PREVENTION RESEARCH CENTERS

Healthy Youth: Physical Activity & Good Nutrition

FACING THE ISSUES

- *Nearly 1 in 3 young people 6 to 19 years of age are overweight or at risk of becoming overweight, and more than 1 in 3 high school students do not engage in regular, vigorous physical activity.*
- *Young people who are overweight are more likely to be overweight or obese as adults.*
- *Good health behaviors started early in life can persist into adulthood and help prevent serious health problems throughout a lifetime.*

CDC's Prevention Research Centers work with schools, families, and community organizations to create and assess programs and activities that promote physical activity and healthy eating among young people.

School-Based Programs

Many Prevention Research Centers (PRCs) collaborate with schools on programs that increase physical activity and promote diets rich in fruits and vegetables. For example, researchers at a PRC in Massachusetts developed and tested Planet Health, a program that incorporates physical activity and nutrition lessons into a middle school curriculum. It is being implemented in more than 120 schools in Massachusetts, and 2,000 copies of the materials have been purchased by people in 48 states and 20 countries.

Researchers at a PRC in Texas are augmenting materials from the Coordinated Approach to Child Health (CATCH) program—a school-based program shown to reduce heart disease risk factors—to include diet-related obesity prevention strategies for children. The researchers are also developing the CATCH TV component to help students budget their television time, to encourage eating of healthy snacks, and to promote indoor and outdoor physical activities. Parents learn how to reduce children's television viewing and video game playing at home and how to promote family physical activity and nutrition.

PRC researchers in Oklahoma are implementing and evaluating a physical education elective for students in a largely American Indian high school. The 16-week class includes about 40 minutes per day of walking or running. The goal is to develop a model program that will encourage administrators and policymakers to support affordable in-school physical education.

At the PRC in Washington, project collaborators are designing and evaluating a school-based health education curriculum that is culturally appropriate for American Indian and Alaska Native students in grades 7 through 12. Strategies are used to discourage tobacco use, improve nutrition, increase physical activity, and help young people recognize and avoid unhealthy behaviors. The collaborators measure students' body mass, dietary habits, and physical activity levels before and after implementation of the curriculum.

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The Prevention Research Centers are a network of academic health centers, partner communities, and public health practitioners that conduct community-based participatory research to prevent disease and disability.

Many PRCs work with schools to provide students with healthy choices in vending machines and cafeterias. At the PRC in Colorado, for example, researchers are helping schools change their policies and environments to promote healthy food choices and increase physical activity.

At the PRC in North Carolina, researchers are assessing walk-to-school (WTS) programs that aim to increase daily physical activity by encouraging children to walk in groups accompanied by adults. Using information from a national registry of WTS programs, researchers are studying how children's participation is affecting their weight and physical fitness.

Healthy Environments

Although physical activity is important for healthy development, Many communities are not designed to support it. The PRCs study environmental factors that may influence the health behaviors of young people.

Researchers at one PRC are exploring whether changes in Chicago's physical environment (e.g., availability of sidewalks and bicycle paths, road safety, access to recreational facilities) and transportation systems (options, quality, convenience) affect adolescents' physical activity levels and weight.

In a PRC community in Massachusetts, neighborhood groups, families, and adolescents are being asked whether the availability of recreational resources and other environmental factors influence young people's participation in physical activity. In the state's urban areas, where the racial or ethnic minority population is high, the opportunities for after-school physical activities for young people are far less than in surrounding suburban areas. The PRC is creating recreational and sports programs for young African Americans and Hispanics. Another PRC in Massachusetts is working on a project that aims to address the physical activity and health education needs of adolescent girls who live in Boston's inner-city public housing developments.

Spotlight on Success

CATCH (Coordinated Approach to Child Health) is a comprehensive school health program that involves a child's entire community (parents, teachers, nutritionists, school staff, and community partners). It has multiple components that reinforce healthy behaviors throughout a child's day. CATCH has helped reduce the fat in school meals, increase activity in physical education classes, and improve students' health behaviors. Researchers are enhancing CATCH with components to improve nutrition and reduce TV viewing. In 2001, the Texas legislature authorized the state Board of Education to require all school systems in Texas to provide 30 minutes per day of school-based physical activity and to implement a coordinated school health curriculum. CATCH is now used in more than 1,500 elementary schools in Texas. CATCH is also used in 7 other states, in 320 of U.S. Department of Defense overseas elementary schools, and has been adapted for low-income Hispanic communities. For more information, visit www.sph.uth.tmc.edu/catch.

Physician-Based Programs

Some PRCs design programs to help health-care providers address physical activity and nutrition issues with young people and their parents. In Massachusetts, PRC researchers are training practitioners on how to motivate parents to help their children watch less television, drink fewer sugar-sweetened beverages, increase their physical activity, and eat more fruits and vegetables.

Researchers at the PRC in Louisiana are developing and validating a tool that will enable health-care providers to assess the physical activity behaviors of their patients. The tool may be used as a chart variable for tracking, prompting, and documenting provider counseling on physical activity.

For more information, please contact the Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, MS K-45, 4770 Buford Highway NE, Atlanta GA 30341-3717 • (770) 488-5395 • http://www.cdc.gov/prc