

Indian Health Diabetes Best Practices:
School Health and Diabetes



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Indian Health Diabetes Best Practice: School Health and Diabetes

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What is school health?

The school setting—ranging from preschool to college—is an important avenue to reach the entire population and offers an opportunity to teach skills that promote positive behaviors, change the social and physical environment of the school, offer clinical services, and create links with the wider community (Stewart-Brown, 2006; Stone, 1996; Wechsler *et al.*, 2000).

Why is school health important?

In 2006, the World Health Organization (WHO) Health Evidence Network reported that school health promotion programs can be effective in helping young people improve their health. Healthy children learn better and have higher school attendance rates. Promoting the following approaches in schools will benefit children and youth (Stewart-Brown, 2006):

- Offering and increasing consumption of healthy foods.
- Offering and increasing physical activity levels.
- Improving mental health.

Nutrition and physical activity behaviors are formed early in life and may be carried into adulthood. Therefore, programs that encourage physical activity and promote healthy eating habits may be most effective if directed toward young people (Baranowski *et al.*, 2000; DHHS and ED, 2000; French *et al.*, 2001; Lytle *et al.*, 1996; McGraw *et al.*, 2000; Pargee *et al.*, 1999; Simons-Morton *et al.*, 1991; Story *et al.*, 1999). For example, eating healthy foods and participating in physical activities, such as sports and physical education classes, can help:

- Build and maintain healthy bones and muscles.
- Achieve and maintain normal weight.
- Lower the risk of type 2 diabetes.
- Promote positive psychological benefits.

Best practices for school health and diabetes

The best practice for school health and diabetes describes the best methods for:

- Offering clinical services.
- Improving dietary behaviors.
- Promoting physical activity.
- Promoting mental health using a “whole school” approach.
- Creating a dialogue among local tribal programs, clinics, and schools.

Table 1 summarizes the best practices for school health and diabetes.

Table 1. Best practices for school health and diabetes.

Program Recommendations	Best Practices
<p>1. Offer clinical services</p>	<p>Why?</p> <p>School health can provide a major role in preventive care, such as immunization and safety programs, counseling, and educating students on good health.</p> <p>How?</p> <ul style="list-style-type: none"> - Use tools and resources, such as the National Assembly on School-Based Health Care (www.nasbhc.org), to help your program start a school-based or school-linked health clinic. - Offer to provide clinical services: <ul style="list-style-type: none"> • Offer to perform school or sports physicals in the schools; this is a good place to start. • Screen students for risk factors and high-risk behaviors. • Arrange for appropriate follow-up. - Establish strong and streamlined referral mechanisms for schools to refer students to the clinic. - Track referrals to ensure that students receive appropriate evaluation and follow-up.
<p>2. Improve dietary behaviors</p>	<p>Why?</p> <p>Interventions to improve diet among youth are effective, especially among girls and older students (Stewart-Brown, 2006).</p> <p>How?</p> <ul style="list-style-type: none"> - Use the “whole school” approach. - Help schools develop federally mandated school wellness policies. - Develop policies regarding food choices for school parties, fundraisers, and other activities. - Improve access to healthy food choices on school menus and in the school environment. - Reduce or eliminate the availability of sugary drinks in schools. - Help schools develop school nutrition policies. - Provide training for food service staff. - Provide adequate time for lunch.

(Table 1 continued on next page)

Table 1. Best practices for school health and diabetes. (continued)

Program Recommendations	Best Practices
<p>2. Improve dietary behaviors (continued)</p>	<ul style="list-style-type: none"> – Provide peer-led health interventions. For example, healthy eating interventions can be very effective for young women. Give examples of the benefits associated with healthy eating, such as healthy weight, increased bone density, and decreased depression. – Provide training for teachers to maximize the effectiveness of approaches. – Please refer to the Indian Health Diabetes Best Practice on youth and diabetes for examples of approaches that have been shown to be effective in getting youth to eat healthier foods.
<p>3. Promote physical activity</p>	<p>Why? Interventions to increase physical activity among youth are effective, especially among girls and older students (Stewart-Brown, 2006).</p> <p>How?</p> <ul style="list-style-type: none"> – Provide training for teachers to maximize the effectiveness of physical activity approaches. – Hire full-time physical education teachers in the schools. – Implement daily, structured, developmentally appropriate physical education classes for kindergarten through grade 12. – Focus instruction for middle and high school students on lifetime fitness skills and recreational activity. – Focus instruction for elementary and pre-school students on fundamental locomotor fitness skills appropriate for students in this age range (n.b., skills and fitness level are not just for athletes). – Conduct pre- and post-assessments and include mid-year reviews. Assessments may include the Fitness Gram, Presidential Fitness Challenge, or process measures, such as step counts with pedometers and exercise logs. – Integrate traditional and cultural activities into the physical activity plan. Examples may include powwow dances and stick games. – Use national standards, such as the National Association for Sports and Physical Education (NASPE) standards, for physical education. – Provide adequate funding and resources for equipment, training, and incentives. – Please refer to the Indian Health Diabetes Best Practice on youth and diabetes for examples of approaches that have been shown to be effective in getting youth to be more physically active.

(Table 1 continued on next page)

Table 1. Best practices for school health and diabetes. (continued)

Program Recommendations	Best Practices
<p>4. Promote mental health using a “whole school” approach</p>	<p>Why?</p> <p>The WHO Health Evidence Network found that school-based programs to promote mental health are effective when a “whole school” approach is used in program development and education. Elements of the “whole school” approach include strategies, such as the involvement of the whole school, making changes to the school environment, personal skills development, parent and community involvement, and sustained program implementation (Stewart-Brown, 2006).</p> <p>How?</p> <ul style="list-style-type: none"> – Use a “whole school” approach, which includes: <ul style="list-style-type: none"> • Involving students, teachers, staff, parents, and community members who are working together to care for themselves and others. • Providing skills and behaviors that support health. • Learning how and where to access information that supports healthy choices. • Changing the school psychosocial environment. For example, provide a positive and supportive school environment that allows youth to have an opportunity to talk about issues that concern them. • Developing personal skills in class through peer education strategies and experiential learning activities, such as communication skills, decision-making, conflict resolution and negotiation, reducing violence and aggression, goal setting, self-advocacy and assertiveness, time management, problem solving, budgeting, leadership, personal health and safety, and anger management. – Implement a mental health promotion program for at least one year for maximum effectiveness. – Focus on promoting mental health rather than preventing mental illness. – Establish partnerships with existing mental health resources to obtain full-time services in the school. – Provide mental health training to school personnel on identification, symptoms, and referral. – Utilize adults, elders, and traditional practitioners to promote mental wellbeing.

(Table 1 continued on next page)

Table 1. Best practices for school health and diabetes. (continued)

Program Recommendations	Best Practices
<p>4. Promote mental health using a “whole school” approach (continued)</p>	<ul style="list-style-type: none"> – Establish peer youth mentorship programs in schools. – Expand Indian Health Service (IHS) mental health and counseling programs. <ul style="list-style-type: none"> • Consider screening school-age children. • Hire child training specialists and get them into the schools (please refer to the “Real-world best practice programs” section below).
<p>5. Create a dialogue among local tribal programs, clinics, and schools</p>	<p>Why? Organizations and groups—including families, schools, communities, and health care systems—must work together to design and implement changes that will create environments in which children can form healthy behaviors (IOM, 2005).</p> <p>How?</p> <ul style="list-style-type: none"> – Discuss basic issues of childhood overweight, its potential effect on students, and the school’s role in addressing these issues. Dialogue should address recommendations from the Institute of Medicine report on preventing childhood obesity (IOM, 2005). – Ensure that all school meals meet the <i>Dietary Guidelines for Americans 2005</i> (DHHS and USDA, 2005). – Ensure that all youth participate in a minimum of 30 minutes of moderate to vigorous physical activity during the school day. – Expand opportunities for physical activity through physical education classes; intramural and interscholastic sports programs; physical activity clubs, programs, and lessons; after-school use of facilities; use of schools as community centers; and walking and biking to school programs. – Enhance health curricula to include a behavior skills focus and to devote adequate attention to nutrition, physical activity, reducing sedentary behaviors, and energy balance. – Develop, implement, and enforce school policies to create schools that are as free as possible from advertisements. – Involve school health services in obesity prevention efforts. – Conduct annual assessments of each student’s weight, height, and gender- and age-specific body mass index (BMI) percentile, and make this information available to parents. – Perform periodic assessments of each school’s policies and practices related to nutrition, physical activity, and obesity prevention.

Best practices for health care organizations

A health care organization that wants to improve school health programs must be motivated and prepared for change throughout the entire organization. The organization’s leadership must identify school health as important work. They must also develop clear improvement goals, policies, and effective improvement strategies. This will help encourage the entire organization to make changes that will help improve school health and diabetes care.

Table 2 describes the best practices for health care organizations.

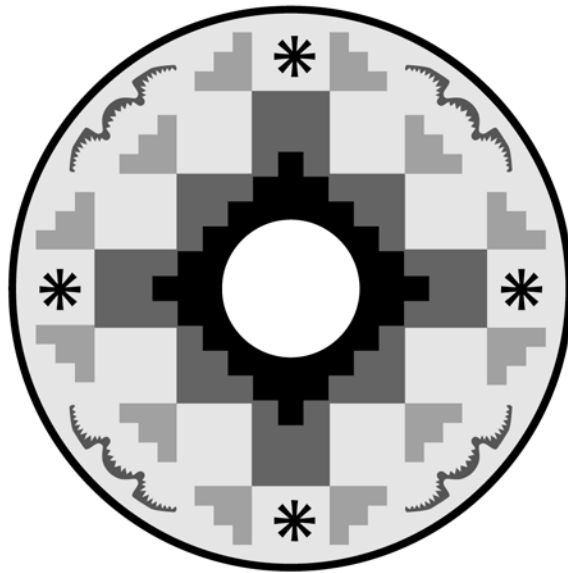
Table 2. Best practices for health care organizations.

Organization Recommendations	Best Practices
<p>System and programmatic changes</p>	<p><i>Why?</i></p> <p>School health programs can improve children’s health and wellbeing (Stewart-Brown, 2006). To do so, the “whole school”, including students, teachers, staff, parents, and community members, must adapt their policies and procedures to include effective approaches.</p> <p><i>How?</i></p> <p>The following school health activities may help improve youth’s mental and physical health:</p> <ul style="list-style-type: none"> – Conduct a community needs assessment to determine what resources are available for youth. – Develop partnerships among the school—including students, teachers, staff, and parents—the health care system, community programs, and organizations. – Establish local coordinating councils for children and youth, including representatives from schools, health providers, parents, and tribal government. – Collaborate with parent organizations, schools, and community providers to provide parent education and support services through schools. – Develop and advocate for tribal policies or resolutions to address wellness (e.g., policies or resolutions that address vendors, stores, health promotion activities, wellness centers, and built environments). – Recognize schools for success with awards and incentives. – Advocate for the IHS to sponsor and support “plant a seed” programs at schools that will help communities “start” their school health programs. – Provide training and continuing education to school teachers and staff, health care providers, and field health personnel.

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Table 2. Best practices for health care organizations. (continued)

Organization Recommendations	Best Practices
<p>System and programmatic changes (continued)</p>	<ul style="list-style-type: none"> - Identify school health as a key priority in the school system’s annual goals. - Provide support (e.g., space, time, and money) for effective school health interventions. - Support policy and environmental changes in schools, teen centers, and health and tribal centers. For example, ban sugary drinks and candy, and create policies for mandatory physical education for all students. - Ensure that safe and developmentally appropriate play and athletic areas are available to students.



Essential elements of best practice school health programs

High quality school health programs involve implementing six essential elements* in your health care organization. These elements are:

- Community resources and policies.
- Health care organization leadership.
- Patient self-management support.
- Delivery system design: Services, programs, systems, and procedures.
- Decision support: Information and training for providers.
- Clinical information systems: Collecting and tracking information.

Table 3 summarizes how these elements apply to basic, intermediate, and comprehensive school health programs.

*Adapted from the Chronic Care Model, which was developed by the MacColl Institute for Healthcare Innovation at the Group Health Cooperative. For more information on the Chronic Care Model, visit their website at www.improvingchroniccare.org.

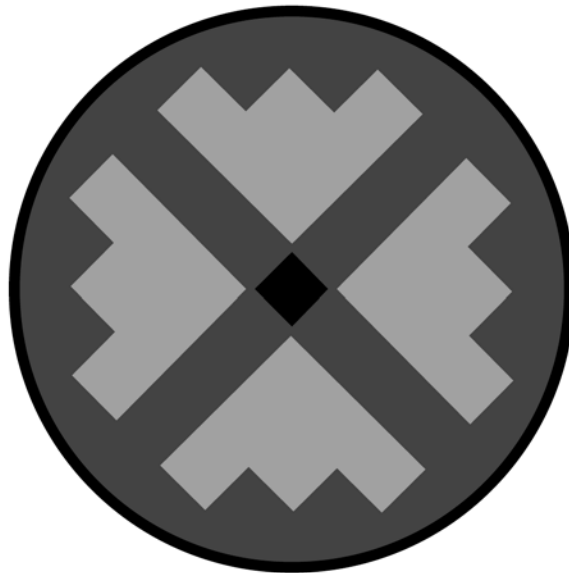


Table 3. Essential elements of basic, intermediate, and comprehensive best practice school health programs.

Basic School Health Programs	Intermediate School Health Programs Basic program <i>plus</i> :	Comprehensive School Health Programs Basic and intermediate programs <i>plus</i> :
Community resources and policies		
<ul style="list-style-type: none"> - Raise community awareness of the problem of diabetes in youth. - Train school personnel to serve youth with diabetes. - Collaborate with tribal diabetes and health education programs. 	<ul style="list-style-type: none"> - Conduct awareness programs, such as health fairs, and disseminate information. - Train field health personnel in the basics of good physical activity and nutrition strategies. 	<ul style="list-style-type: none"> - Develop and implement youth diabetes prevention, treatment, and education programs for the community. - Identify community role models. - Establish a school health committee to work on school health-related policies. - Ensure that school food services meet the <i>Dietary Guidelines for Americans 2005</i>. - Ensure that school snack bars and vending machines provide healthy options and that sugary drinks are not sold on campus.
Organization leadership		
<ul style="list-style-type: none"> - Provide strong policies for school health. 	<ul style="list-style-type: none"> - Provide program support and resources (e.g., space, staff, equipment, and money). 	<ul style="list-style-type: none"> - Commit stable funds for permanent staff positions. - Support and implement policy and environmental changes (e.g., ban sugary drinks from schools and establish physical activity programs in schools).
Patient self-management support		
<ul style="list-style-type: none"> - Develop age-relevant and culturally appropriate education materials and methods in various formats suitable for youth (e.g., websites, e-mail listservs, and videos). 	<ul style="list-style-type: none"> - Provide education within the framework of an IHS-certified (or equivalent) curriculum. 	<ul style="list-style-type: none"> - Develop a comprehensive education program with modules specific for youth that provide education and entertainment that is culturally sensitive. - Collaborate with social marketing programs to engage youth and their families in more wellness programs.

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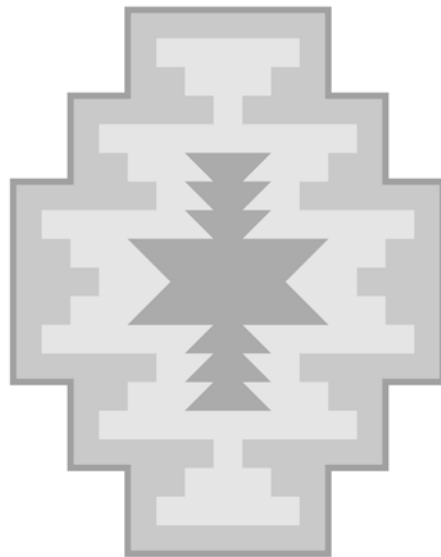
Table 3. Essential elements of basic, intermediate, and comprehensive best practice school health programs. (continued)

Basic School Health Programs	Intermediate School Health Programs Basic program <i>plus</i> :	Comprehensive School Health Programs Basic and intermediate programs <i>plus</i> :
Delivery system design: Services, programs, systems, and procedures		
<ul style="list-style-type: none"> - Establish methods for youth and family involvement in designing, developing, implementing, and evaluating youth programs. Include both process and outcome measures. - Consider providing all students and parents with information on the importance of 5-A-Day, limiting sugary drinks, limiting screen time, and dedicated exercise time. 	<ul style="list-style-type: none"> - Develop an evaluation plan for school health efforts and include feedback from youth. - Provide annual height and weight screenings, as well as feedback about BMI to parents and students. - Use group encounter forms to enter the data into the student's health records. - Provide clinical services in schools (e.g., school and sports physical exams). 	<ul style="list-style-type: none"> - Provide ongoing, interesting, and effective youth education programs. - Establish routine screening of heights and weights with follow-up provided in the schools by health care providers and physical activity personnel. - Establish referral mechanisms. - Provide physical and mental health services in the schools by local clinical personnel who are part of an interdisciplinary team. Ensure that messages are consistent about nutrition and physical activity. - Dispense prescription medications. - Establish regular meetings among school, clinic, and emergency department providers to ensure appropriate care and follow-up.
Decision support: Information and training for providers		
<ul style="list-style-type: none"> - Train teachers and the "whole school" in effective interventions for youth. 	<ul style="list-style-type: none"> - Train teachers and the "whole school" on the risk factors for diabetes. 	<ul style="list-style-type: none"> - Adapt effective school health strategies for American Indian and Alaska Native youth. - Provide regularly scheduled in-services to school personnel to increase their skills in mental health, physical activity, nutrition, and behavioral issues.

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Table 3. Essential elements of basic, intermediate, and comprehensive best practice school health programs.
(continued)

Basic School Health Programs	Intermediate School Health Programs Basic program <i>plus</i> :	Comprehensive School Health Programs Basic and intermediate programs <i>plus</i> :
Clinical information systems: Collecting and tracking information		
<ul style="list-style-type: none"> - Establish an evaluation plan to evaluate and assess school health programs. - Use data to persuade people that school health is effective at promoting mental health, preventing violence and aggression, increasing physical activity, and promoting healthier eating. 	<ul style="list-style-type: none"> - Prepare regular reports to the “whole school”. - Document school health activities and outcomes in periodicals (e.g., local newsletters, magazines, <i>Indian Country Today</i>, and <i>Health for Native Life Magazine</i>). - Examine local clinic data to determine the proportion of youth who have annual visits. 	<ul style="list-style-type: none"> - Evaluate and report results in peer-reviewed journals.



Evaluating your school health program

Evaluation is important because it helps you see what is working and what is not working in your school health program. It will show you if adjustments or changes need to be made to improve your program. Evaluation also provides you with information that you can use to share your successes with patients, providers, tribal leaders, administrators, the community, funders, and other stakeholders.

Consider the following when developing your program:

- What are the goals and the objectives of your program? Are your objectives SMART (i.e., specific, m measurable, a attainable, r realistic, and t time-bound)?
- Is your program following the “gold standard” for diabetes prevention and treatment?
- Does your program have a data collection plan, including a plan to capture baseline information, as well as process and outcome measures?
- Does your program have a focused evaluation plan, and can it describe the purpose of the evaluation? (The National Assembly on School-Based Health Care website [www.nasbhc.org] provides good recommendations for evaluation and outcome measures.)
- What data resources are available (e.g., data from health clinics; schools; the tribal, county, state, and national levels; the Behavioral Risk Factor Surveillance System (BRFSS), the Youth Risk Behavior Survey, Bureau of Indian Affairs school surveys, and RPMS [if school activities are captured])? If data are not readily available, is there a plan in place to collect, enter, analyze, and interpret data (e.g., planned collaboration with a public health or epidemiology analyst)?
- What are the measures of success? For example:
 - Do you have less staff turnover?
 - Do you have more paid staff?
 - Are you working with community groups?
 - Do you have the capability to track your program’s activities?
 - Is your program able to conduct interviews with parents to determine what behaviors the child has changed?
 - Do your participants feel better about themselves a result of the program?
 - What are the markers that will be used to measure success (e.g., A1c and weight)?
 - Are youth involved in physical activity program?
 - Are youth improving their food choices?
 - Are youth with type 2 diabetes taking their medications as prescribed and keeping appointments?
 - What is the child’s attitude toward having diabetes?
 - Are trained personnel available to take measurements?
 - Are people with skills available to measure and analyze data?
 - Does your program use teen letters, emails, newsletters, radio, and other media sources?

Sustaining your school health program

Often, for school health goals to be reached, programs must be in place for more than a few years. Here are some helpful tips for sustaining your program:

- Secure long-term funding (i.e., non-grant funds) to meet your program's needs.
- Ensure that school health is included in the health care organization's long-term strategic plan.
- Provide ongoing school health training for school and clinical staff members.
- Develop reimbursement opportunities for innovative school health clinical care.
- Include diabetes audit reports as an ongoing meeting agenda item.
- Establish school environments and policies to promote health.
- Build school capacity to continue program efforts by training school staff.

Contacting others for help

Contacting other people involved in school health programs is important because they can help you get started. Your peers at other health care organizations and school health programs can share their expertise, materials, and ideas, and can also tell you what has worked for them and what has not. This can help you avoid reinventing the wheel. Here are some tips on how to connect with others:

- Ask your Area Diabetes Consultant for the names of people who may be able to help you.
- Contact the IHS Division of Diabetes Treatment and Prevention for ideas. They may be able to point you in the right direction.
- Ask the IHS Integrated Diabetes Education Recognition Program for suggested contacts. They have names and contact information for people who work with IHS-accredited diabetes education programs.
- Flip through issues of *Health for Native Life Magazine*. The magazine profiles many diabetes programs throughout Indian Country. The articles may give you ideas for activities to try and people to contact.
- Review resources from the National Diabetes Education Program (NDEP). NDEP offers materials that will help your program get started, including information specifically for American Indians and Alaska Natives. You can access these resources at the website: www.ndep.nih.gov
- Refer to the National Assembly on School-Based Health Care and its website (www.nasbhc.org) for resources on managing school-based and school-linked health care programs.

Real-world best practice programs

Muscogee (Creek) Nation Health System Diabetes Program

Scott Robison

☎ (918) 695-1325

✉ scott.robison@mail.ihs.gov

This program has developed and uses several programs for youth, including “Move It and Prevent Diabetes: Elementary School-Based Program”, “Hop to Stop Diabetes: Jump Rope Program”, diabetes prevention youth day camps, and family prevention overnight camps.

Navajo Coordinated School Health Program

(This is a Navajo Area program that is managed out of Shiprock, New Mexico. However, all service units participate through the Health Promotion Department.)

Shaundale Gamboa

☎ (505) 368-6321

They have developed a school-based health promotion program that addresses motional and mental wellness, employee wellness, safe and healthy environments, health services, family, school and community partnership, nutrition, comprehensive health education, and physical activity.

Taos Pueblo Diabetes Program

Ezra Bayles

☎ (505) 758-7824

The Taos Pueblo Diabetes Program offers a variety of wellness activities specifically for youth including:

- Competitive sports team activities (e.g., soccer and basketball).
- Individual activities (e.g., rock climbing, golf, and ice-skating).
- School-based, non-competitive physical education classes.
- Supervised wellness activities during an after-school program at the Taos Pueblo Day School (TDS).
- Cooking classes.
- Nutrition education classes.
- “Healthy choices”-based curriculum for students in grades K–8.
- Addressing food and nutrition policies at the Head Start, Senior Center, and Taos Day School.

Helpful websites

5 A Day

The goal of this program is to educate adults and youth about creative ways to increase consumption of fruits and vegetables.

🔗 www.5aday.org

ABCs of Teaching Nutrition to Your Kids

🔗 www.askdrsears.com/html/4/T040200.asp

American Alliance for Health, Physical Education, Recreation, and Dance

The American Alliance for Health, Physical Education, Recreation, and Dance is the largest organization of professionals supporting and assisting those involved in physical education, leisure, fitness, dance, health promotion, and education and all specialties related to achieving a healthy lifestyle.

🔗 www.aahperd.org

American Diabetes Association

Offers information on diabetes for educators and lay people.

🔗 www.diabetes.org

American Diabetes Association Virtual Grocery Store

🔗 http://vgs.diabetes.org/homepage.jsp?WTLPromo=NUTRTION_vgs&vms=196528892522

California Department of Education

The California Department of Education discovered that there is a positive relationship between academic achievement and the physical fitness of California's public school students. This website provides more information.

🔗 www.cde.ca.gov/nr/ne/yr02/yr02rel37.asp

Captive Kids: A Report on Commercial Pressures on Kids at School

🔗 www.consumersunion.org/other/captivekids/index.htm

Centers for Disease Control and Prevention: VERB Campaign

The VERB Campaign is designed to encourage physical activity for American Indians and Alaska Natives.

🔗 www.cdc.gov/youthcampaign

Dietary Guidelines for Americans 2005

🔗 www.health.gov/dietaryguidelines/

Google

Type in the words for which you want to learn something (e.g., “ways to increase physical activity in youth”).

🔗 www.google.com

IHS Division of Diabetes Treatment and Prevention

This website provides useful information on diabetes and diabetes programs for American Indians and Alaska Natives, including information on how to obtain copies of the *Eagle Books* by Georgia Perez.

🔗 www.ihs.gov/medicalprograms/diabetes/index.asp

IHS National Nutrition and Dietetics Training Program

The IHS National Nutrition and Dietetics Training Program provides a wide range of nutrition training tailored to IHS, tribal, and urban Indian health program professionals and paraprofessionals.

🔗 www.ihs.gov/medicalprograms/nutrition

Institute of Medicine: *Preventing Childhood Obesity: Health in Balance*

🔗 www.nap.edu/catalog/11015.html

National Assembly on School-Based Health Care

🔗 www.nasbhc.org

National Diabetes Education Program

The National Diabetes Education Program is a federally funded program sponsored by the U.S. Department of Health and Human Services, NIH, and CDC. It includes over 200 partners at the federal, state, and local levels, working together to reduce the morbidity and mortality associated with diabetes.

🔗 www.ndep.nih.gov

New Food Guide Pyramid

The food guide pyramid has been rebuilt. The biggest change is that the food groups are no longer horizontal blocks of the pyramid. Now, a rainbow of colored, vertical stripes represent the five food groups, as well as fats and oils.

🔗 http://kidshealth.org/kid/stay_healthy/food/pyramid.html

Nutrition for Kids

This website provides information, activities, newsletters, stickers, handouts, and links—all geared to teaching nutrition to kids.

🔗 <http://nutritionforkids.com/kidactivities.htm>

PE4Life

PE4Life inspires active, healthy living by advancing the development of quality, daily physical education programs for all children.

🔗 <http://pe4life.com>

PE Central

PE Central provides health and physical education to teachers, parents, and students. Their goal is to provide the latest information about developmentally appropriate physical education programs for children and youth. To combat the high obesity rate among youth, they offer programs to help students log their physical activity and pedometer steps.

🔗 www.pecentral.org

Public Broadcasting System Food Smart

☞ <http://pbskids.org/itsmylife/body/foodsmarts/article4.html>

Smart-Mouth.org

This website uses games to teach middle-school-aged children how the food environment (e.g., advertising, portion sizes, and school vending choices) influences their food choices. Kids can see how their favorite restaurant foods stack up, play “true or false” with a food industry spokesman, and “bite back” by asking food companies and government officials to support healthy eating.

☞ www.smart-mouth.org

U.S. Department of Agriculture: MyPyramid Plan

The MyPyramid Plan can help adults and youth choose the foods and amounts that are right for them.

☞ www.mypyramid.gov

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