knew this? How did you know about it?

   How does it make you feel?

   Had it already been a concern for you?

   Have you tried to do anything about it? Why or why not?

Participants, when asked about actions they’ve taken, may default to discussion of individual responsibility and blame. Keep the group focused on community-level change by explicitly redirecting the conversation.

   Beyond what can be done by individual parents to keep their children healthy, are there things outside your home that stand in the way of children being physically active and eating well—things that feel out of your control as parents and family members?

   If they need a prompt, be as specific as possible with local examples or one that is culturally and geographically relatable.

5. Connect the community-level actions participants listed at the beginning of the session with the topic of children’s health.

   Think about where we started our conversation, and the changes you all wanted to make. What are some little steps you could take that feel doable and would make a difference for children?

   Share a relevant and relatable example.

   For example, I heard about a woman in an area like ours who felt frustrated that her grandchild was getting a marshmallow treat and a juice box every day when he went to child care. She helped the child-care provider come up with other easy, affordable options for snacks. The provider then got very interested in health, added more physical activity, and applied to be part of a healthy child-care program. That grandmother’s request for a healthier snack for her grandchild improved the health of every child in that center.
6. Encourage participants to think about the example’s relevance to their own lives, and what a similar action step would look like for them.

   What are the things you do each day—or places you go each day—where you could take small steps to create change?

If they need a prompt, walk them through their day and/or their neighborhood.

   As you take your children to school, what do you see?

   Is there a place to play nearby?

   What food is available for your children at school?

   How much time do children get to move around during the school day?

As they share, compile a list of things they want to change on a whiteboard or flip chart.

7. Once a substantial list is created, have participants reflect on the proposed actions.

   Which of these ideas that you have brainstormed feel the most doable?

   Which feel like they would make the biggest difference?

   Is there anything you’d add to this list?
8. Ask participants to choose an action they are most interested in and, in two or three minutes, write down how they might invite another community member to join them in taking action. After the writing exercise, have them pair up and role-play the experience of inviting other community members to join them in making a change.

   Now let’s think about how to convince someone else—like your neighbor or best friend—that “something needs to be done to help all children grow up healthy” and that “we can do this!” Let’s work in pairs. Take a minute to write down what you might say, and then turn to your partner and take turns trying it out.

9. Bring participants back to the large group and have them share.

   Did they inspire you to join in?

   What other information did you need?

   Is there anything that might keep you from acting on this?

   What would help you overcome that challenge?

   Who would be the best person to ask you to do this?

   (Prompts: Whom do you most respect? A friend, pastor, doctor, teacher, etc.?)

DEBRIEF AND FUTURE THINKING

10. Invite participants to reflect on any ideas that arose during the conversation that they are excited about and would possibly take action on after the workshop.

   We’ve just heard lots of really great ideas for small steps that can be taken to create and demand changes in our community to help children grow up healthy. They don’t take a lot of time, and they could make a big difference. Is there a particular idea that you are excited about and would like to pursue?

11. As everyone shares their favorite ideas, ask planning questions to prepare them to make steps when the session is over. If you are with a group that meets or interacts regularly, you may want to gear the planning conversation toward an action they can commit to internally as a group.

   If you are with a group that does not meet or interact regularly:

   What would you need to take this step?

   Who might be interested in joining you?

   If you are with a group that meets or interacts regularly:

   Is there something here we should commit to and take on as a group?

   How shall we make a plan for that?

APPRECIATION

12. Share appreciation for the conversation.

13. Summarize some of the small steps that participants committed to taking and/or the group’s commitment, if they made one.
Advisers to This Work

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