# A General Overview of Physical Activity and Nutrition Intervention Programs*

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| Healthy Start      | Pre-K 3&4 yrs | Change nutrition patterns in preschool centers. Evaluate the effect of nutrition education and food service intervention on blood cholesterol and fat intake in 3 and 4 year-old children. | • Significant decrease in blood cholesterol levels.  
• Saturated fat intake in the children gradually decreased over time.  
• Increased nutrition and health knowledge.  
• Decreased fat and saturated fat content of the preschool meals and snacks. | Web:  
http://www.healthy-start.com/order.pdf  
Healthy-Start, LLC  
PO Box 115  
Huntington, NY 11743  
Telephone: (631) 549-0010  
Fax: (631) 549-0010  
(TIN# 010533895)  
Email: info@healthy-start.com  
Cost: $170.00 plus S&H |
| Animal Trackers    | Pre-K 3-5 yrs | Increase amount of structured physical activity in preschool children ages. Enhance/encourage gross motor development: marching, jumping, throwing, kicking, hopping, etc. Provide an easy-to-implement physical activity program integrated with preschool content areas. | • Evaluated in four states (NH, NY, GA, NM) in demographically different populations.  
• Pilot test in NM – an additional 11 minutes of structured PA per day was realized in the Head Start preschool classroom – approx. 46 minutes per week.  
• Program developed jointly by Healthy Start and ILSI Center for Health Promotion staff. | Web:  
http://www.healthy-start.com/order.pdf  
Healthy-Start, LLC  
PO Box 115  
Huntington, NY 11743  
Telephone: (631) 549-0010  
Fax: (631) 549-0010  
(TIN# 010533895)  
Email: info@healthy-start.com  
Cost: $105.00 plus S&H |

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| Hip-Hop to Health Jr.         | Pre-K 3-5 years | Test the effect of the intervention on change in body mass index.  
Alter the trajectory toward overweight/obesity among preschool African-American and Latino children.  
Report baseline data from an obesity prevention intervention developed for minority preschool children. | • 5-year randomized intervention (ongoing) in 24 Head Start Programs.  
• Efficacy of the intervention will be determined by weight change for the children and parent/caretaker.  
• Behavior related to diet and physical activity are established early in life and modeled by family members. | MR Stolley  
Department of Psychiatry and Behavioral Sciences  
The Feinberg School of Medicine  
Northwestern University  
710 N. Lake Shore Drive, 12th Floor  
Chicago, IL 60611, USA  
Email: m-stolley2@northwestern.edu |
| The SPARK Programs (Sports, Play, and Active Recreation for Kids) | Pre K-8th | Improve the extent to which PE/PA/nutrition contributes to achieving US health objectives.  
Provide teacher training to enhance PE/PA/nutrition in schools. | • Doubled student physical activity during PE classes  
• Improved the quality of teaching; maintained for at least 1.5 yrs after the study  
• Improved sports and activity skills.  
• Improved cardiorespiratory fitness and muscular endurance in girls.  
• Improved academic achievement.  
• Students enjoyed the SPARK PE classes. | Web: www.sparkpe.org  
Contact: Paul Rosengard, Ph.D.  
Exec. Director, The SPARK Programs  
438 Camino Del Rio South, Suite 110  
San Diego, CA 92108  
Phone: 1-800-SPARKPE, ext. 208  
Email: prosengard@sparkpe.org  
Distributor: Sportime  
One Sportime Way, Atlanta GA, 30340  
Phone: 800-283-5700  
Fax: 800-845-1535  
Web: www.sportime.com |

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Compiled by ILSI Center for Health Promotion  
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| TAKE 10®             | K-5<sup>th</sup> grade elementary program | Reduce sedentary time during the school day. Add structured, 10 minute bouts of physical activity to classroom. Provide integrated (activity & academics) curriculum tool to elementary school teachers. | • The student enjoyment rate exceeded 90% throughout the first 10-week implementation.  
• 80% of teachers reported that they would recommend the program to another teacher.  
• 75% of the teachers reported that they were able to do a TAKE 10! Activity at least 3 times per week in the first 2 semesters.  
• Energy expenditure data indicates activities fall in moderate-to-vigorous range.  
• Sustained used after 1 year in 60-80% of teachers (3 or more times per week). | Web: www.take10.net  
Shannon Williams, Program Manager  
Physical Activity & Nutrition (PAN)  
ILSI Center for Health Promotion  
2295 Parklake Drive, Suite 450  
Atlanta, GA  30345  
Phone: 770-934-1010  
Fax: 770-934-7126  
Email: take10@ilsi.org  
Cost: $79.00 per Grade Kit plus S&H |
| Cardiovascular Health in Children (CHIC) | Grades 3-4 | Improve health in children with at least 2 CVD risk factors. Compare effectiveness of classroom-wide program with a program providing more individualized intervention. | • 422 children in 18 rural and urban schools.  
• Both classroom and small groups experienced similar reductions in cholesterol, blood pressure, and body fat.  
• Both groups showed increases in health knowledge.  
• Positive results were stronger in the more easily implemented classroom approach. | Joanne S. Harrell, RN, PhD, FAAN  
University of North Carolina at Chapel Hill, School of Nursing  
CB# 7460, 506 Carrington  
Chapel Hill, NC 27599-7460  
Email: chic@unc.edu |

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| CATCH                              | Grades K-5 Follow-up in grades 6-8              | Environmental changes: Reduce total fat, saturated fat, and sodium content of food served in school to 30 and 10% of calories and 600-1000 mg/serving, respectively. Increase the amount of PE class time that students spend in moderate to vigorous PA to 40%. Individual change: reduce total cholesterol by 5mg/dl. | ? Significantly changed mod-to-vigorous physical activity during PE  
? Significantly changed out-of-school vigorous physical activity  
? Significantly changed student knowledge, intention, self-efficacy, eating choices, norms, support for health eating and physical activity from teachers and parents  
? Significantly reduced total fat and saturated fat in both child 24 hour recall and menu and recipe content analysis  
Follow-up on first intervention students:  
? Self-reported higher daily physical activity and dietary fat consumption  
? Significant difference for dietary knowledge and intentions  
? Favorable effects on cholesterol  
? Significant findings observed 3 years post intervention (8th grade) on fat intake and vigorous physical activity  
? Schools measured 5 years later were still implementing CATCH  
? El Paso replication study among Hispanic children found significant positive effects on BMI  
? Main outcomes published in JAMA and Pediatrics; over 80 peer reviewed publications  | Web: CATCHTEXAS.org  
Distributor:  
FlagHouse  
601 FlagHouse Drive  
Hasbrouck Heights, NJ 07604-3116  
Phone: 800-793-7900  
Fax: 800-793-7922  
Email: sales@flaghouse.com  
Web: www.flaghouse.com  
Contact:  
Peter Cribb, MEd  
Program Director, Center for Health Promotion and Prevention & Research  
The University of Texas Health Science Center at Houston  
School of Public Health  
7320 N. Mopac, Suite 204  
Austin, TX 78731  
Phone: 512-346-6163  
Email: cribb@uts.cc.utexas.edu |
| CATCH Kids Club After School Program is available | 4 sites: TX, MN, CA, LA | After School Program: Significant effects on observed mod-to-vig PA; Favorable trends on student dietary intake, knowledge and intentions; High level of staff support and enthusiasm for the program. |  |  |

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| Pathways                         | Grades 3-5, American Indian children | To implement a culturally appropriate school-based intervention program that promotes healthy eating and to increase physical activity to prevent obesity.                                                                 | • Close working collaboration with school staff and educational and tribal authorities.  
• Development of the four intervention components and instruments for measurement.  
• Reduced the percentage of energy from fat in students in the intervention schools.  
• Pathways materials include: Curriculum, Family Activities, Food Service, and Physical Activity. | Materials on the Web:  
http://hsc.unm.edu/pathways/  
Principal Investigator:  
Benjamin Caballero, Johns Hopkins Bloomberg School of Public Health, 615 North Wolfe Street, Baltimore, MD 21205. E-mail: caballero@jhu.edu.  
http://www.cscc.unc.edu/path/pathdesc.html |
| Stanford S.M.A.R.T. (Student Media Awareness to Reduce Television) | 3-4 grades (Follow-up evaluation conducted in grade 6) | Based on social cognitive theory and self-monitoring of behaviors.  
Reduce children’s TV, videotape and DVD viewing.  
Reduce children’s video and computer game use. | • Intervention evaluated in 11 elementary schools, involving more than 1000 children, over 8 years.  
• Reduced children’s TV, videotape, and video game use.  
• Reduced overall TV use by family/household.  
• Reduced aggression in the classroom and on playground.  
• Reduced obesity and weight gain.  
• Reduced children’s request for toys advertised on TV.  
• Reduced meals eat while watching TV | Stanford Prevention Research Center  
Hoover Pavilion, Room N229  
211 Quarry Road  
Stanford, CA, 94305-5705  
Web:  
http://prevention.stanford.edu/education/resources.asp  
Cost: $199.00 |

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| GEMS (Girls Health Enrichment Multi-Site Program) | 8-10 yr. old African American Females         | Reduce risk for obesity and associated health problems by developing/evaluating a community and family-based behavioral intervention program. | • Increase overall levels of physical activity  
• Increase consumption of fruits & vegetables  
• Decrease consumption of high-fat foods  
• Family involvement encouraged through use of take-home activities | Web: http://www.bsc.gwu.edu/gems/James Rochon, Ph.D.  
George Washington University Biostatistics Center  
6110 Executive Blvd., Ste. 750  
Rockville, MD 20852  
Supplement on GEMS released 2/2003 in Ethnicity and Disease |
| Eat Well & Keep Moving               | Upper elementary school-aged children (4th and 5th grade) | Behavior targets include: Increase fruits and vegetable intake, Decrease total and saturated fat, Increase moderate to vigorous physical activity, and Decrease television viewing. | • 4 hours less time per week watching TV  
• Increased fruits and vegetables consumption  
• Decreased total and saturated fats intake  
• Enables teachers to promote good health practices in conjunction with math, science, language arts, and social studies  
• Implemented in 40 of Baltimore's 122 grade schools | Web: www.humankinetics.com  
Human Kinetics Publishers, Inc.  
P.O. Box 5076  
Champaign, IL 61825-5076  
Phone: 800-747-4457  
Email: orders@hkusa.com  
Cost: $42.00 plus shipping  
Lead Author: Lilian Cheung, DSc, Department of Nutrition, Harvard Univ. School of Public Health |
| Planet Health                        | Adolescent 6th & 7th grades                    | Obesity reduction as primary outcome.  
Decrease TV viewing, increase fruits & vegetable intake, decrease fat intake, increase physical activity. | • Significant reduction in the prevalence of obesity (defined as BMI and a triceps skinfold greater than the 85th percentile) was observed for girls / none in boys.  
• Effects of intervention on adiposity were largely due to changes in television viewing | Web: www.humankinetics.com  
Human Kinetics Publishers, Inc.  
P.O. Box 5076  
Champaign, IL 61825-5076  
Phone: 800-747-4457  
Email: orders@hkusa.com  
Approx Cost: $42.00 plus shipping  
Lead Author: Jill Carter, MA, MEd, Project Director, Harvard Prevention Research Center |

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| Go Girls!         | Adolescent African American Females | Improve both diet and physical activity patterns, using a social cognitive framework Weekly group meetings, 6 months, metro Atlanta. | • Purpose was to measure feasibility and salience of intervention in public housing (rather than efficacy)  
• Physiologic, dietary and behavioral assessments at baseline and post intervention | Ricia C. Taylor, MS, RD, LD  
Project Director – Go Girls!  
1518 Clifton Road, NE  
Atlanta, GA 30322  
Phone: 404-712-9563  
Fax: 404-712-8872  
Email: rctaylo@sph.emory.edu |
| New Moves         | Females in High School     | Place less emphasis on a thin-oriented society. Females are encouraged to feel good about themselves by altering their behavior to incorporate healthy eating and physical fitness | • Offered fun, non-competitive physical activity, nutritional guidance, and social support.  
• Data collection continues. | Dianne Neumark-Sztainer, PhD, RD  
Project Coordinator, Division of Epidemiology, School of Public Health  
University of Minnesota  
Minneapolis, MN 55454  
Phone: 612-624-1818  
Email: neumark@epi.umn.edu |
| PACE+ (Patient-centered Assessment for Counseling & Exercise, plus Nutrition) | Adolescents and Adults | Provide interactive health communications programs for primary care settings via the computer. | • Assess and intervene on multiple behaviors.  
• Collect, compile, summarize self-report information.  
• Create individually tailored action or relapse-prevention plans for health behavior change. | Judith Prochaska, MS  
San Diego State University  
6363 Alvarado Court, Suite 250  
San Diego, CA 92120  
Email: prochask@sunstroke.sdsu.edu |

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| Healthy Hearts                       | 5th and 6th graders | Web-based interdisciplinary instructional module for intermediate age children focusing on CVD risk factors (physical activity, nutrition, and tobacco use). To be used by classroom teachers. Impact children’s knowledge, attitudes and behaviors related to physical activity, diet intake, and tobacco use. | • Significant increases in overall PA, nutrition, and tobacco use knowledge.  
• Significant increases in positive attitudes towards PA and nutrition.  
• Implemented in 19 WV counties in 2002-2003.  
• Will be implemented in all WV counties (55) and throughout New York in 2003-04.  
• Added a parent section for 2003-04 module.  
• Working with the WV CARDIAC Project that will offer screening for obesity and dyslipidemia to all 5th grade children in WV in 2003-04. | Web: [http://healthyhearts4kids.org](http://healthyhearts4kids.org)  
Eloise Elliott, Executive Director  
Healthy Hearts  
Professor of Physical Education  
Concord College  
Athens, WV 24712  
Phone: 304-384-5345  
Fax: 304-384-5117  
Email: elelliott@concord.edu  
info@healthyhearts4kids.org |
| Teens Eating for Energy and Nutrition at School (TEENS) | 7th grade students, 16 schools in Minneapolis-St Paul area | Improve fruit, vegetable, and reduce fat intake among middle school students. | • TEENS demonstrated that students with the greatest “dose” of the program – those that were peer leaders, had the classroom curriculum, and were exposed to environmental changes – were more likely to change their fruit, vegetable, and fat intake compared with other students.  
• This program was one of the very few that has worked with teens as the target audience, had a very innovative curriculum, and was partially taught by peer leaders. | Web: [http://www.learningzoneexpress.com](http://www.learningzoneexpress.com)  
The materials can be obtained from the Learning Zone Express: 1-800-455-7003  

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| PATH          | Girls 14 – 19 years old           | Assess the effects of a school-based intervention program on cardiovascular disease risk factors in urban girls. | • Results show significant differences in body fat, systolic and diastolic blood pressure, heart health knowledge, and whether breakfast was eaten were observed between experimental participants and control participants.  
• An integrated program of exercise and heart health–related lectures and discussions had a beneficial effect on health knowledge, health behaviors, and onset of risk factors for coronary artery disease among urban girls. | Paul S. Fardy, PhD  
Director of Physical Activity and Teenage Health (PATH) Program  
Exercise Science & Physical Education Program Office - Fitzgerald 203  
Queens College  
65-30 Kissena Blvd.  
Flushing, NY 11367-1597 USA  
Office hours: Tue and Thurs, 11:00-1:00  
Phone: (718) 997-2714  
Email: psfardy@hotmail.com |
| Bienestar     | 3rd – 5th grades, bilingual       | Decrease dietary saturated fat intake; increase dietary fiber intake; increase fitness levels; decrease obesity rates; and, control type 2 diabetes in youth. | • Randomized controlled trial results show that intervention students have:  
  ? significantly increased dietary fiber intake (measured by 3-day 24 hr recalls),  
  ? increased physical fitness levels (measured by step test) and  
  ? decreased fasting capillary glucose levels (measured by finger stick).  
• Research project and assessments ongoing. | Irene Hernandez, Program Director  
Social & Health Research Center  
1302 South St. Mary’s Street  
San Antonio, TX 78210  
Phone: 210-533-8886  
Fax: 210-533-4107  
Email: srhct@msn.com |

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| TACOS (Trying Alternative Cafeteria Options in Schools) | Adolescents | Randomized school-based study that evaluated an environmental intervention to increase sales of lower fat foods in secondary school cafeterias. | • Intervention schools showed a marginally significantly higher mean percent sales of lower fat foods in year one (27.5% vs. 19.6%, p = .10) and a significantly higher percent sales of lower fat foods in year two (33.6% vs. 22.1%, p = .04). A steeper rate of increase in sales of lower fat foods was observed in intervention schools in year one (+10% vs. −2.8% in control schools, p = .002), but not in year two.  
• School-based environmental interventions that increase the availability and promotion of lower fat foods can increase purchase of these foods among adolescents. | Simone French, PhD  
Division of Epidemiology  
1300 South Second Street, Suite 300  
Minneapolis, MN 55454  
Phone: (612) 626-8594  
Email: french@epi.umn.edu |

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# An Overview of Pediatric Overweight Management Intervention Programs*

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| KidShape®        | Ages 3-5 and ages 6 to 14 | To increase awareness and promote adoption of a healthy lifestyle, including healthy eating, physical activity participation, and building positive self-esteem for entire families with overweight or obese children. | • Licenses two separate curriculums: KidShape and KinderShape®  
• Study results - 87% of program participants demonstrated weight loss and 80% kept it off for at least two years.  
• KinderShape is a six-week program that is suitable for delivery to parents and daycare workers.  
• Classes: nutrition for families and adults, active play for students, behavior modification for adults, cooking demonstrations, arts and crafts, and family physical activity. | Web: Kidshape.com  
KidShape®  
8733 Beverly Blvd  
Suite 400  
Los Angeles CA  90048  
Phone: 1-888-600-6444  
Email: info@kidshape.com |
| SHAPEDOWN        | Four program levels:  
Level 1 (6-8 years), Level 2 (9-10 years), Level 3 (11-12 years), Level 4 (13-18 years). | Children and teens in SHAPEDOWN enhance their self-esteem, improve peer relationships, adopt healthier habits, and begin to normalize their weight within their genetic potential. | • Program shown to be effective at 10-year follow-up  
• Educational meetings designed to enhance self-esteem and peer relationships while adopting healthier habits considering genetic and environmental influences.  
• Weight loss is gradual - ranging from weight maintenance to no more than one pound per week loss.  
• Integrates cultural, economic, and ethnic differences into materials with workbooks that include examples of a broad range of | Web: www.Shapedown.com  
SHAPEDOWN  
1323 San Anselmo Avenue  
San Anselmo, CA  94960  
Phone: 415-453-8886  
Email: www.shapedown@aol.com |

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| Committed to Kids®                               | Children 6 to 18 years of age | An individualized approach to weight management conducted in an outpatient, group setting. | • The CTK program has been thoroughly evaluated (more than 15 published articles)  
• Uses a team-based approach including a physician, registered dietitian, exercise physiologist, and behavior specialist.  
• Significant decrease in body weight, body fat and BMI in 62.5% of individuals who completed the one-year program.  
• A short-term success rate (10-20 weeks) of 95% and a 1-year success rate of 70-75% has been cited in other published research.  
• A new book, TRIM KIDS™: The Proven 12-Week Plan That Has Helped Thousands of Children Achieve a Healthier Weight¹, has been released based on the implementation and evaluation of CTK. | Web: http://www.committed-to-kids.com/home.html  
Committed to Kids  
248 Aris Avenue  
Metairie, LA 70005  
Phone: 504-831-0972 |
| Univ. of Buffalo Childhood Weight Control Program | Grades K through 5 6-12 years | The UB program utilizes the Stop Light Diet to help decrease the intake of energy dense foods in younger children. The program includes individual counseling and group education sessions that focus on behavioral choice theory. | • Reduction of sedentary behavior.  
• Stoplight Diet - categorizes foods (similar to the Food Guide Pyramid) and then codes the foods into three-color categories: green or GO foods, yellow or CAUTION foods, and red or STOP foods.  
• In a four-month, family-based weight management program with children, 8-12 years old, who were monitored at 10 years post-intervention, 34% of participants had maintained a decreased weight of more than 20%. | Colleen Kilanowski  
Program Coordinator  
SUNY Buffalo  
G-56 Farber Hall  
South Campus  
Buffalo, NY 14260  
Phone: 716-829-3400  
Email: ckk@buffalo.edu |

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<td>HealthWorks!™</td>
<td>Ages 5to 10 years; ages 11 to 19 years</td>
<td>The HealthWorks! intervention for overweight children and adolescents is part of the Heart Center at Cincinnati Children’s Hospital Medical Center.</td>
<td>• The program uses a team-based treatment approach including: a physician, a registered dietician, a psychologist, a nurse, an exercise physiologist, and an exercise instructor along with the child and their family&lt;br&gt;• Results for participants who completed the initial 12-week phase indicate that the majority had a reduction in BMI.</td>
<td>Web: <a href="http://www.cincinnatichildrens.org/svc/pr">http://www.cincinnatichildrens.org/svc/pr</a> og/healthworks/default.htm&lt;br&gt;HealthWorks!&lt;br&gt;3333 Burnet Avenue&lt;br&gt;Cincinnati, OH 45229-3139&lt;br&gt;Phone: 513-636-4305&lt;br&gt;Fax: 513-636-2459</td>
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<td>Operation Zero</td>
<td>An Obesity Management Program for Adolescents</td>
<td>Healthier lifestyle&lt;br&gt;Exercise program&lt;br&gt;Better ways to prepare food&lt;br&gt;Reduce fat intake</td>
<td>• 8 week program; meet 1x/week, 1 hour, with monthly follow-up&lt;br&gt;• Decreased BMI, body fat and increase physical activity levels</td>
<td>Luke Beno, MD&lt;br&gt;Director, Operation Zero&lt;br&gt;Kaiser Permanente&lt;br&gt;Atlanta, GA&lt;br&gt;Phone: 770-603-3604&lt;br&gt;Fax: 770-603-3674</td>
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<td>L.E.S.T.E.R.® (Let's Eat Smart, Then Exercise Right)</td>
<td>Ages 6 to 11 years</td>
<td>8-week program focused on a balanced diet, increasing physical activity, and addressing emotional relationships within the family, includes follow-up protocol.</td>
<td>• Improvements in patterns of eating, exercise habits, attitudes, blood pressure, and nutrition knowledge (demonstrated in pre- and post-testing).&lt;br&gt;• Significant decreases in anthropometric measures upon completion of program.&lt;br&gt;• Decrease in both total caloric and percent fat intake.&lt;br&gt;• Follow-up - 83% of respondents had positive eating and exercise behaviors.</td>
<td>The Children’s Hospital of Alabama&lt;br&gt;1600 7th Avenue South&lt;br&gt;Department of Clinical Nutrition&lt;br&gt;ACC Suite 416&lt;br&gt;Attention: Sue Teske, MS, RD, CNSD&lt;br&gt;Birmingham, AL 35233&lt;br&gt;Email: <a href="mailto:Susan.Teske@chsys.org">Susan.Teske@chsys.org</a></td>
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| FIT KIDS      | 6-12 year old children, their parents and caregivers | Implement lifestyle changes to increase fitness/health.  
Acquire understanding of increased sensitivity to hunger, appetite, and fullness.  
Understand relationship between fitness and body.  
Increase self-esteem and develop a more positive body image. | • Three main focus areas: fitness, nutrition, and self-esteem.  
• Program implemented to 347 families during the past 4 years.  
• In a 4 year follow-up evaluation, 86% of kids stated they know how to listen to their bodies’ messages regarding feeling full.  
• Abstract to be published in the Journal of the American Dietetic Association. | Beth Passehl  
FIT KIDS  
Community Health Development and Advocacy  
Children’s Health Care of Atlanta  
Atlanta, GA  
Phone: 404-929-8793  
Email: beth.passehl@choa.org |
| A Weigh of Life | Children and adolescents | To help children and adolescents change activity behaviors; change eating behaviors; and, keep weight off. | Program includes 15 “projects”, e.g.,  
• Form new eating habits  
• Control when, where, and how you eat  
• Plan meals  
• Establish exercise routine  
• Increase daily activity | Web: www.texaschildrenshospital.org  
Texas Children’s Hospital  
Nutrition and Gastroenterology Dept.  
Texas Children's Hospital  
6621 Fannin St. MC 3391  
Houston, TX  77030-2399 |

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| Healthy Habits (HH) | Adolescents      | Evaluate post-treatment and short-term follow-up efficacy of 4-month behavioral weight control program for overweight adolescents. Evaluate participant satisfaction of program. | • HH adolescents evidenced better change in body mass index z scores to post-treatment than TC (typical care) adolescents.  
• Body mass index z scores changed similarly in conditions from post-treatment through follow-up.  
• Behavioral skills use was higher among HH than TC adolescents.  
• Behavioral skills use was related to better weight outcome.  
• The behavioral intervention evidenced good feasibility and participant satisfaction. | B.E. Saelens  
Department of Pediatrics  
Division of Psychology  
Children’s Hospital Medical Center  
Cincinnati, OH 45229  
Email: brian.saelens@chmcc.org |
| Healthy You       | Ages 8 to 11 Teens | Help overweight children gain control of their weight and improve their lifestyles. | • One-on-one consultations with a nutritionist, exercise consultant, social workers and a registered nurse.  
• Individualized weight management goals and plans.  
• year round monthly support groups to help reinforce the concepts learned and encourage the child and family to continued success.  
• psychotherapy group sessions | Web: www.chkd.org/healthy_you  
Babs Benson, RN, BSN  
Children’s Hospital of the King’s Daughters  
601 Children’s Lane  
Norfolk, VA 23507  
CHKD Healthy You Program Coordinator  
Phone: 757-668-7035  
Email: bensonbr@chkd.org |

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| On Target    | Families of overweight teens | Attain skills for a lifetime of weight management.  
Self monitoring of eating, physical activity and weight.  
Social and emotional support.  
Continued contact with the treatment team.  
Realistic weight goal (may differ from that initially expressed by the teen or parents).  
Grow into one’s weight. | • Both male and female adolescents were able to maintain their BMI at one year of follow-up  
• Males and females showed significant improvement in their BMI %ile and z-score  
• Male adolescents showed a greater percent decline in the BMI than females (p<0.10)  
• Males showed statistically significant improvements in their lipid profiles while females did not | Marc Jacobson, MD  
Director, On Target Program (Weight Management Program)  
Schneider Children’s Hospital  
Division of Adolescent Medicine  
410 Lakeville Road, Suite 108  
New Hyde Park, NY 11040  
Phone: 516/718-465-3270 |

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Compiled by ILSI Center for Health Promotion
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| Generation Fit    | Students ages 11-18       | Students take part in community service projects that promote more physical activity and healthier eating among their friends and families, and in their schools and communities. | • Food for Thought: Trying new recipes in your cafeteria  
• Message Magic: Selling healthy eating and physical activity  
• Lending a Helping Hand: Planning meals for those in need  
• Team Up for Good Health: Improving habits with a partner  
• Let’s Get Moving: Making physical activity a priority in our community | American Cancer Society  
Phone: 800-ACS-2345  
Web: www.cancer.org |
| Team Nutrition    | Grades pre-K through 12   | To empower schools to serve meals that meet the Dietary Guidelines for Americans, and motivate children in grades pre-K through 12 to make healthy eating choices. | Team Nutrition Supporters participate in school activities such as:  
• Presenting nutrition and health fairs  
• Write about Team Nutrition in their newsletters  
• Reinforce Team Nutrition in the community by personalizing and reproducing Team Nutrition materials for employees, constituents and community organizations. | Web: www.fns.usda.gov/tn/  
USDA Team Nutrition  
3101 Park Center Drive, Room 632  
Alexandria, VA 22302  
Phone: 703-305-1624  
Fax: 703-305-2549 |

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<tr>
<td>Fit, Healthy and Ready to Learn</td>
<td>All grades/ages</td>
<td>Publication: The State Education Standard Vol. 3, No. 4 Autumn 2002</td>
<td>A few featured articles:</td>
<td>Web: <a href="http://www.boards.org">www.boards.org</a> (to subscribe)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Education Reform and the Goals of Modern School Health Programs</td>
<td>The State Education Standard National Association of State Boards of Education 277 South Washington St., #100 Alexandria, VA 22314 Phone: 703-684-4000 Fax: 703-836-2313</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• The Untapped Power of Schools to Improve the Health of Teens</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>• Creating a Healthy School Nutrition Environment</td>
<td></td>
</tr>
<tr>
<td>Kids Walk To School Day</td>
<td>Adolescents and Adults</td>
<td>Children walk and bike to/from school. Emphasize regular PA for children, improved pedestrian safety, and healthy and walkable community environments. Communities working together to create safe routes to school.</td>
<td>Anticipated benefits:</td>
<td>Web: <a href="http://www.cdc.gov/search">www.cdc.gov/search</a> Kidswalk-to-School Centers for Disease Control and Prevention 4770 Buford Hwy, NE, Ms/K-46 Atlanta, GA 30341 Email: <a href="mailto:ccdinfo@cdc.gov">ccdinfo@cdc.gov</a></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>• Increased levels of daily physical activity for children</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>• Increased likelihood that children and adults will choose to walk and bike for other short distance trips</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>• Improved neighborhood safety</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>• Fewer cars traveling through the neighborhood</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Fewer cars congesting the pick-up and drop-off points at the school.</td>
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<tr>
<td>School Health Index</td>
<td>All Grades</td>
<td>To help schools assess and improve its physical activity, healthy eating, and tobacco use prevention policies and programs.</td>
<td>The SHI is a self-assessment and planning tool that enable schools to:</td>
<td>Web: <a href="http://www.cdc.gov/search">www.cdc.gov/search</a> Centers for Disease Control and Prevention, Division of Adolescent and School Health (DASH) Email: <a href="mailto:HealthyYouth@cdc.gov">HealthyYouth@cdc.gov</a></td>
</tr>
<tr>
<td>SHI: School Health Index</td>
<td></td>
<td></td>
<td>• Identify the strengths and weaknesses of your school’s health promotion policies and programs</td>
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<tr>
<td>For Physical Activity, Healthy Eating and a Tobacco-Free Lifestyle</td>
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<td></td>
<td>• Develop an action plan for improving student health</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>• Involve teachers, parents, students and the community in improving school policies and programs</td>
<td></td>
</tr>
<tr>
<td>Bright Futures</td>
<td>Children and Adolescents and Families</td>
<td>Focus areas: oral health, nutrition, mental health and physical activity. Promote and improve the health, education, and well being of children, adolescents, families and communities.</td>
<td>• Develop materials and tools for families, health professionals, schools, and communities</td>
<td>Web: <a href="http://www.brightfutures.org">www.brightfutures.org</a> Bright Futures Project Georgetown University Box 571272 Washington, DC 20057-1272 Phone: 202-784-9556 Fax: 202-784-9777 Email: <a href="mailto:Brightfutures@ncemch.org">Brightfutures@ncemch.org</a></td>
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<td></td>
<td></td>
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<td>• Disseminate Bright Futures content, philosophy, and materials</td>
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<td></td>
<td></td>
<td></td>
<td>• Train health professionals, other professionals, families, and communities</td>
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<td></td>
<td>• Develop and maintain partnerships</td>
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<td></td>
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<td></td>
<td>• Evaluate and refine these ongoing efforts</td>
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| **FITNESSGRAM** | K-12 physical activity assessment program | Fitness assessment of choice for thousands of schools and is used for millions of children and youth annually. | • Each of the test items are selected to assess important aspects of a student’s fitness, not skill or agility  
• Students are compared not to each other, but to health fitness standards, carefully established for each age and gender, that indicate good health  
• Participants receive objective, personalized feedback and positive reinforcement, which are vital to changing behavior and serve as a communications link between teachers and parents. | Web: [www.cooperinst.org/ftgmain.asp](http://www.cooperinst.org/ftgmain.asp)  
American Fitness Alliance  
Human Kinetics (www.humankinetics.com)  
Phone: 800-747-4457 |
| **CANFit (California Adolescent Nutrition and Fitness program)** | Children and Adolescents 10-14 yr. olds | Improve nutritional status and physical fitness of California’s low African American, Latino, and Pacific Islander youth. | • Provide funding, training, and technical assistance to community programs  
• Evaluate and disseminate effective strategies for community program develop.  
• More than 100 grantees & scholarships. | Web: [www.canfit.org](http://www.canfit.org)  
Arnell J. Hinkle, RD, MPH, CHES  
California Adolescent Nutrition and Fitness Program  
2140 Shattuck Ave., Suite 610  
Berkeley, CA 94704  
Phone: 510-644-1533  
Fax: 510-644-1535 |
| **Smart Stepping** | Elementary through college | A program incorporating movement, walking, math, health and physical education, active living and learning. | • Since 1981 Creative Walking Inc. has helped over 5,000 schools and school districts implement walking and wellness programs.  
• No evaluation data available on website. Testimonials available for review. | Web: [www.creativewalking.com](http://www.creativewalking.com)  
Robert Sweetgall  
Creative Walking, Inc.  
P.O. Box 4190  
McCall, ID 83638  
Phone: 888-421-9255 toll free  
Fax: 314-721-0303  
Email: rob@creativewalking.com  
Smart Stepping Resource Package = $22.00 plus S&H |

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<td>Kidnetic.com Website</td>
<td>‘Tweens 9-12 yrs Parents</td>
<td>A fun, interactive, evidence-based website for health promotion Health, nutrition and PA content in areas titled: • The Kore • Betchakant • Inner G • Eat for Energy</td>
<td>• Tracking website hits • Tracking links to kidnetic.com website • Presented website info at many meetings • Established public-private partners and scientific advisors to support content and outreach • Free Leader Guides with lesson plans for educators (free on-line) including modules on: fitness, food, fun, families, &amp; feelings.</td>
<td><a href="http://www.kidnetic.com">www.kidnetic.com</a> Dick Elder 1100 Connecticut Avenue, NW Suite 430, Washington, DC 20036 202-296-6540 (phone) 202-296-6547 (fax) <a href="mailto:foodinfo@ific.org">foodinfo@ific.org</a></td>
</tr>
<tr>
<td>Way to go Kids</td>
<td>Ages 9-14</td>
<td>Help overweight and underactive kids develop healthy lifestyle habits.</td>
<td>No evaluation data available.</td>
<td>Web: <a href="http://www.waytogokids.com">www.waytogokids.com</a> Phone: 256-880-6828 Email: <a href="mailto:steakley@sprintmail.com">steakley@sprintmail.com</a></td>
</tr>
<tr>
<td>The Power of Choice</td>
<td>Pre-teens 11-13 years in after-school programs</td>
<td>Empower, motivate and build skills among pre-teens regarding fitness, food choices, food safety and health.</td>
<td>• No formal evaluation data available. • Leader’s Guide contains posters, CD, handouts, activities. • A USDA Team Nutrition Program delivered in the after-school setting. • Life skills activities that build confidence. • Positive experiences with peers, caring adults, and families. • Experience setting goals and making sound decisions. • Support for involvement in the community</td>
<td>United States Dept of Agriculture Food Nutrition Service Team Nutrition 3101 Park Center Drive Room 632 Alexandria, VA 22302 <a href="http://www.fns.usda.gov/tn/Resources/index.htm">http://www.fns.usda.gov/tn/Resources/index.htm</a></td>
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| Physical Best Practical Health-related Youth fitness education Standards-based Inclusive Comprehensive Age appropriate Lifestyle Behavioral approach Enjoyable! Self-responsibility Teaching energy balance | K-12 | The purpose of the program is to assist physical educators in teaching health-related fitness education, through quality resources and professional development training, with a focus on inclusiveness of all children, enjoyment of physical activity, and teaching cognitive concepts and knowledge through activity. | • Inclusive: all students participate  
• Non-competitive: students work to improve themselves,  
• Progressive: resources follow proven educational progressions that help students take more responsibility for their own health-related fitness  
• Individualized: students set personal goals based on their individual fitness  
• Positive: makes physical activity and education a positive experience for all  
• Ready to use: activities outline prep., implementation and follow-up lessons  
• Incorporates the latest scientific info.  
• Linked to nat’l PE, dance & health stds.  
• Often used in conjunction with Fitness Gram. | Web: www.aahperd.org/physicalbest  
American Fitness Alliance  
Human Kinetics  
Phone: 800-747-4457 |

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<td>Project LEAN (Leaders Encouraging Activity and Nutrition)</td>
<td>All ages and populations in California. Selected by the Kaiser Family Fdn’s 1987 public awareness campaign to promote low-fat eating.</td>
<td>Create healthier communities through policy/environmental changes. Educate Californians re: healthy foods and physical activity. Conduct research-based, consumer-driven nutrition and physical activity campaigns.</td>
<td>California Project LEAN programs: • Food on the Run (adolescents) • <a href="http://www.caprojectlean.org/about/default.asp">www.caprojectlean.org/about/default.asp</a> • School Board Nutrition Policy Project • California Bone Health Campaign for Low Income Latino Mothers • Community-Based Social Marketing • California Nutrition Network • California Obesity Prevention Initiative</td>
<td>Web: <a href="http://www.californiaprojectlean.org">www.californiaprojectlean.org</a> California Project LEAN P.O. Box 942732 MS-675 Sacramento, CA 94234-7320 Phone: 916-323-4742 Fax: 916-445-7571 Project LEAN funds 12 regional offices.</td>
</tr>
<tr>
<td>“Smart Move!”</td>
<td>Women and children</td>
<td>Integrate physical activity promotion for healthy clients into their daily practice. Enhance WIC’s beneficial effects on the health status of participants and their families.</td>
<td>Components of program include: • Assessment • Program Development • Staff Training • Staff physical activity initiative • Program implementation • Evaluation</td>
<td>Kathy Benjamin, MS, RD Email: <a href="mailto:Kbenjamin@vdh.state.va.us">Kbenjamin@vdh.state.va.us</a></td>
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