



# Community Nutrition Networking Guide



Building  
Community  
Networks  
for Healthy  
Weight  
in the  
Carolinas



Dear Neighbor,

Obesity is a serious problem in North Carolina and South Carolina. Most people are aware of the health dangers of obesity. However, losing weight can be hard to do. Working toward a healthy weight should involve many members of the community to help people lose weight and keep it off. Families, schools, community recreation leaders, restaurants, stores, businesses, service organizations, neighborhoods, and health care professionals can all play important roles.

Through the generous support of The Fullerton Foundation, Inc., we led a project in the Carolinas between 2005 and 2007 to bring communities together to address the problem of obesity. Our staffs, together called the **Community Healthy Weight Network**, worked with community coalitions in nine counties:

Bladen County, NC

Fairfield County, SC

Four County Region of NC (Granville, Person, Vance, Warren Counties)

Lancaster County, SC

Marlboro County, SC

Scotland County, NC

Together, our goal was to help children and adults lose weight through better nutrition and increased physical activity. Our Network helped the communities above figure out how to share their resources and work together to build successful programs. The Network also helped these communities develop a wide array of activities to help their members eat better and move more.

We are pleased to share their programs through this Community Action Guide. The Guide includes information on how to work with your community to build a network, plan a program, carry out the program, evaluate the program, and plan for the future. We have also included snapshots, or summaries, of the programs created by the nine counties to help people improve their health.

We hope this Guide will be useful, as we all work together to help people and communities lose weight and be healthy.



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This Guide, as well as other information about the Fullerton Community Nutrition Network, is available at <http://communityhealth.mc.duke.edu/healthpromo/?/fullertoncommnutrition>.

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# HOW TO USE THIS GUIDE

Many people want to help themselves and others become healthier. Often, this means losing weight. Most of the time we know what to do, but making changes is not easy. Changes are easier when they involve the community—your neighborhoods, schools, churches, and any other group that can offer support. But how can a community work together to help people eat better, move more, and lose weight?

This Community Action Guide is aimed at providing tools to help different groups in the community build and expand networks to achieve better health, both now and in the future. For those who are just getting started, the Guide gives tips such as how to:

- Figure out the community's needs
- Build a core group to help start a network
- Build on the community's strengths
- Organize and plan an activity
- Measure what is working and what is not

For those who already have a network in place, the Guide offers tips on how to:

- Expand the network membership
- Refine the network structure
- Develop new ideas for activities
- Plan for long-term impact

The Action Guide presents examples of networks, as well as sample programs—program snapshots—within the Carolinas. No matter where your group is, the Guide is designed to help you help your community improve its health.



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# Introduction:

## The Problem

No matter where we turn—television, radio, newspapers, bookstores—there is talk about losing weight. And yet, the number of people who are overweight or obese keeps going up. Now, one out of every three adults in the U.S. is overweight and one out of every four is obese.

Even worse—by 2003 the number of U.S. children 10 to 17 years old who are overweight or obese climbed to one in three children. In the Carolinas, the patterns were slightly worse. North Carolina and South Carolina have the 9<sup>th</sup> and 4<sup>th</sup> highest levels of childhood obesity respectively in the U.S.

**North Carolina and South Carolina have the 9<sup>th</sup> and 4<sup>th</sup> highest levels of childhood obesity in the U.S.**

Overweight resulting from poor diet and lack of physical activity is the second leading cause of preventable deaths after smoking. Our bodies change the extra calories we eat to fat. Over time too much fat clogs our arteries. Then the heart and brain can't get enough oxygen. This can lead to heart disease, stroke, high blood pressure, diabetes, or cancer. And though these problems are common in adults, diabetes and high blood pressure are now starting much earlier in children than ever before.

Illnesses due to obesity make up about one-tenth of U.S. health care costs. These extra costs increase the amount people pay for health insurance and make it unaffordable for others. Poor health from overweight also leads to lost work days and less output by workers.

The simple fact is that people in the Carolinas and all across the nation are eating more calories than they burn up in their daily physical activity. Too often, they eat portions of food that are too large and drink sugary drinks that are high in calories but low in nutritional value. Adults and children alike spend a lot of time indoors in front of computers and TV and less time outdoors moving and exercising.

This overweight and obesity problem exists in all communities no matter the income, social, or racial makeup. Community support can be very important to helping people learn and maintain healthy habits. Many people want to work on healthy weight issues in their towns and counties but don't know where to start. The places where they live and work are not always supportive. For example, schools often do not or cannot provide enough physical activity and health education. Food sold in many restaurants is often too high in calories and served in portions that are too big. It can be difficult to find safe places to play or exercise in many neighborhoods. Doctors often cannot spend enough time to encourage patients to eat better and move more. All these community factors can lead to an attitude that being overweight is "normal." Communities need to work together to change that view.

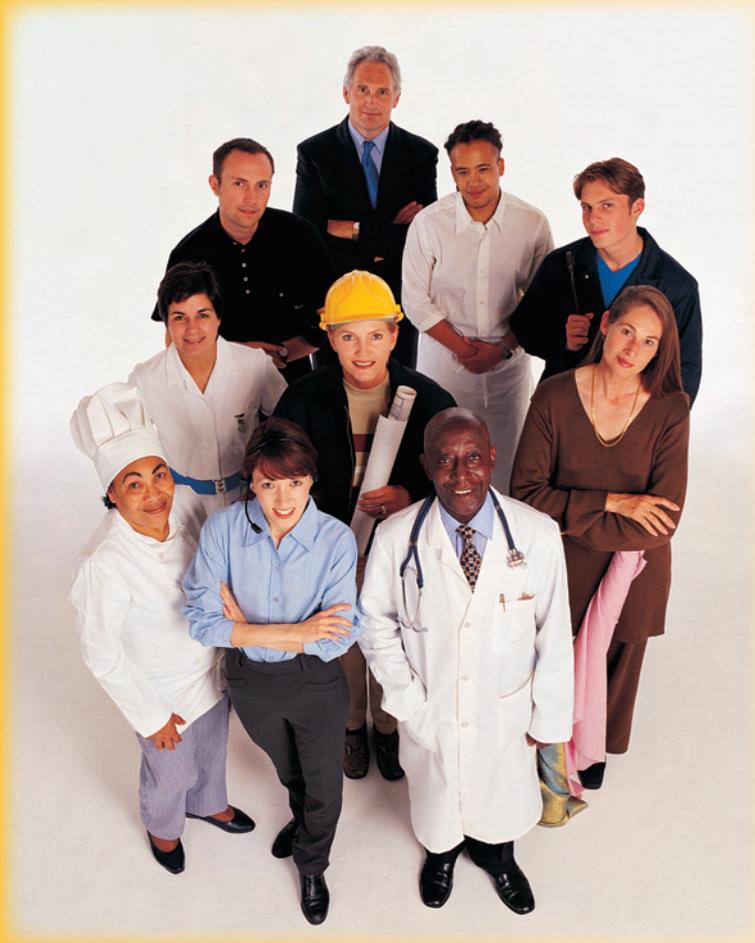
## A Solution

One solution is to bring other people and groups together in a network. Networks have proved successful in tackling problems like obesity in many communities.

The Fullerton Foundation, Inc., an organization that sponsors programs to improve health conditions in the Carolinas, has generously provided funding to create this guide as a way to help communities develop networks and programs that address overweight and obesity. The Guide shares the steps needed to build a community network, and how to plan and do community activities to reduce overweight and obesity.



# BUILDING A NETWORK





# How to Start a Network

Forming a network is a good way to maximize the resources and/or knowledge to reach a common goal. However, before building a network, it is important to understand the community where the network will do its work.

## Steps to Building a Network

### Step 1:

#### Identify Community Needs

- What does the community need?
- Identify main problems in community
- Identify strengths and assets
- Identify weaknesses



### Step 2:

#### Build a Core Working Group

- Know the interests of the group
- Write a vision statement
- Set ground rules for group
- Write mission statement
- Action plan!



### Step 3:

#### Introduce the Network!

- Advertise network to community
- Identify a small, achievable first project.
- Expand the network

## Community Needs

The first step is to find out why there is a problem with obesity in your community. By identifying how many people in your community are overweight or obese and exploring possible factors for this weight, you can think more creatively about who to include in a network and what sort of activities you want to tackle first.

For instance, low levels of schooling are often related to poor health. If your community has low levels of education, you may want to focus on programs that improve knowledge about healthy eating and the value of physical activity. Communities that are low income are also likely to have higher rates of overweight and obesity. If you find high numbers of children using free and reduced lunch programs in your schools (a good indicator of how many families are low income) you might consider programs for low income families. If you find a neighborhood with a lot of crime, where people fear spending time outside getting physical activity, you might include the police department and parks department in your network.

Sources of data on education levels, poverty, and levels of safety for most communities can be found on state health department web sites. Some of these resources in the Carolinas are given in **Appendix C: Resources**.

# Community Strengths

It can be helpful assessing both the needs and strengths of your community to ask and answer the following questions:

- Do people in your community see overweight and obesity as serious problems?
- What things in your community seem to contribute to the problems?
- What groups of people seem to be most affected by overweight and obesity?
- What groups could work together to improve the problems?
- What skills and resources do these groups have?
- Have these groups had good or bad past experiences working together?
- Do these groups live and/or work in the community?

Survey tools or questionnaires can be used to find the answers to these questions. Some of these tools are described in **Appendix A: Survey Tools**.

Answers to these questions will show whether people are ready to try to improve overweight and obesity in their community. It will also help the network plan the types of activities that are achievable. Other groups and individuals that may want to join the network can also be located by answering these questions.



# How to Build a Network

## The Core Group

After you have identified the needs and strengths of your community, it is time to form a core group. A core group wanting to promote healthy weight might include:

- Community members who are affected every day by the problem.
- People who live and work in the community, such as members of local churches and locally owned businesses.
- Local health care providers.
- Those with the skills to plan and do programs that improve health.

In the Community Healthy Weight Network, featured in this guide, the core groups started as joint efforts between community groups and two university community health and family medicine departments.

Core groups might spring from existing community councils and networks or they might form specifically around the issue of overweight and obesity.

## The Core Group: *Scotland County*



Scotland County Healthy Carolinians is a countywide coalition dedicated to the mission of empowering its citizens through education and promotion of healthy lifestyles and safe communities. Their priorities are physical activity, nutrition, diabetes, heart disease, and hypertension. The Scotland County Healthy Carolinians group convened when one of its members, the Scotland County Health Department, was contacted about partnering with a new collaborative program on nutrition and healthy weight. The group had already identified physical activity, nutrition and chronic disease as top priorities, so the new program easily met both groups' interests. The core group included the Scotland County Healthy Carolinians Coordinator, a health educator, and a nurse from the health department; a registered dietitian from the local hospital; the director from the Scotland County Memorial Hospital Foundation; two staff from Cooperative Extension; and the child nutrition director from the county school system.

## Know the Interests of the Community: *Four County, NC*



Four County is a unique network, consisting of Granville, Person, Vance, and Warren Counties. These rural counties are in the Northern Piedmont or central area of North Carolina. The agency that brought them together is a Medicaid care management program that operates out of a local hospital serving these counties. The group included health educators and nutritionists from the health departments, Cooperative Extension staff, physicians, community health workers, and nurses. In the early meetings of this group, the physicians said that a Registered Dietitian was the biggest need for working with overweight and obese patients in the area. The network setup detailed plans to share a dietitian between local doctors' offices, and figured out how to bill for the dietitian's services. The network submitted a grant for start-up funding.

## Organize and Plan

### Know the Interests of the Community

The network should review the community's needs and strengths and its interest in promoting healthy weight. As previously discussed, using survey results can encourage the formation of a network to reduce obesity in the community. Examples of survey tools are available on page 81 of the Guide. Before conducting your own survey though, check to see if someone has already done the work for you. In the Community Healthy Weight Network, one of the county networks used results from a health needs survey administered by the local interagency council. Residents reported their concerns about overweight as a health problem. With a good idea of the community and its needs, the network is now ready to take action.

### Create a Vision

Start the network out by writing a vision statement. A good vision statement should answer a question like: "What would our community look like if we no longer had a problem with overweight and obesity?" The vision provides the day-to-day motivation for the network. It should be written in a way that inspires people to take action on the problem without lots of detail. In the case of the Community Healthy Weight Network, the vision is to eliminate obesity in local communities in NC and SC.

### Define How the Network Will Work

The network should encourage members to be active participants. Here are some general guidelines:

- Trust and mutual respect among members is very important. Network activities should be open to everyone and all members should have a voice in the process.
- A good leader listens to the views of all members.

- The network should encourage a long-term commitment from members. Helping people to change eating and physical activity habits takes a long time.
- To help work through disagreements, network members should remind themselves about their vision and mission to reduce overweight and obesity.
- All network activities should be sensitive to the values and culture of the community.
- The people who will be most affected by the network's activities and services should take part in planning from the start.
- The network may want to become more permanent by writing bylaws that define how the network will be run and by raising money to hire an organizer or director.
- Plan meetings so all members can share their opinions and ideas.
- Share healthy snacks at meetings to help people relax and get to know each other.
- Set up a system to rotate meeting leaders over time so all members can feel they are equal and have a chance to play a central role in the network.
- Schedule meetings at times that allow most members to attend.
- Send out minutes at a reasonable time after meetings so members can remember what was discussed, agree on what was said, and be reminded of what they said they would do.
- If network members need to make decisions for the group they represent, allow time for them to consult with their group.
- Until a group gets to know one another well, rotate the meeting sites to let each organization host the meeting.

## Schedule Regular Meetings

Regularly scheduled, well-run meetings are vital to the success of a network. Meetings should be held on a regular basis to keep network members interested and to maintain momentum. Decisions during the meeting are best when they are made by consensus. This way, even if all members may not agree on a plan of action, they are at least willing to pledge their support if they see that most members want it. Here are some other tips for good meetings:

- Send an agenda in advance of the meeting so members can be well prepared for discussions.

## Write a Mission Statement

The vision statement discussed previously is meant to inspire people. A mission statement is different. It is a summary of guidelines for action. The mission statement should be short and clear—no more than 3-4 sentences long and easy for members to explain when they talk to other groups and people. The mission statement for the Community Healthy Weight Network is in the sidebar below.

### Sample Mission Statement: Community Healthy Weight Network

**SAMPLE**

To help people in the community—parents, children, and local groups—learn to take the actions needed to keep a healthy weight. To do this, we will form community networks with those who think that good nutrition and physical activity are keys to good health.

The network will:

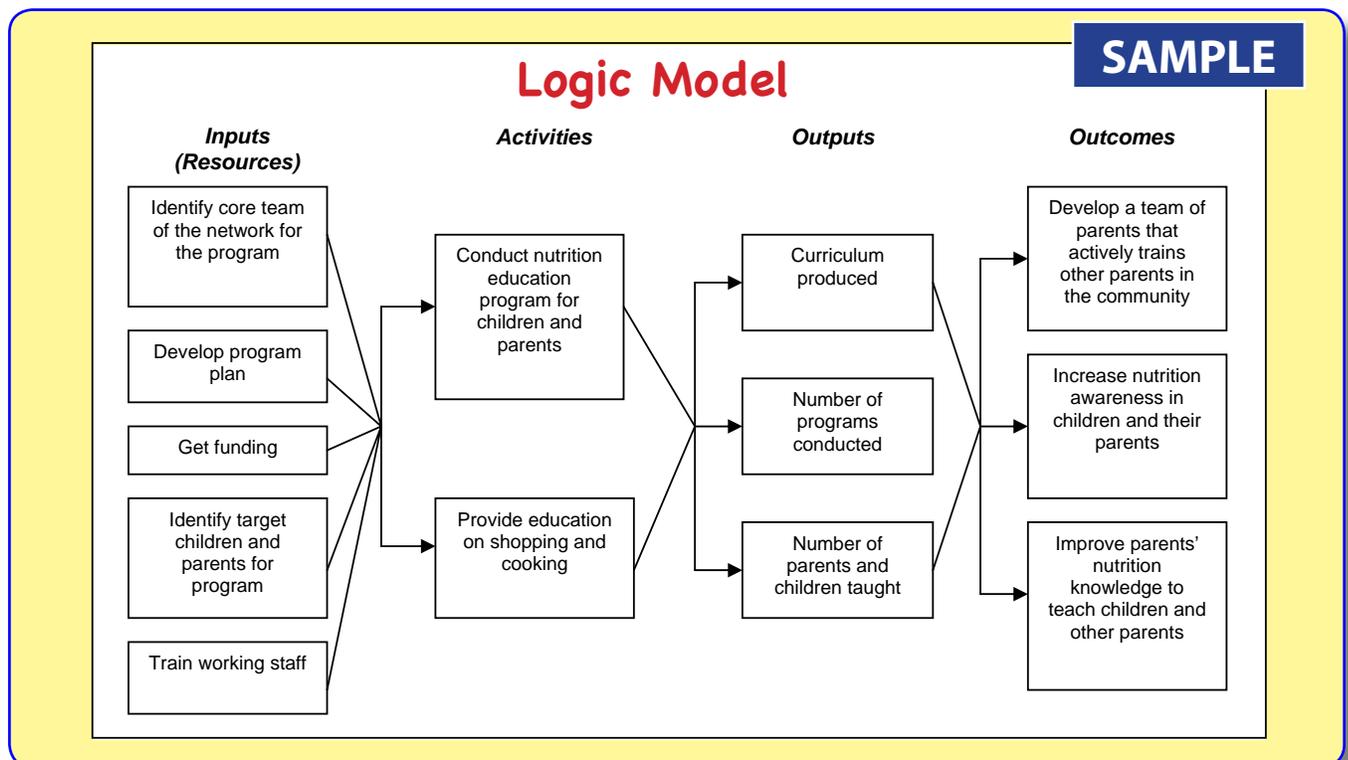
- Help people become aware of the dangers of excess weight for their health
- Help people make changes to eat healthy foods and move more
- Set policies in communities and the state
- Work to keep projects going that promote healthy weight

## Create an Action Plan

After defining the community's strengths and needs, identifying the network's function, and writing the vision and mission of the network, it is time to take action. A well-constructed action plan will clearly illustrate goals, activities, and outcomes. For example, if a goal assigned to someone is to lower overweight and obesity in schools, an activity may be offering healthier lunch choices in cafeterias and an outcome could be more children choosing healthy food for lunch, as reported by the school district.

The steps to create an action plan are below:

- Write a statement of the problem that outlines who is being affected by overweight and obesity, where the problem exists, how the problem started, what changes need to be made, and why those changes are needed. Do not take on the needs of the whole community. Select a group of people which the network members have agreed upon.
- Define goals to correct the problem. All parts of the project must connect to these goals.
- Identify available resources that can be used to achieve goals. Resources might include grant money, people with needed skills, items such as supplies and equipment, and free available space, like a playground or park.
- Plan activities to achieve goals. The steps needed to complete an activity should be defined in detail. For example, one activity may be to develop and teach classes on good nutrition to a select group in the community. To plan this activity, a to-do list might include securing a location for the classes, deciding and writing the lessons to be taught, what will be taught, advertising and marketing the classes, etc.
- Define the outputs that each activity will produce. For example, if your network develops and teaches classes on nutrition, you may want to determine how many classes should be taught in a given period of time, how many of those who enroll will take all the classes, etc.
- Define the expected outcomes. For example, if the activities produce outputs like the number of students being taught nutrition, then the expected



outcomes might be better knowledge, better nutrition and more physical activity. Outcomes, like outputs, need to be measured so the network will know whether the activities are working.

These steps, when done in this order, form a “Logic Model.” A logic model is a diagram (or figure) of the steps needed to complete the programs of an organization or network and produce results. Tracking your progress will let you know early on if the plan is not working. You may need to try different approaches to see what works. When you change your activities or approaches, change your logic model!

Making a logic model for a project takes time, but is an important tool for getting projects done and done well. When using a logic model:

- Programs are outlined from start to finish, leaving little to chance.
- Programs are managed better, so that work plans and budgets produce the desired outputs and outcomes.
- People’s roles and responsibilities are clearly outlined for each activity, leaving little room for missed assignments, and avoiding disagreements.
- Network members are more likely to actively support the network if they have helped to write it.



- Activities will logically lead to positive outcomes that can win support outside the network.
- Fund-raising is easier for the network’s projects.
- The process for starting and completing new projects becomes smoother.

## Introduce the Network

### Advertise the Network to the Community

After the network has planned its activities, the next step is getting the word out about the network’s mission, goals, and plans. Here are some good ways to tell the community about the network:

- Members should know the mission statement by heart so they can explain the network to people easily.
- Use ads on local and cable TV stations and the local paper to tell people about the network’s most recent programs.
- Create a network web site.
- Decide who will talk for the network at public events, on TV news shows, and in newspaper articles. It is important to set a rule that anyone speaking for the network tells the press who the partners are and offers contact information.
- Create a logo or trademark.
- Sponsor or take part in health fairs, health education events and workshops in the community that have a focus on healthy weight.
- Look for chances to explain the network to people at places like parent/teacher meetings, service club meetings, churches, barber shops, and beauty salons.
- Set up meetings with community groups who are not in the network—at churches, schools, health departments, and local governmental agencies—and tell them about the network.

## Advertise the Network to the Community: *Lancaster County*



Route 521—the main highway running through Lancaster County—serves as a good reminder of how to live healthy every day: Eat 5 fruits and vegetables; limit TV and computer screen time to 2 hours; and get 1 hour of physical activity. One of the action steps of the Lancaster County network was to develop a poster that would market this 5-2-1 message to the community. The catch phrase for the poster was “521, Highway to Health.” A poster contest was held in elementary and middle school art classes, with the winning poster selected by the network members. An awards dinner was held for the six finalists and their families and teachers. The event was published with a photo in the county newspaper. This early success was completed in one year, gave the network members practice working together, and created confidence in doing more activities. As the poster continues to be distributed in the county, people’s awareness of the need for healthy weight should increase.

## Create an Early Successful Network Activity

When the network first starts, choose a smaller activity that is likely to be successful and completed in less than a year. Use a logic model to measure the activity outputs and outcomes. Achieving success in the first year of the network has many benefits:

- Members get practice working together as a team.
- Members get a quick reward for their hard work which increases their interest and support of the network.
- Members of the network are more likely to continue to tackle other activities if they have a successful activity on which to build.
- Members and the network get positive attention and greater community support.

## Fine-tune the Operation of the Network

### Who Will Lead?

For a problem like overweight and obesity, a community network will likely work a long time before it sees a major impact in healthy weight. Networks are often started and led by people who initially have the most passion and/or knowledge about the issues. However, it is good to have a plan to rotate leadership over the life of the network. This gives everyone a chance to lead and avoids burnout. How the network elects leaders and runs the network should be written down in a set of rules called bylaws.

### What Is the Network Structure?

As the network grows and becomes more formal, a set of bylaws should be written. References for sample bylaws are given in the Resource Section. Bylaws:

- Should ensure that the community controls the network and that a group of network members, not a single person, runs the network by outlining how to elect a board of representatives.
- Help members know how to talk about and make decisions.
- Help ensure that all members can voice their ideas when a decision is to be made. If members can't agree on a decision, the bylaws should lay out how they will vote.
- Should define how often the members meet.
- Should define how long members can serve.
- Should outline how committees get set up and disbanded.

Make sure to do your homework if your network plans to raise money or create a legal entity. There are rules and requirements and paperwork to complete that will vary depending on the type, size, and purpose of your network.

## Early Success Network Activity: Marlboro County

In Marlboro County, an existing county health committee asked for help from



the Community Healthy Weight Network. One of the network's first interests was helping the school district meet a S.C. rule to improve the nutritional value of cafeteria food. The school district had already formed an advisory committee and asked the network's chair to join. Using this connection, the network met with the school food service director to discuss how to improve students' food choices. Since government dietary guidelines defined the food in the cafeteria, the food in the cafeteria was nutritionally sound. However, the nutritional value of foods offered outside the cafeteria (competitive foods) were not so sound. The food service director suggested that if students knew more about what they were eating, they might choose the healthier cafeteria food. The network developed a plan to label menu items in the high school cafeteria with their nutrition value so students could make more informed food choices. The principal assigned a student advisory group to find out what students wanted to know about their food. Nutrition fact labels were created for all cafeteria food menu items (taking into account students interests), and the labels were hung on a poster of the school mascot in the cafeteria.

## How the Network Will Grow to Further Meet Community Needs: *Fairfield County*



In Fairfield County, an existing Nutrition Committee became the home for a Healthy Weight network. The Nutrition Committee was a loose-knit group that had met on a regular basis for many years. Ten years ago, it became the Fairfield Community Coordinating Council, a subcommittee of the county's interagency council. The Nutrition Committee worked with many groups in the county. With its broad membership, the Nutrition Committee created a diabetes education center in the county. The Nutrition Committee embraced the Community Healthy Weight Network program because it allowed them to focus their efforts to help people achieve and maintain healthy weight. With this new partnership, the Nutrition Committee brought new members into the network individually. The First Steps program, the Literacy Council, and the School District new partnerships resulted in action plans for obesity reduction in each of these agencies.

## How Will the Network Grow to Further Meet Community Needs?

Networks need to grow. They need to include all interested community groups if they are to achieve their mission and goals—especially for a complex problem like obesity. The network should seek out people and groups that have some of the following traits:

- Awareness of the effect of obesity on workplaces, on families, and communities.
- Awareness that the community groups could do more together to help people eat better and be more physically active.
- A strong desire to improve the health of their community.
- Experience working with diverse groups as a coalition.
- Respected leadership.
- Resources, money, or contacts that could help the network achieve its mission.

# THE PROGRAM





# Design the Program

Once the network has been organized and has developed its action plans using a structure like a logic model, it is ready to begin designing its program. Review the goals and action plans to be sure they are aimed at meeting the needs of your target group.

Next, consider whether the program goals and action plans are right and will be accepted by your targeted audience. In the community networks that are highlighted in this guide, programs were directed at school children; school staff; parents; the community in general; and health professionals. In each situation, the networks chose to work with different groups of children and adults with a variety of backgrounds.

Finally, make sure that the details of the action plans are clearly defined. This can be done by asking:

- **What resources are available?** Are they enough to successfully design the action plans? Resources may include equipment, supplies, space, available computers and phones, and people dedicated to complete each step of the action plan.
- **When will each step of the plan be completed?** Each step should be given a time line. Write down whether an activity will be done at certain times only—such as during the school year, or only in the evening. Who are the members of the network who are responsible for completion of each step? Each step should have a name of a responsible person or group next to it so there is no duplication of efforts. Of course, persons assigned to an activity need to have the right skills and interest so the activity is more likely to be done on time.

- **Where will the steps of the action plan be performed?** Location should be based on where the target audience can be found most often and whether the setting will support the activities. If children or teens are the audience, then schools or after-school programs or clubs may be a good location. If adults make up the audience, apartment buildings or neighborhood gyms, parks, or recreation centers are good locations. Seniors can be reached in apartment buildings, retirement or assisted living communities, or local senior centers. If the network wants to work with a mixed age group, neighborhoods, community clubs, or churches are good locations.

# Run the Program

Once the network has an action plan, knows the target group, has the location set, has a checklist with each step of the plan identified, and has considered alternate plans for any foreseeable challenge, it is time to run the program. Running the program requires members of the network to be active in a different way. The network shifts from a planning and preparation stage to an implementing stage. Whether the program



## Run the Program:



### *Bladen County's Camp: Mission Possible*

Bladen County HealthWatch is a community-based health education and promotional nonprofit organization of local partnering agencies. It has a well-established network with a track record of successful health interventions. Their members included people from the health department, local hospital, Cooperative Extension and 4-H, school nurses, and the local library. When they decided to start a camp for 5-12 year olds who were at risk for diabetes, they started a year in advance to plan the implementation. Four months before the first camp session, the group had already:

- Created eligibility requirements for participation.
- Started a list of possible campers based on a list from the school nurses.
- Secured a space at the nearby lake/park for the week of the camp.
- Determined transportation needs and found that one of the network members from 4-H was able to supply 2 vans.
- Secured summer feeding program supplies for 2 meals and 2 snacks per day during the week of camp.
- Secured liability insurance through 4-H.
- Solicited staffing commitments from professionals and non-professionals in the community.

In addition, they planned to:

- Develop a promotional marketing plan targeted toward providers, parents, and potential camper sponsors.
- Develop a curriculum plan for 4-day camp sessions.
- Search for funding opportunities by talking to a representative from a diabetes camp in the state.
- Develop a registration packet.
- Secure donors for camper scholarships.

Each member of the network agreed to work on one or more of these issues. They planned to meet each month and then bi-weekly until the camp started.

is a nutrition lesson to be placed in a grade school curriculum, or a cooking class for parents, or a health walk event in the community, the network is now working directly with the target audience. The network should be open and ready to address any issues that may come while running the program. For instance, if a program target audience is elementary school children but a principal at a middle school is interested in joining in the program, the network needs to decide whether to involve the middle school and, if so, when and how. Running a program requires the network to be ready for unique circumstances that may come its way.

## Evaluate the Program

Evaluation is an important part of any community program. It gives the network members a chance to look at what they have been able to achieve. If the program was a success, the network can use the results to help get the resources they need to continue the program, or grow new programs. If the program does not meet expectations, an evaluation helps the network improve future programs.

The evaluation plan should be designed when the program activities are being planned, not once the program is underway. Evaluation should reflect the goals set for the program with each activity measured. This may include:

- A program description, such as the purpose, time line, stakeholders' skills and resources, and resources needed to conduct the evaluation.

- A list of factors to consider that can impact the program outcome, such as a history of previous programs and experiences, or specific barriers to running the program. These can be limited availability of finances, time, or resources, or even previous challenges in working with particular individuals or groups.
- A list of evaluation aims, or what you hope to show as a result of the program, or how what you learn from the evaluation will be used. Evaluations can be simple or complex. They can have all or some of the following:
  - ❖ **Process:** What was produced, what went well, what could have been improved. This can be the number of classes taught, number of people who attend, etc.
  - ❖ **Outcomes:** Did people change knowledge, skills, behaviors, attitudes or health? You can survey people in your program before, during, and after to see what changed.
  - ❖ **Effect:** What was the effect on more distant outcomes?
    - Has the network become stronger because of the program?
    - Are people more aware of the issue?
    - Did some individuals improve their health?
    - Were the results different for people with different ages, genders, race/ethnicity, income, etc.?
  - ❖ **Results:** The network should describe who will act on the findings?
    - How can the findings help the network?

- ❖ **Key Information:** What information is important to people in the community? For example:
  - How well was the program planned and implemented?
  - Has the program met its goals?
  - What difference has the effort made for those served by the program?
  - Big picture: Has there been a change in the community?

A sample of a program evaluation is in the **Appendix A: Sample Evaluation Plan**.

## Plan for Long-term Impact

One of the most important factors for long-term success is the strength of the network, and its ability to exist over time, through good planning and preparation. These activities require time and some funds to run and evaluate network programs.

Since funding is typically an important issue for sustaining a network, and seed funding lasts for a limited time, the network may want to consider a number of funding activities for long-term success:

- Inventory of the resources of network members.
- Donations of staff, volunteers, and technology to help build network capacity.
- Sustainability funds from individuals, businesses, or institutions that benefit from the long-term outcomes of the program.
- Short- and long-term budget plans.
- Business, marketing, and fund-raising plans.
- Grant funds from foundations and government resources requiring applications.

By planning ahead of time, the network can move forward to the next program that can benefit the community.



# PROGRAM SUMMARIES/ SNAPSHOTS





# Program Snapshots Reference Guide

The program snapshots are quick references to 22 different activities conducted to promote healthy weight in the Carolinas. The snapshots, listed in the table below, are grouped into five categories based on the people they target: school children; school staff; parents and adults; community; and health professionals. Your network programs can target more than one group of people. Your decisions will be based on your needs, resources that you can access, your network's current interests, or what your network finds may have the greatest impact in your community. Use this table as a guide to get started.

SNAPSHOT	PAGE	COUNTY	GROUPS THAT CAN BE TARGETED BY THE PROGRAM				
			CHILDREN	SCHOOL STAFF	PARENTS AND ADULTS	COMMUNITY	HEALTH PROFESSIONALS
<b>SCHOOL CHILDREN</b>							
Mission Possible! Get fit For Life! Day Camp	27	Bladen, NC	✓		✓	✓	
Delivering Nutrition Curricula to Fairfield County's Children through Day cares: Color Me Healthy	29	Fairfield, SC	✓	✓			
First Steps Parents As Teachers Nutrition Education	31	Marlboro, SC	✓		✓		
Marlboro County High School Nutrition Awareness Program	33	Marlboro, SC	✓	✓	✓		
Scotland County After School Garden Project	35	Scotland, NC	✓	✓		✓	
<b>SCHOOL STAFF</b>							
Delivering Nutrition Curricula to Fairfield County's Children through Schools: Color Me Healthy, JIFF, Eat Well and Keep Moving	39	Fairfield, SC	✓	✓	✓		
"News You Can Use" Nutrition Curriculum	41	Lancaster, SC	✓	✓			
School Health Index (SHI) with Andrew Jackson Middle School	43	Lancaster, SC	✓	✓	✓	✓	
Scotland County School Cafeteria Staff Training	45	Scotland, NC		✓			
Training for School Personnel about Students with Diabetes	47	Fairfield, SC		✓			
<b>PARENTS</b>							
First Steps Nutrition Workshops for Parents	51	Fairfield, SC		✓	✓		
Nutrition Training for Parents of Elementary School-aged children through the Fairfield County School System	53	Fairfield, SC			✓	✓	
<b>COMMUNITY</b>							
5-A-Day Health Fair	57	Fairfield, SC	✓		✓	✓	
"521, Highway to Health" Marketing Campaign	59	Lancaster, SC	✓		✓	✓	✓
Fairfield County Fitness Challenge	61	Fairfield, SC		✓	✓	✓	
"Small Changes Can Make Big Differences" Ad Campaign	63	Lancaster, SC	✓		✓	✓	
"Winning at Weight Loss"	65	Fairfield, SC			✓	✓	
Rock Around the Clock Festival: Increasing Community Nutrition Awareness on 5-A-Day Message	67	Fairfield, SC	✓		✓	✓	
Training Lay Health Educators to Teach Healthy Weight in Church and School Settings	69	Marlboro, SC			✓	✓	✓
<b>HEALTH PROFESSIONALS</b>							
Community Health Worker Training	73	4-County, NC*			✓	✓	✓
Four County Community Health Worker Toolkit	75	4-County, NC*			✓	✓	✓
Four County Nutrition Roundtable	77	4-County, NC*				✓	✓

\* 4-County, NC includes Granville, Person, Vance and Warren Counties.



# Programs for School Children





# MISSION POSSIBLE: GET FIT FOR LIFE! DAY CAMP

## Network:

Bladen HealthWatch  
Bladen County Health Department  
Bladen Cooperative Extension and 4-H  
After-School Program and School Nurse,  
Bladen County Schools  
Bladen County Hospital Dietitian  
Director of Nursing, Bladen County Hospital  
Jones Lake State Park, Bladen County  
Librarian, Bladen County Library



“Junk food is not good for your body at all.”

“I loved camp. I would like to come back next year.”

“Mission Possible is lots of fun. It is my Inspiration!”

*Quotes from campers*

## Objectives:

1. Create a summer camp for youth and their families focused on nutrition and physical activity.
2. Create a year-round program with events and activities to help families meet and sustain their healthy lifestyle goals.

## Background:

Bladen County's network, now 10 years old, has relationships with community organizations that has successfully led to many projects. The network wanted to start a camp for children to learn and practice healthy lifestyles. With help from the Community Healthy Weight Network, the network decided the time was right, and they agreed on a plan. At that time, Jones Lake State Park had just been remodeled and offered the best site for a camp.

## Description:

Bladen County Cooperative Extension, a network partner, offered one of its 4-H camps as the site for the week-long camp. School and hospital staff members planned the camp with staff from the local transportation and parks and recreation departments. The coalition set up quarterly follow-up activities for families after camp was over. The first camp, a huge success, was held in June 2006.

## Target Audience:

Children ages 6-12 in Bladen County, N.C. who are overweight or at risk of overweight.

## Link with Physicians:

A physician from the Duke Diet and Fitness Center gave camp families tips for good health through diet and exercise. The network made sure local physicians in the county knew about the camp as a resource for their patients.



## Cost:

Bladen Cooperative Extension covered the cost of transportation and insurance since the camp site was one of its camps. The school's child feeding program provided breakfast and lunch for the camp. The State Park staff suggested there would be no charge for the camp in 2007, its second year, because it was a successful way to advertise the camp as well as increase the use of the new park facilities. Bladen County received a grant to continue the camp in 2008.

## Number of People Served:

Fifty campers and their families.

## Number/Length of Sessions:

The camp ran full days for one week in June. Families were invited to one four-hour session the last day of camp. The coalition held a session in October 2006 and March 2007, and sent a mailing on healthy holiday recipes in December 2006.

## Evaluation Plan:

- Before and after survey on knowledge gained during camp (multiple choice and fill in the blank)
- Survey of campers' views on the quality of the camp (multiple choice and a place for comments)
- Volunteer Evaluation Summary
- Partner Evaluation, including a brainstorm of strengths, weaknesses, opportunities, and threats
- Comments from March 2007 family session
- Comparison of body mass index values in 2006 and 2007

## Outcomes:

- Knowledge Survey: All 50 campers were able to name at least four of six food groups; most were able to say why reading food labels is important. They agreed that they would continue to use the camp lessons.
- Quality of Camp: Campers liked the facility, the length of camp, the food, and swimming.
- Volunteer Evaluation Summary: Positive, with 66% saying camp was too short. All said they would return next year.
- Partner Evaluation: Great volunteers, partners, facility, transportation, healthy snacks, and parent workshop attendance. They would change some of the activities and food and add a camper goal sheet. They would try to involve more health care providers and advertise more widely.

## Challenges or Lessons Learned:

The biggest challenge was to secure funds to cover the costs of the camp. Lessons learned for the future were to:

- Make a projected budget based on the previous year's expenses.
- Work with community members to find other sources of funding.

# DELIVERING NUTRITION CURRICULA TO FAIRFIELD COUNTY'S CHILDREN THROUGH DAY CARE FACILITIES: COLOR ME HEALTHY

## Network:

First Steps, Fairfield County, SC

Chair, Fairfield Community Coordinating Council (FCCC) Nutrition Committee

John A. Martin Primary Health Care Center  
Dietitian, South Carolina Department of Health and Environmental Control (DHEC)

## Objective:

**Increase the number of day cares that promote eating fruits and vegetables.**

## Background:

Collaboration between the FCCC's Nutrition Committee and Fairfield County First Steps sought to find ways to enhance nutrition of children attending day cares.

## Description:

First Steps, SC DHEC, and the Nutrition Committee set up training for five day cares. A registered dietitian from a neighboring county delivered the training. Participants attended a day-long session and learned of local, state, and national obesity statistics. They also took part in lesson plans and cooking and physical activity demonstrations. Each participant received a Color Me Healthy kit.



**“My children have a better understanding of nutrition and physical activity because of Color Me Healthy.”**

*Deborah Poland,  
Richard Winn Academy Day care*

North Carolina Cooperative Extension developed the Color Me Healthy program ([www.colormehealthy.com](http://www.colormehealthy.com)) to promote the consumption of fruits and vegetables and physical activity. The program teaches children their colors by associating them with fruits and vegetables as well as physical activity. Through a grant from SC Department of Health and Environmental Control (SC DHEC), participants received the Color Me Healthy Kits and Materials free of charge.

## Target Audience:

Day care center owners and staff members.

## Link with Physicians:

On a monthly basis, physicians were made aware of the training through the Fairfield Community Coordinating Council (FCCC) Nutrition Committee's minutes.



### **Cost:**

Color Me Healthy Curriculum materials can be obtained from [www.colormehealthy.com](http://www.colormehealthy.com) for \$80 per kit for orders under 100 kits. Each day care center received one kit. A grant from the SC DHEC provided kits in Fairfield County. Cost of trainers included three hours of preparation for each training workshop conducted plus the actual workshop time of six hours.

### **Number of People Served:**

Five day care centers, a total of 15 day care owners and staff; about 125 children should receive the Color Me Healthy program from the trained staff.

### **Number/Length of Sessions:**

Each day care provider attended one day-long training.

### **Evaluation Plan:**

- Log of the number of:
  - ❖ Facilities that received training sessions
  - ❖ Teachers/staff attending sessions
  - ❖ Children who participated in the Color Me Healthy program
- Pre- and post-evaluations given to participants who attended training sessions.

### **Outcomes:**

Five day care centers (15 day care owners and staff) were trained on the Color Me Healthy curriculum. Each received their own kit. An estimated 125 children should receive the Color Me Healthy program from the trained staff.

### **Challenges or Lessons Learned:**

Attendance was excellent for the training. Actual implementation of Color Me Healthy in the day cares needs to have a reporting system in place for the day care staff to give information to First Steps. The State Health Department was responsible for these trainings and also for collecting the pre- and post-training evaluations.

# FIRST STEPS PARENTS AS TEACHERS

## NUTRITION EDUCATION

### Network:

First Steps of Marlboro County  
(State pre-K school preparedness program)

USC School of Medicine Primary Care  
Education Project

Marlboro County Literacy Council

Marlboro County School District

### Background:

The Parents As Teachers (PAT) program, with funding from the Marlboro County First Steps Partnership, helped parents improve parenting skills, improve their home learning environment, and provided adult education opportunities. Certified PAT parent educators visit the homes of their assigned families twice per month and conduct a monthly workshop. Trust from parents allowed the program to build nutrition lessons into the home visits and monthly workshops, and to develop a summer nutrition program for children while parents attended adult education classes.

**“This is great; our family has lost about two pounds each this month just by not having seconds.”**

**“This was really easy and something that we intend to continue.”**

*Donna Alterauge, PAT participant*

**“I never tried most of these vegetables myself, but if the children like them I will buy them.”**

*Tabitha Quick, after finding out her children liked asparagus*

### Objectives:

1. To teach pre-schoolers about fruits and vegetables by associating fruits and vegetables with colors.
2. To teach parents about good nutrition for themselves and their children.

### Description:

Three nutrition education programs were developed for parents and their children. The first was based on the National Heart Lung Blood Institute WeCan! curriculum. The second uses parts of WeCan! and the Color Me Healthy program during home visits. The third delivered the Color Me Healthy program to children during the summer at the adult education facility while parents attended adult education classes.

For WeCan!, (“Ways to Enhance Children’s Activity and Nutrition”) ([www.nhlbi.nih.gov/health/public/heart/obesity/wecan/](http://www.nhlbi.nih.gov/health/public/heart/obesity/wecan/)), parts were chosen to be presented at parent monthly workshops. The instructor, a certified PAT parent educator, had four focus groups with community members to help define the best way to present the material.



Practical exercises (such as displaying the sugar in a soda drink by spooning out the amount of sugar in the drink) helped parents see the need to lower the sugar in their children's diets.

The Color Me Healthy program ([www.colormehealthy.com](http://www.colormehealthy.com)) was developed by North Carolina Cooperative Extension. It teaches children their colors by associating them with fruits and vegetables as well as physical activity. PAT received a grant from First Steps for parent educator instructors and Color Me Healthy materials. Four parent educators were certified as instructors of Color Me Healthy by the regional health district.

### Target Audience:

Parents of pre-school children and their children, ages birth to five years.

### Cost:

The Color Me Healthy curriculum materials can be obtained from [www.colormehealthy.com](http://www.colormehealthy.com) for \$80 per kit for orders under 100 kits. One kit is needed for each class. The SC Public Health District and Marlboro County First Steps provided kits for the program. About 60 hours of staff time was required for development of WeCan! lesson plans. Management of WeCan! and Color Me Healthy sessions required 20 hours of staff time.

### Number of People Served:

Forty single parent families with pre-school children.

### Number/Length of Sessions:

Three monthly workshops with a nutrition focus were each two hours in length. Fourteen Color Me Healthy sessions, each two hours in length, were conducted.

### Evaluation Plan:

Children at the end of the Color Me Healthy program were given a survey to test whether they could recognize the various colored fruits and vegetables.

### Outcomes:

At the end of the 14-session Color Me Healthy program, preschool children aged 3-5 knew their colors and were able to identify fruits and vegetables. Additionally, parents said that they would begin buying more fruits and vegetables now that they knew that (their children) would eat them.

### Challenges or Lessons Learned:

Ensure that health education material, even that developed by recognized authorities, such as WeCan!, is at the right reading level for the target group.

Think of evaluations as much a part of health activities as the activity itself.

Health education programs increase knowledge and awareness but don't necessarily change risk-producing behaviors. Education programs need to repeat the message to promote changes in diet and exercise.



# MARLBORO COUNTY HIGH SCHOOL NUTRITION AWARENESS PROGRAM

## Network:

CareSouth Carolina (community health center),  
Community Development Division

Marlboro County High School, Bennettsville, SC

USC School of Medicine Bennettsville Primary  
Care Education Program

Marlboro County School District Food Service  
Director

## Background:

This project began with the goal of putting new state school nutrition standards in place. The Marlboro County School District food service director and school district representatives met and developed the idea of starting a nutrition initiative in the county schools. The food service director stated the need to identify the nutrition content of food served in the high school cafeteria.

**“I like this type of lunch and hope the cafeteria staff continues to serve salads as the main course.”**

**“It’s about time more health food is on the serving line.”**

**“I wish this was served earlier in the year.”**

*Quotes from Students*

## Objective:

**Promote awareness and healthy nutrition behaviors in high school students so they consume more USDA defined cafeteria food and fewer “competitive” (non-reimbursable, undefined nutrient content) foods.**

## Description:

The vice-principal, the food service director, a student representative of the principal’s student council, and an art teacher worked together to create a plan to display a large cartoon on the wall of the cafeteria with space for food label information for each menu item served each day. Medical students identified food label information for cafeteria menu items and developed a survey to identify the nutrition information of most interest to the students. The student council administered the survey. The art teacher sponsored an art contest to develop a cartoon display. Gift certificates as incentives were given to the art students. A faculty advisor, the director of the JROTC program, was identified to supervise the project. A high school nutrition team was formed to complete a wooden poster of the school mascot, a bulldog that is now displayed in the cafeteria. The cafeteria is at the main entrance to the school. Food item nutrition cards are being developed listing the menu item for each day of the 11-day cafeteria food cycle. The cards will give the item’s nutrition content and calories.

**Quote From the Director of the Marlboro County High School JROTC:**

**“I pull lunch duty each day and noticed a marked 25% improvement in students picking healthy choices for lunch.”**

*Lt. Col. Justin Blum*

**Target Audience:**

Marlboro County High School students, their parents, and the community.

**Link with Physicians:**

USC medical students training at the CareSouth Community Health Center identified food content and developed a survey to determine what food information interests students most.

**Cost:**

Materials for the wooden bulldog poster were free. Gift certificates for \$50 were used as awards to art students. Health committee staff time to coordinate the project was about 40 hours. The faculty sponsor has spent about 40 hours on the program in the past semester.

**Number of People Served:**

There are 1300 students at Marlboro County High School. Eight student council members coordinated the start of the project. Twenty students filled out surveys to define the content of the menu item nutrition cards.

**Number/Length of Sessions:**

Students spend 30 minutes each day eating in the school cafeteria over a nine-month year.



**Evaluation Plan:**

After nutrition cards are completed and are posted, a system will be developed with the cafeteria staff to measure the amount of fruits and vegetables students eat. Student eating behaviors will be assessed with a pre- and post-test survey.

**Outcomes:**

The bulldog mascot mural has been completed. Nutrition cards will be ready for the start of the fall 2007 school year and information will be placed on the school web site. Cards will reflect students' desires to know calories, serving sizes, fat grams including trans fat, carbohydrates (simple and complex) and sodium at a minimum.

**Challenges or Lessons Learned:**

Faculty had difficulty finding the time to supervise this activity. Luckily, the JROTC director who now sponsors the program has a great interest in student health and wellness.

Foods with low nutritional value are hard to replace because the school district is paid by the federal government for meals served to low-income students (90% of Marlboro's students). Education and awareness is the best way to get students to choose the more nutritious cafeteria food. Student interest in the content of the food they ate was high.

# SCOTLAND COUNTY AFTER SCHOOL GARDEN PROJECT

## Network:

Scotland County Health Department,  
Laurinburg, NC  
Scotland County Cooperative Extension  
Services  
Scotland County Healthy Carolinians  
Scotland County School System  
Scotland Health Care System  
NC A & T State University  
Local Businesses

## Objectives:

1. Increase the number of school and community settings that promote healthy eating.
2. Increase the number of elementary school children who eat fruits and vegetables.

## Background:

The Scotland County Healthy Eating Coalition, a collaboration of diverse Scotland County agencies, joined together as a result of the Community Healthy Weight Network. The Coalition, along with the Laurinburg Downtown Revitalization Corporation, endorsed the creation of a Scotland County Farmers' Market. With the possibility that more fresh produce would be brought into town, the Coalition decided to promote eating fresh fruits and vegetables by developing a garden project in local schools.

“Seeing how things grow and become the food we actually eat is a new experience for many of our children. They [the students] have really enjoyed being responsible for the outcome and have worked hard to assure their food items are well taken care of.”

## Description:

To encourage healthy eating by Scotland County families, this project focused on creating school gardens. School gardens offer opportunities for students to grow fruits and vegetables and to learn about good nutrition through the experience of growing and caring for plants. Students built school gardens under the guidance of the Cooperative Extension Service, school staff and other volunteers. The *Down To Earth* school gardening curriculum was used. Health Department and hospital nutritionists visited classrooms to teach good nutrition. The school garden program also included children's cooking classes to help children learn healthy ways to prepare foods they grow, and how to prepare healthy snacks.

*Vicki Kirby, Principal,  
Pate-Gardner Elementary School*



## Outcomes:

Students participated in school gardening activities that included planting, cultivating and watering the garden. They harvested collards and turnip greens grown in their gardens at the end of the 2006 and the spring 2007 growing seasons.

Through the experience, children increased their amount of physical activity, learned about soil and water requirements for plants and how to maintain gardens. They were also eager to eat the foods they grew.

## Target Audience:

Elementary school children attending after-school programs at three Scotland County elementary schools.

## Cost:

The Down To Earth curriculum materials were donated by NC Cooperative Extension and NC A&T State University. Building materials and topsoil were donated by area businesses. Kid-sized gardening tools for 40 children, plants and fertilizer were purchased for approximately \$700.

## Number of People Served:

Forty children attending after school programs at Scotland County elementary schools.

## Number/Length of Sessions:

Soil preparation, planting, maintenance and harvesting were incorporated into the after-school programs in 2006.

## Evaluation Plan:

### Reports:

- Participation rates
- Enthusiasm as judged by the teacher/responsible adult
- Crops planted and harvested

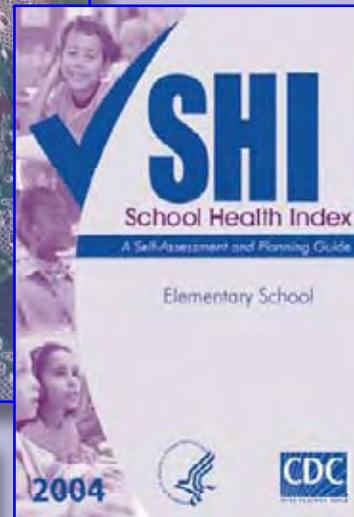
## Challenges or Lessons Learned:

- It's better not to try to implement too many strategies at once. It was better for the coalition to concentrate on two strategies at first. After they were up and going, a gradual phase in of another strategy worked well.
- Expect the unexpected. Who knew so many children would want to participate with the school garden project? Next time we will build bigger garden boxes.
- Detailed planning is very important. We are a small informal group, but to be successful with project implementations, we can't forget the details.

**“The end result is a healthier student body and less expensive plate prepared by our professionally trained staff.”**

*Gwyn Roberson McBride, Scotland County Child Nutrition Director, in response to the trainings*

# Programs for School Staff





# DELIVERING NUTRITION CURRICULA TO FAIRFIELD COUNTY'S CHILDREN THROUGH SCHOOLS: COLOR ME HEALTHY, JIFF (JUMP INTO FOODS AND FITNESS), EAT WELL AND KEEP MOVING

## Network:

South Carolina Department of Health and Environmental Control

Fairfield Community Coordinating Council's Nutrition Committee

Fairfield County School District, GLEAMS Head Start

John A. Martin Primary Health Care Center

## Objectives:

1. To increase the number of classrooms that promote eating fruits and vegetables.
2. To promote nutrition in schools.

## Background:

The Fairfield Community Coordinating Council's (FCCC) Nutrition Committee looked at ways to assist public schools to carry out state and federal health and physical activity guidelines. Committee members attended the State Leadership training on the new state guidelines and joined Fairfield School District's Comprehensive Health Advisory Committee and its Wellness Policy Development Committee. The coalition focused on training pre-school and elementary teachers and teacher's aides in Fairfield County in three proven nutrition curricula.

## Description:

The Color Me Healthy program ([www.colormehealthy.com](http://www.colormehealthy.com)) was developed by the North Carolina Cooperative Extension. JIFF (Jump Into Food and Fitness) was developed by the Michigan State University Extension (for 3rd to 5th graders) and Eat Well and Keep Moving was developed by Harvard School

of Public Health (for 4th and 5th graders). Each training session consisted of a brief look at obesity statistics both locally and nationally, an in-depth overview of nutrition focusing on MyPyramid, and an intense look at the curriculum itself. Lessons and activities from each curriculum are demonstrated with the participants actively involved.



**“The training [JIFF] showed me fun ways to implement nutrition and exercise into my daily classroom routine.”**

*Liz Baggott, 2nd Grade Teacher,  
Fairfield Primary School*

## Target Audience:

Pre-school and elementary school teachers and teacher aides and other school staff (principals, assistant principals) who wish to be trained in the curricula.

## Link with Physicians:

Third-year medical students delivered part of the nutrition training. Local physicians learned about the activities through the FCCC Nutrition Committee.

## Cost:

The Color Me Healthy Curriculum materials ([www.colormehealthy.com](http://www.colormehealthy.com)) are \$80 per kit for orders under 100 kits. A grant from South Carolina Department of Health and Environmental Control (SC DHEC) provided kits in Fairfield County. JIFF—can be purchased from Michigan State University Extension for \$15.00 and can be ordered from <http://web1.msue.msu.edu/cyf/youth/jiff/>. A grant from the South Carolina State Department of Education to the Fairfield School District provided the textbooks in Fairfield County. Eat Well and Keep Moving can be purchased from Human Kinetics for \$47.00 and can be ordered from [www.humankinetics.com](http://www.humankinetics.com).

Cost in time of trainers was about 2½ hours of preparation per leader for each workshop conducted in addition to the actual time conducting the workshop.

## Number of People Served:

Since the summer of 2005, 10 organizations (115 teachers, teacher aides, and other staff) have received training in one or more of these nutrition curricula. About 2,120 children should be receiving nutrition education.

## Number/Length of Sessions:

Color Me Healthy involves full-day training sessions for teachers and aides that include 12 circle time sessions for children plus six physical activity session ideas. JIFF and Eat Well and Keep Moving are half day trainings. JIFF consists of eight sessions that are each 1–1 ½ hours long. Eat Well and Keep Moving consists of 44 educational sessions.

## Evaluation Plan:

- A log of the number of:
  - ❖ Facilities who received training sessions
  - ❖ Teachers/staff attending sessions
  - ❖ Children who received each curriculum.
- Pre- and post-test surveys were used to assess knowledge gained from the training

## Outcomes:

Post-test surveys showed that all participants scored higher on questions regarding the food pyramid, with a greater proportion planning to implement the weekly nutrition lessons than prior to the training. After the training, all the teachers rated themselves as likely to implement daily physical activity compared to half prior to the training.

## Challenges or Lessons Learned:

A grant provided from the SC State Department of Education was the catalyst in getting the school district involved with nutrition education. However, attendance at training sessions set up at the school district office was low. Fortunately, principals from some of the schools allowed nutrition training to be held in their schools during faculty meetings. The remaining challenge is in getting data on how many students are taught and how much of the curriculum the teachers are actually using in their classroom.

# "NEWS YOU CAN USE" NUTRITION CURRICULUM

## Network:

Kershaw Community Health Education Center  
Lancaster County School District, Wellness  
Specialist and Curriculum Director  
Lancaster County Health and  
Wellness Commission

## Background:

During the 2005-2006 legislative sessions, SC lawmakers passed guidelines requiring an hour of nutrition education in elementary schools per week for at least nine weeks. However, in most SC school districts there are few teachers with education or experience in teaching nutrition. As a result, teachers are assigned to teach these subjects for only a year or two. This turnover requires continual teacher training in health curriculum; but resources for training are not available. Knowledge on health topics is not assessed, so incentives to provide quality lessons are often absent. A nutrition curriculum is needed that is accessible and requires minimum preparation time and expertise to teach.

## Description:

With the help of an animated-video company, Kershaw Community Health Education Center developed a series of nine one-minute animated videos ("News You Can Use") on nutrition, physical activity, energy balance, and healthy weight that were both educational and entertaining. The National Heart Lung Blood Institute WeCan!

## Objective:

To provide resources to elementary school teachers to help schools comply with a new state law that requires one hour per week of additional nutrition education for all K through 5th grade students.



**“The health topics make it easy to integrate nutrition education into science, health, physical education, technology, and/or math classes.”**

*Leigh Jordan, A R Rucker Middle School  
Media Specialist and Co-Creator of  
“The News You Can Use” Curriculum*

curriculum was used as well as other proven resources to write a curriculum for each video in lesson plan format. The lessons were made consistent with the state health education standards. The videos and curricula were placed in the South Carolina Educational Television’s (SCETV) StreamlineSC Web-based resource library so that all classrooms in the county and state can download, print, and save at no cost through their existing link with SCETV. Because of the friendly characters, the video could repeat a message without becoming irritating.

## Target Audience:

Elementary school teachers and 3rd to 5th grade students, Lancaster County, SC.

## Link with Physicians:

Medical students helped develop the videos. Videos will be placed in physician offices in the future.

## Cost:

“The News You Can Use” videos were based on pre-established animated characters, so they could be created at cost of \$2,000 per video minute. A consultant was hired for \$1,400 to help with curriculum development. There will be additional costs to market the video-curriculum to teachers.

Cost in time of trainers was about 2 ½ hours of preparation per leader for each workshop conducted in addition to the actual time conducting the workshop.

## Number of People Served:

The videos have been shown to a class of 25 fourth graders to get their feedback and help develop the curriculum. Videos and curriculum have recently been placed in the SCETV Web-based resource library.

## Number/Length of Sessions:

Each video is approximately one minute in length and its associated lesson plan can be used in a 45-minute class. However, each of the lessons can be broken down into shorter increments of time based on the needs of the individual teacher and class.

## Evaluation Plan:

SCETV will monitor the number of times the curriculum is opened and downloaded from their site. An evaluation tool is to be developed to measure teacher and student views on the effectiveness of the videos and curriculum in transmitting knowledge and behavior change.

The tool will be made available through the ETV web site. Incentives will be offered for completion of the evaluation.

## Outcomes:

Surveys of students who viewed the videos in the test classroom showed that most of the fourth graders grasped the message to eat better and get more physical activity. The friendly characters and repetition of an introductory phrase to each one minute spot also gained the children’s attention. Children were heard imitating the introduction (“This is Ted Toons with More News You Can Use”) as they left the classroom.

## Challenges or Lessons Learned:

- Video production is expensive. However, the coalition found a group that offered use of their existing animation which reduced cost seven fold. Working with a small company, though, caused production due dates to slip sometimes. A contract for use of the animation is required. The contract gives the rights to use and sell the videos in SC and a percent of sales outside of SC. If the curriculum is found to be attractive to classrooms, sales might be a way to sustain the program. Personnel changes at SCETV also slowed production.
- Writing curriculum for school use requires you to be familiar with required lesson plan layout and education standards. Contracting a school staff person to help with the curriculum made this activity successful.
- Be prepared for changes in preferred formats for electronic presentation of material in classrooms. We had to format the video and curriculum to an additional form compatible with new SmartBoards that were installed in classrooms after the start of the project.

# SCHOOL HEALTH INDEX (SHI) WITH ANDREW JACKSON MIDDLE SCHOOL

## Network:

Kershaw Community Health Education Center  
Health and Wellness Specialist,  
Lancaster County School District  
School Health Advisory Council,  
Lancaster County  
Andrew Jackson Middle School, Kershaw, SC

## Background:

In meeting new state health guidelines, the district's Health and Wellness Specialist and Coordinated School Health Advisory Council support the use of the Centers for Disease Control (CDC) School Health Index (SHI). The SHI can evaluate the health environment of district schools in eight areas of CDC's coordinated school health program. The SHI allows a team of teachers, staff, parents and the community to systematically identify the weaknesses and strengths of the school's health. The health team is guided through the development of action plans for each weakness and the assignment of priority scores. The middle school vice-principal and staff wanted to use the SHI to broaden the scope of their proposed staff wellness program to include students and parents. This would also serve as a pilot demonstration for the entire district.

## Description:

School staff (teacher team leaders, the school nurse, the physical education teacher, and administration) received a description of the SHI process. They completed the SHI assessment within the next two weeks and set up action plans for each area of weakness that they identified. They also completed the SHI prioritization process to identify the most doable plans. The data were entered into the CDC's Web-based assessment and planning tool. Findings were presented at a staff meeting.

## Objective:

To enable a public school in systematically evaluating the health and safety of their school environment, identifying weaknesses, and developing feasible corrective actions.

“It [the SHI] is a great thing to do with all schools; people are not always aware that they have medical needs or other educational, emotional or physical needs and this is a good way to get to those working in high stress jobs, such as teachers, to stop and assess those needs. This is also a good way to get teachers to realize that they set the example and that they need to take care of themselves as well as of the students they teach.”

*Graceann Jones, Nurse for  
Andrew Jackson Middle and High School*

## Target Audience:

School teachers, staff, administrators, students, and parents in the Lancaster County School District.

## Cost:

The SHI is available at no cost on the CDC's web site. The entire assessment process can be completed in about five hours. In using the SHI, many of the school's suggested improvements to be done with existing staff and with little or no funds. However, community involvement is important.

## Number of People Served:

Twenty-five staff members from Andrew Jackson Middle School.

## Number/Length of Sessions:

The SHI was introduced in a one-hour briefing. Small teams were formed to complete the eight modules. In two to five hours, teams completed the assessment, identified action plans, and prioritized plans. All school staff reviewed the results in a second one-hour session.

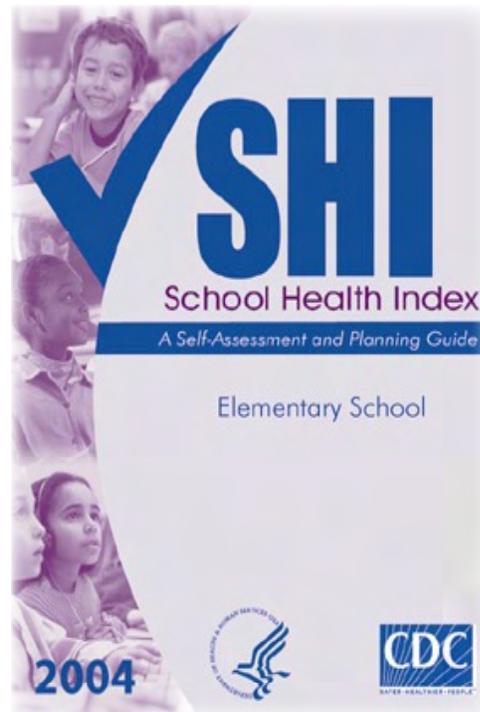
## Outcomes:

The SHI assessment indicated strengths in: health screenings for staff; available stress management programs; promotion of staff participation in screenings and health programs; training on first aid and CPR; and stop smoking programs. No programs were in place for: conflict resolution training; healthy eating and weight management; and asthma management and/or education. The assessment team gave high priority to develop physical fitness activities for staff. Even higher priority was given to actions to provide programs on healthy eating and weight management. This action was classified as very important, not difficult, and enthusiastically

supported by the team members. It was also viewed as moderately expensive and moderately time and effort intensive. A convenient time is being arranged with the school administrators to implement the most feasible action plans.

## Challenges or Lessons Learned:

Support of the district Wellness Specialist and the school administration was critical to implementation. The main challenge has been in school staff and teachers finding time to complete the entire SHI assessment and corrective action process. As health is not a tested curriculum, teachers are not motivated to spend the time on health education and promotion. Food service is not under the local school's administrative control, so the cafeteria nutrition assessment had to be arranged with a separate district administrator.



# SCOTLAND COUNTY SCHOOL CAFETERIA STAFF TRAINING

## Network:

Scotland County Schools Child Nutrition Services, Laurinburg, NC

Scotland County Cooperative Extension

Scotland County Healthy Carolinians

Scotland County Health Department

Scotland County School System

Scotland Health Care System



**“The food was easy to make and it looked good and it tasted good.”**

**“Grilled vegetables have great flavor.”**

*Quotes from Staff*

## Objective:

**Train school cafeteria workers to make healthy foods more appealing to students while maintaining the nutritional value of the foods.**

## Background:

The Scotland County Healthy Eating Coalition, a collaboration of diverse Scotland County agencies, joined together as a result of the Community Healthy Weight Network. Coalition members, along with the Laurinburg Downtown Revitalization Corporation, enthusiastically endorsed nutrition education through interactive cooking demonstrations to parallel the vision of a Scotland County Farmers' Market. The coalition engaged the county school's Child Nutrition Services to improve how often children chose cafeteria food for their lunches.

## Description:

To encourage healthy eating in school cafeterias, the cafeteria staff was trained to enhance the flavor of foods served in the cafeteria while ensuring the foods remained healthy and nutritious. The training sessions were conducted by a professional chef who had experience working with community cooking classes. For the Scotland County project, the trainer worked with Child Nutrition staff to select recipes, develop a curriculum, design school staff pre- and post-tests and conduct the five, two-hour sessions during the one-year project. Main dishes, soups, desserts, cooking methods and recipe makeovers were the focus of the sessions.

## Target Audience:

Twenty-five Scotland County School Child Nutrition staff and cafeteria managers.

## Cost:

Approximately \$125 per hour for the chef.

## Number of People Served:

Twenty-five Child Nutrition Staff including cafeteria managers and staff.

## Number/Length of Sessions:

Five sessions with the chef, each approximately two hours.

## Evaluation Plan:

Staff received pre- and post-surveys before and after each training session. Surveys assessed knowledge and attitudes toward taste, appearance, and ease of recipe preparation instructions of food.

## Outcomes:

Taste tests helped staff identify recipes most likely to be accepted by children. Cafeteria staff attending the training recommended recipes based on taste, looks and ease of preparation for further nutrition evaluation and addition to the school cafeteria menu selections.

## Challenges or Lessons Learned:

- The amount of funding should be sufficient for these outcomes. The community will support projects through money or donated time, if they consider the projects worthwhile.
- Detailed planning ahead of time is very important for success. This includes such things as securing training space, establishing the cost for training, getting administrative approval, and identifying the number of staff trainees.



# TRAINING FOR SCHOOL PERSONNEL ABOUT STUDENTS WITH DIABETES

## Network:

Fairfield Diabetes Education Center  
Upper Midlands Rural Health Network (UMRHN)  
Outreach Advisory Committee  
Fairfield Community Coordinating Council  
(FCCC) Nutrition Committee  
SC Department of Health and Environmental  
Control (SC DHEC)  
John A. Martin Primary Health Care Center  
(JAMPHCC)  
Fairfield County School District



**“Better than I  
could have imagined.”**

*Marcy Hall, RN, MSN, APN,  
Coordinator of School Health Services*

## Objective:

**To provide nurses and other school personnel skills in handling and coordinating treatment and crises in school age children with diabetes.**

## Background:

The UMRHN Outreach Advisory Committee, organized in the spring of 2005, includes representatives from the community interested in diabetes treatment and prevention. Members of that committee and the Fairfield Diabetes Education Center, the John A. Martin Primary Health Care Center, the FCCC Nutrition Committee and the Fairfield County school district, the County health department, and others formed a network and helped plan and conduct a Town Hall Meeting on diabetes awareness in Fairfield County in 2006. Members of the committee decided that school nursing personnel and other administrative personnel and teachers would benefit from additional education about treatment of diabetes and how to handle problems that might arise during a school day for a child with diabetes.

## Description:

Training was developed by a sub-committee of the UMRHN Outreach Advisory Committee which includes Certified Diabetic Educators, Registered Dietitians, Nurses and a Health Educator. One resource used is the “Taking Diabetes to School: A Diabetes Care Plan” which may be found at [www.musc.edu/diabetes](http://www.musc.edu/diabetes).

### **Target Audience:**

School nursing personnel.

### **Link with Physicians:**

The FCCC Nutrition Committee plans to inform physicians of this training. In addition, third-year medical students will be involved and assist with future trainings.

### **Cost:**

There will be no cost to the participants for this training. Minimal expenses for the training included purchasing three-ring notebooks and copying the materials.

### **People Reached:**

Three school nurses (with the potential to reach professionals in 10 schools).

### **Number/Length of Sessions:**

This is a one-session program that lasts 3-4 hours.

### **Evaluation Plan:**

A survey will be administered at the end of the school year to determine how useful the nurses found the training program information.

### **Outcomes:**

The first training session was held before school started this fall. Three nurses were trained in a four-hour session. Unfortunately, there were several school nurse positions unfilled at the time, so an additional training will be held in October to reach the new nursing staff. It was decided that the school nurses would be responsible for training additional school personnel on issues they need to know.

### **Challenges or Lessons Learned:**

The committee learned that there is a team of professionals in the state that can provide the training but at a significant cost. It was decided that, since this is a rural school district with limited budgets, the committee has a team of qualified health professionals that can develop a training session for this county.

# Programs for Parents





# FIRST STEPS NUTRITION WORKSHOPS FOR PARENTS

## Network:

First Steps of Fairfield County, SC  
Fairfield Community Coordinating Council  
(FCCC) Nutrition Committee  
John A. Martin Primary Health Care Center  
Lang-Mekra, local industry

## Objective:

To teach parents about good nutrition for themselves and their children.

## Background:

First Steps, a statewide early childhood education program, funds scholarships to help parents of 3-year old and 4-year old kindergarten students. The board of First Steps set a goal to increase participation in parent workshops and made it mandatory that the parents of children enrolled in the Tuition Assistance Program attend a minimum number of these workshops. Two of these workshops are related to nutrition. First Steps also works with parents in a local industry, Lang-Mekra, in Ridgeway, to provide parenting education to employees through “lunch and learn” sessions. Four of these 30-minute sessions are focused on nutrition.

“I am a single father of three young boys ages 2, 6 and 11 and never thought too much about what I was giving them to eat. The nutrition workshop made me really start thinking about the foods I was buying and cooking at home. Now I read the food labels on packages and try to buy the healthiest foods.”

*Mark Edenfield, First Steps Nutrition  
Workshop Participant*

## Description:

First Steps and the FCCC’s Nutrition Committee agreed that the workshops for the Tuition Assistance Program would be based on the WeCan! Curriculum. WeCan! is an acronym for Ways to Enhance Children’s Activity and Nutrition. Parts of this six-lesson plan program were selected for the Nutrition Workshops. Parents learn how to prepare healthy snacks in these sessions. Registered dietitians and third-year medical students teach these two-hour nutrition workshops.

The Lunch and Learn Sessions at Lang-Mekra focus on basic nutrition information from the USDA’s MyPryamid and the FDA’s How to Use and Understand the Nutrition Label Facts.

## Target Audience:

Parents with children ages birth to five years and parents receiving scholarships for day care.

## Link with Physicians:

Third-year medical students delivered nutrition segments in both workshops.

## Cost:

Healthy snacks were purchased by First Steps at the Nutrition Workshops. Lang-Mekra provided the lunches during the “lunch and learn” sessions.

## Number of People Served:

A total of 95 parents received nutrition education.

## Number/Length of Sessions:

The number and length of sessions was kept flexible to meet the needs and time restraints of the groups. Sessions ranged from 30-90 minutes each.

## Evaluation Plan:

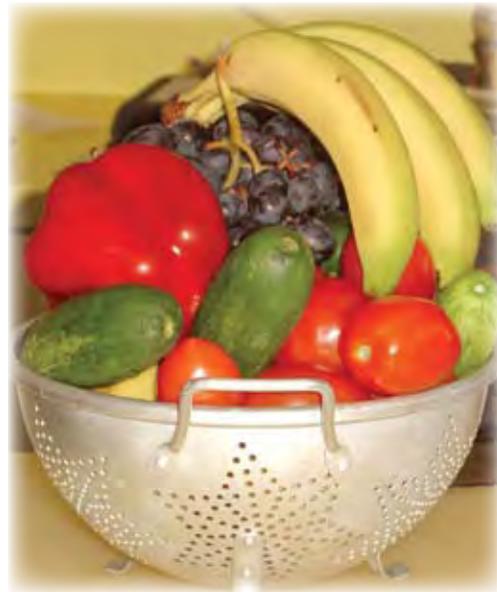
- Log number of participants who attended workshops.
- Conduct a pre- and post- test to measure knowledge before and after workshops.

## Outcomes:

At each of the Nutrition Workshops pre- and post- tests were given for outcome measurements. Parents showed increased knowledge and understanding of the food label and an increased awareness of the amounts of sugar in certain foods.

## Challenges or Lessons Learned:

- The lunch and learn sessions are only 30 minutes, so the nutrition program must be focused on one subject. This gives very little time for questions from the participants.
- The Nutrition Workshops were difficult due to the lack of child care. First Steps is working on providing child care for the next workshop.



# NUTRITION TRAINING FOR PARENTS OF ELEMENTARY SCHOOL-AGED CHILDREN THROUGH THE FAIRFIELD COUNTY SCHOOL SYSTEM

## Network:

Fairfield Community Coordinating Council  
(FCCC) Nutrition Committee  
John A. Martin Primary Health Care Center  
Fairfield County School District Parent Specialist

## Objective:

To teach parents about good nutrition for themselves and their children.

## Background:

Family involvement is an important element in effective nutrition education for elementary school students. The Fairfield County School District wants to reach the parents of elementary school-aged children through nutrition workshops offered in the schools.

## Description:

The Fairfield County School District's Parent Specialist and the FCCC Nutrition Committee agreed that the parent workshops would focus on: statistics of overweight and at risk of overweight in school-aged children, appropriate physical activity, healthy snacks, and overall nutrition based on the USDA MyPyramid. Workshops were offered at three of the elementary schools in Fairfield County and were 60 minutes in length.

## Target Audience:

Parents with children in Fairfield County Elementary Schools.



## Link with Physicians:

Minutes of the Nutrition Committee were distributed to physicians in the county so they could inform their patients of the health education being offered at the schools.

### **Cost:**

Healthy snacks were provided through the Fairfield School District. The school district also provided use of their copier for handout materials. The trainer costs included two hours of preparation time prior to each training workshop plus the one hour for the actual workshop.

### **Number of People Served:**

A total of 111 parents attended the workshops. At Geiger Elementary, 89 parents participated in the Nutrition Workshop. Kelly Miller Elementary had 10 parents participate, and McCrorey-Listen had 12.

### **Number/Length of Sessions:**

Workshops were offered at three of the elementary schools in Fairfield County and were 60 minutes in length.

### **Evaluation Plan:**

- Logging number of participants who attended workshops.
- Pre- and post- testing to measure effect of training.

### **Outcomes:**

At each of the workshops (except Geiger Elementary), pre- and post- tests measured outcomes. Parents showed increased knowledge regarding overweight statistics and physical activity recommendations for school-aged children and an increased understanding of the new food guide pyramid. A total of 111 parents attended the workshops.

### **Challenges or Lessons Learned:**

Getting parents involved is a challenge in itself, but it can happen. At Geiger Elementary, 89 parents participated in the Nutrition Workshop, where at Kelly Miller Elementary, only 10 parents participated. At McCrorey-Listen, only 12 attended. However, at Geiger, most parents left before the post-test. Offering door prizes and refreshments may increase attendance and retention.

# Programs for the Community





# 5-A-DAY HEALTH FAIR

## Network:

Fairfield Community Coordinating Council  
(FCCC) Nutrition Committee

BiLo Grocery Store, Winnsboro, SC

John A. Martin Primary Health Care Center

Emergency Medical Services (EMS),  
Fairfield County

Fairfield County Fire Department

Local Businesses

Fairfield County Chamber of Commerce

SC Area Health Education Consortium

## Objective:

**To conduct a 5-A-Day health fair to promote increased consumption of fruits and vegetables in the community.**

**“My son had a great time playing with the fruit and vegetable game. He actually knew more than I did.”**

*Mary Black, parent of an 8 year old*

## Background:

The 5-A-Day for Better Health Program is a national effort to increase public awareness in the importance of eating a diet rich in fruits and vegetables every day. The goal is to increase the availability and consumption of fruits and vegetables at home, school, work, and other places where food is served (<http://www.5aday.gov/>).

The Fairfield Community Coordination Council's Nutrition Committee seeks to improve health in Fairfield County through good nutrition. BiLo is the only grocery store in Winnsboro that uses the

5-A-Day theme in their store. Together they hosted a 5-A-Day theme health fair targeted at children and their parents. The Nutrition Committee, along with two SC Area Health Education Consortium student interns, sought all funding for materials to use for this campaign and targeted local businesses for donations.

## Description:

Volunteers, EMS, Fire Department, local businesses, and residents joined to provide fun, educational activities that encouraged children to learn about nutrition and eat more fruits and vegetables each day. BiLo's main entrance had a festive tent set up in front. Members of the Nutrition Committee dressed up like fruits and vegetables to draw attention to the Health Fair. A local farmer provided healthy vegetable and fruit recipes inside the store and offered free samples to shoppers. The team raffled off prizes encouraging physical activity, provided educational games, and handed out 5-A-Day coloring books as well as informational packets to children and adults who participated. The local chamber of commerce, newspaper, and cable channel provided publicity.

## Target Audience:

School-aged children and their parents.

## Link with Physicians:

Physicians were contacted about the event and were asked to display flyers in their waiting rooms. All physician offices accommodated our request.

## Cost:

\$500, the amount raised to use for healthy snacks, prizes and other supplies.

## Number of People Served:

Approximately 140 people attended, and more than 60 children participated and received informational packets.

## Number/Length of Sessions:

One Saturday session for four hours.

## Evaluation Plan:

Logging the number of:

- Organizations and agencies that donated and/or volunteered at 5-A-Day Fair
- Adults who attended the fair
- Children who attended the fair
- Informational packets provided to participants who attend the fair

## Outcomes:

The families of those who gathered informational packets were served through the education provided. Goal to increase awareness of fruit and vegetable intake was met through educating children and parents through informational handouts.

## Challenges or Lessons Learned:

- Publicity was difficult, because a large part of the target group did not read the newspaper or have cable television. Different strategies for publicity should be used in the future.
- Turnout was lower than expected, due to a large percentage of the targeted consumers shopping via food stamps on the first week of the month.



# "521, HIGHWAY TO HEALTH" MARKETING CAMPAIGN

## Network:

Kershaw Community Health Education Center  
Lancaster County Health and Wellness Commission  
Lancaster County School District, Wellness Specialist  
Learning Institute for Tomorrow (an education-based recovery program)

**“Good project to bring increased awareness to the community about adopting healthier habits.”**

*Crystal Deese, LPN for Kershaw Family Medicine Associates*

products relating to food and physical activity. The subcommittee adopted a proposal by the Kershaw Community Health Education Center to implement a marketing campaign to present an alternative message. The message would use the same techniques perfected by marketing experts, primarily repeated exposure and simplicity of message.

## Description:

The health subcommittee adopted the idea to link the name of a major county highway (Highway 521) to the public health advice to eat 5 fruits and vegetables, limit screen time to less than 2 hours, and engage in 1 hour of physical activity each day. The subcommittee sponsored an art contest for elementary and middle school students to create a poster that would capture the “521, Highway to Health” theme. Commission members judged the posters and selected a winner. Five hundred copies of the 2 ft x 1.5 ft poster were printed and an awards dinner was held for the top six students, their parents, representatives from their schools and members of the health subcommittee and commission. The newspaper reported on the event. The health committee developed a distribution plan to include schools, churches, restaurants, work sites, recreation centers, other businesses, health care offices, and social and mental health service offices. A smaller size of the poster with explanatory text was produced at the request of some community members.

## Objective:

**To use marketing methods to encourage county residents to adopt healthy nutrition and physically active lifestyles.**

## Background:

The Lancaster County Health and Wellness Commission, funded through the county council, recognized overweight and obesity as major community problems. A health subcommittee formed to market and encourage activities that promote healthy weight through good nutrition and physical activity. The subcommittee has been meeting for the past two years and reports on its activities to the Commission.

One cause for overweight has been the success of marketing firms to sell the public unhealthy



## **Target Audience:**

Lancaster County, SC residents.

## **Link with Physicians:**

Posters were distributed to physician offices and hospitals throughout Lancaster County. Health care providers have been encouraged to distribute and discuss the posters with their patients.

## **Cost:**

Printing of the poster cost approximately \$2,000. The award dinner was \$500. About 80 hours of staff time was required to coordinate production and distribution of the poster.

## **Number of People Served:**

There were 55 elementary and middle school students in art classes who participated in the contest.

Fifteen Health and Wellness Commission members reviewed the posters and became familiar with the 5-2-1 message in the process. Posters have been distributed throughout the county as well as south of the county where highway 521 is also the main north-south route. The combined population of the two counties is 114,000.

## **Number/Length of Sessions:**

Four middle school and three elementary school art classes participated in the contest.

Fifteen Health and Wellness Commission members spent three hours judging the posters.

A one-hour focus group session was held with ten students at the Learning Institute for Tomorrow (LIFT) to develop a sales pitch based on an understanding of the meaning of the poster, help develop a distribution plan, and help develop an evaluation tool.

## **Evaluation Plan:**

Survey of attitudes about the poster on its influence on personal eating habits and physical activity.

## **Outcomes:**

The survey given to a group of 38 seniors showed that the 21 who viewed the poster were more likely than the 17 who didn't see the poster to feel that their own good personal eating habits (33% more) and physical activity behaviors (60% more) could have a good influence on their family and friends. Also, all of those who saw the poster felt that too much screen time could be bad for your health, whereas only 70% of those not viewing the poster felt this way. On the other hand, both groups valued the eating of fruits and vegetables equally.

Additionally, approximately 400 more surveys were administered to middle and high school students and adults from Lancaster County in September of 2007. Sample groups of elementary and middle school students were observed eating their school lunches and evaluated for eating of the school lunches for types of fruits and vegetables, and amounts of the meals that day. Final survey results for this group are pending.

## **Challenges or Lessons Learned:**

Recruitment of volunteers in the community and in the schools to distribute the posters is difficult. School, work and family obligations prevent many from volunteering. Rising gas prices are another barrier for many volunteers. Members of the County Health and Wellness Commission are also volunteers, so attendance at meetings is often all the time these volunteers have to offer.

# FAIRFIELD COUNTY FITNESS CHALLENGE

## Network:

Fairfield Behavioral Health Services (FBHS)  
Living Healthy Daily (LHD, Inc.)  
Fairfield Community Coordinating Council  
(FCCC) Nutrition Committee

## Background:

Fairfield Behavioral Health Services (FBHS) came up with a plan that was based on the hit TV show "America's Biggest Loser." In an attempt to mirror the show's effort to increase weight loss and physical activity, FBHS and LHD, Inc. asked Fairfield County residents to join teams (each with 10 members) to compete for a prize of cash and to become Fairfield's "Biggest Losers." The local newspaper published this information one week prior to the first weigh-in.

**“The ‘Fitness Challenge’ has helped me focus on eating healthy, cooking better for my family and exercising more. I knew what I needed to do, but lacked the motivation to do it. I’m now more motivated than ever and can’t wait to make it to my 10% weight loss goal.”**

*Jena Johnson, member of Redcoats & Fatty Rascals Fitness Challenge Team*

## Objective:

**To promote weight loss through a team-based weight loss competition.**

## Description:

Teams with 10 members were asked to register with FBHS and pay \$10 per person to join the fitness challenge. The first weigh-in was at LHD. Nineteen teams from such groups as industry, schools, churches, and service agencies weighed in. FBHS and LHD encouraged teams to walk more and/or join reputable fitness centers/facilities. The FCCC Nutrition Committee joined FBHS and LHD after the first weigh-in and sent letters to all teams encouraging safe weight loss goals and discouraging fad diets. Teams could contact the Nutrition Committee for assistance or further nutrition and weight loss information. Interested individuals received nine nutrition sessions. Furthermore, the letter encouraged teams to join the Adult Weight Loss Classes offered jointly by John A. Martin Primary Health Care Center, Fairfield Diabetes Education Center, FCCC Nutrition Committee, and Fairfield Memorial Hospital. Two more weigh-ins were held. The winning team, announced at the Annual Alcohol Awareness 5-K run, received 85% of the prize money gained from the registration fees (\$1615.00).

## Target Audience:

Fairfield County residents.

## Cost:

The local newspaper ran information on the Fitness Challenge for free. Individuals paid \$10.00 to join the Fitness Challenge. Expenses incurred by FBHS in administering the program were \$285.

## Number of People Served:

Of the 190 members who registered to participate, 126 “weighed-in” and completed the competition.

## Number/Length of Sessions:

The contest began in January 12, 2007 and ended April 20, 2007.

## Evaluation Plan:

- Log the number of participants
- Log the number of participants who completed the Fitness Challenge
- Log the average percent body weight lost

## Outcomes:

Nineteen teams with 10 members each registered to participate in the Fairfield Fitness Challenge January 12 through April 20, 2007. Winner was announced April 28, 2007. The team of 10 that won lost a total of 132 pounds and an average of 6% percent of their body weight. At the time of the press release, a second contest had started with revised rules. Eighteen teams of five each enrolled and paid an entry fee of \$5 per person, This is indicative a sign of increased community interest in reducing obesity.

## Challenges or Lessons Learned:

The FCCC Nutrition Committee was asked to assist with the Fitness Challenge after the first weigh-in. Planning for the challenge was not as complete as it needed to be, and the challenge got off to a bumpy start. The first weigh-in date had to be pushed forward two weeks. The information collected from participants at time of first weigh-in was incomplete, and participants were not told they needed to have a specific weight-loss goal. More time and effort will be put into planning the Fitness Challenge prior to the start of another contest next year.



# "SMALL CHANGES CAN MAKE BIG DIFFERENCES" AD CAMPAIGN

## Network:

Kershaw Community Health Education Center

Andrew Jackson High School, Cheerleader  
Coordinator, School Nurse

Lancaster County School District, Wellness  
Specialist

Lancaster County Health and Wellness  
Commission

Kershaw Family Medicine Associates, LLC

## Objective:

To use "easy to grasp" advertisement messages as a way to increase awareness that nutrition and physical activity behavior changes can fit into daily schedules in small doses and still produce large results.

**"I could probably make some small changes in my eating and exercise to get my weight down."**

*Cheerleader parent*

**"The small changes ads seem like a good way to get this message out."**

*Cheerleader*

## Background:

The county's Health and Wellness Commission recognized overweight and obesity as a major community health problem and formed a subcommittee to develop and sponsor community-based healthy weight activities. One proposal was to market healthy weight using the same easy-to-understand communication techniques that fast food restaurants use. An opportunity arose to implement this idea when the Kershaw Community Health Education Center was asked to purchase advertising space in a local high school football program.

## Description:

Five full-page ads were purchased in the football program from the cheerleader coordinator. USC medical students training at the rural program site came up with ten proven ideas for small changes in nutrition and physical activity that could make a big difference in individual weight. Cartoon figures were integrated into the white space around the message. A focus group of community residents was assembled to help fine tune the design and wording of the ads and selected their five favorites. The ads were published in the fall 2006 football program at Andrew Jackson High School in the rural southern part of the county.

## Target Audience:

Adult and student attendees at home high school football games

## Link with Physicians:

The ads advertised the community health education center and its partner family medicine center. The two physicians reviewed the ads before their submittal. Medical students were involved in developing the small changes messages.

## Cost:

A full page ad in the football program cost \$120. About 120 hours of staff time were required to develop the ads and conduct surveys.

## Number of People Served:

A total of 1,000 programs containing five full-page "Small Changes Can Make a Big Difference" ads were distributed and viewed by about 1,500 students and adults at five home football games. About 20% of students and 75% of adults who were interviewed saw the ads.

## Number/Length of Sessions:

Five full-page health promotion ads in football programs were distributed on five separate game days. Two one-hour focus groups consisting of ten community members were conducted.

## Evaluation Plan:

A survey was developed to determine:

- The number who saw the ads
- Whether the small change approach was something they could do
- Whether they were considering small changes
- Whether the ads were a good way to promote health.

A total of 120 surveys were given to band and cheerleader students and their parents. The school nurse coordinated the completion and collection of the surveys.

## Outcomes:

Of 120 surveys, 78 were returned from 45 students and 32 parents. More than 90% agree that small changes could make big differences and said they would be willing to make small nutrition and/or physical activity changes. The results showed that those who saw the ads were more likely to feel that the ads were a good way to expose the public to healthy lifestyle messages (80% compared to 70% of those who did not see the ads).

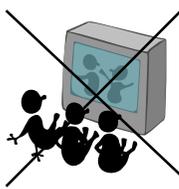
Students who worked on producing the ads became more aware of the need to communicate health information in a way that matched the viewer's literacy level on health issues.

## Challenges or Lessons Learned:

Completed ads were sent by email to a parent who coordinated the program production. It took a while for us to find an electronic format compatible with her home computer operating system. One place where a large number of diverse people in the community gather is high school football games on Friday nights. This was a fairly inexpensive way to get a health message out to a large number of people in the community.

Small Changes can make BIG Differences

- For every 30 minutes you spend in front of the television or computer screen each day... in one year...
- You risk gaining 14 extra pounds !
- Make a small change to..... walk, run, swim, garden, or cycle for 30 minutes a day



Kershaw Community Health Education Center  
212 E. Marion Street  
Kershaw, SC 29067  
803-475-4402

Providing health and wellness programs in partnership with Kershaw Family Medicine Associates, LLC  
and



# “WINNING AT WEIGHT LOSS”

## Network:

John A. Martin Primary Health Care Center  
Fairfield Diabetes Education Center  
Fairfield Community Coordinating Council  
(FCCC) Nutrition Committee  
Fairfield Memorial Hospital

## Objective:

To provide education on healthful nutrition, physical activity and behavior change to assist persons in weight loss goals.

## Background:

The health educator and dietitian each have over 30 years experience working with individuals attempting to lose weight and learn healthy eating habits. Physicians in the community had referred individuals to both these professionals for several years. In 2001, the John A. Martin Primary Health Care Center along with others began the “Right Weigh to Health Campaign” focusing on obesity awareness, treatment and prevention. Early in 2006, the health educator and dietitian combined their expertise to develop the “Winning at Weight Loss” program.

“ Very good course. Very worthwhile. Instructors were excellent. Thanks for everything.”

*Class participant*

## Description:

Winning at Weight Loss is a 12-week program with co-leaders and open to anyone in the community. The program is based upon findings from the National Weight Loss Registry and behavior modification literature. The groups are led by a registered dietitian who is also a certified diabetic educator and a professional trained in health education and counseling.

## Target Audience:

The target audience is older teens and adults of all ages who are seeking help to make changes in their food choices, eating behaviors, and physical activity habits to assist them in losing weight and keeping it off.



## **Link with Physicians:**

The physicians in the community receive an individualized memo explaining the class and requesting that they refer patients to the program. In addition, they are provided with several copies of programs flyers to give to patients. Future physicians (third-year medical students) assist in the teaching of the classes. Over the span of a 12-week course, approximately six medical students have an opportunity to be involved and report what they learn from the experience.

## **Cost:**

There is a fee of \$60 for this program which partially covers the cost of materials. In addition, as an incentive, participants receive a refund of \$20 if they attend 10 of the 12 class sessions. Cost of instructors' time was not calculated, as it is an in-kind donation by the first two sponsoring agencies. Instructors' time was approximately 50 hours total.

## **Number of People Served:**

In the fall of 2006, 18 adults participated. In the spring of 2007, 12 adults participated.

## **Number/Length of Sessions:**

Each course lasted 12 weeks with weekly sessions of one hour in length.

## **Evaluation Plan:**

- Log number of participants who completed the 12-week program (defined as those who attended at least 10 of the 12 sessions where one of the classes was the final session)
- Log beginning weight of participants
- Log weight at the end of the course
- Calculate the percent weight loss of goal loss at the end of the program

## **Outcomes:**

Between the two 12-week groups held in the fall 2006, more than two-thirds completed the sessions, and the average weight lost was six pounds. For the spring 2007 group, 10 out of 12 completed the sessions, and they lost 10 pounds or more. There was so much interest in continuing some type of support that a monthly weight loss support group meeting began after the program. At the time of press, a total of 21 persons are enrolled in the fall group classes.

## **Challenges or Lessons Learned:**

It is very difficult to enroll people in this program from this area who are willing to commit to a 12-week class. In addition, there are many people who do not want to be part of a group and prefer to work on weight loss on their own. The Nutrition Committee needs to remind local physicians to refer patients to these classes. On the other hand, there were many participants in the group who wanted to continue with some sort of weight loss/maintenance group, so a monthly group meeting was organized.

# ROCK AROUND THE CLOCK FESTIVAL: INCREASING COMMUNITY NUTRITION AWARENESS ON 5-A-DAY MESSAGE

## Network:

Fairfield Community Coordinating Council  
(FCCC) Nutrition Committee

John A. Martin Primary Health Care Center

## Objective:

Promote 5-A-Day program in the community.

## Background:

The Rock Around the Clock Festival is an annual community event that enlists a variety of bands, entertainers, and community groups. The festival is held downtown near the oldest continuously running clock in the nation, built in 1833, in historic downtown Winnsboro. All types of vendors fill the streets from local eateries to health care providers. Runners enjoy a challenging 5-K run and children enjoy various amusements including train rides at the SC Train Museum and pony rides. Classic cars and motorcycles from all over the Southeast cruise into the central business district.

“ The nutrition booth attracted a constant flow of interested children. They were especially attracted by those of us who were dressed in various fruit and vegetable costumes. Then they seemed to particularly enjoy the interesting games and the colorful displays of the booth itself.”

*Jon Macon,  
3rd Year medical student, booth volunteer*

## Description:

It has become an annual event for the FCCC's Nutrition Committee to set up a booth at the Rock Around the Clock Event held in the fall each year. Committee members assist in planning activities, providing giveaways, and handing out nutritional information. A 5-A-Day information board was on display. Volunteers dress up in fruit and vegetable costumes to get the attention of festival participants. 5-A-Day coloring books are provided to children who visit the booth. A six-foot rainbow fruit and vegetable game draws the attention of children as well. Children are provided black and white pictures of fruit and vegetables and asked to match them to the appropriate color on the rainbow.

## Target Audience:

Rock Around the Clock Festival attendees.



### **Link with Physicians:**

Third-year medical students helped set up the booth and wore the fruit and vegetable costumes. The medical students helped hand out nutritional information as well as answered questions from children and their parents.

### **Cost:**

Vendor fee for the festival is \$25.00. Costumes and 5-A-Day coloring books were provided free from SC DHEC. Prize giveaways were donated from a local service agency. Personnel time for preparation plus actual time at the festival was approximately 20 hours.

### **Number/Length of Sessions:**

This is a one-day event, usually lasting approximately six hours.

### **Evaluation Plan:**

- Log number of adults and children who stop by the Nutrition Booth
- Log number of 5-A-Day coloring books provided to children who stopped by the booth

### **Outcomes:**

In 2005, most persons who stopped at the booth participated in a nutrition quiz. Approximately 50 persons participated. In 2006, 89 children stopped by the booth and received 5-A-Day coloring books.

### **Challenges or Lessons Learned:**

Weather always plays an important part in outdoor activities. Although participation was good, poor weather in 2006 probably kept many people away from the festival.

# TRAINING LAY HEALTH EDUCATORS TO TEACH HEALTHY WEIGHT IN CHURCH AND SCHOOL SETTINGS

## Network:

Marlboro County Interagency Council Health Committee  
CareSouth Community Health Center, Community Development Division  
USC School of Medicine Primary Care Education Project (USC-Bennettsville Project)  
Golden Girls, Senior Health Advocacy Group  
Marlboro County High School  
Churches in Northern Marlboro County

**“This teaching program, as we’re changing it around, should work for the people in this community.”**

*Mrs. Montoya, focus group member*

of the health committee joined a focus group to help refine the National Institutes of Health (NIH) National Heart Lung Blood Institute (NHLBI) WeCan! curriculum into a form that fit the local culture. The chair of the health committee had worked with the Golden Girls on past health promotion programs and works and lives in the community. The WeCan! program centers on the concept that healthy weight is maintained when energy in (food calories consumed) equals energy out (calories burnt up in physical activity).

## Description:

The director of the USC Bennettsville Project presented the six-lesson plans to the Golden Girls and health committee in four successive monthly sessions. Feedback was used to modify the WeCan! curriculum into ten shorter lessons for presentation to community groups. Lessons also supported the state health education standards. The health committee chair recruited lay health educators from seven local churches to attend the train-the-trainer sessions. The director of the high school JROTC also attended to acquire a curriculum he could present to his cadets.

## Target Audience:

Primarily parents, as well as adults without children who can apply the lessons in their own lives, and high school students.

## Objective:

**To provide lay health educators the tools to teach the members of their organization about nutrition and physical activity to help them increase their knowledge and make behavior changes.**

## Background:

The Marlboro County Interagency Council health committee agreed to sponsor development of a healthy weight curriculum to train community volunteers who then would present to community groups. The activity was conducted at one of the committee’s meeting locations in a small rural town in the county. A group of senior women who were health advocates in this local community (Golden Girls) as well as members

## Cost:

The WeCan! program is free on the NIH NHLBI web site ([www.nhlbi.nih.gov/health/public/heart/obesity/wecan/](http://www.nhlbi.nih.gov/health/public/heart/obesity/wecan/)). Staff time to develop the ten-lesson plan curriculum was 80 hours. Twenty hours were required for preparation and presentation at the train-the-trainer session. Follow-up with the lay health educators will require at least 10 hours per educator.

## Number of People Served:

Fifteen members of the Golden Girls learned parts of the WeCan! curriculum through participation in focus groups. Ten church volunteers attended training. One has presented one session to 20 members. The JROTC director is using the revised curriculum to teach his 250 cadets at the high school. The curriculum has been given to the high school parent coordinator for distribution to parents.

## Number/Length of Sessions:

Four focus groups discussing WeCan!, each one hour. One four-hour training session for lay health educators. One educator has conducted one one-hour session with church members. JROTC cadets receive ten lessons based on the WeCan! lessons during the year.

## Evaluation Plan:

A pre- and post-survey has been developed on knowledge and behavior with regard to key elements in the WeCan! curriculum. One church lay health educator has administered a pre-survey. The JROTC director is using this same test to assess his cadets' progress.

## Outcomes:

The lay health educators have had difficulty getting their WeCan! programs started. The JROTC director conducted a pre-test for his cadets, but did not conduct a post-test survey. He plans to conduct both pre- and post-test for the fall 2007 semester. The revised WeCan! lessons have been given to the high school's parent coordinator to forward to parents and to the Alpha Kappa Alpha school fraternity. The lessons have been placed on the school district web site, given to the school's media specialist and the local cable company.

## Challenges or Lessons Learned:

Train-the-trainer is a promising concept. However, in practice, the volunteers require a significant number of follow-up training and encouragement sessions before they feel confident and competent enough to teach their fellow church members. In the one church that has conducted some health sessions, they have continued to rely on "experts" that are brought in from the outside. We are trying to find the resources to provide this needed follow-up training.



# Programs for Health Professionals





# COMMUNITY HEALTH WORKER TRAINING

## Network:

Four County Community Care  
Duke Community Health, Community and Family Medicine

## Background:

In partnership with Duke University Medical Center, Four County Health Network administers the Four County Community Care (4CCC) program. The four counties included in 4CCC are Vance, Granville, Warren and Person Counties. 4CCC has been in operation since 2004 and is part of a statewide program called Community Care of North Carolina (CCNC). 4CCC manages the cost, quality, and access of health care services delivered to the target population (approximately

**“This session was informative and the materials provided are useful to share with our low-income patient population.”**

*Jean Mise, Health Education/QI Specialist,  
Four County Community Care*

## Objective:

**To provide community health workers training in nutrition that will help them promote good nutrition with their clients during home visits.**

18,000 Medicaid recipients in the four-county area). The 4CCC health programs include asthma and diabetes disease management programs, coordination of needed health care services, health education services, and encouraging the primary care physician as the “medical home” for recipients.

4CCC has a local advisory committee that includes representatives from the area primary care practices, local hospitals, and local departments of health and social services.

## Description:

The community health workers provide coordination and health education particularly for patients with asthma and diabetes. They had many questions about some of the details around nutrition education and services available in the four-county area. So, with the help of the Community Healthy Weight Network, the community health workers had sessions on “Carb Counting for People with Diabetes” and “Healthy Eating on a Budget.” In addition, they had two sessions with representatives from General Baptist State Convention about GBSC’s health programs.



### **Target Audience:**

Community health workers.

### **Cost:**

Time of the presenters to prepare (two hours each presentation). Time of the presenters and participants (two hours each session).

### **Number of People Served:**

Six community health workers, the Health Education/QI Specialist, and the director of 4CCC.

### **Number/Length of Sessions:**

Four sessions, 1-2 hours each.

### **Evaluation Plan:**

Pre- and post-tests at the sessions.

### **Outcomes:**

Pre- and post-tests were possible at two of the sessions. At the other sessions, verbal evaluations were done at the end of the sessions. For the most part, the sessions were helpful, but the community health workers wanted more practical information that they could share with patients. From General Baptist State Convention (GBSC), they were interested in whether there were healthy living (nutrition and activity) sessions that were offered in the area churches. Unfortunately, after completing a grant, GBSC was no longer able to keep a current list of programs in the area churches.

### **Challenges or Lessons Learned:**

It is more difficult to provide educational sessions to a diverse group of people across multiple counties. The trainees' needs were not always met, whether due to workload or varying patient education needs. Periodically identifying what community health workers feel are the education needs of the patients, and more actively involving them in the training may help fine-tune future sessions.

# FOUR COUNTY COMMUNITY HEALTH WORKER TOOLKIT

## Network:

Executive Director, Four County Community Care (FCCC)

Health Education/QI Specialist, FCCC

Community Health Workers, 4CCC

## Background:

Four County Community Care is a Medicaid case management program funded by the state of North Carolina. State officials had been considering including obesity in its community care program, and programs around the state began to prepare for this possibility. In the end, obesity was not included in contracts with providers; however, this possibility began to focus Four County Community Care on this issue.

Four County Community Care network manages about 18,000 Medicaid recipients using a nurse clinician and community health workers to provide coaching and home visits to those with chronic diseases (asthma, diabetes, heart disease, congestive heart failure).

**“The nutrition toolkit was very helpful, but the brochures on high blood pressure, COPD [chronic obstructive pulmonary disease] and CHF [congestive heart failure] were great.”**

*Jean Mise, Health Education/QI Specialist,  
Four County Community Care*

## Objectives:

1. To create a toolkit of health education materials (including nutrition education) that are appropriate for the population and are easily replaced.
2. To create a congestive heart failure pamphlet for patients, with information on treatment and prevention, including nutrition education.

## Description:

The community health workers and the nurse clinician asked the Community Healthy Weight Network to put together a toolkit that the community health workers could use for health education in patient's homes. The toolkit was developed by finding useful, readily available health education materials.

## Target Audience:

Health professionals (community health workers, nurses, other health professionals) delivering materials to adults and children in the four-county region of NC (Granville, Person, Vance, and Warren Counties) who are overweight or at risk of overweight.

## Cost:

Approximately \$15 per kit for a total of 20 kits.

## Number of People Served:

Medicaid beneficiaries across the four-county region.

## Number/Length of Sessions:

Four sessions, 1-2 hours each.

## Evaluation Plan:

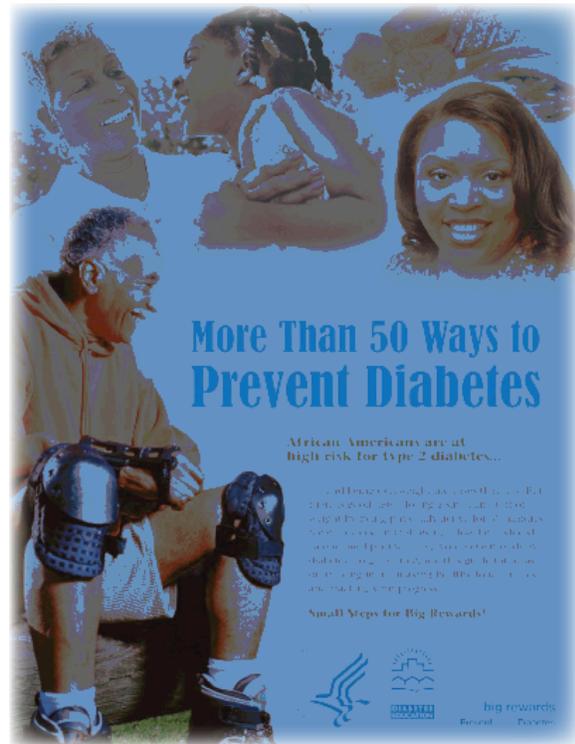
Evaluation of the toolkit: ease of use, appropriateness for audience, usefulness, easy to find, enhanced the quality of care for patients, and most useful tools.

## Outcomes:

Three-quarters of the health professionals surveyed agreed that materials in the toolkit enhanced the quality of care that they provided to their patients. Almost 90% agreed or strongly agreed that the toolkit materials were categorized in an easy-to-find way. The materials considered most useful were diabetes information and African-American heart health and nutrition. Although many found the toolkit organization and some of the materials useful for their patients, about 1/3 felt that most of the materials were not appropriate for the literacy level of the audience they serve. However, they really liked the low-literacy pamphlets on diabetes, hypertension, and chronic obstructive pulmonary disease (COPD).

## Challenges or Lessons Learned:

The toolkits provided community health workers a ready supply of materials that covered multiple areas of health information that they could easily transport. More low-literacy tools should be identified and included in the toolkits that address patients with multiple chronic illnesses so that they can better understand that proper nutrition is not isolated to just one of the illnesses.



# FOUR COUNTY NUTRITION ROUNDTABLE

## Network:

Four County Community Care (FCCC)  
Pastor, Coley Springs Missionary Baptist Church,  
Warrenton, NC  
General Baptist State Convention  
Granville-Vance District Health Department  
Oxford Family Physician, Oxford, NC  
Maria Parham Medical Center  
Norlina Medical Clinic  
Person County Health Department  
Vance-Warren Comprehensive Health Plan  
Warren County Health Department  
Warren County Carolinians Coordinator  
Warren County Cooperative Extension

## Background:

The Nutrition Roundtable coalition came together as a result of the interests of the partners. The partners came together to share information about resources and programs. At one of the initial meetings, the group decided what was really lacking in their area was a registered dietitian who would be able to see patients who were overweight.

## Description:

Health department workers, community health workers, dietitians, nutritionists, nurses, and physicians gathered quarterly to share their resources and active programs. Many had no previous knowledge about some of the resources in the area. Because the community health workers covered all four counties, they were able to share what they knew and learned about new resources. The group decided to apply for a Kate B. Reynolds grant to be able to fund the start-up for a registered dietitian. A rural health clinic was to do the billing for the nutritionist's time. The grant proposal was accepted. Unfortunately, just at that point the rural health clinic was closed because of lack of funds. Because there was no other entity that could do the billing the money had to be given back to the funding agency. This was quite a setback for the group. Since that time they decided to share information about their resources and to try to interlink programs.

## Objectives:

1. To share nutrition resources among interested community partners.
2. To improve the weight and health of the people in the four-county region.

**“The roundtable meetings have been very informative and helpful when looking for outside resources for our clients/patients.”**

*Angel Wheeler, Community Health Worker,  
Four County Community Care*

## Target Audience:

Health professionals in Granville, Person, Vance, and Warren Counties (community health workers, nurses, other health professionals) providing care to patients who are overweight or at risk of overweight.

## Link with Physicians:

Physicians attended initial roundtable discussions with community health care workers, nurses, and other health professionals, to talk about ways to improve the health of the patients.

## Cost:

Approximately \$150 for a quarterly roundtable meeting of about 15 people (or \$10/person).

## Number of People Served:

Each meeting had between 12 and 20 participants. Potentially the entire population of the four-county region would come in contact with the participants at these meetings. In fact, probably 100 people or so were helped by the information exchanged during these meetings.

## Number/Length of Sessions:

Quarterly meetings over three years for two hours each.

## Evaluation Plan:

Process evaluation: feedback from partners after every meeting. Final evaluation: at the final meeting we will ask everyone to complete an evaluation survey.

## Outcomes:

Participants have enjoyed learning about what other partners are doing and the programs they have developed. The most worthwhile, perhaps, was letting people know that the community health workers and nurse make home visits to Medicaid patients in the four-county region.

## Challenges or Lessons Learned:

Maximizing attendance at the meetings was initially a challenge. It helps to set dates months ahead of time for people to put in their schedules. Plans are under way to share the responsibility of coordinating and conducting the meeting by rotating the tasks across the counties.







# Survey Tools to Find Out the Strengths of the Community

## Asset mapping.

Asset mapping is a tool to identify community resources. It is the process by which the abilities of individuals, civic associations, and local institutions are listed. Asset mapping can also help identify the relationships between different groups and reveal possible partnerships in the network.

## Key informant interviews.

Face-to-face interviews should be conducted with a few people whose positions give them a good idea of the community's needs and interest in reducing obesity. These key people can give good advice on what activities might work and who in the community will support them. Common questions, usually in the form of a script, should be asked in a way that gives the people a chance to express their views. Interviews may take up to an hour.

## Telephone or printed surveys.

These surveys are a short set of written questions that ask community members how they feel about the obesity problem, what their eating and physical activity habits are, and what they think could improve the problem. The surveys can provide such answers as: yes-no; true-false; or personal views that range, for example, from strongly agree to strongly disagree. Brief answers allow surveys to be completed in a short period of time.

## Focus groups.

Focus groups bring out information and insights that could not be obtained from a written survey or a one-on-one interview. A focus group should contain no more than ten people who are from a broad cross-section of the community. The goal of the focus group is to get people to share their knowledge of unmet needs and community assets. The success of a focus group depends on the leader's ability to create trust so people feel free to share viewpoints.

Types of questions that can be useful in interviews, surveys, and focus groups are:

- How does healthy weight rank as an important topic for your group?
- Personally, do you regularly practice good nutrition habits such as eating 5 fruits and vegetables each day? Why or why not?
- What community feature(s) could be changed to promote healthier weight?
- What community issues prevent it from making changes that could improve its citizens' health?
- What could you and/or your group do to help community members achieve healthier weight?
- If you were the mayor for the day, what is the first thing you would do to improve community health?



# Sample Evaluation Plan

## Cafeteria Worker Training In Low-Fat Vegetable Dishes For Elementary Students

### 1. Program Description

- **Why: Purpose of the program**
  - ❖ **Short-term goal:** To help cafeteria workers know how to prepare low-fat vegetables. Taste test some options and decide which ones they like.
  - ❖ **Intermediate goals:** To have children try new low-fat vegetables in the cafeteria. And to have children eat more vegetables.
  - ❖ **Ultimate goal:** To reduce childhood obesity. To improve the nutrition of the food families feed their children.
- **Who:** Stakeholders, including cafeteria workers, child nutrition supervisor, elementary school children, parents, funders, health providers in the community, medical care system.
  - ❖ **What the stakeholders care about**
    - Cafeteria workers and child nutrition supervisor: preparing food they think is tasty and the children will eat.
    - Elementary school children: having food they like and their peers think is good; not being seen as “different” and not being teased for being “fat.”
    - Parents: having healthy, happy, able children.
    - Funder(s): improving health in the community as economically as possible.
    - Health care providers: healthy patients.
    - Medical care system: low cost healthcare.
- **What: Evaluation resources that have to be put into the program**
  - ❖ **Time:** Usually the evaluation part of the program gets less time than it needs. Doing evaluation well takes more time than you expect.
  - ❖ **Technical Skills:** Ability to collect, track, and evaluate data.
  - ❖ **Information:** The person collecting the data needs to be given a clear plan that tells:
    - what information needs to be collected.
    - when it needs to be collected.
    - how it needs to be collected.
  - ❖ **Equipment:** Computers, blood pressure machine, or a scale (to weigh people).
  - ❖ **Money:** Needed to pay for the people with technical skills, and time and equipment for evaluation. Without it, getting good data is very difficult.

### 2. Factors That May Affect Outcomes

- **History**
  - ❖ In the past, what foods did the cafeteria traditionally serve?
  - ❖ Did the children try to eat what was served?

- ❖ Did the children like what was served?
- ❖ Have the parents had any opinions about what has been served in the cafeteria?
- ❖ Who typically decides what gets served in the cafeteria? (Child nutrition supervisor, state regulations, parents/children, availability/cost of food)

- **Barriers and Environment**

- ❖ Is the cafeteria required to earn money or at least break even?
- ❖ Do cafeteria workers have an impact on what the children choose to eat? If so:
  - Do they push children toward or caution them about their choices?
  - Do they tell the children the food they personally like and dislike?

### 3. Aims of the Evaluation

How successful was the training in teaching cafeteria workers how to prepare low-fat vegetable options?

- **Process:**

- ❖ Did the training happen? How many times? How many participants? How many recipes?
- ❖ How well was the cafeteria training implemented?
- ❖ What could have been improved?

- **Outcomes:**

- ❖ Did cafeteria workers change their attitudes toward low-fat vegetables?
- ❖ Did cafeteria workers change their knowledge and skills?
- ❖ Did the cafeteria add low-fat vegetable items?
- ❖ Did children choose them?
- ❖ Did children eat them?
- ❖ Did demand for low-fat vegetables go up or down?

- **Effect of the training on more distant outcomes:**

- ❖ Has the network been strengthened?
- ❖ Is there an increased awareness?
- ❖ Are individual outcomes improved? Is there a change in obesity among the children?

- **Results:**

- ❖ What do the findings mean?
- ❖ Will someone act on the findings?
- ❖ What can the child nutrition director change based on the findings?

- **Information important to stakeholders:**

- ❖ The child nutrition supervisor is most interested in the changes in the cafeteria workers' knowledge, skills, and attitudes.
- ❖ Cafeteria workers are most interested in their increased knowledge and skills.

- ❖ Students are most interested in tasty food choices in the cafeteria.
- ❖ Parents are most interested in having their children eat more vegetables and reduce their risk of obesity.
- ❖ The funder is most interested in the network building, capacity building, and changes in obesity in the community.

#### 4. Evaluation Methods

What program evaluation methods are used?

- **Quantitative:**

- ❖ Number of training sessions and number of cafeteria workers who attended.
- ❖ Knowledge pre- and post-tests of cafeteria workers.
- ❖ Satisfaction surveys of cafeteria workers.
- ❖ Records of quantities of high-fat vegetables prepared and sold in cafeteria.
- ❖ Records of quantities of low-fat vegetables prepared and sold in cafeteria.

- **Qualitative:**

- ❖ Group assessment of goal attainment.
- ❖ Informal feedback from the trainer.
- ❖ Informal feedback from the child nutrition director.
- ❖ Key informant interviews with community partners.

- **Person(s) responsible for the evaluation and evaluation time line:**

Note: Because this program was done with the assistance of the Community Healthy Weight Network, some of the tasks that would be done by a network member were done by the technical support or evaluation team.

- ❖ The evaluation team will collect the results and assess goal attainment with the help of the network.
- ❖ The evaluation team will have interviews (key informant interviews) with the community partners about how things went.
- ❖ The evaluation team will develop pre- and post-tests and surveys in conjunction with the trainer and child nutrition supervisor.
- ❖ The trainer will distribute and collect the tests and surveys from cafeteria workers.
- ❖ The evaluation team will get informal feedback from child nutrition supervisor and trainer.

- **Other evaluation details:**

- ❖ This program needs only moderate amounts of data to evaluate its effect. (If this program were a research project, much more data would be needed.)
- ❖ The technical support team will evaluate the data and write the final report.



# Resources

## North and South Carolina:

**Color Me Healthy Preschool Curriculum:** a program developed to reach children ages four and five with fun, interactive learning opportunities on physical activity and healthy eating. It is designed to stimulate all of the senses of young children: touch, smell, sight, sound, and, of course, taste. Through the use of color, music, and exploration of the senses, Color Me Healthy teaches children that healthy food and physical activity are fun. Color Me Healthy is a partnership between NC Cooperative Extension and the NC Division of Public Health (Physical Activity & Nutrition Branch and Nutrition Services Branch). [www.colormehealthy.com](http://www.colormehealthy.com)

**Eat Smart Move More (ESMM) North Carolina:** a statewide movement that promotes increased opportunities for healthy eating and physical activity wherever people live, learn, earn, play, and pray. The project works with communities, schools and businesses to make it easy for people to eat healthy food and be physically active. ESMM encourages individuals to think differently about what they eat and how much they move, and to make choices that will help them feel good and live better. <http://eatsmartmovemorenc.com/>

**North Carolina State Center for Health Statistics:** a statewide center responsible for data collection, health-related research, production of reports, and maintenance of a comprehensive collection of health statistics. The Center provides high quality health information for better informed decisions and effective health policies. The goal is to improve the health of all North Carolinians and their communities. <http://www.schs.state.nc.us/SCHS/>

**North Carolina and South Carolina Behavioral Risk Factor Surveillance Systems (BRFSS NC and BRFSS SC):** a random telephone survey of state residents aged 18 and older in households with telephones. BRFSS was initially developed in the early 1980s by the Centers for Disease Control and Prevention (CDC) in collaboration with state health departments and is currently conducted in all 50 states, the District of Columbia, and three United States territories. BRFSS interviews are conducted monthly and data are analyzed annually (on a calendar-year basis). North Carolina Division of Public Health has participated in the BRFSS since 1987. The South Carolina Department of Health and Environmental Control has participated since 1984. Both systems are designed to collect information on a variety of health behaviors and preventive health practices useful for planning, initiating, supporting, and evaluating health promotion and disease prevention programs.

<http://www.schs.state.nc.us/SCHS/brfss/>

<http://www.scdhec.net/hs/epidata/brfss2003.htm>

**South Carolina Physical Education, School Health Services, and Nutritional Standards:** SC legislative action regulating nutrition education and amounts of physical activity required in elementary schools. [www.scstatehouse.net/sess116\\_2005-2006/bills/3499.htm](http://www.scstatehouse.net/sess116_2005-2006/bills/3499.htm)

**South Carolina Kids Count:** a web site designed to provide parents, policy makers, educators, children's service providers, and the public with a better understanding of the needs of South Carolina's children less than 18 years. <http://www.sckidscount.org/>

**South Carolina Mature Adults Count:** a web site that provides a profile of South Carolina seniors' communities and demographic changes. It records and tracks statistics about citizens aged 50 and above. [www.scmatureadults.org](http://www.scmatureadults.org)

**South Carolina Young Adults Count:** a web site that provides a profile of South Carolina's young adults. It records and tracks statistics about South Carolinians aged 18-29. <http://www.scyoungadults.org/>

**South Carolina State Budget and Control:** Office of Research and Health Statistics: a web site that provides epidemiology data on poverty, education, health, and social indicators. <http://www.ors.state.sc.us/>

## National Sites for Obesity and Physical Activity Data, Guidelines and Programs:

### DATA

**CDC 2006 SMART BRFSS Data and Prevalence Tables:** The Selected Metropolitan Area Risk Trends (SMART) project uses the Behavioral Risk Factor Surveillance System (BRFSS) to analyze the data of selected areas. BRFSS data can be used to identify emerging health problems, establish and track health objectives, and develop and evaluate public health policies and programs. <http://apps.nccd.cdc.gov/brfss-smart/>

**Healthy Youth! Childhood Overweight:** a web site with several components, including surveys of youth behaviors; methods for measuring weight in children and teens; and school health policies and programs. There are sections on 1) science-based strategies, 2) policy guidance, and 3) national, state and local programs that provide best practices. <http://www.cdc.gov/HealthyYouth/overweight/>

**School Health Index:** a Centers for Disease Control assessment tool for schools to identify weaknesses and strengths in all aspects of health and safety in the school environment. <http://www.cdc.gov/HealthyYouth/SHI/training/>

### GUIDELINES

**A Guide to School Health Advisory Councils:** a 171-page manual from Iowa Department of Health that includes convening a council, creating a vision, developing an action plan, taking action and getting results, and maintaining momentum. [http://www.idph.state.ia.us/hpcdp/common/pdf/family\\_health/Covers.pdf](http://www.idph.state.ia.us/hpcdp/common/pdf/family_health/Covers.pdf)

**American Heart Association Physical Activity Guidelines:** a document of the American Heart Association and the American College of Sports Medicine's updated guidelines for physical activity. <http://circ.ahajournals.org/cgi/reprint/CIRCULATIONAHA.107.185649>

**CDC School Health Guidelines:** a series of guidelines that identify the school health program strategies most likely to be effective in promoting healthy behaviors among young people. Based on extensive reviews of research literature, the guidelines were developed by CDC in collaboration with other federal agencies, state agencies, universities, voluntary organizations, and professional organizations. <http://www.cdc.gov/HealthyYouth/publications/guidelines.htm>

**Community Design for Healthy Eating Guide: How Land Use and Transportation Solutions Can Help:** a research paper from the Robert Wood Johnson Foundation that examines how community design and transportation flaws have contributed to a decrease in physical activity among Americans and an increase in rate of obesity.

<http://www.rwjf.org/files/publications/other/communitydesignhealthyeating.pdf>

**Evaluation Handbook:** a 110-page manual by the Kellogg Foundation on evaluation that includes evaluation planning, implementation and utilization of results.

<http://www.wkkf.org/Pubs/Tools/Evaluation/Pub770.pdf>

**Healthy Schools: Fit, Healthy, and Ready to Learn:** A school health policy guide: an on-line manual designed to help states, districts, and schools develop policies that would help prevent long-term chronic diseases. It is designed to complement the CDC's School Health Guidelines.

<http://www.nasbe.org/HealthySchools/fithealthy.html>

**National Health Education Standards, Achieving Health Literacy:** a publication of the American School Health Association, this book provides a framework for aligning curriculum, instruction, and assessment practices with the national health education standards. The book also provides concrete expectations for health education for students, families, and communities.

<http://www.ashaweb.org/store/products/>

**New Childhood Obesity Toolkit available from the Council of State Government:** a tool kit providing policy makers with resources, data, trends and examples of solutions being implemented or considered by states and legislators across the country that aim to reverse the childhood obesity epidemic. <http://www.healthystates.csg.org/NR/rdonlyres/36F21685-38E8-44BC-9C06-1458515BE93E/0/RWJtoolkitwhole.pdf>

**Preventing Diseases Through Physical Activity:** a legislator policy brief providing state policymakers key physical activity background information for youth and adults. It identifies proven, cost-effective policy and legislative strategies to promote active lifestyles.

<http://www.healthystates.csg.org/NR/rdonlyres/BEE2060B-CB0B-4EF2-B830-E361D928B17C/0/PreventingDiseasesThroughPhysicalActivityFINAL.pdf>

**USDA Food Guide Pyramid:** a web site with the current recommended daily food guidelines. Get a quick estimate of what and how much you need to eat. Enter your age, sex, height, weight, and level of physical activity to get a personal eating plan. [www.mypyramid.gov](http://www.mypyramid.gov)

## PROGRAMS AND OTHER WEB SITES

**Action for Healthy Kids:** a non-profit organization that was formed specifically to address the epidemic of overweight, undernourished, and sedentary youth by focusing on changes at school. The organization works in all 50 states. <http://www.actionforhealthykids.org/>

**After School Exemplary Practices Guide in Nutrition, Physical Activity & Food Security:**

The Center for Collaborative Solutions. This guide is designed to help after-school program leaders and their partners combat the obesity epidemic facing our children and youth today in a systematic and effective way. <http://ccscenter.org/images/library/File/afterschool/Formatted%20Exemplary%20Practices%207-19-07.pdf>

**American Heart Association:** Children's Health: a web site of the American Heart Association that is dedicated to kids' cardiovascular health, helping them and their families live heart-healthy lives. <http://www.americanheart.org/presenter.jhtml?identifier=1477>

**CATCH “Go For Health” Series:** a classroom health education curriculum that teaches children to identify, practice and adopt healthy eating and physical activity habits. The “Go For Health” Series encourages changes in behavior that supports healthful eating and physical activity patterns—primary risk factors of heart disease, osteoporosis, high blood pressure and obesity. Children learn the facts about healthy living and live the principles of health every day.  
[http://www.sph.uth.tmc.edu/catch/curriculum\\_go\\_for\\_health.htm](http://www.sph.uth.tmc.edu/catch/curriculum_go_for_health.htm)

**CATCH ‘EM Measurement Tools Description:** These measurement tools/instruments are used to assess the current health status of children along with the level of implementation of the CATCH Program in any district or school. The materials are separated by age level/intended audience. [http://www.sph.uth.tmc.edu/catch/catch\\_em/MeasureToolsDesc.htm](http://www.sph.uth.tmc.edu/catch/catch_em/MeasureToolsDesc.htm)

**CDC’s Division of Heart Disease and Heart Prevention Releases New Local Environment Handbook:** a handbook where public health professionals, advocacy groups, and concerned community and state leaders can find specific ideas and strategies for identifying barriers and promoters for heart-healthy and stroke-free living in local environments.  
[http://www.cdc.gov/dhdsp/library/seh\\_handbook/](http://www.cdc.gov/dhdsp/library/seh_handbook/)

**Children and Weight: What Communities Can Do: Guidelines for Putting Together a Coalition:** a publication from the Natural Resources Communication Services, a service branch of the Division of Agriculture and Natural Resources (ANR) of the University of California that produces a variety of practical, research-based educational media—publications, videos, slide presentations, interactive distance learning, audio recordings (Publication #3422 Cost \$100).  
<http://anrcatalog.ucdavis.edu/InOrder/Shop/Shop.asp>

**Community Programs and Community Development:** a web site that outlines ways to promote healthy eating and physical activity among residents by creating infrastructure and economic development for those behaviors.  
[http://www.astphnd.org/resource\\_files/6/6\\_resource\\_file5.pdf](http://www.astphnd.org/resource_files/6/6_resource_file5.pdf)

**Health in Action:** a focused, informative, and practical publication specifically for health and education professionals at the middle and high school levels.  
<http://www.ashaweb.org/healthinaction.html>

**Healthier Worksite Initiative (HWI):** a web site addressing workforce health promotion (WHP), a topic that is receiving a lot of attention in workplaces today. Well-constructed and well-run programs can reduce costs to the employer and improve employee health and morale.  
<http://www.cdc.gov/nccdphp/dnpa/hwi>

**Healthy Schools for Healthy Kids:** a web site sponsored by the American Cancer Society that provides information in the form of posters, links and newsletters on nutrition for parents and communities, as well as information on school health advisory councils.  
<http://www.schoolhealth.info/>

**Healthy Snacks Calculator:** an online calculator that helps to determine how various snack food items relate to your School District’s Nutrition Policies.  
[www.seattleschools.org/area/nutrition-svc/calculator/calculator.html](http://www.seattleschools.org/area/nutrition-svc/calculator/calculator.html)

**Logic Model: Resources for application:** a web site that displays the sequence of actions that describe what the program is and will do—how investments link to results. (University of Wisconsin Extension). [www.uwex.edu/ces/pdande/evaluation/evallogicmodel.html](http://www.uwex.edu/ces/pdande/evaluation/evallogicmodel.html)

**Making It Happen! School Nutrition Success Stories:** a web site designed for recording success stories in schools and school districts that have implemented innovative strategies to improve the nutritional quality of foods and beverages sold outside of federal meal programs. <http://www.cdc.gov/HealthyYouth/nutrition/Making-It-Happen>

**My Healthy Living:** a web site developed by Virginia Commonwealth University as a tool to help health care providers assist their patients to live healthier lives. It provides information and guidance about diet, physical activity, smoking, and alcohol use. The material includes some of the best information available from major national organizations and agencies. Experts selected the material on this web site by choosing resources that were of high scientific quality, relevant to patients, and easy to use. Commercial web sites were generally excluded. [www.pubinfo.vcu.edu/myhealthyliving/](http://www.pubinfo.vcu.edu/myhealthyliving/)

**Physical Education Curriculum Analysis Tool (PECAT):** the tool helps school districts conduct a clear, complete, and consistent analysis of written physical education curricula, based upon national physical education standards. The PECAT is customizable to include local standards. The results from the analysis can help school districts enhance existing curricula, develop their own curricula, or select a published curriculum, for the delivery of quality physical education in schools. <http://www.cdc.gov/HealthyYouth/PECAT/index.htm>

**Team Nutrition:** an initiative of the USDA Food and Nutrition Service to support child nutrition programs through training and technical assistance for foodservice, nutrition education for children and their caregivers, and school and community support for healthy eating and physical activity. This site includes curriculum and recipes for school and after-school programs. [www.fns.usda.gov/tn/](http://www.fns.usda.gov/tn/)

**The Tale of Rollie Robin:** an obesity awareness and prevention program designed to encourage physical activities and healthy food choices. It is a curriculum that is geared to preschoolers through 3rd graders. [www.rollierobin.com](http://www.rollierobin.com)

**Using Logic Models for Program Development:** a web site that describes what is a logic model, and steps for creating one. A food safety program example is used (University of Florida). <http://edis.ifas.ufl.edu/WC041>

**WeCan! Ways to Enhance Children's Activity & Nutrition:** a national program designed for families and communities to help children maintain a healthy weight. The program focuses on three important behaviors: improved food choices, increased physical activity and reduced screen time. WeCan! is unique because it provides practical tips and materials to parents and families in home and community settings. <http://www.nhlbi.nih.gov/health/public/heart/obesity/wecan/>

**Worksite Wellness Physical Activity Resource:** a web site, launched by the Alberta Centre for Active Living, offering tips and tools for encouraging physical activity at work to increase health (and productivity). The site offers a step-by-step guide to program planning, with guides on everything from making the case to an employer to tracking activities and other features. <http://www.activeliving.org/node/645>



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