



Community Resources for Promoting Youth Nutrition and Physical Activity

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ABSTRACT

Childhood obesity is a national public health crisis. The National Diabetes Education Program (NDEP), the National Institutes of Health and Kaiser Permanente have developed community tools and resources for children and families to lower their risk for obesity through healthier, active lifestyles. The authors describe innovative practices and community mobilization case studies from the NDEP “Move It! and Reduce Your Risk for Diabetes” program and the NIH We Can!™ - Ways to Enhance Children’s Activity and Nutrition, and programs from Kaiser Permanente for the promotion of healthier lifestyles for children and families. Replication of these creative programs can be modified to be implemented in communities throughout the United States.

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INTRODUCTION

Calling the prevention of childhood overweight and obesity a “national health priority,” the Institute of Medicine in 2005 outlined a series of recommendations to stem this epidemic.¹ One of those recommendations called on “local governments, public health agencies, schools and community organizations [to] collaboratively develop and promote programs that encourage healthful eating behaviors and regular physical activity, particularly for populations at high risk of childhood obesity. Community coalitions should be formed to facilitate and promote cross-cutting programs and community wide-efforts.”¹ In addition, the U.S. Department of Health and Human Services (DHHS) *Steps to a Healthier US* initiative aims to encourage state programs and community efforts “to prevent and reduce the costs of disease, improve people’s lives and promote community health and wellness.”²

To meet this national crisis of childhood obesity and the increasing incidence of childhood type 2 diabetes, the National Diabetes Education Program (NDEP) has developed community tools and resources for children and families to lower their risk for diabetes through healthier, active lifestyles. NDEP, a joint initiative of the U.S. Department of Health and Human Services, Division of Diabetes Translation of the Centers for Disease Control and Prevention (CDC) and the National Institute of Diabetes and Digestive and Kidney Disease (NIDDK) of the National Institutes of Health (NIH), was created in 1997. Involving over 200 public and private partner organizations, NDEP and its partners share a joint mission of improving the treatment and outcomes of people with diabetes, promoting the early diagnosis of diabetes and preventing or delaying the onset of diabetes in those at highest risk, and translating the results of clinical trials to the

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general public and to health care professionals in a clinically useful way.

Following is a description of innovative practices from NDEP, NIH and Kaiser Permanente for mobilizing community resources for the promotion of healthier lifestyles for children and families. The NDEP approach included here is the NDEP's "Move It! And Reduce your Risk of Diabetes" school kit, an NDEP program that encourages incorporation of physical activity into everyday life.

Another community based effort of the NIH, *We Can!*TM - Ways to Enhance Children's Activity and Nutrition, was developed to help community organizations assist children and families to maintain a healthy weight. Launched in 2005 by the National Heart, Lung and Blood Institute in collaboration with the National Institute of Diabetes and Digestive and Kidney Diseases, the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development, and the National Cancer Institute *We Can!*TM, it is a synergistic movement of communities across the nation to improve family food choices, increase physical activity and reduce screen time in children ages 8-13 years old.

Kaiser Permanente also strongly advocates for the promotion of healthier lifestyles to reduce obesity related morbidity, especially in school settings. Under its campaign "Thrive," Kaiser Permanente has developed *Educational Theatre Programs* to educate children and teens on health issues such as nutrition and physical activity through drama, music, and humor. *Healthy Eating Active Living (HEAL)* is another example of a Kaiser Permanente community-based health promotion program. *HEAL* focuses on support for low income communities to develop healthy eating and exercise habits.

PROGRAM DESCRIPTIONS

Move It! And Reduce Your Risk of Diabetes

The NDEP *Move It! And Reduce Your Risk of Diabetes* school kit is a diabetes awareness and physical activity promotion campaign targeting American Indian/Alaska Native youth ages 12-18 years. The kit was devel-

oped by the NDEP American Indian/Alaska Native Workgroup as a part of its *Move It!* campaign. The original campaign was a series of posters featuring American Indian/Alaska Native teens engaged in different types of physical activity. The campaign was developed through a social marketing process to ensure that the target audience would be responsive to the educational messages. After a review of focus groups held with American Indian/Alaska Native teens, the workgroup discovered that a physical activity message was more likely to be effective than a message focusing on nutrition. After successful dissemination of the *Move It!* posters, the workgroup decided to develop a school kit to broaden the reach of the posters and to find a way to engage American Indian/Alaska Native youth and schools in diabetes and obesity prevention activities.

The *Move It!* school kit was designed to empower Native youth to create their own physical activity and diabetes awareness strategies and program plan, with facilitation by a teacher, school counselor, or coach. The kit contains a cover letter for the school principal with instructions, tips on getting started, a fact sheet about type 2 diabetes in youth for students and one for teachers, *Move It!* campaign posters, a resource list, a newsletter, a template news release/newsletter article, a flyer with instructions for ordering pedometers, information on other NDEP materials, and a CD of all the materials for customization. Schools are encouraged to implement activities with their students to create awareness about diabetes and to encourage physical activity. Schools also are encouraged to customize the posters with pictures of teens from their schools and their school logos.

The *Move It!* school kit has been disseminated through mass mailings to three types of schools identified as having American Indian/Alaska Native middle and high school students: (1) tribal schools; (2) Bureau of Indian Education schools; and (3) public schools with a Johnson-O'Malley (JOM) program, a supplemental education program for American Indian/Alaska Native

students from age three years to 12th grade, to meet the unique cultural needs of these students as authorized by an Act of Congress in 1934 and contracted by the Department of the Interior. In addition, NDEP also disseminated the kit to American Indian/Alaska Native health programs, youth organizations and media outlets and encouraged them to work with their local schools.

The *Move It!* campaign was enhanced by a grant program for schools that was developed by the Association of American Indian Physicians (AAIP) with funding from the Office of Minority Health (OMH), U.S. Department of Health and Human Services. AAIP is a national minority organization that is funded by NDEP to disseminate their materials to American Indian and Alaska Native communities throughout the country. AAIP used this funding to award one-year mini-grants of \$7,500 to approximately 25 schools over this three-year initiative for the purpose of implementing activities to promote the *Move It!* campaign. Eligible schools included tribal schools, Bureau of Indian Education schools and public schools with a Johnson-O'Malley program. Under these grants, the schools implemented a variety of activities including summer programs promoting physical activity and healthy eating, purchase of sports and exercise equipment, community health fairs, field trips and other educational and awareness activities. Grantees also received training and technical assistance on program development and evaluation. Reported positive outcomes included improvements in knowledge regarding diabetes and healthy food choices, decreased weight of participants, and increased participation in physical activity by students engaged in this program. The program also resulted in changes in school lunch menus and school vending machine policies, resulting in healthier food and drink options in school settings.⁴

COMMUNITY MOBILIZATION CASE STUDIES

Move It! - Case Studies

During the *Move It!* grant program, schools implemented a wide variety of



diabetes awareness activities and programs that encouraged physical activity. Often these activities benefited the community in ways not initially anticipated. Examples of community engagement and resource mobilization are discussed below in three case studies of *Move It!* programs.

Case Study 1: Hannahville Indian School in Wilson, Michigan

Hannahville Indian School, also known as Nah Tah Wahsh (Soaring Eagle) School, is a charter school serving approximately 165 K-12 students on the Hannahville Potawatomi Reservation of the upper peninsula of Michigan. Students and teachers from the Hannahville School learned an important message of hope from the *Move It!* materials—that it was possible to reduce their risk for type 2 diabetes. Recognizing that youth increase their risk for type 2 diabetes by becoming more overweight and inactive, Hannahville focused on making changes in the school cafeteria and the school vending machines and increasing physical activity opportunities for their students. The school board accepted a healthier lunch menu of limiting portions, serving chocolate milk only on Fridays and adding fresh fruits and vegetables to the menu. A policy was proposed to change the amount of carbohydrates supplied during school functions, resulting in fewer sweets and healthier options for school classroom parties. The school also limited pop machine use to after school hours and added water as a vending machine option. In addition, Hannahville offered a two-week basketball camp, partnered with the YMCA to have certified fitness instructors brought to Hannahville Reservation, and implemented a walking program.

The grant also was used to hold community health fairs where distribution of American Indian/Alaska Native NDEP materials at community events increased the reach of their *Move It!* program beyond the grounds of the school.

Case Study 2: Pine Point Public Schools in Ponsford, Minnesota

Pine Point Public Schools serve students of the White Earth Indian Reservation of

Minnesota. The immediate relevance of the *Move It!* school kit was noted by the Pine Point Middle School superintendent because diabetes is so pervasive among American Indians in their community. At the time, no organized sports were offered in the school, and few of the students had ever been camping. With the *Move It!* focus upon physical activity, the Pine Point *Move It!* Club traveled to the Western North Dakota Badlands for a five-day camping and hiking trip. Students planned the transportation, educational meetings with a naturalist at the park and meals. The students conserved funds by buying food through their school food service, including maple syrup from tribally owned maple sugar trees. Cooking and eating a healthy breakfast each day was an important lesson learned for these students, who rarely ate breakfast at home. The students hiked at least five miles every day and, according to staff, learned to appreciate the benefit of such an increase in physical activity. Other important lessons learned by the students included gaining self-confidence in trying new things and acquiring new knowledge on the importance of healthy eating and increased physical activity in reducing one's risk for diabetes.

Case Study 3: Davenport High School in Davenport, Oklahoma

Davenport is a small rural community in north central Oklahoma, home to part of the Sac and Fox Nation of Oklahoma. The Asakiwaki (Sac) and Meshkwahkihaki (Mesquakie/Fox) are Algonquin-speaking peoples originally from the northeastern United States. Asakiwaki means “*people of the yellow earth*” and Meshkwahkihawi means “*people of the red earth.*” The Davenport Indian Club includes students from the Sac and Fox Nation and other Oklahoma tribes. Led by a Miami Indian Nation of Oklahoma student, the Club asked the school board for a donation of five acres of land near the school as part of their *Move It!* grant planning for a quarter-mile running and walking track for the school and community of Davenport. When the grant was awarded, the school board followed through on their

donation pledge. Grant funding was used to purchase asphalt, and the Lincoln County Commissioner donated all the labor for the track project. Other community donations supplied additional materials and equipment needed to complete the track and make it handicapped accessible.

Customizing the *Move It!* posters to include pictures of Davenport Indian Club students was an important community mobilization effort. The students disseminated the customized posters and flyers on diabetes awareness, and prevention tips and suggestions, outside the county courthouse and throughout the county. Raising community awareness about diabetes inspired community support for the track.

With completion of the track, the Davenport Running Club was formed as an after school activity group. Students were encouraged to set physical activity goals and to attend a running club meeting once a month. Students now use the track for training for marathons and serve as role models for not only their fellow classmates, but for their grandparents as well. The Davenport Indian Club received a citation from the Governor of Oklahoma for its commitment to preventing diabetes in their community.

The NDEP *Move it! And Reduce Your Risk of Diabetes* Campaign was developed to help create awareness about the growing problem of diabetes in American Indian/Alaska Native youth and the importance of physical activity in reducing risk factors for diabetes. The campaign has been disseminated widely in American Indian/Alaska Native health programs and schools, and the kit has been an NDEP product that has filled a void in teaching schools how to implement healthy activity programs, with demonstrated success in helping local schools and communities implement diabetes prevention activities for youth.

With its focus on directly encouraging youth to develop activities, the school kit has resulted in a diverse set of culturally- and community-relevant diabetes prevention activities that promote physical activity. The *Move It!* grant program gave schools a small amount of funding, but resulted in



activities that impacted both the schools and the communities in which they reside. The progression of the *Move It!* campaign, from posters delivering a public health message developed through a social marketing strategy, to a focused dissemination of tools and resources to schools, and finally, through a grant program that provided needed resources for implementation of school and community activities, is a model of a successful process for dissemination of similar public health messages to other communities. The *Move It!* campaign is an example of how multiple strategies are needed to engage and mobilize communities to help address prevention of complex diseases such as diabetes and obesity.

WE CAN!TM – WAYS TO ENHANCE CHILDREN'S ACTIVITY AND NUTRITION

In response to the childhood obesity public health crisis, the National Heart, Lung and Blood Institute in collaboration with the National Institute of Diabetes and Digestive and Kidney Diseases, the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development, and the National Cancer Institute launched *We Can!TM* in 2005 to improve family food choices, increase physical activity and reduce screen time in children ages 8-13 years old. The program is designed to be a flexible, turnkey program that engages the entire community to help children maintain a healthy weight. Programs are being run in 12 different settings ranging from local park and recreation departments and schools, to hospitals, health centers, and public health departments. *We Can!TM* offers parents and families, health care providers, community organizations, and civic leaders some science-based programmatic resources, curricula, tips, and fun activities to encourage healthy lifestyles in children.

To reach its priority audiences of children, parents, and primary caregivers, *We Can!TM* works with community sites around the country to take an active role in creating healthier environments that promote a healthy weight. Community organizations and groups that become *We Can!TM* sites

receive materials, training, and technical assistance from NIH so they can implement programs for parents and youth, conduct community events, engage the media, and create partnerships. Programs and activities focus on three critical behaviors: improved food choices, increased physical activity, and reduced screen time. The three components of *We Can!TM* that focus attention to these behaviors include community outreach, national partnerships, and media outreach.

The community outreach component focuses on *people, programs, partnerships, and public visibility (4Ps)*. It consists of engaging key stakeholders within the community to implement programs both for youth and parents in a variety of settings, to conduct community events, to engage partners, and to work with the media for public visibility. These elements are designed to be implemented concurrently to help youth achieve the *We Can!TM* behavioral objectives, improve the capacity of parents and family caregivers to help their children achieve those objectives, and to build community support around promoting healthier nutrition choices and increasing physical activity levels.

WE CAN!TM – YOUTH PROGRAMS

To reach the youth audience, *We Can!TM* communities can choose from three evidence-based curricula and programs, including CATCH Kids Club, Media-Smart Youth: Eat, Think and Be Active!, and Student Media Awareness To Reduce Television (S.M.A.R.T.).

CATCH Kids Club: The Child and Adolescent Trial for Cardiovascular Health (CATCH) was a National Heart Lung and Blood Institute (NHLBI) funded study to create a school health education curriculum encouraging healthy behavior in children in grades K-5. Based on the study, CATCH Kids Club is a curriculum that uses a coordinated approach to help children achieve healthy dietary and physical activity behavior in after school or summer camp settings. It consists of three programmatic elements, a nutrition education component, a physical activity

component, and a snack component.

Media-Smart Youth: Eat, Think and Be Active: Media Smart-Youth, developed by the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development, is a 10-lesson curriculum that teaches youth ages 11-13 to think critically about the connections between media and health. The program uses nutrition and physical activity examples to help youth learn about these connections and build their media analysis skills. The curriculum concludes with a Big Production—an opportunity for participants to use what they have learned to create a media project designed to motivate other young people to take action for better nutrition or increased physical activity.

Student Media Awareness to Reduce Television (S.M.A.R.T.): S.M.A.R.T. is a classroom-based curriculum for third-grade and fourth-grade students designed to motivate children to reduce their television watching and video game usage. Based on research conducted at Stanford University, the curriculum is intended to be used over the course of the school year and includes all lesson plans and tools needed to implement the program.

WE CAN!TM – PARENT PROGRAM

To provide the information and tools that parents and caregivers need to help their children maintain a healthy weight, NIH developed *We Can!TM* Energize Our Families: Curriculum for Parent and Caregivers. Available as four 90-minute sessions or six 60-minute session, this curriculum provides dynamic lessons that stress the importance of energy balance in maintaining a healthy weight. Each interactive session focuses on helping participants learn essential skills that can assist families with increasing access and availability of healthy foods and making healthful food choices, becoming more physically active, and reducing recreational screen time. Participants are encouraged to try new nutrition and physical activity tips with their families between lessons, and they are asked to share their experiences with the group.



WE CAN!TM – COMMUNITY EVENTS AND PROJECTS

To complement the lessons learned through the youth curricula and the parent program, *We Can!TM* also provides materials to help increase greater community awareness of the importance of maintaining a healthy weight for children through healthy nutrition and increased physical activity. *We Can!TM Energize our Community: Toolkit for Action* provides information around the 4Ps noted previously to help community organizers and leaders plan and implement *We Can!TM*. Tips, materials, and planning documents are included in the toolkit.

WE CAN!TM – CASE STUDIES

In June 2005, *We Can!TM* was launched in 14 pilot communities for the period of one year. Each of those community sites conducted parent and youth programs, as well as community events. Examples of community engagement from three pilot sites are provided below.

Case Study 1: *We Can!TM – Boston Steps*

Boston Steps is a community mobilization effort of the Boston Public Health Commission to address the burden of chronic diseases, including obesity and diabetes, in high-risk communities in Boston. *Boston Steps*, funded by the Center for Disease Control and Prevention's (CDC) *Steps to a Healthier US Initiative*, joined *We Can!TM* as one of the 14 original pilot sites. In addition to the *We Can!TM* parent program, *Boston Steps* collaborated with several partners, including the YMCA of Greater Boston, the Boston Organization of Nutritionists and Dietitians (BOND) of Color, community health centers and two Boston Public schools, to promote and implement the programs and to recruit parents in an effort to enhance their outreach to parents. Through partner activities such as health fairs, summer camp fairs and school programs, *Boston Steps* was able reach out to parents and promote participation in *We Can!TM*. Partners provided facilities for the programming and child care support for parents attending the programs. In addition, partners offered incentives, including discounted family memberships

to the YMCA, to parents who completed the parent program.

To reach diverse audiences, *Boston Steps* and BOND of Color culturally adapted lessons to reach parents in the African American and Caribbean communities. In addition, the parent program was translated into Spanish and implemented at several local schools. The Spanish language classes were extremely popular, and several schools requested that additional classes be scheduled. *Boston Steps* has continued to promote *We Can!TM* activities through its partner organizations, including reaching out to all Boston YMCAs to build capacity for conducting *We Can!TM* parenting classes in both English and Spanish. In 2007, the Mayor of Boston proclaimed November 29, 2007 as *We Can! day* and Boston joined the program as a *We Can!* city.

Case Study 2: *Partnering for Youth Program Success in Las Vegas*

The *We Can!TM* Southern Nevada site is a collaboration among the University of Nevada-Las Vegas (UNLV) Department of Nutrition Sciences, City of Las Vegas Department of Leisure Services and the City of Henderson Department of Parks and Recreation. As part of their programming, the Southern Nevada site implemented the Media-Smart Youth: Eat, Think and Be Active! Curriculum (MSY), reaching about 40 students. The MSY programming concluded with participants developing a television public service announcement (PSA) that was shown on local television networks and in a local movie theater for several weeks. The sites formed a partnership with the UNLV television station (UNLV-TV), which provided staff and production assistance for the Media-Smart Youth PSA. The Dairy Council of Utah and Nevada provided financial assistance to support the Media-Smart Youth programming. In addition, the Mayor proclaimed Las Vegas to be a *We Can!* city in November 2007.

Case Study 3: *Reaching the Community in South Bend, Indiana*

As another *We Can!TM* pilot site, the South Bend Parks and Recreation Department, reached more than 10,000 com-

munity members in 2005-2006 through extensive community outreach programs that supported *We Can!TM* parent and youth program messages. Through their community events, the South Bend Parks and Recreation Department also received media coverage and established partnerships for its *We Can!TM* programs. To kick off its *We Can!TM* programming, the site held a summer event that began with a press conference, followed by a range of activities and entertainment including physical activity games for children, food spectrum and portion distortion charts, and healthy nutrition tips. The site partnered with a local supermarket that provided food for a local chefs' association's healthy snack demonstration during the event. The South Bend Parks and Recreation Department leveraged these partnerships to continue similar food demonstrations at other community events throughout the year, including a Kid's Triathlon. For the triathlon, 600 children ages 5 to 13 participated in a 25-yard swim, a 1.3 mile-bike ride, and a half-mile run. More than 2,400 people watched the event, at which there were also healthy food, onsite massages, and healthy snack demonstrations. The South Bend Parks and Recreation Department also used these community events as an opportunity to recruit for the *We Can!TM* parent program.

These three case studies highlight the utility of engaging communities to support and reinforce the behavior messages conveyed through the *We Can!TM* program. The Boston, Las Vegas and South Bend sites also demonstrate effective use of the 4Ps of *We Can!TM* community outreach.

By culturally adapting the *We Can!TM* parent program, the Boston site was able to reach a diverse group of parents and caregivers with culturally relevant programs. Partnerships with local YMCAs and schools helped with public visibility and recruitment, and subsequently, led to a demand for additional programs. By forging media partnerships, the Las Vegas site was able to implement the MSY program with youth who created a television PSA that garnered public visibility for the program when the



PSA was run on local television networks and in a local movie theater. Through its series of community events, the South Bend site was able to leverage partnerships with a supermarket and a chefs' association to provide healthy snack demonstrations for youths and adults, while simultaneously recruiting participants for its programs and receiving media coverage.

Since *We Can!*TM was launched in 2005, the program continues to engage communities, large and small, throughout the country and around the world. *We Can!*TM programs are now being run in more than 1,000 communities in all 50 states, the District of Columbia and 11 foreign countries, with new sites joining the program weekly.

KAISER PERMANENTE SCHOOL BASED PROJECTS FOR OBESITY PREVENTION

Kaiser Permanente Sacramento has been a strong advocate for promotion of healthier lifestyle habits in schools to reduce childhood obesity related morbidity. A priority has been established to promote obesity prevention activities for youth by supporting programs that increase physical fitness and healthy food choices. Kaiser Permanente is a part of the Healthy Community Forum, established in 1995 to assess the needs of the community, and has partnered with the other major health care systems on the community needs assessment. Since 2004, Kaiser Permanente has supported this need by assisting and providing support for local schools and com-

munity groups to develop and implement programs that improve physical fitness levels and healthy food choices for children. These programs include:

- *Healthy Eating Active Living (HEAL)* programs throughout California that work to make healthy foods readily available and physical activity a part of daily life. Its focus is on support for low income communities to improve healthy eating and increase active living. This program has received praise from the Institute of Medicine (IOM).⁵

- *Soil Born Farm Urban Agriculture Project, Looking through the Fence: Connecting Food, Health, and the Environment* at Jonas Salk High Tech Academy, and Soil Born Farm's Rancho Cordova Healthy Youth Partnership.

- *Explorit Science Center* that expanded "Food in your World," an interactive program in Sacramento, Yolo and Placer counties.

- *The FEED Coalition* (Food Education Equity and Diversity) "EAT! from the Garden" Cooking Kitchen, that provides cooking classes to almost 900 students.

- *California International Marathon's Youth Fitness Program* which teaches lifelong fitness habits to elementary school students over an eight-week period in the fall.

- *The Educational Theatre Programs* that educate children and teens about health issues such as nutrition and physical activity through drama, music and humor. This program is provided without charge to school systems and community organizations in three coun-

ties and has reached more than 2.5 million students since its creation in 1987.

CONCLUSION

Research has shown that engaging in community wide health education campaigns can have an impact on increasing healthy behaviors, such as physical activity.^{1,3} Replication of the creative programs described above can be modified to be implemented in communities throughout the United States.

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