ACKNOWLEDGMENTS

The production of this document was possible due to the efforts and input of our entire membership. Sincere thanks to all our participants and their member organizations.

Abington Memorial Hospital
American Cancer Society
American Diabetes Association
American Heart Association
Branch Creek Community Church
Bryn Mawr Hospital
Grand View Hospital
Greater North Penn Collaborative for Health and Human Services
Health Promotion Council
Holy Redeemer Health System
InnerLink
Lankenau Hospital
Main Line Health Systems
Mercy Suburban Hospital
Montgomery County Health Department
Montgomery County Medical Society
North Penn Community Health Foundation
North Penn School District
North Penn Visiting Nurses Association
North Penn YMCA
North Wales School Health Council
Partnership TMA
Penn State University-Cooperative Extension
Perkiomen Valley School District
Pottstown Area Health and Wellness Foundation
Pottstown Memorial Medical Center
Red Apple Foundation
Stressball Sally Company
The Food Trust
Tri-County Community Network
Wissahickon School District
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4th Annual Community Summit
Uniting Our Community to Reduce Childhood Obesity
EXECUTIVE SUMMARY
CHILDHOOD OBESITY COMMUNITY ACTION PLAN

The Montgomery County Health Alliance is pleased to present the Childhood Obesity Community Action Plan. Our goal in preparing this document is to present a comprehensive picture of the problems and solutions related to childhood obesity.

It is our goal that organizations, communities and individuals will see this action plan as a tool to help improve the health of children. The plan outlines data that can be utilized in grant writing and in demonstrating to others the urgent need to address this issue. The data also indicate the dramatic impact overweight has on children throughout their lives. Research continues into the risk factors that overweight and obesity present for many chronic illnesses, such as cardiovascular disease, diabetes, cancer, and Alzheimer’s disease.

The strategies section should be particularly useful to organizations as they struggle to identify programs that may have an impact on childhood obesity. Look to others in the county to see what they have implemented to reduce childhood obesity; contact them to see how they developed their programs, what challenges and barriers they had, what they may have done differently. Find a program or programs that work for your community, the children and parents that you are working with and the resources that you have access to.

Examine the proposed program sections; many of these are model programs that have been utilized throughout the country but have yet to be attempted here in Montgomery County. Many of them have free tools and resources and may be an ideal fit for the goals of your community or population.

Please review this document and bring it to life. It is truly a blueprint for how to reduce childhood obesity but it can only be as useful as the people who read it allow it to be. Childhood obesity is no doubt a challenging and complex problem and by working together, sharing information, ideas, successes and failures, we will make progress and save lives.
History of the Montgomery County Health Alliance

On September 15, 2005, a group of 15 health educators representing 10 health education providers in Montgomery County met to discuss the creation of a forum to facilitate open dialogue among Montgomery County Health Education providers regarding community resources and opportunities for collaboration. This forum would be a means for the participants to:

- Improve communication
- Establish collective goals to address community needs
- Promote and increase opportunities for collaboration

The group agreed to meet on a regular basis and to form a permanent coalition to be named the Montgomery County Health Alliance (MCHA). Over the course of the first year, the MCHA roster grew to 20 providers; a mission statement was created: “to increase awareness of health and wellness related issues in Montgomery County while providing access to resources through community partnerships and collaboration”. The following first year goals were determined:

- Educate the Montgomery County community on childhood health and wellness issues.
- Provide resources and knowledge that empowers behavioral change among children and families.
- Heighten the awareness of resources for obesity prevention and management.

By the end of the first year, the MCHA had created a proposal for a Montgomery County Youth Health & Wellness Guide that was presented to key funders in Montgomery County. Feedback from the funders was that the guide was too broad-based and too big of an initiative, and that Montgomery County Foundation was in the process of developing a web based resource directory.

As the MCHA began the second year, in October of 2006 it was decided to continue with the development of a youth wellness focused directory but to utilize the existing resource section on the PANA website as the vehicle for the directory. A large postcard marketing piece was designed and printed to encourage agencies and organizations that offered youth wellness programs to register them on the PANA website. MCHA members distributed the postcard to those organizations within their geographic locations. In order to finance the production of the postcards, MCHA hospital partners were asked to contribute $1000 each to develop a treasury. At this time, the Health Promotion Council of Philadelphia was asked to become the fiscal intermediary for the MCHA. Formal by-laws were developed and adopted by the MCHA, officers elected, and a fiscal year was determined to begin March 1st and end February 28th.

A website was designed and created by MCHA member Red Apple Foundation. Four MCHA members (Partnership TMA, HPC of Philadelphia WISE SNAC, Montgomery County Health Department and the North Penn VNA) worked collaboratively on the PANA KAZ summer passport program, a program designed to increase physical activity for elementary children...
during the summer months, utilizing local parks and trails. Advocacy training was provided at one of the meetings. In August of 2007, the HPC WISE SNAC program conducted an MCHA Network Ties Survey to “explore network density and centrality, trust between MCHA members and/or organizations....” The results of this survey “indicated that half of the member organizations expect that the benefits of being a partner of the MCHA will enhance their organization’s ability to serve the community. An additional benefit indicated that more than half of the member organizations expect increase of their organization’s influence in the community. The MCHA can influence decisions that affect the community and members are actively involved in a local organization or club serving in the capacity as active committee members or have participated in community planning projects.”

September of 2007 marked the third year since the inception of the MCHA. At that time, it was decided to begin work on a Childhood Obesity Community Wide Summit to take place in the fiscal year 2009. It was also decided that the MCHA would investigate the feasibility of becoming a SHIP affiliated partnership.

In January of 2008, the MCHA website was officially launched: 
http://mchealthalliance.org/

Goal for the 2008/2009 fiscal year was the presentation of a Childhood Obesity Summit. Planning for the 2009 Obesity Summit officially began with a meeting of key MCHA members with Dalton Paxman, Regional Administrator of the US Department of Health and Human Services, Region III. An Obesity Summit Planning task force was established, to be sponsored by the MCHA, HPC WISE SNAC, and the Greater North Penn Collaborative for Health & Human Services. The Obesity Summit took place on March 31, 2009.

In July of 2008, the MCHA was approved as a SHIP affiliated partnership.
Data and Statistics on Childhood Obesity

This section includes data and statistics related to the issue of childhood obesity with the goal to provide understanding of this issue nationally and locally and to provide information to support why childhood obesity is such a concern. The data is organized to include national and Montgomery County data on Obesity, Physical Activity, Nutrition, and Health Effects of Obesity. Included are also the Healthy People 2010 goals related to Nutrition and Physical Activity. Healthy People 2020 goals will be released later this year; the proposed objectives can be found at www.healthypeople.gov/hp2020.

It is expected that once this section is reviewed, the reader will have a clear understanding of why this issue needs to be addressed and will also be provided needed data to compel others to get involved. The data can be used for grant writing purposes, to discuss issues with local leaders, to utilize in programs and to share with the community.

The data are referenced and were compiled by the Montgomery County Health Department. Here are some additional data sources:

Agency for Healthcare Research and Quality: www.ahrq.gov
American Heart Association: www.americanheart.org
Centers for Disease Control and Prevention: www.cdc.gov/obesity
Healthy People 2020: www.healthypeople.gov/HP2020
Montgomery County Health Department: www.health.montcopa.org
Pennsylvania Department of Health Health Statistics and Research: www.health.state.pa.us
Pennsylvania Healthcare Cost Containment Council: www.phc4.org
The Obesity Society: www.obesity.org
Data and Statistics on Childhood Obesity

NATIONAL STATISTICS ON OBESITY

ADULTS

• Approximately two-thirds of U.S. adults are obese or overweight.
• During 2000-2004, obesity prevalence among U.S. adults doubled, and recent data indicate an estimated:
  - 33% of U.S. adults are overweight (BMI 25.0–29.9),
  - 34% are obese (BMI ≥30.0),
  - including nearly 6% who are extremely obese (BMI ≥40.0).

Source:

• 36.5% are overweight (BMI = 25.0–29.9)
• 26.7% are obese (BMI ≥30.0)

Source:
Behavioral Risk Factor Surveillance System, Nationwide (States and DC), 2008
Approximately 16.3% of children and adolescents ages 2 to 19 are obese and 31.9% are obese or overweight. This translates into 12 million children and adolescents who are obese and more than 23 million who are either obese or overweight.

Source:

The prevalence of being overweight among children and adolescents increased substantially during 1999–2004, and approximately 17% of U.S. children and adolescents are overweight (≥95th percentile of the sex-specific BMI for age growth charts).

During the past four decades, the obesity rate for children ages 6 to 11 has more than quadrupled (from 4.2 to 17%) and more than tripled for adolescents ages 12 to 19 (from 4.6 to 17.6%).

Source:

Prevalence of Overweight Among U.S. Children and Adolescents

<table>
<thead>
<tr>
<th>Year</th>
<th>Age 6-11 years</th>
<th>Age 12-19 years</th>
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<td>NHANES III</td>
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<td>NHANES (2003-04)</td>
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<td>17</td>
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</table>
MONTGOMERY COUNTY STATISTICS ON OBESITY
ADULTS (≥18 YEARS OF AGE):

- 39.0% are overweight (BMI = 25.0–29.9)
- 25.1% are obese (BMI ≥30.0)


CHILDREN (6–17 YEARS OF AGE):

- 23.5% of children (ages 6–17 years of age) are at-risk for obesity (BMI-for-age percentile of 85 or higher)
  - Racial/ethnic differences: 22.8% of White children, 31.9% of Black children, and 37.4% of Latino children are at-risk for obesity
- 12.1% of children are in the 95th or higher BMI-for-age percentile

Source:
Public Health Management Corporation’s Community Health Data Base: 2008 Southeastern Pennsylvania Household Health Survey.

BMI-For-Age, Grades K-6, School Year 2006-2007, by County/Region
Adults need at least:

- 2 hours and 30 minutes (150 minutes) of moderate-intensity aerobic activity (i.e., brisk walking) every week AND muscle-strengthening activities on 2 or more days a week that work major muscle groups (legs, hips, back, abdomen, chest, shoulders, and arms).

----OR----

- 1 hour and 15 minutes (75 minutes) of vigorous-intensity aerobic activity (i.e., jogging or running) every week AND muscle-strengthening activities on 2 or more days a week that work all major muscle groups (legs, hips, back, abdomen, chest, shoulders, and arms).

----OR----

- An equivalent mix of moderate- and vigorous-intensity aerobic activity AND muscle-strengthening activities on 2 or more days a week that work all major muscle groups (legs, hips, back, abdomen, chest, shoulders, and arms).

- 24.6% reported not engaging in any physical activities in the past month

Source:
Behavioral Risk Factor Surveillance System, Nationwide (States and DC), 2008
CHILDREN: PHYSICAL ACTIVITY RECOMMENDATIONS

Children need at least:

- Children and adolescents should do at least 1 hour (60 minutes) or more of physical activity each day

STATISTICS (CHILDREN GRADES 9–12):

- 34.7% of students met recommended levels of physical activity by being physically active doing any kind of physical activity that increased their heart rate and made them breathe hard some of the time for a total of at least 60 minutes per day on 5 or more days during the 7 days before the survey.

- 24.9% of students played video or computer games or used a computer for something that was not school work for 3 or more hours per day on an average school day.

- 35.4% of students watched television 3 or more hours per day on an average school day.

Source:

MONTGOMERY COUNTY STATISTICS ON PHYSICAL ACTIVITY

ADULTS:

- 19.3% are not physically active (i.e., they reported not engaging in any physical activity in the past month)

Source:
Behavioral Risk Factor Surveillance System, SMART (Selected Metropolitan/Micropolitan Area Risk Trends), Montgomery County, 2008

- When asked “How many times per week did you participate in any physical activities for exercise that lasted for at least one-half hour?”, 39.3% reported less than 3 days per week

Source:
Public Health Management Corporation’s Community Health Data Base: 2008 Southeastern Pennsylvania Household Health Survey.
CHILDHOOD OBESITY COMMUNITY ACTION PLAN

MONTGOMERY COUNTY STATISTICS ON PHYSICAL ACTIVITY

CHILDREN:

• More than half (55.5%) of children do not meet the recommended amount (at least 30 minutes/day) of daily physical activity

Source:
Public Health Management Corporation’s Community Health Data Base: 2008 Southeastern Pennsylvania Household Health Survey.

NATIONAL STATISTICS ON NUTRITION

• Commercial restaurant sales have increased 241% between 1990 and 2008.

• 2009 restaurant sales are 13 times higher than they were in 1970 (this figure takes inflation into account)

• In 2009, the restaurant industry had a 48% share of the food dollar, compared with 25% in 1955.

Source:

ADULTS:

• In 2007, 24.3% of adults reported consuming fruits and vegetables 5 or more times per day

Source:
Behavioral Risk Factor Surveillance System, Nationwide (States, DC, and Territories), 2007

Percentage of U.S. adults aged ≥ 18 years who consumed fruit two or more times per day and vegetables three or more times per day, by state, Behavioral Risk Factor Surveillance System 2007

Source:
CHILDREN (GRADES 9–12):

- 21.4% of students had eaten fruits and vegetables five or more times per day during the 7 days before the survey.

- 33.8% of students had drunk a can, bottle, or glass of soda or pop (not including diet soda or diet pop) at least one time per day during the 7 days before the survey.

- 15.8% of students did not eat for 24 or more hours; took diet pills, powders, or liquids; or vomited or took laxatives to lose weight or to keep from gaining weight during the 30 days before the survey.

Source:

Percentage of U.S. youth grades 9-12 who consumed fruit two or more times per day and vegetables three or more times per day, by state – Youth Risk Behavior Surveillance System, 2007

Source:
MONTGOMERY COUNTY STATISTICS ON NUTRITION

ADULTS:
• Only 17.1% meet the recommended servings of 5+ fruits and vegetables per day. 45% are well below the recommended servings of fruits and vegetables per day (≤2 servings/day)

CHILDREN:
• Only 15.3% of children meet the recommended servings of 5+ fruits and vegetables per day. 43.1% of children are well below the recommended servings of fruits and vegetables per day (≤2 servings/day)

Source:
Public Health Management Corporation’s Community Health Data Base: 2008 Southeastern Pennsylvania Household Health Survey.

NATIONAL DATA ON HEALTH EFFECTS OF OBESITY

Source:

ADULTS: PREMATURE DEATH
• An estimated 300,000 deaths per year may be attributable to obesity.
• The risk of death rises with increasing weight.
• Even moderate weight excess (10 to 20 pounds for a person of average height) increases the risk of death, particularly among adults aged 30 to 64 years.

• Individuals who are obese (BMI > 30)* have a 50 to 100% increased risk of premature death from all causes, compared to individuals with a healthy weight.

**HEART DISEASE**

• The incidence of heart disease (heart attack, congestive heart failure, sudden cardiac death, angina or chest pain, and abnormal heart rhythm) is increased in persons who are overweight or obese (BMI >25).

• High blood pressure is twice as common in adults who are obese than in those who are at a healthy weight.

• Obesity is associated with elevated triglycerides (blood fat) and decreased HDL cholesterol (“good cholesterol”).

**DIABETES:**

• A weight gain of 11 to 18 pounds increases a person’s risk of developing type 2 diabetes to twice that of individuals who have not gained weight.

• Over 80% of people with diabetes are overweight or obese.

**CANCER**

• Overweight and obesity are associated with an increased risk for some types of cancer including endometrial (cancer of the lining of the uterus), colon, gall bladder, prostate, kidney, and postmenopausal breast cancer.

• Women gaining more than 20 pounds from age 18 to midlife double their risk of post-menopausal breast cancer, compared to women whose weight remains stable.

**BREATHING COMPLICATIONS**

• Sleep apnea (interrupted breathing while sleeping) is more common in obese persons.

• Obesity is associated with a higher prevalence of asthma.

**ARTHRITIS**

• For every 2-pound increase in weight, the risk of developing arthritis is increased by 9 to 13%.

• Symptoms of arthritis can improve with weight loss.
REPRODUCTIVE COMPLICATIONS

- Complications of pregnancy
  - Obesity during pregnancy is associated with increased risk of death in both the baby and the mother and increases the risk of maternal high blood pressure by 10 times.
  - In addition to many other complications, women who are obese during pregnancy are more likely to have gestational diabetes and problems with labor and delivery.
  - Infants born to women who are obese during pregnancy are more likely to be high birthweight and, therefore, may face a higher rate of Cesarean section delivery and low blood sugar (which can be associated with brain damage and seizures).
  - Obesity during pregnancy is associated with an increased risk of birth defects, particularly neural tube defects, such as spina bifida.

- Obesity in premenopausal women is associated with irregular menstrual cycles and infertility.

ADDITIONAL HEALTH CONSEQUENCES

- Overweight and obesity are associated with increased risks of gall bladder disease, incontinence, increased surgical risk, and depression.

- Obesity can affect the quality of life through limited mobility and decreased physical endurance as well as through social, academic, and job discrimination.

CHILDREN AND ADOLESCENTS

- Risk factors for heart disease, such as high cholesterol and high blood pressure, occur with increased frequency in overweight children and adolescents compared to those with a healthy weight.

- Type 2 diabetes, previously considered an adult disease, has increased dramatically in children and adolescents. Overweight and obesity are closely linked to type 2 diabetes.

- Overweight adolescents have a 70% chance of becoming overweight or obese adults. This increases to 80% if one or more parent is overweight or obese.

- The most immediate consequence of overweight, as perceived by children themselves, is social discrimination.

- If overweight begins before 8 years of age, obesity in adulthood is likely to be more severe.

- 70% of obese children (ages 5-17) had at least one Cardio Vascular Disease (CVD) risk factor while 39% of obese children had 2 or more CVD risk factors.
**U.S. STATISTICS**

- 8.3% have ever been told they have diabetes
- 4.3% have ever been told they have heart disease
- 2.6% have ever been told they had a stroke  
*Source:* Behavioral Risk Factor Surveillance System, Nationwide (States and DC), 2008

- 37.6% have ever been told by a doctor that they have high cholesterol
- 27.8% have ever been told by a doctor that they have high blood pressure  
*Source:* Behavioral Risk Factor Surveillance System, Nationwide (States and DC), 2007

**MONTGOMERY COUNTY DATA ON HEALTH EFFECTS**

**ADULT HEALTH CONDITIONS**

- 7.6% have ever been told they have diabetes
- 1.2% have ever been told they had a stroke
- 11.1% report fair or poor general health  
*Source:* Behavioral Risk Factor Surveillance System, SMART (Selected Metropolitan/Micropolitan Area Risk Trends), Montgomery County, 2008

- 26.2% have ever been told by a doctor that they have high blood pressure
- 28.2% have ever been told by a doctor that they have high cholesterol
- 8.0% have ever been told they have heart disease  

**MORTALITY (2005-2007)**

Between 2005 and 2007:

- 5,172 residents died from heart disease (**leading cause of death in Montgomery County**)  
  ► Average annual age-adjusted death rate (2005-2007) = 190.7 per 100,000 2000 U.S. standard million population

- 1,426 residents died from stroke  
  ► Average annual age-adjusted death rate (2005-2007) = 52.7 per 100,000 2000 U.S. standard million population

- 422 residents died from diabetes mellitus  
  ► Average annual age-adjusted death rate (2005-2007) = 15.5 per 100,000 2000 U.S. standard million population

CHILDHOOD OBESITY COMMUNITY ACTION PLAN
HEALTHY PEOPLE 2010 GOALS RELATED TO PHYSICAL ACTIVITY

- (22-6) Increase the proportion of adolescents who engage in moderate physical activity for at least 30 minutes on 5 or more of the previous 7 days (27%-35%, 1999-2010).

- (22-7) Increase the proportion of adolescents who engage in vigorous physical activity that promotes cardio-respiratory fitness 3 or more days per week for 20 or more minutes per occasion (65%-85%, 1999-2010).

- (22-8) Increase the proportion of the Nation’s public and private schools that require daily physical education for all students (middle schools: 17%-25%; high schools: 2%-5%; 1994-2010).

- (22-9) Increase the proportion of adolescents who participate in daily school physical education (29%-50%, 1999-2010).

- (22-10) Increase the proportion of adolescents who are physically active in PE class more than 20 minutes 3 to 5 days per week (38%-50%, 1999-2010).

- (22-12) Increase the proportion of the Nation’s public and private schools that provide access to their physical activity spaces and facilities for all persons outside of normal school hours (i.e., before and after the school day, on weekends, and during summer and other vacations) (developmental).

- (22-14b) Increase the proportion of children and adolescents aged 5-15 years who walk to school (trip < 1 mile) (31%-50%, 1995-2010).

- (22-15b) Increase the proportion of children and adolescents aged 5-15 years who bike to school (trip < 2 miles) (2.4%-5%, 1995-2010).

- (7-2i) Increase the proportion of middle, junior high, and senior high schools that provide school health education to prevent health problems in inadequate physical activity (78%-90%, 1994-2010).

- (22-11) Increase the proportion of adolescents who view television 2 or fewer hours on a school day (57%-75%, 1999-2010).

HEALTHY PEOPLE 2010 GOALS RELATED TO NUTRITION AND OBESITY

- (19-8) Increase the proportion of persons aged 2 years and older who consume less than 10% of calories from saturated fat (36%-75%, 1994-6-2010).

- (19-9) Increase the proportion of persons aged 2 years and older who consume no more than 30% of calories from total fat (33%-75%, 1994-6-2010).

- (19-15) Increase the proportion of children and adolescents aged 6 to 19 years whose intake of meals and snacks at school contributes to good overall dietary quality (developmental).
EDUCATIONAL AND COMMUNITY-BASED PROGRAMS

• (7-2h) Increase the proportion of middle, junior high, and senior high schools that provide school health education to prevent health problems in unhealthy dietary patterns (84%-95%, 1994-2010).

• (19-5) Increase the proportion of persons aged 2 years and older who consume at least 2 daily servings of fruit (28%-75%, 1994-6-2010).

• (19-6) Increase the proportion of persons aged 2 years and older who consume at least 3 daily servings of vegetables, with at least one-third being dark green or orange vegetables (3%-50%, 1994-6-2010).

• (19-7) Increase the proportion of persons aged 2 years and older who consume at least 6 daily servings of grain products, with at least three being whole grains (7%-50%, 1994-6-2010).

• (19-11) Increase the proportion of persons aged 2 years and older who meet dietary recommendations for calcium (500 mg for children aged 1-3 years, 800 mg for children aged 4-8, and 1300 mg for adolescents aged 9-18) (46%-75%, 1994-2010).

• (19-15) Increase the proportion of children and adolescents aged 6 to 19 years whose intake of meals and snacks at school contributes to good overall dietary quality (developmental).

EDUCATIONAL AND COMMUNITY-BASED PROGRAMS

• (7-2h): Increase the proportion of middle, junior high, and senior high schools that provide school health education to encourage healthy dietary patterns (84%-95%, 1994-2010).

MATERNAL, INFANT, AND CHILD HEALTH

• (16-19): Increase the proportion of mothers who breastfeed their babies (64%-75%, 1998-2010).

• (19-3) Reduce the proportion of children and adolescents who are overweight or obese (11%-5%, 1994-2010).

• (19-18) Increase food security among U.S. households (88%-94%, 1995-2010).
WISE SNAC® SUMMIT
EXECUTIVE SUMMARY

INTRODUCTION
In an effort to address the Surgeon General’s Call to Action to Prevent and Decrease Overweight and Obesity, the Greater North Penn Collaborative for Health and Human Services, the Health Promotion Council’s WISE SNAC® Initiative and the Montgomery County Health Alliance partnered to host the 4th Annual Community Summit, Protecting Our Children’s Future: Uniting Our Community to Reduce Childhood Obesity. The summit aimed to:

► Educate and create awareness around childhood obesity
► Communicate best practices for childhood obesity prevention
► Identify and create multi-sector partnerships and collaborations
► Create a mechanism for on-going communication and follow-up to enhance partnerships and collaboration.

On March 31, 2009, 181 community leaders participated in the Community Summit.

METHODS
All individuals registered for the summit (n = 181) were encouraged to participate in pre- and post-summit surveys. Surveys were administered via an online survey service.

Pre-summit response – 93 respondents (51% of summit participants)
Post-summit response – 37 respondents (20% of summit participants).

KEY FINDINGS
Lack of funding and staff members were identified by organizations as the main barriers to obesity prevention efforts, while having working partnerships in place and being knowledgeable about childhood obesity promoted prevention efforts.

Participants reported greater knowledge and awareness of childhood obesity post-summit.

46% of participants reported partnering with another organization as a direct outcome of attending the summit.

Post-summit participants reported working towards educating and creating awareness about childhood obesity, communicating best practices and policies for obesity prevention, and working to reduce the local incidence of childhood obesity and improve the health and lives of children and their families.

20% of summit participants reported that their action plans were at least 50% complete, with 6% reporting complete action plans.
The majority of participants’ action plans included efforts to work on healthy eating and physical activity programs. Few participants reported working on policy-related initiatives post-summit.

Few survey responses came from the business or government sectors. And few participants worked post-summit to engage businesses and local government.

Few survey participants utilized the Health eTools for Schools website for post-summit communication, citing lack of time as the limiting factor.

CONCLUSIONS/RECOMMENDATIONS

Overall, the summit helped to gain momentum for childhood obesity prevention efforts within the greater North Penn region. The summit was successful at raising awareness and knowledge around childhood obesity.

Many new partnerships emerged as a result of the summit, creating more opportunities for community based organizations, schools, parks and recreations, etc. to offer more opportunities for healthy eating and physical activity.

Future efforts need to focus on engaging the business and government sectors. Businesses and local government are crucial to ensuring sustainability and funding for obesity prevention efforts.

STRATEGIES FOR REDUCING CHILDHOOD OBESITY

The increase in childhood obesity and the dramatic health effects obesity can have on the quality and length of life has been well-documented. There are various strategies to address the issue of childhood obesity, some of which have been rigorously tested and others which have not. Following is a compilation of strategies that are currently in use in the county by various organizations; there is a description of the program and contact information regarding the organization that is administering the programs. There is also a section on proposed programs; these are programs, mostly nationally known, that have been developed but as of publication, are not currently in use by any organization in the county.

This compilation has been made so that agencies/schools/individuals that are looking to affect change can review these programs and if they find any of interest, they can contact the appropriate person to learn more. All of the organizations carrying out current programs have offered their information voluntarily and are more than willing to share their experiences and lessons learned with any groups interested in undertaking these challenges. Please reach out to these people as they are valuable community resources.

Since the development of this guide, the White House has implemented the ‘Let’s Move’ program to combat childhood obesity. The Let’s Move program has four overall strategies: 1) to give parents information to make healthier choices 2) to provide healthier foods in schools 3) to increase physical activity and 4) to make healthy, affordable food easily available in all communities. Let’s Move incorporates many existing childhood obesity strategies such as the President’s Physical Fitness Challenge, MyPyramid, Child Nutrition Act, and new strategies as well. Visit www.letsmove.gov for further information on this initiative.
Program Name
Community Garden Program

Target Population
Preschools, Elementary and After School Children; Camps

Main Objective
Increase knowledge of fruits and vegetables and the planting process of vegetables

Program Description
Children are taught the method of planting vegetables in a tub garden. The children start the vegetable plants from seeds in early Spring. Wood and plastic tubs are filled with dirt and placed in a sunny location. When the seedlings are ready to be planted the children transport the seedlings into the tubs and watch them grow. The children are taught how to tend the garden such as water, feed, and weed the plants. The produce is made into snack foods and given to the children for their afternoon snacks. Nutrition education is given to the children to enhance the learning process of the colors, benefits and growth process of fruits and vegetables. The groups are expected to sustain the garden for future years.

Contact Information
Montgomery County Health Department
1430 DeKalb Street
Norristown, PA 19401
Phone: 610-278-5117
Fax: 610-278-5167
E-Mail: publichealth@montcopa.org
Web: www.health.montcopa.org

Cost
Wooden and plastic tubs - $20.00 each
Planting soil
Vegetable seeds
Peat moss planting cups
Watering can
Small shovels

Outcome Measures
N/A
STRATEGIES FOR REDUCING CHILDHOOD OBESITY
CURRENT PROGRAMS

Program Name
Family Fitness Program

Target Population
Grades 3 to 5 students and their Parents/Guardians

Program Goals
This research-based program teaches participants how to:
• increase fruit, vegetable, whole grain, and low-fat dairy consumption.
• foster positive communication and collaboration on planning and preparing healthy meals and snacks.
• increase minutes of physical activity.
• increase goal setting and tracking of healthy diet and physical activity
• help students maintain a healthy weight.

Program Description
The Family Fitness Program is an after or in school program for all children ages 8-12, especially those who are at risk for becoming overweight or who are overweight. Children attend nine, 1 1/2 hour lessons to learn about making healthy food choices and fun ways to increase physical activity. Parents attend five separate meetings (three with their child) to receive information, skills, and motivational guidance leading to improved food choices, physical activity, and family support.

Contact Information
Montgomery County Cooperative Extension-Penn State
1015 Bridge Road, Suite H
Collegeville, PA 19426
Phone: 610-489-4315
Fax: 610-489-9277
E-Mail: MontgomeryExt.psu.edu
Web: http://montgomery.extension.psu.edu

Cost
Curriculum with CD and DVD - $65.00
Cost per family (approximately) - $20.00

Outcome Measures
In research sites our studies have shown children have significantly improved by:
• More consumption of whole grains, fruit, breakfast, willingness to try new fruits and vegetables, less higher-fat and sugar foods and drinks.
• Increased minutes of physical activity and ease of physical activity, less TV/video/computer time.
• Child/parent-improved communication/agreement and goal setting for healthy eating, physical activity, planning and preparing meals together, increased knowledge of Nutrition Facts labels.
Program Name
Fitness Skillastics

Target Population
Elementary school children

Main Objective
Increase physical activity; achieve a higher level of fitness in a unique and non-competitive environment.

Program Description
This program is in a game format and was designed as a teaching tool to highlight all four fitness components – cardiorespiratory (aerobic) endurance, muscle strength, muscle endurance and flexibility. It was meant to serve as a motivational supplement to any health and fitness program. The directions for the game are to roll the dice, move on the board to a square. Each square has a different fitness activity such as jumping jacks, sit-up, monkey dance or seal walk.

Contact Information
Montgomery County Health Department
1430 DeKalb Street
Norristown, PA 19401
Phone: 610-278-5117
Fax: 610-278-5167
E-Mail: publichealth@montcopa.org
Web: www.health.montcopa.org

Cost
$195.00
Package includes:
One 5’ x 7’ pvc synthetic leather game mat
Six 3# assorted colored pvc foam dice
Six 2.5" assorted colored miniature medicine balls
Six 20” x 27” miniature nylon mats
Nylon backpack
Instructional manual
Vendor: Flaghouse (1-800-793-7900 or FlagHouse.com)

Outcome Measures
N/A
Strategies for Reducing Childhood Obesity

Current Programs

Program Name
Got Milk

Target Population
Elementary school children

Main Objective
To encourage children to consume the milk servings requirements for their age. Increase knowledge of foods' nutrients that are included in the milk group and physical activities that promote strong bones and teeth.

Program Description
Students are divided into two groups depending on their age. One group is taught the food guide pyramid with the emphasis on the milk/milk products group. Nutrients and benefits of the milk group are also discussed. The group is then divided into two groups to do a relay race. Both groups, one student at a time, pull a picture of a food out of an envelope, and determines if the food is from the milk group. Two bags are located at the end of the room and the students race and place the picture in the appropriate bag.

The other group has a lesson on the importance of physical activity for strong bones. Weight bearing exercises are discussed and done with the students.

All students are brought back together for a milk mustache picture. A milk mustache is painted on the student’s upper lip with either white icing or white non latex paint. A picture is taken with 2 or more students and then a poster board is created with all the students pictures and given to the school.

Contact Information
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1430 DeKalb Street
Norristown, PA 19401
Phone: 610-278-5117
Fax: 610-278-5167
E-Mail: publichealth@montcopa.org
Web: www.health.montcopa.org

Cost
White paint $2.00 or white icing $2.50
Q-Tips $2.00/200 container
Polaroid film and camera or digital camera and paper
Background foam board

Outcome Measures
N/A
STRATEGIES FOR REDUCING CHILDHOOD OBESITY
CURRENT PROGRAMS

Program Name
Healthy Times

Target Population
School-aged children

Main Objective
Promote healthy behavior and health literacy through a student-developed newspaper.

Program Description
Healthy Times is a healthy newspaper project developed by Marian Uhlman, a journalist working with The Food Trust. A group of students meet regularly to develop stories and generate copy for the healthy newspaper in their school. There are currently projects in Norristown and Souderton in Montgomery County.

Contact Information
Moriah Zimmerman (mzimmerman@thefoodtrust.org)
or Marian Uhlman (muhlman@thefoodtrust.org), 215-575-0444

Cost
Dependent on the following: Existing equipment (laptop, LCD projector); Existing software (Microsoft Publisher); Number of students in each school to receive copies of newspapers.

Outcome Measures
Health messages are in compliance with the National Health Education Standards; Readership; Teacher use as literary tool
Program Name
H.I.P. Kids (Health Intervention Program)

Target Population
Kids ages 7-14

Main Objective
To collaborate and provide nutrition and physical activity education to both parents and kids in order to achieve a healthy lifestyle.

Program Description
This eight week program meets twice a week (Monday & Wednesday) from 6:30-8:00 pm @ the North Penn YMCA. Monday night is run by a registered dietician that educates both parent and child on different components of healthy nutrition. Wednesday evenings are run by a fitness instructor and educates the children on different components of exercise. Both nights the children get 45 minutes of physical activity utilizing specially designed fitness equipment in the wellness center as well as other game activities. Parents must attend every nutrition class so that they can effectively help the child with making healthy choices.

Contact Information
Kathy Sackett-Young (Kathy.sackett@northpennymca.org) 215-368-1601 ext 230 or Ruth Fricker (ruth@northpennymca.org) 215-368-1526 ext. 105

Cost
$150 for full members; $160 for program members; community members $190. (rate also includes one full month general family membership after completion of program)

Outcome Measures
Initial fitness assessment compared to post-fitness assessment.
STRATEGIES FOR REDUCING CHILDHOOD OBESITY
CURRENT PROGRAMS

Program Name
Holy Redeemer’s Healthy KidZone – Abington YMCA

Target Population
Kids ages 10-14

Main Objective
To collaborate and provide nutrition and physical activity education to both parents and kids in order to achieve a healthy lifestyle.

Program Description
An eight week program that meets once a week (Thursday) from 6-8pm @ the Abington YMCA. A Registered Dietitian provides appropriate nutrition education for both parents and kids and an exercise portion is administered by a YMCA fitness specialist. Parents must attend four of the eight education sessions. Healthy snacks are discussed and provided along with suggestions and encouragement on how to break unhealthy eating and physical activity habits and maintaining healthy approaches to diet and exercise.

Contact Information
For more information or to register call 1-800-818-4747

Cost
$ 125 for YMCA members and $160 non-members (rate also includes a 2 month general membership to the YMCA fitness center for the participant and one parent/guardian

Outcome Measures
N/A
STRATEGIES FOR REDUCING CHILDHOOD OBESITY
CURRENT PROGRAMS

Program Name
Mileage Club Program

Target Population
Elementary school children

Main Objective
Increase physical activity

Program Description
The mileage club is a physical activity program that provides an opportunity for students to walk to fitness, through a non-competitive walking program. The students are awarded with small incentive items, including tokens, according to their success. Staff come out to the schools and measure inside and outside walking paths, give instruction and materials necessary to conduct the walking programs and conduct education programs. Children are given Mile Marker cards to record how many miles they walk during the program; awards are given based on distance walked. Program materials and instructions provided.

Contact Information
Montgomery County Health Department
1430 DeKalb Street
Norristown, PA 19401
Phone: 610-278-5117
Fax: 610-278-5167
E-Mail: publichealth@montcopa.org
Web: www.health.montcopa.org

Cost
$125-$175 for 75 children
Shoelaces
Vendor: Laces for Less
513-821-1716
www.Lacesforless.com
Toe tokens
Marker cards
Vendor: Fitness Finders
1-800-789-WALK
www.fitnessfinders.net

Outcome Measures
N/A
STRATEGIES FOR REDUCING CHILDHOOD OBESITY
CURRENT PROGRAMS

Program Name
Nutrition Education & Gardening

Target Population
School-aged children; children attending recreation centers

Main Objective
Educate children on the food system and healthy eating, including the development of a vegetable garden on-site.

Program Description
This program helps children to understand where food comes from to better inform their food choices. Explanation of the path of food from seed to plate accompanies a vegetable garden planted and maintained by the children. Discussion around healthy food supplements the garden, concluding in a harvest celebration with the grown produce.

Contact Information
Moriah Zimmerman (mzimmerman@thefoodtrust.org) or Marian Uhlman (muhlman@thefoodtrust.org)

Cost
Depends on existing educational resources. Main expenses are for the development of the garden. The cost can depend on the size of the garden, materials needed (if raised beds must be built, for example), and seeds and/or seedlings to plant. Some things may be donated. Range would be about $100-$300.

Outcome Measures
Knowledge (pre-post for children); Completion of garden and harvest
STRATEGIES FOR REDUCING CHILDHOOD OBESITY
CURRENT PROGRAMS

Program Name
Nutrition Health Fair Booths: More Matters, Think Your Drink, The Whole Grain Truth, Pyramid Pursuit

Target Population
Elementary, Middle and High School students

Main Objective
Booths provide an interactive setting for quick learning about key nutrition objectives.

Program Description
Booths are very interactive and are designed for small groups of students to rotate from booth to booth in about 10 minute intervals. More Matters emphasizes eating more fruits and vegetables, Think Your Drink demonstrates sugar content of beverages, The Whole Grain Truth helps students identify whole grains and Pyramid Pursuit teaches nutrition facts using the food guide pyramid.

Contact Information
Judy Matusky, RD, LDN, Community Service Department, Main Line Health. 484-337-8331 or matuskyj@mlhs.org

Cost
Depends on number of booths and length of health fair

Outcome Measures
Currently working on outcome measurements
Program Name
Nutrition Jeopardy

Target Population
High School students (grades 9-12)

Main Objective
To teach students nutrition facts in a fun, game-show type atmosphere. Session is designed to cover many areas of nutrition including fats, fiber, sodium, fast food, vitamins and minerals, and nutrition’s connection to chronic disease.

Program Description
Nutrition Jeopardy is a 45 minute game that can be used in a classroom setting. Teams are formed and each team takes turns selecting questions in a similar format to the game show Jeopardy (i.e., vitamins and minerals for 500). As questions are answered, instructor uses a variety of props and interactive games to demonstrate various answers. The team scoring the highest point wins a prize.

Contact Information
Judy Matusky, RD, LDN, Community Service Department, Main Line Health. 484-337-8331 or matuskyj@mlhs.org

Cost
$100 per session

Outcome Measures
Not currently measured
STRATEGIES FOR REDUCING CHILDHOOD OBESITY
CURRENT PROGRAMS

Program Name
Pack Assorted Colors for Kids Week (P.A.C.K.)

Target Population
Elementary school children

Main Objective
To encourage children to consume more fruits and vegetables

Program Description
P.A.C.K. week takes place the third week in September and is a fun and educational program. During the week, parents are encouraged to “pack” fruits and vegetables in a variety of colors and forms, into their children’s lunches. For the original program, children are asked to bring a specific color fruit or vegetable on a set day of the week for their lunches.

The Health Department decided for organizational purposes in the schools that it would be easier to track what the children bring in for their snacks as opposed to lunch. In order to get them to eat as many different colored fruits and vegetables, each student will have a punch card for the week that has various colors printed on it such as green, red, blue, white and yellow. When the child brings a colored snack that matches the card, they will get a punch in their card. The students should strive to have each of the colors punched in their card so they will be eligible to win a prize at the end of the week for example, a lunch bag or jump rope. A letter will be sent home to parents/guardians with more details and tips on packing fruits and vegetables in all forms.

Contact Information
Montgomery County Health Department
1430 DeKalb Street
Norristown, PA 19401
Phone: 610-278-5117
Fax: 610-278-5167
E-Mail: publichealth@montcopa.org
Web: www.health.montcopa.org

Cost
Punch cards
Paper for parent letter
Vendor - www.pbhfoundation.org/members/events/packweek; www.welchs.com

Outcome Measures
N/A
STRATEGIES FOR REDUCING CHILDHOOD OBESITY
CURRENT PROGRAMS

Program Name
The Whole Grain Truth: 30 minute in-classroom lesson teaching students how to identify whole grains and how to make half their grains whole.

Target Population
Elementary or Middle School: 4th-6th grades

Main Objective
To help students identify whole grains by reading food labels and to increase their willingness to eat whole grains at least 3 times per day.

Program Description
The Whole Grain Truth is a 30 minute, in-classroom lesson plan for 4th-6th grade students. The lesson is taught by registered dietitians or trained and supervised nutrition interns. The activities are very interactive and family recipes are included.

Contact Information
Judy Matusky, RD, LDN, Community Service Department, Main Line Health. 484-337-8331 or matuskyj@mlhs.org

Cost
$100 for material and registered dietitian

Outcome Measures
100% of teachers surveyed reported that the students learned new information, the lesson was age appropriate, and teachers would like to offer the lesson to their students each year.
STRATEGIES FOR REDUCING CHILDHOOD OBESITY
CURRENT PROGRAMS

Program Name
The Why and How to Safe Exercise and Weight Loss for Kids

Target Population
Adolescents

Main Objective
Increase physical activity

Program Description
Fun, excitement and safe exercise is specifically designed for the adolescent, with Physioball®, Theraband® sessions and kickboxing. Abington Fitness Institute staff members conduct the exercise sessions. Class size is limited to 10 participants. Program is offered on a seasonal basis.

Contact Information
To register: 215-481-5900
Location: Abington Memorial Hospital Fitness Institute
2510 Maryland Road, Suite 100

Cost
$60.00 for 6-week session

Outcome Measures
N/A
STRATEGIES FOR REDUCING CHILDHOOD OBESITY
CURRENT PROGRAMS

Program Name
There’s a Rainbow on Your Plate: In-classroom lesson highlighting the importance of eating more fruits and vegetables

Target Population
Elementary Schools: Second Grade

Main Objective
Students will learn how they can incorporate more fruits and vegetables into their meals and snacks and why eating a wide variety of colorful fruits and vegetables is important.

Program Description
The nutrition lesson is a 30 minute in-classroom session taught by a registered dietitian or a trained and supervised nutrition intern. The program is very interactive for the students and family recipes and activities are included.

Contact Information
Contact Judy Matusky, Registered Dietician, LDN, Community Service Department, Main Line Health. 484-337-8331 or matuskyj@mlhs.org

Cost
$100 to cover course material and RD

Outcome Measures
100% of teachers surveyed reported that the students learned new information, lesson was age appropriate, and teachers would like to continue to offer the lesson each year. Using a pre and post survey, we found that students ate 35% more fruits and vegetables after participating in the lesson.
STRATEGIES FOR REDUCING CHILDHOOD OBESITY
CURRENT PROGRAMS

Program Name
Up For the Challenge: Lifetime Fitness, Healthy Decisions

Target Population
Elementary, and middle school age children

Program goals
This research based program teaches participants how to:

• Help students to develop appropriate nutrition concepts
• Increase knowledge and skills to make healthy personal decisions
• Increase youth knowledge of healthy choices in areas of: lifestyle, eating and physical activities
• Help students assess level of physical activity and set goals to increase their physical activity

Program Description
The Up for the Challenge program is an in school or afterschool program for children Kindergarten through 8th grade. Through a series of one hour sessions youth will develop lifelong daily habits that include fitness, nutrition, and health. Participation in activities, lessons, discussion and application of ideas presented, youth will develop technical, communication, social and leadership skills to become healthier more productive citizens.

Contact Information
Montgomery County Cooperative Extension-Penn State
1015 Bridge Road, Suite H
Collegeville, PA 19426
Phone: 610-489-4315
Fax: 610-489-9277
E-Mail: MontgomeryExtension.psu.edu
Web: http://Montgomery.extension.psu.edu

Cost
Please contact office; cost varies according to length of program

Outcome Measures
N/A
Program Name
"Weigh to Go" For Children

Target Population
Children 9-13 years of age.

Main Objective
Nutrition Education for Childhood Obesity

Program Description
In conjunction with the Why and How to Safe Exercise and Weight Loss for Kids Program at Abington Memorial Hospital, this program, facilitated by an Abington Memorial Hospital nutritionist, addresses the growing concern of childhood obesity through nutritional education. Topics that will be covered include; portion control, interpretation of labels, triggers for eating, high calorie to low calorie substitution, fast food obstacles, stress reduction and parenting tips.

Contact Information
Community Health Services
(215) 481-2204

Cost
$60 for 6 session program

Outcome Measures
N/A
STRATEGIES FOR REDUCING CHILDHOOD OBESITY
CURRENT PROGRAMS

Program Name
Wellness Rotation

Target Population
Elementary school children

Main Objective
Increase nutrition knowledge in healthy snacks, food guide pyramid and what foods are considered “Go, Slow, and Whoa” foods

Program Description
This program is divided into 3 parts where the children are rotated through each different session. One session is a discussion on healthy snacks and the students prepare a healthy trail mix snack; another session the students watch a DVD video on the food guide pyramid and discuss the contents of the video and the third session the students discuss the foods that go into the categories of “Go, Slow and Whoa”, which is part of the “We Can” program. “Go” foods are items that should be incorporated into our diets everyday; “Slow” foods are items we should consume occasionally; and “Whoa” foods are items that should be rarely eaten.

Contact Information
Montgomery County Health Department
1430 DeKalb Street
Norristown, PA 19401
Phone: 610-278-5117
Fax: 610-278-5167
E-Mail: publichealth@montcopa.org
Web: www.health.montcopa.org

Cost
Food: $30.00 for 35 children; includes dry whole wheat cereals, dried fruit, whole grain pretzels, and plastic snack bags
Food Smarts- My Pyramid For Kids DVD video - $70.00
Go, Slow, Whoa plastic mats - $39.95
Vendor
Food Smarts DVD video - NIMCO (1-800-793-7900 or www.nimco.com)
Go, Slow, Whoa plastic mats – FlagHouse (1-800- 793-7900)

Outcome Measures
N/A
Program Name
BodyWorks

Target Population
Parents with adolescent (ages 9-18) children

Main Objective
Improve family eating and activity habits.

Program Description
BodyWorks is a program designed to help parents and caregivers of adolescents improve family eating and activity habits. Available in English and Spanish, the program focuses on parents as role models and provides them with hands-on tools to make small, specific behavior changes to prevent obesity and help maintain a healthy weight. The BodyWorks program uses a train-the-trainer model to distribute the Toolkit through community-based organizations, state health agencies, non-profit organizations, health clinics, hospitals and health care systems. The program includes one six-hour training module for trainers and ten 90-minute weekly sessions for parents and caregivers.

The Office on Women’s Health, U.S. Department of Health and Human Services, developed BodyWorks following two years of formative research.

Contact
Office on Women’s Health:
Ann Abercrombie, M.L.S.
Program Manager, womenshealth.gov and girlshealth.gov
(202) 401-9588
Ann.abercrombie@hhs.gov

Health Promotion Council (local trainers & facilitators):
Courtney Grove, MPH, RD, LDN
Program Coordinator, WISE SNAC
267-773-4372
cgrove@phmc.org

Cost
Toolkits available for free from Office on Women’s Health to trained facilitators. Additional costs incurred vary depending on program. Additional costs include incentives for participants, providing healthy dinner/snacks, childcare, etc.

Outcome Measures
National evaluation currently being conducted. For information regarding the national evaluation, please contact Liz Fassett at efassett@hagersharpc.com
<table>
<thead>
<tr>
<th>Program Name</th>
<th>CATCH-Coordinated Approach To Child Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target Population</td>
<td>Pre-school through 8th grade</td>
</tr>
<tr>
<td>Main Objective</td>
<td>CATCH (Coordinated Approach To Child Health) is an evidence-based, coordinated school health program designed to promote physical activity and healthy food choices, and prevent tobacco use in children from preschool through grade 8. The program is currently being implemented in over 7,500 schools and after-school programs across the United States and Canada. By teaching children that eating healthy and being physically active every day can be <strong>FUN</strong>, the CATCH Program has proven that establishing healthy habits in childhood can promote behavior changes that can last a lifetime.</td>
</tr>
<tr>
<td>Program Description</td>
<td>The CATCH Program (Coordinated Approach To Child Health) brings schools, families, and communities together to teach children how to be healthy for a lifetime. CATCH is effective because healthy behaviors are reinforced through a coordinated approach-in the Classroom, in the Cafeteria, in Physical Education, at Home, and After School. CATCH is research-based and proven to work. And, most importantly, CATCH makes nutrition learning and physical activity <strong>FUN</strong>! The CATCH Go for Health Series is a K-5 classroom health education curriculum that teaches children to identify, practice, and adopt healthy eating and physical activity habits. Hands-on activities encourage changes in behavior that support healthful eating and physical activity patterns-primary risk factors of heart disease, osteoporosis, high blood pressure, and obesity. CATCH PE combines high energy, non-elimination activities with teaching strategies that keep kids moving and having fun. CATCH PE significantly increases physical activity levels of students during PE class, and provides for a variety of learning experiences for students of all abilities. The CATCH Program considers school cafeterias an extension of the classroom. Through the Eat Smart component, breakfast and lunch become opportunities for children to learn, practice, and adopt healthy eating habits. School Food Service personnel prepare healthier meals and help coordinate healthy messages with the rest of the school. The CATCH Family component is designed to get students, parents, and extended family members involved in practicing and adopting healthy eating and physical activity behaviors at home. By doing so, the home environment becomes an extension of the CATCH Program at school.</td>
</tr>
</tbody>
</table>
Implemented in community-based programs across North America, CATCH Kids Club, has been designed for after-school and summer enrichment settings. Developed from the nationally-recognized CATCH Program, healthy messages are reinforced beyond the school day via physical activity and nutrition education sessions.

**Contact Information**
www.catchinfo.org
info@CATCHinfo.org

**Cost**
Variable

**Outcome Measures**
The CATCH Program has been extensively evaluated in over 80 scientific peer-reviewed publications. Results of a recent study in El Paso, Texas showed that CATCH successfully slowed the increase in risk of overweight or overweight seen in a controlled group of school children.
STRATEGIES FOR REDUCING CHILDHOOD OBESITY
PROPOSED PROGRAMS

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Dole Superkids Program</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Target Population</strong></td>
<td>Ages 3-8</td>
</tr>
<tr>
<td><strong>Main Objective</strong></td>
<td>Encouraging children to eat 5-9 servings of fruits and vegetables every day.</td>
</tr>
<tr>
<td><strong>Program Description</strong></td>
<td>Interactive website for children to play games, learn characters, and get excited about recipes involving fruits and vegetables. Sub-sites for teachers and parents to help them get the most out of the site for the children, and reinforce the lessons.</td>
</tr>
</tbody>
</table>
| **Contact Information** | Dole SuperKids Program  
One Dole Drive  
Westlake Village, CA 91362  
www.Dole5aDay.com |
| **Cost**             | None                   |
| **Outcome Measures** | N/A                    |
STRATEGIES FOR REDUCING CHILDHOOD OBESITY
PROPOSED PROGRAMS

Program Name
Fit & Fun Families Toolkit

Target Population
K-12

Main Objective
CIGNA HealthCare and the Healthy Kids Challenge have teamed up to set the standard for the way health professionals, schools, and families work together to battle the childhood obesity crisis.

Program Description
The Healthy Kids Challenge is a nationally recognized, award-winning program that addresses child nutrition and physical activity issues. Healthy Kids Challenge offers a multi-level approach of assistance to schools, organizations and communities.

This kit focuses on seven healthy habit concepts. It includes a series of Family Tip Sheets and fun Kids Activity Pages that work in conjunction to develop the foundation for healthy eating and activity. Physician talking points assist in conveying these tested concepts to patients and families.

Separate toolkits are available for health professionals and parents.

Contact Information
Healthy Kids Challenge
2 W Road 210
Dighton, Kansas 67839

1-888-259-6287 Phone
1-620-397-5979 Fax

http://www.healthykidschallenge.com

E-Mail: Vickie James, RD, LD, Healthy Kids Challenge Director
Vickie@healthykidschallenge.com

Cost
None – Downloadable resources

Outcome Measures
N/A
STRATEGIES FOR REDUCING CHILDHOOD OBESITY
PROPOSED PROGRAMS

Program Name
FitnessGram

Target Population
Children K-12 grade

Main Objective
Fitnessgram is a fitness assessment and reporting program for youth, first developed in 1982 by The Cooper Institute in response to the need for a comprehensive set of assessment procedures in physical education programs. The assessment includes a variety of health-related physical fitness tests that assess aerobic capacity; muscular strength, muscular endurance, and flexibility; and body composition. Scores from these assessments are compared to Healthy Fitness Zone® standards to determine students' overall physical fitness and suggest areas for improvement when appropriate. The standards are set specifically for boys and girls of various ages using the best available research. The Healthy Fitness Zone standards were established by the Fitnessgram Scientific Advisory Board, which includes some of the foremost scientists and practitioners in fitness and physical activity.

Program Description
A key feature of the Fitnessgram software is its ability to generate printed reports for each student (a parent version of the report can be generated, too). The Fitnessgram report defines the recommended range of fitness for each test measure—the Healthy Fitness Zone. When a child’s score falls within the Healthy Fitness Zone, it means the child has achieved a level of fitness associated with being healthy. Teachers and administrators can also generate more advanced statistical reports on the health and fitness of all their students. The Fitnessgram report provides information about the student’s level of physical fitness in an easy-to-read format. More important, the report provides personalized suggestions that can help in planning an individualized fitness plan.

The Activitygram component of the software is an activity assessment tool that enables students to record their physical activity in 30-minute increments over a 3-day period. The software generates a report showing total minutes of activity, periods of activity time each day, and types of activity.

The Activity Log component allows students to track their physical activity, either in step counts or minutes of activity for each day. Teachers can issue challenges to students to increase their physical activity, and depending on the version of the software used, challenges can be issued from class-to-class or even school-to-school.

Both Activitygram and Activity Log support Fitnessgram by emphasizing the need for at least 60 minutes of daily physical activity.

Fitnessgram and Activitygram is an educational tool that helps students learn—as part of a high quality, standards-based physical education curriculum—how it feels to become more physically fit, and how to value a physically active lifestyle. Fitnessgram is a team effort. It requires participation of teachers, administrators, and technology staff.
Contact Information
www.fitnessgram.net
Sarah Dean
Sales Manager
Telephone: (800) 747-4457 ext. 2465
Fax: (217) 351-2674
Email: sarahd@hkusa.com

Cost
$300 and up for software. $4-$80 for various forms, reports, and modules

Outcome Measures
N/A
STRATEGIES FOR REDUCING CHILDHOOD OBESITY
PROPOSED PROGRAMS

Program Name
Fuel Up To Play 60

Target Population
School aged children

Main Objective
Fuel Up to Play 60 is an in-school program that encourages the availability and consumption of nutrient-rich foods, along with 60 minutes of daily physical activity. The program was founded by National Dairy Council® (NDC) and the NFL and is based on a mutual commitment to the health of the next generation. The program offers bold leadership for child health and wellness through the support of many businesses and industry leaders. This outstanding initial support is expected to grow as government, business, communities and families join the effort.

Program Description
Fuel Up to Play 60 is built around the notion that combining positive nutrition and physical activity education can motivate youth to make healthier choices. Fuel Up to Play 60 was designed to be customizable and nonprescriptive - allowing youth and schools to determine which tools and resources will best meet youth wellness goals and each school’s wellness policies.

The ultimate goal is to ensure changes made at school are sustainable so children have more opportunities to be physically active and to eat nutrient-rich foods like low-fat and fat-free milk, fruit, whole grains and vegetables throughout the school campus. Program components developed for and by youth - such as program curriculum, in-school promotional materials, a Web site and youth social media partnerships - are customizable and nonprescriptive. The program’s design allows youth and schools to determine which tools and resources best help their school meet local youth wellness goals and school wellness policies. Over $12 million in partner-supported school grants will help schools make long-term healthy changes.

After identifying their school’s nutrition and physical activity needs, the students use the Fuel Up to Play 60 program tools and resources to create activities before, during or after school, such as a school-wide walking club to get students moving or a grab ‘n’ go breakfast cart to encourage students to eat a nutritious breakfast. The Fuel Up to Play 60 program offers activity ideas for both healthy eating and physical activity, but ultimately the students can design their own.

- Interactive Web site where students can:
  ▶ Sign up for the program
  ▶ Pledge their commitment to eating healthy and getting 60 minutes of daily physical activity
  ▶ Learn how to design healthy eating and physical activity activities at their school
  ▶ Download tools and resources to help implement healthy eating and physical activity activities
  ▶ Track individual healthy behaviors and progress
► Play NFLRush.com PLAY 60-themed games
• Free Fuel Up to Play 60 Wellness Activation Kit that includes healthy eating and physical activity program guides with ideas and other tools and resources for students and adults, as well as in-school promotional materials that includes banners, posters, videos and other promotional displays
• Grants to facilitate schools making lasting improvements in nutrition and physical activity (on a competitive basis)
• Youth Social Media Partnerships, to engage youth with the Fuel Up to Play 60 program through online games, virtual worlds and blogs
• NFL Player School Appearances at Fuel Up to Play 60 school events, in select areas

Contact Information
www.fueluptoplay60.com

Cost
Free resources

Outcome Measures
N/A

STRATEGIES FOR REDUCING CHILDHOOD OBESITY PROPOSED PROGRAMS

Program Name
Go With the Whole Grain

Target Population
Grades K-5

Main Objective
To increase consumption of whole grain foods.

Program Description
The Go With the Whole Grain for Kids curriculum features two delightful Whole Grain Heroes to help children learn about the benefits of whole grains and how they can incorporate whole grains into their diet. The fun and engaging curriculum includes a program designed for children in grades kindergarten through second grade and a more in depth version for children in grades three through five to help you meet the learning needs of your students.

Contact Information
www.bellinstitute.com

Cost
Free

Outcome Measures
N/A
STRATEGIES FOR REDUCING CHILDHOOD OBESITY
PROPOSED PROGRAMS

Program Name
Healthy Foods Banquet Fundraiser

Target Population
Middle and High School Students and their families

Main Objective
Raise money for schools and/or charitable organizations while promoting healthy food choices

Program Description
The Healthy Foods Banquet is an event organized to raise awareness of healthy food choices, while at the same time raising money for a school group or local charity. Students identify and partner with a local chef to provide a healthy entrée and conduct a brief healthy cooking demo to banquet participants. Students select and prepare healthy appetizers and desserts for participants to sample. Students may wish to work with a local dietician to analyze the nutritional content of appetizer and dessert recipes. The recipes and nutritional analysis information can be used to create a Healthy Food Banquet cookbook.

This event is held after school between 5pm-7pm. In order to pay for the event costs and to raise additional money for the fundraiser, participants purchased tickets to the event. Banquet organizers may wish to partner with school art classes to create decorations/posters for the event, as well as the school media department to help promote the event in the school’s newspaper/newsletters, etc.

Contact Information
Courtney Grove, MPH, RD, LDN
Program Coordinator, WISE SNAC
267-773-4372
cgrove@phmc.org

Cost
Varies.

Outcome Measures
# participants, amount of money collected as a result of fundraiser
Program Name
Hearts N’ Parks

Target Population
All Ages

Main Objective
Hearts N’ Parks is a national, community-based program supported by the National Heart, Lung, and Blood Institute (NHLBI) and the National Recreation and Park Association (NRPA). It is designed to help park and recreation agencies encourage heart-healthy lifestyles in their communities. This innovative program aims to reduce the growing trend of obesity and the risk of coronary heart disease in the U.S. by encouraging Americans of all ages to aim for a healthy weight, follow a heart-healthy eating plan, and engage in regular physical activity.

Program Description
Through Hearts N’ Parks, science-based information about lifestyle choices that can reduce an individual’s risk of heart disease and skills for incorporating heart healthy behaviors into one’s life are taught as part of the regular activities offered by park and recreation departments and other community-based agencies. The program also provides tools for measuring the impact of these activities.

Contact Information
Phone: 301-592-8573
240-629-3255 TTY
Fax: 301-592-8563
E-mail: NHLBiinfo@nhlbi.nih.gov

Cost
Variable

Outcome Measures
Hearts N’ Parks was piloted during the summer of 1999 in 33 sites in 12 North Carolina communities involving more than 2,000 participants. An evaluation showed that participants retained information about heart-healthy behaviors and intended to eat healthier. In addition, children reported learning new physical activities and improving their performance in others; seniors reported feeling healthier and experiencing less pain in their daily lives by the end of the program.
PROGRAM NAME
Kidnetic

TARGET POPULATION
Children 9-12 and their families

MAIN OBJECTIVE
Kidnetic.com is a great resource for raising a healthy child and offers a special section just for parents. Check out the Bright Papers and Frequently Asked Questions to get the facts about children and physical activity, healthy eating and self-esteem. The Kidnetic.com Parents’ Guide provides lots of ideas and tips to get the whole family involved in making healthier food choices, managing portion size, and getting active together. In Recipe Roundup, you can find lots of kid-pleasing recipes, including a category of “Family-Friendly” recipes that you and your kids can make together.

PROGRAM DESCRIPTION
Kidnetic.com, the Kidnetic.com Leader’s Guide, and the Kidnetic.com Real-Life Guide for Parents together comprise an integrated educational resource. The Web site is designed for kids aged 9-12 and their families, the Leader’s Guide is a lesson-based curriculum guide for health professionals and educators to use when working with patients and students, and the Parents’ Guide provides quick and easy-to-use information just for parents. All components of Kidnetic.com promote healthy eating and active living in a way that is fun and relevant. The Kidnetic.com resources are aimed at inspiring kids and their families to move toward healthier lifestyles.

Kidnetic.com encourages parents and kids to talk to each other. The Kidnector is a unique component of Kidnetic.com that is designed to help open the lines of communication between children and parents. The Kidnector invites kids to share their thoughts with their parents, and has kids ask their parents to do the same. We provide thought-starters to get the conversation going.

CONTACT INFORMATION
www.kidnetic.com
www.ific.org/kidnetic

COST
Free

OUTCOME MEASURES
N/A
**Program Name**
Making it Happen!

**Target Population**
School health advisory committees, wellness committee members, parents, students, administrators, and food service personnel

**Main Objective**
To provide examples and success stories of 32 schools and school districts that have implemented innovative approaches to improve the nutritional quality of foods and beverages sold outside the school meals program.

**Program Description**
Any individual (e.g., principal, parent, school nurse, food service director, student) who wants to improve the food and beverage offerings outside of school meals can use MIH for practical ideas and examples of how to accomplish changes, how to overcome obstacles that may arise, and whom to involve.

**Contact Information**
CDC’s Division of Adolescent & School Health
800-232-4636
http://www.cdc.gov/HealthyYouth/

**Cost**
None. Downloadable.

**Outcome Measures**
N/A
Program Name
Nestle Family Healthy Kids Program

Target Population
Ages 3 & up

Main Objective
Modifying children’s behavior through family changes in nutrition and physical activity

Program Description
Interactive website that operates as a resource for families and teachers providing age appropriate ways to incorporate nutrition and fitness into children’s daily routine. Typical age ranges include: 2-5 years, 6 & up, and adolescent. Activities, Tip & Ideas, and Recipes are searchable by age group.

Contact Information

Cost
None

Outcome Measures
N/A
Program Name
Nutrition Explorations

Target Population
K-12

Main Objective
School wellness program targeting increased milk consumption & marketing in schools.

Program Description
Dairy Council’s commitment to dairy and wellness is as strong today as when it was established in 1915. From the cafeteria to the classroom to after-school, you’ll find a range of programs and materials that support school-wide implementation of your School Wellness Policy.

- New Look of School Milk
- The Expanding Breakfast Program
- The Classroom Cafeteria Connection
- NEW Classroom Programs Support School Wellness
- Wellness and Your After-school Program
- Raise Funds and Support School Wellness

Contact Information
Mid-Atlantic Dairy Association
325 Chestnut Street
Suite 600
Philadelphia, PA, 19106
phone: 215-627-8800
fax: 215-627-8887
http://dairyspot.com/

Cost
Posters, Guides, and Food Models available online:
http://www.nutritionexplorations.org/catalog/main.asp

Small quantities, free. Call for 30+ items.

Outcome Measures
N/A
STRATEGIES FOR REDUCING CHILDHOOD OBESITY
PROPOSED PROGRAMS

Program Name
Peaceful Playgrounds

Target Population
Preschool to 6th grade children

Main Objective
The purpose of the Peaceful Playground Program is to introduce children and school staff to the many choices of activities available on playgrounds and field areas. Well marked game activities provide increased motivation for children to enter into an activity and become engaged in purposeful play, thus cutting down on playground confrontations. When color is added to game markings, it not only is aesthetically appealing, but allows for academic learning opportunities as well.

Program Description
The Peaceful Playground provides a kit including a set of 4 Blueprints and 4 Activity Guides are included with the Program Kit.
Please note that these games must be measured out.
The stencils included in the Peaceful Playgrounds Program Kit are the numbers, letters, feet and shapes which are for the detail work in painting the playground.
A time saving solution to measuring out the games is the Recess Roll Out Stencil Pack which includes roll out stencils for our most popular recess games including: multi-use circle, four square, number line, hopscotch, target and ball hopscotch.
A Site License is issued for the use of these designs at a single school site.
There are various stencil kits and packages available including supervisory tools and educational materials.

Contact Information
www.peacefulplaygrounds.com

Cost
Variable, depending upon kit purchased

Outcome Measures
• Increase children’s physical activity levels. Use of playground markings is effective in increasing the amount of physical activity.
• Increase children’s energy expenditures. Students utilizing playground markings increased their energy expenditure significantly over the control groups.
• Increase activity levels in primary and junior schools. Use of playgrounds painted with multicolored markings increase physical activity.
• Decrease bullying. Use of playground markings, in conjunction with the Peaceful Playgrounds Program, were found to decrease playground bullying.
• Decrease playground confrontations. Use of playground markings, in conjunction with the Peaceful Playgrounds Program, were found to decrease playground confrontations.
• Decrease playground injuries. Use of playground markings, in conjunction with the Peaceful Playground program, were shown to decrease playground injuries.
**Program Name**
President’s Challenge

**Target Population**
All ages

**Main Objective**
The President’s Challenge is a program that encourages all Americans to make being active part of their everyday lives. No matter what your activity and fitness level, the President’s Challenge can help motivate you to improve.

**Program Description**
The program provides an activity log, tips for getting and staying active, information on and awards for attaining fitness levels. Fitness is about setting realistic goals and sticking to them. That’s where the President’s Challenge can help - with your own personal activity log.

Your log is where you record activities while taking part in the Active Lifestyle or Presidential Champions programs. We’ll show how far you’ve come - and how close you are to your goal. You can also compare your progress with others and earn awards for completing each program. The President’s Challenge not only helps you stay active - it also gives you a little extra motivation while you’re at it. That’s because you can earn special Presidential awards recognizing your accomplishments.

**Contact Information**
www.presidentschallenge.org

**Cost**
None

**Outcome Measures**
N/A
STRATEGIES FOR REDUCING CHILDHOOD OBESITY
PROPOSED PROGRAMS

Program Name
Project PA – Action for Healthy Kids

Target Population
School aged children throughout Pennsylvania.

Main Objective
Project PA plans to continue to help Pennsylvania’s schools improve their nutrition environments by promoting a team approach to addressing school nutrition environment issues.

Program Description
Project PA, a collaboration between Penn State University's Department of Nutritional Sciences and the Pennsylvania Department of Education, Division of Food and Nutrition, partners with schools and their communities to provide sound nutrition education and to promote children’s healthy eating behaviors.

Downloadable kits are available on topics such as: the School Nutrition Toolbox, the Project PA Healthy Whole Wheat Kit, and School Breakfasts. Mini-grant opportunities of up to $6,000 are also available.

Contact Information
Project PA
Penn State University
110 Chandlee Laboratory
University Park, PA 16802
Fax 814-865-5870
http://nutrition.psu.edu/projectpa/2007Style/index.html

Cost
None

Outcome Measures
N/A
Name
SPARK-Sports, Play and Active Recreation for Kids

Target Population
Pre-K through 12th grade

Main Objective
SPARK strives to improve the health of children, adolescents, and adults by disseminating evidence-based Physical Education, After School, Early Childhood, and Coordinated School Health programs to teachers and recreation leaders serving Pre-K through 12th grade students.

Program Description
Each SPARK Program provides a coordinated package that includes:

1. **Project Coordination**: As soon as a school/agency begins working with SPARK, they are assigned a Project Coordinator (PC). The SPARK PC serves as a single point of contact and manages all the day to day concerns related to the project, e.g., staffing trainers, workshop site logistics, timely delivery of manuals, materials and equipment, and more. Every aspect is overseen by these well-trained, supportive, and positive SPARK staff.

2. **Curriculum** (the “what to teach”): SPARK curricula are designed to be practical and effective tools for all physical education/activity providers. All SPARK curricula are presented in 3-ring binders for fast access to materials. Simply pull out a lesson, place it on a clipboard, and take it to class.

3. **On-Site Teacher Training** (the “how to teach it”): SPARK workshops are FUN, “hands-on,” and designed to meet the needs of the host school, district, or agency. Participants learn by doing, and become motivated by SPARK’s dynamic staff of professional presenters. You can also attend one of our yearly SPARK Institutes in beautiful San Diego, California. There’s one for every program and even a Level II (advanced training) for elementary educators!

4. **Content-Matched Equipment** (the “tools you need to teach”): SPARK can direct order anything in the extensive Sportime catalog and provide the best pricing and service. Your SPARK PC does all the work for you and ensures it’s delivered on time for your SPARK workshop or special event. Whether it’s a complete set of equipment (selected by SPARK content experts) or a single item, SPARK saves you time and money.

5. **Assessment/Evaluation**: Extensive needs assessments, inservice evaluations, program evaluations, teacher assessment tools and more, assure SPARK meets the specific needs of a particular school or agency and demonstrates desired outcomes. SPARK evaluation tools and the consultation on how to use them are included in every program. And don’t forget, the SPARK curricula contain myriad assessment tools as well.
6. **Lifetime Follow-up Support:** For a program to work and last, ongoing consultation must be provided. SPARK is committed to extensive follow-up via their unique “SPARK Stars” institutionalization model, offering FREE lifetime support through 800 number and e-mail consultation, a monthly webinar series, social networking opportunities and a monthly eNewsletter that includes SPARK updates and teaching tips.

7. **SPARK Certification, Units of Credit, and More:** SPARK is committed to being your professional family. When a person completes 12 hours of SPARK training in a subject area (e.g., K-2 PE) they receive a SPARK Certified Instructor Award and are eligible to receive a unit of credit at San Diego State University.

**Contact Information**
www.sparkpe.org

**Cost**
Curriculum $99 and up

**Outcome Measures**
- SPARK was cited in the U.S. Surgeon General’s Report as a “School-based solution to our nation’s health care crisis.”
- SPARK has been validated by the U.S. Department of Education and earned “Exemplary Program” status.
- SPARK has received the “Governor’s Commendation” award for improving the health of California’s youth.
- SPARK earned “Gold” rankings from a Cooper Institute funded study examining effective U.S. activity and health interventions. SPARK was the only program to achieve the highest level for K-8 physical education.
- SPARK was identified by the HSC Foundation as a successful model for combating childhood obesity in their report *Fighting Obesity: What Works, What’s Promising*.
- SPARK was identified by the Center for Disease Control (CDC) as a national model for programs designed to increase physical activity and combat childhood obesity in their report *School-Based Physical Education: An Action Guide*.
- SPARK was chosen as a “Selected School-Based Intervention” in the report *Preventing Childhood Obesity: Health in the Balance* by the National Academy of Sciences.
Program Name
Super Healthy Kids

Target Population
Children ages 2-8

Main Objective
Super Healthy Kids is dedicated to teaching healthy habits to kids, one plate at a time.

Program Description
The mission of Super Healthy Kids is to provide the tools and resources that assist parents in teaching nutrition to their little ones, without nagging. Once kids learn what a balanced meal should look like, the kids can be the one to ask for more vegetables for their plates.

Established in 2007, Super Healthy Kids goal is to educate families to become healthier. With the proper knowledge, experience, tools and resources, we can begin making changes to a healthier generation of kids. Super Healthy Kids was started by a stay at home mom of 3, with a degree in health education. Their current products are the “Healthy Habits Plate” and a lesson plan to teach good nutrition. Soon we will add a nutrition tracking chart and aprons for kids to help out in the kitchen.

Contact Information
Super Healthy Kids
383 W. Lakeview Dr
Lehi, UT 84043
801-836-8443 Phone

www.SuperHealthyKids.com
Info@SuperHealthyKids.com

Cost
Some healthy eating tools available for purchase, ideas & online blogs free.
Healthy Habits Plate: $4.99
Nutrition Tracker: $7.00

Outcome Measures
N/A
**STRATEGIES FOR REDUCING CHILDHOOD OBESITY**

**PROPOSED PROGRAMS**

**Program Name**
SuperKids Nutrition

**Target Population**
School-aged children

**Main Objective**
SuperKids Nutrition aims to empower children and families to reach their full potential by having the energy and good health needed to accomplish their life goals. We help parents and the community become more knowledgeable about nutrition and enable children to make healthy choices every day.

Developed by nutrition experts, our website content, books and other educational resources, can be utilized by parents, teachers, dietitians, physicians, nurses, educators and anyone else looking for tools that help raise a healthy family.

Our website, children’s content, learning activities, the Super Crew® books and community presentations provide entertainment that is exciting and educational, and serves to encourage children to be active and eat a variety of healthy foods. Our long term goal involves entertaining children while providing a healthy influence through interactive media with a science and math emphasis, games, digital shorts and cartoon programming.

**Program Description**
We work with registered dietitians and nutrition scientists to provide nutrition education and healthy eating tips to help create future healthier generations through good nutrition. Our Super Crew™ characters and our Super Crew™ children’s books help carry out the mission of SuperKids Nutrition Inc. by demonstrating healthy eating routines and understanding the value and importance of good nutrition. They make good nutrition come to life in a fun and entertaining way to which kids can relate, enjoy and model. Kids can take part in science, math, reading and physical fitness activities with the Super Crew. The entertaining, adorable and multicultural characters are also woven into community nutrition presentations to help create lasting healthy diet changes.

**Contact Information**
www.superkidsnutrition.com

**Cost**
None

**Outcome Measures**
N/A
Program Name
Take 10!

Target Population
Students-Kindergarten through fifth grade

Main Objective
Increase physical activity

Program Description
The goal of Take 10! is to reduce long periods of inactivity in the classroom. It is a classroom based physical activity program for kindergarten to fifth grade students. This program includes a curriculum for teachers which integrates academic learning objectives for Language Arts, Math, Science, Social Studies and Health with movement. Take 10! materials contain safe and age-appropriate 10 minute activity suggestions. All participating classrooms receive Take 10! Track Posters that teachers or students update with a sticker as activities are completed. In addition to getting much needed physical activity and having fun while learning, students have the opportunity to experience academic messages in ways that appeal to different learning styles.

Contact Information
ILSI Research Foundation/Center for Health Promotion
Physical Activity and Nutrition (PAN)
1156 15th Street, NW, 2nd Floor
Washington, DC 20005
Phone: 202-659-0074
Fax: 202-659-3617
E-Mail: take10@ilsi.org
Web: www.take10.net

Cost
Each grade specific materials kit=$82.00

Outcome Measures
N/A
STRATEGIES FOR REDUCING CHILDHOOD OBESITY
PROPOSED PROGRAMS

Name
TEENS-Teens Eating for Energy and Nutrition at School

Target Population
7th and 8th grade students

Main Objective
A school-environment, classroom, and family intervention to increase fruit and vegetable intake and decrease fat intake of low-income young adolescents to reduce their future risk of cancer.

Program Description
This curriculum for middle school students is comprised of ten 45-minute sessions designed to be implemented over five weeks.

Each session contains an outline with detailed implementation descriptions of all teacher-led and peer leader activities within that session. A copy of all teacher, student, and family materials including handouts, transparencies, tip sheets, and Foods for Dudes radio show scripts accompany each session, along with recipes and requisition lists for the foods and supplies needed for all snack preparation activities.

Sessions 2–10 include Foods for Dudes radio call-in show audio tapes that can be played directly from this web page or downloaded.

Contact Information
http://www.epi.umn.edu/cyhp/r_teens.htm

Cost
Free

Outcome Measures
Patterns suggesting dose response were observed, with peer leaders reporting the largest increases in fruit, vegetable, and lower fat food consumptions. Students exposed to classroom plus environment interventions also improved, whereas students exposed only to school environment interventions showed trends towards choosing lower fat foods and declining fruit intake and no change in vegetable intake. Control students’ choices remained stable.
Program Name
USDA Team Nutrition

Target Population
School aged children

Main Objective
Team Nutrition’s Goal is to improve children’s lifelong eating and physical activity habits by using the principles of the Dietary Guidelines for Americans and MyPyramid. Team Nutrition has developed a website and two sister sites: The Team Nutrition site reaches a broad audience with information on nutrition education, healthy eating and physical activity. Schools are the key focal point. The Healthy Meals Resource System provides technical assistance support and materials for school foodservice and child care professionals.

Program Description
USDA’s Team Nutrition is an integrated, behavior based, comprehensive plan for promoting the nutritional health of the Nation’s children. This plan involves schools, parents, and the community in efforts to improve school meals, and to promote the health and education of 50 million school children.

The goal of Team Nutrition is to improve children’s lifelong eating and physical activity habits through nutrition education based on the principles of the Dietary Guidelines for Americans and MyPyramid.

Schools are invited to enroll as “Team Nutrition Schools,” affirming their commitment to take the lead in making nutritional changes, conducting nutrition education activities and events, and using innovative materials from the USDA Food and Nutrition Service (FNS). Emphasis is placed on working through state agencies to recruit Team Nutrition Schools as well as develop training support systems necessary for local implementation.

Team Nutrition uses three strategies to change behavior: 1) Training and Technical Assistance for Healthy School Meals, 2) Nutrition Education 3) School and Community Support

Contact Information
www.fns.usda.gov/tn/

Cost
None

Outcome Measures
N/A
EVALUATING PROGRAMS
Implement and Improve: Outline for Evaluating Programs

What is Evaluation:
Evaluation is a process of determining the value or worth of an intervention. Evaluation should be considered at the very beginning of the implementation process when needs are assessed, objectives set and activities planned.

Why Evaluate:
To determine if the achieved stated goals and objectives were met and if the program had the intended effect.

Evaluation helps to:
• Provide information to policy-makers, sponsors, administrators and participants about the implementation and effect of the program.
• Provide feedback to determine which parts of the program are working and which are not.
• Make improvements or adjustments as needed.
• Document results so they can be shared with others.

Types of Evaluation:
• Needs Assessment: (not sure about this section)
• Process Evaluation:
  This type of evaluation assesses how well the intervention is being implemented. Process evaluation should be on-going. This will help to assess progress toward the programs goals and objectives. Evaluation of the planning, development and implementation processes of the program allows for mid-program adjustments. Process evaluation answers questions such as whether or not the program was implemented as planned or what worked and what did not?
• Outcome Evaluation:
  Outcome evaluation measures whether and to what extent outcome objectives have been achieved. It is concerned with the effect of the intervention and helps determine whether any changes have occurred. A pre and post test design is a traditional method used for measuring results before and after the intervention.

Designing the Process Evaluation:
• Did the program reach the intended audience?
• How many attended?
• Measuring the degree of satisfaction of participants
• How many activities were delivered
• Where the activities implemented as designed? Why or why not?
• Are the program goals and objectives inline with the needs assessment data?
• Are the educational strategies appropriate for the goals and objectives?
Designing the Outcome Evaluation:
Did the intervention achieve the goals and objectives of the program

- Clarify the outcomes to be evaluated: behavior, knowledge, actions, attitudes
- Identify tools for measuring outcomes: food records, checklists, ht and wt measurements, questionnaires, surveys, interviews

Methods for Evaluation:
There are many methods used to evaluate programs. Questionnaires, focus groups, classroom discussions, observations, interviews, control groups.

Reporting Progress and Achievement: Evaluation is useful and complete when the results are reported and communicated to others who can use them. Evaluation reports should be designed to contain interesting and easily understandable material. Evaluation results can be used to contribute to further development and support of the program.

*Include example evaluation tools from Best and Promising Practices such as:
Planet Health
CATCH Kids Club
Girls on the Run
We Can!
Eat Well and Keep Moving
Stanford S.M.A.R.T
Family Fitness

Discussion points to consider:
Design of Program: 6, 8, 12 week programs vs. shorter, more frequent programs (the impact on instructor’s time, planning and cost of providing the programs). Achieving the greatest impact on the greatest number of kids.

Consistent Message: A clear message should be the goal. One theme implemented by a variety of resources (health department, schools, healthcare settings) in a variety of settings (state, county, township). Simple themes like the Nemours 5, 3, 1 almost none. Saturate with consistent theme and message.

Parental Commitment: Parent involvement is essential but often challenging. Suggested tips for easier parent participation.

In-classroom vs. after-school Programs: Tips for bringing programs into the classroom or after-school settings.
RESOURCES

REPORTS

Preventing Childhood Obesity: A School Health Policy Guide
National Association of State Boards of Education, 2009
www.rwjf.org

Promising Strategies for Creating Healthy Eating and Active Living Environments
Prevention Institute, 2008
www.convergencepartnership.org

The Ohio Obesity Prevention Plan
Ohio Department of Health, March 2009
www.healthyohioprogram.org

The Surgeon General’s Call to Action to Prevent and Decrease Overweight and Obesity, 2001
U.S. Department of Health and Human Services, December 2001
www.surgeongeneral.gov/library/calls

The Surgeon General’s Vision for a Healthy and Fit Nation
U.S. Department of Health and Human Services, January 2010
www.surgeongeneral.gov

What Works for the Prevention and Treatment of Obesity Among Children
Child Trends Fact Sheet, March 2010
www.childtrends.org

WEBSITES

Action for Healthy Kids
www.actionforhealthykids.org

Alliance for a Healthier Generation
www.healthiergeneration.org

American Dietetic Association-healthy eating
www.eatright.org

American Heart Association
www.amhrt.org

AARP Wellness Information
www.aarp.org/health

Body and Mind
www.bam.gov
RESOURCES

Centers for Disease Control and Prevention
www.cdc.gov

Dietary Guidelines
www.health.gov/dietaryguidelines

Free Fitness Log
www.activelog.com

Kids Health from Nemours
www.kidshealth.org

Let’s Move
www.letsmove.org

Montgomery County Health Alliance
www.mcha.org

Montgomery County Parks
www.parks.montcopa.org

National Health and Fitness Events
www.fitnessday.com

National Heart, Lung and Blood Institute
www.nhlbi.nih.gov/index.htm

National Institutes of Health
www.nih.gov

NRG Balance-Pennsylvania Advocates for Nutrition and Activity (PANA) website
www.nrgbalance.org

Pennsylvania Department of Health
www.health.state.pa.us

Pennsylvania Nutrition Education Network
www.panen.org

Physical Activity Guidelines
www.health.gov/paguidelines/guidelines/default.aspx

Reliable Health Information
www.healthfinder.gov

USDA-My Pyramid
www.mypyramid.gov
RESOURCES

US Department of Health and Human Services
www.hhs.gov

US Food and Drug Administration
www.fda.gov

Walking Programs and Resources
www.creativewalking.com

Walking Resources and Information
www.walking.about.com

WE CAN!
www.nhlbi.nih.gov/health/public/heart/obesity/wecan

World Health Organization
www.who.int/en

YMCA
www.ymca.net

Your Family Health Site
www.healthatoz.com