

Building Healthier Communities

How healthcare professionals
are fighting childhood obesity
outside the clinic walls

A report from Phase One of the
Be Our Voice project



National Initiative for Children's Healthcare Quality
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For more information about NICHQ, please visit www.NICHQ.org

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National Initiative for
Children's Healthcare Quality

Dear Friends,

Nearly one-third of children and adolescents in the United States are overweight or obese. This epidemic takes its greatest toll on children living in underserved communities. Many of these children are developing diseases that until now were only seen in adults, including Type 2 diabetes and hypertension. Their weight is also putting them at a disproportionate risk for heart disease, stroke, and cancers.

It is easy for healthcare professionals to feel overwhelmed by the toll this epidemic is taking. They may feel frustrated when they talk with patients and their families about the importance of physical activity only to hear that local schools have slashed physical education programs. They may give advice about eating a healthy diet only to hear that patients and clients don't have a grocery store in their neighborhood. They emphasize exercise only to discover that the streets are too dangerous for biking and walking.

The solutions to these problems lie outside the doctor's office.

The importance of the one-on-one relationship between doctors and patients cannot be overstated. But we all must do more. In particular, healthcare professionals can help improve the health of their communities in as little as one hour a month. The more time they give, of course, the greater the impact will be. But with just one or two hours each month, they can make important contributions in the fight against childhood obesity.

The National Initiative for Children's Healthcare Quality (NICHQ), in partnership with the American Academy of Pediatrics (AAP), and the California Medical Association Foundation (CMAF), spent eighteen months training and equipping healthcare professionals to become policy advocates to improve the health of their communities. This report presents eight stories about healthcare professionals who used their voices to advocate for policy changes designed to improve the health of children and families.

Small steps can make a huge difference, especially when we take those steps together. We all have a role to play in this important work.

Sincerely,



Charlie Homer, MD, MPH
President and CEO
NICHQ



O. Marion Burton, MD, FAAP
President
AAP



Dexter Louie, MD, JD
Chairman of the Board
CMAF

Planting seeds of change

When kids don't know a tomato from a turnip; when they live in neighborhoods with no safe or inviting places to play outdoors; when they don't have enough healthy choices in the school cafeteria; can we really expect them to learn and maintain healthy habits?

Be Our Voice aims to address the US epidemic of childhood obesity by changing the environments in which so many children live. By training and supporting healthcare professionals to advocate for policy changes in their states and communities, *Be Our Voice* applies a population-level approach to this complex problem.

This report tells the stories of how *Be Our Voice* advocates in eight different communities identified and pursued opportunities for change in their towns, regions, and states.

In partnership with local organizations, *Be Our Voice* advocates worked with legislators, school boards, town and city officials, and other leaders to change the policies that affect communities. Some pressed for better nutrition or physical education standards in schools. Others worked with community coalitions to facilitate changes in the built environment that will make it easier for kids to be active.

The result of this work can be found in schools where children now have daily access to fresh fruits and vegetables; in new trails where families can walk and bike together; in community gardens where children proudly take home vegetables they have helped to grow; and even in the town-sponsored shuttle buses that help residents get to their local farmers market.

These changes are the results of new policies that reflect healthcare professionals' focus on improving child health outside their clinic walls. The people that brought about these changes are inspiring and their stories demonstrate the importance—indeed, the necessity—of building coalitions of people and organizations that can work together on shared goals.

By taking action, these healthcare professionals are planting seeds of change that will help their communities grow healthy and active children today, tomorrow, and for generations yet to come.

We hope you are inspired by their stories.



Alabama starting locally in Brewton

Population:
Brewton City Limits: 5,498
East Brewton: 2,496

Youth (ages 0-17) below poverty level:
Brewton City Limits: 41.3%

East Brewton: 40.5%

Obesity prevalence:
Alabama is the second most obese state in the nation.

Adult obesity rate: 32.3%

Childhood obesity rate: 17.9%

At a busy restaurant in Brewton, Alabama, one of the most popular meals is a plate of spicy fried chicken (1,400 calories), a side of fries (280 calories), a large sweet tea (300 calories), and strawberry shortcake for dessert (500 calories).

The allure of tasty and filling fare is sometimes irresistible, particularly because these are traditional southern foods that are part of the culture and appeal of the region. It takes a strong, creative, and determined coalition of healthcare professionals and community leaders to combat childhood obesity in the face of menus such as these.

Fortunately for the families of Brewton and East Brewton, that's just what this community has. Some 40 healthcare professionals and city leaders attended a local *Be Our Voice* training session held in June, 2010, to learn how they could play a role in helping the area's children learn healthy habits that prevent obesity. Today, the number of healthcare professionals and other decision makers has grown into a powerful community movement that also includes school officials, the mayor's office, a large volunteer corps of retired folks, and others.



"It's bigger and better than we ever imagined it would be," says Mim Gaines, MACT, RD, LD, Director of Nutrition and Physical Activity for the Alabama Department of Public Health in Montgomery. Gaines co-leads the effort—called Healthy Community, Healthy Children—with Marsha Raulerson, MD, one of two pediatricians serving Brewton and East Brewton. The initiative has been supported by the Coalition for a Healthy Escambia County.

Gaines recalls her first meeting with the Brewton task force that came together to drive the effort. "We said to them, 'We want you to pick one change to bring to your community.' Most groups focus on improving nutrition or increasing physical activity. This group said, 'We want to do both, and we want to add a third: we want to create a community center so our children have someplace to go for after-school activities.' We said, 'Great, go for it!'"

Amy Cooley, Director of the Retired Senior Volunteer Program (RSVP), agreed to lead an effort to create community gardens. Vivian Layton, Fitness Director of the Brewton Area YMCA, and recently honored as Brewton's Citizen of the Year, took the lead on creating safe and appealing outdoor spaces for exercise. Alline Manual took on the big job of trying to convert an old school into a community center, with help from Stephanie Walker, chair of the Brewton School Board.

Kids Who Can't Wait to Eat Greens

"We started our first community garden last September 11 at Fort Crawford Park in East Brewton," says Amy Cooley. "The mayor of East Brewton cut the ribbon, the Boy Scouts planted a tree, and some of our fire fighters and EMTs planted the first seeds. It was a great start." The 40'x40' garden, which will be enlarged this spring, included fall vegetables such as turnips, radishes, red cabbage, collards, and onions. The garden is maintained by volunteers throughout the community, including many seniors who mentor and teach the youngest gardeners.

"The children love the garden," says Amy Cooley. She recalls one nine-year-old boy in particular. "I asked him what he knew about gardening and he said, 'Nothing, but I'm really excited.' He didn't know a beet from a Brussels sprout, but he wanted to learn and be involved. Kids would take home handfuls of greens saying they couldn't wait to eat them."



"He didn't know a beet from a Brussels sprout, but he wanted to learn and be involved."

Additional gardens are in the works for Spring 2011 in Brewton and other nearby communities, says Cooley, who has also organized gardening lectures and workshops to support the effort. There is even talk of a farmers market. "This all started with *Be Our Voice*. We started small, so we could figure things out, and now that the community has seen how successful and exciting it is, I think it will just continue to grow," she says.

More Than Just a Project

To encourage more outdoor exercise, the task force also has plans to create more walking and biking trails around town, connecting the many parks that already exist. In November 2010 a new walkway between Brewton's Burnt Corn Creek Park and O'Bannon Park was dedicated, the beginning of what organizers hope will be a network of walking paths. "If we connect the parks, the kids won't have to ride their bikes on the road," says Mim Gaines. "They'll be able to get out there and get some exercise and stay safe."

The task force is also working on perhaps its biggest undertaking, a new Community Center that is being planned for a former middle school. "There is a lot of enthusiasm for this project," says Brewton School Board Chair Stephanie Walker.

"The mayor and the city council are behind it. But financing will be a big issue." The city council has committed to initial funding for the center.

So far a community clean-up day at the site has been a big success, drawing about 100 volunteers, which makes Stephanie Walker optimistic about the center's ultimate success. "The city will be interested if we can show support from a lot of different groups," she says. "We are picturing a playground with walking trails, a nutrition center that serves lunch for the elderly, after-school tutoring and organized activities for kids, a gym, maybe the 4H Club would offer cooking classes using ingredients from the community gardens..." Stephanie Walker admits she believes in dreaming big. "That's how things get accomplished."



Dr. Marsha Raulerson is a big dreamer herself. "It was impossible to choose one thing to work on," she reflects. "Because this isn't just a project. This is about changing attitudes throughout the entire community. As a pediatrician I've learned that you can't make meaningful change for children unless you involve their families, their schools, and their communities. And that's exactly what we're trying to do."

Arkansas

Population: 2,915,918

Youth (ages 0-17) below poverty level: 25.3%

Obesity prevalence: Arkansas is the ninth most obese state in the nation.

Adult obesity rate: 30.6%

Childhood obesity rate: 20.4%

In 2003, Arkansas was among the first states in the nation to pass sweeping legislation to combat childhood obesity. Arkansas Act 1220 to Reduce Childhood Obesity gained national attention, as did then-Governor Mike Huckabee's 100-pound weight loss. Since the law's implementation, school districts across the state have increasingly adopted nutrition and physical activity policies aimed at improving students' health habits and lifestyle choices. Evaluation has shown that, following the law, schools have become healthier environments for students and staff alike.

But even in a state that is a leader in the effort to reduce childhood obesity, continuing efforts are necessary to bring about the depth of social change that will lead to sustained success. That's where Joy Rockenbach comes in. Rockenbach, advisor to the Department of Education's Act 1220, is on the executive team of the Arkansas Coalition for Obesity Prevention (ArCOP), which has funded a program called Growing Healthy Communities (GHC). ArCOP is a natural partner for *Be Our Voice* in Arkansas, and Rockenbach the perfect choice to lead it.

"Our state is divided into five public health regions, and we have Growing Healthy Communities in every region," she explains. "Each Growing Healthy team must include the mayor and at least two other community decision makers." It is through these networks that the *Be Our Voice* advocates are recruited. Through two GHC/*Be Our Voice* training sessions—one in November 2010 and three additional regional trainings in 2011—healthcare professionals and other participants have begun to identify the priorities for their communities, and create action plans to address them.

Rockenbach says that in some memorable cases, policy changes were made on the spot, during the training sessions. "We had one mayor who got in a discussion with his team about making healthy foods more accessible, and someone mentioned that the vending machines at the parks in his town only offered soda, and not water," she recalls. "He got on the phone right then to address it." In another case, she said, a mayor who was initially reluctant to participate in the training put money in his budget for sidewalks, which "was a huge step for a very small town," says Rockenbach.

"They Know I Care About Them"
One of the healthcare professionals who came to the first training to learn how to be an effective advocate was Vernora Hightower, MD, a pediatrician in a five-physician practice in Pine Bluff. "More than half of the children in my practice are obese, if not morbidly obese," she says. She talks with each child and family about healthy habits, she says. "I go over the basics like reading labels, getting away from the TV and computer, drinking more water and less pop and juice, cooking more food over the weekend and freezing it for the week, instead of stopping for fast food or putting prepared food in the microwave," she says.

But, she knows that it is an uphill battle for families to change their habits when the environment makes it so hard. So Hightower feels she needs to address the issue more broadly. "As a physician I think I can play a unique role at the community level," she says. "Most of the community members come through our clinic, and they know me. They know I care about them, and so maybe they'll listen to me in a way they might not listen to someone else."

"I want to have healthy kids who live longer than I will, and I want our communities to know that it is our job to keep them healthy."

Hightower brought information and ideas from the *Be Our Voice* training back to her practice, and is hoping to get some new initiatives off the ground this year with the help of her partners. "I'd like to set up an obesity clinic where we dedicate time and space each week just to address obesity-related issues," she says. And out in the community, she is thinking about organizing a health fair, and getting her church involved as well. She knows that the public school system is trying to start a healthy after-school program, and she would like to help with that. "There is a thirst for this in the community," she says. "People are aware, they just need a little support."

"What's Gym?"
In Little Rock, some of that community support is being delivered by Alphonzo Baker, Sr., RN, a nurse at the University of Arkansas for Medical Sciences Medical Center, who also attended a *Be Our Voice* training. "I learned that to make a difference in the community, I need to be in touch with the schools, with legislators, with anyone who can help change things," he says. "I learned how to present statistics on obesity, how to



Baker has also worked with the Boys and Girls Clubs in Little Rock to increase the amount of exercise kids get in after school time. And he's gotten his church involved in helping children adopt healthier habits. "I talked to the church leaders about childhood obesity, and what our state is doing about it," he says. "When they have activities for the kids, now they do more physical activities like dancing and playing outside."

"Kids are our future," says this devoted father and healthcare professional. "I want to have healthy kids who live longer than I will, and I want our communities to know that it is our job to keep them healthy."

contact my legislators, how to write a proposal."

As the father of a seven-year-old son, Baker sees first-hand the environment in which children are growing up today, and it motivates him to get involved. "I asked my son one day what he was doing in gym, and he said, 'What's gym?'" Baker has met with the principal and teachers to talk about increasing time during the school day for physical activity, and has gotten other parents to do the same. "Our kids spend so much time at school, and they need to be more active while they are there."



Kentucky

Population: 4,339,367

Youth (ages 0-17) below poverty level: 23.6%

Obesity prevalence: Kentucky is the sixth most obese state in the nation.

Adult obesity rate: 31.5%

Childhood obesity rate: 21.0%



Kentucky is best known for its gently rolling hills, thoroughbred horses, bluegrass music, and the annual Derby. But it has other distinctions that are not so grand. “We are number three in the nation for childhood obesity, number six for adults, and number five for soft drink consumption,” says Stephen Church, MD, a Louisville pediatrician and president of the Kentucky chapter of the American Academy of Pediatrics (AAP).

Church is one member of a small group of healthcare providers and other community leaders who are working to address childhood obesity. Supported by *Be Our Voice*, this multidisciplinary partnership is bringing together a powerful coalition of groups and organizations that share the same goal: to raise healthy children.

Pediatrician Christopher Bolling, MD, and Mary York, Executive Director of the state’s AAP chapter, are the state’s *Be Our Voice* project leads. “As pediatricians, we know we have to address obesity with patients individually,” says Bolling, who also serves as Obesity Chair for the Kentucky Chapter of the AAP and national co-chair for the AAP’s Provisional Section on Obesity. “But we sometimes forget what a powerful voice we

“Not only do we have the opportunity to lead on this issue, but I believe it is also our obligation.”

have as community leaders. Not only do we have the opportunity to lead on this issue, but I believe it is also our obligation.” Bolling has taken his obligation to heart, and his energy and passion for addressing the issue have resulted in multiple “spin-off” efforts around the state.

Bolling and York organized two *Be Our Voice* training sessions: one in Natural Bridge State Park in June 2010 and the second in Barren River State Park in August 2010. More than 90 healthcare professionals attended these sessions. Some of the participants were already involved in obesity prevention work through initiatives such as Foundation for a Healthy Kentucky, Pioneering Healthier Communities, and Kentucky Youth Advocates. Banding together to mount a more cohesive effort was a valuable part of the *Be Our Voice* training, says Steve Church.

“They said to be more effective we should form alliances,” he recalls. “A lot of people are trying to make a difference, but they are working alone. So I’ve been actively pursuing alliances and we’ve formed several.” Now, Church works with the Community

Connections Alliance in the Louisville area, which concentrates on obesity prevention and smoking cessation initiatives at both the community and the state level. “Requiring BMI measurements in school is a high priority for us,” he says.

A Secret Weapon

In the far northeastern corner of the state, on the border with West Virginia and Ohio, Ashok Khanna, MD, is using the same strategies. An Ashland pediatrician, Khanna has long recognized how hard it is for individuals to change their habits. “Maybe Grandma always makes biscuits and gravy, or Dad has to have ice cream every night,” he says. “Family

traditions and habits are hard to change.”

Khanna sees children themselves as a “secret weapon” in

addressing the obesity problem. “We have to empower the kids,” he says, “and they will change their families. Kids are the ones who say, ‘Grampa, why are you smoking?’ or ‘Mom, why aren’t you wearing your seatbelt?’ They can also be the ones to ask, ‘Why are you drinking soda instead of water?’”

Khanna heard Dr. Bolling speak about obesity prevention at an AAP meeting, and “became his disciple.” After attending the Natural Bridge *Be Our Voice* training session, he went in search of partners to join him in a local effort to address obesity.



“I was able to get the Kentucky Heart Foundation interested, and through them we applied for and got a grant from the CDC’s Healthy Communities Program,” says Khanna. Now Ashland is one of 134 ACHIEVE communities in the nation, thanks to the CDC’s Action for Health, Innovation, and Environmental Change program, which funds community efforts to develop and implement policies, systems and environmental strategies that will reduce health risk factors and support health equity.

“Our goals under the grant include increasing physical activity and improving nutrition in the Boyd and Greenup County public schools, and increasing walking trails in the community,” says Khanna. Khanna’s leadership team includes the chairs of the Boyd and Greenup County Public Health Departments, the executive director of the local YMCA, the director of Ashland Parks and Recreation Department, the mayor of Greenup County, the superintendent of Ashland schools, and other community leaders.

As a result of the grant, the Boyd County Health Department has started a farmers market in their parking lot, where a nutritionist provides information about how to cook a variety of produce. The group is offering schools \$1,000 worth of outdoor play equipment if they increase physical activity by 30 minutes per week.

Making Connections, Building Coalitions

In Madisonville, situated in the state’s western coalfield region, the story is much the same. “A coalition of local YMCA’s got a Pioneering Healthier Communities grant from the Robert Wood Johnson Foundation to address obesity,” says family practice physician Jennifer Jackson, MD. “I’m on the steering committee, and we went to DC for a meeting, where I met Chris Bolling, who’s on a similar Y committee in northern Kentucky.”



Jackson told Bolling that she wanted to get more medical professionals in her area involved in anti-obesity work. He invited her to attend the *Be Our Voice* training. She reciprocated and invited him to come to Madison to talk to local healthcare professionals about *Be Our Voice*, which he did. “We had a great turnout, about 100 people, physicians, medical residents, nurses, dieticians, and we got a lot of positive feedback,” says Sophie French, RN, a public health nurse in Madisonville who serves with Dr. Jackson on the Y’s committee.

A number of initiatives are underway in and around Madisonville, with support from the medical community. “We developed a brochure for prenatal packets about how breastfeeding reduces obesity,” says French. To increase access to fresh fruits and vegetables, the Y runs a shuttle van to and from local farmers’ markets. French says they are preparing to approach the school board to discuss nutrition in the schools.

“*Be Our Voice* has provided us with great information we can use when we talk with the schools,” says French. “The statistics on obesity and how it affects children always get people’s attention. And that’s the first step to making change.”

Mississippi

Population: 2,967,297

Youth (ages 0-17) below poverty level: 23.7%

Obesity prevalence: Mississippi is the most obese state in the nation.

Adult obesity rate: 34.4%

Childhood obesity rate: 21.9%

Every child in America should have a Michelle Ellison in their lives. “I tell all the students I love them, because I truly do,” says this friendly school nurse at Madison Station Elementary School in Madison, Mississippi. Ellison does more than just love them; she teaches them, encourages them, and motivates them to get and stay healthy, even the very youngest.

“Knowledge is power, even for kindergartners,” she says. “If you can put on your own shoes, you can make a good choice at lunch, if someone teaches you what good choices are.”

Ellison is part of a broad array of healthcare providers in the state who are working with schools to combat childhood obesity. At Mississippi’s *Be Our Voice* training in June 2010 in Jackson, Ellison and about 40 healthcare providers and other professionals came together to learn how to maximize their efforts. The impact of that training session is rippling beyond the original group, spawning a second training for nurses on the Gulf Coast.

“There are a lot of people doing a little bit in our state, but we need to connect the dots,” says Gretchen Mahan, executive director of the Mississippi Chapter of the American Academy of Pediatrics (AAP), and one of the state’s two *Be Our Voice* site leads. Mahan says that since the Healthy Schools Act of 2007 mandated that Mississippi schools establish School Health Councils, it seemed like a natural step to train healthcare professionals to contact and work with these councils. The effort focuses primarily on seven school districts in three counties: Hinds, Madison and Rankin.

Connecting With Schools

A multidisciplinary group attended the training, including representatives from hospitals, schools, family health clinics, colleges and universities, the Department of Health, private practices, even churches. In addition, *Be Our Voice* leaders, especially Tami Brooks, MD, and Jimmy Stewart, MD, reached out to pediatric and pediatric-internal medicine residents at the University of Mississippi Medical Center to involve them in advocacy work. “There are about 15 interested residents at the University, and this is a great advocacy project for them,” says Pediatrician Gerri Cannon-Smith, MD, also a *Be Our Voice* site lead. Cannon-Smith chairs the AAP chapter’s Public Health Committee and teaches at the School of Health Sciences at Jackson State University.



Participants in the training created work plans that focused on one of four areas: practice-based counseling and education; community gardens/food deserts/parks and recreation; breastfeeding promotion; and school health and wellness alliances. During the training session, a school principal spoke with the group about the best ways to contact and work with schools. “We also asked people to tell us about initiatives they were already involved in, so we could plug into ongoing efforts,” says Cannon-Smith.

At the end of the training each advocate could choose an elementary school in the tri-county area to work with. “Estelle Watts, Nurse Consultant for the Mississippi Department of Education, put together folders of information that we gave to each participant,” says Mahan, “that included a list of all the School Health Councils and how to contact them.”



Spreading Success

Collecting comprehensive follow-up information from advocates about their work with School Health Councils has been challenging, says Mahan, given everyone’s very busy schedules. But the anecdotal feedback she gets is encouraging. “After the training, one pediatrician wrote and published a paper on more intentionally engaging physicians to address obesity,” says Mahan. “And one advocate recently told me that since the training she has spoken at two schools about nutrition and helped to coordinate a community walk for students and families. Every effort makes a difference.” Mahan emails a *Be Our Voice* newsletter to all advocates monthly, to keep them in the loop about activities and news related to their shared goals.

Word about *Be Our Voice* reached Rometrius Moss, MSN, APHN-BC, President of the Mississippi Gulf Coast Black Nurse Association in Gulfport, about 150 miles from Jackson. “We have a real obesity problem here, and I contacted them and asked if I could go through a training and bring it to my people.” So Mahan and Cannon-Smith invited Moss to participate in a web-based “train the trainer” session in early 2011, and are sharing some of their *Be Our Voice* grant money and training materials with Moss’ group. “We are excited to be a part of this,” says Moss. “The research has been done, the tools are there, now we can implement. We don’t need to reinvent the wheel; let’s just do it.”

Mahan says this is just how a relatively small effort like *Be Our Voice* can make a big difference. “They heard about our work and want to replicate it,” says Mahan. “That feels like a real success.”

Always Educating

Success is also abundantly evident back at Madison Station Elementary School, where nurse Ellison and the School Health Council have been busy. Ellison, who serves on the board of the Mississippi Alliance for School Health, is not a newcomer to advocacy work. She knows that to be effective such work must engage adults and youth both within the classroom walls and out in the community. “I am always educating,” she says.

Ellison says the School Health Council’s newest efforts include Wellness Wednesdays, when kids get to try new fruits and vegetables, and a “breakfast club” that brings girls together before school to exercise and eat healthy foods. “We offer two choices of fresh fruit in the cafeteria every day,” says Ellison, “and we

changed to 1% milk. On Fridays we make fruit smoothies and send the recipes home. And every morning the kids stretch and exercise during morning announcements.” The school started an after-school running club, held a walk-to-school event, and features a “Wellness Corner” in its monthly newsletter.

Ellison’s passion for her work and the children and families she serves is obvious. “The first class I taught here has graduated from college,” she says. “They still come back and tell me they remember what I taught them. I tell them all, ‘I love you no matter what, but you are the sum of the choices you make.’ It’s our job to teach them and show them what good choices look like.”

“There are a lot of people doing a little bit in our state, but we need to connect the dots.”



New Mexico

Population: 2,059,179

Youth (ages 0-17) below poverty level: 25.2%

Obesity prevalence: New Mexico is the 33rd most obese state in the nation.

Adult obesity rate: 25.6%

Childhood obesity rate: 16.0%



"Co-existing with the land, being physically active, community gardening. These values and practices reinforce child wellbeing."

Governments and communities can make health policies, whether by requiring that school children get immunized or by eliminating soda from schools. But Chenoa Bah Stilwell-Jensen, MS, site lead for New Mexico *Be Our Voice*, likes to think about health policy decisions as family decisions, particularly in Native-American communities. "It is about getting back to our core values and traditional ways," she says. "Honoring children and elders, understanding the seasons, connecting to the land and our traditional foods—corn, squash, beans—foods that helped us exist for thousands of years and that will carry us forward."

As an Outreach and Training Consultant for Envision New Mexico, a healthcare quality improvement program in the Department of Pediatrics at the University of New Mexico Health Sciences Center, Stilwell-Jensen knows very well the health challenges facing the children in her state. And as a member of the Navajo Tribe, she knows first-hand the importance of understanding and respecting the unique cultures and governing structures of the many different tribal nations in the region.

About six months before the *Be Our Voice* advocacy training in June 2010, held in partnership with the New Mexico Pediatric Society, Stilwell-Jensen organized a retreat for the training leaders. "We wanted to ensure that the teams got to know each other first," she says. "They are from all over the state, from different tribes and locations, and we felt it was important to meet face-to-face to learn about each other. We talked about our goals and our stories, and why we



went into healthcare." This process reflects a familiar cultural norm in some tribes. "In the Navajo culture, people begin to know each other by understanding the lineage of each person, the clans on each side, where each one is from, before talking about what we do or where we work," says Stilwell-Jensen.

The Power of Traditional Values

The retreat was facilitated by Regis Pecos, a native of Cochiti Pueblo, and co-founder and co-director of the New Mexico Leadership Institute. "He reminded us about what 'government policy' has historically meant to native people, about the history of persecution by federal laws," says Stilwell-Jensen. "We also talked about the traditional assets and strengths that have sustained tribes: co-existing with the land, being physically active, community gardening." These values and practices reinforce child



wellbeing, she says, and are important to emphasize in working with native communities on issues of child health.

There is another, more practical reason for framing the "anti-obesity" message this way in tribal communities. "Each Indian nation has a unique governance structure," says Stilwell-Jensen, "and leadership in

some tribes changes as often as annually. With multiple layers of tribal and state governance, and sometimes relatively frequent turnover in leadership, it can be challenging to sustain a long-term advocacy effort aimed at a specific objective, such as eliminating soda from schools. But promoting a return to traditional cultural values is timeless."

With a clearer understanding of how to talk about the work that lay ahead, Stilwell-Jensen publicized the *Be Our Voice* training to providers who serve native communities through the Indian Health Service, health educators from a major Medicaid health plan, health professionals from the Albuquerque Public Schools, and community health advocates. More than 20 healthcare professionals attended the June 2010 training session.

Sharon Notah-White was one of them. She works as a health educator with Molina Healthcare of New Mexico, which provides care for financially vulnerable populations who receive Medicare, Medicaid, and other government-funded assistance programs. "It is very exciting to be part of this effort," she says. "My company is very involved in various obesity prevention initiatives, and it was great to bring the tools from *Be Our Voice* back to our programs."

As her company's tribal liaison, Notah-White works with the 22 tribes and pueblos in the New Mexico region, helping with diabetes prevention efforts, health fairs and screenings, and other health awareness events that promote physical activity. She is also involved with school-based health initiatives, and the New Mexico Healthier Weight Council, which works to increase opportunities for healthy nutrition and activities for all New Mexicans.

For Notah-White, the *Be Our Voice* training and materials dovetail perfectly with work she is already doing to create better support systems for vulnerable populations. "Change takes time. Many of our communities have drifted from their traditional and cultural practices, with the influence of popular culture and the media. It is important to instill healthy changes that will help these communities work their way back to their traditional ways of health and wellness."

Working Toward

Environmental Changes

Pediatrician Kelly Moore, MD, also attended the *Be Our Voice* training. A member of the research faculty at the Centers for American Indian and Alaska Native Health at the Colorado School of Public Health, Moore brings both professional passion and personal perspective to her work. She is a member of the Creek Nation of Oklahoma. "I am an active member of the Association of American Indian Physicians (AAIP), and we are focusing on social policy and environmental changes, taking more of a public health approach to dealing with childhood obesity," she says.



Through *Be Our Voice*, Moore recognized how pediatricians and other healthcare professionals can have a broader impact through advocacy work with tribal councils, health boards and other entities that influence policy. At the AAIP annual meeting in August 2010, she organized a mini *Be Our Voice* training with a group of family medicine physicians. "We wanted them to be knowledgeable about the *Be Our Voice* campaign and resources, and we asked them to work on promoting a change in their community and report back at our next annual meeting."

Chenoa Bah Stilwell-Jensen is planning another *Be Our Voice* training for spring 2011, this time for Community Health Representatives who work in native communities. "We want to promote advocacy at the community level, to make sure the environment supports the messages about health."

"It is important that we do this in a way that it is not forced upon native communities, but is empowering," says Stilwell-Jensen. "It doesn't have to be negative. It is about families, about children, and about the value of the American Indian traditional ways. This is why working with sovereign nations is so exciting and so powerful."

Cabarrus County, North Carolina

Population: 64,655

Youth (ages 0-17) below poverty level: 20.8%

Obesity prevalence: North Carolina is the 14th most obese state in the nation.

Adult obesity rate: 29.4%

Childhood obesity rate: 18.6%

In Cabarrus County, North Carolina, healthcare professionals and community leaders are taking seriously the adage that it takes a village to raise a child. Through their *Be Our Voice* work, they are making it clearer than ever that children benefit when people who care about them work together.

"A lot of people don't understand how schools operate," says Debra Morris, EdD, Assistant Superintendent of Kannapolis City Schools, which includes nine schools and about 5,200 students. This was evident, she said, during discussions at the *Be Our Voice* training session she attended in June 2010. "Someone asked why we don't just make our high school students take more physical ed," she recalls. The school cannot require students to take more than the one "healthful living" class that the North Carolina Board of Education mandates for high school students. "So it was good to have an open dialogue about what our role really is, and can be, in keeping kids healthy."

Alice Luttman, RN, BSN, is one of two nurses who supervise the 41 school nurses in the Cabarrus County and Kannapolis City Schools. She had a similar experience at the *Be Our Voice* training session. "It was so interesting to see how hard other people

are working on child health issues, and to learn what their barriers are," she says. "Sometimes school nurses think, 'If only we could get that child to see a doctor,' and yet the doctors are thinking, 'If only I could get that child to follow through on my advice.' That's why it's important for us to work together."

This is one of the "takeaways" that *Be Our Voice* site lead Victoria Manning, MHA, hoped would result from the training session. "A lot of people think it's the parents' job or the schools' job or the doctor's job, but we all have a part to play in reducing the obesity epidemic," she says. Manning is a program coordinator and Chair of the Childhood Obesity Prevention Partnership with Cabarrus Health Alliance, a unique organization that serves as the local public health department, though it is an independent entity.

From "Aha!" to Action

In 2008 the Cabarrus Health Alliance decided to develop a program to address childhood obesity, and *Be Our Voice* fit perfectly into its plans. "We decided to focus our efforts on the schools," says Manning. Thirty people attended the *Be Our Voice* training in June 2010, mostly health professionals along with some school leaders, and most created action plans to focus on interventions such as creating school gardens, improving school nutrition, increasing physical activity, and other similar efforts.

For Assistant Superintendent Morris, an "aha moment" at the training session inspired a "fast action" plan. "I was talking with our school system's social worker at the training, and she said her dream had always been to work in a school-based health and wellness center. Well, we were in the process of building a new biotech wing on our high school, and I said, 'Why don't we add a health and wellness center?'"

"We're nurses. We don't see advocacy as a separate task. We see it as part of our job."



And that's why Luttman and her small army of school nurses are so focused on addressing childhood obesity. "We are in the perfect position to do this work," she says. "We have access to these children six and a half hours a day." And when she says, "You won't find a nurse in our school systems that isn't doing some sort of advocacy work," she is not exaggerating.

The list of initiatives that Victoria Manning has been collecting from the *Be Our Voice* advocates—many of them school nurses—is long and impressive. The advocates have: created a school garden; distributed a monthly newsletter with advocacy and health information; created bulletin boards on healthy nutrition and exercise; created and led classroom presentations on healthy choices, asking each child to choose two goals and track their progress; created a "Breakfast is Best" program providing information on the importance of a healthy breakfast; joined the Healthy School Committee to promote healthy lifestyles; participated in "Fuel Up To Play," a national exercise program; petitioned for healthier alternatives to candy bars for fundraisers; spoken at PTA meetings about the nutritional value of school lunches; collaborated with child nutrition staff to create a Nutrition Advisory Club; and planned an exercise club for non-athletes.

Luttman says that part of a school nurse's job is to teach students to be their own advocates. "We want them to read labels and make good choices," she says. "We talk a lot about having good self-esteem, and feeling good about the choices you make." Another important benefit of good nutrition, says Luttman, is that "healthy students learn better."

Be Our Voice site lead Victoria Manning says that one of the keys to the success of this effort has been getting people to incorporate advocacy work into what they are already doing. "It is key to find people who are already invested," she says. "For us it's been primarily the school nurses."

Alice Luttman puts it more succinctly: "We're nurses. We don't see advocacy as a separate task. We see it as part of our job."



Wake County, North Carolina

Population: 151,846

Youth (ages 0-17) below
poverty level: 20.8%

Obesity prevalence:
North Carolina is the
14th most obese state in
the nation.

Adult obesity rate: 29.4%

Childhood obesity rate:
18.6%



When pediatrician Carrie Dow-Smith, MD, went to the Wake County *Be Our Voice* training, she did not get what she expected. Instead, she got an “aha moment” that changed the way she thinks about childhood obesity and her role in fighting it.

“I was hoping to learn some inspirational words of wisdom to share with my patients to make it easier for them to live a healthy lifestyle,” she says. “But the training was really about the importance of working at the population level. I realized I should spend some time in the schools.”

Dow-Smith’s epiphany is exactly the point of the *Be Our Voice* training, says site lead Laura Aiken, MA, MHA, Director of Advocates for Health in Action (AHA), a locally-funded community coalition of diverse organizations working to make physical activity and healthful eating a way of life. Aiken also serves as a Community Health Specialist with WakeMed Health & Hospitals.

“The best thing about *Be Our Voice* is helping healthcare professionals understand they have a role to play in the community,” says Aiken. “They know obesity is an issue, and they want to address it, but with only a few minutes per patient, how much can they do? Now they see that if they spend 10 minutes writing a letter, or making a quick phone call, they can have a bigger impact on the population.”

AHA, which includes more than 50 organizations, was a perfect structure to piggy-back the *Be Our Voice* advocacy training onto, says Aiken. “It’s really been about plugging healthcare providers into what is already happening, and letting them take the lead to identify issues that are important to them.”

No one disputes that the region needs a wake-up call about the obesity epidemic. “In Wake County, if you combine children who are obese with those who are at risk for obesity, it’s up around 60 percent. If we can prevent those at-risk kids from moving into that obese category, that will be great,” says Aiken. Working with the schools is a great place to start: with 163 schools and more than 143,000 students, the Wake County Public School System is the largest in the state.

Identifying Priorities

The healthcare professionals who attended the *Be Our Voice* training in September 2010 identified three priorities: local wellness policy enforcement, general education for school communities about how to promote healthy choices, and incorporating health and wellness programs at healthcare worksites. “It’s important for physicians and other healthcare professionals to practice what they preach,” says Aiken. “So we provide them with tools and ideas for healthy workplaces like having healthy snacks at meetings, asking the drug reps to stop bringing doughnuts, and creating exercise programs for staff.”

Inspired by the *Be Our Voice* training, Carrie Dow-Smith contacted the principals and the coaches at Hunter Elementary School in Raleigh—the school her children attend—and talked with them about how she could get involved. “We started a walking club, two days a week before school,” she says. “The coaches crank up the boom box and everyone walks around the track, some parents too, and we’re tallying up the miles,” she says. Kids get little plastic feet they can string on a necklace when they’ve walked five miles, and ten, and when they reach 26.2 miles—the distance of a marathon—they get to break through a finish-line tape.

Most mornings there are 150 to 200 kids walking, says Dow-Smith.

Together, Dow-Smith and the school leaders also created the Healthy Hunter Challenge, a five-week program that focuses each week on a specific aspect of healthful living. “Week one is exercising 30 minutes a day,” she explains. “Week two is eating five fruits and vegetables every day, and so forth.”

She is also working with teachers and administrators to reverse some age-old reward and punishment traditions that send the wrong message to today’s overweight children. “We reward them with cupcakes and punish them by keeping them in from recess or making them run laps,” she says. “We love them with sugar and punish them with exercise. It is totally backwards.”

‘Big A’ and ‘Little A’

Pediatrician Betsey Tillson, MD, was one of the organizers of the *Be Our Voice* training. She also provides primary care to patients, mostly from lower-income families, at Wake County Human Services, the local health department. She has concentrated on recruiting other healthcare professionals to help with advocacy work, such as for smoke-free parks and the new federal

child nutrition bill. “One of the things we recognized,” she says, “is that some providers can offer ‘Big-A advocacy’ if they have the time and passion to get really involved, and some can offer ‘Little-a advocacy’ by making a phone call or filling out a survey.” Everything helps, she says, because health care providers have such a powerful voice.

“Physicians and healthcare professionals are respected as medical and scientific authorities, and as unbiased advocates for their patients’ wellbeing,” she observes. “So when we created a healthy snack guide, for example, I think the physician buy-in helped more people adopt it.”

Pediatrician Andrea Newman, MD, who also sees patients at Wake County Human Services, has focused primarily on promoting workplace wellness since attending the *Be Our Voice* training. “It’s a lot easier to counsel patients on something you’ve done yourself,” she says. So her office staff of 30 started a wellness group, to encourage everyone, no matter their age or fitness, to make small changes to improve their lifestyle. Now a walking group steps out during lunch, and once a month they introduce a new vegetable to staff, something people may not have tried before. “We serve it at our team meetings,” says Newman, “and bring the recipe. Recently one of the nurses made kale chips—she baked them with a little olive oil and garlic, and they were really good,” she says. Next up, a nutritionist will do a presentation on label reading.

Be Our Voice site lead Laura Aiken is happy about the progress that these and other healthcare professionals are making toward their shared goals, and grateful that they can bring their gravitas to such an important endeavor. “When you put ‘MD’ behind the name, people listen,” she says. “A doctor can testify at a city council hearing and be more effective than anyone. It is great for the community that healthcare professionals are taking on this role.”



“We love them with sugar and punish them with exercise. It is totally backwards.”

Texas

Population: 25,145,561

Youth (ages 0-17) below poverty level: 30.2%

Obesity prevalence: Texas is the 12th most obese state in the nation.

Adult obesity rate: 30.1%

Childhood obesity rate: 20.4%

Pediatrician Kimberly Avila Edwards, MD, FAAP, likes the strong imagery that a colleague uses when he talks about the environment in which children live. “One of my team members, Dr. Stephen Pont, says that counseling children in the exam room about healthy habits and then sending them out to live in the real world is like teaching them to swim and then throwing them into a tsunami. It’s just not enough.” This is why advocacy is just as important to her as treatment. “We have to do both.”

Avila Edwards, a Texas *Be Our Voice* site lead, has been involved in advocacy work since she first started her practice in 2002. Through that work, she learned something important: “I saw that the healthcare voice was not as prominent in the community as it should be.” Fast-forward a few years, and along with two colleagues—Stephen Pont MD, MPH, FAAP, and Jane Gray, PhD, a child psychologist—Avila Edwards applied for and got a grant to start the Texas Center for Prevention and Treatment of Obesity in Children at Dell Children’s Medical Center of Central Texas in Austin. The Center focuses on clinical intervention, education, advocacy, and research.

At about the same time the Center was getting started, Avila Edwards learned that the Texas Pediatric Society had been selected as a *Be Our Voice* site, with her as the team leader. “It was fortuitous timing,” she says,

“because we always saw advocacy as part of our work.” The Texas Medical Association, the Texas Pediatric Society, the Department of Agriculture, Partnership for a Healthy Texas, and a number of other organizations with shared goals agreed to support the Texas Pediatric Society’s *Be Our Voice* work. Mary Greene-Noble, executive director of the Texas Pediatric Society, serves as the site co-leader for *Be Our Voice*.

“We had three training sessions: one in Austin, one in Fort Worth, and one down along the Texas-Mexico border, in Harlingen,” says Avila Edwards. Each session was open to any healthcare professional recruited through the partner organizations. An application process helped the team members assess the experience and commitment of those who wanted to come, which turned out to be a good range of healthcare professionals, including nurses, dietitians, physicians, social workers, pharmacists, public health professionals and child health specialists. A total of 59 people attended the three sessions.

At the trainings, participants were asked to pick an area for local advocacy work centered around the “5-2-1-0” framework—5 servings of fruits and vegetables a day, 2 hours or less of screen time, 1 hour of physical exercise, and 0 sugar-sweetened beverages. The Texas Medical Association provided additional grant money to seed projects that resulted from the work plans advocates developed during the training.

Shalonda Horton, RN, was one of those advocates whose idea has taken root, supported by *Be Our Voice* grant money. A nurse and full-time PhD student at the University of Texas in Austin, Horton also teaches public health nursing part-time. Her research area is obesity in older adolescents.

Tools and Momentum

“I went to the *Be Our Voice* training and it was a perfect fit with my work,” she says. “At my church we’ve been pushing messages about being healthy, and I thought maybe that was a community I could work

“We have moved from little pockets of people who are interested in health, to a larger group of people.”

with. The training gave me tools and momentum to try it.” Horton has another important tool to employ in this effort: her husband is the Rev. Daryl Horton, youth pastor at her church, Mt. Zion Baptist Church in Austin.

In December 2010, the Hortons proposed that their church start an official health ministry. The church voted “yes,” and formed a committee, which in turn created a pilot program called the “Habit for Health Challenge.” This involved creating teams among the congregation that would track their physical activity over a period of time. Prizes were awarded to the teams with the most time logged. “It got really competitive,” says Horton, “and when it was over, everyone said, ‘When is the next one?’” Shalonda Horton knew she was on to something.

“Every other week we would set up a new challenge of some kind,” she says. “No sodas for the week, or if you drink one you have to subtract a certain amount of minutes from your exercise time. Or drink eight glasses of water a day. People said they thought that would be hard, but it wasn’t. A lot of folks say they are still doing it.”

To integrate exercise with spirituality, the committee organized a prayer walk. “The Bible says that Joshua marched around the walls of Jericho seven times, so we walked around our block seven times, and there was a different thing to pray about on each lap. Everyone got a big cheer when they finished and we had healthy snacks,” says Horton. Since food is a big component of church life, Horton says they are working to improve the nutritional value

of snacks served at church youth activities such as youth day and after-school tutoring. Her goals for the program are impressive: “I want the program to be self-sustaining, and I want to take it statewide within our church association,” she says.

Bringing Focus to the Schools
Pediatrician Valerie Smith, MD, has put her *Be Our Voice* training to work in her local school district in Tyler, TX. “I had been asked to chair the Student Health Advisory Council (SHAC) for our school district, and I didn’t really know what that was,” she says. “*Be Our Voice* helped me understand the importance of SHACs.” Under her leadership, her district’s SHAC has written a wellness policy that focuses on helping students get enough fruits and vegetables and providing time for physical activity.

“For the first time in our district we have an index process where we can look at what schools are doing individually; each school has developed its own work plan,” she says. “One school has already started a school garden, which is a wonderful way to compliment the science curriculum and increase the vegetables served at lunch. We’ve also started a marathon, doing half the miles in PE class and half at home over a three-month period. We finish up with a one-mile family fun-run.”

Smith works at the St. Paul Children’s Clinic, funded by the non-profit St. Paul Children’s Foundation in Tyler. She sees mostly low-income children, about



70 percent of whom are Hispanic, a population at higher risk for childhood obesity. The Foundation is active in all aspects of children’s lives, and runs a food pantry, dental clinic, a clothing exchange, and an after-school program. The pediatric clinic offers “Healthy Kids, Healthy Families,” a 10-week program to coach families about healthy habits.

“It is clear that in Tyler we have moved from little pockets of people who are interested in health, to a larger group of people. We have a coalition called Fit City Tyler that is focused on reducing obesity, and leaders from across the community are involved,” says Smith.

The *Be Our Voice* training was instrumental in Smith’s community involvement. “When a problem is really big, sometimes it feels overwhelming because you think you need to tackle everything,” she says. “*Be Our Voice* helped me focus, and provided a framework for how to start making change. That is better for me, and ultimately better for the community too.”



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American Academy
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"Be Our Voice means that we are being the voice for our children growing up in our community."
Marsha Raulerson, MD, Pediatrician and Director, Lower Alabama Rural Health Clinic

"The Be Our Voice project gives us a new paradigm to look at health improvement."
Creshelle Nash, MD, MPH, Medical Director, Arkansas Minority Health Commission

"Be Our Voice empowers physicians to become more effective obesity prevention advocates in their community."
Christopher Bolling, MD, Pediatrician and Program Chair, KY APP Provisional Section on Obesity

"Be Our Voice has lit a fire and given us some information that we didn't have before and can use."
Michelle Ellison, RN, BSEN, NCSN, Madison Station Elementary School Nurse

"We can all be co-learners in this process to address childhood obesity."
Chenoa Bah Stilwell-Jensen, MS, Community Outreach Coordinator, Envision New Mexico

"We've been able to increase awareness of childhood obesity prevention in our community."
Victoria Manning, Grant Writer, Cabarrus Health Alliance, North Carolina

"Be Our Voice is something that everyone should look at doing in their community."
Laura Aiken, MA, MHA, Director, Advocates for Health in Action, North Carolina

"As physicians, we can share our knowledge and learn from others so that we can have a much greater impact on the community beyond the walls of the hospital."
Stephen Pont, MD, MPH, Medical Director, Texas Center for the Prevention and Treatment of Childhood Obesity

Online Resources

Be Our Voice

<http://www.nichq.org/advocacy>

The *Be Our Voice* website offers many ways to connect with other healthcare professional advocates and get involved in advocacy: meet our panel of experts and submit a question; find local and national childhood obesity events; learn more about the epidemic in your area through our State and County Obesity Factsheets; read our blog and comment on the current childhood obesity topics; or sign up for our email listserv to be part of the dialogue with hundreds of other healthcare professionals. There are countless ways to get connected and stay involved. And starting in Fall 2011, you'll be able to experience the entire *Be Our Voice* curriculum virtually by taking our Online Advocacy Training course.

Collaborate for Healthy Weight

<http://www.collaborateforhealthyweight.org>

Collaborate for Healthy Weight is an initiative led by the US Department of Health and Human Services, Health Resources and Services Administration (HRSA) and the National Initiative for Children's Healthcare Quality (NICHQ) to promote positive community, primary care, public health and individual change to reverse the obesity epidemic and promote health equity. The initiative is working to bring together public health, primary care and other community sectors (such as schools, parks, agriculture, housing, transportation and business), for the prevention and treatment of individuals with overweight and obesity.

PreventObesity.net

<http://www.preventobesity.net/>

PreventObesity.net is driven by a belief that technology has created the opportunity to tap the talents, creativity, expertise and energy of potential collaborators. The Robert Wood Johnson Foundation (RWJF) launched PreventObesity.net to harness the power of online networks to reverse the childhood obesity epidemic. The goals of the networking strategies are to build a base of grassroots advocates who engage in efforts to change policies and places in ways that will help to prevent childhood obesity and reverse the epidemic, and provide tools to help people organize more easily, more powerfully and with greater reach and awareness.

AHRQ Innovations Exchange:

Paths to Healthy Weight

<http://www.innovations.ahrq.gov/healthyweight.aspx>

At Paths to Healthy Weight, the Health Care Innovations Exchange presents new approaches for helping communities and clinicians prevent overweight and obesity, in a joint effort of the Agency for Healthcare Research and Quality (AHRQ) and the Health Resources and Services Administration (HRSA).

National Programs

YMCA of the USA: Healthier Communities Initiatives

<http://ymca.net/healthiercommunities/>

The YMCA's Healthier Communities Initiatives are built on the concept that local communities can work together to give all community members healthy choices and support the pursuit of healthy lifestyles. More than 160 Ys are working in collaboration with community leaders to make changes in policies and the physical surroundings in those communities so that healthy living is within reach for individuals of all ages and backgrounds. With three major programs—Pioneering Healthier Communities (PHC); Statewide Pioneering Healthier Communities (Statewide PHC); and Action Communities for Health, Innovation and EnVironmental change (ACHIEVE)—chances are there is a Y initiative in your community.

Alliance for a Healthier Generation: Healthy Schools Program

<http://healthiergeneration.org/schools.aspx?id=3275>

The Alliance for a Healthier Generation launched its Healthy Schools Program to provide support to individuals at thousands of schools in all 50 states as they work to create healthy school environments that promote physical activity and healthy eating for students and staff. Support to schools is based on a set of criteria in the areas of nutrition, physical activity and school employee wellness. Read about the program benefits on our website, and then join at no cost to help your school take positive steps to become a healthier place to work and learn!

Safe Routes to School

<http://www.saferoutesinfo.org>

Safe Routes to School (SRTS) programs are sustained efforts by parents, schools, community leaders and local, state, and federal governments to improve the health and well-being of children by enabling and encouraging them to walk and bicycle to school. SRTS programs examine conditions around schools and conduct projects and activities that work to improve safety and accessibility, and reduce traffic and air pollution in the vicinity of schools. As a result, these programs help make bicycling and walking to school safer and more appealing transportation choices thus encouraging a healthy and active lifestyle from an early age. SRTS programs are in 10,000+ schools in all 50 states and the District of Columbia.

Healthy Kids, Healthy Communities

<http://www.healthykidshealthycommunities.org>

Healthy Kids, Healthy Communities is a national program of the Robert Wood Johnson Foundation (RWJF) whose primary goal is to implement healthy eating and active living policy- and environmental-change initiatives that can support healthier communities for children and families across the United States. Healthy Kids, Healthy Communities places special emphasis on reaching children who are at highest risk for obesity on the basis of race/ethnicity, income and/or geographic location.

Let's Move!

<http://www.letsmove.gov>

Let's Move! is a comprehensive initiative, launched by First Lady Michelle Obama, dedicated to solving the challenge of childhood obesity within a generation, so that children born today will grow up healthier and able to pursue their dreams. Combining comprehensive strategies with common sense, Let's Move! is about putting children on the path to a healthy future during their earliest months and years: giving parents helpful information and fostering environments that support healthy choices; providing healthier foods in schools; ensuring that every family has access to healthy, affordable food; and helping kids become more physically active.

Campaign for Healthy Kids

<http://www.campaignforhealthykids.org>

As part of the national effort to reverse the childhood obesity epidemic, Save the Children and the Robert Wood Johnson Foundation created the Campaign for Healthy Kids (CHK). Working with local partners across the country, the Campaign for Healthy Kids aims to accelerate state and local policy change to increase children's access to affordable healthy food and opportunities for physical activity.