Weight of the Nation:
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Investments in Health II: Collaboration Fosters Healthy Places And Healthy People

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DWAYNE PROCTOR:

The title of this session is "Investments and Health II: Collaboration Fosters Healthy Places and Healthy People." If you don't know about the healthy eating active living convergence partnership, let me tell you a few things. What you have before you is a funders' collaborative that was formalized in 2006, where each of the funding groups, as well as our partners, have a shared goal that we will see policy changes that lead to the environmental changes that are needed in order to reverse this trend of obesity across the country. We have a vision, a shared vision, of having healthy people living in healthy places all over this country wherever they may be, in rural communities, in suburban communities, as well as their urban communities.

It is very exciting to be able to work alongside the California Endowment, Kaiser Permanente, Nemours, Kresge, W. K. Kellogg Foundation, our foundation, Robert Wood Johnson Foundation, as well as our partners with the CDC, PolicyLink, Prevention Institute, and the Berkeley Media Studies Group, and the Tides Foundation. So, what you have here is a small representation of what the HEAL Convergence Partnership is all about.

We have Gayle Imig from the W. K. Kellogg Foundation where she is a program director. Loel Solomon, National Director of Kaiser Permanente. Debbie Chung, Vice President at Nemours Health and Preventative Services. David Fukuzawa, Director at the Kresge Foundation. Marion Standish, Director at the California Endowment. Judith Bell, President of PolicyLink. Laura Kettel-Khan Senior Scientist at the CDC. And I'm Dwayne Proctor, a team director of the childhood obesity team at the Robert Wood Johnson Foundation.

So, we are going to do a very brief round of questions to talk about our involvement with this and then turn it over to the audience for question and answers for the remaining of the session. We're a very familiar group with one another and we have a lot of fun as we are doing our work. So, let's start with Gail, Loel and Debbie. All were there at the very beginning. And I have a very academic question for you that I'll pose in a very, very colloquial language.

What the heck were you thinking when you started this path?

GAIL IMIG:

Well, we had no idea what we were going to get into, but we were having a lot of thoughts about: How are we going to deal with an epidemic that is actually going to shorten the lives of our children in the next generation, and how would we go about it?

It is a wonderfully wicked problem that we see in our society, and it is a problem that goes beyond the food system and the health system. It goes to all the systems that help to create environments in communities where the default choice in these communities results in unhealthy behaviors. So, how do we change it? How do we get there? We knew we couldn't do it alone. But how do we go that next step? You know, we're great as foundations because we tell all of our grantees they ought to build partnerships, build collaborations, and build these organizations and communities that can make a difference. We write it into our RFP's. When we ask people to submit proposals, we ask them for a list of the partners. We don't really spell much about what those partners are, but we haven't always in the past, and so we get a long list of every organization in the community.

But what about us? Are we walking the talk? Are we doing what we can? Are we modeling the kind of behavior that we expect from the people out in communities who are doing this work and how would we go about it?

The answer took a lot of people together and we're still working on it. The convergence partnership actually began in 2005, but there's a background story. RWJ and WKKF were both beginning to think more broadly about the interface between food and health. You know, it doesn't sound like it was all that innovative, but I promise you in 2005 and before, we really didn't think about the interface of those two areas. We weren't really thinking about how food impacts on

health. But there was two program directors, one in WKKF and one in RWJ who kept coming together at various meetings; and we both belonged to the Funders Network for Smart Growth and Livable Communities. And we kept visiting with each other and talking about how are we going to begin to think more broadly. We were in some of the same discussion groups, some of the same field trips, and it started to make sense to us.

So we decided maybe the first thing we would do is set up a site visit where we would visit each other's grants. Some of the work we were doing in community food work; some of the work RWJ was doing in community health work. So, we went to New York City and we found several grantees and made that visit and we learned a lot. But what actually happened more than anything was we now had examples, specific common language, and a way to start taking the language to the next -- and the conversations to the next level.

As the conversations became more intentional, more partners came aboard. Questions drove our expanding conversations: How can our collaborations strengthen the work in and among various fields, focused on improving the health of people in places around the country?

So, the first step was to find out what was going on, of course. So we put a survey in place, across the spectrum, across the field, to find out what's really happening. And we found out that there was an emerging awareness about these issues. There was the importance of policy was terribly critical and the fields were beginning to convene. So, after that, we brought together 100 organizations in June of 06. We shared the findings from the survey, but they really wanted to know: Okay. What are you going to do and when?

So, we developed four strategies: Policy and systems change, promote and support connections between healthy eating and active living, optimize an increase in investments in community-based initiatives and support innovation. Then the organization really started -- or our group really started to expand. We maintained all through this a focus on developing relationships. Learning from each other and we set time aside, in formal time for fun. In order to do this kind of work, you have to build those relationships. We did presentations together like here. We started writing policy briefs together; that wasn't easy. But we needed these relationships because we had tough stuff to go through. How do you formalize all this?

So, in closing, we had to build the capacity to create vision statements, goal statements, hire a project manager, former processes, governance, shared investment pool -- now, that's tricky -- website, recruiting new partners, press releases and on and on. And each of our organizations has its own policies, logos, and lawyers. For the fiscal processes, time lines, board approval processes.

So, my hat's off to everyone who is here, everyone who came on board. And I especially want to say hats off to my colleague Linda Doctor, who is not here today. She is another program director in the Foundation, because it was her knowledge, expertise, spirit, high energy, and dog determination to slog through the details that really helped us create a working organism.

LOEL SOLOMON:

I want to just briefly kind of emphasize one thing. If you go way, way back to 2005, we didn't have the benefit of having a talk like we just got by Dr. Koh, which was amazing. But as foundations and healthcare organizations, we not only knew that we wanted to do obesity prevention in a very significant way, but we had a very shared view of what the big levers were to pull and we were very explicit as our grant-making programs were emerging in early implementations stages. There was really a need to be focused on policy and environmental change. And we thought that by doing work together we could inform each other's work and build our kind of shared knowledge base, but also throw fuel on the fire. There were pockets of activity. There was active living by design. The YMCAs were starting with their pioneering healthier communities effort. There was the STEPS Initiative, which in some dark days had a big policy in environmental change component to it, place based.

And so we thought that by working together we could really accelerate and support this distributive action that was happening out in the country, and we thought it was really important for us to get together and formally kind of attest to the significance of that particular model, because we thought that we could really advance the work moving forward.

And I'll say one more quick thing, which is that I think there was a little bit of looking back, a little bit of an oppression understanding that we might be more ambitious if we tethered ourselves to one another. And there are some things that we could do collectively that we could not do individually. Our organizations are pretty progressive and thoughtful and yet there are institutional barriers to working together. And we thought that, if we had got together, we might be able to do some things that are bigger than we can do alone.

DEBBIE CHANG:

Well, let me just add to what my colleagues have talked about in two ways: The first is that I think there was alignment on the need for a social determinant approach. Now, I can say that to this crowd and the eyes don't glaze over. But, generally, I mean, the world is dominated by healthcare and medical care, clinical care, very important, and we have a clinical part of ourselves at Nemours But the idea of going beyond medical care to the social determinants doing cross-spectral work was an idea that we all shared.

And the other thing I'm going to say to build on to what Loel was saying about accelerating, we didn't want to duplicate what was going on. We didn't want to re-invent the wheel. The idea was to take those areas because a lot of great things were going on. I vividly remember the June 2006 meeting where there were a lot of things that were going on nationally, a lot of great work for many of you in the audience. And so the idea was to find those areas where we could add value and accelerate and move the fields.

So, for example, early on we all were doing policy scans and we thought, well, why are we each doing policy scans? Let's have one group do the policy scan, which was prevention institute for all of us. And so those are the kinds of things that we work on, things that we feel can add value and help all of you and build on what you all are doing. And that was a very important part of what we were trying to do.

LOEL SOLOMON: The next question is for David Fukuzawa. Kresge is mainly known as a capital improvement and social economic development foundation. You are the director of health. How did you fall in with this crowd?

DAVID FUKUZAWA: I said, I have about $30 million dollars to spend in health, what can I do with it. But I should probably explain what I'm doing here. Because I'm sure some of you are wondering.

The Kresge Foundation has been around for quite a long time. Like Kellogg, we go back to the beginning of the century, last century. But for most of the 40th century, our grant making has been bricks and mortar kind of stuff. So, to the extent that we were in healthcare at all, it was like building a new wing to a hospital or building a new cancer center. So, that was the start of legacy in that kind of work.

So, about the time that the convergence partnership was sort of like a gleam in Debbie and Loel's and Linda's eyes, we were beginning to undergo a historic change with a new CEO. And one of the first things that he did was say we have to operate from a set of values. And what it did was re-orient us to a much more progressive agenda that was also going to include things such as the environment. And so that was really the big, big change.

And that immediately affected our grant making. Shortly after that, he said that there were going to be three new strategic areas out of the broad six areas that we funded. And I will say that we funded across all profit sectors. Education, health, environment, human services, arts and culture, and community development that is largely focused in Detroit. And he said there were three new national strategic thrusts that would go well beyond anything. So, one was going to be Detroit, and there was going to be a comprehensive place-based stuff which really revitalized Detroit. And this was all before the great economic collapse.

And the next great secondary was going to be in the environment and that focus was going to be on climate change. And the third area was health, and basically he just told us "You can define that."

DWAYNE PROCTOR: I mean, literally this happened. And what we looked at was sort of this tradition of the built environment. Then we asked, you know, what kind of dollars would have the greatest impact. And just being conversant enough, you know. I mean, I actually have a longer background in a lot of health-related grant making prior to Kresge. That I clearly wanted to be on the prevention end of the spectrum, because the dollars, you know, obviously are too concentrated at one end of the spectrum. And I didn't see that where we would have any impact there.

But the minute we began looking at that, at that thing, it begins to literally spread out, as you know, in terms of what kinds of interventions are sort of possible, especially at a community-based level. And inevitably it led me to just sort of come across, you know, the wonders of the Internet and knowing also Linda, Linda Jo, the convergence partnership.

So, I actually met with the rest of the members at Grant Makers and Health Conference a couple of years ago. And I came back to Rip Rapson, our CEO, and he said, "This is a big deal. We have to be a part of this." So, that's basically how we got involved in the Convergence Partner.

But having said that, I will say that the issues that are sort of on the table about environment, transportation, food issues, the redesign of communities, this is sort of oddly enough, the agenda of Detroit. You know, I mean, just totally unconnected with the issues of health. Transit is absolutely vital to the future of the city that was built around the automobile. In fact, the automobile industry destroyed a perfectly wonderful and adequate public transportation city in Detroit and forever determined how it was going to be designed. And food - Detroit is a huge food desert and yet we live in the second most agricultural state in the Union. And the design of the community, Detroit is 140 square miles. You could fit Manhattan, Boston, and San Francisco within the city limits of Detroit, and we've lost half the population in the last 50 years.

So, when you go from a population of two million to about 900,000, we have a lot of empty space that needs to be redesigned, and so some of that could be obviously used for agricultural purposes, recreation, et cetera, et cetera. So, these are all issues that are also shared by the environment team. So, it's all the things that are on the table are of central concern to what we're doing.

And Marion - our foundations collaborate together. In the parlance of the Healthy Eating Act of living convergence partnership, we often will work in twosies or threesies or foursies, depending on how we can come together on emerging issues. So, if you hear language like that, that's how we talk on a normal basis. Your foundation mainly focuses its work on California, and this is a National Convergence Partnership. Why are you here?

MARION STANDISH:

The California Endowment is a state-focused health foundation. By our mandate, our resources are primarily deployed throughout California, which is, as you can imagine, even now, a fairly significant challenge to get anything done. But our pathway to the National Convergence Partnership really began with our focus on health disparities, and I think that's a point of reference that we should always come back to in terms of how we think about this work and what our achievements might be.

And we've been working for some years, although we are a relatively young organization, in the arena of reducing health disparities. And it became, as most of you know, increasingly clear that in order to reduce health disparities we had to really get outside of the healthcare system and look at what we determined were three primary areas: One was prevention and a very deliberate and intentional move upstream to the social determinants of health.

Two was the notion of place that really the differences in health and the challenges that people faced in achieving optimal health all came together in the places where they live, in the places where they play, in the places where they work. And that, in order to get at some of these issues from a prevention perspective, we had to focus on places, get out of our silos and look at places more comprehensively.

And, thirdly, perhaps most importantly, we needed to look at policy. That in order for anything to be accomplished and sustained, we needed to adopt policies that really had some stickiness to them that could stay.

And so we took those principles of health disparities, prevention, place and policy and applied them to a program that we developed in early 2000 called The Healthy Eating Act of Communities Program. And over the last nine - ten years, we've spent probably over $30 million dollars in the arena of healthy eating active communities. And I urge you to go to www.healthyeatingactivecommunities.org to find more information.

But we realized in our HE Act Program that our effort was about changing the environments where people live and play. And while we were, quite successful in our efforts in policy in California -- and I think most folks know that California accomplished a lot over the last nine years in changing policies both at the local level, across the state, and at the state legislative level -- we realized that even with tremendous achievements in California, even with the size of California, even with the clout that California has, it really was insufficient to make the kind of significant changes in food and physical activity environments that were needed to shift health disparities and to change the course of the obesity epidemic.

So, you know, when the development of the convergence project started to percolate up, we immediately saw an opportunity. And we had had a long relationship both with the Robert Wood Johnson Foundation and Kaiser Permanente. And I characterize the opportunity in four ways: First, by participating in the National Convergence we could spread our approach, proselytize in many ways our approach, of environmental change, of policy, of prevention of place beyond the reach that we might otherwise have in California. And we have been very intentional about spreading that approach.

Secondly, we were very anxious to touch, to leverage resources that were outside of the purview of a typical health funder, and many of the foundations that you may deal with live in their own silos. They will be about education. They will be about the environment, as David was saying. But we knew that to really change the environment, we needed to get out of our comfort zone. We needed to touch transportation, climate change, and education. And in order to do that, we needed partners both outside of California and outside of health.

Third, we wanted to access a seat at the national policy table for both our grantees and ourselves, and we did think that the National Convergence helped us with some of that entree.

And, finally, we really wanted to contribute to growing the movement, and I think this conference, I think, is an example of both how we, from our point of departure nearly nine years ago, really see this movement growing. So, for all those reasons, the National Convergence was the place to be.

DWAYNE PROCTOR: So we've heard that there was an amazing venting process that took place over a couple of years. There were boards involved, program officers, and lawyers. And Judith, all the program directors for this with your work in PolicyLink. What do you all do? What does PolicyLink provide for this group?

JUDITH BELL:

We do the simple part of coordinating and facilitating discussions, which sometimes is simple and sometimes highly complex. But I think the most important part and the most nuance

part of our work is coordination with the Prevention Institute and with the field to make sure that the partners are aware of what's happening. What are the new steps that are happening at the local level that may suggest need for change at the state level? What is beginning to bubble up at the national level? What are we seeing from the new administration? What is it that we can learn from the field that ought to then inform what the partnership is doing and doing across these different issues and making sure that in each case it's multi-field.

So, it's about the built environment, access to healthy food, physical activity, violence prevention, all of these different ways to make sure that the work of the partnership is informed by the field.

For PolicyLink and that's one of the major reasons that we came to this role, we are about policy, we are about connections and we are about equity. So, part of what we also do is to ask the question in the context of the work: How do we have this "yes" be about health in every policy, but how do we make sure it's about equity in every policy? How do we make sure we think about the strategies of the partnership that we're asking the questions to think about what are the impacts, what are the ramifications for low income communities and communities of color, and are there particular ways that we might shift or change or target, and what might that say about our investments, what might that say about the products we're producing, and what might it say about the messages we're giving to the field.

So, we do this in a multitude of different ways. We try and build the momentum, increase the leverage. We like to always be thinking about the convergence as being the sum being greater than the parts. And I think the other thing that we have been so encouraged by is the willingness of the partners to be flexible, to do what funders typically don't do, which is to move quickly so that, you know, these funders can make a decision and can move money in the course of a few weeks verses what many of us are used to, which can be a year-long process. And they are prepared both to be looking into the future as well as being responsive to what's happening in the present.

I think they are and we are, as part of the partnership, focused on building this momentum and making sure that there is as much synergy and leverage across the partners and across the field as is possible to really move this agenda around healthy eating and active living and allow everybody to be both healthy and to live in healthy places.

DWAYNE PROCTOR: Dr. Kettel-Khan, I think about this group and the fact that you're involved with them. But you're with the CDC. You're with a federal agency. You're sitting at the table with these happy-go-lucky funders on this mission to make healthy people and healthy places. How did you bring the CDC into this? That is the question.

DR. KETTEL-KHAN: Actually Bill Dietz, who a number of years ago had been having conversations with Loel and with Linda Jo and Dwayne and a number of the players at this table. When I heard about what they were trying to accomplish and what we were trying to accomplish as the federal government's public health agency, there was such obvious synergy in our tactics, our desires, the end points that we were trying to achieve, I knew we had to stay at the table.

Now, what you've heard from a number of people is that one of the key strengths of this partnership, besides leveraging in doing things as a group in a concerted effort, is this pooled

funding ability. Well, for those of you who do not work in the government and for those of you who do, you know very clearly that federal dollars cannot be mixed with private dollars. And so right up front, here we were trying to organize ourselves, get a structure in place so that we could hire groups like PolicyLink to work with us. And I sat in on those conversations dreading going back home to CDC and figuring out how we could still stay at the table. But on the other hand, I also thought about going back to this group, because they're a pretty impressive group. They're kind of scary too. You have to go back and say "I couldn't accomplish this" and I didn't want to do that.

And so, through a variety of conversations with the Office of General Counsel at CDC, lawyers who just said, "No way, no how, this is not happening. We've never done this before. The Federal Government doesn't do this." And we just had to figure this out. And between just some kind of hard conversations, we figured out we could do an MOU to the MOU.

And so that's the technical way we did this. But more importantly, it has allowed, not just the partnership as an entity, but it's also allowed the CDC to be involved in conversations that have needed to occur. They've allowed us and helped us think outside of our traditional box. And so I think the benefit is really a two-way street. I mean, yes, we provide lots of technical assistance, which you would assume, but the partnership is greatly influenced how and what we are thinking about in terms of a national agenda. And in that sense, that's the best gift or benefit a partnership can offer is that you don't just give but you are also receiving things as well, and it's worth the investment and the time.

DWAYNE PROCTOR: And we will open up the floor for questions from the audience.

QUESTION: My name is Gary Deverman. I am chief executive officer for Building Healthier America. I wanted to ask this question: With all of this going on with the concern about public health, I'm extremely concerned about the erosion of the public health sector. Terry Mason, as Commissioner of Health, is on our board as is Jim Galloway, Regional Health Administrator for Region 5, Chicago area. Chicago, just laid off 400 public health workers; the State of Illinois, another 1,600. This is happening throughout the country. What do you think about as funders? You're trying to converge and knit things together. Seems like the infrastructure is eroding, and what are your thoughts on that?

DEBBIE CHANG: Well, that's an excellent question. And one of the things that we are trying to do as a group is to foster regional convergences that will support where we operate. So in Florida, for example, we are trying to get the regional funders in Florida together to help support the system and support healthy eating and active living. And so I think there is a model here that can be used of us collaborating and then supporting and stimulating collaboration in the regional areas to address the kinds of things that you're talking about.

DAVID FUKUZAWA: And I would have to say, yes, it's a huge hole that could foil all of our great thinking, all of our great strategizing. And I'm not sure we have really, as a group, an answer to it. It's a big issue that goes to the kind of funding challenges. And perhaps the only iota of help we could provide is that in the work that we and our partners in Prevention Institute and PolicyLink have been doing with the administration on the hill making the case for a very strong primary

prevention focus, that that somehow creates some healthy culture for stronger FTEs to be put into public health of the state and particularly the local level.

QUESTION: I'm Tracy Wheat from the YMCA of the USA. And Debbie I think addressed this question a little bit, but I wanted to ask the panel to go a little bit deeper, and it's the notion of bringing your funded entities together for sharing and learning experiences. I know through the work that we've been doing we've been trying to foster that. But given the phenomenal communities and the sites and the progress that are happening through your funding efforts, I'm curious, in addition to the state-based models that Debbie was referring to, if there's been additional discussions in terms of bringing your funded sites together to share that knowledge.

JUDITH BELL: Well, two answers to that. Say one is we're exploring peer-to-peer networking online, the Convergence Partnership website. And then the other thing is, we are beginning to plan how to pull the regions across the country that are doing the work Debbie described with some of the folks they are working with to expand that network so it's both at the national level and then at the regional level. And then we are trying to think through other ways to pull people together to do exactly what you described and are beginning to strategize about what that might look like going forward into the future.

DR. KETTEL-KHAN: We have in California just modeling some of the National Convergence and also recognizing how many groups we have in the state working on this issue, pulled together a California Convergence where we are doing peer-to-peer learning and networking on a very regular basis and now focusing on some very discrete policy issues that all of the groups in California can come together around and focus on any given year. So, I think there's a lot of room using the models that we have from California and some of the other regional convergences to build that out even farther.

QUESTION: My name is Kimberly Hodgson. I'm with the American Planning Association. And, first of all, I would like to commend you for all the great work and comprehensive work you-all are doing. But I have a question for you that's kind of related to the woman's from the YMCA. There are a lot of national non-profits that represent non-health practitioners at the local level, and they have a big impact on the health of the environment. What advice would you give to national non-profits, such as APA, that want to leverage and coordinate our activities with other national non-profits to address these issues?

LOEL SOLOMON: I don't think that we are not restricted to funding just health organizations. In fact, a lot of the grantees are not necessarily health related, and that's very true for us. I mean, we are not hunting around actually for health- related organizations per se' just because of the approach that we have taken. And I will say that we have taken almost an entirely social determinant approach in our health. We are moving in that direction and we are slowly moving out of the building business. But, we are looking for very interesting ideas that are coming from other places. And getting back to the gentleman's question about public health, one of the things I encountered in moving into this was that there was very little existing opacity, even within the public health system as it was, to really deal with a lot of this. And I happen to believe that, when we get past all of this, there we will be whole new structures and whole new even way of thinking

about public health in the future. And how we begin to do that and fund it and promote it and sort of spread it around, I think it's going to be the challenge that we face.

JUDITH BELL: Well, I just wanted to give an example of one thing that the partnership has done which is to fund a broad coalition called Transportation for America, T for A. And the reason I was thinking that is because that coalition actually was everything but health in many ways. And so what the partnership was interested in doing was to say, let's get to the outcomes you're interested in, but let's make sure that health is also in that. And so they have supported both T for A and The American Public Health Association, and it's designed to have these impacts that are about health but are about the broader ones as well.

DEBBIE CHANG: I guess a more practical answer to the question is that, in this work and I think that in all the work that you-all do, there's a role for convening and to be a neutral convener. And so I would encourage you to bring the people together. That's what Linda Jo and others did - she reached out to me. She called me up and she said: Hey, what do you think? And so I think by playing that role of convening, that is a really important role so you could go out and do whatever focus you want to.

QUESTION: I'm Barbara Sutherland. I am with the University of California Cooperative Extension. Cooperative extension is in every community, all the states and the territories, and you're probably very familiar with the issues in many of the Pacific Island groups with their obesity and the need for obesity prevention there. How can Cooperative Extension work towards healthy families and healthy lifestyles and prevention of health. How can we be part of this collaborative?

JUDITH BELL: I think you raised a very good question. Some of us have been involved in cooperative extension in our former lives and understand how the land grant universities and that network across the country can be very powerful around these issues. And one of the things we are trying to do is bring some of those partners from higher education in with us. We're working with some of the people at USDA as a part of this effort and looking at how we can bring those food and health kinds of resources together to look at a common message. So, I really appreciate you bringing that up, and it is a part of what we are thinking about for the future.

QUESTION: I'm Mark Wilson of the College of Public Health at the University of Georgia. I'm wondering if maybe there is a piece that might be missing so I wish you would reflect on a little bit on the role of corporate America. They play a huge role in infrastructure at the local and state level, and policy -- local, state and federal level -- in moving populations for various jobs and, the last I heard, funding, about a third of the health care dollars in this country, through corporate America. So, have you considered working with them and what reflections do you have on their role in your challenge?

DR. KETTEL-KHAN: We are in that Kaiser and Nemours, although they are in the health industry, they are not foundations, which was something new to me when I met them. Their community involvement is a part of their corporate program and their outreach. So, they're I think a little unique. But more importantly, from the convergence partnership perspective of what we want to accomplish, industry and the corporate world is, or at least we're trying to have them at the table and in those discussions. One example being what Judith referred to in terms of our transportation

work, a lot of the coalitions, are hoping and trying to reach out to industry and various and sundry ways. The same in terms of food access in the food retail industry because we need all those voices heard if we're really going to be able to address any particular facet of this multi-faceted problem.

QUESTION: I'm Terry Johnson with the Foundation for Healthy Communities and Healthy Eating Active Living, New Hampshire. And I want to let you know that we're -- first of all, I would like to thank Judy and her staff for coming out to New Hampshire a few months back and their fact-finding mission, going around the country looking for these HEAL partnerships that are all around the country. And I'm really happy to say that they have identified New Hampshire as one of those. So, thank you so much for coming to our very small, humble but yet very motivated state around this cause. My question is, in that fact-finding mission, I know that you've probably been able to see some common patterns emerging amongst those who are involved in healthy eating, active living, at the state and regional levels around the country, and I was wondering if you could make any comments on a preliminary basis in terms of: What are you finding out? What's working? What's not? What are the regional partnerships doing right? What are they doing wrong?

DR. KETTEL-KHAN: One thing we have found is that the partnerships are in different phases of development. So, some of them are literally at the first phase of just bringing people around the table and saying: Hey, you know, could we work together and what might that look like? And others of them have begun to figure things out such as, if we work together, do we need something formal? Can we be informal?

And then still others are starting to actually get into the work, as Marion described the work of California, where there's an agenda for the groups to come together. Colorado is very well developed. And New Hampshire is also one of the states where they are coming together. Now, in some cases -- and in particular one example -- is Massachusetts, they've gotten the State Health Department involved and they actually have a collaboration with the State Health Department and foundations and they have formed an investment pool, just as has happened at the national level, and they have actually made grants. So, they have moved through that process and have gotten into grant making and have done it in several different communities across the state.

So, it's quite varied, but the over-arching themes are very similar. The commitment to working together and to creating this special momentum across the partners is impressive in every place around the country. And I think there is great opportunity for the work within regions and then what regions will learn from each other as they begin to make those connections around the country as well.

QUESTION: My name is Lark Galloway Gilliam. I'm with the Community Health Council in Los Angeles, and we are one of the Reach Programs here across the country. We've been working on trying to transform the physical and food nutrition resource environment in public and private disinvestment communities. I guess one thing I think that what you're doing is excellent. I would love to see that happen more at the national level and there are coalitions like the National Health Equity and the National Reach, which are hoping through health reform that we see better integration of our federal agencies, much like the partnership that EPA and others have claimed, but CDC is not at the table right now. I guess my question to you is: How are you addressing the

issue of health disparities in this context? Because I think a lot of what we've been talking about and hearing about in the last couple of days, there's some unique lens and considerations within communities that are suffering health disparities that I think take a different type of analysis.

LOEL SOLOMON: It is at the heart of what it is that we have in our vision, our mission, and in our investment decisions and in all of our strategies. I think there's two questions we ask: One is, how does this address equity? And, secondly, how does this build a field of fields? Those are the two kinds of touchstones that we use to figure out where it is that we park our time, effort and money.

And it's true with work that we're doing around the fresh food financing initiative and our effort to bring back to scale in communities that don't have access to food. It's true around transportation, and the issues around low-income communities, little resource communities, that don't have access to adequate public transit. And it is just kind of at the heart of everything we do and everything we say, because we know, particularly when we talk about healthy people and healthy places, that often what gets lost is, well, there's some places that kind of need more focus and more energy and more resource than others. It's not about a rising tide lifts all boats. We need to be extremely disciplined about the strategies that we put in place and where we put those in place.

QUESTION: I'm Paul Schneider. I am a physician supporting, in a volunteer fashion, the Achieve Initiative in Tacoma and Pierce County, Washington. As we've heard so many strategies and sectors coming together to address childhood obesity here in this conference, I haven't heard a great deal of discussion regarding the role of education, specifically, in the school districts with which we are working. The administration and teachers don't want to hear much more about opportunities for expanding curriculum, particularly in an area where there are standardized testing doesn't have much of a role. We know the children form their food preferences at a very young age, and that's the time at which they should be learning about proper nutrition. In another area, our community gardens are now coming into fruition and we're taking fresh garden grown produce to the food banks to be reviewed by a number of meal preparing adults for whom fresh food and fresh produce, vegetables, really are not familiar. They do their cooking out of cans and frozen foods and in the drive-through. So, what is the role of education? Do you have some thoughts on how we can constructively incorporate it, a broad range of educational initiatives, into our approach toward childhood obesity?

DEBBIE CHANG: I'm glad that you keep mentioning children, because we know that many of these chronic diseases have their roots in childhood, and Nemours focuses on child health. And I have to confess that one of the reasons we really wanted to be involved was to bring children's issues to the table. And so it's very much a part of our framework. We included schools, we included childcare, early education. That was a big push on Nemours' part, because a lot of children today are going to childcare. It's different than when we were growing up where we didn't go to childcare as much. So, we have 70% of children between three and five that are in childcare.

So, childcare is one of those places where we can really reach children and where children spend a lot of time. So, you're absolutely right, the school arena is also another place where children spend so much of their time. And so it is a part of our overall platform.

JUDITH BELL: From the National Convergence perspective, one of our criteria in deciding what we can do is, where can the convergence really add value - and clearly education is an arena where each of our foundations has significant investments in improving education environments. And so on the table for us as we look forward is beyond those investments we currently have, what is it that the convergence can now add to that will push the intersection between education, health, school food, community gardens, curricula, et cetera, to advance our overall mission of healthy people and healthy places. And I don't think we have entirely answered that question, even though we are all deeply involved in education and healthy environments in schools across the country. So, I think we welcome a discussion on that topic going forward.

GAIL IMIG: The only other thing I was going to say is, there are farm-to-school programs out there and similar programs like that that can really help you.

LOEL SOLOMON: And I would just add that the education problem is not just a health problem, it's the system in where the kids are suffering the most are failing in a lot of different scores. And so education is one of our areas of funding. And here's no one answer to that question. I think that we all have to sort of begin to develop more coordinated strategies around just what we do with children in general, including to where the schools are even cited, because to often in low income communities they are cited, not only in areas where there's no recreation opportunities, but there's lead, there's pollution, et cetera, et cetera. So, there's all kind of other things.

QUESTION: My name is Amy Barone. I work for Health Corp. And talking about education, we're a fairly young organization, but what we do is we go into high schools and we furnish health coordinators who are recent college grads who work with us for two years along the lines of national service. We were founded by Dr. Mehmet Oz, a renowned heart surgeon, because he was operating on younger adults, and he felt like he could really empower teens to make healthier choices. So, we furnish health coordinators for two years and then they usually move on to med school. And I guess my question to you is, you're doing local work, regional work, and national work. You know, what are some of the impediments? Because we're in -- we'll be in 50 schools across the country, nine states, starting the school year, and we know we're making a difference. We have a curriculum: Nutrition, fitness, and mental resilience. I've talked to some of the students. You know, some of them they are losing weight. They are taking after-school cooking classes through us. It's very interactive, which also works, and these coordinators serve as mentors.

So, strong bonds are being formed and, you know, peer mentoring does work. I mean, there are plenty of evidence based on that. Also, I do want to announce that Dr. Oz will challenge 11 communities across the country in the coming year to make their towns/ cities healthier. And he is going to monitor it, and hopefully, the winner will be on his upcoming talk show. But he's really going to keep an eye on what's going on. But I guess my question to you is: What are the impediments? With everyone in the room, really, you know, has the same goal. Some have been around longer. You know, child obesity it's, what, about 20 years old, the crisis. But what are the impediments? Should we be more local or less local?

DWAYNE PROCTOR: Well, you know what, this is -- the whole idea of having common measures, so that as you're measuring your success, making certain it's the same measures that we're using

across the movement, so that we can compare our studies to one another, and so that we can hold up our data in ways that are relative to one another.

The second is to do your best to network and join on with others and fill a unique gap in between some of the other activities that our foundations are supporting and becoming a good partner is a part of it. I think this whole spirit of collaboration that we're seeing with the HEAL Convergence Partnership can be done in other ways; not just funders coming together, but those of you who are working on interventions and special environments coming together. There's only 75 million children in the country. We're all trying to make them better, so how can we also work among each other and leverage those opportunities for doing so.

MARION STANDISH: I was just going to say to start out with this statement, I think we are making progress, and I won't repeat the history of tobacco and how long it took before the public and the public health community and government finally took action on tobacco, and how only in the last probably ten years are we beginning to see real health outcomes and results. And with the obesity epidemic, it seems to me the recognition of the epidemic and the hundreds of local policies, state policies, and now a national conference, national attention at the levels of the First Lady and Congress, to me suggests that we are making some significant progress. It's not to say there isn't an awfully long way to go. But I think we are going in the right direction, particularly because we are focused on policy, we are focused on environmental change, and we are focused on prevention. And if we have those three elements in mind and we are working across our respective silos, I think we will continue to make progress. This is a hard nut to crack by anyone's measure, but I think we're getting there.

DR. KETTEL-KHAN: One of the barriers that I know people state often but I don't think they understand well enough is the difficulty of those conversations with the non-traditional partners. One of the things through the common community measures project process was bringing academics, public health experts and city planners, urban planners together and insisting that they came to agreement on things. Now, that was the endpoint or an endpoint for that project, but more importantly the conversations that were had in that process and through that process were insightful and the project team will attest to this. We receive so many emails, just kind of comments after our meetings, that these conversations were probably, number one, the first time they had ever had them. But, number two that they just didn't realize the connections that needed to be made or that could be made.

And so when I think of this, not just even from a national perspective or a state perspective, but just this is like the one-on-one inner personal relationships with people who are in different areas, you know, of expertise and agendas. It is difficult to have the conversation where people are even using the same terminology. But once you get past that, it is just like it explodes in terms of what you can do with that, with those new relationships and the new recognition of the complimentary benefit. And until we are more comfortable with that, especially even from the public health perspective - I was actually impressed at how resistant we were to kind of back down from our positions, and we really needed to sit back and truly listen to what was being said in those conversations.

MARION STANDISH: I just can't help but add one more element where, on the one hand, I had said we're making a lot of progress and I think we are. I think over the next couple of years, the missing piece is resources and how we will be able to identify a meaningful funding stream to continue all of the great work that's underway and that we're seeing today.

And over the course of this conference and elsewhere I think is a real challenge for all of us. Philanthropy's contribution to this effort can be catalytic, but it's not sustaining. And so if we're looking for really a sustained response along the lines that we've been discussing, we have to find a dedicated funding stream that can help support it. And I think that is the primary obstacle to success over the long run.

DAVID FUKUZAWA: And just to add on the funding, the transportation bill will get eventually reauthorized, and there's all this stimulus bill money floating out there now. And my additional concern about the money is that right now decisions are being made about the shape of our communities without really adequate input from the public health community. For example, weatherization dollars, which is largely out of the Department of Energy. It's going out into the communities. You know, these are for low-income housing and this is an opportunity to really make the housing healthy.

And my concern is that the planning is going on without the adequate input of public health and other people concerned about prevention. I think the same will happen with transportation dollars if we don't make an impact on how those dollars are used to make communities healthier. So, I think it behooves us to not only find initial dollars for existing community prevention, but also to make sure that the dollars that will be spent will have impact for decades, are also impacted by the data that we have.

DEBBIE CHANG: In terms of both of these two points that I was going to make as well is, the point about working across the silos and how difficult that is, and that is very difficult. I think we've all faced it. Trying to get school district commissioners or the schools to realize that health is a very important part of test scores and children succeeding in school, because that's their first priority. You have to keep the message going in terms of the deed for this kind of population health approach, the need for health in all these sectors. I really think that that's a key barrier and it get's at that question.

And it also gets at the need to have a sustainable funding stream. And it really argues for what we talked about, needing some kind of funding stream in health reform for population health. And that's going to take everyone in this room educating folks on the value of population health and the public health approach.

DWAYNE PROCTOR: I want to make certain that you understand that there are many of us that work on the Convergence Partnership here. Angie McGowan from the Robert Wood Johnson Foundation, along with Robin Mockenhaupt and Maisha Simmons; Leslie Nicholson and Larry Cohen from Prevention Institute; Mildred Thompson is here from PolicyLink; Lori Dorkman from the Berkeley Media Studies Group; our colleagues from the Tide's Foundation. And of course, Bill Dietz and Robin from the CDC.

Check out the Convergence Partnership website at convergencepartnership.org