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Staten Island Child Wellness Initiative: Common Agenda

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1	Executive Summary
3	Acknowledgments
5	Introduction
7	Identifying the Problem
12	Common Agenda
13	Guiding Principles – How are we going to work together?
14	The Four Tensions within the Initiative – How to focus and define issue?
16	Overarching Goal – How do we know when we've succeeded?
16	Shared Measurement – How do we plan for learning?
17	Organizational Framework – How do we divide and organize?
19	Working Group Guidelines to Achieve our Vision for the Future of Staten Island
22	Organizing for Action –Next Steps
26	Communicating Our Message
28	Sustainability
31	Appendix A: List of Stakeholders
35	Appendix B: List of Potential Funders



EXECUTIVE SUMMARY

The Staten Island Child Wellness Initiative (SICWI) is a new collaboration established to address child wellness in Staten Island, New York, using the collective impact model. The collaboration was originally formed in response to the urgent issue of child obesity that exists across Staten Island and the strong desire to reduce and reverse the rising rates of obesity that have taken a significant toll on the health and wellbeing of the borough's residents.

In response to the severity of the borough's health needs, the Office of the Staten Island (SI) Borough President convened a Health and Wellness Taskforce with partners from across the health continuum to explore the issue of childhood obesity. Due to past success with similarly structured initiatives, the Office of the SI BP recommended that the Staten Island Partnership for Community Wellness (SIPCW) take the lead in establishing a coalition to develop a borough-wide strategic plan.

SIPCW convened community stakeholders, schools, youth-serving organizations, food justice partners, other community-based organizations (CBOs), and faith-based leaders from across 50 organizations to explore the drivers of childhood obesity on SI. SIPCW partnered with the Wagner Graduate School of Public Service at New York University (NYU) and The New York Academy of Medicine to help collect community-level data and facilitate meetings that informed the development of an action plan.

In refining its approach and determining how it would focus its collaborative efforts, the stakeholder group explored a number of dimensions for addressing issues associated with childhood obesity—the tensions posed by universal versus targeted, prevention versus intervention, and individual versus collective focuses—and developed guiding principles that will inform the action plan. As a result, the SICWI has focused on the entire borough with targeted interventions and equity targets aimed at neighborhoods with the highest rates of childhood obesity.

The group has articulated a shared vision and overarching goal of improving child health and wellness in SI by bringing 80% of SI children through 8th grade to a healthy weight by 2026 by addressing access and opportunities for active living, availability and affordability of fresh, healthy food, and community-wide partnerships that shape children's home, school, recreational, and health care environments. The group's proposed goals will be supported by broad evidence-based interventions specific to SI.

The New York Academy of Medicine and the Staten Island Partnership for Community Wellness (SIPCW) are proud to present *The Staten Island Child Wellness Initiative: Common Agenda*. The following document summarizes the planning and goal-setting process for The Staten Island Child Wellness Initiative. It also describes the next steps required to launch the initiative and a framework to structure its implementation.



ACKNOWLEDGMENTS

The New York Academy of Medicine and SIPCW would like to thank the residents of Staten Island who have generously shared their stories, ideas and wisdom to make improvements to the Staten Island community. We would also like to thank everyone who attended our meetings and contributed to this collaborative effort of improving the health and wellness of children on Staten Island and to The Staten Island Foundation for their generous support of these planning efforts.

The planning and creation of the SICWI would not have been possible without the generous support of the Staten Island Foundation, the guidance of The New York Academy of Medicine, and the input of the following individuals who aided in the writing of the blueprint: Ginny Mantello, MD, Robin Howald, Andrew Goodman, Jody Stoll, Kathy Kennedy, Rosanne Mottola, Erika Larsen, Rebecca Abraham, Amanda Li, and Leslie Boden.



INTRODUCTION

Background:

In the fall of 2015, the Staten Island Borough President gathered community stakeholders to form the Staten Island Health and Wellness Taskforce. Almost 50 representatives from Staten Island's health care and education infrastructure and a variety of community organizations gathered to discuss serious health concerns affecting their communities and how to effect positive change. Following several meetings, the group determined child obesity was a significant issue that required a separate initiative. Under a grant from The Staten Island Foundation, and support

from the Borough President, the Staten Island Partnership for Community Wellness (SIPCW) was identified to drive what was then being called the “Staten Island Child Obesity Initiative”.

SIPCW is a community organization “established to promote wellness and to improve the health of the Staten Island community through collaboration and a multidisciplinary approach.”¹ The non-profit had previous success working to improve health through a collective impact approach to teen substance abuse. “Collective impact” is a model that brings multiple stakeholders together for tackling complex problems, such as obesity or substance abuse (*see page 7 for more information*). SIPCW used this model to create Tackling Youth Substance Abuse (TYSA). TYSA developed a strong, coordinated effort across Staten Island to address the high rates of substance abuse among youth ages 14–24. It has been heralded as a model for communities around the country. The Borough President’s office and the Health and Wellness Taskforce concluded that the same model could be used to successfully reduce child obesity.

Concern over high rates of child obesity has spurred nationwide programs and an increased focus on prevention. From national programs such as *Let’s Move* or the 2010 Healthy, Hunger Free Kids Act, to local or state campaigns, obesity prevention programs have addressed a variety of causes. The result has been a decrease in rates across the United States, yet 17% of children ages 2–19 are still categorized as obese.² In New York State, adult and child obesity rates are lower than the national average, but have increased since 2012. In addition, obesity is the leading cause of preventable death and disability, contributing to non-communicable diseases (NCD) such as type 2 diabetes, heart disease, and stroke.³ New York State spends an estimated \$11.8 billion per year treating conditions related to obesity.

New York State and New York City have been combating obesity on multiple fronts. Starting in 2012, the New York State Health Department began to implement the New York State Prevention Agenda 2013–2018, an innovative blueprint for mobilizing public and private sector resources toward improving population health and reducing health disparities.⁴ Locally, coordinated efforts, such as New York City’s Take Care New York program, have resulted in decreased child obesity rates city-wide, although geographical and demographical disparities exist.⁵ Between 2007 and 2011, child obesity rates decreased in Manhattan, Brooklyn and Queens. However, rates in the Bronx and Staten Island increased by .1% and .3% respectively. These boroughs currently have the highest rates of child obesity in the city.⁶ In light of this data, additional efforts are needed to reverse the child obesity trend on Staten Island.

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- The leading cause of death in Staten Island is heart disease, 25% higher than the overall rate in NYC
 - 63.5 % of Staten Island adults ages 24–64 are either overweight or obese [source: NYC Community Health Survey 2014]
 - 38.9% of students in K–8 grades are either overweight or obese
-

IDENTIFYING THE PROBLEM

We must address our high obesity rates at an early age to reduce the rate of NCD–occurrence on Staten Island. Interrupting the obesity trend early in childhood can disrupt the pathway to poor health outcomes. Promoting healthy eating and physical activity offers the greatest opportunity for prevention, change and long-term wellness.²

Data shows that healthy lifestyles that include balanced diets and participating in physical activity reduce the risk for obesity and cardiovascular disease.⁷ For many communities, however, healthy lifestyles for children and adults are made more difficult due to environmental factors including limited access to fresh, healthy foods, high concentrations of fast-food outlets, and limited opportunities for physical activity.⁸ These environmental factors can be changed by introducing policies and systems to increase access to healthy foods and physical activity.⁹

This initiative's challenge was to identify the barriers that were specifically preventing Staten Islanders from adopting healthy lifestyles and propose concrete measures to help break down those barriers. Beginning with the Health and Wellness Taskforce, a team of student researchers interviewed community stakeholders to delve into what was preventing Staten Islanders from leading healthier lives. In their report, *Community Models for Improving Child Wellness on Staten Island*, community members identified four drivers of health: food access, access to physical activity, health literacy, and public policy. These same factors were identified in focus groups conducted by the Staten Island Performing Provider System. Community members reported difficulty accessing healthy foods based upon price or because supermarkets were out of reach due to limited transportation options. Limited transportation to recreational facilities and the safety of neighborhoods were noted

as barriers for physical activity.^{10, 11} The stakeholder and community interviews were presented to the Steering Committee along with data regarding Staten Island's demographics, socioeconomic, community and environmental factors. Using the data, and the knowledge of the Steering Committee members, a discussion followed to identify the issues unique to Staten Island.

Through an examination of the available data, it was observed that while Staten Island has the highest density of green space of all the boroughs, it lacks the transportation infrastructure that exists elsewhere in the city, including safe bike lanes, walkable streets, and public transportation. Insufficient transportation is complicated by the high levels of violence and the large number of cars on Staten Island, especially on the North Shore.¹² Area programming and schools may also contribute to obesity. Community stakeholders noted that many schools program physical education only once a week. Recreational facilities are often not welcoming to families or, if they are, they may be inaccessible due to transportation.¹⁰

The Staten Island community stakeholders chose to focus on child wellness because they see child wellness as a measurable and achievable change that can prevent future obesity and non-communicable diseases. Focusing on child wellness also motivates communities, schools, and families to create systems that support children to lead healthier and happier lives.

When asked to specifically define the causes and effects of child obesity on Staten Island, community stakeholders developed the following definition:

PROBLEM DEFINITION

On Staten Island, child obesity contributes to a high number of non-communicable diseases and high health care costs that result in limited opportunities to access healthy food and participate in physical activity. Child and family wellness is connected to population health and is driven largely *by where a child and family lives, learns and plays.*

WHY COLLECTIVE IMPACT?

The Stanford Social Review defines “collective impact” as:

“The commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem . . . [that includes] a centralized infrastructure, a dedicated staff, and a structured process that leads to a common agenda, shared measurement, continuous communication, and mutually reinforcing activities among all participants.”³

Collective impact (CI) differs from other collaboration efforts. Instead of coming together on one specific project or program, collective impact brings stakeholders together on complex, multi-level problems. The resolution of such problems requires a multiplicity of responses working together to produce change. The partners working within the CI model align activities, reach for the same goals and objectives, and focus on adapting solutions to available resources and the community.

The collective impact model relies on five key elements:

COMMON AGENDA	Describe a shared goal and approach.
SHARED MEASUREMENT SYSTEMS	Consistent data collection and measurement to align efforts, learn, and maintain accountability.
MUTUALLY REINFORCING ACTIVITIES	A joint action plan across stakeholders that ensures collaboration and coordination across differentiated activities.
CONTINUOUS COMMUNICATION	Build trust and understanding through consistent and open communication.
BACKBONE SUPPORT ORGANIZATIONS	Dedicated staff that support infrastructure and coordination.

These elements form the basic framework for CI initiatives. However, CI is not simply a set of rules to follow. The model relies on a deliberate process to develop relationships, community knowledge, coordination, and a unified goal. Beginning with the elements of CI, a group of “important actors” participate in strategic activities to organically develop an initiative. Each element of CI is planned through collective discussion and decision-making, based on the experiences of the diverse stakeholders, stories from community members, and community data and demographics.

Other communities have successfully used collective impact to address childhood obesity. One such initiative, *Shape Up Somerville*, involved a 15-year, collaborative effort among community stakeholders to prevent obesity. That program emphasizes community support and stakeholder trust as key elements of its success. The initiative employed a variety of evidence-based approaches, on multiple levels, to influence physical activity and healthy eating in Somerville. Eventually, the city public health agency became the backbone organization and created a sustainable structure for the project.¹⁴

This document is structured to reflect the five elements of collective impact:

Common Agenda:

The goal for our initiative is to improve child health and wellness by bringing 80% of Staten Island children below high school age to a healthy weight by 2026 through activities that address: accessibility and opportunities for active living; the availability and affordability of fresh and healthy food; and community-wide partnerships that shape the environment where a child lives, learns, plays, and receives health care. Our progress will be measured by the changes in BMI over time in Staten Island children.

Reinforcing Activities:

Informed by evidence-based practices, our interventions are aligned under the following areas: policy, programs, healthy food, and recreation. The organizational framework and working group responsibilities ensure that the interventions and activities will reinforce the initiative’s goal.

Shared Measurement:

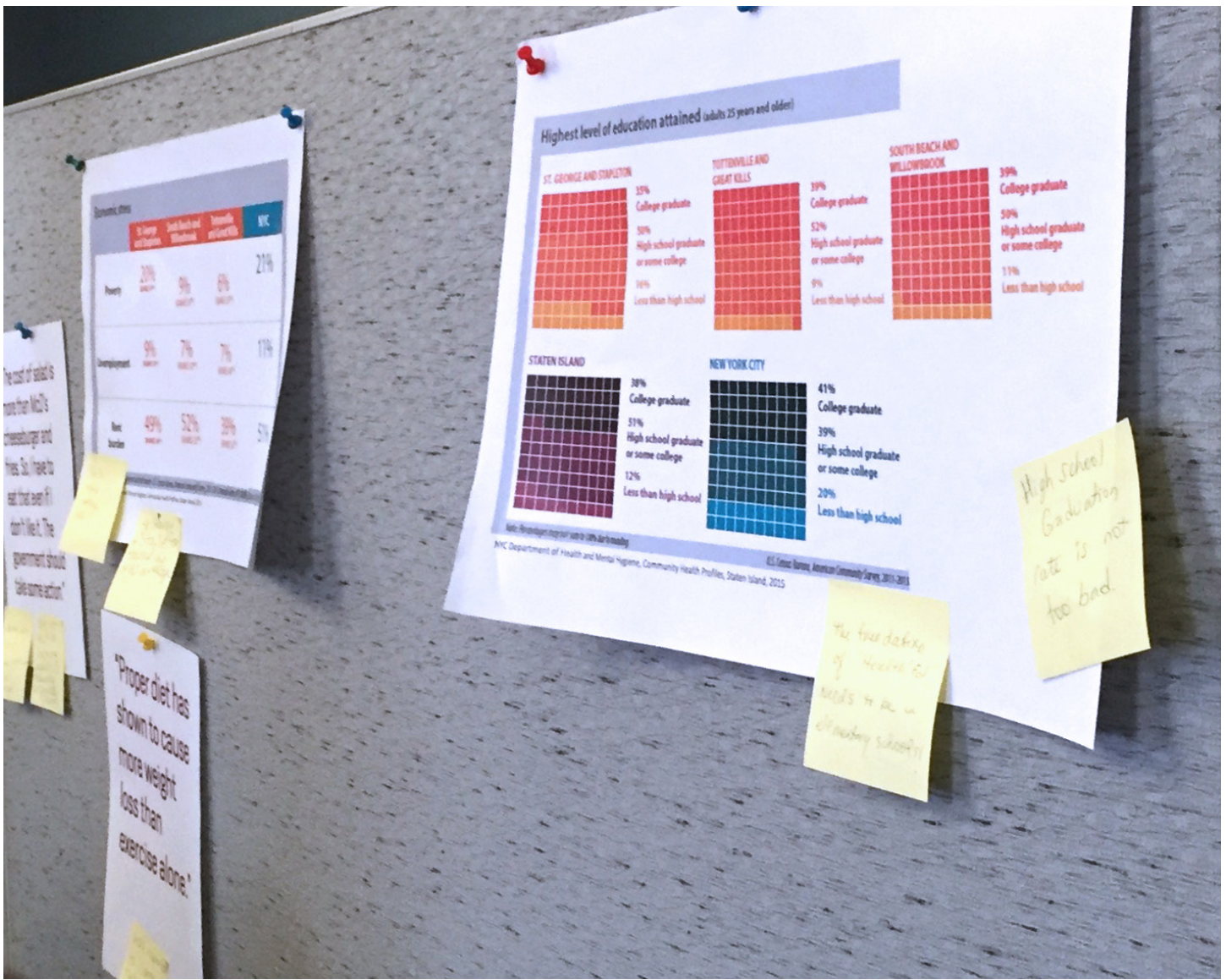
Our primary indicator is the BMI of Staten Island school children. Working groups and a data taskforce will also identify new data sources to create an integrated measurement system and share data across programs.

Backbone Support:

The document details the organizational framework of the initiative and how the backbone, SIPCW, will support the work of the initiative. It also describes methods for sustaining partnerships and funding sources for the initiative and the backbone.

Continuous Communication:

As the backbone organization, SIPCW will connect the steering committee and working groups as they identify strategies, collect data, and address policy and advocacy issues. SIPCW will also facilitate communications to stakeholders outside of the initiative, our constituents and partners. Through this organizational framework and communicating our message, we will build and expand support for the initiative.



COMMON AGENDA

A key component of CI is that shared values and goals guide the development of both the initiative and partnerships. Agreed-upon values steer a course for collaboration, ensuring the initiative is internally aligned and includes certain essential features in each new activity, program, and decision. The Steering Committee developed three levels of values: guiding principles, a vision of the future, and a common goal.

COMMON AGENDA		
	Principles	<i>How you approach the issue as a team.</i>
	Problem Definition	<i>How you define the issue.</i>
	Goal	<i>How you define and measure success.</i>
	Framework for Change	<i>Organization of the tasks and projects.</i>
	Plan for Learning	<i>How you monitor progress.</i>

GUIDING PRINCIPLES

HOW ARE WE GOING TO WORK TOGETHER?

The Steering Committee developed the following guiding principles by identifying elements from their own work that led to successful programs or projects. Together, they narrowed down a list to the essential points they felt were necessary for this initiative to succeed on Staten Island.

1. Cross-Sectional Approaches with Community Representation

We need a diverse coalition including non-profits, businesses, government, caregivers, children, and other community members. This will require continual assessment and development of the coalition to ensure inclusion. Our approaches will be cross-sectoral and will require partner coordination and data sharing. Approaches will be guided by the idea that people are the experts on their lives.

2. Actionable, Realistic Goals with Measurable Outcomes

Our goals must be within reach of our coalition partners and community. We will continually examine our goals and process, allowing for changes in the community, in partnerships, impacts, and outcomes.

3. Evidence-Informed Decision Making and Interventions

We will rely on data both on our community and from our community to inform all decisions. We will choose strategies that have been evaluated and found to be effective. Based on the evidence available to us, we will build on, expand, and sustain existing programs as well as promote intervention strategies that include policy, environmental and regulatory changes. To maximize our impact on Staten Island, we will prioritize high need areas in the implementation of evidence-based pilot programs.

4. Building Trust and Sustainability

Our partnership is only as strong as its members and its connection to the community. As such, we will support partnerships and engage community members and organizations. We will rely on the passion of our partners and the community to establish trust. We will maintain trust and remain sustainable by consistently listening to our partners and members, and creating effective change.

5. Child and Family Focused

Child obesity is not only about the child. It is about an entire family reaching healthy lifestyles. All programs, interventions, and actions will be directed at improving child and family wellness.

6. Culturally-Appropriate Understanding of Individuals

Staten Island is a diverse community. Throughout our approaches, programs, and conversations we must recognize and embrace this diversity and encourage all individuals to make healthy choices that work with their identity and culture.

THE FOUR TENSIONS WITHIN THE INITIATIVE

HOW TO FOCUS AND DEFINE ISSUE?

In refining its approach and determining how it to focus its collaborative efforts, the stakeholder group explored a number of dimensions to addressing issues associated with childhood obesity—the tensions posed by individual versus collective, universal versus targeted, obesity versus wellness and prevention versus intervention,

focuses—and developed guiding principles that will inform the action plan.

- Individual vs. Collective
- Targeted vs. Universal
- Framing as Obesity vs. Framing as Wellness
- Prevention vs. Targeted

Through a voting exercise, we identified how the Steering Committee felt each tension related to the initiative and to Staten Island.

For the Individual vs. Collective tension, the majority of the Steering Committee attendees agreed the initiative should focus on addressing problems by targeting the collective or the community rather than the individual.

For the Targeted vs. Universal tension, the majority (61%) agreed with moving forward with a universal approach, but the distribution warranted a discussion regarding the pros and cons of each. In particular, there was discussion of the levels of need. The group discussed the need to be conscious of disparities and working with communities to assess how policies and programs will impact areas that need the most help. The group further talked about the distinction between equality (providing the same support to everybody) vs. equity (providing catered supports based on need). There was agreement around the idea to move forward with a universal approach. The same message can be used across the Island, but catered and adjusted to different populations.

For the Framing as Obesity vs. Framing as Wellness tension, there was general consensus that the initiative should be framed as wellness. The group discussed the framework of wellness as a synergistic component to a universal approach. There was further discussion about using a wellness framework to reduce stigma and enable all people to pursue healthy lives regardless of weight.

For the Prevention vs. Treatment tension, the majority of attendees agreed with a prevention approach overall, with some participants indicating the need for a mixed strategy. Concerns were voiced regarding underused available resources. In an iterative conversation, the group discussed a blended approach to address gaps in culturally-appropriate recruitment to resources. Multiple points were raised regarding the fact that it is easier to establish a healthy lifestyle in the first place, rather than maintaining weight loss, which studies have shown to be very difficult.

OVERARCHING GOAL

HOW DO WE KNOW WHEN WE'VE SUCCEEDED?

Through our Steering Committee deliberations, our goal encompassed four areas. These areas provide both organizational structure and structure to our interventions.

GOAL:

By 2026, we will improve child health and wellness in Staten Island.

Our activities will address:

- Increasing accessibility and opportunities for active living.
- The availability and affordability of fresh and healthy food.
- Community-wide partnerships that shape the environment where a child lives, learns, plays, and receives health care.
- Bringing 80% of Staten Island children below high school age to a healthy weight.

Our progress will be measured by the changes in BMI over time in Staten Island children.

SHARED MEASUREMENT

HOW DO WE PLAN FOR LEARNING?

Our collective impact model brings together not only multiple stakeholders, but also diverse and dynamic initiatives, from creating better transportation infrastructure to increasing the number of farmer's markets. When implemented individually, each program chooses a set of measurements to suit its needs. In a collective impact model, the steering committee and working groups will identify specific measurements to be used universally. (These may be in addition to indicators and measures for a specific strategy.) To keep the initiative's programs aligned and accountable to each other, new data points measuring our progress will be periodically collected and shared among all partners. Shared data can also spur friendly competition. By continually updating both process measures and outcome

measures, working groups can see where they are succeeding, what areas need tweaking, and which strategies appear to be ineffective.

PRIMARY INDICATOR

Percent increase in Staten Island children at a healthy weight based on BMI collected through pediatricians and the NYC Department of Education FITNESSGRAM.

Primary indicators measure outcomes directly related to the overall goal. Our goal primary indicator is the BMI of Staten Island children up through eighth grade. Our long term goal is to measure changes in children's BMI over time to determine whether or not our programs are creating lasting change. In the meantime, we will use different indicators to measure where we are in the process, including gathering data about participants and the number of programs, and outcome indicators such as increased fruit and vegetable sales at a local retailer.

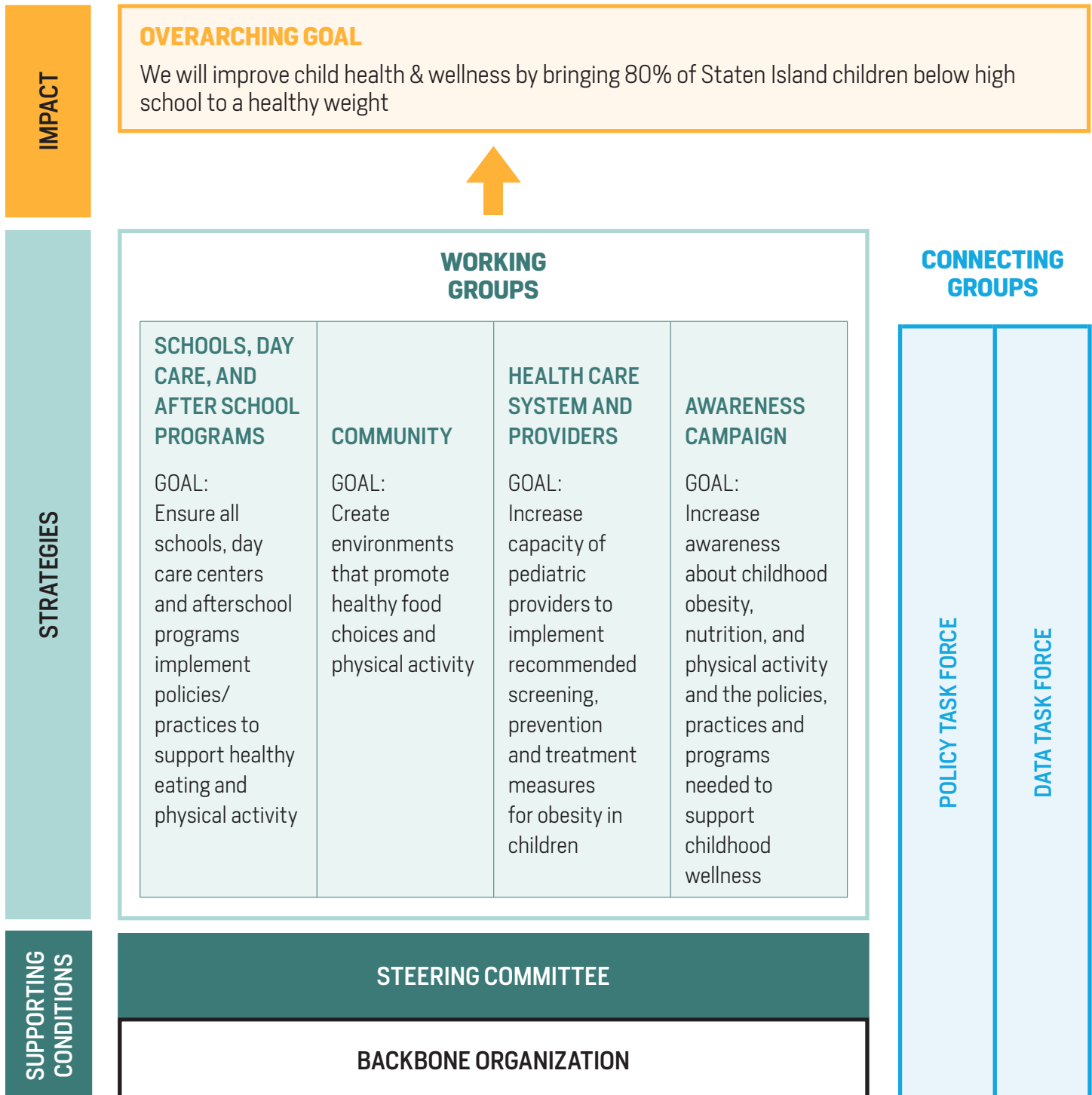
The workgroups will refine indicators based on their specific strategies. Examples of indicators from other child obesity initiatives can be found in the Institute of Medicine of the National Academies' *Indicators for Measuring Progress in Obesity Prevention*.¹

¹ <http://www.nationalacademies.org/hmd/~/media/Files/Report%20Files/2013/Evaluating-Obesity-Prevention-Efforts/ObesityChart.pdf>

ORGANIZATIONAL FRAMEWORK

HOW DO WE DIVIDE AND ORGANIZE?

Organizational Framework



The SICWI framework includes a backbone, a steering committee, working groups, community partners, and connecting groups that focus on issues that span all of the groups. General responsibilities and roles for each group are described below:

WORKING GROUP GUIDELINES TO ACHIEVE OUR VISION FOR THE FUTURE OF STATEN ISLAND

The Steering Committee's vision for the future of Staten Island includes **enhanced active living, policies** that improve environmental conditions to better support healthy lifestyles, **programs** that help participants see the value of a healthy lifestyle, and a **food environment** for all sectors of our community where everyone can access healthy, affordable, culturally-valued food.

To achieve this vision, our goal is to work collaboratively across multiple sectors. We organized workgroups to address the specific concerns and goals of each sector. Each of our four working groups:

1. **Schools, day care centers, and afterschool programs**
2. **Community environments**
3. **Health care system and providers, and**
4. **Awareness campaign**

represents a sector that we will actively engage with in the achievement of our vision. For each sector, we have provided guidelines for the goals and/or objectives that we hope the workgroups to achieve by 2026. Based on the guidelines that we present below, each workgroup will determine which specific objectives they want to pursue after a comprehensive evaluation of existing initiatives, available data, and needed resources.

1. Schools, Day Care Centers, and Afterschool Programs

GOAL

Ensure that all schools, day care centers and afterschool programs in the target area adopt and implement policies and practices to support healthy eating and physical activity

OBJECTIVES

Schools	By 2026, TBD% of schools will implement policies and programs to meet state Physical Education (PE) standards (through Move to Improve, PE classes, active recess, etc.)
	By 2026, TBD% of schools will adopt policies and practices to ensure healthy foods and beverages (snacks, cafeteria, competitive foods/beverages, and water availability)
	By 2026, TBD% of schools will adopt and implement policies to restrict unhealthy food and beverage marketing to children
Day care centers	By 2026, TBD% of day care centers will be in compliance with NYC Health Code regulations related to obesity prevention
Afterschool programs	By 2026, TBD% of afterschool programs will adopt and implement policies and practices to provide children with healthy foods/ beverages and opportunities for PA

2. Community Environment

GOAL

Create community environments that promote and support healthy food and beverage choices and physical activity (from the NYS DOH Prevention Agenda).

OBJECTIVES

Physical activity	To improve opportunities for recreation utilizing Staten Island's green spaces. By 2026, TBD # active recreational programs and events.
	To improve active transportation for pedestrians and cyclists. By 2026, TBD # miles of new bike lanes and sidewalks.
Healthy food access and availability	To improve availability to healthy foods (and reduce availability of unhealthy foods/beverages) in retail settings. By 2026, TBD # or % of restaurants and retailers offering healthy food options.
	To promote maximum utilization of SNAP and WIC benefits. By 2026, TBD % increase in SNAP and WIC utilization.

3. Health Care Systems and Providers

GOAL

Increase the capacity of pediatric providers to implement recommended screening, prevention and treatment measures for obesity in children through quality improvement and other training methods and through reimbursement and payment incentives. (Part of the NYS DOH Prevention Agenda).

4. Awareness Campaign

GOAL

Increase awareness about childhood obesity, healthy nutrition, and physical activity and the policies, practices and programs needed to support childhood wellness through a comprehensive media campaign.



ORGANIZING FOR ACTION

NEXT STEPS

Backbone Organization Responsibilities & Roles:

- Provide dedicated staff to support the coalition
- Assist community partners with strategy development, support aligned activities, establish and refine shared measurement(s) of progress, build public goodwill, advance policy, and mobilize resources

NEXT STEPS

1. Identify working group and steering group members; coordinate their initial meetings.
2. Engage community members and stakeholders by hosting listening sessions to introduce and discuss the overarching goal and four vision areas in our Common Agenda. The results of these listening sessions will be used to inform the strategies chosen by the working groups.
3. Research funding opportunities and connect with local funders.

Steering Committee Members' Responsibilities and Roles:

- Provide strategic guidance for the Initiative
- Champion the initiative's strategies in the community and in the members' own work
- Align their own work /goals to the common vision
- Coordinate working group initiatives to eliminate any overlap and inefficiencies
- Can also serve on working groups

NEXT STEPS

1. Develop the process of interacting with the working groups. Steering Committee will determine a decision-making and communications structure, as well as determine how the Policy and Data Taskforces will move forward.
2. Draft a coalition-wide strategic plan using the initial common agenda and blueprint, and building upon those ideas as the workgroups identify strategies.

3. Assist the Backbone organization in identifying potential funders.
4. Once the working groups have identified strategies, the Steering Committee will review and approve them. Following implementation of strategies, the Steering Committee will task the Data Taskforce with respect to measurement and analysis of data generated by the working groups and will engage the Policy Taskforce to move the strategies forward in the community at large.
5. We recommend the Steering Committee meet monthly for at least six months, after which the Steering Committee can decide how to proceed in terms of meeting frequency. Members of the Steering Committee should decide and agree upon the criteria for ongoing participation, including the actions that should be taken if organizations or individuals fail to complete their obligations to the Steering Committee.

Connecting Groups' Responsibilities and Roles:

- Collaborate across the working groups on a specific task or cross-cutting strategy
- Identify and address areas to support working group strategies and/or the overall initiative
- **Policy Taskforce** will identify specific advocacy and policy avenues to support the strategies implemented by the working groups
- **Data Taskforce** will conduct research, identify data collection strategies, and compile and analyze data from strategies across the working groups. With the complexity of the process involved in promoting childhood wellness, we recommend that the Data Taskforce place a strong focus on process evaluation over the first five years. Additionally, we listed below possible data points that may be helpful for the Data Taskforce to collect and analyze:
 - Tracking projects
 - Food frequency questionnaires
 - Youth alcohol and substance use
 - Responsibility of the Data Task Force

Working Group Responsibilities and Roles²:

Strategy Development	<ul style="list-style-type: none">• Select specific evidence-based strategies applicable to our intervention categories• Conduct asset-mapping project to identify existing programs on Staten Island that are implementing selected strategies• Bring in new partners working on existing projects to align strategy development• Determine how the working group will measure progress and success
Implementation	<ul style="list-style-type: none">• Develop action plans (i.e., specific monthly tasks and who will take them on) for each strategy identified and coordinate activities among working group member agencies and others in the community• Identify funding and grant opportunities to support the working group's activities
Process	<ul style="list-style-type: none">• Attend monthly meetings and commit to 6-12 months of Working Group membership

NEXT STEPS

1. Interpret current Staten Island data and conduct a preliminary review of the chosen interventions.
2. Identify existing resources and programs by conducting an asset map of the community.
3. Using the asset map and a list of evidence-based strategies, the working groups will identify strategies for each intervention.
4. Using the action-planning template,³ working groups will develop an action plan to determine next steps and indicators.

² Tools for working groups can be found on the Collective Impact Forum's Resources page: <https://collectiveimpactforum.org/resources/tools-working-groups>

³ The Action Planning Template can be found on the Collective Impact Forum's Resources page: <https://collectiveimpactforum.org/resources/tools-working-groups>

In keeping with the CI model, the next phase in this agenda consists of organizing individual stakeholders and mobilizing them for action. SIPCW and current initiative members will work to recruit new members using the defined initiative messaging, create the organizational framework, and identify ways to remain sustainable.

COMMUNICATING OUR MESSAGE

To move forward, members will need to engage with potential partners, funders, community members, and challengers. Communicating with stakeholders will require a common language to describe what the initiative is, why it is important to Staten Island, and why the stakeholder should join or be supportive. Our message must be consistent, but adjustable to the audience. Each working group will need to develop a communications strategy for its interventions. However, to build the initiative going forward, a basic message must be developed.

Key Messages for Community Members:

1. What is the initiative?

This initiative is community-wide, collaborative process to improve the health and wellness of Staten Island children.

2. Why is it important?

Depending on the stakeholder, you may wish to use one of the following three options:

Rational message

Child obesity rates on Staten Island are high, leading to diabetes, asthma, and other chronic illnesses. Our health care system is overwhelmed by these preventable diseases. In addition, child obesity affects the healthy development of children and adds to the burden of communities.

Emotional message	Our children's abilities to reach their full potential are largely dependent on their health. They aren't reaching their full potential due to poor health, and we have an opportunity to help them excel. Interventions implemented today will determine a child's health, wellness, and happiness for a lifetime.
Ethical message	Children deserve a healthy start in life. It is our duty as Staten Islanders to ensure our children are able to start with opportunities to learn, live, and play in healthy ways that lead to a healthy life.

3. What does the initiative do?

- Our initiative uses the input of cross-sectional community stakeholders, including non-profits, private institutions, government, parents, and families, to drive activities that are shown to be effective in promoting healthy weights and healthy lifestyles.
- We are focused on efforts that will increase access to healthy foods and physical activity, and will create healthier environments where a child lives, learns, plays, and receives health care.
- Our goal is to work with existing initiatives, to build and support them, as well as identify where new changes or programs are needed.

4. What can I do as a community member?

Our initiative is open to all Staten Islanders interested in investing time, resources, and energy to preventing child obesity. We have many opportunities for you to support us.

SUSTAINABILITY

Long-term sustainability of the initiative requires both lasting partnerships and funding. Specifically, a successful collective impact initiative: (a) will energize community organizations and stakeholders to commit their resources through partnerships; and (b) requires continuous funding for the backbone staff to support the initiative.

Partnerships:

When launching a large initiative, it is important to remember that the partners are the engine that moves it forward. Partners volunteering their time to move programs and activities forward should be motivated to do so because the initiative assists with their work, engages with their issues, and informs their future work.

Additionally, the working groups and Steering Committee should continuously assess their membership. Expanding the membership of the teams on a regular basis will bring in new ideas and help old members move on, if needed. All initiative partners should be informed of the adoption and implementation of strategies in a timely manner and encouraged to work together on them to leverage and expand upon existing resources.

Ultimately, to ensure sustainability of this initiative, we want all of our partnerships to evolve through the following four stages in achieving collaboration: information sharing, cooperation, coordination, and integration. We aim to reach the stage of integration across all partners, where we have shared resources as well as shared accountability towards achieving a shared goal. The Steering Committee, Backbone Organization, as well as Policy and Data Task Forces will be crucial in ensuring these four stages are effectively met.

Steps for Sustainable Partnerships:

Clear Organization. Meetings and activities that are appropriately timed, consistent, and are structured to produce tangible goals or improve engagement and sustainability of partnerships. Partners will more likely remain engaged if, as a result of organized meetings and clear communications, they have actionable steps to take and always know what is coming next.

Expand and build upon existing resources within the initiative's partnerships. Focusing on partner's resources and strengths demonstrates that the initiative seeks to enhance the work of stakeholders, rather than impose new responsibilities on them. Helping partners achieve their own goals through their work on the initiative provides an incentive to collaborate on the initiative's work and on future activities.

Continuous Communication. The Backbone staff will support communication between the working groups, Steering Committee, and community partners. Keeping partners and working group members informed about the initiative's successes, current activities, and next steps is essential to keeping them engaged and interested.

Funding:

Continued funding is required for the backbone staff and for ongoing initiative activities.

Backbone funding provides the initiative with continuous, operational "behind-the-scenes" support. Among other things, backbone staff organizes meeting schedules, coordinates communications among stakeholders, sustains outreach and community engagement efforts, and identifies and applies for grants to sustain the initiative's work. A list of potential funders can be found in Appendix B.

Funding for initiative activities is smaller in scale and thus obtainable from a greater variety of sources. Particularly with respect to continuing the work of successful strategies, identifying funding for existing programs can be a key responsibility of the work groups. Potential funders listed in Appendix B may also be interested in underwriting the one or more of the initiative’s visibly successful strategies on an ongoing basis.

Steps for Sustainable Funding:

Network and Outreach to Funders.	Reach out to organizations and government agencies currently interested in funding obesity work and systems-level change. The Common Agenda and Blueprint and, over time, proven results will provide a starting point for funding discussions.
Use the Working Groups.	The working groups can identify and apply for smaller-scale program funding for new activities or to support and expand existing resources.
Keep Up to Date.	Funding opportunities are continuously being released. As more communities, governments, and non-profits look to systems-level changes and collective impact models, new funding opportunities may become available. Backbone staff must regularly seek out grant opportunities.

We hope that with the guiding principles and organizational structure decided upon by the collaboration, as well as with the successful engagement of potential partners, funders, community members, and challengers, the Staten Island Child Wellness Initiative will sustainably achieve our goal of improving child health and wellness in Staten Island by 2026.

APPENDIX A

LIST OF STAKEHOLDERS

STAKEHOLDERS

NAME	ORGANIZATION
Adena Long	NYC Parks & Recreation
Adrienne Abbate	SI Partnership for Community Wellness
Alexander Mangone	Child Mind Institute
Andrew Goodman	NYU College of Global Public Health
Andrew Ronan	Department of Transportation Playstreets Program
April Lee	SI University Hospital Northwell Health
Arlene Sorkin	IlluminArt Productions
Rafet Awad	NYPD
Betsy Dubovsky	The Staten Island Foundation
Bianca Palumbo	City Harvest
Bobby Digi	Island Voice
Brianne O'Leary	Assemblymen Cusick's office
Cathy Nonas	NYC DOHMH
Celina Ramsey	SI Performing Provider System
Christine Hollie	SI University Hospital Northwell Health
Christine Roos	SI University Hospital Northwell Health
Cynthia Karcewski	NYC DOHMH – Dept of School Health
Daniel Kennedy	Project Hospitality
David Sorkin	Staten Island JCC
Dawn Gallis	Staten Island JCC
Daniel Kennedy	Project Hospitality
David Sorkin	Staten Island JCC
Dawn Gallis	Staten Island JCC
Debra Penny	United Federation of Teachers
Diane Arneth	Community Health Action of Staten Island BrightPoint
Diane Senerchia	Northfield Bank
Dr. Florence Shum	RCMS
Dr. Matthew Weeks	SI University Hospital Northwell Health
Dr. Radha Syed	RCMS
Dulce Chuva	El Centro
Eileen DeLese RN	NYC Office of School Health

NAME	ORGANIZATION
Elizabeth Wolff	SI University Hospital Northwell Health
Erika Larsen	SI Partnership for Community Wellness
Eugene Foley	New World Prep
Fern Zagor	SI Mental Health Society
Fiona Tedds	NYC Parks & Recreation
Flynn Ferguson	Greensulate
Frank Santarpia	Office of the Staten Island Borough President
Ginny Mantello, MD	Office of the Staten Island Borough President
Greg Mihailovich	Transportation Alternatives
Henry Thompson	Community Health Center of Richmond
Holly Malone	NYC Department of Transportation
Janet Kim	Beacon Community Health Center
Jared LaCorte, MD	SI University Hospital Northwell Health
Jessica Steinhart	SI PPS
Jim Pistilli	R.C. Archdiocese of NY & American Cancer Society
Jodi Guagliardo	SIEDC
Jody Stoll	SI Partnership for Community Wellness
Joe Verhey	YMCA
John Piazza	NY Chiropractic & Physical Therapy
Johna Mailolli	City Harvest
Joseph Conte	SI Performing Provider System
Kathleen Kennedy	SI Partnership for Community Wellness
Kathleen Oberfeldt	Wagner College
Kendra Koch	NYC Parks & Recreation
Kevin Handsman	Beacon Community Health Center
Laena Orkin	NYC DOHMH
Laura Jean Watters	The Staten Island Foundation
Liz McSpedon	DOE Office of Wellness
Maggie Meehan	City Harvest
Maria Zoquier	Empire Blue Cross Blue Shield
Marjorie Marciano	NYC Department of Transportation
Maureen Becker	College of Staten Island
Michael Coppotelli	R.C. Archdiocese of NY
Michael Schnall	New York Road Runners

NAME	ORGANIZATION
Nancy Cherofsky	Wagner College
Ogonnaya Dotson Newman	NYC DOHMH
Orit Lender	Staten Island JCC
Pat Tooker	Wagner College
Penny Stern MD, MPH	SI University Hospital Northwell Health
Philip Santora	New York Road Runners
Phillip Otterbeck, MD	Richmond University Medical Center
Rachel Rinaldo	SI YMCA
Rebecca Gallanter	Staten Island JCC
Rev. Demetrius Carolina	First Central Baptist Church
Robin Howald	Project Hospitality
Robin Vitale	American Heart Association
Rosanne Mottola	SI Partnership for Community Wellness
Rose Kerr	Office of the Staten Island Borough President
Sara Gardner	Fund for Public Health in NYC
Shamise Quinn	Staten Island Perinatal Network
Shana Glynn	SI University Hospital Northwell Health
Sony Ramos	Community Health Center of Richmond
Stephanie Caloir	NYC Department of Education
Susan Fowler	City Harvest
Susannah Abbate	Snug Harbor Cultural Ceneter
Tara Singh	Fund for Public Health NYC Building Healthy Communities
Terry Troia	Project Hospitality
Thomas Swanciger	SI YMCA
Vita Tammaro	NYC DOE School Foods

APPENDIX B

LIST OF POTENTIAL FUNDERS

TYPE OF FUNDER	NAME OF FUNDERS
Federal Government	<ul style="list-style-type: none"> • US Department of Agriculture • US Department of Health and Human Services • US Department of Education • Department of Housing and Urban Development • Environmental Protection Agency
New York State Government	<ul style="list-style-type: none"> • NY DOH • NYS Health Foundation • NYS Department of Agriculture and Markets • Empire State Development
New York City Government	<ul style="list-style-type: none"> • NYC DOE – Office of School Wellness • NYC Dept. of Parks and Recreation • NYCDOHMH
Online Resources	<ul style="list-style-type: none"> • Spark PE Grant Search
Local Resources	<ul style="list-style-type: none"> • Local universities (Wagner College, College of Staten Island, CUNY Staten Island) in-kind donations (i.e. research services) • Local hospital (Richmond University Medical Center, Staten Island University Hospital) mini-grants • Local business support of initiative • Local business in-kind donations (e.g., advertising, space or food for events)

Private Foundations – National	<ul style="list-style-type: none"> • AMA Healthy Living Grant Program • Open Society Foundations • Robert Wood Johnson Foundation • W.K. Kellogg Foundation • Grantmakers in Health (membership organization, not a foundation) • Action for Healthy Kids
Private Foundations – Regional	<ul style="list-style-type: none"> • New York Community Trust • Staten Island Foundation • Richmond County Savings Foundation • Northfield Bank Foundation • Philanthropy New York (membership organization, not a foundation)

POTENTIAL STATEN ISLAND FOR COMMUNITY WELLNESS FUNDERS

*The following list is not exhaustive, but presents local philanthropists and other foundations that could potentially support implementation of this plan.

AETNA FOUNDATION, INC.

The Aetna Foundation is dedicated to improving health in local communities and large populations alike through community-based programs, dynamic partnerships and proven models that can help people accelerate progress everywhere.

LOCATION: Hartford, CT

PHONE: 860.273.7764

SITE: <http://www.aetna.com/foundation>

ANTHEM FOUNDATION

The Anthem Foundation is the philanthropic arm of Anthem Inc. Since its establishment the foundation has granted more than \$165 million in grants to organizations that support our Healthy Generations program.

LOCATION: Indianapolis, IN

CONTACT: Lance Chrisman, Exec. Dir.

PHONE: 805.557.6177

SITE: <http://www.anthemcorporateresponsibility.com/cr/foundation>

RICHMOND COUNTY SAVINGS FOUNDATION

Richmond County Savings Foundation has established itself as a leading philanthropic institution in the Staten Island community and beyond.

LOCATION: Staten Island, NY

CONTACT: Cesar J. Claro, Exec. Dir.

PHONE: 718.568.3516

SITE: <http://www.rcsf.org>

THE STATEN ISLAND FOUNDATION

The Staten Island Foundation is an independent, private foundation serving the borough of Staten Island, New York.

LOCATION: Staten Island, NY

PHONE: 718.697.2831

SITE: <http://www.thestatenislandfoundation.org>

BRUCE G. GEARY FOUNDATION

Bruce G Geary Foundation is a Private Independent Foundation in Staten Island, New York.

LOCATION: Staten Island, NY

CONTACT: Raymond J. Pezzoli Esq.

PHONE: 718.442.9047

NORTHFIELD BANK FOUNDATION

The mission of the Northfield Bank Foundation is to promote charitable purposes within the communities in which Northfield Bank operates – Staten Island, Brooklyn and Central New Jersey.

LOCATION: Staten Island, NY

PHONE: 718.303.4265

SITE: <http://www.northfieldbankfoundation.org>

TRADITION FOUNDATION

Tradition Foundation is a Philanthropy, Voluntarism And Grantmaking Foundation.

LOCATION: Staten Island, NY

PHONE: 212.221.1140

COUNCIL ON THE ARTS & HUMANITIES FOR STATEN ISLAND

Staten Island Arts' Culture Lounge at the St. George Ferry Terminal is a meeting place and project space.

LOCATION: Staten Island, NY

CONTACT: Diane Kramer, Pres.

PHONE: 718.447.3329

SITE: <http://www.statenislandarts.org>

GOTTLIEB-SCHWARTZ FAMILY FOUNDATION

LOCATION: Staten Island, NY

THE M. & M. SCHWARTZ FAMILY FOUNDATION

Giving for Jewish organizations and yeshivas.

LOCATION: Staten Island, NY

PHONE: 718.494.7005

THE ROBERTA & ALLAN WEISSGLASS FOUNDATION

The Roberta and Allan Weissglass Foundation Inc. is a small civic & social association in Staten Island, New York.

LOCATION: Staten Island, NY

PHONE: 718.541.1678

JACOBOWITZ CHESED FUND

Jacobowitz Chessed Fund is a Private Independent Foundation in Staten Island, New York.

LOCATION: Staten Island, NY

PHONE: 718.698.5455

THE CORSO FAMILY FOUNDATION INC.

Corso Family Foundation Inc. is a Philanthropy, Voluntarism and Grantmaking Foundation in Staten Island, New York.

LOCATION: Staten Island, NY

PHONE: 718.984.7320

AVOT CHARITABLE TRUST

The Avot Charitable Trust is a Religious/Spiritual Development Organization in Staten Island, New York.

LOCATION: Staten Island, NY

PHONE: 718.698.5406

WE ALWAYS CARE FOUNDATION, INC.

We Always Care Foundation Inc. is a Private Grantmaking Foundation in Staten Island, New York.

LOCATION: Staten Island, NY

PHONE: 646.409.2333

SAMUEL I. AND REGINA GROSS FOUNDATION

LOCATION: Staten Island, NY

PHONE: 718.447.8006

PANDYA JAIN FAMILY FOUNDATION CHARITABLE TRUST

LOCATION: Staten Island, NY

THE E. IKE ESHAGHIAN FOUNDATION, INC.

E. Ike Eshaghian Foundation Inc. is a Private Grantmaking Foundation in Staten Island, New York. Staten Island, NY

PHONE: 921.440.1000

THE MICHAEL DERIENZO CHARITABLE FOUNDATION

LOCATION: Staten Island, NY

JACK & JEANNE REINHARDT FOUNDATION

LOCATION: Staten Island, NY

About the Academy

The New York Academy of Medicine advances solutions that promote the health and well-being of people in cities worldwide.

Established in 1847, The New York Academy of Medicine continues to address the health challenges facing New York City and the world's rapidly growing urban populations. We accomplish this through our Institute for Urban Health, home of interdisciplinary research, evaluation, policy and program initiatives; our world class historical medical library and its public programming in history, the humanities and the arts; and our Fellows program, a network of more than 2,000 experts elected by their peers from across the professions affecting health. Our current priorities are healthy aging, disease prevention, and eliminating health disparities.

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