Defining our Childhood Obesity programme's legacy

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Summary

- The issues that IoUH's programmes are trying to tackle would take decades and cost £billions to solve. Our role is to catalyse positive and co-ordinated action from others to achieve this scale of change.
- Setting and end point for programmes allows us focus to define what we can achieve, by when.
- We think transformational change for complex health issues often involves three factors: ground-breaking research; strategic communications; and incremental policy and industry changes. Over time, these reinforce each other to effectively a) change public understanding and b) reallocate resources around an issue
- We think that our CO programme is operating as an intermediary that amplifies the effort of others, driving funding and helping to coordinate action to tackle this issue
- At the end of our ten-year programme cycle (2027) we will hopefully have contributed to progress on childhood obesity, but we will likely be at least another decade away from solving the issue.
- We could consider handing over our resources to another (new or existing) organisation, to continue our work. This would require a substantial new workstream over the next few years. Alternatively, we could support multiple strategic partners to continue our work.

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The end of programmes

Why do we need programme legacies at Impact on Urban Health?

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IoUH's role in tackling complex health issues

- **The way that cities are designed and managed has a huge impact on the health of their populations.** That is why we focus on making urban areas healthier places for everyone to live. We use a city geography as a defined scope.
- **The best use of our assets is through sustained focus on a small number of complex health issues.** We believe that broader structural change is best achieved by anchoring around one specified mission – otherwise action becomes too diffuse and complex.
- **Lambeth and Southwark are representative of many other urban places around the world.** All our influencing activity should be based on insights from the ground. This provides a way to both apply and add to a global evidence base on seemingly intractable social issues.

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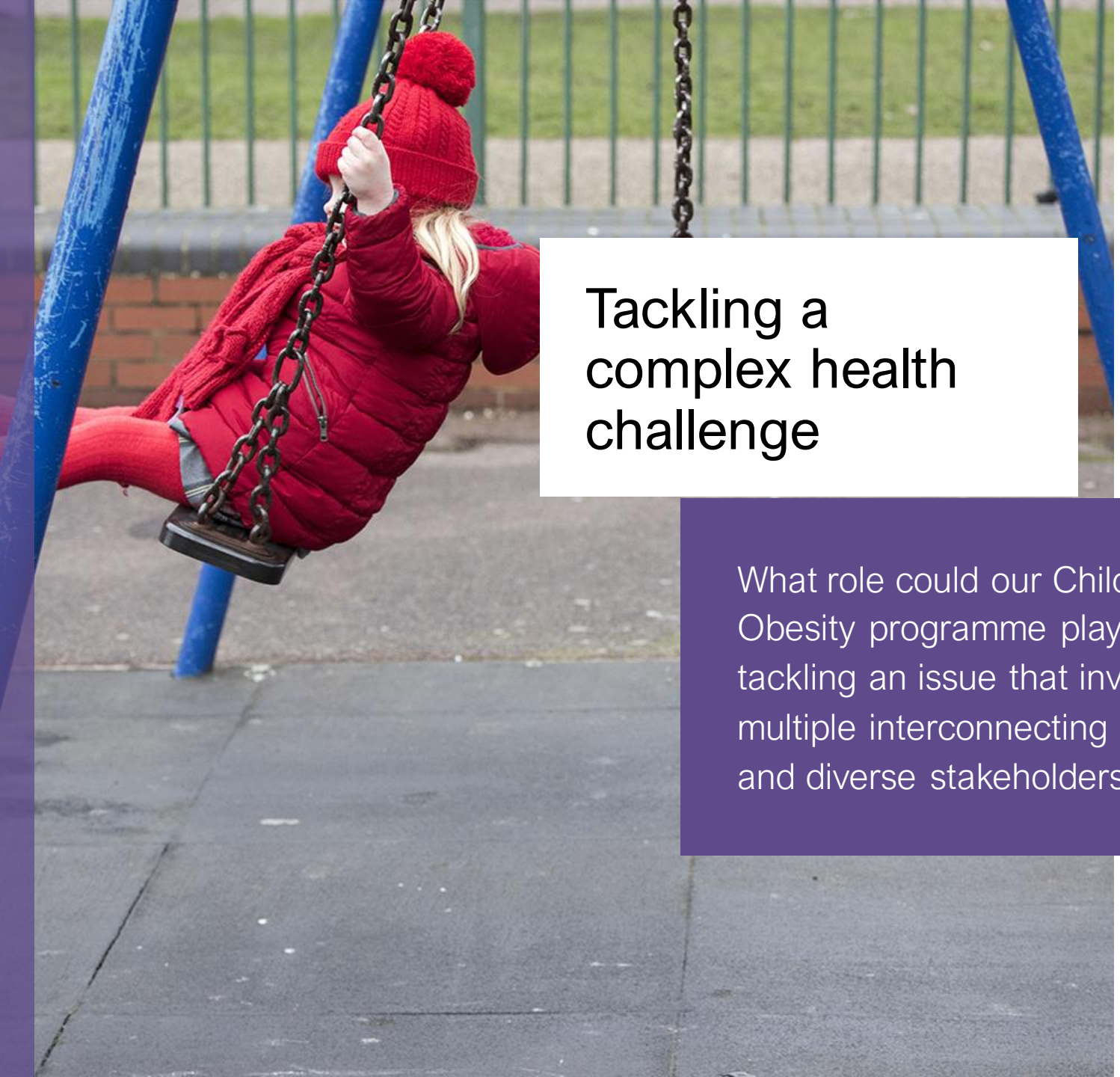
Why we want to define our CO programme legacy

- We want to **break the link between low income and poor nutrition,** by **improving the quality of food options in lower-income neighbourhoods**
- **Solving CO would cost £billions and take another 15+ years to solve.** Our work should therefore be focused on catalysing sustained action from others, not on delivering the long-term solutions ourselves
- **CO is shaped by structural and systemic inequities.** We need to target the decision-makers who have the power to redesign wider economic, commercial and political systems
- **Setting an end point helps us to define what we can achieve on CO, by when.** 5 years remaining on our programme allows us to go at big changes with a view to enabling others to continue making progress on CO after our programme ends

The question that we are trying to answer when we think about Programme legacy is

'After operating for ten years, what do we want the programme to leave in the world?'



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Tackling a complex health challenge

What role could our Childhood Obesity programme play in tackling an issue that involves multiple interconnecting parts and diverse stakeholders?

A starting point

Defining success at a national level

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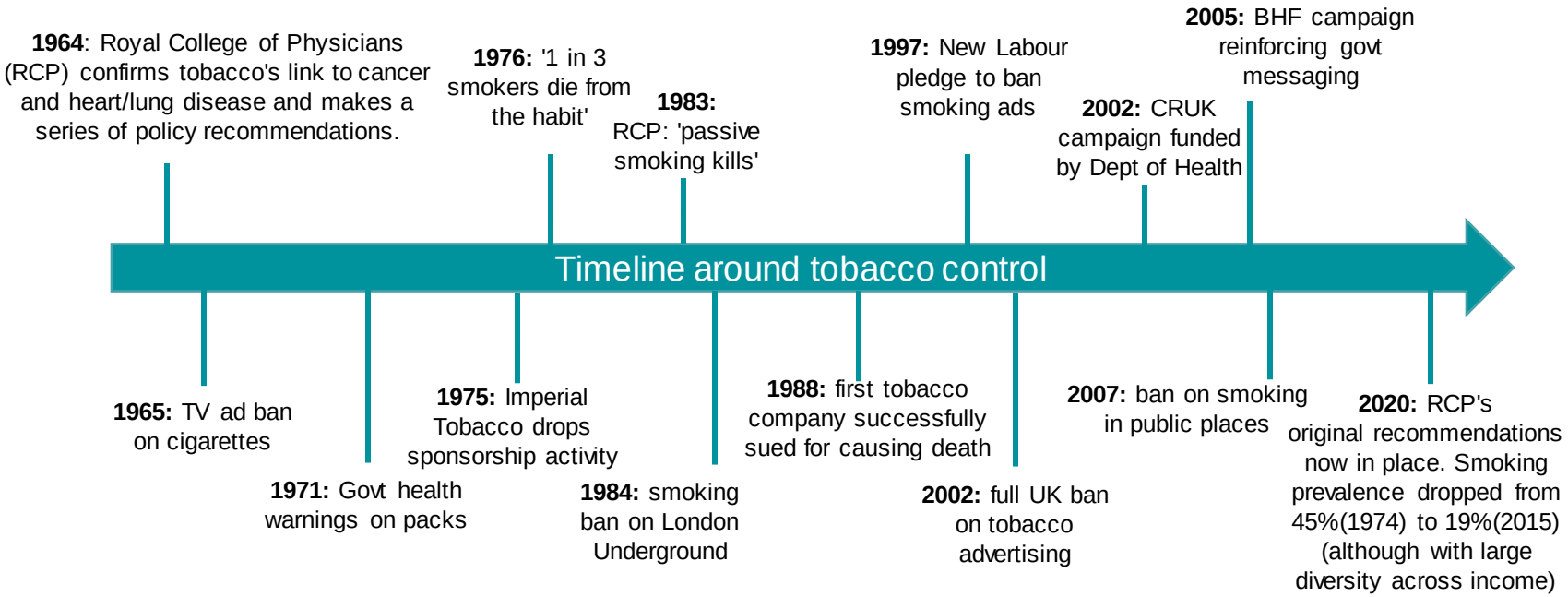
What does big change look like?

For example: There was a major systemic shift around smoking and tobacco over a period of 50 years:



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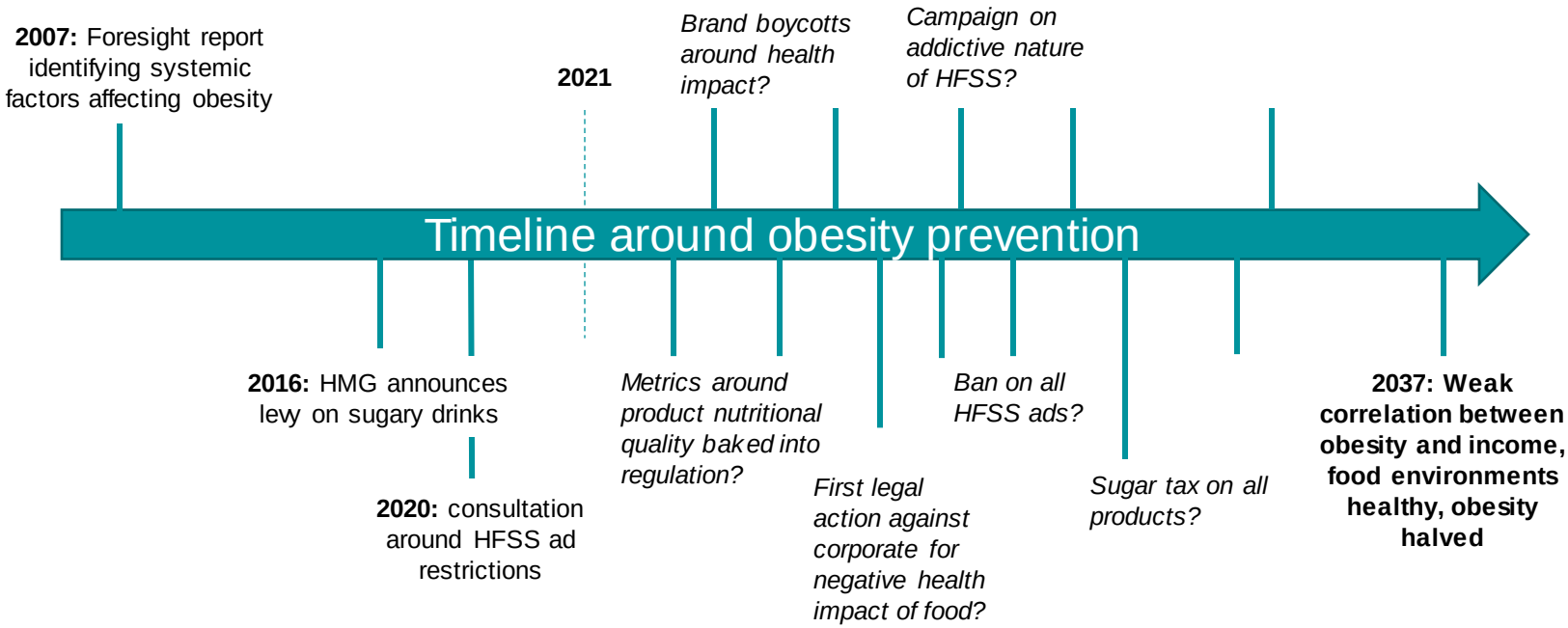
What might a similar obesity timeline look like



> Five years ago, we couldn't mention taxes to combat obesity because it was seen as too 'nanny state'. We're in a different space now.
>
> Caroline Cerny – Obesity Health Alliance

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How the different geographical levels interrelate on CO

Localised action to inform changes at a wider scale

Upstream levers influencing downstream food environments

Some of the main levers

Borough	City	National	International
• Universal FSM provision • Urban planning • Subsidised food provision infrastructure e.g. HAF	• City funding and convening power for obesity focused projects across boroughs • Policies e.g. local economic development (though powers will vary) • Urban planning	• Government: health, business and food policy • National corporate strategy	• Global corporate strategy and alliances e.g. WBCSD • Multilateral organisations e.g. EU, WHO, UN • Investor coalitions • International funders

As part of the process to define our legacy, we will focus initially on defining success at a national level

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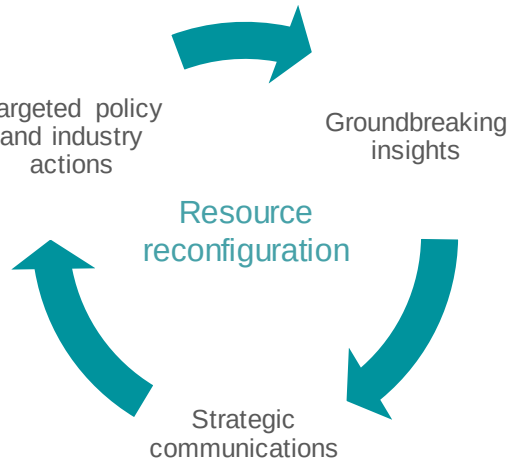
The building blocks of changing a system

Lessons from tobacco control

- Tackling complex health challenges takes decades (i.e., longer than our programme lifetimes)
- Civil society used research and targeted communications to shift public understanding of smoking impact and appetite for tobacco control policies. The two biggest shifts were around framing of smoking as something that affected more than the smoker, and as an addictive substance. Legislation shifted public understanding further.
- Major industry- and policy actions always followed a series of smaller, incremental changes i.e. smaller, targeted actions are necessary for larger transformational ones

Building blocks for system change

- In looking at the history of tobacco control and other issues that have seen a major system transformation for impact (e.g. teen pregnancy, marriage equality), we think there are three major factors in play:
  - **Groundbreaking insights**: based on credible and robust research
  - **Strategic communications**: that help land research findings
  - **Incremental policy and industry actions**: that target specific elements of a system and help different stakeholders to identify a shared vision and their role in system change.
- These three factors reinforce each other over time and lead to a shift in **public understanding** of an issue and subsequent **reconfiguration of public, philanthropic and private resources** to more effective solutions.



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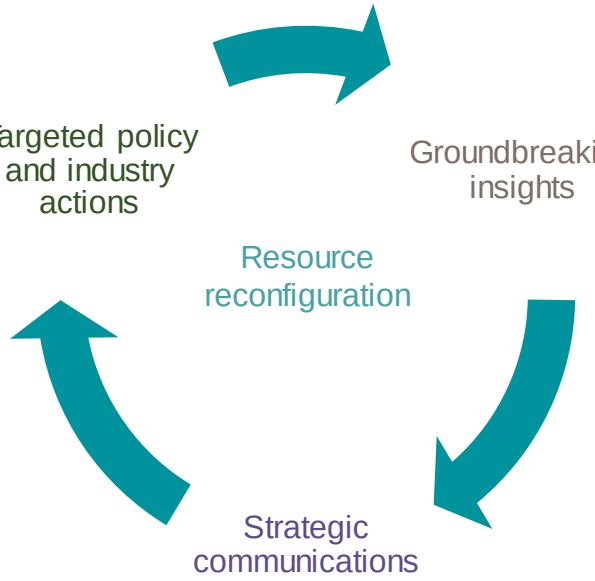
We're in a good position to contribute to these

Through testing out 100+ activities to deliver impact on the ground, a small number (10-20) models are emerging for scale, that address different factors affecting childhood obesity on the ground.

These give us specific priorities for policy or industry influencing activity, as well as resources to help decision-makers implement. The power of these will be a combination of their focus on smaller incremental actions (rather than calls for broad strategies) and in coordinated civil society activity around them.



Our principle of triangulating data/academic evidence; practitioner views; and lived experience has allowed us to present a new picture of what childhood obesity is all about.

Our place-based approach gives us the ability to apply and add detail to the global evidence base; sharing knowledge about how the theory of tackling childhood obesity can be practically implemented in urban contexts.

We're already seeing our programme framework being applied by other philanthropic institutions and in policy strategy, although not yet consistently.

Our 'Reframing Childhood Obesity' work has designed and tested at scale communications principles that help land our programme messages about how the issue of childhood obesity should be framed. We've created a toolkit for others communicating on childhood obesity, which has been adopted by a handful of major obesity organisations. We're now embarking on a mobilisation programme – to get more organisations adopting and developing the communications principles to create a consistent public narrative.

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We hope this puts us in a 'field catalyst' position

- We like the concept of 'Field Catalysts' set out by The James Irvine Foundation and the Bridgespan Group. This is described as an 'intermediary organisation that amplifies the efforts of others'.
- The description of this type of approach speaks well to our programme goals.

> Field catalysts, on the other hand, are not uncommon. They share four characteristics:
>
> - Focus on achieving population-level change, not simply on scaling up an organization or intervention.
> - Influence the direct actions of others, rather than acting directly themselves.
> - Concentrate on getting things done, not on building consensus.
> - Are built to win, not to last.

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Case study of another field catalyst

- The Campaign for Tobacco-Free Kids was a new organisation created by Robert Wood Johnson Foundation in the late 90s, with the mission to tackle rising teen smoking rates in the US.
- RWJF immediately recruited mission-aligned co-funders to help develop and fund the initiative. These contributed a relatively small proportion of funding, but made the initiative feel like a wider public health effort. *Further* co-funding followed, reducing RWJF's contribution to less than half over a decade.
- The Campaign focused on steering a wide group of stakeholders towards a clearly defined shared mission and specific actionable goals. One of its tactics was to consult widely but use a small Board for decision-making.
- Supported by a broad funding base and focused strategy, the organisation played a catalytic role in cutting teen smoking rates in the US from 37% in 1995 to less than 10% in 2014.

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Childhood obesity programme 2027

After operating for ten years, how far will we have contributed to progress on Childhood Obesity (what do we want to leave the world)?

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Defining a roadmap for 'solving' childhood obesity in the UK

With the support of a consultant we will:

1. Define a goal for what success ultimately looks like on CO as an issue, in the same way that success has been achieved on smoking
2. Determine key milestones and shifts in the food system that might be needed to achieve ultimate success (groundbreaking insights, strategic comms, policy and industry action)
3. Define what success for our programme end point in 2027 should involve

- Groundbreaking insights – what might be 'proven'?
- Strategic communications – what might be 'spoken about'?
- Policy and industry action – what might be 'reallocated'?

By 2027, we will have	This will exist in the world as a result	Catalysed by these programme 'products'
Demonstrated HOW CHANGE IS POSSIBLE in childhood obesity. Groundbreaking insights	• There is a weaker correlation between a neighbourhood's level of income and the quality of children's diets in Lambeth and Southwark. • The healthiness of food environments in Lambeth and Southwark's lower income neighbourhoods is healthier. • Models delivered through our programmes have been scaled through national chains of industry, schools and local authorities.	• A robust impact evaluation of our programme, that is clear and compelling. (Assumption: we may not yet see impact on childhood obesity levels by 2027 but should be seeing impact on interim outcomes around changing food environments and changing diets.) • Compelling evidence on a set of key insights e.g. Childhood obesity is about nutrition inequalities; food environments matter; public health and profits are not in conflict; • Coalition of ambassadors speaking to what 'good looks like'
Mobilised a change in the ways that the issue of childhood obesity is COMMUNICATED. Strategic communications	• Our Reframing communications principles are applied as standard when childhood obesity is mentioned, across sectors and across channels. • Our communications principles has been developed further by other communicators; with more detail to apply to different calls for action and circumstances	• 'Train-the-trainer' programme for frame mobilisation successfully delivered with early adopter organisations across different sectors. • Long term evaluation in place of public conversation and understanding around childhood obesity.
CONVINCED DECISION-MAKERS to ACT and make meaningful changes that make an impact on factors affecting childhood obesity. Policy and industry action	• There have been at least 3 (?) major policy reforms and 3 major cross-industry actions implemented that affect food environments (e.g. total ban on HFSS advertising). • The general public understand childhood obesity as an issue of inequality and unhealthy food environments. • A shared mission and priorities for action amongst civil society stakeholders working on childhood obesity. • Other cities around the world have childhood obesity programmes focused on tackling inequality around children's diets and improving food environments • Other philanthropists have adopted our programme principles and/or co-funded our work	• Codified methodology for applying a global CO evidence base to a local context • 5-15 innovative models, transforming different elements of a local food system, with resources for replication/scale of impact in other urban areas. • Infrastructure to help city leaders carry out shared advocacy and more easily apply implementation lessons from other urban contexts. • Successful scaling strategies for our innovative models

This is intended as illustrative of what our legacy could involve

Our hypothesis

What could this look like in practice?

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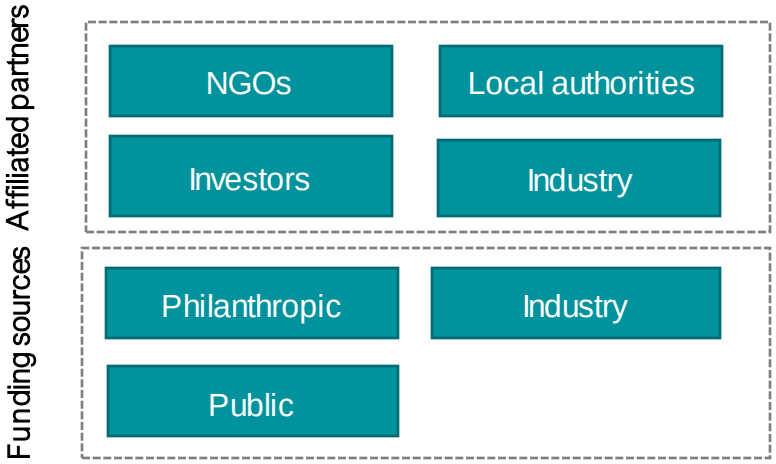
The end of the CO Programme: two possibilities

A spin out (led by new or existing organisation)

Central function focused on:

1. Maintaining a network of partners
2. Influencing funding to flow to, and coordinating member action on, priority areas on CO
3. Generating and communicating new insight/ research/data on CO (including lived experience)
4. Driving uptake of CO framing
5. Influencing e.g. via policy makers or movement building



Multiple strategic partners

Multiple strategic partners or coalitions of partners continue to:

- coordinate action on thematic areas e.g. school food, food industry;
- To generate/communicate new insights on CO relevant to those areas
- Influence policy makers and/or industry on CO

A spin out drives uptake of CO framing work

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We will also support our most successful delivery partners to scale and sustain their impact

Part of our legacy will also involve ensuring that our most successful delivery partners (c.10-15) continue to operate and scale after our programme ends. Scaling and sustaining the impact of our key partners will look different for each. For example:

Project	What does impact at scale look like?	System shifts needed for impact	How might impact be scaled/sustained?
Share Action (SA)	Companies across the food industry meet ambitious commitments on nutrition, significantly increasing their proportion of healthy sales	Mainstream investors take on leadership of nutrition as an issue Supportive legislation to level the playing field Coalition of investors focused on health Improved legislation around investor ESG stewardship	We have supported SA to found Long-term Investors in People's Health (LIPH), a new global investor coalition focused on improving ESG action focused on health.
School Food Review Group	School food consumed nationally contributes to healthy weights	Supportive policy on school food including universal free, nutritious school meals	This group continues to coordinate NGO campaigning and public affairs efforts on school food policy reform

Examples are illustrative.

Thank you

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