



Commentary

Shaping up Somerville: A community initiative in Massachusetts

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We live in an era of low expectations for big ideas. On the environment, on health insurance, on the economy, the public and policy-makers alike display real cynicism about achieving transformative change. Shape Up Somerville (SUS), however, demonstrates that communities have considerable ability to shape attitudes and behaviors that significantly improve public health and transform the quality of life for their citizens. One of the clear lessons of SUS is that there are no magic bullets: change on this scale requires a collective approach focused on multiple community systems. However, the effect of these changes can be a powerful force in influencing the values of a community and the issues and changes for which it will advocate. SUS has prioritized health and wellness through the implementation of numerous community-improvement initiatives, including school food service reform; enhanced nutrition and physical activity curricula; a healthy restaurants initiative; an increased number of community gardens; renovated parks; and improved bike, pedestrian, and public transit. These changes required a multi-sector commitment from key leaders and their success, over time, indicates that big ideas can have a big impact.

SUS began as a 3-year, controlled, community-based participatory research (CBPR) trial designed to prevent and reduce obesity in early elementary schoolchildren, with core funding from the Centers for Disease Control and Prevention. This research phase provided financial support for a planning and monitoring year during which key relationships were built between and among Tufts University's Medford and Boston, MA campuses; the City of Somerville, MA; and community agencies, while community needs were assessed. Formative data (e.g., focus groups, key informant interviews) were collected to inform the design of the intervention, while training

was conducted to enable rigorous collection of individual anthropometric and behavioral data as well as assessments at the school and community levels. The publication of the first year results provided evidence that encouraged additional community-based participatory approaches to obesity prevention (Economos et al., 2007). Since the completion of the CDC grant in 2005, SUS has evolved and expanded as a community-driven initiative and has emerged as a promising model to prevent childhood obesity.

Leadership, relationship building, community involvement, and sustainability have all been critical to the success of SUS. This commentary discusses the strategies that have been implemented, lessons learned, and some institutional factors that have proven to be important.

Leadership

Tufts University and the City of Somerville

In 2003, changes in leadership at Tufts University and within the City of Somerville created an opportunity for enhanced collaboration between the city and the university. Joseph A. Curtatone, the new Mayor of Somerville, and Lawrence S. Bacow, the President of Tufts University, collaborated closely to cultivate a positive working relationship; both had a personal focus on healthy eating and active living.

Key leaders and community organizations in Somerville were also ready to support a bold and comprehensive intervention to address the issue of childhood obesity. At a time when awareness of childhood obesity was growing nationwide, local data revealed high rates of overweight and obesity among 4th graders in Somerville, sparking a call to action in the community. In the Somerville Public Schools, for example, both the Food Service Director and the Superintendent were interested in talking with researchers about changes to the school environment.

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Building relationships

The involvement of key decision-makers, including appointed and elected officials, was also dependent upon the cooperation of civic and cultural leaders within certain target populations. Through key informant interviews with community leaders, Tufts was able to build trust and harness support for the project. Additionally, focus groups with teachers, parents, and children informed the intervention design, eliciting crucial feedback on intervention ideas; for example, parents provided important information on what would make a walk-to-school initiative more feasible.

As is the case with most community initiatives, SUS encountered barriers and resistance to change, including budget allocation processes, union contracts, and concerned parents. However, a broad net of community partnerships, and Mayor Curtatone's unwavering commitment to the issue, galvanized sustained support for the SUS effort. Seven years later, the city's "Walk/Ride Days" still illustrate the importance of cross-sector collaboration, as advocates of active transit have teamed up with local businesses to offer incentives to residents who commute actively on designated days.

Community involvement

Growing champions

Community champions created momentum and enthusiasm for SUS's early efforts, as early adopters were asked to become role models for the desired changes and to help get others on board. When launching a series of ambitious changes to school food offerings, the Food Service Director started with a few schools whose principals and food service staff were more willing to try something new. Their peer-to-peer enthusiasm helped generate support for the district-wide 'rollout.'

Mayor Curtatone also emerged as a leading champion of Shape Up Somerville, promoting healthy behaviors by example, eating at "SUS Approved" restaurants and participating in numerous SUS events. Throughout the past seven years, other visible champions have emerged from multiple sectors to advance the cause, including representatives of the Council on Aging, local ethnic groups, and bike and pedestrian advocates.

Capacity-building and professional development

By definition, an intervention asks people to do something different. To this end, professional development provided key stakeholders with the skills and confidence needed to adopt new behaviors and to implement intervention components. Training sessions were held for food service staff, teachers, school nurses, project staff, health care providers, city employees, and community partners.

Moreover, successful grant-writing efforts secured multiple sources of additional funding and allowed continuation and expansion of the SUS goals. The most recent, an RWJF Healthy Kids, Healthy Communities grant, administered by Active Living By Design will allow SUS to expand and to spread lessons learned and successes nationwide.

Allowing for ownership

Ownership played a dual role in SUS. For project staff, contracts and Memoranda of Understanding proved to be an important means of enforcing commitments and accountability, while involving the community at every level helped to make the initiative truly their own.

In launching SUS, it was important to develop a recognizable brand and community presence. Tufts hosted focus groups and community

meetings to develop and test a logo which was then posted on fliers, materials sent to parents, and on the doors of the SUS Healthy Restaurants. A survey at the end of the intervention found strong brand recognition. However, while the logo clearly served its purpose throughout the study period, the city-based SUS Taskforce altered the design after the cessation of the intervention in order to better represent its goals moving forward. As the existing image was recognized primarily as 'Tufts-Shape Up' logo, the community partners changed the image to better represent their efforts in expanding the program beyond its initial focus.

Sustainability

Personnel

Dedicated staffing is critical to community-based initiatives. Since 2002, three positions have been created within city government to support the work of SUS; a part-time planner, a full-time SUS Coordinator, and a full-time SUS Director. Tufts and RWJF provided the initial funding to create these positions.

Planning

For the past four years, SUS has thrived as an umbrella initiative; it is truly a collective effort across multiple organizations. The SUS Taskforce, representing 25 stakeholders, meets monthly to discuss activities and opportunities for collaboration and funding. Recently, the Taskforce restructured and will be led by a 30 member Steering Committee, chaired by the Mayor and comprised of City departments, the Board of Aldermen, Somerville Public Schools, the Somerville School Committee, community-based and statewide organizations.

Policies

Policy development is a critical component of community-based health initiatives and is vital to sustaining positive change.

Through SUS, numerous successful policy changes have been implemented. For example, through the development of a robust school wellness policy and a change in certain budgeting practices, the school food service department was able, over several years, to execute a preferred vendor contract with local food providers, thus securing fresh produce for public school meals while stimulating the local farm economy.

Policy changes to promote active transit and physical activity have also been implemented: City Hall developed an Employee Wellness Policy, created a bike/pedestrian coordinator position, designated funding for bike racks and highly reflective crosswalk paint, installed count-down timers, and committed to bike path maintenance.

The success of SUS demonstrates that large-scale community change is possible when community members and city leaders work in unison. With dedicated resources and broad-based support, we believe that any community which chooses to meet this challenge with a community-based and -driven initiative can realize and sustain similar changes, ultimately improving its infrastructure for healthy living and enhancing the quality of life and wellbeing of its residents.

Conflict of interest statement

All authors declare that there is no conflict of interest.

Reference

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