

History of the Robert Wood Johnson Foundation's Active Living Research Program

Origins and Strategy

C. Tracy Orleans, PhD, Laura C. Leviton, PhD, Kathryn A. Thomas, MJ, Terry L. Bazzarre, PhD, Jamie B. Bussel, MPH, Dwayne Proctor, PhD, Celeste M. Torio, PhD, Stephanie M. Weiss, ScM

Introduction

This paper explains the origins and strategy of the Active Living Research (ALR) program from the perspective of the Robert Wood Johnson Foundation (RWJF). It describes events within the field and the RWJF that shaped the design of the ALR program and the vision for the role it could play in improving population levels of physical activity, both as an independent RWJF national program and as part of a larger portfolio of RWJF grants and programs. It describes how the RWJF's tobacco control-funding experiences shaped the design of the ALR program and the larger translational portfolio of active living programs needed to translate research findings into practice and policy change. The key elements of the original ALR program are briefly described, with reference to the RWJF's national program model and the role of communications and program evaluation. It concludes by noting key lessons learned from ALR and related active living grants and programs in the RWJF's current efforts to reverse the rise in childhood obesity by 2015.

Other papers¹⁻³ in this supplement to the *American Journal of Preventive Medicine* describe the structure and implementation of the ALR national program during its first 6 years and the results of two evaluations to assess its contributions to the field and to generate recommendations for a renewal to evaluate policy and environmental changes with strong potential to prevent childhood obesity.

Looking Back: The History and Origins of the ALR Program

The development of the RWJF's ALR program dates back to 1999–2000, when 60% of U.S. adults were inactive or underactive, and nearly half of America's youth were not vigorously active on a regular basis in the face of rapid and dramatic increases in the prevalence of adult and childhood obesity and diabetes.⁴ At

the same time, there was new evidence of the importance of physical activity for the nation's health, and that accumulating even 30 minutes a day of moderate *lifestyle activity* (which increasingly has come to be known as *active living*) is beneficial. Activities such as walking, biking, or taking the stairs instead of the elevator could bring important health benefits across the lifespan and are much easier for most Americans to achieve than three weekly bouts of vigorous exercise.⁵ The following scientific and societal developments provided strong justification for the development of the ALR initiative to guide meaningful population shifts in physical activity:

- compelling estimates that combined sedentary lifestyle and unhealthy diet were responsible for 300,000 premature deaths each year in the U.S., second only to tobacco use⁶; stable trends during the 1990s showing little or no improvement in the percentage of Americans who were getting recommended levels of physical activity, with some measures worsening^{7,8}; mounting evidence for the limitations of individually-oriented and educational approaches on their own to increase population-wide physical activity levels, and growing interest in identifying the policy and environmental interventions needed to facilitate, support, and sustain broad and lasting behavior change^{4,9,10}; a major paradigm shift in the field of health behavior change, away from individual-level interventions toward environmentally-focused ecologic models of health promotion that encompass multiple determinants of population health, from intrapersonal and interpersonal factors, to organizational and community supports, to macro-level policy and environmental influences.^{9,11,12} This shift was propelled especially by evidence from tobacco-control research (much of it funded by the RWJF) showing that public health policy and environmental changes (e.g., tobacco-tax increases, clean indoor-air laws) were more powerful interventions for population-wide behavior change than those requiring active decision making by individuals^{13,14};
- emerging findings by urban planning and transportation researchers that community design and the

From the Robert Wood Johnson Foundation, Princeton, New Jersey
Address correspondence and reprint requests to: C. Tracy Orleans, PhD, Robert Wood Johnson Foundation, College Road East, Princeton NJ 08543. E-mail: torlean@rwjf.org.

built environment had pervasive effects on everyday physical activity, and, specifically, that people walked and cycled more in neighborhoods with traditional designs (densely populated neighborhoods with housing, work, and shopping in close proximity; high street-connectivity; and adequate access to safe places to walk, bike, and be physically active)¹⁴; and

- the rise of Smart Growth, New Urbanism, and other community-design movements advocating for changes in land use, community design, and transportation policy that would have the effect of making U.S. communities more walkable and bikeable.¹⁵

These were movements that could be strengthened by evidence of the relationship of built environments to physical activity and leveraged to help spread the adoption of evidence-based policy and environmental strategies for promoting physical activity.

A number of developments within the RWJF also influenced the development of ALR. Perhaps the most influential was RWJF's strategic long-term investment in a portfolio of tobacco-control grants and programs. This investment began with the Tobacco Policy Research and Evaluation Program (funded from 1992 to 1994), which evolved into the Substance Abuse Policy Research Program (funded from 1994 to 2010).¹⁶ These initiatives were designed to (1) fill a void in investigator-initiated tobacco-control and substance abuse-prevention policy and environmental research, (2) build a diverse and transdisciplinary field of policy researchers, and (3) communicate findings effectively in order to inform critical policy debates in the fields of tobacco control and substance-use prevention. These policy-research programs funded many seminal studies, including the first to show that higher tobacco prices reduced smoking initiation and promoted quitting among teens and adults, that clean indoor-air laws did not harm bar and restaurant revenues, and that expanded cessation-treatment benefits increased population treatment use and quit rates.^{16,17}

These two tobacco policy-research programs were the first in what was to become a large portfolio of RWJF tobacco-policy research and evaluation investments, including other national programs such as Bridging the Gap (which originally addressed tobacco-control and substance abuse-prevention issues) and Addressing Tobacco in Managed Care.^{16,17} However, it was clear that to achieve real progress in tobacco-use prevention and cessation, the RWJF needed not only to fund research to identify what worked to reduce tobacco use and preventable tobacco-caused death and disease, but also to fund parallel initiatives to translate these findings into practice, policy. Therefore, the RWJF's tobacco-control portfolio was systematically expanded to provide funding and technical assistance for a number of advocacy-driven, policy-focused tobacco-control initia-

tives in states and communities (e.g., SmokeLess States, Tobacco Policy Change, the National Tobacco Control Technical Assistance Consortium); national-level policy advocacy (the Center for Tobacco-Free Kids); grass-roots leadership development (Voices in the Debate); and strategic media outreach and communications to keep tobacco use visible to the public and framed as a serious problem as well as to build demand and support for evidence-based prevention and cessation policies.^{16,17} From 1992 to 2002, the RWJF invested approximately \$500 million in a comprehensive portfolio of tobacco-control initiatives.¹⁵

Collaborations and partnerships with other funders were critical to the impact of the RWJF's tobacco-control efforts. Key partners included several NIH agencies, the CDC, and the American Legacy Foundation, as well as health advocacy organizations and publicly supported charities such as the American Medical Association and American Cancer Society who, unlike government agencies and private foundations, are legally permitted to lobby for specific legislation.

The success of RWJF's tobacco-control/substance-abuse prevention portfolio increased interest in addressing other major behavioral determinants of health, especially physical activity. Senior staff at the RWJF recruited leading health promotion researchers and funders to identify the most promising directions for population-based behavior change. Policy and environmental strategies to increase physical activity emerged as having especially great potential.^{4,9} In 1999, Michael McGinnis was recruited as senior vice president to help the RWJF transition from a primary focus on healthcare services to one giving equal importance to behavioral and public health strategies. He saw investing in creative research and policy leadership to promote physical activity as an especially important opportunity for RWJF to make a lasting contribution to the nation's health. To address this need and other challenges related to improving Americans' healthy behavior, the Health and Behavior Team was formed, with a major focus on policy and environmental approaches to promoting population-wide physical activity, applying strategies similar to those used to achieve tobacco-control breakthroughs.^{18,19}

The aims of the Health and Behavior Team included working in partnership with other funders to build and legitimize a new field of policy-focused physical activity promotion and balancing research to discover what works with the action, leadership, and advocacy programs needed to translate effective solutions into practice and policy. The team focused on two physical activity strategies: creating activity-friendly communities and environments for all Americans by focusing on policy and environmental change, and increasing the activity levels of the nation's growing number of Baby Boomers by spreading the adoption of proven behavior-change programs. To expand the investments by other

major funders in policy- and environmental-change strategies, which were then quite limited, the RWJF focused the majority of funding on the first goal. Because the lack of data on the relationship between environments and policies to physical activity was a clear barrier to effective action and advocacy, building an evidence base became the team's first priority. Thus, just as the Tobacco Policy Research and Evaluation program was the first plank in the RWJF's larger tobacco-control efforts, so the ALR program became the platform on which the larger active living portfolio was built.

The ALR Program and the Active Living Portfolio

The ALR program was launched in 2001 after almost 2 years of planning. During those 2 years, the ALR program-development group at RWJF (Terry Bazzarre, Jamie Bussel, Karen Gerlach, Marla Hollander, Kate Kraft, Michael McGinnis, and Tracy Orleans) convened and interviewed leading behavioral, physical activity, urban planning, public health, and transportation funders and researchers in the U.S. and other countries to identify the most pressing needs and promising directions for a research program that could identify, test, and communicate creative policy approaches for increasing active living. *Active living* was defined as a way of life that integrates physical activity into everyday routines encompassing both leisure-time physical activity and walking and biking for transportation purposes.²⁰

Other funders confirmed the need for such a new field of policy and environmental physical activity research and noted that the RWJF was one of the few institutions with the resources and independence to take the lead, building on the CDC's new multidisciplinary Active Community Environments program and supplementing nascent policy-research efforts within the NIH.^{21,22} The RWJF also was seen as having the unique capacity to combine a research program with action and advocacy initiatives designed to translate research results into policy and practice. Researchers and research end-users from varied fields (e.g., architecture, economics, law, physical activity, public health, sociology, transportation, urban planning) were consulted and convened for their recommendations. These advisors (who included David Altman, Adrian Bauman, Ross Brownson, David Buchner, Frank Chaloupka, Don Chen, Andres Duany, Andrea Dunn, Reid Ewing, Larry Frank, John Hoyt, Abby King, Elizabeth Plater-Zyberk, Ken Powell, Michael Pratt, Jim Sallis, Jose Szapocznik, and Harriet Tregoning—among many others) stressed the need to fund transdisciplinary research teams that could integrate the perspectives of researchers working within and across multiple fields and sectors (e.g., planning, transportation, public health, law, education).¹

The ALR program was modeled after the RWJF's Substance Abuse Policy Research Program and included features common to the national program models on which the RWJF has relied since its inception in 1972 to manage its grantmaking. As such, it included the following core actions characteristic of RWJF national programs²³:

1. RWJF program staff team up with national experts to design a program to strategically address a problem of national scope;
2. The RWJF establishes a national program office (NPO) led by a director and deputy director to organize and manage grantee-selection processes and provide vital leadership to grantees and the field;
3. RWJF program officers and NPO staff collaboratively draft one or more calls for proposals (CFPs);
4. Grantees are selected through competitive proposal reviews, site visits, or both by a national advisory committee of experts that makes funding recommendations to the RWJF;
5. The NPO monitors and provides technical assistance and direction to grantees, program sites, and the field, and hosts grantee and other meetings to facilitate collaboration and information-sharing as well as partnership with other organizations;
6. Information about the program and its results are disseminated to key audiences through strategic communications activities led by RWJF- and NPO-based communications staff; and
7. Formal external program evaluations are conducted independent of the RWJF research and program staff responsible for program management, the NPO, and the sites funded under the program to assess program accomplishments, strengths, and weaknesses and to help the RWJF and the field learn from national program results and plan future investments. Most program evaluations are conducted at the end of a major program to assess overall impact, and/or prior to a planned program renewal to determine whether a renewal is warranted and how best to focus new program efforts if it is.

In the case of ALR, the aims of the program were established with wide input from other funders (including the CDC and the NIH) and many research and public health leaders. These reviews confirmed that the Substance Abuse Policy Research Program provided a promising and appropriate model for a parallel ALR program, namely (1) to establish a strong research base regarding the policy and environmental correlates and determinants of physical activity for Americans of all ages, from children to older adults, with some focus as well on the highest-risk groups, including those in low-income and racial/ethnic minority populations; (2) to help build a transdisciplinary field of physical activity and environmental policy research and a vi-

brant community of researchers; and (3) to facilitate the use of research to inform policy action and public health advocacy.

Jim Sallis was recruited as program director through a formal search process, and Leslie Linton soon joined him as deputy director. The NPO was established at San Diego State University (SDSU) in 2001, with \$12.5 million authorized for investigator-initiated research and with provision for additional funding (totalling \$6.1 million over the 6-year period from 2001 to 2006) to support the NPO's program-management and field-building activities. A multidisciplinary, cross-sector national advisory committee was formed, chaired by Robert Cervero, a leading urban planning and transportation researcher. The NPO, the National Advisory Committee, and RWJF program staff developed the research priorities that guided seven CFPs and specific solicitations over the next 6 years. The paper by Sallis and colleagues¹ in this supplement describes the research agenda or plan that guided the sequence and content of these CFPs and related solicitations (e.g., diversity-partnership grants), with overviews of the topics of the 121 grants awarded, the program's efforts to create a strong diverse and multidisciplinary network of researchers, and the many forms of leadership that the NPO provided for its grantees and for the field. The program evolved over time with a broader NPO staff and a new deputy director, Carmen Cutter—named in 2006—and the RWJF team responsible for ALR staff grew to include Jim Marks, Dwayne Proctor, Kathryn Thomas, Celeste Torio, and Stephanie Weiss.

While there was no formal master plan for the development of a broader active living portfolio, there was a clear strategy at work, modeled after the RWJF's tobacco-control portfolio. This strategy was to fund a suite of interrelated grants and programs that, working together, could both build an evidence base and support the demonstrations and advocacy needed to translate this evidence base into action. Within a year of funding ALR, the Health and Behavior team launched five additional active living programs, resulting in a total active living investment of >\$80 million, as outlined by McGrath²⁴:

- The **Active Living Network** (based at Pyramid Communications in Seattle WA) supplied information and technical assistance to professionals in the different disciplines collaborating in the emerging active living movement (e.g., architects, landscape architects, transportation engineers, urban planners, bicycle and pedestrian advocates). Its mission was to build a national coalition of leaders committed to designing active, healthy communities.
- The **Active Living Resource Center** (housed within the National Center for Bicycling and Walking in Washington DC) was created to supply information and technical resources to grassroots community

groups working to encourage walking and bicycling across the country.

- The **Active Living by Design** national program (with an NPO based at the University of North Carolina School of Public Health and now expanded to focus on childhood-obesity prevention and renamed Healthy Kids, Healthy Communities) was designed to identify and test promising policy and environmental interventions through 25 demonstration projects in diverse communities that could serve as models for other communities.
- The **Active Living Leadership** program (initially located in close proximity to the ALR NPO at SDSU and now expanded to cover issues related both to active living and healthy eating and relocated in Washington DC with the new name Leadership for Healthy Communities) was designed to provide expertise and technical support to groups representing appointed and elected officials (e.g., the National Conference of State Legislators, National Governors Association, the Local Government Commission). Its mission was to inform and enlist policymakers in efforts to spread the adoption of policy and environmental changes that would improve population-wide physical activity levels.
- The **Active for Life** program (based at Texas A&M University) was a translational program designed to test and apply evidence-based behavior-change programs for increasing activity levels among adults aged ≥ 50 years in more representative "real-world" populations than those on whom the programs were originally tested.

The vision behind this portfolio of programs was to identify policy and environmental solutions that could help to re-engineer physical activity back into everyday life for all Americans, in sociodemographically and geographically diverse communities and populations.

As with other team-based RWJF initiatives, both the ALR program and the larger portfolio of active living grants and programs of which it was a part were supported by communications staff that facilitated the flow of information among the programs and between the programs and multiple audiences, including specific professional groups and the mass media. Toward the end of the initial 6 years of ALR, the program was evaluated for what it had accomplished. The evaluation was conducted in 2006, at a time when only 16% of ALR grants had been completed, because the program was approaching the end of its initial authorization and would have to be renewed (and refocused) in order to continue. For both the communications effort and the evaluation, it was difficult to separate the effects of the individual program and the larger portfolio designed to help disseminate its results. This was especially the case with respect to Active Living Leadership, whose aims included communicating ALR findings to policymakers.

The Role of Communications

As described above and in this supplement,¹ the ultimate goal of the ALR program was to develop an evidence base that could be used to guide decisions about programs and policies having the potential to increase everyday lifestyle physical activity at the population level. This required both that the research address the information needs of public health practitioners and policymakers and that the findings were effectively and rapidly communicated to key stakeholders and decision makers.

Communications support for the ALR program has been central to achieving its overarching goal and each of its three programmatic aims: (1) establishing a strong evidence base, (2) building a vibrant transdisciplinary field and network of researchers, and (3) facilitating the use of research to inform action and public health advocacy. As outlined below, the RWJF communications staff, along with consultants from firms that provide communications support to the RWJF and other nonprofit organizations, have worked closely with the NPO to help identify and communicate research priorities, to foster productive communication and interactions within the growing multidisciplinary network of ALR-funded investigators, and to translate and disseminate results from this network to research end-users.

Funding research. One of the RWJF's and the NPO's primary objectives for ALR has been funding research to identify environmental factors and policies with the potential to substantially increase population levels of physical activity among all Americans and within a variety of specific high-risk populations (e.g., older adults, low-income families, children in populations and communities with the highest rates of childhood obesity). RWJF communications staff and consultants have helped to clarify the specific types of research most needed to guide policy action, to draft clear CFPs, and to identify CFP distribution channels that would reach researchers in the multiple disciplines and sectors targeted by ALR. For instance, the communications strategy has included surveying leaders and advocates working in the field to promote active living to learn about their research needs and working with the Active Living Network and Leadership for Healthy Communities programs to build communications networks that would help ensure high relevance and applicability of research results.

The program's communications strategy has included building a strong identity, or brand, not only for the ALR program but also for the RWJF's entire portfolio of active living programs, using coordinated messages to communicate how the various programs work together and allowing each program to benefit from the work and influence of the others.²² Key messages

defined active living as a way of life that integrates physical activity into daily routines. The messages focus on promoting physical activity at the population level through the built environment—neighborhoods, transportation systems, buildings, parks, and open space—and policies that provide opportunities for physical activity in schools and communities. In the research arena, the “active living” tagline, or brand, has come to serve as an umbrella for findings from a wide range of research fields and helps to connect the findings to the shared goal of creating more activity-friendly communities and improving people's health. ALR's identity continues to lend credibility to its grantees and to help communicate its unique contributions to the evidence base and to the field.

Growing the field. Communications have been integral to ALR's second objective as well: to build a vibrant and diverse transdisciplinary field of researchers working productively across disciplinary boundaries (e.g., public health, behavioral and exercise science, urban planning, parks and recreation, landscape architecture, transportation, law enforcement, education, economics).²⁵ Communications and NPO staff designed annual meetings, conferences, seminars, and brainstorming sessions to enhance opportunities for cross-disciplinary and cross-sector dialogue and to generate needed cross-cutting conceptual models and vocabularies.²⁰

Translating from research to policy and practice. Preparing and disseminating action-oriented communications products to help policymakers, practitioners, and public health advocates apply research results was a communications priority. Beyond peer-reviewed publications, most ALR grantees had limited experience communicating with the media, policymakers, and other research end-users. RWJF communications staff and consultants teamed up with NPO staff to offer grantees help in replying to media inquiries and presenting their findings effectively to elected officials, community groups, and advocates. As a recent example, in preparation for a Congressional briefing in May 2008, staff and consultants with expertise in communications and policy helped ALR investigators develop key messages based on their research findings. A focus on using research to inform the public and policy debate on childhood obesity and physical activity is stressed during all program meetings with grantees. Communications workshops were conducted at annual meetings to explain the need to avoid lobbying for specific legislation or regulations while using RWJF funds in keeping with federal tax laws that do not permit private foundations to lobby for specific legislation.

Communications staff contributed to developing the interactive ALR program website and to developing and disseminating short research summaries (e.g., Designing for Active Recreation, Designing for Active

Transportation) and briefs (e.g., Active Education: Physical Education, Physical Activity and Academic Performance [Active Education]). As of June 2007, over 17,000 hard copies of the program's research summaries had been distributed, with about 2800 additional copies downloaded via the program's website since November 2007 (when the website's download tracking system was launched).

Among policymakers, ALR summaries and briefs are widely viewed as providing credible and understandable information regarding active living, according to feedback from elected officials and advocacy groups. The 2007 Active Education research brief, which provided policymakers with timely information about the relationship between regular physical activity and improved academic performance, was promoted in both the U.S. Senate and House of Representatives and received substantial attention from decision makers in a number of states. In early 2008, Representative Ron Kind (D-Wisconsin) incorporated information from the brief in his Fitness Integrated with Teaching (FIT) Kids Act, which he introduced with representatives Zach Wamp (R-Tennessee) and Jay Inslee (D-Washington State).

By reaching out to policymakers, advocates, community leaders, the media, and other key audiences, the program has striven to accelerate the usual decade-long research-to-practice translation process. The ALR communications team regularly works with print, radio, and television outlets to promote grantee findings and to help grantees prepare and submit op-ed articles and letters to the editor. Establishing relationships with reporters who are interested in active living has helped NPO leaders enhance their credibility and influence as experts in the field. For example, the obesity epidemic continues to garner substantial media attention, and reporters regularly seek out ALR program director Jim Sallis for his insights on the how the built environment influences the health of children and adults. During the past few years, media coverage for the ALR program, its director, and its investigators has included *Time*, *Sports Illustrated*, *The Washington Post*, *The New York Times*, *The Wall Street Journal*, the *Los Angeles Times*, *USA Today*, *The Seattle Times*, multiple wire services, ABC TV news (national), and numerous local radio and television interviews.

In sum, and as described in more detail by Sallis et al.,¹ these and numerous other communications activities have helped ALR inform the public and policy debates on active living and obesity, including:

- commissioning papers for academic journals to encourage further research on a specific topic;
- sponsoring journal supplements and special issues featuring its grantees' work and organizing symposia featuring its funded research;

- proactively engaging with policymakers through policy briefings and conferences; and
- providing training and support to help improve grantees' comfort and skill in contributing to policy debates.

General program support. Effective communications has helped ALR establish a strong program brand, facilitate communications across diverse disciplines, and generate interest in its findings among researchers, policymakers, practitioners, and the media. As described by Ottoson et al.³ and Gutman et al.,² there is evidence to suggest that ALR's communications strategy is working (1) to raise awareness of the importance of policy and environmental strategies for increasing physical activity at the population level, and, more recently, for reversing the rise in childhood obesity, especially in high-risk populations and communities; and (2) to provide insight about the physical and social-environmental inequities contributing to disparities in physical activity levels and the prevalence of childhood obesity. For example, studies funded by ALR have linked specific local, state, and national policies to the lack of (or increased) opportunities for physical activity and also have identified promising intervention strategies and programs for preventing obesity, especially Safe Routes to Schools programs and the altering of community- and street-scale design to facilitate walking and biking.²⁴ Based on the findings and recommendations of the program evaluation,^{2,3} future communications efforts will work to strengthen the interactive communications process between researchers and research end-users to clarify up-front the questions for which policymakers and public health leaders most need answers and to expand the NPO's use of creative methods for disseminating research results.

The Role of Program Evaluation

The RWJF routinely evaluates its large national programs and initiatives such as ALR and has about 30 evaluations in the field in any given year. While the chief audiences for RWJF program evaluations are the RWJF and external program staff, evaluation findings and reports often have impact through the learning they provide to the fields of health and health care.^{26,27} Accountability is another key goal, given the RWJF's increasing emphasis on setting and meeting specific goals and benchmarks. Both for learning and accountability, the RWJF depends on independent assessment to gain new perspectives on the problems being addressed and the opportunities for their solution. With the exception of cross-program or portfolio-level evaluations to assess the overall impact on a field or goal, RWJF program evaluations generally focus on the accomplishments, strengths, and weaknesses of individual programs rather than on program-by-program comparisons.

The RWJF values independence in its evaluations, defined first by an absence of conflict of interest, real or apparent, and, second, by transparency in the relationships that do exist. Thus, program evaluations are conducted by staff external to the RWJF who have no involvement in the programs or grants to be evaluated. Internally, the RWJF appoints specific staff to oversee the evaluation based on their having no direct involvement in, or responsibility for, the program being evaluated, with the results reported directly to senior management. The ALR program evaluation was overseen by Laura Leviton, given her independence from program design and management responsibilities. This independence brings enhanced credibility because the evaluation team has no real or apparent conflict of interest.²⁷

A two-part program evaluation of the ALR program was conducted by two independent teams of external evaluators in 2006–2007 to assess the program's contributions to date, both as an independent program and as part of a larger portfolio of programs and communications activities designed to help translate its results into policy and practice.^{2,3} Evaluators were asked to assess the ALR program's accomplishments, strengths, and weaknesses with reference to its initial goals and to offer recommendations for program improvement to maximize its potential to contribute to the RWJF's new goal of reversing the rise in childhood obesity by 2015.

Complementary evaluations were undertaken both because it is generally good evaluation practice to get two very different perspectives on the accomplishments and future of a program,²⁸ and because somewhat different skill sets and perspectives were needed to answer the major evaluation questions. The two complementary perspectives provided by these evaluations were (1) that of evaluation professionals experienced in directing and evaluating foundation-funded policy-research programs in the past² and (2) that of broadly knowledgeable health promotion professionals with no prior experience evaluating RWJF programs.³ Because two perspectives were brought to bear, the findings were expected to be more credible and informative. As described below, the former brought a unique appreciation for the generic achievements that could be expected from any good foundation-funded policy-research grant initiative, while the latter brought fresh views of relevance to a variety of research end-users.

The primary evaluation questions were:

1. To what extent, and how well, is ALR working to build the field of research focused on the modifiable policy and environmental determinants of everyday physical activity?
2. To what extent is ALR building human resources (a vibrant transdisciplinary research community) and financial resources (additional sources of funding) for this new field of research?

3. To what extent, and how well, are research findings from ALR contributing to policy discussions about how to promote physical activity through policy and environmental changes?
4. To what extent, and how well, is ALR contributing to research and policy discussions, specifically as they relate to preventing childhood obesity?

In addition, there were subsidiary questions:

1. Did ALR fill a unique niche in research on physical activity promotion?
2. How might other funders continue to partner with RWJF to fund ALR or complement its work?
3. In what ways might ALR become integrated with RWJF's new Healthy Eating Research program, closely modeled on the ALR program but addressing the other side of the energy-balance equation, to address childhood-obesity prevention?
4. What are promising links to the growing number of efforts to prevent childhood obesity funded by RWJF and other organizations?

These questions reflect the evaluation's dual focus: to assess the program's productivity to date in helping to build an important new field of research and practice, and to identify the best strategies and opportunities for focusing its work and contributions on policies for childhood-obesity prevention in a renewal.

One evaluation was led by Marjorie Gutman, the long-time co-director of the RWJF's Substance Abuse Policy Research Program, and Dianne Barker, a former member of the RWJF Research and Evaluation staff with direct experience evaluating programs like ALR.² Both evaluators were extremely well-equipped to assess the productivity and impact of a foundation-funded policy-research program. Their evaluation focused primarily on program productivity in all three areas of its major goals—building the evidence, building the field, and informing policy change.

Given their broad backgrounds in health promotion, disease prevention, and research translation, William Beery and his colleagues Judith Ottoson and Lawrence W. Green were selected to assess the potential of ALR to refocus on childhood-obesity prevention, and to do so in ways that would effectively inform policymakers in childhood-obesity prevention.³ They focused more on issues related to knowledge utilization, including the awareness and use of ALR findings among intended end-users such as state-level policymakers and public health leaders. There was unavoidable and welcomed overlap in the aims of these two evaluations and the two evaluation teams, which provided RWJF and NPO staff with helpful confirmation in several areas.

Details of the research questions addressed and the methods employed in these evaluations and their principal results are presented in this supplement.^{2,3} The results provided strong evidence in favor of renewing

the ALR program for an additional 5 years with a focus on building evidence and a diverse/transdisciplinary research network to identify policy and environmental solutions to help increase physical activity and establish a healthy weight and energy balance among children and adolescents—especially among those in the low-income and racial/ethnic populations at highest risk. Moreover, evaluation results recommended (and have motivated) efforts to better integrate the RWJF's Childhood Obesity team's major research programs (e.g., ALR, Healthy Eating Research, Bridging the Gap) with one another, with the related action- and advocacy-oriented programs in its portfolio, and with related research and translational initiatives supported by other leading funders, particularly the CDC and NIH.²⁷

Both evaluations also identified other areas for improvement, including (1) the need for more consistent two-way interactions between researcher and research end-users (policy and decision makers, advocates), both to define the key research questions up-front and to communicate and use their results afterwards; (2) the need to fund economic analyses and health impact assessments highly valued by policymakers; and (3) the need for rapid response research funding to enable investigators to collect important baseline data immediately before or after an imminent policy or environmental change.

An ongoing evaluation will assess the work, accomplishments, and impact of the ALR renewal over the next 5 years. It will also assess the success of planned efforts to heighten the program's impact through better collaboration and coordination with other programs and funders to accelerate overall progress on reversing the childhood-obesity epidemic.

Looking Ahead: The Future Role of ALR in Childhood-Obesity Prevention

In 2003, RWJF was re-organized under the direction of a new president and CEO, Risa Lavizzo-Mourey, to reduce and refocus its funding priorities and enhance its overall impact. In this re-organization, in response to dramatic evidence for the rapid rise of childhood overweight and obesity and the possibility that we could be raising the first generation of children in the U.S. to live sicker and die younger than their parents, childhood-obesity prevention emerged as a top priority. As a result, the existing Childhood Obesity Working Group was reconfigured as a program team, incorporating and expanding the original Health and Behavior Team. The new team adopted the goal of reversing the rise in childhood obesity by 2015, with a special focus on the low-income and racial/ethnic minority populations where rates of childhood obesity were highest and rising fastest. In April 2007, the RWJF announced a

\$500 million commitment to new programming for the prevention of childhood obesity.

Focusing on childhood-obesity prevention required addressing both sides of the energy-balance equation. Therefore, a number of new policy- and environmentally-focused programs were added to what was originally the active living portfolio (e.g., the Healthy Eating Research program, the evaluation of Arkansas' statewide school initiatives to combat childhood obesity); several existing programs, including ALR, Leadership for Healthy Communities, and Active Living by Design, were expanded to encompass nutrition-related policy and environmental strategies and at the same time to focus more directly on children and communities at highest risk for childhood obesity. Given the enduring commitment to policy- and environmental-change strategies, these program and portfolio transformations proceeded fairly smoothly.

In October 2007, based on the results of two ALR program evaluations^{2,3} and a strong refocused proposal developed jointly by the NPO and RWJF program staff, the program was renewed for 5 years with a research budget of \$15.4 million. Its new goals to (1) support research on policy and environmental strategies to increase children's physical activity and reverse the childhood-obesity epidemic, especially in low-income and racial/ethnic minority communities; (2) continue to build and diversify the field of active living researchers; and (3) accelerate the application of research results through communications and strategic partnerships with other funders and with key action and advocacy efforts. The papers by Sallis et al.,¹ Gutman et al.,² and Ottoson et al.³ in this supplement describe this new focus and the specific ways in which it addressed the evaluation results (e.g., assuring more two-way interactions between ALR grantees and policymakers, funding more economic and health impact studies, and contributing to tighter integration across all the programs in the RWJF childhood-obesity portfolio to maximize their individual and collective impact). The new work of the ALR program and the larger portfolio of which it is now a part will be the subject of ongoing evaluations—yielding new lessons learned in a continuing process of program and portfolio quality improvement. It is expected that the ALR program and the strategy behind it will continue to inform and advance RWJF's work to reverse the nation's childhood-obesity epidemic.

Overview of the Supplement

These four papers are the core of this supplement to the *AJPM* describing the origins of ALR: this paper, the description of the program itself,¹ and of the two independent evaluations.^{2,3} As the supplement was being developed, opportunities arose to include two additional papers.^{29,30} Both of them reflect the work of

ALR, along with partner programs and organizations. The paper by Botchwey and colleagues²⁹ describes an evaluation of course syllabi in planning and public health and proposes a model curriculum. Although this was not an ALR initiative, several co-authors are grantees, and the paper illustrates a transdisciplinary educational activity that can reasonably be partially attributed to ALR's activities. The paper by Sallis et al.³⁰ describes a conference that was jointly developed by ALR and the related RWJF Healthy Eating Research program, with strong collaboration and support from the staff of several NIH institutes. The purpose of the conference was to develop recommendations for improving the methodologic rigor of policy and environmental research related to physical activity, diet, and obesity.

Finally, a highlight of this supplement to the *AJPM* is the series of commentaries^{31–37} contributed by distinguished professionals representing a broad range of expertise and perspectives. The writers comment on ALR from their vantage points representing public health policy, international public health, advocacy, equity and social justice, research funding, and state and federal legislation. Some commentaries focus on advances in research, some on the potential for impact on policy, and others provide suggestions for enhancing the use of active living research for improving physical activity and public health.

No financial disclosures were reported by the authors of this paper.

References

- Sallis JF, Linton LS, Kraft MK, et al. The Active Living Research program: six years of grantmaking. *Am J Prev Med* 2009;36(2S):S10–S21.
- Gutman MA, Barker DC, Samples-Smart F, Morley C. Evaluation of Active Living Research: progress and lessons in building a new field. *Am J Prev Med* 2009;36(2S):S22–S33.
- Ottoson J, Green LW, Beery WL, et al. Policy-contribution assessment and field-building analysis of the Robert Wood Johnson Foundation's Active Living Research program. *Am J Prev Med* 2009;36(2S):S34–S43.
- Marcus BH, Forsyth LH. How are we doing with physical activity? *Am J Health Promot* 1999;14:118–24.
- USDHHS: Physical activity and health: a report of the Surgeon General. Atlanta GA: USDHHS, CDC, National Center for Chronic Disease Prevention and Health Promotion, 1996.
- McGinnis JM, Foege WH. Actual causes of death in the U.S. *JAMA* 1993;270:2207–12.
- National Center for Health Statistics. Healthy people 2000 review 1997. DHHS Publication No. (PHS) 98–1256. Hyattsville MD: Public Health Service, 1997.
- CDC. Physical activity trends—U.S., 1990–1998. *MMWR Morb Mortal Wkly Rep* 2001;50:166–9.
- Orleans CT, Gruman J, Ulmer C, Emont SL, Hollendonner J. Rating our progress in population health promotion: report card on six behaviors. *Am J Health Promot* 1999;14:75–82.
- Sallis JF, Bauman A, Pratt M. Environmental and policy interventions to promote physical activity. *Am J Prev Med* 1998;15:379–97.
- McKinlay JB. The new public health approach to improving physical activity and autonomy in older populations. In: Heikkinen E, Ruoppila I, Krusinen J, eds. Preparation for aging. New York: Plenum Press, 1995.

- Sallis JF, Owen N. Ecological models. In: Glanz K, Lewis FM, Rimer BK, eds. Health behavior and health education: theory, research, and practice, 2nd ed. San Francisco: Jossey-Bass, 1996.
- Smedley BD, Syme SL. Promoting health: intervention strategies from social and behavioral. Washington DC: National Academy Press, 2000.
- Saelens BE, Sallis JF, Frank LD. Environmental correlates of walking and cycling: findings from the transportation, urban design, and planning literatures. *Ann Behav Med* 2003;25:80–91.
- Duany A, Plater-Zyberk E, Speck J. Suburban nation: the rise of sprawl and the decline of the American dream. New York: North Point, 2000.
- Gutman MA, Altman DG, Rabin RL. Tobacco policy research. In: Isaacs S, Knickman JR, eds. To improve health and healthcare. 1998–1999. San Francisco: Jossey-Bass, 2005.
- Bornemeier J. Taking on tobacco: the Robert Wood Johnson Foundation's assault on smoking. In: Isaacs S, Knickman JR, eds. To improve health and healthcare. Volume VIII. San Francisco: Jossey-Bass, 2005.
- Gerlach KK, Larkin MA. The Smokeless States program. In: Isaacs S, Knickman JR, eds. To improve health and healthcare. Volume VIII. San Francisco: Jossey-Bass, 2005.
- McGinnis JM, Schroeder SA. Expanding the focus of the Robert Wood Johnson Foundation: health as an equal partner to health care. In: Isaacs S, Knickman JR, eds. To improve health and healthcare. Volume VIII. San Francisco: Jossey-Bass, 2001.
- Orleans CT, Kraft MK, Marx JF, McGinnis JM. Why are some neighborhoods active and others not? Charting a new course for research on the policy and environmental determinants of physical activity. *Ann Behav Med* 2003;25:77–9.
- Sallis JF, Linton LS, Kraft MK. The first Active Living Research conference: growth of a transdisciplinary field. *Am J Prev Med* 2005;28(2S2):93–5.
- Sallis JF, Kerr J. Built environment and physical activity. President's Council on Physical Fitness and Sports Res Digest 2006;7:1–8.
- McGrath S. The Active Living programs. In: Isaacs S, Knickman JR, eds. To improve health and healthcare. Volume VIII. San Francisco: Jossey-Bass, 2008.
- Heath CW, Brownson RC, Kruger J, et al. The effectiveness of urban design and land use and transport policy and practices to increase physical activity: a systematic review. *J Phys Act Health* 2006;3S:S55–76.
- Stokols D, Hall KL, Taylor BK, Moser RP, Syme SL. The science of team science: assessing the value of transdisciplinary research. *Am J Prev Med* 2008;35(2S):S77–S252.
- Hughes R. National programs: understanding the Robert Wood Johnson Foundation's approach to grantmaking. In: Isaacs S, Knickman JR, eds. To improve health and healthcare. Volume VIII. San Francisco: Jossey-Bass, 2001.
- Knickman JR, Hunt KA. The Robert Wood Johnson Foundation's approach to evaluation. In: Isaacs S, Knickman JR, eds. To improve health and healthcare. Volume VIII. San Francisco: Jossey-Bass, 2008.
- Shaddish WR, Cook TD, Leviton LC. Foundations of program evaluation: theories of practice. Newbury CA: Sage Publications, 1991.
- Botchwey ND, Hobson SE, Dannenberg AL, et al. A model curriculum for a course on the built environment and public health: training for an interdisciplinary workforce. *Am J Prev Med* 2009;36(2S):S63–S71.
- Sallis JF, Story M, Lou D. Study designs and analytic strategies for environmental and policy research on obesity, physical activity, and diet: recommendations from a meeting of experts. *Am J Prev Med* 2009;36(2S):S72–S77.
- Wamp Z. Creating a culture of movement: the benefits of promoting physical activity in schools and the workplace. *Am J Prev Med* 2009;36(2S):S55–S56.
- Morandi L. Essential nexus: how to use research to inform and evaluate public policy. *Am J Prev Med* 2009;36(2S):S53–S54.
- Glover Blackwell A. Active Living Research and the movement for healthy communities. *Am J Prev Med* 2009;36(2S):S50–S52.
- Huang TT-K. Solution-oriented research: converging efforts of promoting environmental sustainability and obesity prevention. *Am J Prev Med* 2009;36(2S):S60–S62.
- Buchner DM, Schmid TL. Active Living Research and public health: natural partners in a new field. *Am J Prev Med* 2009;36(2S):S44–S46.
- Puska P. Commentary on active living: from research to practice? *Am J Prev Med* 2009;36(2S):S57–S59.
- McGinnis M. Challenging our comfort levels: lifestyles, research, and the ongoing legacy of the Robert Wood Johnson Foundation. *Am J Prev Med* 2009;36(2S):S47–S49.