

*The Regional Youth Health and Wellness Initiative
Executive Summary – December 2004 to February 2006*

PHASE I

Background Research

During the summer of 2004, the Greater St. Louis Community Foundation and the St. Louis Rams Foundation requested a qualitative research study on obesity programs in the St. Louis region. The study, which was conducted by the Coro Leadership Center, identified 27 obesity prevention programs. Fifty-two percent of the programs focused on nutrition and fitness, 26% of the programs concentrated on nutrition only, and the remaining 22% addressed fitness exclusively. Of the 27 programs, 40% were directed towards young people. Based on the research findings, Coro determined that in order to serve more children, current programs required expansion and collaboration.

The Initiative Begins

In early December, the foundations convened twenty-three youth development, health, nutrition and fitness experts at a luncheon meeting. The meeting's purpose was to:

- Review the research results;
- Provide a networking opportunity; and
- Generate ideas for future partnering or collective activity.

During the meeting, participants discussed how the factors of obesity – genetics, metabolism, socio-economic status, culture, environment, and behavior – influenced youth nutrition and fitness. Additionally, the participants generated a list of activities that could minimize or eliminate the contributors to obesity. For example, limited transportation restricts the ability of parents to shop for high quality food products in larger, well-stocked grocery stores and the over-scheduling of family activities causes parents to choose fast food more often than home-cooked meals. To reduce the influence of limited transportation and minimal food preparation time, meeting participants suggested more community gardens, snack and “easy meal” cooking classes, and communal transportation.

At the close of the first meeting, participants desired an additional meeting where local and national practices could be discussed. In preparation for this meeting, participants completed a “homework” survey that provided the following information:

- Program purpose;
- Program emphasis (physical activity and/or nutrition);
- Factors addressed (cultural, socio-economic, environmental and behavioral);
- Population served;
- Program location;
- Recruitment methods;
- Program activities;

- Measurements of success;
- Success factors and obstacles; and
- Current partners.

At the second meeting, participants reviewed a document that offered synopses of promising local and national initiatives. They also looked at the comparative program summary that was created from their completed homework surveys and began identifying potential partnering opportunities.

Expressing a desire to coordinate and collaborate, participants attended a third meeting held in late February. At this session, they identified the conditions necessary for Initiative success and for effective collective action. The facilitator, Rebecca Bennett, defined a partnership as a formal effort involving two to three organizations, while a collaborative was defined as an entity of more than three organizations. Participants determined that both types of collective activity were necessary to address the growing youth obesity epidemic in the region. They maintained that Initiatives facilitate program expansion, while collaboratives address the multi-faceted nature of obesity prevention.

After the third meeting, participants decided that pursuing a collaborative effort would best serve the St. Louis region. The foundations supported this narrowing of the planning focus and checked-in with participating organizations to review the merits of continuing the process. The fourth meeting was then dedicated to shaping a common mission for the collaborative. The mission is as follows:

Mission Statement: The Regional Youth Health and Wellness Initiative is committed to advancing the health of children and families living in the St. Louis and Metro East region.

Addendum: It will accomplish this by supporting collaboration among its members and by facilitating the development, exchange and implementation of programs and practices that promote optimal health outcomes.

In addition to forming a mission statement, planning participants also identified six target audiences – parents, media, schools, state and local governments, youth and faith-based institutions – around which to develop programming directives and strategic interventions. These audiences groups were selected because they wield tremendous public influence and can heavily impact youth outcomes. During the fifth planning session, participants were asked to answer the following questions for each target audience:

- 1) What is the value of this audience as it relates to this issue?
- 2) What should be accomplished with this audience? (Note: Accomplishment statements can be translated into goal statements)

The sixth and final meeting built upon the broad-based goal statements generated at the fifth session and engaged planning participants in the creation of audience-based objectives as a precursor to strategy development.

PHASE II

After its summer hiatus, the Initiative moved into Phase II of the planning process. During this phase, former and new participants have refined the target audience goals and objectives and have developed strategies for carrying out the group's mission mandate. Five additional planning sessions have been held in the fall and winter months, culminating in a Initiative strategic plan that will be shared with local and national funding organizations and service providers interested in youth obesity.

The first of these five Phase II meetings was held in October 2005. Initiative members came together to develop profiles of the six identified target audiences and to begin identifying strategic issues for each audience group. Strategic issues are fundamental policy choices or critical challenges that must be addressed in order for the Initiative to achieve its vision and mission. Participants generated a list of strategic issue questions that they wanted to have answered in the action plan. The answers to these questions form the basis of the plan's strategies / action steps. In addition to their work on strategic issues, members developed target audience profiles as a means of chronicling what they know about the groups and institutions they believe are critical to the reduction of childhood obesity.

Changes In The Process

In November 2005, the Initiative experienced two major changes that altered its planning process. The first change involved a merger with St. Louis Mayor Francis Slay's Childhood Obesity Initiative. This initiative began in September 2005 as a separate undertaking by the Office of the Mayor and the St. Louis Public Schools. Motivated by mounting public health concerns and the need for the city's school district to develop a nutrition and wellness policy for its students, these two leading organizations invited more than twenty others to join them in designing interventions to reduce childhood obesity. Many of those invited to participate in this planning process were also active in the Regional Youth Health and Wellness Initiative. The overlap in both initiative's memberships and missions was pronounced, causing the groups' conveners to initiate talks regarding a possible merger. Forty participants from both groups subsequently met in mid-November to share their work and to explore the possibility of working collaboratively. They unanimously agreed to pursue a joint agenda and to engage in a joint planning process beginning January 2006.

At the same time the conveners of the Regional Youth Health and Wellness Initiative were participating in talks with the mayor and superintendent's offices, they were also meeting with representatives from the Robert Wood Johnson Foundation's Sports Philanthropy Project (SPP). SPP officials flew to St. Louis to meet with the St. Louis Rams and Community Foundations about the Initiative's activities and technical assistance needs. During this meeting, all three organizations and the Initiative's facilitator developed an approach for working

together that would enhance the outcomes of the planning process and improve the likelihood that the Initiative would be successful in its plan implementation. Meeting participants decided that Van Le, an SPP official who has been working on childhood obesity projects across the United States, would staff the Initiative full-time for the first two months of 2006. Mr. Le's time represents an \$80,000 in-kind commitment from SPP as he agreed to move to St. Louis to help ensure that the collaborative plan is actionable and evidence-driven. He also agreed to be responsible for developing a proposal document, based upon the collaborative plan's recommendations, which would help the Initiative secure the resources necessary to implement plan strategies.

New Beginnings

In January 2006, the Initiative resumed its planning process with new members and technical experts involved in its activities. This new infusion of talent and energy required the facilitator to review and revise earlier mission, vision, target audience and strategic issue work. Participants from both initiatives were, therefore, asked to 1) develop a common mission statement; 2) articulate a joint vision of success and 3) identify and prioritize the strategic issues around which they would later develop action plans. The first two action items were easy to perform given the synergies evident in the groups' goals and foci. The strategic issue work required more deliberation due to the breadth of perspectives and program approaches held by meeting participants. After much brainstorming and discussion, participants identified close to 70 strategic issue questions in the areas of:

- Youth-oriented Interventions,
- Family / Household-oriented Interventions,
- School-oriented Interventions,
- Community-Oriented Interventions,
- Research and Evaluation, and
- Collaboration Structure.

Questions for each focus area were later prioritized, with participants' selecting their top three questions of interest. At the following meeting, in late January, participants joined program committees that met in small groups to generate answers to the questions in each focus area. These answers were the first draft of the collaborative plan's strategies. During the next two February meetings, Initiative members refined more than 60 strategies so that they not only contained clear and concise descriptions of what actions to take, but also identified responsible parties, potential partners, implementation timeframes, deliverables and the resources needed for successful execution. Van Le then used this information to develop a program concepts / proposal outline, which he presented to the group for discussion and revision.

Next Steps

At the last meeting held on Monday, February 27, 2006, Initiative members decided to form a steering committee in addition to their program committees. This oversight group has been charged with informing and expediting the Initiative's decision-making process over the next 30 to 60 days. Committee members will develop recommendations for the large group concerning the Initiative's operational guidelines, membership criteria, accountability mechanisms and program priorities. Because of its scope of work and the importance of its conclusions, the committee's membership will include the Initiative's conveners as well as two representatives from each of the provider program committees. The first meeting of the steering committee will likely be held in three weeks.