



Appendix A
Forum Agenda

NHPS Community Expert Forum on Prevention of Childhood Obesity A Work Group to Discuss Strategies to Promote Healthy Childhood Nutrition and Physical Activity

June 16, 2004

Embassy Suites Hotel
654 South College Avenue
Newark, Delaware

Agenda

- 8:00 - 9:00 a.m. Registration and light breakfast
- 9:00 - 9:20 a.m. Welcome, Introductions, and Purpose of the Forum
Debbie Chang, Executive Director and Senior Vice President, NHPS
- 9:20 - 9:40 a.m. Overview of National and Regional Agenda on Obesity Prevention
The Honorable Dr. Dalton Paxman, Region III DHHS Administrator
- 9:40 - 10:30 a.m. Overview of NHPS Background Research, Resource Assessment, and Proposed Strategies
Marihelen Barrett, NHPS Center Director and Jamie Gilmore, NHPS Policy Analyst
- Response from Delaware participants about what is already happening in Delaware and how we can build on the current activity**
- 10:30 - 10:45 a.m. Break (resource materials displayed on tables around the edge of the room)
- 10:45 - 11:45 a.m. Panel Presentation of Promising Prevention Strategies: Implementation Lessons from the Experiences of Other States
- Facilitator:** Dr. Karyl Thomas-Rattay, NHPS Senior Policy Analyst
- * MA: Steve Gortmaker and Jean Wiecha; School, community and health care Strategies (Planet Health/Eat Well & Keep Moving)
 - * AR: Martha Hiett; School strategies (BMI Report Card)
 - * MI: Nicholas Drzal; School strategies (School Health Index)
 - * PA: Deborah Ellenberg; Community strategies and coalition building (PANA)
 - * NJ: Kathy Cunningham; Parent initiated activities
- 11:45 - 12:15 p.m. Discussion; Questions for Panel; Instructions for Breakout Workgroups
- 12:15 - 1:00 p.m. Lunch

1:00 - 3:00 p.m.

Workgroups Facilitated by NHPS

■ **Work Group A: School environment**

Joan Powell, facilitator

■ **Work Group B: Childcare, after-school programs, and youth programs**

Gwen Angalet, facilitator

■ **Work Group C: Primary health care services**

Debbie Chang, facilitator

■ **Work Group D: Family and community environment**

Marihelen Barrett, facilitator

- Each group will be asked to complete a discussion guide/ worksheet and select a reporter; flip charts will be provided; NHPS will provide note takers
- Dr. Karyl Thomas-Rattay, NHPS Senior Policy Analyst and Dr. Larry Kleinman, NHPS Center Director for Research, Evaluation and Planning will circulate among the groups to provide advice
- State and national leaders will be assigned to groups to offer their experience and expertise

3:00 - 3:15 p.m.

Afternoon Break

3:15 - 4:00 p.m.

Full Group Discussion: What Will Work for Delaware?

- Reports from each group
- Challenges unique to Delaware
- Geographic differences
- Evaluation, measurement, and data issues
- Next steps
- Other partners

4:00 - 4:30 p.m.

Wrap-up and NHPS Follow-up

Debbie Chang and Marihelen Barrett

Appendix B

Summary of Panel Presentations

Summary of Expert Speaker Presentations

NHPS Community Expert Forum on Prevention of Childhood Obesity

Jean Wiecha, PhD

Harvard Research Prevention Center on Nutrition and Physical Activity

Dr. Wiecha is the Deputy Director for the Harvard Prevention Research Center on Nutrition and Physical Activity, which aims to work with community partners to design, implement, and evaluate programs that can improve physical activity, inactivity, and nutrition among children and youth. Dr. Wiecha discussed their collaborative activities with the YMCA addressing nutrition and physical activity curriculum, programs and resources focusing on the after school environment with the goals of improving children's health, parent partnerships and staff wellness. To date, 2,000 children age 5 to 11 in 45 sites have been involved. She also discussed another program "Play Across Boston" where a census of programs and facilities for youth sports and physical activity in Boston was developed and a youth survey of the physical activity environment was conducted. Of interest, GIS coding was used to map and analyze the data. This needs assessment led to interventions to: increase the number of youth physical activity programs, improve access to programs or places to play, repair existing facilities, and provide a resource tool for the community. Dr. Wiecha also discussed the Harvard Prevention Research Center's involvement with multiple collaborators in the Massachusetts Partnership for Healthy Weight, which is working to establish a coordinated statewide infrastructure to address obesity prevention and control in youth culminating in a state plan that emphasizes environmental, policy and social marketing approaches. One resulting activity is a social marketing campaign developed in collaboration with Blue Cross Blue Shield called *5-2-1 Jump Up and Go* which promotes the simple and actionable messages to eat 5 or more fruits and vegetables a day, watch 2 hours or less of television per day and be physically active 1 or more hour per day.

Steven Gortmaker, PhD

Harvard Research Prevention Center on Nutrition and Physical Activity

Dr. Gortmaker is the Director of the Harvard Research Prevention Center on Nutrition and Physical Activity. His research is focused on the health of children and adolescents, particularly households living in poverty and minority populations. He has focused on a broad variety of risks, ranging from sociological concepts such as income poverty, social stress and social networks, to behaviors such as smoking, inactivity (exemplified by television viewing) and diet. Interventions

have included work at both the level of national and state policy, programs at the regional, county, school, hospital, clinic and individual level. His research includes collaborative work with research groups at Harvard, in the Boston area, nationally, and internationally. Two of his research projects are interdisciplinary, integrated obesity school-based prevention curriculum: Eat Well and Keep Moving (EWKM) for grades 4-5; and Planet Health for grades 6-8. Both programs focus on prevention of overweight in schools by improving diet and increasing physical activity in students through implementation of curricula that is integrated into existing classroom subjects and is compatible with the primary educational aims of the schools. Planet Health has shown favorable results on the BMI of girls (and non-significantly in boys). Additionally, this program has been analyzed to be cost-effective. The Prevention Research Center is currently working with the Boston Public Schools to pilot implementation of the Planet Health curriculum throughout Boston Public Schools.

Martha Hiatt: Arkansas Department of Health

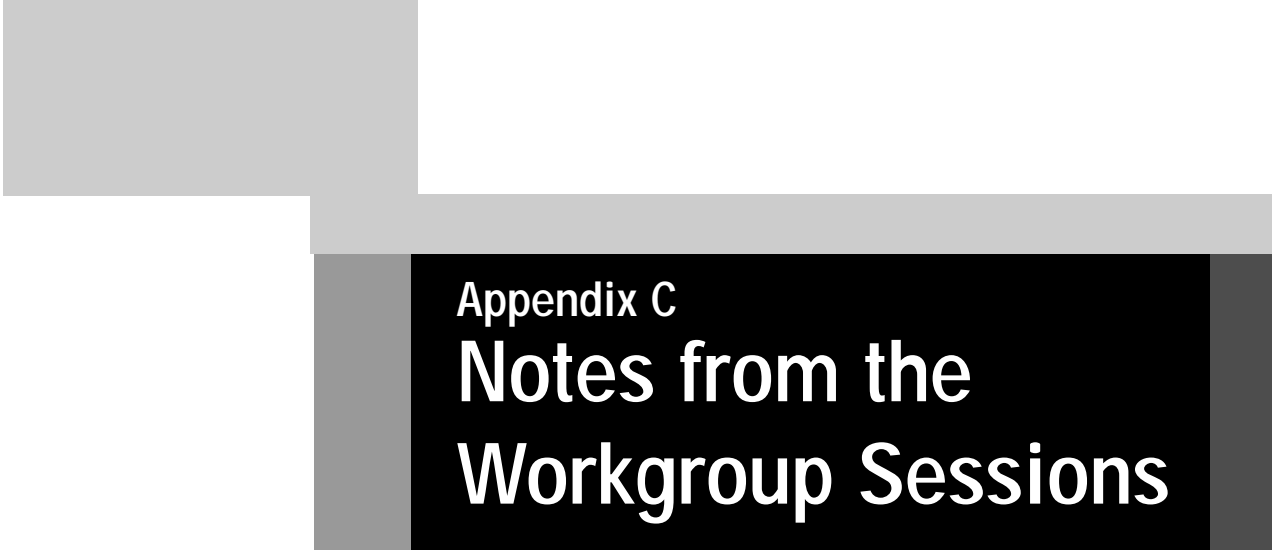
Ms. Hiatt has worked for the Arkansas Department of Health for the past 20 years, where she currently serves as Director of Statewide Services and is a member of the Agency's Senior Staff. Ms. Hiatt discussed landmark legislation passed in Arkansas addressing overweight in children and youth. Act 1220 of 2003 created the Child Health Advisory Committee to address childhood overweight and develop statewide nutrition and physical activity standards to be implemented throughout Arkansas schools. Major components of the Act include: eliminating elementary school student in-school access to vending machines offering food and beverages; developing recommendations to ensure that nutrition and physical activity standards are implemented to provide students with skills, opportunities, and encouragement to adopt healthy lifestyles; requiring schools to include, as part of the annual report to parents and the community, the amounts and sources of funds received from competitive food and beverage contracts; convening community advisory committees to raise awareness of proper nutrition and physical activity and assist in implementation of policies at the local level; and, what has been somewhat controversial, requiring the schools to include an annual body mass index (BMI) percentile and an explanation of the possible health effects of body mass index, nutrition and physical activity as part of a student health report to parents.

Nicholas Drzal, MPH, RD: Michigan Department of Education
Mr. Drzal works with the Michigan Department of Education as a Nutrition Education Consultant. His efforts involve mobilizing schools to form coordinated school health teams, assisting in the development of Michigan Board of Education Policies, and consensus building among key Michigan stakeholders. Mr. Drzal discussed Michigan's efforts to promote healthy weight. He emphasized that efforts have been driven by the development of a consensus paper entitled *The Role of Michigan Schools in Promoting Healthy Weight*. The resulting coalition of Health Champions has centered their efforts on creating Coordinated School Health Teams; conducting assessments; and assisting in the implementation of action plans. The Health Champions are promoting usage of the Healthy School Action Tool (HCAT), which combines the assessment tool The School Health Index, and the Changing the Scene tool kit to implement action steps. A small number of grants of up to \$1,000 have been offered annually. Additionally, schools can request the assistance of a facilitator, technical assistance and assistance with resource identification and linkage. Efforts of the group have resulted in expansion of the HCAT throughout the state and a number of individual school successes in improving the nutrition and physical activity environment.

Deborah Ellenberg, MS: Pennsylvania Advocates for Nutrition and Activity (PANA)
Ms. Ellenberg is the Director of Community Services for Pennsylvania Advocates for Nutrition and Activity (PANA). PANA is working to serve as a communication clearinghouse and statewide resource for improving nutrition and physical activity, facilitate the implementation of a Pennsylvania nutrition and physical activity plan, and assess the effect of statewide PANA activities. PANA has prioritized the building of partnerships and capacity as the foundation of their efforts and has developed a state coalition of approximately 200 partners consisting of local and state decision makers, local advocates, leadership partners, sponsors and collaborators. Their targets of change are the social and physical environments of communities and organizations as well as public policy. PANA is providing tools for local implementation that promote existing park and recreation facilities as places for physical activity, instituting a training program for local government officials on the impact of land-use and transportation on public health, and developing education materials to be utilized by local community health partners to promote Safe Routes to School. Priority objectives in the school setting include: advocating for policy changes to mandate daily physical education classes in primary schools in Pennsylvania; increasing the percentage of schools that provide Coordinated School Health Programs; improving the nutritional quality of food and beverage choices on school campuses; and increasing the pro-

portion of children who walk to school. Ms. Ellenberg also discussed the recently launched Keystone Healthy Zone Campaign which recognizes and rewards schools for their efforts in supporting physical activity and good nutrition as part of the total learning experience and implements a number of coordinated activities such as online assessments, mini-grants and community champion training.

Kathy Cunningham, RN: Parent Representative
Ms. Cunningham discussed parent-initiated strategies for addressing healthy eating and physical activity. Ms. Cunningham, a registered nurse by training and medical sales professional for 20 years, became a concerned parent when observing her daughter's weight increase in relation to her height. Although her pediatrician was aware of Kathy's concerns and saw that this young girl's weight-for-height was "off the chart" she did not view it as a matter requiring serious attention and felt her daughter would grow into her weight. Kathy and her husband felt that if their daughter continued along the same path, she could potentially be at an unhealthy weight that would be difficult to reverse. Kathy and her husband read and researched and became convinced that portion control would play a big role in managing her weight and developed some self-initiated measures. They began to modify her servings at home and made special requests in restaurants. They changed their kitchen to offer less high-calorie nutrient-poor foods. They encouraged their daughter's interest in sports. Importantly, they modeled the eating and physical activity behaviors they were trying to develop in their daughter. Their strategies have been successful. Their daughter is now very mindful of portions, nutrition, and self-control when it comes to what she eats and her weight is back "on the chart" or within the normal range for her height.



Appendix C

Notes from the Workgroup Sessions

Workgroup A: School Environment

Facilitator: Joan Powell

Recorder: Erin Knight

Participants

Donald Post
Marjorie Shannon
Saundra Brunson
Ian Nathanson
Claudia Williams
Mary Beth French
Kelly Serpico

Nancy Cotugna
Scott Rosas
Nancy Wilson
Rebecca King
Thomas Butler
Guy Scotolati
Martha Hiatt

Existing Nutrition Programs in Delaware

- Nutrition supervisors from all 19 school districts systematically analyze a la carte items in cafeterias for nutritional content, calories, sugar, fat, etc... The purpose is to create and distribute a list of healthy items and then try to find vendors who can help the schools provide healthier items.
- Smyrna High School found that milk is a big seller in their vending machines.
- Some schools offer no cost (universal) breakfast - Laurel is the only district that serves it in the classroom.
- The Produce Association has done much work around healthy nutrition in schools.

Existing Physical Activity Programs in Delaware

- State standards for PE are relatively new and encourage teachers to teach calorie counting. The standards are difficult for younger children and should be developed to be more age-appropriate. Rebecca King has been successful teaching calorie counting and label reading to 3rd graders.
- Coordinated School Health Program: 8-10 schools get grant money from the Department of Education (DOE) to go to Dover with a team to get trained on best practices and to do a self-assessment in order to create a school-specific plan for positive change. This is a competitive grant process. Sustained resources are a big need because it is largely based on parent volunteers, also there is no support for ongoing evaluation. Only 30% of school funding is locally obtained, 70% comes from the state (this proportion is very different than most states).
- One school is copying the model of an open library with an "open gym." Kids can earn tickets to go to the gym during the day and be active. They would like to test this model and evaluate whether this model links to reduced absenteeism, improved test scores, and decreased number of kids sent for behavioral intervention.
- The Delmarva Foundation has a social marketing campaign to promote positive messages for teens (with teens actually giving the messages) *Get Moving* in the Indian River area.

- Other current programs: Lt. Governor's challenge, Action for Healthy Kids, Shape Up Live Well.
- Other programs people are using include many found on the web (virtual sneaker day, walk across America, etc.).
- Delaware is part of a pilot study for a new curriculum in grades 3-4 (3 schools in Sussex Co.) and data should be available soon. It was mentioned that monitoring should include changes in behavior before worrying about outcomes like BMI.

Existing Data/Technical Assistance in Delaware

- There is a pupil accounting system in most districts that will soon be on-line. It includes a set of data elements that has the potential for tracking and evaluation but has not yet been used that way.
- A small group of schools are a pilot for data collection with school nurses, but they need funding for substitute nurses to stand in while regular nurses are collecting and reporting data.
- Wellness centers are an example of collaboration between health and education. 27 of 29 public high schools have wellness centers. Some have a registered dietician for a few (4-6) hours per week.

Existing Barriers & Gaps

- It is a challenge to balance the needs of kids who do not eat breakfast at home with those that do (many kids come to school hungry or are hungry by 9:30, whereas other kids end up eating 2 breakfasts and overeat). Similarly, what can be done about the kids that buy 3 lunches?
- Health Education Standards in Delaware say that curriculum must meet standards but does not mandate a particular curriculum. Compliance is poor because there is not enough time for health/physical education with the focus on testing. We haven't done a good enough job educating policy-makers that healthier kids will do better on tests. Another problem is that many of the available curricula are too long (100% of 40 weeks) when ideally you should only have 70-80% in order to be flexible.
- Physical activity time is limited and teachers are often uncomfortable with unstructured time. Open gym concept allows teachers to send kids to something unstructured with someone overseeing the kids that is comfortable with unstructured time. There was wide recognition of this issue of teacher discomfort and others commented on the need for strong leadership from the principals and superintendents - also, evaluation needs to be long-term because teachers will change slowly.

Target Groups

- Sussex County always seems to have more needs, particularly western Sussex County - fewer financial resources, lower insurance rates and transportation barriers. Similar problems in the city of Wilmington (in terms of resources and needs).
- Affluent areas still have obese kids and problems exist with parents working late, kids left at home unattended with access to TV and junk food.
- Problem pockets in New Castle Co. - namely the eastside, southside, and MLK school area in Wilmington. Food service workers report that many kids are hungry.
- There is a growth of Hispanic population in Wilmington and Kent Co., specifically at Capital School District and the Georgetown area in Sussex County.
- We need to address the issue of family involvement, but this is particularly challenging and sensitive with many family members - this is both an opportunity and challenge for us because many of the problems in schools come from the home. FAST (Families and Schools Together) model could be adapted for obesity work.
- We need a framework for our approach and that should be the same as our prevention approach to other public health problems - specifically need to think about how we can arrange our strategies to be coordinated.
- One size does not fit all for these programs.
- We have an opportunity in Delaware to target 4-year-olds because of state support for preschool for those under 100% of FPL. Also, Delaware may be going to full-day kindergarten soon.

Actions

- Encourage policy-makers to link health and education funding to work together
- Open the gym up to the whole community (one school has open gym night 1 day/week for parents and students and they are looking into offering classes during that time)
- Partner schools with community colleges, university extension services, etc... to assist them with data collection
- Post calorie counts on food items in cafeterias.
- Alter the food stamp cards such that someone gets a discount when buying healthy foods as incentive
- Support DOE's efforts with coordinated school health, ongoing technical assistance, grant writing, and evaluation.
- Create 2 different types of resource centers - one for community agencies and one for families
- Create public education campaign
- Create clearinghouse for best practices
- Underwrite some infrastructure expenses
- Help engage the private sector and get local business to "own" the problem
- Be a facilitator and coordinator of other groups (there are a lot of existing task forces, but none have been particularly effective)
- Support collection of statewide data and link data to district level reporting—don't limit ourselves to K-12 (think pre-K)

Priority Strategies

- Serve as a leader in bringing state partners together in a sustained (multi-year) way and set up an infrastructure for collaboration
- Support statewide data infrastructure
- ID effective programs, make them more accessible and track performance and outcomes

Workgroup B: Childcare, After-School & Youth Programs

Facilitator: Gwen Angalet

Recorder: Jamie Gilmore

Participants

Annie Linton	Patricia Nelson
Evelyn Keating	Jennifer Shroff Pendley
Fred Breukelman	Betty Richardson
Karen Crowley	Karen Rucker
Steve Dowshen	Sharon Stull
Sam Gidding	Nancy Watson
Maria Matos	Ellen McClain
Jean Wiecha	JoAnn McIlvain
Dayna Moore	

Existing Nutrition Programs in Delaware

- The Feeding Program has strict nutrition guidelines in after school programs and child care centers.
- Teachers are bringing in and allowing water bottles in classrooms in Brandywine School District so students are drinking water during the day.
- June 30 is the deadline for child care centers to be licensed. Nutrition standards have been set to keep junk food away from kids. Unfortunately, although the list is from USDA—they still allow high sugars at fats.
- PAL center is a free service to kids 8-18. There are 3 PAL centers that serve kids throughout the states and many of the kids are coming from lower socioeconomic groups. There is structure. Recently PAL did a *Keep Fit* campaign that identified 50 kids and set them up with a trainer and also took the kids to the Dupont county club where a chef taught kids to prepare healthy meals.

Existing Physical Activity Programs in Delaware

- YMCA programs are always packed with people.
- The new beautiful Pike Creek Park is always packed.
- In some school districts, the students are required to participate in a sport- a good opportunity for those children who are not sports-inclined. All of the private schools require that each student to do a sport.
- The Boys and Girls Clubs across the state revolve many of their activities around sports.
- There are several physical activity and nutrition programs via the Cooperative Extension, Parks and Recreation, and many summer/after school programs in Delaware.
- LPGA Youth Health Program is for all kids of all ages and is more than just golf. They have also worked closely with the PALS centers. The Parkey Oliver Golf Course has a program for underprivileged kids in the summer.
- PTAs in April promote *Turn off the TV week*.

Existing Data/Technical Assistance in Delaware

- In Healthy Start, staff measures height and weight and if the students are under/over weight, they work make sure a program is in place for the child.
- Health Consultants in Delaware work in daycare facilities addressing health and safety issues as a service provided by the family workplace connection.

Existing Barriers & Gaps

- Some parents don't think it is a big deal to have overweight kids, and some people don't really want to acknowledge that their children are overweight - they are very sensitive.
- Many health professionals are dancing around the issue because of the sensitivity. They should be able to say your child is overweight...but they are still scared to say it.
- Parents are responsible for what food is in the house and where kids eat out.
- Parents have time constraints from working...they grab what you can provide to kids.
- Education: Some parents may think they are making good choices, but they don't understand they are doing harm.
- Why are people giving out junk to kids versus the fruits/vegies? How do you get people to choose the right food choice?
- A child has less chance of being obese if they are breast-fed, but for single moms or working parents...very difficult. Work sites need to offer baby feeding friendly sites to pump and on-site childcare where moms are able to nurse.
- If you look at programs individually, there is much going on. Delaware does not have one group pulling all of the activities together. Efforts need to be coordinated and well-funded to get to the issue.
- We do not have good data on young kids in Delaware. We need a system of gathering data up to high school age that is centrally located. DPH is pursuing ways to collect that data.
- Head Start is a good opportunity to get to kids when really young. We are missing opportunities to get to parents. Not just giving the information, but reinforcing with the parents. Parents need to make time for good meals. Parents are the ones that mold the kid's behavior.
- In the Delaware program *Growing Together*; parents learn about their newborn—we need something similar for parents in regards to obesity.
- There are more obese kids in Hockessin versus New Castle. We need to identify at-risk kids and see where they come - most are probably from single parents below median income. Then you can look at funding for need and not just to politically motivated places. If you look at private insurance, there are less problems with overweight in patients with private versus public insurance. There are not enough resources in poor neighborhoods.

- We need a campaign such as *Get the Lead Out*. Everyone is confused by the media. There must be a consistent message of how unhealthy are kids are.

Actions

Environment

- Make local produce less expensive and available
- Take vending machines out of schools or offer healthier choices
- Tax junk foods including candy bars/soda/cereal
- Make this topic very serious - obesity is barely mentioned in the *Delaware Prevention Strategy Plan*
- Use innovative and creative ideas to solve some of the problems

Schools

- Increase funding for PE in schools, define the PE standards, include handicapped kids
- Make PE tough; schools should not be cutting down on recess
- Encourage teachers to play with students during recess to exemplify behavior

Child Cares/Youth Programs

- Child care centers need to do more to promote PA; they are supposed to take kids out but they don't (there are 43,000 kids in child care...could be very powerful venue)
- Target youth provider leaders.
- TV viewing needs to be reduced, especially in the after-school programs
- Add a component to the childcare and school application that measures BMI.

Medical

- Improve insurance coverage — many of the kids we see cannot afford weight programs
- Link everything back to the primary care provider (but need to distinguish prevention from treatment)
- Test whether providers are effective by using a medical record with built-in prompts and teams that go to the office and monitor over the course of the year the changes in BMI

Priority Strategies

- Educate parents, childcare providers, consumers, providers, grandparents and caregivers, policy makers, meal preparation staff in schools and child cares, school board, churches that have minority populations, educators, social workers
- Create Infrastructure:
 - Collaboration/Coordination (ex. child care gets a menu of opportunities to implement)
 - Use *Take the Lead Out* and Tobacco as Model Campaigns.
 - Use developmentally age-based interventions
- Implement Data Collection:
 - Getting BMI data in schools, public health data, using child care forms
 - Send legislators your community profiles.

Workgroup C: Primary Care Settings

Facilitator: Debbie Chang

Recorder: Sue Voltz

Participants

Laura Schofield
Dave Michalik
Kate Jennings
Jennifer Auerbach
Neil Izenberg
Harvey Doppelt
Steve Gortmaker

Sue Snider
Maureen Tucker
Harry Lehman
Sandy Hassink
Anita Muir
Aguida Atkinson
Dalton Paxton

Existing Nutrition Programs in Delaware

- WIC has focused on the issue of obesity but contradictorily they give out vouchers for juice—which has high sugar and calories.

Existing Physical Activity Programs in Delaware

The YMCA has several initiatives that they are working on including:

- Activate America - The Y is gathering a group of high level individuals in the state of Delaware to bring to the Activate America meeting in Washington, DC with the hopes of increasing the momentum of action in Delaware.
- The Y provides a number of after school programs focused on fitness, nutrition and stress management. In addition to measuring BMI and BP, they measure fitness level (begin and end time for holding plank position, circumference measurements).
- The Y has decreased the age to enter the weight rooms to 10 years to enable strength training at a younger age.
- The Y plans to begin a “Fit and Fun” van that will attend community events to provide education.
- School Wellness Centers started to measure BMI in schools but it was embarrassing to students so they stopped the initiative.

Existing Barriers and Gaps

- Managed Care Providers are not paying attention to BMI data.
- School age children only visit the physician for sports physicals - there is a gap in getting to the school aged child.
- BMI data is not captured routinely by all organizations or shared. Some of the issues include:
 - Most record it on paper (very few organizations have electronic records)
 - Only weight is collected during acute visits—there is the opportunity to collect BMI but it is not being done

—Those that do collect it and notice an issue with BMI, do not share that information; there is an issue with communication between the various groups working with families

- The training on how to communicate it to parents/ families is lacking.
- No tools to assess family readiness.
- Equipment/technology is necessary to share information.
- There is an inadequate number of treatment providers.
- There needs to be improved reimbursement for dietitians as well as providers.
- Uninsured people do not have access to care.
- HIPAA (confidentiality) issues exist.
- Time limitations for healthcare providers.
- Money and cultural issues are problematic.
- Industries (food, media) are the competing forces.

Possible Measurement Tools

- An assessment tool is needed. Without it, tracking success would be difficult. BMI is the best measurement but we could also consider adding other measurements such as:
 - Fitness level
 - Growth Velocity
 - Blood Pressure - because of the effect of obesity on BP
- In order to evaluate the progress of any strategy, must link this information with the community resources involved with the child.

Actions

- Begin routine collection of BMI
- Communicate between various groups that have access to children
- Create tools for Health Care Providers (such as *Fit Kids*) and tools for the office staff
- Do trainings on how to identify obesity
- Do medical screenings for health problems related to obesity (the outcomes of obesity)
- Develop communication tools for parents/ families/ youth
- Train on proper reimbursement coding
- Create a web site that is interactive and integrated with the community (via a “Family Fitness Navigator” that provides information on programs that are available)
- Create similar documentation to provide parents (i.e. parenting skills) on how to talk to their kids about fitness/ weight management
- Create strategic relationships with organizations that have access to children early on (i.e. WIC, Head Start).

- Create better communications between all the physician groups that touch children - Obstetricians, Pediatricians, Family Practitioners and Sub-Specialty (this could be accomplished by working with the Professional Societies)
- Employ a “Family Fitness Navigator” who would operate as an on site (roving) community based caseworker to link the organizations and provider together. This could also operate in a SWAT team approach that would include a Nurse, Nutritionist, Community and Fitness Expert (cultural sensitivity is required with this approach)
- Allow providers to complete physicals at locations other than physician offices - primary schools and day care setting.
- Come up with unique ways to bring community groups, physicians and families together - social events (walks)

Priority Strategies

The group agreed to a combined strategy that would include tools for primary care providers and some form of the ‘Family Fitness Navigator’ in addition to using a website that contains community resources.

Similar Programs that have been implemented in other areas:

- Website - www.phillyhealthinfo.gov - contains portals for accessing information. Personal assistants are available to provide additional information.
- Asthma Buster - Bus that travels to schools to provide screening and educational videos on asthma (Glaxco Funded).
- Home Visitation - model that is used to provide individual follow up on asthma patients.
- RWJ funded a grant to an organization to create a referral center that provides a single phone number to for people to call to locate resources.

Additional Comments

- There are 2 populations that need to be focused on — those that are already obese and those that are not yet obese but require prevention. The group agreed that the strategies would be similar for both. The content would be the same but intensity different.
- Mental health issues and parenting skills need to pervade any strategy that is implemented.
- We need to reach the parent. A good place to reach them is in the workplace.
- It is important to get to the business community (both large and small).
- Population -all identified strategies (across all workgroups) should be implemented on a target population, saturation effect. Strategy should be crafted to work in low income and general public.

Workgroup D: Community Environment

Facilitator: Marihelen Barrett

Recorder: Helaine Feingold

Participants

Susan Shank	Alan Waterfield
Mary Ann Ingersoll	Johnny Woods
Kirsten Voitius	Mawuna Gardeseay
Kathy Stroh	Dev Mehta
Reverend Bob Hall	Deborah Ellenberg
Geralyn Dries	Mary Lou Gavin
Rebecca Currier	

Existing Physical Activity Programs in Delaware

- University of Delaware created the *Get Up and Do Something* Campaign. The website lists community events; it is now targeting younger ages and parents.
- The First State Community Action Agency provides social services to low income families to lessen the effects of poverty. The mission is to organize and build capacity in the community for members to address their own issues. They have a summer youth basketball program for youth.
- America on the Move is a national program using pedometers.
- Delaware Lt. Governor's Challenge has good resources, just not promoted enough.

Existing Nutrition Programs in Delaware

- The Family and Consumer Science classes taught in high schools:
 - Teach parenting, food & nutrition
 - Prepare kids for careers in childcare & nutrition, etc
 - Want to be a vehicle to bring obesity prevention message to students
 - Already have content standards in place
 - Believes it is effective to teach kids for their own knowledge because kids go home and talk to their parents about these issues
- The PAL program in Hockessin works with low-income 8-18 year olds—they provide meals from the Delaware Food Bank for dinner.
- Nemours runs children's/parents weight management groups at the same time. It provides dinner and gets the parents to attend since they have to be there anyway to bring their kids. Insurance covers the kids.

Existing Community Partnerships in Delaware

- There is a faith-based group founded by Congressman Castle. Community people consistently express to the religious community the need for health information.
- There are strong council/collaborations in Sussex and Kent Counties (7 programs in Sussex County 6 programs in Kent). These are good collaborations with state leaders and counties that have taken a holistic approach, addressing crime, drugs, and building capacity. Obesity prevention could be added as a component.
- Diabetes promoters are in some communities.
- The Division of Social Services is working with Medicaid and Managed Care/Quality Assurance—they have good height and weight data but not good BMI data.
- Kingswood Community Center (Wilmington) is tracking 7 disease/conditions including obesity and teenage pregnancy.

Existing Barriers and Gaps

- Many overweight patients are noncompliant.
- Lack of sidewalks in communities.
- There is not enough physical education in schools.
- The obesity rates for minority populations are higher than the state population rates.
- Parents are inaccessible. They do not respond to PAL's efforts to sign kids up for additional services at PAL.
- Be careful with expert models - might work for tertiary care but not preventive.
- Parents don't want to realize something is wrong but elementary and middle school kids can't make these changes on their own.
- Kids may learn something at school, but there is often no follow through at home.
- Kids no longer know how to "play" - everything is now structured.
- Some neighborhoods are not safe places for kids to play outside; safer for the kids to be inside watching TV.
- For some kids, the issue is not having healthy food, but of having food at all.
- Parents are hard working but hard to motivate.
- We should not limit kids to only one option or program.
- Grandparents and single parents are hard to reach.

Actions

- Make changes at the community level - people don't live in Delaware - they live in local communities
- Work with civic associations and churches in rural communities and let them be the avenue for distribution of information—people who know their communities the best
- Don't drag communities through one more assessment process - happens each year and nothing happens

- Customize programs to the neighborhood at hand; determine basic factors then how the program applies to a particular community
- Organize a rally to jump start the efforts
- Organize a “healthy walk day” once a week
- Use Health Champions that have a record of success building capacity in the rural communities
- Work with leaders to develop strategies to work with parents
- Need to put pressure on the outside environment to make the communities safer
- Look at food security programs-school/summer lunch programs.
- Use the “scare your pants off” technique to patients and parents
- Set standards for active communities to build parks, walkways, etc...
- Develop physical activity awareness
- Connect Policy into Programs
- Provide more state sponsored activities for youth
- Use the power of faith to work on health issues
- Remember cultural issues
- Open schools after school hours to be community centers
- Develop a parenting early education center—the final trimester is a good time to grab parents
- Mandate all youth participate in club/competitive school sports
- Have weight management programs at schools or somewhere accessible for people
- Link organizations to resources
- Create a design center to work with community leaders to design projects then go out to help implementation

Priority Strategies

- Use school environment to bring in community as resource focal point
- Use community health advisers/promoters to:
 - Reach out to restaurants
 - As a new parent guide
 - Link to providers
- Use faith-based organizations to reach out to the community.



Appendix D
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NHPS Community Expert Forum on Prevention of Childhood Obesity

June 16, 2004

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Appendix E
Promising Practices

Promising Programs for Childhood Obesity Prevention

This list of promising programs was compiled as examples of strategies that Nemours Health and Prevention Services might consider for application in Delaware. This is not an inclusive list but is intended to stimulate thinking about opportunities. Many of the programs are becoming nationally known and some have been rigorously evaluated. The list was compiled primarily from the National Institute for Health Care Management Foundation Forum on Childhood Obesity - Advancing Effective Prevention and Treatment: An Overview for Health Professionals, April 9, 2003. The program strategies are organized into groups related to school programs, community programs, and programs for health care service settings.

School Program Interventions

Healthy Start <http://www.healthy-start.com>

Audience: Preschool

Description: One of the few evaluated comprehensive preschool health curricula, Healthy Start was developed through a National Institutes of Health grant to Dr. Christine Williams, a pediatrician at Columbia University. The initial preschool program uses two primary interventions 1.) A food service program designed to reduce total fat in preschool meals and snacks to less than 30% of calories and reduce the saturated fat to less than 10% of calories and 2.) A comprehensive preschool health education curriculum, focused heavily on nutrition.

Evaluation: Published results from an intervention in 2-5 year olds in 9 Head Start centers indicate the program was successful in reducing consumption of saturated fat in school meals over two years, compared with an increase in control schools, without compromising energy intake or essential nutrients.

Take 10! www.take10.net

Audience: Preschool and Elementary School

Description: International Life Sciences Institute Center for Health Promotion created Take 10! a classroom-based curriculum tool that integrates at least 10 minutes of moderate-to-vigorous physical activity with grade specific academic learning objectives to reinforce required concepts and skills. The

materials kit includes activity cards and student worksheets sorted by curriculum content areas in language arts, math, social studies, science and general health; teacher resources, classroom posters and stickers; teacher video; and evaluation tools.

Evaluation: Ongoing

SPARK (Sports, Play and Active Recreation in Kids)

www.sparkpe.org

Audience: Preschool through Middle School

Description: Developed by San Diego State University to improve the quality of physical education (PE). One of the few formal and evaluated PE curricula available, the program includes instructional materials for use by both PE and non-PE teachers. The program components include PE materials and a lifelong wellness tool that helps address physical activity and nutrition behaviors on an individual basis.

Evaluation: Results demonstrated that students spent more minutes per week being physically active in PE-specialist led (40 min) and teacher led (33 min) PE classes than in control classes. No improvement in physical activity outside of school was demonstrated. The trained PE teacher class academic achievement results were superior to control teacher test results in language, reading, and basic battery.

Stanford SMART Intervention

<http://notv.stanford.edu/>

Audience: Grades 3-4

Description: This randomized controlled efficacy trial implemented a curriculum to reduce television and videotape viewing and video game use in 3rd and 4th graders in a San Jose, California school. The intervention consisted of 18, 30-50 minute classroom lessons, weekly 5-10 minute boosters over the course of five months, and parent newsletters.

Evaluation: Treatment group children significantly decreased measured television viewing and reported significant reductions in video game use, and parents and children reported significant reductions of meals eaten in front of the television, compared to controls. Over the 7-month study period, children in the treatment school gained significantly less body fat than control school children, an average of 0.45 kg/m² less in BMI and about 2.3 cm less in waist circumference, compared to children in the control school.

CATCH <http://www.sph.uth.tmc.edu/catch/index.htm>

Audience: Grades 3-5

Description: Designed to increase physical activity; decrease fat, saturated fat, and sodium in children's diets; and prevent tobacco use. CATCH is a coordinated school health program that builds an alliance of parents, teachers, child nutrition personnel, school staff, and community partners to teach children and their families how to be healthy for a lifetime. The program has four components - a classroom curriculum, physical education, a nutrition guide, and family activities.

Evaluation: A larger trial took place in 96 schools from 1991-1994 in CA, LO, MN, TX. Compared with the control group, changes in the intervention group with regard to obesity, blood pressure, and serum lipids were not statistically significant. A follow-up study was completed with CATCH participants in 56 intervention and 40 control elementary schools. Intervention group results include: less self-reported daily energy intake (30.6% vs. 31.6%); significantly higher self-reported daily vigorous activity, and higher dietary knowledge and dietary interventions. However, no significant differences were noted among BMI, blood pressure, or serum lipid and cholesterol levels.

Eat Well & Keep Moving

<http://www.hsph.harvard.edu/nutritionsource/EWKM.html>

Audience: Upper elementary (grades 4-5)

Description: Curriculum for behavior changes including an increase of fruits and vegetable intake, decrease total and saturated fat; increase moderate to vigorous physical activity; decrease TV viewing.

Evaluation: Implemented in 40 of Baltimore's 122 grade schools. Results showed 4 hours less time per week watching TV; increased fruits and vegetables consumption, decrease total and saturated fats intake; enables teachers to promote good health in conjunction with math, science, language arts, and social studies.

Planet Health

http://www.hsph.harvard.edu/prc/proj_planet.html

Audience: 6-8 Graders

Description: Planet Health sessions were integrated into middle school classroom curricula by teachers in four major academic subjects and PE. Lessons focus on decreasing TV viewing, decreasing consumption of high-fat foods, increasing

fruit and vegetable intake, and increasing moderate and vigorous physical activity.

Evaluation: Study results demonstrate a reduction in obesity prevalence among girls, but not among boys; reduced TV viewing among girls and boys; and increased fruit and vegetable consumption among girls.

Stanford Adolescent Heart Health Program

<http://www.ed.gov/pubs/EPTW/eptw9/eptw9g.html>

Audience: Grade 10

Description: This program was designed to apply the principles of social cognitive theory and social inoculation theory to influence adolescents' diet, physical activity, and smoking behaviors. Within each of four high school districts in northern California, one school was randomly assigned to receive a 20-lesson cardiovascular disease risk reduction intervention with another school as a control.

Evaluation: The treatment group students were significantly more likely than controls to adopt aerobic exercise, to increase their low fat, high fiber food choices and reduce their BMI, triceps and subscapular skinfold thicknesses compared to controls.

Team Nutrition (USDA Program)

<http://www.fns.usda.gov/tn/>

Audience: Preschool through Grade 12

Description: Schools represent the community focal point for USDA's Team Nutrition. Team Nutrition has three behavior-focused strategies: 1. Provide training and technical assistance to Child Nutrition foodservice professionals to enable them to prepare and serve nutritious meals that appeal to students; 2. Promote nutrition curriculum and education in schools through multiple communication channels to reinforce positive nutrition messages and encourage students to make healthy food and physical activity choices as part of a healthy lifestyle; and 3. Build school and community support for creating healthy school environments that are conducive to healthy eating and physical activity

Each school may designate a Team Nutrition School Leader who involves teachers, students, parents, food service personnel and the community in interactive and entertaining nutrition education activities with classroom and cafeteria components. Activities range from planting a school garden to operating a school health fair.

Evaluation: Ongoing

Community Setting Interventions

North Carolina: Color Me Healthy

<http://www.eatsmartmovemorenc.com/programs/colorme-healthy/index.php>

Audience: Children aged 4-5 with limited resources attending Head Start, childcare centers, and preschools

Description: Designed to reach children with fun interactive learning opportunities and to stimulate all the senses of young children; touch, smell, sight, sound and, of course, taste. Color Me Healthy uses color, music and exploration of the senses to teach children that healthy food and physical activity are fun. It employs the train the trainer model. Agents in participating counties attend an annual "Train the Trainer" to learn how to use the program and all its components. They then return to their county and train child care providers using the Color Me Healthy curriculum. It provides caregivers quick and easy tools to teach young children about healthy eating and physical activity.

Evaluation: In depth evaluation protocol being developed by the Color Me Healthy team in partnership with professionals at the University of North Carolina at Chapel Hill (UNC-CH). Questionnaires will assess use of the program and its effectiveness in teaching children about healthy eating and physical activity as well how the program facilitated positive behavior change.

Generation Fit

http://www.cancer.org/docroot/PED/content/PED_1_5X_Generation_Fit.asp

Audience: 11-18 Year Olds

Description: Adolescents participate in projects related to physical activity and healthy eating. Activities range from adding healthy foods to the school lunch menu, developing a fitness trail for the community and repairing community parks.

Evaluation: No results listed.

Colorado on the Move/America on the Move

<http://www.coloradoonthemove.org/>

Audience: General Population

Description: Statewide lifestyle program to increase walking as measured by the number of steps taken each day. Program participants use pedometers to establish a baseline number of

steps, once a participant knows their average steps per day, they are encouraged to work up to an additional 2000 more steps each day.

Evaluation: Preliminary results show that participation is high-some worksites report greater than 80% participation.

Hearts n' Parks

http://www.nhlbi.nih.gov/health/prof/heart/obesity/hrt_n_pk/

Audience: Youth and Adults

Description: A physical activity program that adds value to existing summer programs at park facilities. Nearly 90 park and recreation agencies have become Hearts n' Parks communities.

Evaluation: Based on pre and post test results submitted by a large percentage of sites, significant improvements were demonstrated from in virtually all indicators of heart-healthy eating knowledge, self-reported attitude and behavior, and physical activity. For programs involving children, results indicated significant improvement in all areas of heart-healthy eating, including knowledge, self-reported behavior, and intention-suggesting increased ability and willingness of children to identify and choose healthy foods over less healthy ones. The 21 adolescent programs with pre and post test data showed significant improvement in 6 of the 7 performance areas, most notably in the categories of "Heart-Healthy Eating Behavior" and "Heart-Healthy Eating Intention."

Adult participants significantly improved their scores in all areas of knowledge, attitude, and behavior studied. Adult participants reported adding, on average, 2 hours of moderate physical activity per week (from 8 hours to 10 hours), such as bicycling, walking and golfing, after participating in Hearts N' Parks. In addition, they reduced the time spent in sedentary activities by an average of 8 hours per week, down to 33 hours.

CANFit (California Adolescent Nutrition and Fitness program)

<http://www.canfit.org/>

Audience: 10-14 years of age

Description: A statewide, non-profit organization whose mission is to engage communities and build their capacity to improve the nutrition and physical activity status of California's low-income African American, American Indian, Latino, and Asian/ Pacific Islander youth. The CANFit Program has four major components: funding community-based organizations that work with target youth, sponsoring academic scholarships in the fields of nutrition and fitness for

students studying in California, leveraging existing resources through collaboration with other programs, and providing training and technical assistance to youth providers.

Evaluation: Each program is evaluated separately.

California Project LEAN (Leaders Encouraging Activity and Nutrition)

www.californiaprojectlean.org

Audience: All Ages

Description: 12 Regional Offices which run the following programs:

- **Food on the Run:** Targeting changes to adolescent diets through social marketing, youth leadership, and school environment changes
- **School Board Nutrition Policy Project:** Educating school board members about the importance of nutrition policies and increasing the number of school district policies that support healthy eating
- **Community-Based Social Marketing:** Promoting behavior change at the local level. Initiatives are driven by the target audience and involve local coalitions in the decision-making process.
- **California Obesity Prevention Initiative:** Developing a comprehensive, coordinated state obesity prevention plan, identifying and improving relevant data and surveillance sources, and developing pilot intervention projects.

New Balance Girls on the Run and Girls on Track

<http://www.girlsontherun.org/attention.htm>

Audience: Girls on the Run 3-5th Grades and Girls on Track 6-8th Grades

Description: Nonprofit organization that encourages preteen girls to develop self-respect and healthy lifestyles through running. Our curricula address all aspects of girls' development - their physical, emotional, mental, social and spiritual wellbeing. Girls on the Run International (GOTRI) is the parent organization of more than 90 Girls on the Run councils across the United States and Canada. GOTRI establishes, trains and supports a network of community-level councils with local volunteers. The volunteers serve as role models to the girls through coaching the 12-week, 24 lesson curricula. The curriculum is delivered in these areas through after-school programs, recreation centers and other non-profit settings. No published evaluation information.

VERBTM It's what you do

<http://www.verbnow.com/>

Audience: Age 9 to 13

Description: VERB is a national, multicultural, social marketing campaign coordinated by the U.S. Department of Health and Human Services' Centers for Disease Control and Prevention (CDC). The VERB campaign encourages young people ages 9-13 (twens) to be physically active every day. The campaign combines paid advertising, marketing strategies, and partnership efforts to reach the distinct audiences of twens and adults/influencers.

Evaluation: There was a 27 percent increase in free-time physical activity sessions among U.S. girls in the entire 9-13 age range. In communities that received higher levels of VERBTM marketing activity, the CDC found that the number of least active 9-10 year olds was reduced by 33 percent as a result of the VERBTM campaign. The number of least active 9-13 year old girls decreased even more, by 37 percent, in these communities. There was a 38 percent decline among least active 9-13 year olds from lower-middle income households.

Health Care Setting Interventions

Children's Healthcare of Atlanta

Audience: Healthcare Providers

Description: Trainings for healthcare professionals to help parents establish healthy eating and activity patterns and manage children who are overweight. Provides guidelines and supporting materials in both English and Spanish. Trainings are 60-90 minutes.

Evaluation: Ongoing

Kaiser-Permanente in Atlanta

Audience: Pediatric Residents

Description: 2 training programs have been designed, one on assessment and medical management and the other on behavioral management. The Medical College of Georgia has shortened the 2 training sessions into one session for their pediatric residents.

Evaluation: In progress.

PACE+

www.niddk.nih.gov/health/nutrit/winnotes/summer02notes/primarycare.htm

Audience: Adolescents Age 11-18

Description: Program delivered in primary care to assist adolescents in changing PA and dietary habits. Computerized Assessment and tailored plans to change one PA and nutrition behavior.

Evaluation: Those who targeted moderate-intensity PA increased their behavior significantly over 4 months. Larger trial is ongoing.

Blue Cross/Blue Shield 5-2-1 Jump Up and Go!

Audience: Clinicians

Description: Program for clinicians that promotes 1 physical activity per day; 2 hrs or less for TV; and 5 fruits/vegetables per day. Currently being implemented in Massachusetts.

Evaluation: In progress.



Appendix F
Additional Resources

Tools for Action in schools:

School Health Index - is a self-assessment and planning tool that will enable schools to identify the strengths and weaknesses of their physical activity and nutrition policies and programs; develop an action plan for improving student health; and involve teachers, parents, students, and the community in improving school services.

www.cdc.gov/nccdphp/dash/SHI/index.htm

Fit, Healthy, and Ready to Learn: A School Health Policy Guide was developed by NASBE in coordination with CDC to assist schools in developing policy related to physical activity, healthy eating and tobacco-use prevention. More information is available at:

<http://www.nasbe.org/HealthySchools/fitthehealthy.mgi>

A Coordinated School Health Program and Stories from the Field. A coordinated school health model consists of eight interactive components. Schools by themselves cannot, and should not be expected to, address the nation's most serious health and social problems. More information about the coordinated school health model can be found at:

<http://www.cdc.gov/HealthyYouth/CSHP/> and a free copy of **Stories from the Field**, which contains lessons learned about building coordinated school health programs can be ordered from:

<http://www.cdc.gov/HealthyYouth/publications/stories.htm>

USDA's Fruit and Vegetable Pilot Program led to an increased consumption of fruits and vegetables and a decreased consumption of high-calorie, high-fat vending options. To learn more about expanding the Fruit and Vegetable Program go to: www.5aday.com

Tools for Action in childcare, after-school and youth programs:

Feeding Infants, A Guide for Use in the Child Nutrition Programs. This colorful 104-page guide is intended for use by those who care for and feed infants under 12 months of age. This publication is available online to download as a PDF file on the FNS website at: www.fns.usda.gov/tn/Resources/feeding_infants.html

Nibbles for Health is a project developed by FNS/USDA for preschool-aged children who participate in the Child Care Food Program, which provides meals and snacks in childcare facilities. A number of resources for individuals working with this age group can be found at:

<http://www.fns.usda.gov/tn/Resources/nibbles.html>

Eat Smart. Play Hard is a national nutrition education and promotion campaign designed to convey science-based, behavior-focused and motivational messages about healthy eating and physical activity. The campaign uses the Power Panther as the primary communication vehicle for delivering nutrition and physical activity messages to children and their caregivers. The primary target audience for the campaign is children ages 8 to 12 eligible to participate in USDA/FNS nutrition assistance programs. Materials, such as the Power Pac!, can be found at: www.fns.usda.gov/eatsmartplayhard/

The Power of Choice: Helping Youth Make Health Eating and Fitness Decisions leader's guide is a resource for program leaders who work with preteens in after school settings, such as kids clubs, scouting, 4-H clubs, church groups and other youth programs. To order or download to program go to: http://www.fns.usda.gov/tn/Resources/power_of_choice.html

The Organ Wise Guys®. The Organ Wise Guys characters (Hardy Heart, Calci M. Bone, the Kidney Brothers, etc.) are vehicles for communicating health issues, inciting behavior change, and enlivening the education process for any age group in many different settings. Several of these programs have been evaluated and found to be effective teaching tools for conveying educational health messages to individuals of all ages. More information can be found at: <http://www.organwiseguys.com/>

Tools for Action in primary health care settings:

Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents were developed by HHS/HRSA/MCHB and include height, weight and nutrition and physical activity guidelines for clinical health supervision. **Bright Futures in Practice: Nutrition and Physical Activity Guides** are implementation guides for clinicians. These resources are available at: www.brightfutures.org

Childhood Obesity - Advancing Effective Prevention and Treatment: An overview for Health Professionals. This issue paper, prepared for the National Institute for Health Care Management Foundation Forum, presents an overview of pediatric overweight including: the many facets of the condition and possible solutions; an overview of evaluated treatment programs and other available interventions; and a summary of key issues. This paper and other childhood obesity resources can be found at: <http://www.nihcm.org/obesitypubs.html>

Tools for Action in families and communities:

Bikeability Checklist: This resource from DOT/NHTSA enables communities and individuals to rate the bikeability of the community. This and other resources promoting bicycling and pedestrian safety can be obtained at:

<http://www.nhtsa.dot.gov/people/injury/pedbimot/bike/Bikeability/index.htm> and

<http://www.nhtsa.dot.gov/people/injury/pedbimot/bike/bikeped.htm>

Creating Active Communities: Ten Case Studies of Programs and Partnerships. This publication from Rails-to-Trails Conservancy showcases a variety of approaches to encourage physical activity that can spark ideas in other communities. Copies of this publication can be found at: http://www.rail-trails.org/whatwedo/information/active_comm.asp

Kids Walk-to-School, a community-based program that encourages individuals and organizations (e.g. schools, PTA, local police departments, businesses) to work together to identify and create safe walking routes to school.

<http://www.cdc.gov/nccddphp/dnpa/kidswalk/resources.htm>

Passport: A Health Trip to FitKidCity, USA. As part of the “Tri-City Challenge” between the cities of Washington DC, Baltimore and Philadelphia this “passport” was developed to motivate individuals to change their eating and physical activity behaviors over a 12-week period. Please contact Karyl Rattay at krattay@nemours.org with questions about this resource.

The President’s Active Lifestyle Awards. The Presidents Council Active Lifestyle Awards serve as a motivational tool for Americans 6 and older to begin and maintain an active and fit lifestyle. Children and youth can receive the President’s Award for being physically active for 60 minutes/5 days a week over 6 weeks. Individuals, schools and other organizations participate in the challenge on an interactive web site. See www.presidentschallenge.org for more information.

Smart Growth. In communities across the nation, there is a growing concern that current development patterns — dominated by what some call “sprawl” — are no longer in the long-term interest of our cities, existing suburbs, small towns, rural communities, or wilderness areas. Smart Growth offers transportation options such as mass transit, bike lanes, and pedestrian walkways. These engage residents and workers in a more active, healthy lifestyle. To learn more about Smart Growth including available resources go to: www.smartgrowth.org

5 A Day Program is a national nutrition program to encourage Americans to eat 5 or more servings of fruits and vegetables every day for better health (NIH/NCI in collaboration with CDC and Produce for Better Health Foundation). More information and resources go to: www.5aday.gov

Safe Routes to School: Based on a multifaceted approach developed in Marin County California, this program and toolkit helps groups to identify and create safe routes to schools and invites communitywide involvement. In Marin County participating public schools reported an increase in school trips made by walking (64%) and biking (114%). This tool kit can be obtained from DOT/NHTSA at:

<http://www.nhtsa.dot.gov/people/injury/pedbimot/bike/saferouteshtml/index.html>

General Tools for Childhood Obesity Prevention

The Surgeon General’s Call to Action to Prevent and Decrease Overweight and Obesity was released by HHS in 2001 and includes a menu of strategies that can be prioritized and implemented in different settings. This document as well as fact sheets are located at:

www.surgeongeneral.gov/topics/obesity

Active Youth: Ideas for Implementing CDC Physical Activity Promotion Guidelines Highlights CDC’s Guidelines for School and Community Programs to Promote Lifelong Physical Activity Among Young People and presents 20 stories of successful physical activity programs across the country. This resource is available for purchase at: <http://www.humankinetics.com/products/showproduct.cfm?isbn=0880116692>
CDC’s Guidelines for School and Community Programs to Promote Lifelong Physical Activity Among Young People are available at: <http://www.cdc.gov/HealthyYouth/physicalactivity/guidelines/index.htm>

Healthy People 2010; Healthy People in Healthy Communities. Using the Healthy People Initiative can assist communities in developing strategies to reach their objectives. The community guide provides information about the steps involved in forming and running a healthy community coalition. Healthy People 2010, Healthy People in Healthy Communities and other resources, such as the Healthy People 2010 Toolkit, are available at: www.health.gov/healthypeople/

HHS Blueprint for Action on Breastfeeding outlines an action plan for breastfeeding in different settings based on education, training, awareness, support and research. This document can be found at:

<http://www.4woman.gov/Breastfeeding/bluprntbk2.pdf>

Nutrition and Your Health: Dietary Guidelines for Americans

- the Guidelines provide authoritative advice for people two years and older about how good dietary habits can promote health and reduce risk for major chronic diseases. The Guidelines are based on the preponderance of scientific evidence. The 2000 Dietary Guidelines for Americans and information about the revision process underway to develop the 2005 Dietary Guidelines for Americans are available at:

<http://www.health.gov/dietaryguidelines/>

Prevention: A Blueprint for Action. Released in April, 2004 by the Secretary of HHS as part of the Steps to a HealthierUS Initiative, this "blueprint" outlines action steps to guide individuals and groups in all types of settings in efforts to address healthier lifestyles, including healthy eating and physical activity. This document can be found at:

<http://aspe.hhs.gov/health/blueprint/>

Promoting Better Health for Young People Through Physical Activity and Sports. This 2000 report outlines 10 strategies to promote health through lifelong participation in enjoyable and safe physical activity and sports and is available at:

http://www.cdc.gov/HealthyYouth/physicalactivity/promoting_health/index.htm