



National Initiative for Children's Healthcare Quality

## **Mobilizing Healthcare Professionals as Community Leaders in the Fight Against Childhood Obesity**

### Frequently Asked Questions

- Who are NICHQ, AAP, CMAF, CPCO and RWJF, and what are their roles in this project?
  - National Initiative for Children's Healthcare Quality: NICHQ is an action-oriented organization dedicated to achieving a world in which all children receive the healthcare they need. Areas of focus for NICHQ are the prevention and treatment of childhood obesity, improving care systems for children with special healthcare needs and improving perinatal care. For this project NICHQ is the lead organization who has received an award from RWJF and is partnering with the AAP and the California Medical Association (CMA) Foundation to promote advocacy among healthcare providers to impact childhood obesity within select geographic areas of focus. Website: <http://www.nichq.org>
  - American Academy of Pediatrics: AAP is an organization of 60,000 pediatricians committed to the attainment of optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults. The Academy's broad goals focus on developing policy and programs in seven specific areas: advocacy for children and youth, research, services to children, public education, professional education, representation for pediatricians, and membership service. The AAP has established and tested methods to reach and empower pediatric leaders by offering learning opportunities and by fostering community health programs and AAP chapters to advance public health goals. For this project AAP is partnering with NICHQ and the CMA Foundation to foster advocacy among healthcare providers to impact childhood obesity within select geographic areas of focus. Specifically, AAP is leading the award process, finalizing the advocacy curriculum content in collaboration with the CMA Foundation, working with NICHQ and the CMA Foundation to identify faculty and conducting advocacy training. Website: <http://www.aap.org/obesity/>
  - California Medical Association Foundation: the CMA Foundation is the charitable arm of the California Medical Association with the intent to act as a bridge linking physicians to their communities. They work in collaboration with many partners to achieve significant improvement in key health issues, receiving funding for projects through physician, corporate, and foundation support. For this project the CMA Foundation is partnering with NICHQ and AAP to promote healthcare provider childhood obesity advocacy within select geographic areas of focus. The CMA

Foundation will be leading the advocacy training curriculum development, finalizing the curriculum content in collaboration with AAP, working with NICHQ and AAP to identify faculty and conducting advocacy training.

Website: <http://www.thecmafoundation.org/projects/obesityProject.aspx>

- The Center to Prevent Childhood Obesity: CPCO is a leading voice in the national movement to reverse the epidemic by 2015. Through policy analysis, leadership development, and communications with a broad network of advocates, the center is working to enable children of all races, ethnicities and geographic locations to eat healthy, be physically active and avoid obesity. For the duration of this project, CPCO will provide technical assistance to NICHQ .  
Website: <http://www.reversechildhoodobesity.org/>
- Robert Wood Johnson Foundation: RWJF is an independent philanthropy committed to improving health policy and practice by philanthropically supporting projects that target building healthcare human capital, preventing childhood obesity, expanding health coverage, supporting innovation, promoting public health, improving healthcare quality and addressing the unique health needs of vulnerable populations. For this project RWJF is providing the funding to NICHQ to promote advocacy among healthcare providers to impact childhood obesity within select geographic areas of focus. Website: <http://www.rwjf.org/childhoodobesity/>
- What is meant by “healthcare professionals”?
  - Healthcare professionals include a variety of clinical disciplines that interact with and have an impact on children’s health. Some examples are advanced practice nurses, exercise physiologists, family practice physicians, nurse practitioners, pediatric nurses, pediatric primary care physicians, pediatric specialists, physician assistants, physical therapists, registered dietitians, school nurses and other related clinicians.
- What is meant by multidisciplinary and multisectorial?
  - Multidisciplinary means more than one clinical discipline (e.g nurses, physicians, registered dietitians, therapists and other related clinical disciplines) must be represented. Awardees will be expected to reach and engage a multidisciplinary group of health care providers as potential advocates.
  - Multisectorial means that more than one sector (e.g. government, health, private, public and/or nonprofit/ nongovernmental) is included. Awardees will be expected to partner across sectors as appropriate for their targeted region.
- What is meant by “advocacy”?
  - Advocacy is a set of actions whose main objective is to create awareness of and sensitivity to a given position/opinion with the intent to influence decisions about a

cause or policy in a stated direction. Typically this is done through persuading or arguing in favor of one's position/opinion. Advocacy operates on the assumption of a collective set of values and common good on behalf of another. In social advocacy people are the objects of the stated good to arise from such actions.

- As mentioned in the RFA, award funds cannot be used in lobbying efforts. Lobbying includes direct communication with a legislator or the public reflecting a view on specific legislation and containing a call to action. Funding development of non-partisan analysis and research, technical assistance, op-eds, newsletters, web sites, advertising without a call to action are all permitted uses of the award. Childhood obesity advocacy sample strategies are outlined on the Robert Wood Johnson Foundation website : <http://www.reversechildhoodobesity.org/content/policy-strategies>
- How does the national training for project team members differ from the local training that successful applicants will be conducting for healthcare professionals they recruit to participate?
  - We will be working with awardees to customize training to meet their needs. We will either come together in a “train the trainers model” or come out to sites and conduct trainings, per their interest, needs and request. Beyond the NICHQ, AAP, CMA Foundation partnership, there are also national organizations such as CPCO and RWJF that will provide guidance around best practices.
- Do we need to develop our advocacy workplan as part of the application?
  - No, you do not need to have a complete workplan, we will work with successful applicants to develop this.
- What are some strategies that could be included in an advocacy workplan?
  - The Robert Wood Johnson Foundation has outlined sample advocacy strategies on their website: <http://www.reversechildhoodobesity.org/content/policy-strategies>
  - The sample strategies outlined below are not meant to be a comprehensive list, please see the website noted above for an extensive list:
    - Supporting equipment upgrades to school kitchen facilities so healthier foods can be stored, prepared and served on-site, for example, purchasing salad bar equipment and broilers instead of fryers.
    - Requiring fast-food and chain restaurants to include, at a minimum, calorie information on in-store menus and menu boards
    - Developing strategies in partnership with local government officials to connect roadways to complementary systems of trails and bike paths that provide safe places to walk and bike
    - Increasing the number and quality of community physical activity programs—for example, soccer and baseball leagues—that encourage and support physical activity.



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- Monitoring and evaluating industry agreements to improve the nutritional content of food and beverage products, eliminate unhealthy foods in schools, and restrict the marketing of unhealthy food products in places where children are likely to gather.
  - Working with hospitals and providers to increase breastfeeding education and promotion within a clinical setting
- How many awards are to be given out?
  - We will be funding up to eight (8) awards.
- How did you select the geographic areas of focus?
  - We looked at a mix of demographics focusing on ethnically diverse areas, statewide poverty and childhood obesity rates and current community partnerships focused on obesity initiatives and focused on those areas in the country most in need for intervention. We acknowledge that all communities have a need for support, but in this initial phase of this project, we needed to limit the focus. Our hope is that through the lessons learned in the first phase of the work, the creation of online advocacy training content, creation of an online advocacy community and the expansion of the initial award we will be able to expand the geographic focus.
- How will awardees be chosen?
  - Awardees will be chosen by a team of reviewers based on qualitative evaluation of responses to the application questions and budget with a focus on those applicants that have a team of collaborative community organizations who have formally expressed their support by writing letters of support. On the RFA you will see the breakdown of the point values. The team of reviewers will include NICHQ, AAP and the CMA Foundation staff and affiliated physicians.
- How will project success be evaluated at end of project?
  - Success will be evaluated by the ability for the applicants to achieve the following core activities:
    - Send one or more team leaders to a national advocacy training, which will provide leaders with much of the skills and information needed to support local efforts
    - Mobilize at least 20 healthcare professionals who represent their community or target area to be trained as advocates. As part of this, teams should engage multidisciplinary and minority healthcare professionals (and organizations/associations);
    - Conduct at least one local/regional training of advocates;
    - Support development and implementation of an advocacy workplan;
    - Identify local resources to promote healthy active living and reach out to engage new partners;



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- Provide coordination around local and/or statewide advocacy efforts for childhood obesity (ie, ensure that local agencies, coalitions or organizations that are already addressing obesity are partners in this effort and aware of project goals and workplan);
  - Provide evaluation data as requested; and
  - Foster sustainability for continued advocacy in the community/target area after the award has expired.
- What is the estimated time commitment for this project?
    - For project leads we would suggest allocating 1-2 hours a week for coordinating meetings, supporting the developing team and other administrative duties. Additionally, the project lead will be asked to participate in 1-2 days of advocacy training.
    - For all members we would suggest they allocate 2-3 hours a month for a monthly meeting and 1-2 days for advocacy training.
  - What are the major milestones for this project?
    - The major milestones for this project are the formation of the community leadership team, recruitment of ethnically/ racially diverse healthcare providers, national/ local advocacy training workshops and development of the community specific advocacy work plan

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For additional questions or information please contact Priya Nair Heatherley at 617-391-2723 or PHeatherley@nichq.org or Jeanne Lindros at JLindros@aap.org.