

**2011 EVALUATION OF THE ROBERT WOOD JOHNSON FOUNDATION'S  
ACTIVE LIVING RESEARCH PROGRAM**

**EXECUTIVE SUMMARY**

*“ALR has probably done more to move this whole field of active living forward than anything before or anything that has come since....” (Key informant, 2011)*

In 2001, the Robert Wood Johnson Foundation (RWJF) provided \$12.5 million dollars to create Active Living Research (ALR), a national research program designed *“to stimulate and support research that will identify environmental factors and public and private policies that influence physical activity among Americans.”* (ALR, 2005) Six years later, Active Living Research was reauthorized for a second phase, resulting in an additional \$20.5 million to support its activities. Phase II activities closely resembled those of the first phase but with a clear and expanded focus on childhood obesity prevention, with an emphasis on populations at greatest risk. The three main goals for Phase II ALR were to:

- Support research on environmental and policy strategies to promote physical activity and reverse the childhood obesity epidemic, especially among the low-income and racial/ethnic minority communities where rates of childhood obesity are highest and rising fastest;
- Continue to strengthen and diversify the field of environmental and policy research for childhood obesity prevention and to stimulate increased government and private funding; and,
- Accelerate the application of research results through strategic partnerships with policy makers and practitioners and community leaders and close coordination with the Childhood Obesity (COB) Team's new action and advocacy initiatives and with its Communications team. (Robert Wood Johnson Foundation, 2007)

ALR Program Leadership commissioned the Public Health Institute in February, 2011 to conduct an evaluation of the second phase of the Program. The intent of the 2011 evaluation was to document Phase II program processes and accomplishments, and to gather and analyze the needs and preferences of ALR's constituents (e.g., policy, advocacy, practitioners, research and philanthropic audiences) to inform a potential third phase of the program. Suggestions for long-term sustainability of the goals also were requested. The second phase evaluation builds on the previous 2007 Gutman Research Associates (GRA) evaluation, and is led by the same co-principal investigators, Dianne C. Barker, MHS of Barker Bi-Coastal Health Consultants, Inc., and Marjorie Gutman, PhD of Gutman Research Associates, under the auspices of the Public Health Institute in Oakland, CA. A subcontractor, See Change, Inc., was hired to conduct the majority of the interviews and to help analyze program documents. The National Program Office (NPO) was instrumental in providing both data and analytical input for various analyses pertaining to NPO documents and program databases.

The 2011 evaluation was a modest, retrospective, in-depth descriptive study of ALR's second phase focusing on three main research questions (cited below), guided by a conceptual and logic model, and utilizing multiple methods to analyze both qualitative and quantitative data. The main qualitative method utilized was telephone interviews (n=100) with seven informant groups: RWJF staff and advisors and NPO staff; ALR National Advisory Committee (NAC) and senior advisors; RWJF obesity prevention program leaders; funding organizations; academic thought leaders and private sector thought leaders; policy and advocacy organizations; and state and local practitioners. The main quantitative method

utilized in the evaluation was the 2011 NPO Grantee Survey. Data collection took place from March through May, 2011, and a draft report was delivered in July, 2011.

## **Overall Conclusions**

ALR has made substantial contributions during Phase II in improving the knowledge base on environmental and policy factors that promote physical activity among children and youth, and in accelerating the translation of this knowledge base into policy and practice. Its policy contributions are considerable and its potential for further policy impact is high, given the likely emphasis on research translation in a potential Phase III. Moreover, ALR's continued efforts to strengthen transdisciplinary partnerships, to diversify the field of environmental and policy research on childhood obesity prevention, and to help its researchers acquire other funding, have long-term implications for sustaining a cadre of diverse, cross-disciplinary researchers interested in active living. ALR has met all of its short-term outcomes (i.e., growth of an actionable evidence base, growth of a transdisciplinary field, growth in visibility), and achievement of its three longer-term outcomes (i.e., actionable evidence base, self-sustaining field of research, and inform policy debate and intervention) is well under-way. A second reauthorization of the Program (Phase III) is recommended by all key informants, with an emphasis on the translation and application of research evidence into policy and practice, and the development of a strategic plan for long-term sustainability of its unique functions.

## **Summary Conclusions: Main Evaluation Questions**

### **1. What have been the major accomplishments of the Program during the second phase (2007-2010)?**

- **ALR has made a major contribution to the knowledge base on the environmental and policy factors conducive to physical activity.** Informants generally thought that ALR was central to expanding the published research on active living, filling in major gaps in knowledge, and synthesizing and disseminating findings, both from ALR as well as from the field at large. In Phase II, ALR dedicated more research funding to issues directly related to childhood obesity and high risk populations. Key ways that the Program advanced the knowledge base were:
  - Creating and implementing a strategic, focused research agenda. From 2001 – May, 2011, ALR had funded 175 grants and 33 dissertations through 10 Calls for Proposals (CFPs), 3 rapid response solicitations, 3 New Connections solicitations, and 4 special solicitations (i.e., two rounds of Healthy Eating Research (HER) supplemental grants, one focused on school policy, the other on pre-school and child care policy; one round of supplemental grants to the existing Obesity and Built Environment studies funded by NIH and CDC; and one round of Diversity Partnership grants linked to CFPs Round 2 and 3). In addition, ALR has funded several non-competitive grants (22 commissioned papers and analyses, 12 special projects, and 6 research translation grants). Phase II (2007-2010) studies emphasized translational research, in particular policy analysis (36% of all competitive grants funded) and intervention evaluation (37%), and were more likely to focus on school-related issues (56%) than in Phase I (2001-2006) where the majority (71%) of competitive grants focused on community design and transportation. Phase II also showed a marked change in the focus of the Program, toward studies of youth (90% vs. 42%), low-income populations (59% vs. 20%), and minority populations (68% vs. 26%);
  - Supporting grantees prolific in publishing scientific articles, and in developing policy-oriented publications. As of May, 2011, the ALR grants database contained 283 grantee publications, of

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which 255 are journal articles, 18 books or book chapters, and 10 reports. Grantees reported 1,587 professional reports (i.e., technical reports, newsletters, fact sheets, invited talks, conferences and other presentations) and 173 new measurement tools in the 2011 NPO Grantee Survey. It is probable that the accumulation of publications will accelerate over the next few years, as more Phase II grantees finish their analyses and publish their results.

- Synthesizing knowledge generated by ALR grantees and others. In the last ten years, ALR has produced 32 publications, including journal supplements and special issues, reports, research summaries and syntheses, research and policy briefs, and professional association magazine articles. In addition, Jim Sallis has written 30 peer-reviewed articles under the auspices of ALR.
  
- **ALR has been critical in strengthening and diversifying the field of environmental and policy research for childhood obesity prevention.** ALR has used several different approaches (e.g., annual conferences, seminars at specialty research association conferences, selection criteria in Call for Proposals, invitational slots at NIH conferences, one-to-one guidance) to encourage transdisciplinary collaboration, to support the career trajectories of new and less experienced investigators, and to encourage more diversity in its grantee population. Grantee teams described in the 2011 NPO Grantee Survey represented 30 different disciplines and reported high levels of cross-disciplinary collaboration, both inside and outside primary institutions. ALR, by deliberately structuring its research program to support dissertation grants (16% of all competitive grants from 2002-2011), and Diversity Partnership and New Connections grants (9%), has seeded the active living field with young, diverse investigators with potentially long careers who can contribute to the sustainability of an NIH policy and environmental research trajectory. Data from the NPO Grantee Surveys indicates an increase in the number of persons of color among its grantee pool from 26% in 2006 to 34% in 2011, a much higher percentage than a recent study of NIH grantee applications where only 21% of applicants were persons of color. Moreover, the NPO has been a leading advocate in its efforts at external conferences and grant application reviews to expand the field to include investigators with a special understanding of low-income and minority populations and communities.
  
- **ALR and its grantee investigators continue to leverage government and private funding for research on environmental and policy factors promoting physical activity.** ALR grantees have leveraged over \$62 million in financial support from other funders since 2001. The amount of leveraged funds was substantially greater in Phase II (\$53 million) than Phase I (\$9 million), partly due to the cumulative increase in the grantee pool as the program progressed. In 2011, grantees reported most of these leveraged funds derived from NIH funding (70%), followed by CDC (11%) and other philanthropies (10%). Given this time trend and the time lag for grant seeking, ALR grantees are expected to continue to leverage additional funding as time progresses. In addition, the NPO has been instrumental in stimulating and shaping the research agenda for at least one NIH institute and those of some private foundations.
  
- **ALR has dramatically accelerated the application of research evidence into policy and practice.** Although advocacy was not ALR's primary focus during its second phase, ALR increased the number and intensity of its relationships with policy makers, advocates and practitioners compared to collaborations in Phase I, with many of these groups stating that they would welcome more sustained interaction. In Phase II, ALR grantees and interviewees reported 53 examples of ALR research informing specific policy and practice, of which almost one-half (n=28) contributed to actual policy or practice change or impact. Only three examples of specific policy change were noted during Phase I. Most of the major policy and practice impacts from ALR research in Phase II appear to be local, and in the following areas: increasing physical activity in schools; Implementing Safe

Routes to Schools in local communities; and increasing ordinances and laws for complete street designs. Major contributions that are likely to lead to policy and practice change in the future were threefold: providing evidence-based examples to support *The U.S. National Physical Activity Plan* guidelines; offering input into master plan documents (e.g., comprehensive plans, pedestrian master plans, bicycle master plans) at state and local levels; and legitimizing built environment policy and practice recommendations offered by state and local public health departments. About two-fifths (42%) of grantees also reported at least one communication impact during 2010 (i.e., in-person meetings, webinars and conference presentations, material distribution, testimonies and briefings). These communication efforts are likely to lead to policy change in the future. Key informants made the following recommendations to improve ALR's usefulness and relevance to the policy and practice community:

- **Make the link between research, policy and the audience, asking how end users can benefit, and connecting the dots by turning policy recommendations into action steps.**
- **Tailor communications to target specific audiences and communities.**
- **Provide cost-effectiveness analyses.**
- **Exploit social media opportunities on a routine basis.**
- **Partner with more intermediary policy, advocacy, and professional organizations.**
- **Penetrate beyond the public health and academic arena, including more presence among diverse professions (e.g., transportation) and community organizations, especially in high-risk communities.**

A key question remains as to the role of a research program in translating and purveying information, and whether these functions are better suited to, or shared with, a centralized effort/entity organized by RWJF.

## **2. What are the potential contributions ALR could make to the field if the program is reauthorized?**

The ALR reauthorization is occurring at the time when RWJF is entering its final stage in achieving its goal to reverse the trend in childhood obesity. ALR must rapidly focus on the most strategic and short-term objectives and approaches, as noted repeatedly by Foundation and Program leaders in interviews. Within this context, a high degree of consensus emerged that there should be a third and final phase of ALR, with a focus on the translation and application of research evidence into policy and practice, and a particular emphasis on the most affected populations and communities. Some consensus surfaced indicating that an ALR reauthorization should retain very modest funding for highly strategic, policy-relevant research, and continue its efforts to stimulate transdisciplinary work and to encourage new and diverse investigators to enter the active living research field. Specific recommendations were made for fleshing out each of the three program functions, notably:

- To support further research on environmental and policy strategies to promote physical activity and reverse the childhood obesity epidemic
  - **Encourage NIH, CDC, NCCOR and other funders to provide more grant dollars for policy and environmental research related to active living.**
  - **Focus all or most new research on racial/ethnic and income disparities.**
  - **Support rapid response studies.**

- To sustain a diverse and transdisciplinary field focused on childhood obesity prevention
  - **Continue an annual conference similar to the ALR San Diego meeting.**
  - **Continue to support and to nurture young investigators.**
  - **Foster relationships between investigators and state/local advocates and policymakers.**
  
- To accelerate translation and application of research evidence to policy and practice
  - **Coordinate ALR's work so it continues to link with the Foundation's childhood obesity policy and advocacy priorities.**
  - **Strengthen ALR's collaboration with other program leaders to use research evidence to actively and intensively inform RWJF's demonstration initiatives (e.g., Healthy Kids, Healthy Communities), and those supported by other funders (e.g., CDC's Community Transformation Grants).**
  - **Strengthen strategic partnerships with policy makers, advocates and community action practitioners, and initiate active, ongoing linkages to the media.**
  - **Focus clearly on communities and populations most affected by the obesity epidemic.**
  - **Make research more visible through social media, social marketing and a targeted outreach plan.**

### **3. How might the main functions associated with ALR be sustained after RWJF funding ends?**

A high degree of consensus emerged from key informants that the three major functions (i.e., supporting environmental and policy research, strengthening and diversifying the field, and accelerating the application of research results) served by ALR need to be continued after RWJF funding ends. ALR plays a unique role in each of these areas which no other entity now performs or seems likely to perform in the near future. It is unclear if a central entity needs to be supported to sustain these vital roles. RWJF needs to take the lead in facilitating and lending credibility to partnerships with other funders to complement or extend ALR's work/the ALR Program. Professional associations, either existing or newly developed, also could potentially implement some of ALR's functions. While several interviewees cautioned about the short-term funding possibilities (given the economic downturn and federal funding cuts), federal agencies, especially NIH, CDC and the National Collaborative for Childhood Obesity Research, were identified as the likely long-term funding sources. Other philanthropies (e.g., California Endowment, PEW Charitable Trusts, W.K. Kellogg Foundation) may be possibilities. Steps that ALR may take now to help with this transition are:

- **Create a strategic plan for long-term funding and sustainability.**
- **Make the case to targeted funders about the value of active living research, the ALR program, and its contribution to the field.**
- **Collaborate with other RWJF programs (e.g., AACORN, Salud America!) to develop an ongoing network of researchers working in minority communities and interested in childhood obesity research.**
- **Form strategic partnerships with NIH and CDC, including sponsoring conference sessions and funding translational grants.**

Implementation of some or all of these recommendations above will better position ALR and RWJF efforts in ensuring the policy relevance of new knowledge generated by ALR, diffusing this new knowledge, and in guaranteeing the vitality and longevity of the environmental and policy research field to influence the promotion of physical activity and to reduce childhood obesity, especially among high-risk communities.