Translating Policies Into Practice: A Framework to Prevent Childhood Obesity in Afterschool Programs
Michael W. Beets, Collin Webster, Ruth Saunders, Jennifer L. Huberty and Healthy Afterschool Program Network
Health Promot Pract 2013 14: 228 originally published online 14 September 2012
DOI: 10.1177/1524839912446320

The online version of this article can be found at:
http://hpp.sagepub.com/content/14/2/228

Published by:
SAGE
http://www.sagepublications.com

On behalf of:
Society for Public Health Education

Additional services and information for Health Promotion Practice can be found at:

Email Alerts: http://hpp.sagepub.com/cgi/alerts

Subscriptions: http://hpp.sagepub.com/subscriptions

Reprints: http://www.sagepub.com/journalsReprints.nav

Permissions: http://www.sagepub.com/journalsPermissions.nav

>> Version of Record - Feb 27, 2013

OnlineFirst Version of Record - Sep 14, 2012

What is This?
Afterschool programs (3-6 p.m.) are positioned to play a critical role in combating childhood obesity. To this end, state and national organizations have developed policies related to promoting physical activity and guiding the nutritional quality of snacks served in afterschool programs. No conceptual frameworks, however, are available that describe the process of how afterschool programs will translate such policies into daily practice to reach eventual outcomes. Drawing from complex systems theory, this article describes the development of a framework that identifies critical modifiable levers within afterschool programs that can be altered and/or strengthened to reach policy goals. These include the policy environment at the national, state, and local levels; individual site, after-school program leader, staff, and child characteristics; and existing outside organizational partnerships. Use of this framework and recognition of its constituent elements have the potential to lead to the successful and sustainable adoption and implementation of physical activity and nutrition policies in afterschool programs nationwide.

Keywords: moderate-to-vigorous; children; nutrition; physical activity; snacks

INTRODUCTION

With more than 8.4 million youth attending for an average of 8.1 hours per week, afterschool programs (ASPs, 3-6 p.m.) are positioned to play a vital role in combating childhood obesity (America After 3 PM, 2009). Afterschool programs can contribute up to one third of a child’s recommended daily physical activity (Beets, Rooney, Tilley, Beighle, & Webster, 2010; Trost, Rosenkranz, & Dzewaltowski, 2008) while contributing one fifth of a child’s daily intake of fresh/frozen fruits and vegetables (F&V) as snacks (Huberty, Beets, Beighle, & Balluff, 2010). These contributions are important given that within school opportunities for physical activity (e.g., physical education, recess) and nutrition (e.g., school lunch program) alone cannot eliminate the obesity issue (Story, Nanney, & Schwartz, 2009).

Accordingly, several states and national organizations have developed policies designed to optimize the physical activity and nutrition environment of ASPs. Currently, 14 states have some form of written policies or standards related to promoting physical activity in the ASP setting (Beets, Wallner, & Beighle, 2010), whereas five policies exist to guide the nutritional quality of the snacks served (Beets, Tilley, Kim, & Webster, 2011). However, existing policies reflect varying perspectives on the nature or amount of physical activity youth should receive in ASPs and the types of snacks served.
ASPs should offer. It is recognized that public health policies reflect an important first step in promoting healthier behaviors within the ASP setting (Beets et al., 2011; Beets, Wallner, et al., 2010; Huberty et al., 2010; Moore et al., 2010). How these policies will translate into practice, however, remains unclear. The purpose of this article is to discuss obesity prevention policies in ASPs and outline a conceptual framework for future research related to the successful adoption and implementation of such policies within the ASP setting.

For the purpose of this article, policy is defined as a “formal statement that defines priorities for action, goals, and strategies, as well as accountabilities of involved actors” that serve as one of numerous strategies to create health-promoting environments (Bull, Bellew, Schoppe, & Bauman, 2004, p. 94). In ASPs, policies include written formal rules that provide an organizing structure, guidance and benchmarks of performance for collective and individual behavior. The policies developed to date, however, can be considered “untested” in that they lack a rigorous empirical knowledge base from which they were developed and primarily reflect the position of stakeholders and/or were adapted from other settings (e.g., physical education; Beets, Wallner, et al., 2010). Nevertheless, in the attempt to reduce the prevalence of childhood obesity, policies represent the next generation in primary prevention efforts for obesity-related acute and chronic diseases (Brownson, Chriqui, Burgeson, Fisher, & Ness, 2010).

In the ASP setting, policies have been developed to guide organizational practices, create norms related to expected behaviors and corresponding outcomes, and dictate programming (Beets et al., 2011; Beets, Wallner, et al., 2010). The rationale is that the adoption and implementation of these policies will shift the overall climate of ASPs toward one that is more physical activity and nutrition oriented. The policies that currently exist contain specific language that defines benchmarks or standards of performance (see Table 1 for examples of existing policies). Defining clear benchmarks/standards is considered an important step in establishing accountability of organizational and individual behavior. Thus, through well-defined policies and enforceable rules, the possibility exists to substantially alter the ASP environment to one that contributes significantly to children’s daily physical activity and nutritional intake.

Although policy goals have been developed with good intentions, minimal supports are in place to assist ASPs in meeting policy goals. Studies indicate the majority of children in ASPs fail to accumulate sufficient amounts of physical activity to meet policy benchmarks (Beets, Rooney, et al., 2010; Dzewaltowski et al., 2010; Trost et al., 2008). Likewise, the snacks served are often of low-nutrient quality and primarily characterized as high in total calories, added fats, and sugars and nearly void of F&V (Cassady, Vogt, Otto-Kent, Mosley, & Lincoln, 2006; Coleman, Geller, Rosenkranz, & Dzewaltowski, 2008; Mozaffarian et al., 2010). Even with policies outlining standards for physical activity and nutrition, it appears that ASPs are far from meeting the goals.

Without a well-defined approach to translate policy into practice, policy efforts are unlikely to yield their full potential. A necessary step in this process is to identify key modifiable characteristics of the ASP setting that can be altered and/or strengthened to bring about organizational change. To accomplish this, a conceptual framework that describes the multilevel nature of the potential influences on the ASP obesity prevention policies was created. This framework was informed by complex systems change (Foster-Fishman, Nowell, & Yang, 2007), social ecology (Stokols, 1992), and the emerging literature on the impact of public health policy (Brownson & Jones, 2009; Brownson, Seiler, & Eyler, 2010) that identifies key modifiable elements of the system to be targeted as well as possible influences on those elements. In addition to this change model, we also present action steps that describe potential approaches to facilitating policy change in ASP settings. This framework should prove useful for researchers and practitioners in designing policy-level interventions within the ASP setting.

> FRAMEWORK: AFTERSCHOOL PROGRAMS AS A COMPLEX SYSTEM

Drawing from the theoretical framework of complex systems change and social ecology (Foster-Fishman et al., 2007; Stokols, 1992), ASPs can be viewed as systems containing multiple levels that operate interdependently. From this approach, each level within a system is identified and evaluated for influential “leverage points” that, when altered, can bring about system-wide changes (i.e., adoption and successful implementation of obesity prevention polices; Foster-Fishman et al., 2007). Leverage points refer to human, monetary, political, and physical resources contained within a setting. Thus, countless leverage points can exist within a given setting, with these specific to the phenomenon and setting under study. The extent to which levers operate within a given context will also vary within and between settings. Hence, any one or combination of leverage points may be identified as critical to tipping the system (ASPs) toward the successful adoption and implementation of obesity prevention policies.
Viewing ASPs as complex systems, obesity prevention policies represent one of many leverage points within a system (see Figure 1). In the absence of creating compatible and complementary changes throughout other parts of a system (ASPs), the likelihood of obesity prevention policies to make meaningful change is limited. Thus, an understanding of (a) the different system levels, (b) what elements of the ASP influence children’s physical activity and the nutritional quality of snacks, (c) which of these elements are modifiable with a realistic input of resources (and what resources are required), and (d) how to work with change agents to create and operationalize policies (putting policies into routine practice) becomes central for supporting obesity policy efforts.

**Policy at Three Levels**

The first three system levels deal directly with regulatory processes that establish policies at the national (e.g., National Out of School Time Association, U.S. Department of Agriculture [USDA]) and state (e.g., California, North Carolina), organization (e.g., YMCA, Boys and Girls Club), or local site (i.e., each individual ASP) level. At each of these levels, policies have been introduced. State and national organizations have established polices for both physical activity (e.g., California, Council on Accreditation) and nutrition (e.g., USDA Child and Adult Food Care Program; Beets et al., 2011; Beets, Wallner, et al., 2010). Organizations, independent of state or national oversight, often establish their own policies. For instance, the YMCA of America is currently testing the effectiveness of both physical activity and nutrition standards in their ASP. Although the physical activity policies are yet to be evaluated, the results from a study on the nutrition policies indicate that increases in F&V and reductions in salty and sugar added snacks can be achieved (Mozaffarian et al., 2010). Local site policies refer to policies developed by individual ASP that operate

---

**TABLE 1**

Examples of Existing State and National Organization Policies for Physical Activity and Nutrition in Afterschool Programs

<table>
<thead>
<tr>
<th>Domain</th>
<th>State/Institution</th>
<th>Standards, Policy, Recommendation, Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical activity</td>
<td>California</td>
<td>Ensure students achieve appropriate amounts of physical activity after school</td>
</tr>
<tr>
<td></td>
<td></td>
<td>a. Provide a minimum of 30 to 60 minutes of moderate-to-vigorous physical activity during afterschool program</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. Limit sitting to no more than 60 minutes at a time</td>
</tr>
<tr>
<td></td>
<td></td>
<td>c. Limit screen time to 60 minutes per afterschool session</td>
</tr>
<tr>
<td></td>
<td>Indiana/Maine/</td>
<td>Chance for 30 minutes of physical activity for every 3-hour time block (from the National Afterschool Association)</td>
</tr>
<tr>
<td></td>
<td>Michigan</td>
<td>Time/intensity: 20% of daily program time for moderate-to-vigorous physical activity</td>
</tr>
<tr>
<td></td>
<td>North Carolina</td>
<td></td>
</tr>
<tr>
<td>Nutrition</td>
<td>Harvard</td>
<td>Serve a fruit and/or vegetable at every meal and snack</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Serve water every day</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Do not serve sugar-sweetened beverages</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Do not serve foods with trans fat</td>
</tr>
<tr>
<td></td>
<td></td>
<td>When serving grains (e.g., bread, crackers, and cereals), serve whole grains</td>
</tr>
<tr>
<td></td>
<td>U.S. Department of</td>
<td>Meal supplements should contain two of the following components</td>
</tr>
<tr>
<td></td>
<td>Agriculture Child</td>
<td>Serving of milk</td>
</tr>
<tr>
<td></td>
<td>and Adult Care Food Program</td>
<td>Serving of meat or meat alternative</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Serving of vegetable or fruit</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Serving of whole grains or enriched bread</td>
</tr>
</tbody>
</table>

NOTE: For complete details on afterschool program physical activity and nutrition policies, see Beets, Wallner, and Beighle (2010), and Beets, Tilley, Kim, and Webster (2011).
independently of national and state oversight and are not part of a formally established organization (e.g., Boys and Girls Club of America). Such sites include faith-based and individual schools that organize their own ASPs. Based on informal inquiries conducted by the authors, local sites have developed unique policies such as “15 minutes of physical activity for every 2 hours of programming.” The extent to which other local site policies exist and have been developed and implemented is unknown.

The major consideration with policy introduced at any of these levels is the amount of accountability and corresponding monitoring of policy compliance. To date, the majority of policies are developed with a preference on voluntary self-regulation over some form of external regulation (Mello, 2008; Mello, Pomeranz, & Moran, 2008). Most obesity policy development and implementation has occurred within private or state-level (e.g., state health departments) organizations on a voluntary basis with guidance from administrative agencies in federal and state governments, industry, and university associations. For physical activity, California has passed legislation (Proposition 49; www.afterschoolnetwork.org/node/8274) that requires 30 minutes of daily moderate-to-vigorous physical activity for each child attending a state-funded ASP by 2013. This represents the first of what may soon become many attempts to regulate the amount of physical activity children accumulate within ASPs nationwide. However, the legislation does not require reporting of children’s physical activity. For the nutritional quality of snacks, the USDA has specific nutritional guidelines for ASPs taking part in their snack reimbursement program (either the National School Lunch Program or the Child and Adult Care Food Program), but the only accountability associated with this policy is the refusal to reimburse snacks that do not meet the nutrition guidelines.

The lack of accountability at any of these levels related to adopting and implementing obesity policies severely limits their uptake and impact (Sacks, Swinburn, & Lawrence, 2009). Obesity prevention policies in
contexts outside the ASP setting often contain some form of penalty and/or reward for meeting policy goals and guidelines (Sacks et al., 2009). Hence, accountabilities outlined by a governing body (in this case at both ends of the continuum—national/state to local) can serve as impetus for ASPs to meet the goals set forth in existing policies. Relying on voluntary uptake of, and compliance with, obesity prevention policies is likely to have an unnecessarily lengthy lag time, limiting the effect of policies that seek adoption without incentives or accountabilities. Therefore, an accountability system needs to be considered if policies are to be adopted in a timely fashion and are to result in the hypothesized impact. Because policies have already been developed at many of the above stated levels, this important system lever has already been established. What is required is the identification of additional levers that need to be altered in order to ensure the policies have the intended impact.

Primary Actors: Leaders and Frontline Staff

Within any organization, careful attention to the level of support for change from leaders and frontline staff (individuals who directly lead and interact with the children enrolled in the ASP) is essential. Afterschool program leaders as well as established governing boards of ASPs reflect the point of decision making (considered the “organizational” level); this is the level where policies are adopted. The frontline staff reflect the program level where program activities take place and where policies are or are not implemented into practice (Langille & Rodgers, 2010). The human resources (i.e., leadership and staff) of an ASP serve as one of the critical links between a policy adopted on one hand and the eventual changes in child health behaviors on the other. Policies developed to date contain language that only applies to behavioral changes—that is, polices do not call for changes to the physical environment. Therefore, the responsibility of meeting policy goals is inevitably placed on the shoulders of ASP leaders and frontline staff. Hence, “buy-in” is an essential lever within the ASP system that can result in whether policies are (in)effectively implemented (Wiecha, Nelson, Roth, Glashagel, & Vaughan, 2010).

How to “develop” buy-in, however, is not as easily understood. From a participatory research perspective, actively seeking input from ASP leaders and collective decision making are two strategies that can be used to foster a greater sense of ownership (Cargo & Mercer, 2008; Israel, Schulz, Parker, & Becker, 1998). Limited research on ASPs indicates that ASP personnel (including program leaders and frontline staff) want to add more physical activity into their programs, yet require additional equipment, staff training and are faced with facility constraints (inadequate play spaces; Moore et al., 2010). Although further research is needed, it appears that ASP leaders exhibit heightened awareness, are motivated, and require additional supports to implement policies related to physical activity. Other community-based initiatives have created local buy-in through capacity-building efforts that included resource development, linkages to key outside organizations, quality training, and immediate feedback on implementation efforts (Elliott & Mihalic, 2004; Livet, Courser, & Wandersman, 2008; Wiecha et al., 2010). These strategies should be considered when approaching and/or collaboratively working with program providers in implementing obesity policies.

The school-based prevention literature is robust with findings regarding the influence of administration on the overall “climate” of a school environment and implementation of prevention programming (e.g., substance abuse, violence prevention; Beets et al., 2008; Domitrovich & Greenberg, 2000; Durlak, 1998; Gregory, Henry, & Schoeny, 2007). Considerable evidence has also established the importance of administrative encouragement, enthusiasm, commitment, and overall championing of prevention efforts with beneficial programmatic outcomes in the school setting (Han & Weiss, 2005). For obesity prevention policy implementation, mechanisms need to be in place the clearly define roles and provide authority and responsibility to make decisions regarding successful policy adoption as it relates to staffing and structure of the ASP (Potter & Brough, 2004). Likewise, ASP administrators need to be proactive and readily adopt policies and evidence-based practices related to enhancing physical activity and nutrition. Hence, a combination of “top-down” and “bottom-up” approaches is likely to result in the most successful combination for policy adoption and implementation.

Furthermore, the absence of a lack of leadership in school-based interventions can potentially decrease teacher motivation for implementing a program (Elliott & Mihalic, 2004). It is likely that both positive and negative ASP leader–frontline staffer relationships can be equally important in whether policy succeeds. Buy-in from individuals who make decisions regarding programming, staffing, and general daily operations of an ASP should lead to higher levels of implementation.

Frontline staffers can also play a crucial role in policy success (Caring for Our Children, 2010). From the school-based prevention field, teachers are one of the primary drivers of beneficial prevention programming outcomes (Beets et al., 2008; Han & Weiss, 2005).
Consideration of their perceptions of leadership support, current skills and efficacy, amount of training received, and modeling of appropriate behaviors is essential in whether high levels of implementation will occur (Beighle et al., 2010). Limited evidence suggests that ASP frontline staff play a primary role in the amount of physical activity children accumulate during the program (Coleman et al., 2008). The way frontline staff interacts with the children, either by encouraging or discouraging physical activity, and whether they take responsibility for leading activities, can have a substantial impact on the children’s physical activity engagement. Varying levels of confidence and skill in delivering physical activity– and nutrition-related content in ASPs are commonly observed (Kelder et al., 2005). This poses a challenge for implementing obesity prevention policies and suggests professional development training and ongoing technical support may prove critical to successful implementation (Huberty et al., 2010).

**Children Enrolled in Afterschool Programs**

ASPs serve a diverse range of youth. The majority of youth attending are of elementary age and from low-income schools (America After 3 PM, 2009). An important consideration for ASPs is the equity of program experiences and opportunities for attendees with diverse characteristics and backgrounds. For example, it is documented that girls accumulate fewer minutes of physical activity during an ASP and are less likely to achieve physical activity policy benchmarks in comparison with boys (Beets, Beighle, Bottai, Rooney, & Tilley, 2012; Beets, Rooney, et al., 2010; Trost et al., 2008). Overweight status (at or above the 85th age-/sex-specific percentile) can influence whether youth accumulate sufficient amounts of physical activity; however, recent studies suggest that in an ASP, overweight youth do not engage in less activity than their healthy weight peers (Trost et al., 2008). Likewise, overweight status is not related to meeting policy benchmarks (Beets, Rooney, et al., 2010). Notably, Beets, Rooney, et al. found youth from an ethnic/minority background (predominately African American) to be more likely to meet policy benchmarks.

A major consideration when scheduling activities is providing activities that appeal to both boys and girls equally. Although no studies have been published to date, our informal observations across numerous ASPs indicate that boys more readily engage in more physical activities (e.g., touch football) than girls, who seem to engage in more sedentary activities (e.g., arts and crafts). Consideration for the types of physical activities that appeal to both boys and girls (separately or coed) is important to meeting policy goals. Studies outside of the ASP environment have documented gender differences in the types of physical activities commonly engaged by boys and those engaged in by girls and that these preferences change as children become older (Bradley, McMurray, Harrell, & Deng, 2000; Harrell et al., 2003). Further examinations of what type of activities girls want to participate in, how these vary as a function of age, and whether they can be carried out within the ASP setting are necessary to address the lower level of girls’ activity.

Additionally, care should be taken to include snacks that not only meet guidelines but are also culturally relevant and diverse. The ethnic/racial composition of an ASP will, in large part, be determined by geographic locale and types of children served (e.g., Free and Reduced Lunch eligible). These characteristics should be considered in the selection of the snacks served. Often, ASPs serve a limited variety of snacks on any given day and, at times, serve similar snacks throughout the ASP year (Cassady et al., 2006; Coleman et al., 2008; Mozaffarian et al., 2010). Cultural preferences for foods and the exposure to different types of foods play a role in developing food likes and dislikes (Benton, 2004; Wardle & Cooke, 2008). Whether the snacks provided in ASPs appeal to all children or whether cultural preferences in foods influence the consumption of an ASP snack is unknown. Hence, the influence of cultural preferences on snack selection and consumption should be considered when developing snack menus.

**Afterschool Program Site Diversity**

A great deal of diversity exists among ASPs. This diversity stems from differences in locations (e.g., school, faith-based, other community locations), available indoor and outdoor resources (e.g., green spaces, gymnasium, food storage/preparation stations), consistency of staffing and leadership, availability of portable (e.g., balls, cones) and fixed (e.g., swings, jungle gym) equipment, monetary resources for purchase of curricula and healthy snacks, and the percentage of youth attending that qualify for free and reduced lunch programs. Additionally, geographic locale will influence opportunities to be outdoors and may affect the cost of F&V. For instance, during winter months in northern states, opportunities to be outside may limit children’s physical activity, particularly for ASPs with inadequate indoor spaces for active play. Likewise, regional variations in the price of foods may influence the purchasing decisions of ASPs, thereby impeding their ability to meet nutrition guidelines (Sturm & Datar, 2011).

Beets et al. / POLICIES TO PRACTICE 233
Consistently, school-based research indicates that these program characteristics have a direct, and at times substantial, impact on the physical activity and nutrition behaviors of youth. Above all, the access to equipment for physical activity, supervision of children, and the accessibility to F&V are related to children being more physically active and consuming healthier diets (Brug, Tak, te Velde, Bere, & de Bourdeaudhuij, 2008; French & Wechsler, 2004; Sallis et al., 2001; Wind, te Velde, Brug, Sandvik, & Klepp, 2010). Such characteristics are likely to have a major impact on whether a program can meet policy goals. Obesity prevention policies have been written from the standpoint that all programs should be able to achieve the policies, irrespective of the diversity in resources that exists among ASPs. The diversity among ASPs will naturally make it easy for some to meet policy goals, whereas others may struggle or fail to achieve them entirely.

**Secondary Actors: External Relationships**

Secondary actors consist of entities and organizations outside the ASP setting, yet have the capacity, resources, and expertise to assist them in the adoption and implementation of obesity policies. These include universities, volunteer organizations (e.g., AmeriCorps), extension agents, and other community-based organizations. Research indicates that when schools work collaboratively with university staff, use standardized planning and implementation of evidence-based practices (rather than a standardized curriculum/intervention), and receive ongoing support, materials, and consultation from a university partner, improvements in student health are realized (Patton, Bond, Butler, & Glover, 2003; Saunders, Ward, Felton, Dowda, & Pate, 2006). For example, one leading model, PROSPER (PROmoting School–community–university Partnerships to Enhance Resilience; Spoth, Greenberg, Bierman, & Redmond, 2004), describes such a process in which university “agents” (i.e., researchers) become resources for schools and communities to increase organizational capacity. Specifically, efforts are made to enhance and coordinate human, technical, financial, and other organizational resources to implement evidence-based, competence-building strategies (i.e., for promoting the successful adoption and implementation of obesity policies in ASP settings). As another example, AmeriCorps volunteers can deliver evidence-based programming related to physical activity and nutrition in ASPs across Ohio (www.serveohio.org). Thus, there are many opportunities for ASPs to connect with outside organizations to enhance programming that leads to realizing obesity prevention policy goals.

In terms of addressing nutrition quality across ASPs, outside collaboration with other community entities and national agencies is recommended. The USDA Child and Adult Food Care Program will reimburse programs where a minimum of 50% of the children attending qualify for the federal-assisted National School Lunch Program (www.fns.usda.gov/cnd/lunch). However, this is only beneficial to those ASPs serving a large portion of kids in need. Additional partnerships with local farmers and grocery stores should be explored to offset costs not covered by the USDA program. Leveraging buying power from multiple programs within the same community can assist in reducing the cost of F&V through bulk purchases. In the school setting, these strategies have been shown to be an effective means to lower costs and serve healthier foods (Izumi, Alaimo, & Hamm, 2010; Vallianatos, Gottlieb, & Haase, 2004). In ASPs, this approach is a creative means to improve the nutritional quality of snacks without increasing the cost associated with purchasing F&V.

**Creating Change: Recommendations**

Drawing from our conceptual framework, the following outlines recommendations for how external partners can work with ASPs to facilitate policy change in ASPs. These recommendations are informed by a settings approach to facilitating change (Poland, Krupa, & McCall, 2009) that involves working collaboratively with organizational change agents (Commers, Gottlieb, & Kok, 2007; Kealey, Peterson, Gaul, & Dinh, 2000). These approaches represent a logical (as described in the preceding sections) starting point by which to test the effectiveness of policy interventions within ASPs.

First, we recommend defining policy change as a complex intervention and working in partnership with ASP stakeholders to facilitate policy adoption and implementation in the ASP. A complete discussion of working in partnership is beyond the scope of this article; however, key elements include partners agreeing on common goals; having mutual trust, respect, and commitment; building from strengths (vs. problem focus); good communication and decision-making processes; and clearly defined roles and responsibilities for all partners (Green, Daniel, & Novick, 2001).

Second, a complex intervention (i.e., obesity prevention policies), which takes place in the “real world,” interacts with the setting into which it is implemented (Hawe, Shiell, & Riley, 2004, 2009). Such interventions are characterized by inherent variability across organizational (vs. individual) units (in this case, differences among ASPs), strong contextual influences, and extensive stakeholder involvement.
and cooperation. This variability makes delivering a “one size fits all” intervention inappropriate. In these situations, we recommend conceptualizing implementation fidelity as a standardized process aiming to achieve the same purpose or function across varied settings (i.e., achievement of obesity prevention policy goals), rather than a standard set of activities or prepackaged intervention—everyone employs the exact same strategies (Hauser et al., 2004, 2009). This is particularly applicable to implementing policies across settings that vary on many features, as in ASPs. This approach enables diverse organizations to adopt and carry out policies to achieve common goals in a manner consistent with local context and resources.

Finally, we recommend the following approaches for the successful implementation of obesity prevention policies in ASPs: (a) understand the setting or context including capacity; (b) obtain and ensure ongoing organizational support; (c) identify and form effective working relationships with organizational change agents, typically the ASP program leader and frontline staff; (d) agree to provide staff training; and (e) support ASP change agents as they create specific changes in the ASP environment (Poland et al., 2009; Potter & Brough, 2004). These recommendations draw on well-established approaches in public health and focus on factors associated with successful adoption and implementation of programs and policies.

**CONCLUSION**

ASPs are poised to make a substantial impact on the physical activity and nutrition of children nationwide. The policies developed by state and national organizations represent the first step toward achieving this goal. The evidence to date suggests that ASPs are falling short of providing adequate amounts of physical activity and predominately serve snacks of low-nutrition value (Beets, Rooney, et al., 2010; Cassady et al., 2006; Coleman et al., 2008; Mozaffarian et al., 2010). The conceptual framework and corresponding recommendations presented here should assist public health practitioners and ASP providers in devising strategies that maximize the successful adoption and implementation of obesity prevention policies. Although future work is required to further explore the interrelationships among the various levels and determine which levels are most “change ready” and why, this framework will, at minimum, provide a starting point for planning and evaluation of nationwide policy adoption in ASPs.

**NOTE**

1. For the purpose of this article, physical activity and nutrition policies are broadly referred to as “obesity prevention policies” unless specific information and/or examples related to either is referenced.

**REFERENCES**


Beets et al. / POLICIES TO PRACTICE 235


Downloaded from hps.sagepub.com at UNIVERSITY OF SOUTH CAROLINA on March 4, 2014.


