MAKING EACH DAY HEALTHIER for all CHILDREN

2017 PROGRESS REPORT
The following stories regarding campaigns run by Voices for Healthy Kids used a mix of non-lobbying and lobbying strategies as noted in the preface for each one. In the cases where lobbying occurred those activities were paid for by the American Heart Association. No funding from the Robert Wood Johnson Foundation went towards lobbying activities.
Earlier this year we recognized the time was right to evolve and change our tagline from “Taking Action to Prevent Obesity” to “Making Each Day Healthier for All Children.” When you consider the strength of our brand and the significant impacts that the Voices for Healthy Kids initiative has had since we launched in 2012, that decision might leave some people asking “why?” After all, in the world of marketing and branding, the moniker “Don’t Mess with a Good Thing” is well known.

But we did change it - and here’s why...

Research shows that “childhood obesity” is not the most effective phrase for reaching and inspiring our target audience. While obesity is a chronic disease, many still think of it as a personal problem with a personal solution. They believe that if someone is obese or overweight, that person just needs to eat less and be more physically active. They don’t immediately see or understand the impact of outside factors on personal health, or the need for policies to make it easier for people to access healthier foods and more physically active.

Our work has also evolved and represents more than just childhood obesity prevention. Our work at the state and local levels is positively impacting people who live in places where access to healthy and affordable foods is limited because of distance and income barriers. This impact in urban and rural regions throughout the nation affects a broader health and societal reach than just childhood obesity prevention.

While our tagline has changed, one thing hasn’t: our rock-solid commitment to improve the health of the nation’s children and families by ensuring that the places where they live, learn, and play are conducive to good health.

Over the last year, our campaigns have worked in locations including Albuquerque, NM and cities throughout Arkansas to improve healthy offerings in vending machines. They worked in Washington State to make physical education opportunities more available for children, and in Austin, Texas, to increase access to healthy foods.

Our grantees have also expanded the busiest greenway in the United States, helping economically challenged neighborhoods in need of alternative forms of transportation. And they are working to make walking and biking safe in every community. On the nation’s reservations, grantees are creating opportunities for a new generation of Native Americans to once again have access to healthy indigenous foods.

One of the most significant impacts our grantees have had on public health is the nationwide effort to reduce the consumption of sugary drinks – a significant contributor to rising rates of chronic diseases such as type 2 diabetes, heart disease and stroke. We saw movement across the country from advocates working to improve healthy beverage options, while paving the way for other communities to take action.

These are just some of the accomplishments of our grantees and collaborators this past year – real changes with real impacts that will truly make each day healthier for children and their families. Voices for Healthy Kids, in conjunction with our grantees, is proud of the role we play to improve health in communities throughout the United States. Whether you are a grantee or collaborator, a policymaker or someone who cares about the future of our nation, you should be proud as well.

NANCY BROWN
CEO, AMERICAN HEART ASSOCIATION
A VISION of EQUITY

VOICES FOR HEALTHY KIDS envisions a culture of health for all children. At the heart, our vision for equity is to ensure the “all children” aspect is achieved. To champion policy wins we must be strategic in our approach. There are many causes of health inequities, and a “one size fits all” policy approach does not effectively disrupt the roots of injustice that have historically contributed to disparate outcomes. A more effective approach is through Targeted Universalism. Universal policies and programs that aim to meet the needs of “all” often fall short and instead exacerbate inequality rather than reduce it. Creating policies that assume people share the same experiences and circumstances is problematic.

Targeted Universalism is considered a “blended approach” that first focuses on communities with the greatest need and then expands out to cover as many communities as possible. Targeted Universalism requires an organization to be proactive and goal-oriented, to identify obstacles faced by specific groups, and to tailor strategies that will address the unique challenges identified for each constituent. Voices for Healthy Kids is putting into practice a blended strategy and has already seen success - especially with the Healthy Food Financing Initiative in Ohio. First the team mapped the communities in Ohio who had the greatest need for access to healthy and affordable foods. As a result, two high-need populations were identified as the aging population and those from nontraditional partners spanning across many sectors. These new applicants had a unique set of assets and existing connections to priority populations across the country.

However, to consistently create policies that reflect Targeted Universalism there must also be an internal shift in the people doing the work. For many years the field of public health has worked to teach people to be culturally competent assuming incorrectly that one can act with a consummate knowledge of the values and beliefs of another culture. But instead of striving to be culturally competent we must shift towards cultural humility. Self-awareness and the willingness to evaluate our limitations truthfully, to recognize gaps in knowledge, and to be open to innovative ideas and information will enable us to craft policies and design campaigns that directly address the needs of the vulnerable. Cultural humility is more than a concept but is a way to analyze the root causes of inequities and create a broader, more inclusive view of the world. It allows us to make the connections between the underlying social constructs and the impact of policies. Creating policies that place people and principles first is a direct reflection of operationalizing cultural humility and Targeted Universalism.

As we envision our future work, we must view equity as our driver and not just a passenger we pick up at our final destination.

Because we believe that equity is a continuum, we are focused on the journey rather than the destination. We are keenly aware of the ever-important work that lies ahead and therefore Voices for Healthy Kids’ approach to success is to incorporate equity throughout the organization. Over the past year, working with our health equity consultants, We-Collab, we have completed an in-depth review of how equity is incorporated into the following areas: grant application process, grantee onboarding, messaging, training, and our own internal and external strategy.

A key tenant of our equity agenda is to ensure our policy wins involve a diverse group of grantees. As such, we have focused on ways to increase and diversify the applicant pool and to create space for new voices that may not have been traditionally funded by Voices for Healthy Kids. This year an invitation to apply for funding was extended to nontraditional partners spanning across many sectors.

Additionally, we have made a commitment to communicate the equity imperative by developing a communication strategy which focuses on both external and internal audiences. Externally, we have reinforced our web presence by regularly taking important stances through our social media channels such as blog posts and twitter town halls. Our strategy is to provide content to the field that is intentional and necessary to guide the larger movement.

Internally, we have created and piloted a health equity messaging guide to be used by Voices for Healthy Kids and our grantees. The guide provides a complete explanation on health equity and provides examples of how to discuss equity with different stakeholders – e.g., community members and decision makers. The language used by our grantees has an undeniable impact on how stakeholders understand and interpret the equity imperative. Additionally, we have provided an equity perspective to the American Heart Association’s National Media Core Team on the “Every child needs...” campaign.

It is often stated that the “arc of the moral universe is long, but it bends toward justice.” We have been working over the past year to ensure our work in service of healthy kids also bends towards justice. To do our best work and continue to be the voice of kids in our nation, we must ensure that at every step equity is front and center.
efforts around Measure M. Investing in Place was a critical leader on advocacy for Measure M campaign. Working with the American Heart Association, AARP and other community advocacy groups, Investing in Place became a powerful voice in the transportation investments strengthen communities in Los Angeles county, played a critical role within the Yes on Measure M campaign. Working with the American Heart Association, AARP and other community advocacy groups, Investing in Place played an important role in the ballot initiative. Increased walker and school safety as a result of successful passage of the gas tax extension was touted as one of eight key benefits, along with road maintenance and traffic management.

Erik Jansen, interim executive director of the Los Angeles County Bicycle Coalition, says that a coalition of walking, biking, transit, community and other groups, including Investing in Place, is working together to make sure that biking and walking improvement projects are implemented as promised under the initiative. It’s a role that many organizations are eagerly pursuing.

“Walking is one of the most accessible forms of exercise,” says Jansen. “Because the funding is population based, those dollars can range from tens of thousands to millions.”

Jansen says that community-based engagement not only includes having local stakeholders involved in the process, but, because many cities don’t have dedicated staff who have expertise in active transportation, also providing advice on projects and opportunities to leverage additional dollars.

The engagement is important because many communities in the county have never made significant investments in bike lanes, safe sidewalks and street crossings and Americans with Disabilities Act compliant infrastructure - elements that are fundamental to Complete Streets. These principals are centered on the belief that everyone, regardless of age, ability, income, race, or ethnicity, should have safe, comfortable and convenient access to community destinations and public places—whether walking, driving, bicycling or taking public transportation.

In addition, several communities are economically challenged and their residents have increased rates of chronic diseases often linked, in part, to a lack of physical activity. For youth, it’s a problem that is compounded by the fact that some schools don’t have physical education requirements.

“The roads belong to everyone, and should be safe for everyone,” says Jansen, who adds that the majority of serious walking and bicycle injuries occur where there has been a lack of investment in active transportation.

THANKS TO A VOTER-APPROVED BALLOT INITIATIVE, streets in southern Nevada cities such as Las Vegas—where the rate of pedestrian deaths outpaced those from HIV, breast cancer and influenza—will soon become safer for people walking and driving alike. The ballot initiative, which was approved in November of 2016, puts in place a 10-year extension of a fuel revenue index tax that took effect in 2013, and will raise roughly $3 billion over the life of the extension.

The impetus for passage of the extension, which was widely supported, was an expanding need to repair and rebuild many of the region’s streets and roads. By 2025, Clark County is expected to grow to 2.7 million people and will experience more than 53.1 million visitors traveling to Las Vegas. Part and parcel of the road and street transportation projects that will be funded under the fuel tax will be safer crosswalks, sidewalks, bicycle routes, lighting, and routes to school.

Ben Schmauss, the government relations director for American Heart and Stroke Association of Nevada, says that the fuel revenue index tax extension will make available approximately $119 million for Complete Streets projects and $43 million for Safe Routes to School projects.

“We want to make southern Nevada a safer place to move and be fit and the revenue raised from the tax will help us do that,” he says.

The American Heart Association of Nevada and others played an important role in the ballot initiative. Increased walker and school safety as a result of successful passage of the gas tax extension was touted as one of eight key benefits, along with road maintenance and traffic management.

Schmauss says they operated a mini-campaign on the health and safety benefits of Safe Routes and Complete Streets within the larger campaign advocating for passage of the tax extension. The campaign made extensive use of social media and other online channels to tout the benefits of passing the initiative. Several months prior to the election, Facebook and Twitter were used weekly, and eventually daily, to deliver positive messages about the initiative’s benefits to walkers, bicyclists, and health.

One of the tools the campaign employed was a toolkit prepared by Voices for Healthy Kids. It contained pre-crafted social-media messaging and images that focused on walking and bicycle safety. One of the images, which was used the day before the election, stated simply, “A safe place to walk is Why.”

“Voices for Healthy Kids’ toolkit was very helpful,” says Schmauss. “Basically, all we had to do was tweak it to fit our campaign.”
improvements in multiple locations in Las Vegas. Safe Routes to School projects will include a pedestrian striping and beacons project in association with the City of North Las Vegas School Safety Program as well as multiple projects in Las Vegas to provide safer school access and connectivity.


The voters of Salt Lake County approved a $90 million park bond in November 2016 that will provide county residents of all ages with new and improved opportunities to engage in health-enhancing recreational activities.

The measure, which includes $59 million for 11 new recreation developments, and $31 million for 45 separate maintenance and improvement projects at existing parks and facilities, will help to update and modernize recreation opportunities, including walking, biking and rolling trails in a variety of communities. Voters favored Proposition A by a margin of 56 percent to 44 percent.

In endorsing the Proposition, the Salt Lake Tribune, the state’s largest newspaper, noted that the funding measure would have buy-in from a diverse array of stakeholders in the region. “The money is spread to parks throughout the valley, and it’s spread throughout the ever-expanding spectrum of what county residents want to do for recreation,” the paper’s editorial board wrote.

One of the walking and biking trails that will be funded as a result of the successful referendum will be the $165 million White City/Sandy Trail, which will provide a paved trail for walking and biking along an abandoned canal that will connect to a number of other regional trails.

“Proposition A is a great step forward in creating more opportunities for bicycling, walking, and healthy lifestyles in general,” says Phil Samoff, executive director of Bike Utah, one of the proposition’s champions. “Along the Wasatch Front, safe places for bicycling and walking is often the most requested enhancements sought by citizens. Proposition A helps to create additional connections that will get us to an interconnected active transportation and recreation network.”

The health benefits of regular physical activity such as walking and bicycling are well known. The activities can reduce the risk of heart disease, stroke, diabetes and other chronic diseases. Regular exercise, made possible by the opportunities that trails and bike lanes create, not only benefit youth by helping them develop lifelong-healthy habits, they also benefit older adults through improved mental outlook and an increased chance of remaining independent longer.

As a result of the passage of Proposition A, more than one-million Utahans will have safe, local access to walking, biking and rolling trails in their communities” says Marc Watters, director of government relations with the American Heart Association in Utah. “Portions of the funds will also be set aside for the creation of ADA compliant swings, slides and other amenities to ensure that children and citizens of all ages and abilities are able to engage in healthy, wholesome recreational activities.”

Watters says that the Salt Lake County Council deserves special acknowledgement for prioritizing the projects and for ensuring that Salt Lake County citizens throughout the valley have access to state-of-the-art recreational amenities.

The new section of the Greenway will be built over pylons on the East River that originally supported a temporary roadway used while repairing the FDR Drive. Construction is expected to start in 2019, and it is scheduled to be opened in 2022.

Vitale says that New York City Council members prioritized funding for the project due to its overall public health benefits as well as neighborhood and safety benefits. When completed, it will give residents and workers of the East Side much needed access to active living opportunities. For example, despite its proximity to Central Park, East Harlem is isolated from parks and open space by busy roads and other barriers and is among the neighborhoods with the poorest outcomes when it comes to children’s health as well as premature death rates.

While advocates see the completion of this section of the Manhattan Greenway as a major step forward, they also view it as a beginning. They are already working on efforts to close two other gaps in order to help complete the loop.

“Bicycling has increased dramatically in New York City – which is great,” says Greg Mikhailovich, the director of grassroots advocacy for the American Heart Association in New York City, who was formerly with Transportation Alternatives, a New York-based, nonprofit walking and biking organization. “But the number one reason people consistently give for not bicycling in the city is not feeling safe riding in the street.”

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WHILE IT IS EASY TO GET PEOPLE TO AGREE that we want our children to be healthier, the real challenge comes with the "how." Recognizing that challenge, advocates with the Washington State’s Childhood Obesity Prevention Coalition have taken an incremental approach to help make an ironclad case for increased physical education standards in that state’s schools.

In Washington, where almost one in four children are at an increased risk of developing chronic diseases such as type 2 diabetes and heart disease, a lack of physical inactivity continues to be a serious health concern that negatively impacts children there. And while students in Grades 1-8 are required to have an average of at least one hundred instructional minutes of PE per week throughout the year, and high school students are required to complete one credit of physical education to graduate, those state requirements fall short of current national standards for physical education.

While physical education requirements in Washington are at least something that can be built on to further improve opportunities to help children grow up at a healthy weight, there are no statewide reporting requirements for the current physical education standards so it is impossible to know to what extent schools are complying with those standards.

Victor Colman, the director of the Childhood Obesity Prevention Coalition, says that the lack of information makes it challenging to make improvement in physical education standards. “Before we even get to the ‘what should be,’ we need to have a better understanding of the ‘what is,’” he says.

To create a better understanding of what is occurring in the schools in terms of physical education the coalition supported legislation in 2017 that will require, starting in the 2018-19 school year, schools to report annually on 10 key factors related to their physical education programs. Among the information that will be reported will be the number of individual students who complete a physical education class during the school year; the average number of minutes per week of physical education received by students in grades one through eight; the number of students granted waivers from physical education requirements; whether through policy or procedure, a school district routinely modifies and adapts its physical education curriculum for students with disabilities; and an indication of whether the district routinely excludes students from physical education classes for disciplinary reasons, and others.

“We’re trying to do two things,” says Coleman. “First, confirm our suspicions that the current standards are not being met, and then second, work to get PE standards up to national levels.”

The findings will also be critically important to help determine if there are significant equity gaps in the physical education opportunities across the state.

Colman says that when it comes to helping children achieve a healthy weight, schools are a natural venue because of how much time youth spend there. They are also a key to creating lifelong behavior changes.

“Ultimately, physical fitness and learning lifetime fitness skills will help to turn back the obesity epidemic ... we just need to be smarter and more intentional about our approach to health and fitness in the schools”
with better access to transportation choices that connect them to jobs, education, healthcare, and other daily needs throughout the city.

**AUSTIN, TX**

Voters in Austin, are creating safer streets for walking and bicycling through the passage of Proposition 1, a transportation bond, which includes $126 million for active transportation projects.

Supported by the “Move Austin Forward Campaign,” a diverse coalition including Bike Texas, Bike Austin, Walk Austin, Greater Austin Chamber of Commerce, The Austin American Statesman, Alliance for Public Transportation, ATX Safer Streets, American Heart Association, and many others, the funding will increase opportunities for physical activity by making neighborhoods safer and more accessible for walking, bicycling, and rolling. The bond will also aid in the implementation of Safe Routes to School programs.

**NEW YORK CITY, NY**

New York City made more progress this year in improving the quality of physical education in the city’s schools through increasing the number of PE teachers and through capital improvements!

An anonymous survey conducted by the American Heart Association in 2012 and released in 2013, along with an assessment conducted by New York City Comptroller Scott Stringer at the same time, made it clear that significant investment by the city was required to provide the staff, space, and other resources necessary to ensure access to physical education for every student.

After years of work from advocates, including the Phys Ed 4 All coalition, the city dedicated $30.63 million this year to ensure all schools have a certified PE teacher moving forward. Additionally, Mayor Bill de Blasio introduced the Universal PE Initiative to improve capital and ensure every school has PE infrastructure by 2021, which will cost $385M over the next four years. In the Fiscal Year 2018 budget, the city will spend $105.5 million in new capital funding to ensure students have access to physical education classes at the 76 schools currently without any space.

**TEXAS**

Texas is giving its students stronger PE standards to help increase physical activity! After a campaign from advocates at the Mission: Readiness, Texas Association for Health, Physical Education, Recreation, and Dance, and American Heart Association Texas, the state passed SB 1873 to enhance the existing School Health Survey, a required report administered by the Texas Education Agency to collect information from all school districts as it pertains to physical activity and education.

The bill provides clearly defined questions to be included in the survey on an annual basis, so that there is consistency in the data collected. This will allow the state, education and health stakeholders, and parents to assess the quality of physical education programs in schools. The information collected will be made available to the public within one year of collection.

**STANISLAUS AND MONTEREY COUNTIES, CA**

Stanislaus and Monterey Counties, CA made progress this year in increasing safe places for physical activity by passing measures to ensure hundreds of millions of dollars are invested in safer streets for walking and bicycling.

In Monterey County, several transportation ballot measures were passed that secured $40 million for safer walking and bicycling, this included $20 million for Safe Routes to School Projects. In Stanislaus, which has a population of 25,000, voters passed “Measure L” with 71% approval. Over a 25-year span, Measure L will provide $48 million for better bicycling and walking facilities support Safe Routes to Schools, and $480 million for local road repairs, maintenance, and safety.

Additionally, an estimated $20 will be used for projects that deliver safer bicycle and walking pathways in cities and unincorporated areas.

**CHARLOTTE, NC**

The 827,000 residents of the City of Charlotte will have increased opportunities for daily physical activity in a safer environment thanks to a transportation bond supported by advocate groups Sustain Charlotte, Transportation Choices Alliance, and the American Heart Association.

The approved bond provides more than $42 Million in pedestrian safety efforts, advancement of the Cross Charlotte Trail, a South End Pedestrian/Bicycle Connector, and upgrades to traffic signals and street improvements. The walking and bicycling improvements will provide people of all income levels to help prevent heart disease, diabetes, and strokes. TSPL0ST will provide additional transportation options and allow travelers in Atlanta to choose healthy and safe options.

**ATLANTA, GA**

Streets are the great connectors of any neighborhood. They don’t just lead communities from one place to another in cars; they bring people together on bike rides, morning jogs, and evening strolls. However, the opposite is true in some parts of Atlanta: streets are unsafe for people who walk, bike, or roll because there are so few bike lanes, sidewalks, curb ramps, or crosswalks. Thankfully, that is changing.

This year, voters approved TSPL0ST, which secured $166,790,304 from a 0.4% sales tax increase during the next five years for a variety of street, sidewalk and trail projects inside the city, including the Atlanta BeltLine and the Atlanta Bike Share program.

Creating safe, accessible routes for everyone gives people the option to incorporate more physical activity into their daily routines—which has proven

**PHYSICAL ACTIVITY**

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The junk food marketing law is designed to correct a real irony in that the foods that schools sell on campus are healthy but schools still market unhealthy products, which sends mixed messages to students,” says Brown, who points to the fact that students are often subjected to a bombardment of advertisements on campus such as coupons for free, unhealthy fast food. If AB 841 is enacted, schools will only be able to advertise foods they are allowed to sell on campus.

Both measures had broad public support with the primary opposition coming from major food and beverage companies that Brown says know the power of their marketing in the schools. “They know that if they can get kids used to eating unhealthy foods like chips or candy bars as snacks in 1st and 2nd grade, they will likely continue those snacking habits for the rest of their lives.”

“Schools are places of learning and should be safe havens where students go to prepare for their future as healthy and productive citizens,” says Assembly Member Shirley Weber, author of the legislation restricting junk food marketing. “[The legislation] helps ensure that schools are places were youth receive a consistent set of messages about healthy eating.”

While Austin is known throughout the nation for its restaurants and its burgeoning food scene, the lesser known side of the city is that it contains significant areas that lack access to healthy, affordable foods that is impacting the health of local residents. Nearly a quarter of Austin’s census areas were listed as urban “food deserts”—due to income levels of residents and the distance they live from stores that sell healthy foods. As a result, many residents have relied on less healthy foods sold at convenience stores, restaurants and corner stores.

Lack of access to healthy food is part of the reason the City of Austin reported that 21 percent of the people living in the Austin area are food insecure, a significant contributing factor for unhealthy weight in both children and adults. Overall, Texas has the eighth highest adult obesity rate in the nation, having risen to 33.7 percent, up from 21.7 percent in 2000 and from 10.7 percent in 1990.

Those facts led health and food advocates to work with the city to dedicate significant dollars to help improve access to healthy and affordable foods and thereby reduce some of the food insecurities residents are facing.

“In 2016, the city passed a resolution to establish a working group to help address food-access challenges,” says Christopher Walker, senior campaign director of advocacy for the American Heart Association in Austin. “That working group led to a recommendation that the city establish a healthy food financing initiative to help fund grocery stores, healthy corner stores and mobile markets.” Walker says that one of the early champions of the effort was city councilwoman Della Garza, whose district lacked a major grocery store and contained one of the city’s largest areas that lacked access to healthy foods. “She had long understood the problem her constituents faced, and we spoke to her about how a healthy food financing initiative could help address that problem. As a result, she became our biggest champion,” he says.
As a result, Austin’s 2017 budget dedicated $800,000 to help address food insecurity in the city. The dollars will be used to hire a food access coordinator, conduct a detailed food environment analysis, increase access to SNAP, and provide direct dollars to existing or planned retail food outlets.

Walker says that the most likely and effective use of the dollars is to open large grocery stores or retrofit existing stores to better meet the needs of residents residing in the areas that lack access to healthy foods. He also says that part of the overall effort to improve healthy eating in Austin is to also focus on the consumer.

“We need to target the demand side as well as the supply side. For example, we are exploring ways to make SNAP dollars go twice as far,” he says.

A signficant focus of the healthy eating initiative is to return to many of the traditions and values that were part of the tribe’s historic connection to food and the land. They are incorporating the Dakota language into the initiative (For example, “Wicazo” means good total health and wellness) and revitalizing indigenous foods, which were traditionlly lean, high in protein, and included a variety of fruits and vegetables.

Wild rice, an important indigenous food that is high in fiber, vitamins and minerals, will also be one of the focuses, and they are working with another Minnesota tribe to provide wild-harvested wild rice for the community’s elderly food program.

Hammer says that one of the tribe’s dreams, and goals, is to eventually establish their own bison herd as a key food source for the community. Having the herd would allow the tribe to create a local market for bison, once again establishing this important historical food source for Native Americans as part of the Lower Sioux Community’s diet.

“Providing accessibility to a traditional diet, and thereby coming full circle, is a big piece of this initiative that will have a significant impact on members of the Lower Sioux Community,” says Hammer.

The greenhouse will serve as a “farm to table” model for the students. Following the school’s existing educational model of incorporating Navajo culture and history into the curriculum, the student health project is engaged in multiple activities rooted in traditional Navajo foods. They are working with parents to teach them how to pack a weekly indigenous lunch. School meals are becoming more plant based and include foods such as three sisters’ salad – a traditional-based meal – blue corn mush, and traditional non-deep-fried fry bread.

A greenhouse is also in the process of being developed to teach the students how to grow their own foods, including such traditional staples such as corn, squash and beans.

THE CONCERNS OF LOWER SIOUX TRIBAL OFFICIALS in Minnesota over the health of their members, and especially their children, has resulted in the launching of a far-reaching effort to increase access to healthier and more traditional foods, and thereby help reduce some of the diet-related health impacts many tribal members are experiencing.

“We have three significant health disparities – diabetes, obesity-caused arthritis and high blood pressure. A majority of our elders has these conditions and we are now seeing it more in our children,” says Stacy Hammer, the tribal diabetes coordinator.

To start the process, the Lower Sioux Community established a health advisory committee consisting of eight members with diverse backgrounds and ages ranging from their 20s to 60s. The committee developed a series of ideas and recommended policy changes to improve access to healthier foods, including indigenous foods. That framework was approved by the tribal council and allowed for the development of a plan designed to improve health among all tribal members.

The plan includes offering financial incentives to food vendors, who participate in the annual pow-wow, to provide healthy options. They are also changing out vending machine offerings at the youth recreation center and in government offices to follow federal smart-snack guidelines.

In an effort to lead by example, normalize healthy eating and make the healthy choice the easy and natural choice, the tribe will also focus on establishing criteria for the types of foods served at community gatherings and events, with an emphasis on healthy, well-balanced meals.

“Providing accessibility to a traditional diet, and thereby coming full circle, is a big piece of this initiative that will have a significant impact on members of the Lower Sioux Community,” says Hammer.

Merrissa Johnson of the nonprofit organization Capacity Builders, which works to support the development needs of tribes, says that school officials and students are engaged in an effort to boost whole health at the school. “The students are away from their families and they need support,” says Johnson. “We want them to feel physically and mentally well, and so we are teaching them the skills to take care of themselves.”

Central to those skills is dorm wellness and healthy eating. The project’s focus includes stress management and teaching students how to cook healthy food and snacks in the dorms’ kitchenettes. To assist in that effort, the project is working with the school to purchase better electronics for the kitchenettes, such as hot plates and table-top ovens.

“We are working with the students to reduce microwave use and to reduce the consumption of foods high in fats and salts,” says Johnson. “We want to take the paradigm away of making easy meals, meals of convenience.

Following the school’s existing educational model of incorporating Navajo culture and history into the curriculum, the student health project is engaged in multiple activities rooted in traditional Navajo foods. They are working with parents to teach them how to pack a weekly indigenous lunch. School meals are becoming more plant based and include foods such as three sisters’ salad – a traditional-based meal – blue corn mush, and traditional non-deep-fried fry bread.

A greenhouse is also in the process of being developed to teach the students how to grow their own foods, including such traditional staples such as corn, squash and beans.

The mission and motto of the Navajo Preparatory School – Yideksaango Naal’aani – reflects the project’s overall goal. Translated, the motto means “Leaders Now and Into the Future.” A future of healthy, traditional eating brought on by tomorrow’s Navajo leaders.

A PROJECT ON THE NAVAJO NATION to turn students attending the Preparatory School in Farmington, New Mexico, into not only future college graduates but also future food leaders is making great strides.
ACCESS TO HEALTHY FOODS

ALABAMA

More than 1.8 million Alabamians, including nearly half-a-million children, live in areas with limited access to groceries and other fresh food retailers. Thankfully, that is changing with recent progress in funding the Alabama Healthy Food Financing Program.

In 2016, VOICES for Alabama’s Children led efforts to create the Alabama Healthy Food Financing Initiative Study Commission through Senate Joint Resolution 105. Under the leadership of Senator Bobby Singleton (D-Greensboro) and Senator Greg Reed (R-Jasper), the Alabama Legislature took unprecedented action to address the growing issue of food access. As a result, three successful meetings of the Study Commission, facilitated by Melanie Bridgeforth, VOICES for Alabama’s Children’s Executive Director and Co-Chair of the Study Commission, were held. The goal of the Study Commission was to determine a scan of best practices for Alabama’s Healthy Food Financing program, consult with retailers and other experts to identify potential grocery store and food retail projects, develop a pipeline of projects and report the findings and recommendations to the Alabama Legislature in 2017.

In 2017, as a result of Senator Singleton’s leadership, Alabama’s Healthy Food Financing Initiative (ALHFFI) received a commitment for an initial state investment of $300,000 to fund projects in communities across the state.

MASSACHUSETTS

In 2017, $100,000 was included and approved in the FY18 State Operating Budget to support the operating costs of implementing the Massachusetts Food Trust program, thanks to the work of advocates including the Massachusetts Public Health Association. This is the first time since the program was established in law in 2014 that the state will have both operating and capital dollars dedicated to the program at the same time, meaning the $100,000 appropriation can be used to help implement the program.

The funding will be used to meet the operating and administrative costs in order to get the Massachusetts Food Trust program up and running. The $1 million included in the Governor’s FY18 Capital Budget will be leveraged to provide the loans and grants to new and expanded healthy food retailers and local food enterprises in low and moderate-income communities across the state.

LOUISIANA

In 2017, Market Umbrella and Together Louisiana celebrated their second major victory for healthy food access in two years when Louisiana Governor John Bel Edwards signed House Bill 1, the state’s budget bill, into law. For the second successive year, the Governor and legislators included $1 million in the budget to fund the Healthy Food Retail Act, increasing the total amount allocated to date for the state’s fresh food financing initiative to $2 million. The funding is state-allocated Community Development Block Grant funds.

Funding under the Healthy Food Retail Act goes to attract grocery stores, farmers’ markets and other retail providers of fresh, healthy food toward low food-access areas throughout the state. With initial funding being put in place, the contract to begin implementing the program is currently underway; the program is expected to launch in late 2017.

MINNESOTA

Minnesota saw progress in helping residents gain access to healthier foods in 2017 when the Omnibus Agriculture Finance Bill was passed and signed into law by Governor Dayton. In the bill, the Good Food Access Program (GFAP) may receive up to $250,000 annually for the next two years.

Language in the bill specifically allows the Commissioner of Agriculture to use a portion of a flexible pot of funds for the GFAP. The Minnesota Dept. of Agriculture received over 50 applications for more than $1.5M during their first funding round for GFAP funding with just $150,000 available.

A diverse, multi-sector partnership including advocates from all around the state, including the American Heart Association, worked tirelessly to achieve this incremental win, and will continue working with policymakers to fully fund the program at $10 million per year. Good Food Access Program has been allocated $500,000 for the next biennium to provide grants, loans, and technical assistance to improve healthy food access in Minnesota.

NORTH CAROLINA

The North Carolina General Assembly included $250,000 in continued funding for the statewide Healthy Corner Store Initiative under its 2017 final state budget, bringing the total state investment over time to $500,000. The funding shows the legislature’s continued commitment to ensuring the accessibility and affordability of healthy food for all North Carolinians. The program, housed in the North Carolina Department of Agriculture and Consumer Services (NCDA&CS), was initially funded in 2016. NCDA&CS is in the process of placing refrigeration and shelving in small retail stores and connecting them with distributors to help them stock and sell local, healthy food. The continued funding will allow the program to reach other parts of the state.

Over the past few years, North Carolina Alliance for Health has led the healthy corner store campaign, with support from many organizations including the American Heart Association and Youth Empowered Solutions (YESI). This year, YESI partnered with eight groups across NC to engage in conversation and advocacy, provided adult and youth leader trainings, aided local teams in holding in-district meetings and community forums, and co-hosted, with the NC Alliance for Health, a statewide Advocacy Day involving more than 80 youth at the NC General Assembly.

OHIO

In 2017, The Healthy Food for Ohio (HFFO) program was allocated $200K in House Bill 49, the State of Ohio’s biennial budget bill. With Ohio facing a $1 billion deficit and a lack of legislative support for tax increases to address the revenue shortfall, a coalition- including the Finance Fund, The Food Trust, Ohio Grocers Association, American Diabetes Association, and American Heart Association - advocated and secured funding for this crucial program. Hundreds of organizations received massive cuts and elimination of programs within this budget cycle; yet, backed by a strong coalition, the members persevered to garner funding despite the prevailing financial scenario in Ohio.

One particular story resonated with legislators: the fact that Vinton County in Ohio has had no grocery store since 2013. With $2 million allocated in the previous state budget, funds were used to assist a local grocer to break ground for a family-owned grocery store in March of this year. Campbell’s Market is scheduled to open to coincide with the beginning of the 2017-18 school year.
Sometimes the greatest long-term impacts are the result of a single step that becomes the impetus for other changes. Health advocates in Arkansas found that to be true when in 2016 they were able to convince the City of Springfield to implement a healthy vending machine policy in city buildings and on city property.

That success, led to the cities of Fayetteville, Rogers, and Little Rock being approached in 2017 and asked if they would be willing to implement similar policies. Supported by the willingness of Springfield to implement the policy, the health advocates began with conversations with mayors and city managers.

They also engaged employee wellness committees and department managers and even provided employees with a sense of what healthy vending machine offerings would look and taste like by offering taste tests and gift baskets containing the healthy options that would be featured in the vending machines.

To further make the case as to why the vending machines should reflect federal health and sustainability guidelines, they did an assessment of the food and drinks currently offered in the machines. The assessment broke down the nutritional facts around the existing offerings and showed what items could stay and which ones had to go. The findings were eye-opening for mayors, city managers and employees alike.

“Our goal was to have mayors or city managers use their executive authority to implement the policy on their own, if possible,” says Matt Henry, community policy manager with the American Heart Association in Arkansas.

Fayetteville was the first to implement the policy, followed quickly by Rogers, whose mayor, according to Henry, was a former police officer who was “floored” by the level of unhealthy products found in the machines in that city’s police and fire departments.

They then moved to Little Rock, the state’s largest city, where a previous healthy vending machine initiative had failed. Working with a dozen department directors, doing outreach to city employees and continually providing information and encouragement to the city manager, the city finally agreed to implement the same policy the other Arkansas cities had approved.

Overall, the policies will directly or indirectly impact more than 300,000 Arkansas residents, including employees on the lower end of the economic spectrum, many of whom use vending machines as a source of lunch.

The momentum that started in Springdale and then spread to Little Rock and other cities in Arkansas, will likely spread further—not only in Arkansas, but the region and even nationally.

This is an important step in the right direction by giving people living in one of the unhealthiest states in the nation an opportunity to be healthier says Henry. “Obviously we want other cities to follow. But the point is to have a nationwide health impact and this is Arkansas’ part in helping that effort.”
It is estimated that one in three children born after the year 2000 will develop type 2 diabetes during his or her lifetime," says Dr. Dana WeissHaar, a board member with the Silicon Valley American Heart Association. “These are staggering facts. As a physician and as a parent, I thank the supervisors for placing public health first.”

In addition to eliminating sugary drinks from kids’ meals at restaurants in the county, the county board of supervisors also decided to lead by example, voting to support the adoption of a new policy to end the sale of sugary beverages in the cafeteria, café, and gift shop of the Santa Clara Valley Medical Center and all county-run health facilities.

PUTTING THE INTERESTS of youth and the long-term health of the community first, the Santa Clara County Board of Supervisors voted 4-0 to require only unsweetened milk and unsweetened water be offered as beverage options in restaurant children’s meals.

The action of the county board of supervisors, which took place in April 2017, followed a survey that showed that nearly one in seven children between the ages of two and 12 in Santa Clara County had consumed a sugary drink the previous day. Other survey findings showed that more than 55 percent of middle and high school students in the county reported drinking a sugary drink the previous day.

Studies have shown that for more than 30 years, children and adolescents in the United States have dramatically increased their consumption of sugary drinks, including soda, fruit drinks, punches and sports drinks. That increased consumption of sugary beverages has been linked to increased rates of obesity and disease.

In Santa Clara County, it’s estimated that approximately 25 percent of youth and 54 percent of adults are overweight or obese, with even higher rates among Hispanics and African-Americans. Over 70 percent of Hispanic adults in the county are overweight or obese and more than 55 percent of adults in county have been estimated to have diabetes or pre-diabetes.

“We need to reduce the health risk associated with these drinks – weight gain, obesity, type 2 diabetes and heart disease,” says Dr. Sara Cody, the Santa Clara County Public Health officer and director “The policy that the board of supervisors approved will help people make healthier beverage choices.”

A coalition of local organizations encouraged the county board to pass the ordinance. Included in the coalition was the American Heart Association-Silicon Valley Division, Santa Clara County Dental Society, FIRST 5 Santa Clara County and others. Members of the coalition provided comments or submitted letters acknowledging that sugary drinks are the single largest source of added sugars in the U.S. diet and are directly linked to an increased risk of disease.
**ST. PETERSBURG, FL**

In a commitment to the health and wellness of employees and citizens of St. Petersburg, Florida, Mayor Rick Kriseman signed 2016’s Administrative Order No. 1, in order to improve the nutrition of foods and beverages sold in vending machines on City-owned and operated facilities.

The standards require snacks to contain less than 200 calories (except fruit and nut mixes), lower sodium, no trans-fat, and reduced sugar. For beverages, 75% of offerings must include water, 100% fruit juice with no added sugars, fat-free or low-fat milk, and other beverages with less than 25 calories per serving. Calorie information will be displayed for both food and beverages, to help make the healthy choice the easy choice for employees and visitors to public property.

As well as the city’s 250,000 residents thanks to the efforts of local advocates Eat Smart Pinellas County, People for Youth, and the American Heart Association. The new policy passed in 2017 is the first to make food and beverages sold and served through vending machines, cafeterias, concession stands, and at meetings and events to meet nutrition guidelines. The policy helps ensure the city’s 134,000 residents have access to healthier foods and beverages while on public property.

**LOUISIANA**

In 2017, the state of Louisiana passed healthy vending and food service policy in February 2017.

The policy requires 100% of foods and beverages sold and served through vending machines, cafeterias, concession stands, and at meetings and events to meet nutrition guidelines. The policy helps ensure the city’s 134,000 residents have access to healthier foods and beverages while on public property.

**JACKSON, MS**

In 2017, Mayor Tony Yarber issued an executive order to make food offered in government buildings healthier for employees and visitors. As 60% of St. Louis adults are currently at an unhealthy weight, the new order demonstrates the city’s commitment to improving the health of all residents.

Executive Order No. 58 requires food and beverages in vending machines, cafeterias, concession stands, and food served to employees and guests at meetings and events to meet federal food service guidelines, which includes nutrition labeling, and pricing incentives—healthy foods will be priced 20% less per ounce than food that does not comply with nutrition standards.

**LOUISVILLE METRO, KY**

In 2017, Mayor Greg Fischer signed Executive Order No. 1, in order to increase healthier food and beverage offerings in vending machines on city property. The new policy aims to improve the health of residents, as two out of three Louisville residents are currently not at a healthy weight.

Louisville is emerging as leader of health and wellness, as demonstrated by its 2016 Robert Wood Johnson Foundation’s Culture of Health Prize and advocates, including the Louisville Urban League, American Cancer Society Cancer Action Network, Passport Health, Norton Healthcare, University of Louisville, and American Heart Association.

The new standards require at least 75% of vending machine items to meet the Louisville Metro Healthy Vending Guidelines, which includes a provision that all products will have 0 grams of trans fats and a sodium limit of no more than 230 mg. Additionally, calorie labeling must be prominent and the healthier items must be at eye-level for consumers.
SAVANNAH, GA

Savannah is working to make each day healthier through healthier food options on city property. Effective July 1, 2019, foods and beverages offered on city-owned building and facilities will be healthier, including vending machines, cafeterias, concession stands and meetings.

The policy requires nutrition labeling on items, and limits on calories, sodium, sugars, trans fat, as well as saturated fat. Additionally, at least 50% of beverages must be water, milk, or 100% juice.

MONTGOMERY COUNTY/PRINCE GEORGE’S COUNTY, MD

Montgomery County and Prince George’s County, passed legislation that expands healthy snacks and drinks offered in county vending machines, supported by Sugar Free Kids Maryland. At least 50 percent of items in machines will be required to meet AHA recommended nutrition standards for sugar, saturated fat, calories and other measures; all foods will also need to meet sodium and trans-fat standards; and every drink machine will offer bottled water. The legislation will be enacted for any vending machine service contract entered into on or after July 1, 2017.

For the next two years, 50 percent of snacks in machines on county property need to meet American Heart Association recommended nutrition standards for sugar, saturated fat, calories, and other measures. Subsequently, the percentage of healthy food and drink offered will be required to increase to 65 percent. All food items will need to meet sodium and trans-fat standards.
The resolution also requires that calorie content be displayed on foods so purchasers have a better sense of what they are buying, that no foods can contain trans fat, and that all products contain less than 230 milligrams of sodium per serving.

“The American Heart Association supported improved access to healthier options through nutrition standards for foods and beverages in government facilities throughout Albuquerque because it will help make the healthy choice the easy choice by creating a healthier environment for government employees, visitors and participants in government programs,” says Poqueen Rivera, New Mexico government relations director for the American Heart Association.

Advocates implemented a grassroots outreach program in which supporters of the healthy vending options were contacted at each step in the process and asked to reach out to city council members and the mayor urging their support for the resolution. They also circulated a public petition in support of the healthy vending changes, provided research showing the benefits of a healthy vending policy, and secured the support of employees and two champions on the city council who helped move the resolution through the council process.

One of the key factors that helped gain support for the resolution was its positive influence on the health of local residents and visitors from throughout New Mexico. Diet-related diseases, such as diabetes, stroke and cardiovascular disease, have a $324 million impact each year in New Mexico on health care costs.

The resolution was approved unanimously by the council and was enacted in August of 2016. It requires food and beverages sold in vending machines in city buildings and on city property to be consistent with standards developed by the General Services Administration. It not only applies to city buildings, but also parks and recreation facilities in Albuquerque.

The resolution also requires that calorie content be displayed on foods so purchasers have a better sense of to improve healthy eating opportunities throughout the region. To date, there are now four cities and one county in California to adopt similar healthy kids’ choice ordinances and campaigns are currently ongoing in additional cities, including Modesto, Long Beach and Riverside.

That momentum is critical from the standpoint of public health in the state. An estimated 40 percent of Perris youth and adolescents are obese, which leads to increased incidences of diabetes, heart disease, high blood pressure and high cholesterol. More than half of Californians—55 percent—have pre-diabetes or diabetes, while 69 percent are overweight and at a higher risk of developing diabetes in the future.

Mata says the long-term impact of changes will be huge. “I grew up eating fast food. I spent every chance I had asking for a fast food kids’ meal that always came with some sort of sugary drink. To see that as a community, children will grow up to be much healthier adults and provided with the skills to make smart eating choices as adults will be immense.”

Others agree. “Empty calories from sugary drinks increase everybody’s risk of obesity and diabetes, kids and adults included. Now families can get healthier drink choices, and that really makes a big difference,” says said Dr. Cameron Kaiser, a supporter of the ordinance.

Mata credits Voices for Healthy Kids with providing key support for the healthy drinks movement in southern California.

“Voices for Healthy Kids has been a great in providing aerial support for all of our work—from tools to connections to funding. Their support has helped bring our work to a new level,” he says.

**CHOICES AND HABITS** are established at a young age and nowhere can that have a greater impact on the long-term health of the individual than with the food children eat. Recognizing that fact, southern California health leaders combined with the City of Perris to require that healthy drinks be the default beverage served with kids’ meals at restaurants, making the community the first to do so in southern California.

The ordinance, which was approved unanimously by the Perris City Council in March of 2017, requires restaurants to make 100-percent juice, water or milk the “default” beverages in kids’ meals sold at restaurants in the community. The impetus for the ordinance was to create an effective tool to reduce obesity, diabetes, high blood pressure and high cholesterol in children caused by sugary drinks, which pose major health risks to thousands of children in the community and county.

“Perris was a good fit for this effort because they have been striving to make healthy changes to the city,” says Alfred Mata, public health advocate program manager for the non-profit agency Public Health Advocates. “As a result, there was consensus and buy-in from the council and city staff from the beginning. It ended up being unanimous.”

Mata says that the ordinance has served as a spark in southern California, creating renewed interest and desire.
Voices for Healthy Kids is fully committed to health equity and has made important strides into integrating equity as a core aspect of the work we do to improve the health of children. Looking to next year, there are key steps we plan to take that will deepen the impact of our commitment.

To effectively incorporate equity across our work, we must ensure that all levels of our initiative understand the concepts of equity, speak the language, know how to implement it, and most importantly believe that it is the path forward to a healthier country. Progress is only made when the entire organization is devoid of blind spots and all travel the journey together. Equity is not just the responsibility of an individual who holds the word in their title; instead it is something that is ingrained in the fabric of everything that we do.

A better understanding of how to implement equity will allow us to rethink how new strategies can be integrated into our work streams. The idea that an equity checklist will be sufficient is not enough. Instead, it is a continuum that should be ingrained in every decision, action, and product. In that vein, our metrics will reflect the wins along the continuum of equity instead of measuring one-time completions. Our work is never done.

In the next year, we plan to continue efforts to increase the effectiveness of our health equity field consultation. We will offer increased access to our grantees for technical assistance to operationalize their health equity work. Technical assistance will range from executive coaching to coalition reviews. Each organization has unique needs, and so we will work to provide tailored solutions. Additionally, there are many grantees that are “getting it right,” and they have unique success stories that need to be shared. Voices for Healthy Kids will create case studies that demonstrate what works and what healthy equity progress and success can look like by providing grantee organizations real-life examples of how to implement what some consider a vague concept. These cases studies will be a powerful tool that will allow us to share success stories and highlight lessons learned from the field.

Lastly, in the coming year we will continue to work on developing and updating health equity messaging. In a changing landscape, the manner in which we talk about equity should be fluid enough to adapt to the situation. Voices for Healthy Kids will work on ensuring grantees have the latest thinking on how to communicate the equity imperative. We look forward to growing our commitment to health equity as an initiative and will continue do the important work of decreasing the health gap.

Collaboration is essential for progress. We are connecting with more than 140 diverse national organizations to ensure that the places where children live, learn, and play make it easy and enjoyable for them to eat healthy foods and be active.

Thank you to this network, our allies, and our strategic advisory committee for their expertise, guidance, campaign support, and diversifying reach to meet populations impacted by the greatest health disparities and positively impact all communities.

Collectively, we can continue to improve the lives of countless American children by providing them with opportunities to eat healthier and engage in increased physical activity, and thereby putting them on a path to good health.
ARE YOU READY TO ADD YOUR VOICE AND MAKE LASTING CHANGE IN YOUR COMMUNITY?

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