



**CHILDHOOD
OBESITY
COMMUNITY
ACTION
PLAN**

ACKNOWLEDGMENTS

The production of this document was possible due to the efforts and input of our entire membership of the Montgomery County Health Alliance and its Obesity Action Team Task Force. Sincere thanks to all our participants and their member organizations.

Abington Health, Lansdale Hospital

Abington Health, Abington Memorial Hospital

Maine Line Health Systems, Bryn Mawr Hospital

Children's Hospital of Philadelphia

Delaware Valley Health Insurance Trust

Family Services of Montgomery County

Health Promotion Council

Holy Redeemer Health System

Montgomery County Health Department

Montgomery County Medical Society

Montgomery County School Nurses Association

North Penn Community Health Foundation

North Penn Visiting Nurses Association

North Penn YMCA

Maine Line Health Systems, Paoli Hospital

Penn State University Cooperative Extension, Montgomery County

The First Twenty

The Food Trust

Wissahickon School District

TABLE OF CONTENTS

EXECUTIVE SUMMARY	4
HISTORY OF MONTGOMERY COUNTY HEALTH ALLIANCE	5
DATA AND STATISTICS REGARDING CHILDHOOD OBESITY	8
HEALTHY PEOPLE 2020 GOALS & OBJECTIVES	20
MONTGOMERY COUNTY OBESITY ACTION TEAM	23
STRATEGIES FOR REDUCING CHILDHOOD OBESITY	25
CURRENTLY ACTIVE IN COUNTY	26
PROPOSED PROGRAMS	42
EVALUATION OF PROGRAMS	69
RESOURCES	71

EXECUTIVE SUMMARY

CHILDHOOD OBESITY COMMUNITY ACTION PLAN

The Montgomery County Health Alliance is pleased to present the second edition of 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 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 and obesity 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, and 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

The 1st year (2005 – 2006)

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 regularly and 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; and the **MCHA 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, and
- ✓ Raise 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.

The 2nd year – (2006 – 2007)

As the MCHA began the second year, in September of 2006 it decided to continue its focus on childhood health and wellness issues.

Several **program activities** took place during the second year, which included:

- Partnering with the Pennsylvania Advocates for Nutrition and Activity (PANA) to utilize their existing web-based resource section as a vehicle to develop a youth wellness focused directory. A large postcard marketing campaign was designed 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 \$1,000 each to develop a treasury.

- Implementing the Keystone Active Zone (KAZ) summer passport program, a program designed to increase physical activity for elementary children during the summer months, utilizing local parks and trails. Four MCHA members (Partnership TMA, Health Promotion Council's (HPC) WISE SNAC® Initiative, Montgomery County Health Department and the North Penn VNA) worked collaboratively on the PANA Keystone Active Zone (KAZ) summer passport and received funding from PANA to implement the campaign during the summer of 2007 and 2008.

During this time several key **organizational activities** took place:

- A fiscal year was determined to begin March 1st and end February 28th,
- HPC, an affiliate of the Public Health Management Corporation (PHMC), became the fiscal intermediary for the MCHA,
- Formal by-laws were developed and adopted,
- Officers were elected, which formed the Executive Team, and
- A website was designed and created by MCHA member Red Apple Foundation.

In August of 2007, HPC's WISE SNAC® initiative conducted a 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."

The 3rd year – (2007 – 2008)

During its third year, the MCHA:

- Planned for a community-wide childhood obesity summit to be held in 2009 in partnership with HPC's WISE SNAC® initiative and the Greater North Penn Collaborative for Health and Human Services,
- Launched the official MCHA website (*January 2008*), and
- Applied for, and was designated, the State Health Improvement Plan (SHIP) affiliated partnership for Montgomery County (*July 2008*).

The 4th year – (2008 – 2009)

On March 31, 2009, the MCHA co-hosted a community summit – *Protecting Our Children's Future: Uniting Our Community to Reduce Childhood Obesity*. In partnership with the WISE SNAC® initiative and the Greater North Penn Collaborative for Health and Human Services, the community summit brought together over 180 key stakeholders from the community to raise awareness, foster partnerships, share best practices and plan for action around childhood obesity prevention. As a result of the community summit, the Montgomery County Obesity Action Team (OAT) was formed to foster collaborative projects, leverage resources and communicate consistent messages around childhood obesity prevention efforts in Montgomery County. In addition, the

MCHA membership worked post-summit to compile national and local statistics and best practices for childhood obesity prevention in order to publish the first edition of the *Childhood Obesity Community Action Plan*.

The 5th year – (2009 – 2010)

The creation of the OAT as a Task Force under the MCHA and the publication of the *Childhood Obesity Community Action Plan* in April 2010, allowed the MCHA to change its scope of activities away from childhood health and wellness and address other health concerns for Montgomery County. The MCHA membership partnered with The First Twenty, a MCHA member organization, to address cardiovascular disease, particularly among volunteer firefighters. This partnership resulted in the development of the Firefighters Resource Guide, an extensive list of programs and services in Montgomery County that address cardiovascular risk factors –physical activity, nutrition, medical and dental health, and tobacco/smoking cessation. MCHA members disseminated the resource guide to volunteer firefighters across the county to raise awareness of services and programs they can access to prevent or manage cardiovascular disease.

As a new SHIP partnership, the MCHA Executive Team and members worked to restructure the Alliance to communicate clear policies and procedures regarding operations of the Alliance, as well as expand membership.

The restructuring resulted in:

- Revised by-laws, including mission statement and goals,
- Establishment of a formal membership policy and dues schedule,
- Restructured subcommittees – Communications, Financial, Project Management, and Membership, and
- Inclusion of Task Forces composed of MCHA volunteers/community partners who collaborate on specific topics which address a variety of critical quality of life issues. Task Forces that were adopted by the MCHA include:
 - Coalition for Tobacco Free Montgomery County
 - Faith Community Nurse Network
 - Montgomery County Alliance for Healthy Babies
 - Montgomery County Bullying Prevention Initiative
 - Obesity Action Team
 - Oral Health Task Force

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 2020 goals related to Nutrition and Physical Activity.

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 and policy makers, 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

County Health Rankings

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

Healthy People 2020

www.healthypeople.gov/HP2020

Montgomery County Health Department

www.health.montcopa.org

National Initiative for Children's Healthcare Quality, Childhood Obesity Projects

http://www.nichq.org/our_projects/obesity_projects.html

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 Overweight and Obesity

NATIONAL STATISTICS ON OBESITY

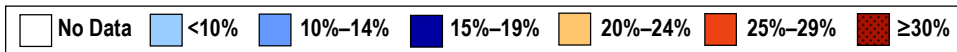
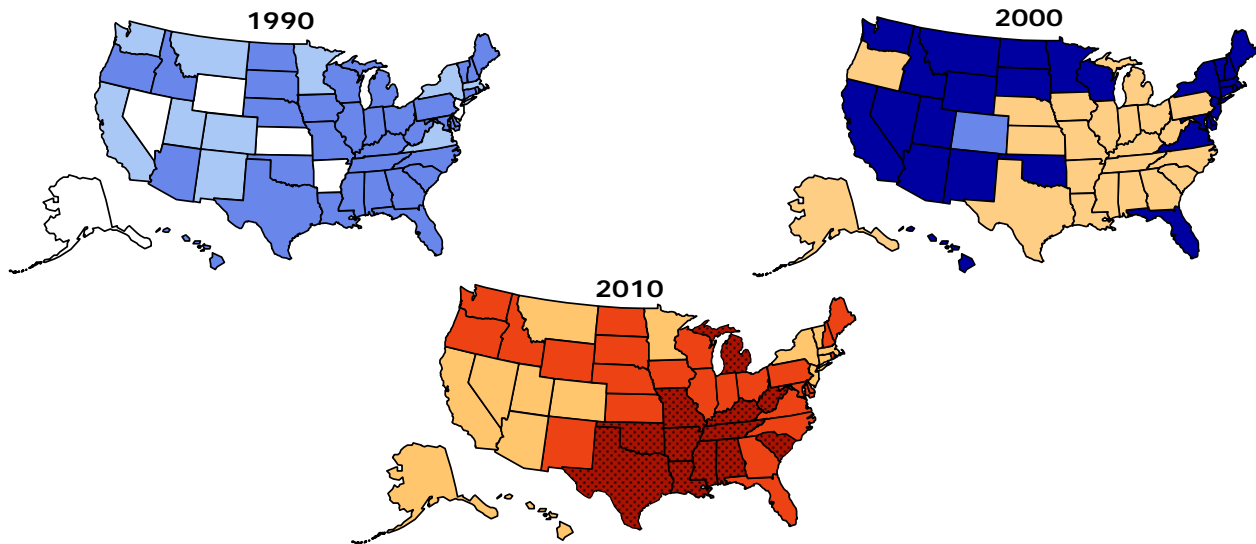
ADULTS

- Approximately two-thirds of U.S. adults are obese or overweight.
 - 36.3% are **overweight** (BMI = 25.0–29.9)
 - 27.6% are **obese** (BMI \geq 30.0)

Source: Behavioral Risk Factor Surveillance System, Nationwide (States and DC), 2010

Obesity Trends* Among U.S. Adults BRFSS, 1990, 2000, 2010

(*BMI \geq 30, or about 30 lbs. overweight for 5'4" person)



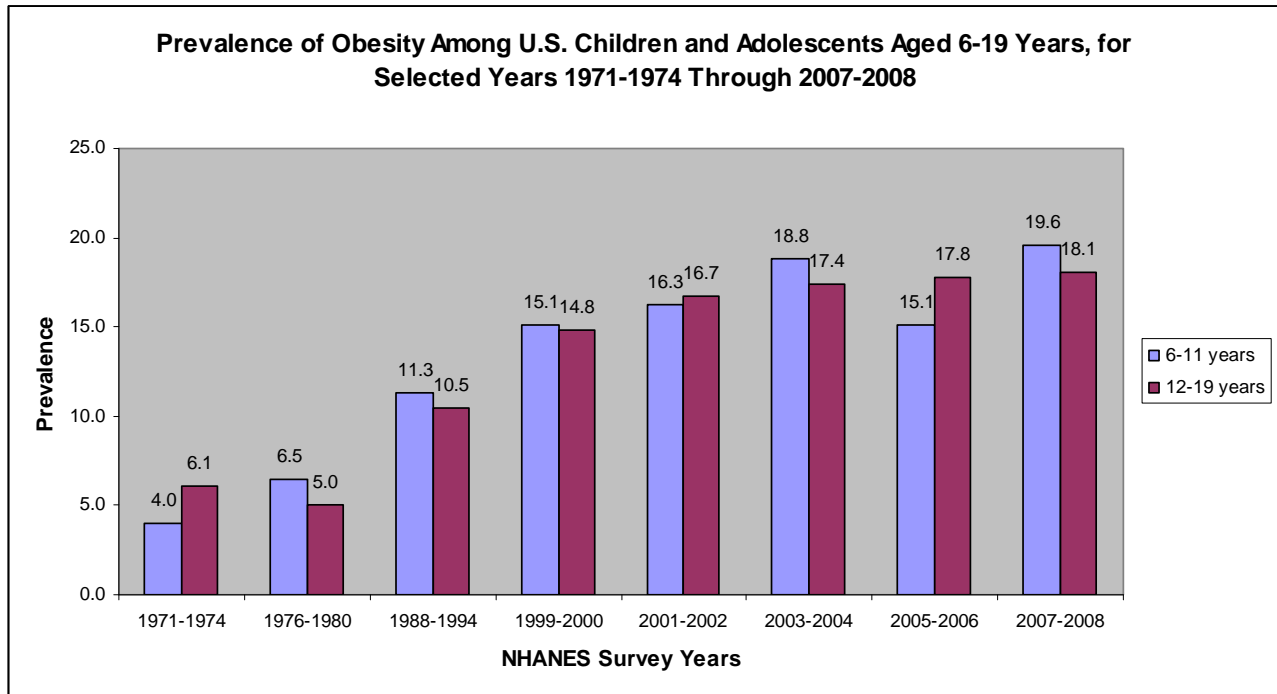
Source: Behavioral Risk Factor Surveillance System, CDC.

CHILDREN

- An estimated 12.5 million (16.9%) children and adolescents ages 2 to 19 are obese (BMI-for-age percentile of 95 or higher).¹
- 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%).²

Sources:

1. Ogden CL, Carroll MD, Curtin LR, Lamb MM, Flegal KM. Prevalence of high body mass index in U.S. children and adolescents, 2007-2008. JAMA 2010; 303(3):242-9.
2. Ogden CL, Carroll MD, Curtin LR, et al. Prevalence of overweight and obesity in the United States, 1999-2004. JAMA 2006;295:1549-55.



MONTGOMERY COUNTY STATISTICS ON OVERWEIGHT AND OBESITY

ADULTS (≥ 18 YEARS OF AGE)

- 35.0% are **overweight** (BMI = 25.0-29.9)
- 23.1% are **obese** (BMI ≥30.0)

Source: Behavioral Risk Factor Surveillance System, SMART (Selected Metropolitan/Micropolitan Area Risk Trends), Montgomery County, 2009

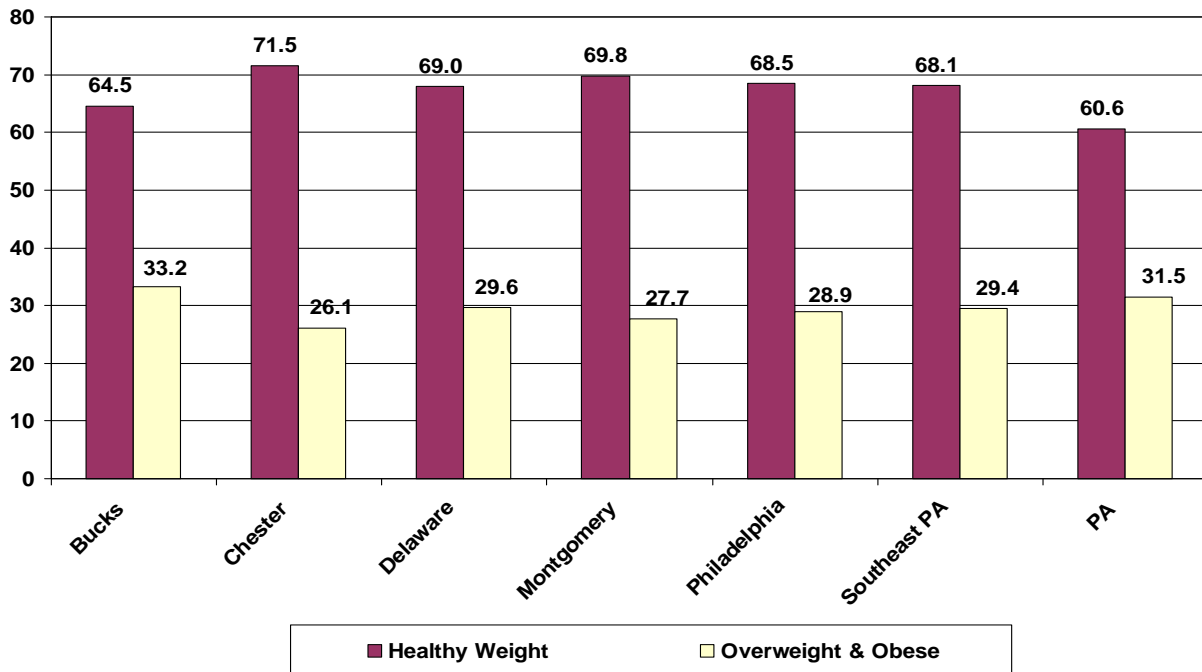
CHILDREN (6-17 YEARS OF AGE)

- An estimated 30,227 (25.9%) children and adolescents ages 0 to 17 are **overweight or obese** (BMI-for-age percentile of 85 or higher).

- **Racial/ethnic differences:** 23.4% of White children, 38.0% of Black children, and 52.8% of Latino children are overweight or obese.
- **Socio-economic differences:** 43.6% of poor children and 24.9% of non-poor children are overweight or obese.
- **Health Insurance status differences:** 25.1% of insured and 55% of non-insured children are overweight or obese.

Source: Public Health Management Corporation’s *Community Health Data Base: 2010 Southeastern Pennsylvania Household Health Survey.*

BMI-For-Age, Grades K-6, School Year 2008–2009, by County/Region



Source: Pennsylvania Department of Health. Growth Screens and BMI-for-age Percentile. Available at <http://www.portal.state.pa.us/portal/server.pt?open=514&objID=556724&mode=2>. Accessed July 28, 2011.

NATIONAL STATISTICS ON PHYSICAL ACTIVITY

ADULTS: PHYSICAL ACTIVITY RECOMMENDATIONS

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).

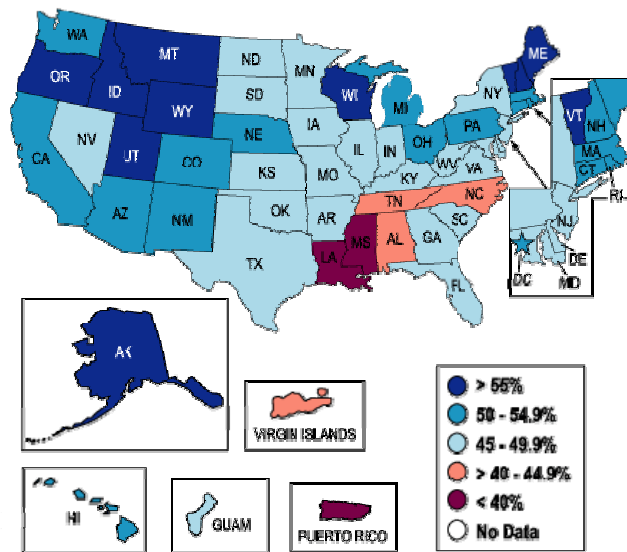
Source: U.S. Department of Health and Human Services, *Physical Activity Guidelines for Americans*, 2008.

STATISTICS (ADULTS >18 YEARS OF AGE)

- 24.0% reported not engaging in any **physical activities** in the past month.

Source: Behavioral Risk Factor Surveillance System, Nationwide (States and DC), 2010.

2007 Prevalence of Recommended Physical Activity Among Adults



Source: U.S. Physical Activity Statistics, CDC. Available at <http://apps.nccd.cdc.gov/PASurveillance/StateSumV.asp?Year=2007>. Accessed July 28, 2011.

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

Source: U.S. Department of Health and Human Services, *Physical Activity Guidelines for Americans*, 2008.

STATISTICS (CHILDREN GRADES 9-12)

- 37.0% 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.
- 32.8% of students watched television 3 or more hours per day on an average school day.

Source: CDC.National Youth Risk Behavior Survey, Overall Results. Available at <http://www.cdc.gov/healthyyouth/yrbs/overall.htm>. Accessed July 28, 2011.

MONTGOMERY COUNTY STATISTICS ON PHYSICAL ACTIVITY

ADULTS

- 19.9% are not **physically active** (i.e., they reported not engaging in any physical activity in the past month).¹
- When asked “How many times per week did you participate in any **physical activities** for exercise that lasted for at least one-half hour?”, 39.8% reported less than 3 days per week.²

Sources:

1. Behavioral Risk Factor Surveillance System, SMART (Selected Metropolitan/Micropolitan Area Risk Trends), Montgomery County, 2009
2. Public Health Management Corporation’s *Community Health Data Base: 2010 Southeastern Pennsylvania Household Health Survey*.

CHILDREN

- The majority of children and adolescents (87.2%) ages 0 to 17 are **physically active for 30 minutes or more** at least 3 times per week.

Source: Public Health Management Corporation’s *Community Health Data Base: 2010 Southeastern Pennsylvania Household Health Survey*.

NATIONAL STATISTICS ON NUTRITION

- Commercial restaurant sales have increased 142% between 1990 and 2010.
- 2010 restaurant sales were over 13 times higher than they were in 1970 (this figure takes inflation into account).
- In 2010, the restaurant industry had a 49% share of the food dollar, compared with 25% in 1955.

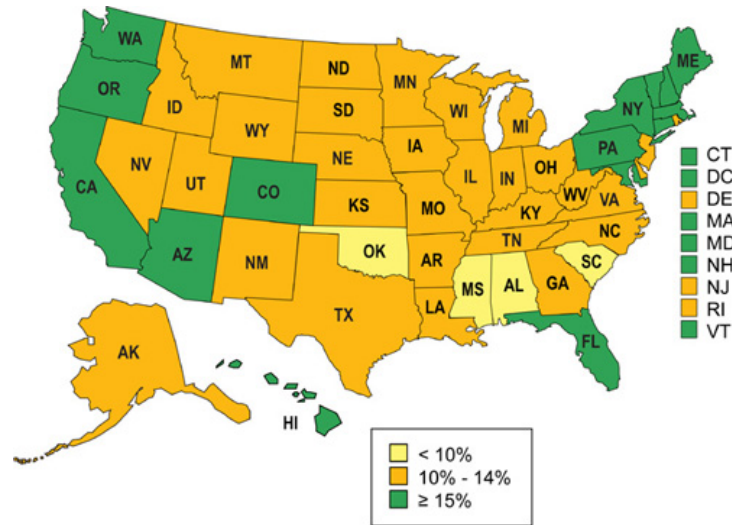
Source: National Restaurant Association.2010 Restaurant Industry Pocket Factbook.

ADULTS

- In 2007, 23.4% of adults reported consuming fruits and vegetables 5 or more times per day.

Source: Behavioral Risk Factor Surveillance System, Nationwide (States and DC), 2009.

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



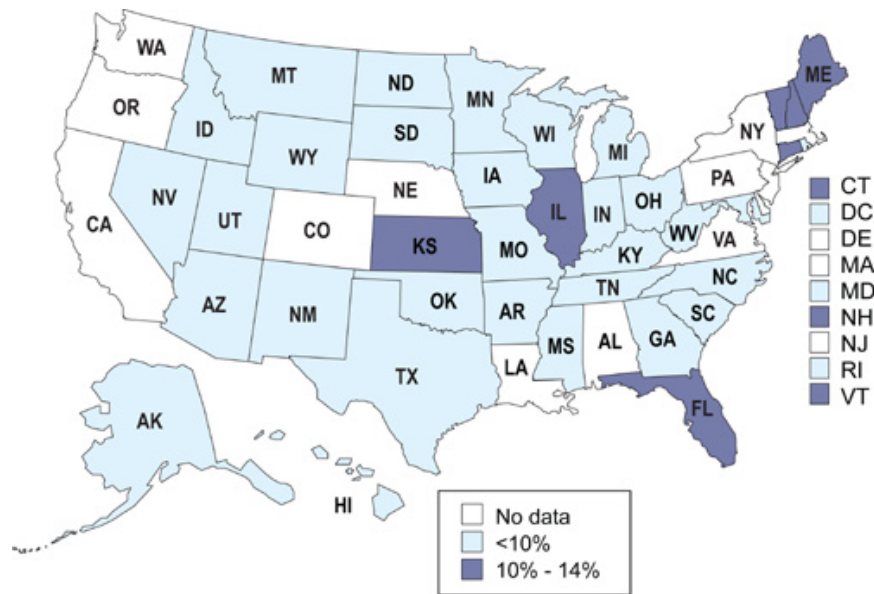
Source: CDC. State Indicator Report on Fruits and Vegetables, 2009. Available at http://www.fruitsandveggiesmatter.gov/health_professionals/statereport.html. Accessed July 28, 2011.

CHILDREN (GRADES 9-12)

- 22.3% of students had eaten fruits and vegetables five or more times per day during the 7 days before the survey.
- 29.2% 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.
- In order to lose weight or to keep from gaining weight during the 30 days before the survey:
 - 10.6% of students did not eat for 24 or more hours;
 - 5.0% took diet pills, powders, or liquids; and
 - 4.0% vomited or took laxatives.

Source: CDC. 2009 National Youth Risk Behavior Survey, Overall Results. Available at <http://www.cdc.gov/healthyouth/yrbs/overall.htm>. Accessed July 28, 2011.

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: CDC. State Indicator Report on Fruits and Vegetables, 2009. Available at http://www.fruitsandveggiesmatter.gov/health_professionals/statereport.html. Accessed July 28, 2011

MONTGOMERY COUNTY STATISTICS ON NUTRITION

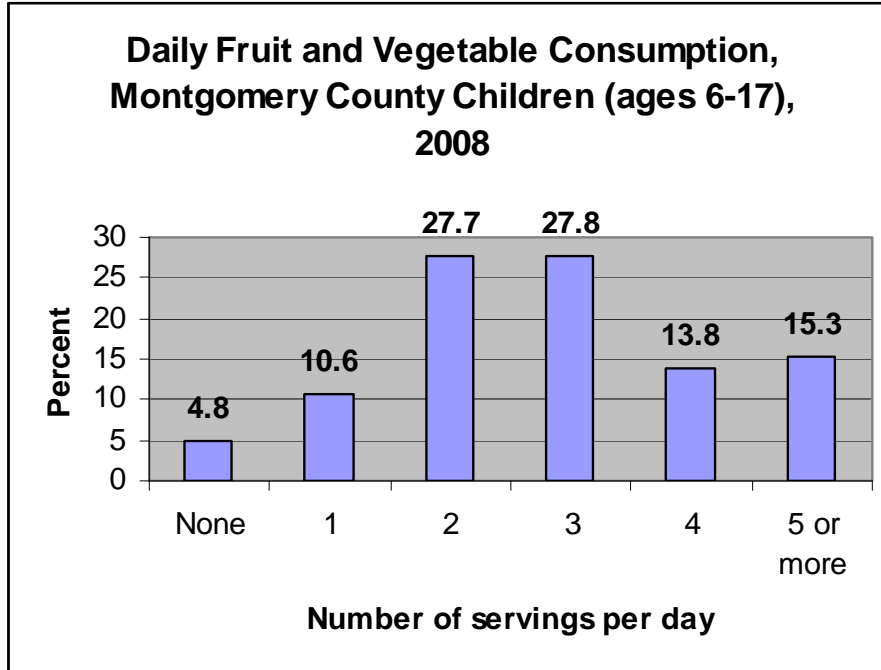
ADULTS

- The majority of adults (93.5%) rate the **quality of groceries in their neighborhood** as “good/excellent”.
- 37.9% of adults **eat fast food** at least 1 time per week.
- 58.6% of adults consume 3 or more servings of **fruits or vegetables** per day. 41.4% are well below the recommended servings of 5 or more servings per day (≤ 2 servings/day).

Source: Public Health Management Corporation’s *Community Health Data Base: 2010 Southeastern Pennsylvania Household Health Survey*.

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

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 postmenopausal 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 Cardiovascular Disease (CVD) risk factor while 39% of obese children had 2 or more CVD risk factors.

Source: U.S. Surgeon General, "Overweight and Obesity: Health Consequences". Available at www.surgeongeneral.gov/topics/obesity/calltoaction/fact_consequences.htm. Accessed July 28, 2011.

U.S. STATISTICS ON ADULT HEALTH EFFECTS

- 8.7% have ever been told they have **diabetes**¹
- 4.1% have ever been told they have **heart disease**¹
- 2.7% have ever been told they had a **stroke**¹
- 37.5% have ever been told by a doctor that they have **high cholesterol**²
- 28.7% have ever been told by a doctor that they have **high blood pressure**²

Sources:

1. Behavioral Risk Factor Surveillance System, Nationwide (States and DC), 2010
2. Behavioral Risk Factor Surveillance System, Nationwide (States and DC), 2009

MONTGOMERY COUNTY DATA ON HEALTH EFFECTS

ADULT HEALTH CONDITIONS

- 9.8% report **fair or poor general health**¹
- 2.1% have ever been told they had a **stroke**¹
- 27.8% have ever been told by a doctor they have **high blood pressure**²
- 10.4% have ever been told by a doctor they have **diabetes**²
- 28.2% have ever been told by a doctor they have **high cholesterol**³
- 8.0% have ever been told by a doctor they have **heart disease**³

Sources:

1. Behavioral Risk Factor Surveillance System, SMART (Selected Metropolitan/Micropolitan Area Risk Trends), Montgomery County, 2009

2. Public Health Management Corporation's *Community Health Data Base: 2010 Southeastern Pennsylvania Household Health Survey*.
3. Public Health Management Corporation's *Community Health Data Base: 2008 Southeastern Pennsylvania Household Health Survey*.

MORTALITY (2007-2009)

Between 2007 and 2009:

- 5,079 residents died from heart disease (**leading cause of death in MontgomeryCounty**)
 - Average annual age-adjusted death rate (2007-2009) = 173.0 per 100,000 2000 U.S. standard million population
- 1,303 residents died from cerebrovascular disease
 - Average annual age-adjusted death rate (2007-2009) = 44.4 per 100,000 2000 U.S. standard million population
- 383 residents died from diabetes mellitus
 - Average annual age-adjusted death rate (2007-2009) = 13.5 per 100,000 2000 U.S. standard million population

HEALTHY PEOPLE 2020

Healthy People provides science based, 10-year national objectives for improving the health of all Americans. Below is a snap-shot of national goals that address risk factors associated with obesity. More information about Healthy People and comprehensive list of the national goals and objectives can be accessed at www.healthypeople.gov .

HEALTHY PEOPLE 2020 GOALS RELATED TO PHYSICAL ACTIVITY

- PA-1 Reduce the proportion of adults who engage in no leisure-time physical activity
- PA-2 Increase the proportion of adults who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity
- PA-3 Increase the proportion of adolescents who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity
- PA-4 Increase the proportion of the Nation's public and private schools that require daily physical education for all students
- PA-5 Increase the proportion of adolescents who participate in daily school physical education
- PA-6 Increase regularly scheduled elementary school recess in the United States
- PA-7 Increase the proportion of school districts that require or recommend elementary school recess for an appropriate period of time
- PA-8 Increase the proportion of children and adolescents who do not exceed recommended limits for screen time
- PA-9 Increase the number of States with licensing regulations for physical activity provided in child care
- PA-10 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 (that is, before and after the school day, on weekends, and during summer and other vacations)
- PA-11 Increase the proportion of physician office visits that include counseling or education related to physical activity
- PA-12 (Developmental) Increase the proportion of employed adults who have access to and participate in employer-based exercise facilities and exercise programs
- PA-13 (Developmental) Increase the proportion of trips made by walking
- PA-14 (Developmental) Increase the proportion of trips made by bicycling
- PA-15 (Developmental) Increase legislative policies for the built environment that enhance access to and availability of physical activity opportunities

HEALTHY PEOPLE 2020 GOALS RELATED TO NUTRITION AND WEIGHT STATUS

HEALTHIER FOOD ACCESS

- NWS-1 Increase the number of States with nutrition standards for foods and beverages provided to preschool-aged children in child care

- NWS-2 Increase the proportion of schools that offer nutritious foods and beverages outside of school meals
- NWS-3 Increase the number of States that have State-level policies that incentivize food retail outlets to provide foods that are encouraged by the Dietary Guidelines
- NWS-4 (Developmental) Increase the proportion of Americans who have access to a food retail outlet that sells a variety of foods that are encouraged by the Dietary Guidelines for Americans

HEALTHCARE AND WORKSITE SETTINGS

- NWS-5 Increase the proportion of primary care physicians who regularly measure the body mass index of their patients
- NWS-6 Increase the proportion of physician office visits that include counseling or education related to nutrition or weight
- NWS-7 (Developmental) Increase the proportion of worksites that offer nutrition or weight management classes or counseling

WEIGHT STATUS

- NWS-8 Increase the proportion of adults who are at a healthy weight
- NWS-9 Reduce the proportion of adults who are obese
- NWS-10 Reduce the proportion of children and adolescents who are considered obese
- NWS-11 (Developmental) Prevent inappropriate weight gain in youth and adults

FOOD INSECURITY

- NWS-12 Eliminate very low food security among children
- NWS-13 Reduce household food insecurity and in doing so reduce hunger

FOOD AND NUTRIENT CONSUMPTION

- NWS-14 Increase the contribution of fruits to the diets of the population aged 2 years and older
- NWS-15 Increase the variety and contribution of vegetables to the diets of the population aged 2 years and older
- NWS-16 Increase the contribution of whole grains to the diets of the population aged 2 years and older
- NWS-17 Reduce consumption of calories from solid fats and added sugars in the population aged 2 years and older
- NWS-18 Reduce consumption of saturated fat in the population aged 2 years and older
- NWS-19 Reduce consumption of sodium in the population aged 2 years and older
- NWS-20 Increase consumption of calcium in the population aged 2 years and older

IRON DEFICIENCY

- NWS-21 Reduce iron deficiency among young children and females of childbearing age
- NWS-22 Reduce iron deficiency among pregnant females

HEALTHY PEOPLE 2020 GOALS RELATED TO EDUCATIONAL AND COMMUNITY-BASED PROGRAMS

- ECBP-1 (Developmental) Increase the proportion of preschools and Early Head Start programs that provide health education to prevent health problems in the following areas: unhealthy dietary patterns (ECBP 1.6), inadequate physical activity (ECBP 1.7).
- ECBP-2 Increase the proportion of elementary, middle, and senior high schools that provide comprehensive school health education to prevent health problems in the following areas: unhealthy dietary patterns (ECBP 2.8), inadequate physical activity (ECBP 2.9).
- ECBP-7 Increase the proportion of college and university students who receive information from their institution on each of the priority health risk behavior areas: unhealthy dietary patterns (ECBP 7.9), inadequate physical activity (ECBP 7.10).
- ECBP-9 (Developmental) Increase the proportion of employees who participate in employer-sponsored health promotion activities.
- ECBP-10 Increase the number of community-based organizations (including local health departments, tribal health services, nongovernmental services, and State agencies) providing population-based primary prevention services in the following areas: nutrition (ECBP 10.8), physical activity (ECBP 10.9).

HEALTHY PEOPLE 2020 GOALS RELATED TO MATERNAL, INFANT, AND CHILD HEALTH

- MICH-13 (Developmental) Increase the proportion of mothers who achieve a recommended weight gain during their pregnancies.
- MICH-16 Increase the proportion of women delivering a live birth who received preconception care services and practiced key recommended preconception health behaviors: Had a healthy weight prior to pregnancy (MICH 16.5).
- MICH-21 Increase the proportion of infants who are breastfed.
- MICH-22 Increase the proportion of employers that have worksite lactation support programs.

MONTGOMERY COUNTY OBESITY ACTION TEAM

Advancing Childhood Obesity Prevention in Montgomery County

In March 2009, the Greater North Penn Collaborative for Health and Human Services, the Health Promotion Council's WISE SNAC® initiative, and the Montgomery County Health Alliance co-hosted a community summit on childhood obesity. Over 180 community and school leaders participated in the full-day summit, which aimed to increase awareness, foster new partnerships and expand local programming and efforts around childhood obesity prevention. To maintain the momentum gained at the summit, the summit planning committee designated itself to serve as the Montgomery County Obesity Action Team (OAT). The OAT formed as a Task Force under the Montgomery County Health Alliance and has been working on the following projects:

Montgomery County Childhood Obesity Community Action Plan

After the 2009 community summit, the Montgomery County Health Alliance membership developed the *Montgomery County Childhood Obesity Community Action Plan*. This resource highlights national, state and local health statistics and trends related to obesity and its associated chronic diseases. The resource guide also provides a snapshot of best practice obesity prevention programs that are currently being offered in Montgomery County and elsewhere across the country. The Action Plan serves as a resource to help others interested in childhood obesity prevention efforts get started in their own programming by providing contact information of local experts who can provide more in-depth details for program implementation. Additionally, programs and services offered by local organizations are included in the Action Plan which will help community organizations and schools appropriately direct families to child obesity prevention and management services that are currently available in the county. The OAT has taken on the responsibility of promotional and communication efforts of the Montgomery County Childhood Obesity Community Action Plan, as well as the task of updating the Action Plan every 2 years to ensure the content reflects the most up-to-date information for the county.

5-2-1-0 Healthy Lifestyle Campaign

Community summit participants expressed the need for a consistent message around healthy eating and physical activity. The OAT noted this need and worked to identify an evidence-based healthy lifestyle message to promote across Montgomery County in a variety of settings. The message being promoted is 5-2-1-0. The 5-2-1-0 message encourages individuals and families to eat 5 or more servings of fruits and vegetables each day; limit screen time to 2 hours or less each day; engage in at least 1 hour of physical activity each day; and drink 0 or limited sugar-sweetened beverages. The 5-2-1-0 message is being promoted by a variety of public health organizations across the country, including the American Academy of Pediatrics, Children's Hospital of

Philadelphia, Maine Health, the Foundation for Healthy Communities in New Hampshire, the Be A Healthy Hero Campaign, and many more.

The following promotional efforts have been made by OAT members to help communicate the 5-2-1-0 healthy lifestyle message:

- 5-2-1-0 posters were disseminated to school nurses across Montgomery County at the annual School Nurses Association meeting,
- Landis Supermarkets promotes 5-2-1-0 in their grocery stores through check-out messages, posters and informative table tents in their cafes,
- The Montgomery County Health Department integrates the 5-2-1-0 message into their nutrition education programs throughout the community,
- The Childhood Obesity Resource Toolkit for Healthcare Professionals was developed and is being used by several local pediatric practices to educate their patients about 5-2-1-0, and
- North Penn, Souderton Area and Wissahickon schools disseminate, through the WISE SNAC partnership, monthly messages for families that include a 5-2-1-0 theme.

The OAT continues to meet every other month to advance childhood obesity prevention efforts across Montgomery County. For more information about the OAT and how you can get involved, please contact OAT Chairperson, Courtney Grove at cgrove@phmc.org or 267-773-4372.

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, and 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, Choose MyPlate (formerly MyPyramid), Child Nutrition Act, and many new strategies as well. Visit www.letsmove.gov for further information on this initiative and how you can get started supporting healthy lifestyle in your community!

STRATEGIES FOR REDUCING CHILDHOOD OBESITY

Program Name

Community Garden Program

Target Population

Preschools, Elementary and Afterschool 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, PA19401

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

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, and
- 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.

STRATEGIES FOR REDUCING CHILDHOOD OBESITY

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, PA19401
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

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, pulls 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

Montgomery County Health Department
1430 DeKalb Street
Norristown, PA19401
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

Program Name

Healthy NewsWorks student media program

Target Population

Elementary and middle school students and their families

Main Objective

Healthy NewsWorks empowers students to transform the health of their communities by reporting, writing, illustrating and producing school-based health publications.

Program Description

The Healthy NewsWorks student publications deliver relevant and accurate health information to elementary and middle school students, their families and the school community members. 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 in Montgomery County.

Contact Information

Marian Uhlman (muhlman@HealthyNewsWorks.org), 610-449-8008
www.HealthyNewsWorks.org

Cost

Variable

Outcome Measures

Health messages are in compliance with the National Health Education Standards; Readership; Teacher use as literary tool

STRATEGIES FOR REDUCING CHILDHOOD OBESITY

Program Name

H.I.P. Kids (Health Intervention Program)

Target Population

Kids ages 7 and up (North Penn)

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

Jennifer Howard (jenh@northpennymca.org or 215-368-1601)

Cost

North Penn YMCA: \$150 for full members; \$160 for program members; \$190 community members. (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

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, PA19401
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

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

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

Program Name

Nutrition Health Fair Booths: More Matters, Think Your Drink, The Whole Grain Truth, MyPlate 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
matuskyj@mlhs.org

Cost

Depends on number of booths and length of health fair

Outcome Measures

Currently working on outcome measurements

STRATEGIES FOR REDUCING CHILDHOOD OBESITY

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
matuskyj@mlhs.org

Cost

\$100 per session

Outcome Measures

Not currently measured

STRATEGIES FOR REDUCING CHILDHOOD OBESITY

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, PA19401
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

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
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

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

Judy Matusky, RD, LDN,
Community Service Department
Main Line Health
484-337-8331
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

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

MontgomeryCountyCooperativeExtension-PennState

1015 Bridge Road, Suite H

Collegeville, PA19426

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

STRATEGIES FOR REDUCING CHILDHOOD OBESITY

Program Name

“Weigh to Go” For kids

Target Population

Children 9-13 years of age and their parents or guardians

Main Objective

Nutrition Education for Childhood Obesity

Program Description

Abington Hospital

An Abington Memorial Hospital nutritionist addresses the growing concern of childhood obesity through nutritional education sessions. Topics to be covered include; portion control, interpretation of labels, triggers for eating, high calorie to low calorie substitution and fast food obstacles. An exercise fitness specialist from the Abington Y will provide the exercise portion of the program. Classes include Yoga, Kickboxing, Circuit Training and Zumba. A field trip to the Willow Grove Giant Super Food Store for a scavenger hunt will also be part of the program.

Weigh to Go with Holy Redeemer

A Holy Redeemer registered dietitian will offer a positive, hands-on-approach to today’s eating dilemmas through nutritional education sessions. Topics to be covered include; portion control, interpretation of labels, triggers for eating, high calorie to low calorie substitution and fast food obstacles. An exercise fitness specialist from the Abington Y will provide the exercise portion of the program. Classes include Yoga, Kickboxing, Circuit Training and Zumba. A field trip to the Willow Grove Giant Super Food Store for a scavenger hunt will also be part of the program.

Contact Information

Abington Hospital-Community Health Services (215) 481-2204

Holy Redeemer Hospital Information & Referral-1-800-818-4747 or

www.holyredeemer.com

Cost

\$60 for 6 session program-Abington Hospital-Held in the spring

\$80 for 8 session program-Holy Redeemer Hospital-Held in the fall

Outcome Measures

N/A

STRATEGIES FOR REDUCING CHILDHOOD OBESITY

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, PA19401

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

STRATEGIES FOR REDUCING CHILDHOOD OBESITY PROPOSED PROGRAMS

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 Manager, Health Promotion Council

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

For evaluation data visit

<http://www.womenshealth.gov/bodyworks/current-trainers/bodyworks-evaluation.cfm>

STRATEGIES FOR REDUCING CHILDHOOD OBESITY PROPOSED PROGRAM

Program Name

CATCH-Coordinated Approach To Child Health

Target Population

Pre-school through 8th grade

Main Objective

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 FUN, the CATCH Program has proven that establishing healthy habits in childhood can promote behavior changes that can last a lifetime.

Program Description

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 FUN!

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.

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

Website: www.catchinfo.org

Email: 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

Program Name

Choose MY Plate

Target Population

All ages

Main Objective

Combat the obesity epidemic and remind consumers to make healthier food choices

Program Description

The USDA unveiled a new food icon, MyPlate, on June 2, 2011. This new icon captures what you see when you look down to eat and serves as a simple reminder of what should be on your plate. MyPlate is replacing the MyPyramid image as the government's primary food group symbol to help consumers adopt healthy eating habits consistent with the 2010 Dietary Guidelines for Americans. MyPyramid will remain available to health professionals and nutrition educators in a special section of the new website, www.ChooseMyPlate.gov

With the launch of MyPlate, the USDA wants consumers to take action on the 2010 Dietary Guidelines for Americans by making changes in the following:

Balance Calories

- Enjoy your food, but eat less
- Avoid oversized portions

Foods to Increase

- Make half your plate fruits and vegetables
 - Switch to fat-free or low-fat (1%) milk.
- Make at least half your grains whole grains.

Foods to Reduce

- Compare sodium (salt) in foods like soup, bread, and frozen meals, and choose foods with lower numbers.
- Drink water instead of sugary drinks.

Contact Information

www.ChooseMyPlate.gov

Cost

N/A

Outcome Measures

N/A

STRATEGIES FOR REDUCING CHILDHOOD OBESITY PROPOSED PROGRAMS

Program Name

Dietary Guidelines for Americans - 2010

Target Population

People 2 years and older

Main Objective

Provide advice about how proper dietary habits can promote health and reduce risk for major chronic diseases; provide concrete steps to help people live healthier, more physically active and longer lives.

Program Description

Tips that help consumers translate the Dietary Guidelines into everyday lives:

- Enjoy your food, but eat less
- Avoid oversized portions
- Make half your plate fruits and vegetables
- Switch to fat-free or low-fat (1%) milk
- Compare sodium in foods like soup, bread, and frozen meals – and choose the foods with lower numbers
- Drink water instead of sugary drinks

The 2010 Dietary Guidelines for Americans include 23 Key recommendations for the general population and six additional Key recommendations for specific population groups, such as women who are pregnant.

Contact Information

www.dietaryguidelines.gov

Cost

N/A

Outcome

By adopting the recommendations in the Dietary Guidelines, Americans can live healthier lives and contribute to a lowering of health-care costs, helping to strengthen America's long-term economic competitiveness and overall productivity. The Guidelines form the basis of nutrition education programs, Federal nutrition assistance programs such as school meals programs and Meals on Wheels programs for seniors, and dietary advice provided by health professionals.

**STRATEGIES FOR REDUCING CHILDHOOD OBESITY
PROPOSED PROGRAMS**

Program Name

Dole Superkids Program

Target Population

Ages 3-8

Main Objective

Encouraging children to eat 5-9 servings of fruits and vegetables every day.

Program Description

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.

The National SuperKids for Better Health Program, established in 1991 as a partnership between the National Cancer Institute and the Produce for Better Health Foundation, is the largest public-private partnership for nutrition and health in the United States and in the world.

Contact Information

Dole SuperKids Program
One Dole Drive
Westlake Village, CA91362
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

PROPOSED PROGRAM

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

Sarah Dean

Sales Manager

Telephone: (800) 747-4457 ext. 2465

Fax: (217) 351-2674

Email: sarahd@hkusa.com

www.fitnessgram.net

Cost

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

Outcome Measures

N/A

STRATEGIES FOR REDUCING CHILDHOOD OBESITY PROPOSED PROGRAM

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 non-prescriptive - 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 non-prescriptive. 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 PROGRAM**

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 Manager, Health Promotion Council
267-773-4372
cgrove@phmc.org

Cost

Variable

Outcome Measures

N/A

STRATEGIES FOR REDUCING CHILDHOOD OBESITY PROPOSED PROGRAM

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

National Heart, Lung, and Blood Institute: <http://www.nhlbi.nih.gov/index.htm>

National Recreation and Park Association: <http://www.nrpa.org/>

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.

STRATEGIES FOR REDUCING CHILDHOOD OBESITY PROPOSED 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 Kidnetic.com is a unique component of Kidnetic.com that is designed to help open the lines of communication between children and parents. The Kidnetic.com 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

Cost

Free

Outcome Measures

N/A

STRATEGIES FOR REDUCING CHILDHOOD OBESITY

CHILDHOOD OBESITY COMMUNITY ACTION PLAN

PROPOSED PROGRAMS

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/mih/index.htm>

Cost

All resources are available to download for free online.

Outcome Measures

N/A

**STRATEGIES FOR REDUCING CHILDHOOD OBESITY
PROPOSED PROGRAMS**

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: 2-5years, 6 & up, and adolescent. Activities, Tip & Ideas, and Recipes are searchable by age group.

Contact Information

<http://www.nestlefamily.com/HealthyKids/Default.aspx>

Cost

None

Outcome Measures

N/A

STRATEGIES FOR REDUCING CHILDHOOD OBESITY PROPOSED PROGRAM

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.

STRATEGIES FOR REDUCING CHILDHOOD OBESITY PROPOSED PROGRAM

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 President's Challenge 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://nutr88.hhdev.psu.edu/projectpa/2010/>

Cost

None

Outcome Measures

N/A

STRATEGIES FOR REDUCING CHILDHOOD OBESITY PROPOSED PROGRAM

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, in-service 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 e-Newsletter 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

STRATEGIES FOR REDUCING CHILDHOOD OBESITY

CHILDHOOD OBESITY COMMUNITY ACTION PLAN

PROPOSED PROGRAMS

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
Phone: 801-836-8443
Email: Info@SuperHealthyKids.com
www.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 PROGRAM

CHILDHOOD OBESITY COMMUNITY ACTION PLAN

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

**STRATEGIES FOR REDUCING CHILDHOOD OBESITY
PROPOSED PROGRAMS**

CHILDHOOD OBESITY COMMUNITY ACTION PLAN

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 integrate 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, DC20005
Phone: 202-659-0074
Fax: 202-659-3617
E-Mail: take10@ilsi.org
www.take10.net

Cost

Each grade specific materials kit=\$82.00

Outcome Measures

N/A

STRATEGIES FOR REDUCING CHILDHOOD OBESITY PROPOSED PROGRAM

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.

STRATEGIES FOR REDUCING CHILDHOOD OBESITY PROPOSED PROGRAM

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 [Choose My Plate](#). 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 Choose My Plate.

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

CHILDHOOD OBESITY COMMUNITY ACTION PLAN

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:** A needs assessment determines who needs the program, how great the need is, and what might work to meet the need.
- **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?
- How satisfied were participants with the programs and services provided?
- 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, biometric measurements, questionnaires, surveys, and/or interviews.

Methods for Evaluation:

There are many methods used to evaluate programs, each varying in the degree of time and costs needed to employ such methods. Questionnaires, focus groups, classroom discussions, observations, interviews, and control groups are examples of common evaluation methods used.

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.

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). How can you achieve 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). Communicate simple themes like **5-2-1-0**. Saturate your target audience with consistent themes and messages.

Parental Commitment: Parent involvement is essential but often challenging. Identify parent leaders to help engage other parents in your school or organization, or find parent groups that already are meeting on a regular basis and integrate your programs into those parent groups.

RESOURCES

REPORTS

[The Ohio Obesity Prevention Plan](#)

Ohio Department of Health, March 2009
www.healthyohioprogram.org

[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

[Solving the Problem of Childhood Obesity within a Generation](#)

White House Task Force on Childhood Obesity Report to the President, 2010
www.letsmove.gov

[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

Centers for Disease Control and Prevention

www.cdc.gov

Dietary Guidelines for Americans

www.health.gov/dietaryguidelines

Free Fitness Log (Active Log)

www.activelog.com

Kids Health from Nemours

www.kidshealth.org

Let's Move

www.letsmove.gov

Montgomery County Health Alliance

www.mchealthalliance.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

nrgBalance- Center for Nutrition and Activity Promotion at Penn State Hershey
Children's Hospital

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-Choose MyPlate
www.choosemyplate.gov

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