



We Can![®] 2010 Strategy Development Workshops:

Washington, DC and Newark, DE
February and May, 2010



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
National Institutes of Health
National Heart, Lung, and Blood Institute

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People Science Health



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We Can! (Ways to Enhance Children's Activity & Nutrition)[®]

Executive Summary

We Can! (Ways to Enhance Childhood Activity & Nutrition)[®] is a national education program from the National Institutes of Health designed to help children stay at a healthy weight through community action, strategic partnership development, and national news and events. In just five years, **We Can!** has experienced many exciting accomplishments due to grassroots efforts of community sites and partners engaging individuals, organizations, and the media to address childhood obesity and overweight. **We Can!** has grown from 14 pilot sites in 2005 to more than 1,350 registered community sites in all 50 states, the District of Columbia, and 12 other countries and to over 45 partner organizations. As of May 2010, the mayors or commissioners of 22 **We Can!** Cities/Counties nationwide had also pledged to engage their communities in an effort to help children maintain a healthy weight.

As the program has grown, so too has the environment in which it now operates. The rise in childhood obesity over the past 30 years has been staggering, with prevalence rates that have doubled among children ages 2–5, tripled among youth ages 6–11, and more than tripled among adolescents ages 12–19 (according to 2007–2008 National Health and Nutrition Examination Survey data). The National Heart, Lung, and Blood Institute (NHLBI) recognized the need to adapt the **We Can!** program to be a more comprehensive tool for obesity prevention and invited partner organizations, community sites, and other supporting Institutes and Centers within the National Institutes of Health (NIH) to explore the program's strengths and challenges. These stakeholders could help inform any adjustments or modifications necessary given the new context for childhood obesity and overweight prevention efforts.

The NHLBI and the three other NIH Institutes that collaborate on **We Can!** (the National Institute of Diabetes and Digestive and Kidney Diseases, the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development, and the National Cancer Institute) convened over 30 partner organizations and community sites in two different Strategy Workshops (held in Washington, DC and Newark, DE), to discuss their **We Can!** programming and accomplishments, as well as future plans in light of the evolving environmental and policy context that is impacting all organizations working in childhood obesity prevention. Representatives included leaders from community-based organizations, Federal agencies, city and state health departments, healthcare organizations, national associations, and non-profits. This report summarizes the goals of the Workshops, the accomplishments of the program to date and its focus for the future, presentations by community sites and partner organizations highlighting their work implementing **We Can!**, and the program recommendations that arose from the stakeholder discussions and presentations. A complete list of participants can be found in Appendix A.

During the Workshops, attendees were provided an opportunity to share their childhood obesity prevention experiences and challenges, and encouraged to offer concrete suggestions on how to optimize the **We Can!** program's operations in this new environment and continue to have an impact on the communities most in need. The agendas for the Workshops can be found in Appendix B. The main goals of the Workshop discussions were to:

- Share experiences and insights regarding **We Can!**'s overarching program elements and strategies.
- Gather feedback on **We Can!** resources, such as the various curricula, program resources, and other materials.
- Gain insights on any issues, barriers, or challenges requiring particular attention.
- Discuss attendees' accomplishments, as well as future plans in light of the evolving environmental and policy context.

Partner organizations and community sites from Massachusetts, Delaware, Georgia, Pennsylvania, and Tennessee presented on their **We Can!**-related programs and activities. Subsequent conversations ensued about the strengths of the program, the challenges in implementation, and recommendations for future programming. Workshop discussion questions can be found in Appendix C.

Key recommendations that emerged from the meeting are grouped in the following categories: coordination with other groups and programs; target audience segmentation; repackaging materials for ease of use; and environmental/policy issues. Highlights of the recommendations follow; more details can be found in the Partner Discussion and Recommendations section.

Key Recommendations

Coordination with Other Groups and Programs

1. Collaborate with other Federal agencies to complement existing programs and support obesity prevention on a national level.
2. Partner with media outlets to promote healthful messaging to the general public. Efforts of particular significance include securing celebrity spokespeople and the creation of a promotional video about the program.

Target Audience Segmentation

1. Increase outreach to Latino, African American, and American Indian populations by developing culturally relevant resources and messaging.
2. Team with large companies to educate employees through existing wellness programs.
3. Enhance Web-based resources by tailoring sections of the Web site for specific target audiences; offering training modules and webinars on the program and its curricula; and providing a place for community sites to network on the Web site.

Repackaging Materials for Ease of Use

1. Simplify **We Can!** communication strategies and messaging, and involve the community in the development of program materials.
2. Lower the reading level of **We Can!** materials to address low literacy challenges.
3. Place a strong emphasis on the effects of obesity and its connection to chronic disease.
4. Offer additional training and technical assistance, tailored to different aspects of the program and different audiences, as well as funding opportunities.

Environmental/Policy Issues

1. Explore ways that **We Can!** information can be used to bolster efforts of communities and individuals in implementing new policies and addressing environmental barriers.
2. Consider presenting **We Can!** as a complementary tool to existing obesity prevention efforts.
3. Provide science-based evidence for decision-makers to implement, endorse, or fund obesity prevention and treatment programs for children.

Moving forward, the NHLBI team will continue the dialogue with communities and partner organizations and consider hosting an annual meeting to capture feedback and provide support on a routine basis. The key recommendations and information offered through presentations and dialogue will help inform the strategic development of the next phase of **We Can!**

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Opening Session: Overview of *We Can!* and Purpose of Workshops/Partner Input

National Heart, Lung, and Blood Institute (NHLBI), National Institutes of Health

Karen Donato, SM, Coordinator of Overweight and Obesity Research Applications; Melinda Kelley, PhD, Public Health Science Policy Analyst

Background

The ***We Can!*** (**W**ays to **E**nhance **C**hildhood **A**ctivity & **N**utrition) program, launched in 2005, is an NHLBI collaboration with three other NIH Institutes: the National Institute of Diabetes and Digestive and Kidney Diseases, the *Eunice Kennedy Shriver* National Institute of Child Health

Each ***We Can!*** Strategy Workshop opened with brief comments and an accompanying PowerPoint presentation on the background and development of the ***We Can!*** program, the main program elements, community mobilization efforts, and the goals of the Workshop. The opening presentation was followed by a brief question-and-answer session.

and Human Development, and the National Cancer Institute. The program has met its initial challenge—developing, piloting, and scaling up a public education program that prompts nationwide community involvement in addressing childhood overweight and expands the reach of the NIH's science-based resources. NHLBI is now eager to explore how the next phase of ***We Can!*** can complement the many other activities that program partners and community sites are implementing to keep youth at a healthy weight.

According to the National Health and Nutrition Examination Surveys (2007–2008), in the past 30 years, the prevalence

of childhood obesity has more than doubled among children ages 2–5, tripled among youth ages 6–11, and more than tripled among adolescents ages 12–19. Additionally, one-third of all adults are now classified as obese, a figure that has more than doubled over the last 30 years. The overarching goal of the ***We Can!*** program is to address this growing problem.

The evolution of ***We Can!*** stems from a Strategy Development Workshop held in February 2004 with more than 70 national stakeholders, which helped lay the foundation for the turn-key obesity prevention program that it is today. The vision for the program is to provide the most up-to-date science-based information, and to create communities of common interest, along with organizations mobilized to help parents, children, and families maintain a healthy weight. As of May 2010 (the date of the last workshop), the program had over 1,300 registered community sites at three levels of commitment (general, intensive, and City/County), over 45 partner organizations, and had generated over 725 million media impressions. The current size is an outgrowth of the original 14 pilot sites, which in 2005 contributed to much of the formative research that shaped the future of the program. More detailed background information on the program can be found in Appendix D.

We Can! provides a variety of resources to help entire communities mobilize around the four “P”s: **p**eople, **p**artners, **p**rograms, and **p**ublic visibility. Communities across the country are implementing ***We Can!*** curricula in a variety of settings, from community centers and parks to hospitals and schools, to provide science-based information to families. Additionally, national, state, and local public and private organizations are partnering with ***We Can!*** to reinforce program messages and raise awareness among their members and key stakeholders.

As the obesity prevention environment evolves, the need for a fifth P in the program's future has become apparent: **p**olicy. Other areas of health care, such as tobacco control, have shown that policy can be a powerful influence on behavior change and public health. Environment and policy change is likely to be a critical aspect in communities implementing childhood obesity programs such as ***We Can!***'s and to encouraging behavior change in youth as well.

Related Initiatives and Future Work

Let's Move!

Launched in February 2010 by the White House “to solve the epidemic of childhood obesity within a generation,” the *Let's Move!* initiative involves a Federal task force and the development of an interagency plan. The initiative includes four major areas of focus:

- Ensuring access to healthy, affordable food
- Increasing physical activity in schools and communities
- Providing healthier foods in schools
- Empowering parents with information and tools to make good choices for themselves and their families

We Can! supports the *Let's Move!* initiative and its goals by providing parents, families, and caregivers with the tools and resources they need to help children eat right, get active, reduce screen time, and maintain a healthy weight. **We Can!** staff are in regular communication with the Office of the First Lady to keep her staff updated on **We Can!** activities and explore potential collaborations for solving the problem of childhood obesity, together.

Community of Practice

NHLBI has established the Cardiovascular Knowledge Network (KN) to provide updates to the scientific community and the public on a wide array of information, including NHLBI's clinical practice guidelines as well as **We Can!**. The **We Can!** Community of Practice portal is part of the KN. The portal provides a forum for community sites, partners, and other health professionals to exchange knowledge with one another about leveraging community outreach, partnership development, and media activities to enhance **We Can!** programming. With interactive features such as discussion groups and networking opportunities, users can share ideas about ways to improve food choices, increase physical activity, and reduce screen time among youth. This portal could serve as a catalyst of a social movement for the array of groups coming together to ensure healthy lifestyles for children.

Evaluation

The **We Can!** program was piloted and evaluated in 2005 in 14 Founding Intensive Sites, and the findings from the pilot informed the structure of the program and the use of its main youth curricula moving forward. In late 2009, an online program assessment was conducted to learn more about how sites and partners were using the program. Major themes from this assessment showed that current implementers are reaching more diverse audiences than past implementers; tip sheets, promotional resources, the community toolkit, and the Parent Program are among the most useful materials; materials for ethnically diverse audiences are not being fully utilized; and more sites are adapting **We Can!** materials now than in the past.

A full-scale evaluation is a possible next step, and NHLBI is exploring opportunities to work with partner organizations on that effort. Additionally, the program is currently developing a strategy to better assess the impact of community-based activities in real time, in order to better identify community needs and optimize the technical assistance provided for new and existing community **We Can!** efforts.

The ultimate goal of the program's evaluation efforts is to gain a deep understanding of the program's impacts and the ways that **We Can!** is meeting community needs in preventing childhood obesity. The program will use the results of these ongoing activities, as well as the advancement of the science of behavioral change and adherence, to maximize the diffusion of its messages moving forward.

Workshop Presentations

Overview

Each Strategy Workshop featured presentations from key stakeholders doing crucial and varied work related to **We Can!**. Each presenter offered a summary of his/her organization's work and elaborated on successes and/or barriers encountered that were relevant to other attendees at the Workshops and to the **We Can!** program as a whole.

Four stakeholders presented at the Washington, DC, Strategy Workshop:

- Boston Public Health Commission
- FlagHouse, Inc.
- Georgia Coastal Health District
- UPMC Health Plan

Five stakeholders presented at the Delaware Strategy Workshop:

- City of Roswell Recreation, Parks, Historic & Cultural Affairs Department
- Delaware Physicians Care, Incorporated
- Knoxville Area Coalition on Childhood Obesity
- HEALTHY Armstrong
- Nemours Health and Prevention Services

Each presentation is briefly summarized in the following section. Key recommendations and lessons learned from all presenting stakeholders are synthesized in the Partner Discussion and Recommendations section.

DC: Boston Public Health Commission (BPHC)

Kathy Cunningham, Senior Program Manager, Dietician

Background

Boston STEPS (BPHC's Centers for Disease Control and Prevention [CDC]-funded community obesity and chronic disease prevention initiative) and partners supported the launch of **We Can!** in 2005 as one of 14 Founding Intensive Sites. BPHC continues to implement **We Can!** programming and provide other community sites with lessons learned.

Overview

The Chronic Disease Prevention and Control Division of BPHC addresses obesity prevention through three programs that promote their mission statement to reduce the overall burden of chronic disease and address disparities in outcomes, treatment, and related services. The **We Can!** program integrates into the efforts of the Division to advance healthy eating and reduce the incidence and impact of obesity.

In November 2007, then-Mayor Thomas Menino declared Boston a **We Can!** City, propelling the program into additional sectors of the Boston community. BPHC implemented the **We Can!** Energize Our Families: Parent Program, and adapted the curriculum by translating materials into Spanish to make the program culturally relevant. In collaboration with Northeastern University, Children's Hospital, ABCD Head Start, and the Boston Red Sox, the Boston **We Can!** program promotes healthy habits for teachers and families. These strong partnerships enable BPHC to offer **We Can!** classes to parents within Head Start sites.

New directions for the Division include the CDC-funded Strategic Alliance for Health (SAH), a four-year initiative that will focus on building local capacity through promoting physical activity and nutrition; building systems and environment and policy change; working to eliminate racial and ethnic health disparities; and working to reduce the impact of obesity and chronic disease. In conjunction with SAH, the Boston Collaborative for Food and Fitness, a citywide collaborative funded by a three-year implementation grant, works to increase the availability of healthy, affordable, and local foods and increase opportunities for physical activity.

Successes and Barriers

Participants from the 2009 classes reported positive changes to eating and food purchasing habits, increased interest in walking, and increased seeking of physical activities for children as an alternative to screen time. Participant feedback also highlighted a need for classes to include a connection between obesity and chronic disease, and to provide culturally competent approaches with an evidence base. Future programs should provide information to support access to affordable healthy foods, and include an added fifth class with a supermarket tour. Other challenges include coordinating with schools to recruit parents, and ensuring that classes are flexible in order to meet parent needs.

Classes have proved productive as attendance has been high; parents increased their knowledge of healthy beverages and snacks and increased their physical activity through participation in walking groups and open gym for children.

The Boston **We Can!** program supports the Division's obesity prevention initiatives by seeking collaborative opportunities with schools to support wellness activities, expanding working Head Start programs and possible afterschool programs, and continuing to seek and form strategic partnerships.

DC: FlagHouse

Kathy Chichester, National CATCH Coordinator

Background

FlagHouse is the parent company of CATCH (Coordinated Approach to Child Health) Kids Club. As the largest health promotion study funded by the NIH, CATCH currently has 8,000 participating school and afterschool/community programs in 35 states. CATCH Kids Club (CKC) is one of the tested curricula offered by the **We Can!** program.

Overview

CATCH Kids Club is a physical activity and nutrition education program for elementary school-aged children in afterschool and summer care settings. The mission of CATCH is to create healthy school environments, foster healthy community environments, and reinforce consistent health messages through community channels. CATCH is a part of a Coordinated School Health Program designed to prevent sedentary behavior, poor dietary choices, and tobacco use through change at the elementary school level.

Through partnerships with organizations across the country including hospitals, insurance companies, foundations, park and recreation departments, state health departments, and county agencies, CATCH continues to create healthy school and community environments and reinforce consistent health messages through community channels. CATCH also works with the Michael and Susan Dell Foundation and the Paso del Norte Health Foundation and hosts 120 school-based trainings a year. Future efforts for CATCH include partnering with the National Football League and Major League Baseball to reach to a variety of audiences.

Successes and Barriers

CATCH was the first trial program to integrate the school, child, and family, as it targeted ethnically diverse populations from California, Louisiana, Minnesota, and Texas. The trial was conducted from 1991 to 1994 and recorded these outcomes, which persisted over three years without continued intervention:

- Reduced total fat and saturated fat content in school lunches.
- Increased moderate-to-vigorous physical activity during physical education classes.
- Improved self-reported eating and physical activity behaviors among students.
- Reduced obesity rates among participants.

Schools implemented changes to promote and increase the positive outcomes of CKC. The CATCH trial proved the efficacy and need for coordinated school health programs, as indicated through both visual environmental changes and measurements of behavior change:

- Visual environmental changes included change in meal presentation, increased opportunities to be physically active, promotional signage at facilities, increased staff participation, and increased family interaction.
- Behavior changes were measured through evaluations of staff training procedures via survey, evaluation of staff implementation strategies via survey, evaluation of student self-reporting via survey, and impact evaluation via direct observation.

CATCH positively affects the knowledge and behavior of young people, coordinating approaches to deliver healthy messages to youth, as it continues to supplement the **We Can!** program.

DC: Georgia Coastal Health District

Cristina Gibson, Director, Health Promotion and Disease Prevention

Background

Through **We Can!**, the Georgia Coastal Health District adopted the Media-Smart Youth program, enabling them to combat community health challenges through the use of free and easy-to-promote curricula and useful **We Can!** resources for partners. Within the District, as of February 2010, there were four **We Can!** Cities.

Overview

The mission of the District is to assure conditions in which people can be healthy and provide leadership in the prevention of disease and injury. The Health Promotion and Disease Prevention Branch promotes policy and environment change to foster a healthier environment. The District is comprised of eight rural and urban counties. Five of these counties have poverty rates higher than the national average. A high childhood obesity rate coupled with drastic budget cuts have created additional challenges for the District in improving community health.

To address these issues, the District adopted the **We Can!** program in 2006. Local public health students, youth-serving organizations, and other community partners assisted with program implementation, using **We Can!** support materials as a major resource. Specifically, the District noted the guidance and leadership of Karen Donato as a critical resource.

We Can! materials are distributed at local health fairs, to city employees, through health centers, and at local markets. The city of Woodbine designated October 10, 2009, as **We Can!** Day. Furthermore, McIntosh, a county within the District, submitted a letter of commitment and issued a **We Can!** proclamation in early 2010, making it the first **We Can!** County in Georgia.

Since receiving their **We Can!** City sign in 2010, Pembroke, Georgia, began planning an unveiling event that will correspond to a **We Can!** Pembroke Day. Future plans for Pembroke include a partnership with the County Afterschool Programming Coordinator in order to implement the Media-Smart Youth curriculum and parent programming through the local elementary school.

Successes and Barriers

Outcomes of the **We Can!** program in the District are far-reaching and suggest possible incorporation of the Media-Smart Youth program into middle school health curricula. **We Can!** activities in Savannah helped to garner support for a Healthy Savannah policy stating that all catered events must provide nutrition information for the food served.

The District recognizes barriers experienced in the **We Can!** program, specifically the limitations of afterschool programming, parent recruitment, and participation. In contrast, the District identifies supporting documents, online resources, and willing community partners as keys to successful implementation of the **We Can!** program. The District recommends providing more opportunities for community sites to network, funding to purchase program supplies and curricula, and recognition and awareness of the **We Can!** movement among local franchises and national corporate sponsors. Acknowledging these challenges and facilitators, the District continues to work toward its goal to have a **We Can!** City or County in each of the counties within the District.

DC: UPMC Health Plan

Gina Pferdehirt, Director of Public Relations and Community Relations

Background

UPMC Health Plan has a strong community health commitment to combat childhood obesity and actively supports **We Can!**. Through collaboration with an array of community partners, Pittsburgh, Pennsylvania, was named an official **We Can!** City in 2007. UPMC Health Plan also utilizes their Web site (<http://www.upmchealthplan.com/about/wecan.html>) as a locus to promote **We Can!** resources.

Overview

UPMC Health Plan is owned by UPMC, a non-profit organization that operates 20 academic, community, and specialty hospitals and 400 outpatient sites; employs 2,700 physicians; and offers an array of rehabilitation, retirement, and long-term care facilities. With an organizational focus on childhood obesity, UPMC Health Plan has a strong commitment to community health and develops goals and strategies to combat childhood obesity. UPMC Health Plan, which has members in Armstrong County, provides some grant funding to HEALTHY Armstrong (Healthy Eating Active Lifestyles—Together Helping Youth), a community coalition addressing child health that organizes community activities to engage residents and key stakeholders.

Future plans for **We Can!** partnership activities will build on existing successful community health initiatives. These programming goals (in February 2010, the date of the workshop) included hosting a regional training, expanding the Children's Museum of Pittsburgh **We Can!**-related activities and support, developing a strategic plan for the **We Can!** Pittsburgh collaborative, and continuing general expansion to other community agencies.

Successes and Barriers

Since 2007, Pittsburgh **We Can!** program accomplishments include:

- A community health initiative, developed with HEALTHY Armstrong, implemented **We Can!** curricula within the Armstrong School District. This school program began as a single-school pilot and later expanded to six other schools. The program held in-school, afterschool, and weekend activities that provided **We Can!** tips, snack-making advice, a "Wellness Night" for parents, field trips to promote physical activity and healthy cooking lessons, screen-turn-off programming, school-wide walks, and a visit from a nutritionist.
- The Children's Museum of Pittsburgh has presented more than 75 **We Can!**-related public programs to more than 8,000 participants between 2007–2009. Pittsburgh youth participated in **We Can!** programming and other events focused on healthy eating and physical activity through the Museum. Activities have included a hacky sack "jam," a theater production that promoted better nutrition and less screen time, snowshoeing, martial arts, cycling, golf, fencing, and jump rope activities.
- The Jewish Community Center of Greater Pittsburgh became a partner organization to **We Can!** Pittsburgh in 2009, and offered three **We Can!** Energize Our Families parent classes in early 2010.

UPMC Health Plan addressed barriers encountered in executing the **We Can!** program, including challenges with competing initiatives and identifying willing and capable stakeholders. UPMC Health Plan noted expanding the program to include the Latino culture and improving the health literacy level on all program materials as critical **We Can!** programming needs.

Delaware: City of Roswell Recreation, Parks, Historic & Cultural Affairs Department

Kiran Fatania, Wellness Supervisor

Background

The City of Roswell, Georgia, served as a **We Can!** Founding Intensive Site in 2005 and continues to implement **We Can!** programming. They successfully completed five years of Media-Smart Youth programming and officially became a **We Can!** City in 2007. Since then, Roswell has hosted a **We Can!** regional training at the Roswell Adult Recreation Center and has served as a model for other **We Can!** community sites in adapting the Media-Smart Youth program, sharing success stories, and participating in the December 2007 **We Can!** nationwide conference call, which focused on “Getting Started with the Parent Program.”

Overview

The City of Roswell implemented a health initiative to address childhood obesity and improve the health of their community. The Roswell Recreation, Parks, Historic & Cultural Affairs Department oversees the operations and maintenance for over 900 acres of parkland. The Department also manages special events including the Fourth of July, the Southern Trilogy, and recreational sporting opportunities for children and adults in the community.

Through the Healthy Roswell 2010 initiative, the department is currently working with a grant writer to secure additional funds to strengthen existing programs and create new ones. The City of Roswell plans to host future events to advance the goals of the Department. These include:

- Hosting the first Family Health and Wellness Expo in Downtown Roswell.
- Offering the Media-Smart Youth program at a summer camp.
- Working with a nutritionist to continue to incorporate and enhance **We Can!** programming in the Roswell community.

Successes and Barriers

The City of Roswell celebrated many successes in its efforts to promote healthy living. These include:

- Implementing five continuous years of Media-Smart Youth programming at a Roswell middle school; student attendance increased with each year of the program.
- Developing a partnership with the local YMCA to offer the CATCH program through Prime Time, an afterschool enrichment program. With this partnership, the City of Roswell hosts a youth day every October to celebrate the children in the community who are committed to living healthy lifestyles.

The City of Roswell addressed three primary barriers to **We Can!** program implementation: lack of funding to support overall **We Can!** programming, challenges in recruitment for the parent program, and the need for additional support staff.

As a **We Can!** City, Roswell continues to advance healthy living in their community. Through past work with **We Can!** programming, including implementing the CATCH Kids Club program and a Health and Wellness Program for city employees, and through forging partnerships with local organizations, Roswell continues to innovatively promote **We Can!** messaging in their community.

Delaware: Delaware Physicians Care, Incorporated (DPCI)

Kimberly Smalls, Quality/Prevention and Wellness Coordinator

Background

In 2007, DPCI developed a memorandum of understanding with **We Can!** to incorporate **We Can!** into its obesity prevention project to address increasing obesity rates in the state of Delaware. DPCI staff attended a Nemours **We Can!** and CATCH Kids Club training to kick off their involvement with the **We Can!** program. DPCI then initiated informal partnerships with Nemours; expanded trainings to community staff on **We Can!** lesson plans, and curricula; and donated CATCH Kids Club materials to others in the community working on similar issues.

Overview

The mission of the DPCI obesity prevention project is to assist in bringing together existing community resources and assets to improve the overall quality of life for its members and their communities. Through partnering with health promotion organizations, DPCI provides community members with information about nutrition, physical activity, and maintaining a healthy weight in order to address the impact of obesity on families.

DPCI was a gold sponsor at the 2009 Martin Luther King Day celebration in Wilmington, Delaware, hosting the Wellness Zone, which provided interactive health, nutrition, and educational activities for families. This event marked the start of the “**We Can! Make Healthier Choices**” obesity prevention awareness campaign. DPCI also provided **We Can!** educational support and lesson plans to four Boys and Girls Clubs in Delaware and launched an obesity prevention Web site. This Web site provides audiences with a comprehensive list of health-related national programs, highlighting the **We Can!** program and its resources.

Successes and Barriers

In 2007, DPCI participated in a four-week CATCH Kids Club pilot program with three community-based organizations. Pilot participants showed increased rates of physical activity, increased rates of making healthy food choices, and reduced screen time rates. DPCI offered feedback and recommendations after completing the CATCH Kids Club pilot program:

- Provide a longer program to maintain participant engagement and improve health.
- Expect that this program could ultimately help decrease obesity rates of this population.
- Review and assess equipment to determine appropriateness for specific age groups.

DPCI recognized barriers and additional considerations for program implementation:

- Limited funding to successfully implement and sustain scientific and evidence-based projects.
- Volunteer recruitment to support afterschool and after-work activities. DPCI recommends seeking support staff through universities, colleges, AARP, hospitals, civic organizations, local political groups, and police and fire departments.
- Focus on interventions and programming that are fun-focused and skill-driven.

DPCI’s organizational goals in the arena of childhood obesity continue to align with **We Can!** program goals. Through this collaborative partnership, DPCI is reviewing policies and programming that target obesity prevention. DPCI anticipates realizing its future goals through the **We Can!** program.

Delaware: Knoxville Area Coalition on Childhood Obesity (KACCO)

Eleanor Stevens, Coalition Coordinator

Background

Knox County, led by KACCO, became a **We Can!** County in January 2009. The county implements **We Can!** programming in a variety of settings, including activities such as distributing **We Can!** information to Knoxville and Knox County employees at health fairs, sponsoring a Family Fitness Challenge at elementary schools, supporting educational programs in area elementary schools and health food stores, providing nutrition education in afterschool settings, and developing a resource guide in conjunction with the University of Tennessee Public Health Nutrition Department.

Overview

KACCO's mission is to "identify and involve current community programs as well as initiate, coordinate, and support sustainable efforts that will lead to the reduction and prevention of childhood obesity in the East Tennessee Region." By the year 2015, the goal of Healthy Children Knox County is to reverse the growing trend of childhood obesity in their community. The coalition developed an approach that targets obesity at multiple community levels: individual, family, neighborhood, business, and law.

Future plans for the coalition include creating a coalition Web site; disseminating a quarterly newsletter and calendar; building the Speaker's Bureau; developing programs in support of the Robert Wood Johnson Foundation (RWJF) Healthy Kids Healthy Communities grant; and searching for funding to continue to support and sustain the coalition. The coalition also has plans to expand and collaborate with neighboring counties in 2010. They plan to extend coalition efforts and activities to include Anderson, Blount, and Sevier Counties.

Successes and Barriers

Knox County's organizational structure, involving a Coalition Leadership Steering Committee and five subcommittees, has met with great success. The Steering Committee is comprised of stakeholders offering diverse perspectives on efforts to promote healthy living in Knox County. In 2009, 75 individuals representing 44 different organizations were active on the subcommittees within the coalition. Successes of the subcommittees include:

- The Advocacy subcommittee was awarded the RWJF Healthy Kids Healthy Communities Grant, which will be administered through the Knox County Health Department in partnership with the Coalition and the Children's Hospital.
- The Assessment/Outcomes subcommittee has developed talking points for the Speaker's Bureau, pamphlets and grant proposals, and was involved with planning program evaluation.
- The Community Awareness subcommittee was responsible for making Knox County a **We Can!** County, and hosts an annual Coalition luncheon to develop future strategies.
- The Funding subcommittee has submitted proposals to the Blue Cross Foundation and to RWJF for programming in three Healthy Kids Healthy Communities sites.
- The Programs/Services subcommittee developed partnerships with the Junior League of Knoxville, local SUBWAY® restaurants, and the University of Tennessee Public Health Nutrition Department, among others, to provide nutrition education, increase grant funding, and develop a resource guide. Local elementary schools and restaurants sold special **We Can!** wristbands in SUBWAY® colors, which gave students a dollar off of a SUBWAY® restaurant's FRESH FIT FOR KIDS™ Meal.

Delaware: HEALTHY Armstrong

Kay Owen, Project Director

Background

A group of partners in Armstrong County developed HEALTHY Armstrong (Healthy Eating Active Lifestyles—Together Helping Youth) in response to the alarming obesity statistics and risk factor rates across the country. Armstrong County holds the distinction of being the first **We Can!** County in the United States, receiving the designation in 2007.

Overview

The mission of HEALTHY Armstrong, a rural, school-based wellness coalition, is to improve the health of families and to help children maintain a healthy weight through improved nutrition and increased physical activity in Armstrong County, Pennsylvania. Armstrong County contains a single hospital, Armstrong County Memorial Hospital (ACMH), and has one school district, Armstrong School District (ASD), which serves 75% of the student population. Key demographics and risk factors include the following: approximately 85% of the population is classified as rural, 25% of the population is obese, and 35% of Armstrong School District elementary students were overweight during 2005–07.

To address these statistics, HEALTHY Armstrong developed key partnerships with local stakeholders. HEALTHY Armstrong is led by an Executive Council comprised of representatives from each partner organization. Each school in the district has its own in-school facilitator who leads the **We Can!** program components.

We Can! is a central element of HEALTHY Armstrong's efforts to reduce child obesity in the county. **We Can!** was incorporated into school curricula to promote wellness through in-school and afterschool programs that include parents. HEALTHY Armstrong developed a **We Can!** wellness guide to share with all in-school facilitators and posted **We Can!** County road signs in the community. County teachers participated in the online **We Can!** Energize Our Families Parent Program training as part of an in-service training.

HEALTHY Armstrong also developed marketing materials that included **We Can!** resources and messaging. Other key community initiatives that support **We Can!** goals are Healthy Recipes of the Week, a HEALTHY Lifestyle Extravaganza, hike and bike events, "Healthy County Month" in April, and healthyarmstrong.com, which promotes community health initiatives.

Successes and Barriers

HEALTHY Armstrong's efforts to increase physical activity have been successful. The number of minutes per year that students spent in structured physical activities (other than physical education classes), measured in "kid minutes" (KM), increased from 402,142 KM in 2006 to 796,260 KM in 2008. Armstrong also tracked the percentages of "Whoa" foods consumed during the same one-week period over five years' time. "Whoa" foods were defined based on the **We Can!** Go, Slow, Whoa tip sheet. These percentages continue to decrease each year and fresh fruit and vegetable consumption continues to increase.

Armstrong County continues to improve healthy eating and physical activity in their community. Through **We Can!** outreach and events, including a "Wellness Month," direct communication, media outreach, and knowledge sharing, Armstrong is promoting healthy living and combating overweight and obesity in their community.

Delaware: Nemours Health and Prevention Services (NHPS)

Donna Snyder White, Senior Analyst, Community and Government Affairs-New Castle County

Background

NHPS has a firm belief in partnerships and has been a **We Can!** supporting organization since 2007. NHPS supports the program by distributing information to coalition members, recruiting **We Can!** sites in Delaware, and hosting events such as regional trainings and strategy workshops.

Overview

NHPS is a non-profit organization based in Newark, Delaware, that works with families and community partners to help children grow up healthy. With a pediatric hospital in Delaware and outpatient facilities in Delaware, New Jersey, Pennsylvania, and Florida, Nemours is advancing their goal to effect long-term change in the policies and practices that promote child health and to leverage community strengths and resources in order to have the greatest impact on the most children.

NHPS works to serve as a catalyst, planting the seeds for better health by working with community partners to reach children in a variety of settings. One of their initial areas of emphasis is childhood obesity prevention through the promotion of healthy lifestyles.

In October 2007, more than 125 Delaware health professionals, led by then-Governor Ruth Ann Minner, joined together to support a multiyear, statewide campaign to “Make Delaware’s Kids the Healthiest in the Nation.” This campaign encourages and celebrates the efforts of schools, childcare settings, communities, health professionals, parents, and other leaders to improve the motivation, ability, and opportunity for children to eat right and be more physically active. The goal is to help children make better food and lifestyle choices and to stay physically active by reinforcing consistent, healthy messages in each setting.

Successes and Barriers

In the course of their **We Can!** activities, Nemours has identified the program’s scientific evidence base and NIH backing as a crucial element to its success and credibility. Fact sheets and other **We Can!** resources that are grounded in clear, scientific research have been found to be especially useful in increasing community awareness of the program’s science base. On the other hand, the evidence base is only part of the bigger picture: Nemours’ experience has shown that available grants tend to be targeted toward innovation and rigorous evaluation, so these are crucial elements of the program to highlight as well.

Nemours is also working to develop programming specifically targeted toward African American and Latino communities, and to create networks and small hubs that can provide resources to these populations. Again, in working to reach these audiences, the NIH name behind the program has proven to be critical to success in disseminating **We Can!** messages.

Partner Discussion and Recommendations

Throughout both the individual stakeholder presentations and the broader breakout discussions at the Strategy Workshops, participants noted the many strengths of the **We Can!** program. Among those most frequently mentioned were the program's science base, affiliation with NIH, and the depth, breadth, and variety of resources offered. The program also stands apart from others because it offers science-based curricula that are flexible in nature and address physical activity, nutrition, and reduced screen time. The adaptability of the program provides opportunities to work with diverse audiences and partners. Participants also noted that since the announcement of *Let's Move!*, there is higher visibility and national support for childhood obesity prevention, which brings additional visibility to the program. The general consensus at both workshops was that **We Can!** messages are positive, the materials provide an opportunity for dialogue, and the program is solution-based.

Participants offered many recommendations to help the program build upon these strengths moving forward. Though the recommendations were immensely varied, they generally fell into one of four main categories: coordination with other groups and programs; target audience segmentation; repackaging materials for ease of use; and environment and policy issues. The recommendations below are organized around these main themes.

Coordination with Other Groups and Programs

Participants recognized many factors as key to a successful partnership. First, understanding an organization's purpose and sharing their goals builds a non-competitive relationship that can lead to a fruitful partnership. Providing necessary expertise and resources offers an additional benefit to partners. Knowing the partner and recognizing the key champions in the organization can contribute to developing an integrated plan and focus efforts in the same direction. Desired outcomes for both parties must be articulated along with a realistic timeline that considers the organization's commitment to other efforts and programs. Collaborating on the local level with partners and the community will identify touch points and facilitate distribution networks. Participants offered several recommendations for collaborations that could be particularly beneficial to the **We Can!** program.

1. Collaborate with other Federal agencies to complement existing programs. NIH and CDC should consider working together to communicate health messages instead of operating programs independently. Additionally, there are a variety of other opportunities to partner with Federal programs supporting obesity prevention on a national level. **We Can!** can serve as a resource to these programs by providing turn-key, science-based curricula for adults and children in various community settings. Federal programs recommended for immediate partnership include:
 - The First Lady's new initiative, *Let's Move!*, focuses on addressing all of the factors that lead to childhood obesity. **We Can!** can be presented as a complementary tool to the various pillars of the program and packaged as a resource for *Let's Move!* Cities.
 - The CDC uses its Action Communities for Health, Innovation, and Environmental Change (ACHIEVE) program to provide funding to organizations across the country that implement obesity prevention and other health-related programs. Grantees are charged with disseminating tools, models, activities, and strategies to increase physical activity and healthy eating, which is synergistic with the **We Can!** program.

- The Health Resources and Services Administration (HRSA) manages grant programs that focus on promoting healthy behaviors (e.g., the Healthy Weight Initiative). A stronger partnership with HRSA could provide opportunities for community sites to secure funding for program implementation.
 - The Department of Education's Carol M. White Physical Education Program offers grants to schools to improve and expand physical education programs in grades K–12.
 - Many other Federal organizations were also identified to help enhance and expand the reach of the **We Can!** program.
2. Reach out to non-Federal groups and associations, particularly health care groups, whose goals are in line with **We Can!** messaging, to connect Federal and national messages to grassroots programs. For example, the program could engage medical students and integrate **We Can!** into medical training programs. See Appendix E for a full list of recommended organizations.
 3. Partner with media outlets to promote healthful messaging to the general public. Efforts of particular significance include securing celebrity spokespeople and the creation of a promotional video about the program. Partnerships with select media outlets could also lead to the development of counter-advertising to offset the impact of unhealthy food promotion.

Target Audience Segmentation

Both groups discussed **We Can!** target audiences and provided ideas on how to reach them. Health care workers, school nurses, parents, caregivers, coalitions, school-aged children, faith-based organizations, occupants of public housing, employers, and multigenerational families were some of the target groups named by participants. Participants presented a wide variety of suggestions for reaching these audiences.

1. Increase outreach to Latino, African American, and American Indian populations by developing culturally relevant resources and messaging, and by creating versions of the Web site in multiple languages, specifically Spanish.
2. Create a cadre of youth health ambassadors and recruit youth star performers from the various **We Can!** programs.
3. Team with large companies to educate employees through existing wellness programs. Offering the Parent Program through corporate wellness programs is a way of engaging parents and caregivers who may otherwise not have time to attend the program.
4. Offer materials and fact sheets that speak specifically to the health-related barriers that those who are physically and cognitively disabled encounter on a daily basis.
5. Tailor sections of the Web site for specific target audiences, such as parents, children, and health professionals. Develop an interactive program to allow parents and youth to visit the Web site together and explore the program.
6. Provide online training modules and webinars on the program and various curricula so that those who do not have the resources to travel to regional trainings and other program meetings are able to enhance their skills and expertise.

7. Make the community site map more prominent on the Web site so people can easily identify programs and partners in their community.
8. Fully utilize the COP and make sure that community sites and partners are aware of its existence and potential, in order to provide them with an online space to network and share successes and lessons learned.
9. Design and implement trainings and customized curricula specific to diverse audiences. Trainings for community sites should focus on building program infrastructure, capacity, and program sustainability to ensure the growth and impact of the program. Provide instructions on how to customize the various youth curricula and parent program for diverse settings and audiences.
10. Reach audiences that may be overlooked in current outreach efforts by accessing new venues such as telehealth (the dissemination of health information via telecommunication such as video conferencing), physician offices, and medical training programs.

Repackaging Materials for Ease of Use

Workshop participants observed that the main gaps in the current environment are access to and overall comprehension of health information. Parents are often aware of health messaging but lack access and resources to healthy foods and opportunities to follow through on recommendations. Individuals indicated that organizations providing resources often work in silos, and “reinvent the wheel” instead of merging resources together to serve the community through strategic collaboration. This discussion led to a range of suggestions on how to package the wealth of **We Can!** materials and resources in order to maximize their flexibility and usability.

1. Simplify **We Can!** communication strategies and messaging. Create templates and materials, including policy briefs tailored to various settings and audiences (e.g., schools, elected officials), bibliographies of proven obesity prevention research, and fact sheets/talking points, to assist partners and community sites with outreach to their networks.
2. Lower the reading level of the fact sheets and curricula. Program materials should be developed in plain language with clear, simple messaging and include pictures and other visuals to address low literacy challenges.
3. Place a strong emphasis on the long-term effect of obesity. Repackage **We Can!** to connect obesity to chronic disease in a way that is simple for the community to understand and that communicates the seriousness of the issue.
4. Involve community representatives in the development of program materials. Consider engaging community sites early in the development process for feedback and recommendations.
5. Provide customizable resources for organizations that have the greatest reach, such as health care workers, school nurses, faith-based organizations, and employers.

6. Expand the inventory of promotional items to include posters, banners, and incentives.
7. Offer checklists or other guiding documents for navigating the **We Can!** resources offered on the Web site.
8. Include social media in outreach efforts.
9. Provide funding for sites and identify other public/private grant opportunities to assist with the start-up and sustainability of the program.

Environment and Policy Issues

Workshop participants cited the community environment as another opportunity for change. For example, CDC funding is focused on upstream (environmental change policies), and not downstream initiatives (individual behavior change), and provides opportunities to engage communities in new ways. In order to secure CDC funding, a focus on environment and policy change is usually required because creating change in an individual is not considered a good return on investment when compared to changing an entire community. Participants identified policy areas that the program should address, as well as what should be added to keep the program fresh and vibrant. Some participants suggested that obesity prevention programs should be as intense and direct as tobacco use prevention campaigns. Other suggestions include:

1. Explore ways that **We Can!** information can be used to bolster efforts of communities and individuals in implementing new policies and addressing barriers in the environment, such as food deserts and health insurance reimbursement for prevention services.
2. Consider presenting **We Can!** as a complementary tool to existing efforts, framed around the *Let's Move!* initiative. Since the inception of *Let's Move!*, there is higher visibility and national support for childhood obesity awareness and related policy.
3. Provide science-based evidence for decision-makers, including packaged research (e.g., exercise and its impact on academic achievement, such as with SPARK), to facilitate the implementation, endorsement, expansion, or funding of programs for children. Policy briefings from the Department of Education could be a useful reference for the development of these tools.
4. Leverage program resources to focus on policy areas that could have the most impact, including:
 - Food policy (e.g., access to healthy foods)
 - Transportation policy (e.g., bike lanes)
 - Elimination of high fructose corn syrup
 - Availability of potable water in schools
 - Implementation of early childcare regulations regarding physical activity and nutrition registries.
5. Develop a blueprint for action and summary of the program's evaluation outcomes, as well as other **We Can!** fact sheets, for sites and partners to use when presenting the program to key stakeholders and policymakers, and when drafting grant applications.
6. Consider expanding the age range of the program to include breastfeeding-age children, and examine policy questions relevant to nutrition, physical activity, screen time, and breastfeeding for children and youth of all ages.

Workshop Conclusions and Next Steps

The Strategy Workshops brought together **We Can!** partners and community sites, other interested organizations, and program staff for a day of sharing observations, experiences, and recommendations for future expansion of the program.

At the conclusion of the workshops, Ms. Donato acknowledged the importance of convening and the significance of gaining perspective from those implementing and supporting **We Can!** at the community level. She urged community sites and partners to continue to keep the NHLBI team apprised of their obesity prevention activities and to offer feedback and recommendations on an ongoing basis.

Participants indicated that it was helpful to meet with other organizations and to gain a greater understanding of the depth of the **We Can!** network. They acknowledged that partnerships are at the core of the program, which allows for the leveraging of resources at the community, state, and national levels. They expressed the belief that the greatest strengths of **We Can!** are the credibility of the program, the affiliation with NIH, and the positive and solution-based messages. The program also stands apart from others because it offers science-based curricula that are flexible in nature and address physical activity, nutrition, and reduced screen time. The adaptability of the program provides opportunities to work with diverse audiences and partners.

Moving forward, the NHLBI team will review and assess the stakeholder recommendations that emerged from the Strategy Workshops, using them to help inform priorities for the program's growth and evolution.

The NHLBI team will also continue the dialogue with communities and partner organizations and will consider hosting an annual meeting to capture feedback and provide support on a routine basis. Regional strategy sessions with community groups across the nation are also being considered to capture additional feedback.

The key recommendations and information offered by these and future conversations will be captured to inform the strategic development of the next phase of the **We Can!** program.

Appendices

Appendix A: Participants

Washington, DC

Leslie Bushara and Yolanda Makunanesh, Development Consultants, Children’s Museum of Manhattan

The Children’s Museum of Manhattan (CMOM) joined **We Can!** as a partner in September 2008 and as a general community site in May 2009. In the fall of 2009, CMOM was awarded a generous and prestigious three-year National Leadership grant for \$838,000 from the Institute of Museum and Library Services (IMLS). With this grant, CMOM is developing an adapted version of the **We Can! Energize Our Families: Parent Program** for children ages 2–5. Using **We Can!**’s core principles as a basis, CMOM’s *Early Childhood Obesity Prevention* project will tailor the program to younger children, exploring the connection between nutrition, physical activity, and the importance of sleep and a healthy immune system in achieving complete health and wellness. The grant will also support the creation of a new museum exhibit to reinforce **We Can!** messages. The adapted program will be piloted at the East Side House Settlement public-housing facility in the Bronx, and then in New Orleans in partnership with the Louisiana Children’s Museum. Additionally, the CMOM Healthy Lifestyles outreach program, designed to help students discover how their bodies work to keep them healthy, incorporates key messages from the **We Can!** program and is designed to meet performance standards for life sciences, scientific thinking, and investigation.

Amanda Cash, Senior Public Health Analyst, Health Resources and Service Administration (HRSA)

The Health Resources and Services Administration (HRSA) is the primary federal agency for improving access to health care services for people who are uninsured, isolated, or medically vulnerable. By providing leadership and financial support, HRSA works with health care professionals in rural and underserved communities to improve access to health care, health outcomes, the quality of care, and public health and health care systems, and to eliminate health disparities. In 2008, HRSA emailed national grantees, encouraging them to sign up for the **We Can!** program. As a result, 116 community sites registered to join **We Can!**

Kathy Chichester, National Coordinator, CATCH Kids Club

CATCH (Coordinated Approach to Child Health) Kids Club is one of four youth curricula offered through **We Can!**. The program is used in over 8,000 schools and afterschool programs, and focuses on healthy activity for children in grades K–5. CATCH Kids Club is based on the NIH-funded CATCH Program (Coordinated Approach to Child Health), a coordinated school health program that has shown proven effectiveness in promoting healthy eating and physical activity and reducing obesity in elementary school-aged children. CATCH Kids Club is now owned by FlagHouse, a physical activity equipment distributor and **We Can!** partner. FlagHouse mentioned **We Can!** in several eNewsletters and provided trainers and materials at several **We Can!** regional trainings. Currently FlagHouse is working with NHLBI to conduct additional **We Can!** regional trainings.

Kathy Cunningham, Senior Program Manager and Registered Dietician, Boston Public Health Commission

The Boston Public Health Commission (BPHC) is an independent public organization that institutes a wide range of health initiatives, targeted at preventable disease and injury. In 2005, BPHC joined **We Can!** as one of the program’s 14 Founding Intensive Sites, and the

organization was instrumental in helping Boston become a **We Can!** City. BPHC offers the Parent Program at several locations around the city, and even helped extend the **We Can!** Parent Program to Spanish speakers by translating the program curricula and resources into Spanish. BPHC works with several local partners to promote **We Can!**, including Children's Hospital–Boston, Northeastern University, YMCA of Greater Boston, Head Start of Boston, and Boston Public Schools.

Becky (Rebecca) Garland, Executive Director, *Be Out There*, National Wildlife Federation

Be Out There is a national campaign of the National Wildlife Federation, whose mission is to encourage kids and families to spend more time outdoors. The campaign focuses on tools for parents, creative and engaging activities for kids, and state and local policy changes. The National Wildlife Federation has been a **We Can!** partner organization since 2005. The NWF Green Hour site, a Web site committed to getting youth outdoors, includes **We Can!** materials.

Cristina Gibson, Director, Health Promotion and Disease Prevention, Coastal Health District

Gibson spearheaded **We Can!** efforts across the state of Georgia starting in 2008 with the first **We Can!** program in Savannah partnering with the YMCA's Pioneering Healthier Communities (PHC) initiative. As the **We Can!** leader for the Coastal Health District, which serves eight rural and urban counties, Gibson also coordinates communication and collaboration among **We Can!** community sites in Georgia. The District continues to expand as it celebrates key successes in its efforts to promote healthy behaviors in children. District accomplishments include hosting a regional training; garnering media attention by tapping into local newspapers and radio stations to promote the benefits of eating right, being physically active, and reducing screen time; inviting local law enforcement to assist in promoting **We Can!** events; implementing multiple **We Can!** curricula; and securing strong partnerships with other organizations within the community. The District is actively working towards its goal of having a **We Can!** City or County in each of the areas it serves.

Millicent Goreham, Executive Director, National Black Nurses Association

The National Black Nurses Association (NBNA) is a non-profit organization that represents 150,000 African American nurses. The organization's primary mission is to provide a forum for African American nurses to investigate, define, and determine the health care needs of the African American population, and to implement health care equality for African Americans. NBNA is a national partner to the **We Can!** program and invited NHLBI to facilitate a one-hour session on **We Can!** during the Children's Institute at NBNA's Annual Meeting in 2007. NBNA is also interested in publishing the African American fact sheet and a drop-in article that highlights the NBNA-**We Can!** partnership in a future edition of the organization's newsletter. NBNA has supported the **We Can!** program by distributing program information through networks, and extending an opportunity for **We Can!** to present at their 2010 annual conference.

Emma Green, Program Manager, National Association of County and City Health Officials

The National Association of County and City Health Officials (NACCHO) is a national organization representing 3,000 local health departments around the country. NACCHO supports efforts that protect and improve the health of all people and all communities by promoting national policy, developing resources and programs, seeking health equity, and supporting effective local public health practice and systems. As a grantee of the Robert Wood Johnson Foundation's childhood obesity initiative, "Leadership for Healthy Communities," NACCHO works to mobilize local health department teams across 11 Southeastern states to support local-level policy change and develop a learning community of public health practitioners to promote healthy eating and active living policies throughout the region. In

February 2008, NACCHO hosted a **We Can!** webcast for all members. The Surgeon General and several **We Can!** community sites participated in this event. The webcast was the most successful in NACCHO history, with nearly 470 members participating. NACCHO has also promoted other **We Can!** events such as teleconferences and trainings.

Jackie Haven, Director of Consumer Outreach and Marketing, U.S. Department of Agriculture (USDA), Center for Nutrition Policy and Promotion

The USDA Center for Nutrition Policy and Promotion (CNPP) works to improve the health and well-being of Americans by developing and promoting dietary guidance that links scientific research to the nutrition needs of consumers. One of CNPP's tools is an interactive Web site, called My Pyramid, which is based on the Dietary Guidelines for Americans, and provides resources on food groups, descriptions of portions, a menu planner, a cost calculator, and recipes for healthy eating. CNPP also offers a My Pyramid for Kids, which is a child-friendly version of My Pyramid designed for 6- to 11-year-olds.

Holly Lee, Executive Director, Larry King Cardiac Foundation

The Larry King Cardiac Foundation (LKCF) is a non-profit organization that provides funding for life-saving heart operations for individuals who, due to limited means or no insurance, would otherwise be unable to receive treatment. Although the organization is currently focused on access to heart procedures, LKCF is also interested in prevention, especially with regards to childhood nutrition and physical activity, to reduce heart disease risk.

Marisol Morales, Communications and Program Manager, National Latina Health Network

The National Latina Health Network (NLHN) is a non-profit organization that addresses critical health concerns affecting Latinas and their families. NLHN develops health programs to help promote well-being in Latino communities. NLHN's program, *Hoy en Adelante*, aims to educate Latinos on diabetes through entertaining storytelling techniques. The organization also provides technical assistance on a variety of topics, including health prevention education, health promotion, coalition building, leadership development, and health capacity-building assistance. NLHN distributed **We Can!** training information in their quarterly newsletters and distributed **We Can!** packages to national community leaders at their 2006 health summit. NLHN has also distributed **We Can!** magazine articles and other program information through their networks.

Marsha Mullen, Assistant Fitness Director, Jewish Community Center of Greater Pittsburgh

The Jewish Community Center of Greater Pittsburgh (JCC) is a service and recreational organization, serving approximately 16,000 families and individuals in the Pittsburgh area. JCC offers health and fitness programs for children, adults, and seniors, including the **We Can! Energize Our Families** program. To promote **We Can!** classes, JCC partnered with UPMC Health Plan, a **We Can!** partner. JCC also hosted a highly successful **We Can!** Youth and Wellness Fair for Families in the fall of 2009, and helped host a regional training in Pittsburgh in April 2010. In 2010–11, the JCC plans to continue to implement the adapted Parent Program, as well as the Media-Smart Youth program and the CATCH Kids Club program.

Nhat Nguyen and Cam Tu Vu, Youth Program Director, Boat People SOS

Boat People SOS (BPSOS) is a national Vietnamese-American community-based organization that offers services, such as advocacy, community organizing, and community development, to immigrant families in the Vietnamese-American community. In January 2009, BPSOS became a general community site, and since then has been very active in the **We Can!** program. As a community site, BPSOS offered the Media-Smart Youth program at its own headquarters in

Fairfax, Virginia, and focused heavily on the physical activity lessons. Fourteen children participated and, per Media-Smart Youth's guidelines, at the end of the program they created a public service announcement (PSA) that is posted on YouTube. In fall 2009, BPSOS partnered with the Center for Multicultural Human Services (CMHS) in Falls Church, Virginia, to offer the S.M.A.R.T. program, which concluded in February 2010. BPSOS has now posted three PSAs about eating right, increasing physical activity, and reducing screen time on YouTube.

Gina Pferdehirt, Public Relations and Community Relations Director, UPMC Health Plan
UPMC Health Plan is owned by UPMC, a non-profit organization that operates 20 academic, community, and specialty hospitals and 400 outpatient sites, and is an integrated not-for-profit health care system affiliated with the University of Pittsburgh School of the Health Sciences. Since joining as a partner in 2007, UPMC Health Plan has played an integral role in **We Can!**. UPMC Health Plan immediately kicked off its programming by forming alliances with the Children's Museum of Pittsburgh and the Children's Hospital of Pittsburgh. UPMC Health Plan then partnered with Armstrong County to help establish it as the first **We Can!** County, and to help introduce **We Can!** curricula into the county's school system. UPMC Health Plan helped Armstrong forge a county-wide coalition across the county school district, a local foundation, and a local hospital, coordinating healthy menu changes in district schools and running **We Can!** afterschool programs for families. In April 2010, UPMC Health Plan hosted a **We Can!** regional training in Pittsburgh with approximately 100 participants in attendance.

John Robitscher, Executive Director, National Association of Chronic Disease Directors
The National Association of Chronic Disease Directors (NACDD) is a national public health association for chronic disease program directors of each state and U.S. territory. With its 1,400 members, NACDD advocates for preventive policies and programs, encourages knowledge sharing, and develops partnerships for health promotion. In 2007, NACDD joined the Centers for Disease Control and Prevention (CDC) to implement the ACHIEVE program (Action Communities for Health, Innovation, and Environmental Change). The program, which is currently in 43 communities, works to enhance local communities' abilities to develop and implement policy, systems, and environmental change strategies that help prevent or manage health-risk factors for heart disease, stroke, diabetes, cancer, obesity, and arthritis. NACDD began supporting **We Can!** in 2007. As a **We Can!** partner organization, NACDD connected the **We Can!** program with the National Governors Association and to several chronic disease directors. Two state chronic disease directors gave feedback on what a potential state program, with **We Can!** coordinators in multiple states, might look like. NACDD lists **We Can!** as a resource on their organization Web site.

Jessica Wallace, Physician's Assistant, Unity Health Care
Unity Health Care is a non-profit organization that runs a network of community health centers in Washington, DC. Since 2008, Unity Health Care has implemented the **We Can! Energize Our Families** curriculum at its Columbia Heights clinic. Every week, 20–40 participants attend the sessions, which are provider-run. Recently, Unity expanded its involvement in **We Can!**, and will conduct classes in a Southeast DC clinic. In June 2009, First Lady Michelle Obama visited the Columbia Heights clinic to announce \$851 million in grants to health centers through the American Recovery and Reinvestment Act.

Shale Wong, M.D., Health Policy Fellow, Robert Wood Johnson Foundation, detailed to the Office of the First Lady from the University of Colorado
In February 2010, First Lady Michelle Obama launched the national *Let's Move!* campaign to address childhood obesity. The campaign focuses on four key components to improve the health of children, including ensuring access to healthy, affordable food; increasing physical

activity in schools and communities; providing healthier foods in schools; and empowering parents with information and tools to make good choices for themselves and their families. The campaign's Web site provides resources to parents and caregivers, school systems, and community organizations. **We Can!** supports the *Let's Move!* initiative and its goals by providing parents, families, and caregivers with the tools, resources, and fun activities they need to help children eat right, get active, reduce screen time, and maintain a healthy weight. **We Can!** staff are in regular communication with the Office of the First Lady to keep her staff updated on **We Can!** activities and explore potential collaborations for solving the problem of childhood obesity, together.

Newark, DE

Maria Banks-Scheetz, Founder/President, Families into Healthy Options

Families into Healthy Options, or Fit HOP, is a program of Chartered Health Care that offers free exercise and health education classes to all Chartered members. Fit HOP conducts **We Can!** sessions for Washington, DC youth and parents throughout the year. Specifically, Fit HOP runs the Media-Smart Youth and **We Can!** Parent Program—through these sessions, Fit HOP targets both youth and parents. Parents receive the **We Can!** Parent Program and youth receive these same messages through an adapted youth curricula designed to be age appropriate for participants. After each session, there is a hip-hop dance class for all program participants.

Kiran Fatania, Wellness Supervisor, City of Roswell Recreation, Parks, Historic & Cultural Affairs Department

The Roswell Recreation, Parks, Historic and Cultural Affairs Department oversees the operations and maintenance for over 900 acres of parkland. The Department became involved with **We Can!** when the program began in 2005 by implementing the Media-Smart Youth and CATCH curricula. The Department was also responsible for leading the city of Roswell, GA, in 2007 to become one of the first **We Can!** Cities in the United States. In addition, in 2007, this site hosted a regional training that educated over 100 participants on how to implement **We Can!** in their communities. The city of Roswell successfully completed five years of Media-Smart Youth programming at a local middle school, with participant attendance increasing with each year of the program. Because of her work with **We Can!**, Kiran Fatania is also a Media-Smart Youth trainer, and has traveled with the **We Can!** team to train community leaders and residents on the Media-Smart Youth curriculum.

Catherine Fitzgerald, Wellness Coordinator, University of Michigan Health System—Project Healthy Schools (UMHS)

Project Healthy Schools is a community-university collaborative that provides school-based programming to reduce childhood obesity and its long-term health risks. In 2004, the University of Michigan's (UM) Cardiovascular Center and MFit Health Promotion Division (now called MHealthy) formed a partnership with Ann Arbor Public Schools (AAPS) and convened a standing task force of representatives from the Washtenaw County Public Health Department, the AAPS Department of Recreation and Education, Mott Children's Hospital, UM School of Public Health, and community leaders and businesses. The UMHS is an intensive site for **We Can!**, and uses the Parent Program to complement its in-school activities by keeping the entire family involved in promoting healthy lifestyles. In the summer of 2010, Project Healthy Schools participated in **We Can!**'s first-ever video contest.

Amy Hoffman, Public Health Educator, Cobb and Douglas Public Health

Cobb and Douglas Public Health promotes and protects the health and safety of the residents of Cobb and Douglas counties in Georgia. They work to achieve healthy people in healthy communities by preventing epidemics and spread of disease; protecting against environmental hazards; preventing injuries; promoting and encouraging healthy behaviors; responding to disasters and assisting in community recovery; and assuring the quality and accessibility of health care. Cobb and Douglas County is a very active **We Can!** site, running youth programs in collaboration with local schools. This site hosted former Olympic soccer star Tab Ramos in November 2009 for a **We Can!** P.E.P. Rally event with local schools, co-sponsored by **We Can!** partner SUBWAY® restaurants, and hosted a **We Can!** regional training in February 2010. In the summer of 2010, Cobb and Douglas Public Health increased their level of commitment to **We Can!**, making Smyrna, GA a **We Can!** City.

Alan Majka, Assistant Extension Professor, University of Maine Cooperative Extension

The University of Maine Cooperative Extension is part of the nationwide Cooperative Extension System, which works through the land-grant universities in each U.S. state. Maine's land-grant university is in Orono at the University of Maine. In addition to state offices in Orono, there is a network of county-based offices staffed by experts who provide practical, locally based solutions for farmers, small business owners, kids, parents, consumers, and others. The Extension hosted a **We Can!** regional training in Augusta, ME, in April 2010. At this event, 113 people were trained in how to implement the various **We Can!** curricula, including the Parent Program, in their communities. Currently, Alan is working with a coalition to extend the **We Can!** program to various cities and counties throughout the state of Maine.

Ellen Ormsby, Program Representative, SPARK

SPARK is a research-based, public health organization dedicated to creating, implementing, and evaluating programs that promote lifelong wellness. *SPARK PE and SPARK After School* are curricula designed to promote physical activity in youth from K-12. The programs include curricula, training, equipment, and a follow-up support component. SPARK became a **We Can!** partner and added its curricula to the program in 2010. As a **We Can!** partner, SPARK will introduce its programs at **We Can!** regional trainings, and make SPARK materials available at a discount for **We Can!** community sites through School Specialty, Inc. In addition, SPARK provides a number of free resources to **We Can!** community sites, including webinar series, monthly eNewsletters, blogs, grant resources, guidance on standards alignment, publications, and more.

Kay Owen, Project Director, HEALTHY Armstrong

HEALTHY Armstrong, which stands for Healthy Eating Active Lifestyles—Together Helping Youth, is an Armstrong County, Pennsylvania, collaborative that aims to improve the health of families and to help children maintain a healthy weight through improved nutrition and increased physical activity. HEALTHY Armstrong has successfully incorporated **We Can!** into the school curriculum to promote wellness through in-school and afterschool programs that also include parents. HEALTHY Armstrong developed a **We Can!** wellness guide to share with all in-school facilitators and posted **We Can!** County road signs in various locations around the county. County teachers participated in the online **We Can! Energize Our Families** training as part of an in-service training. In addition, HEALTHY Armstrong developed marketing materials that include **We Can!** messages, and Armstrong County was recognized as the first **We Can!** County in the U.S.

Shirley Sadaqa, Dietitian, John Stroger Hospital of Cook County

Cook County Hospital, which was designed to provide advanced medical care, serves as the tertiary hub of the Cook County Bureau of Health Services system. Ms. Sadaqa has been involved with **We Can!** since 2007 and combined program components with a Trim Kids program for an Illinois community health center. During 2008–09, due to lack of funding, Ms. Sadaqa placed her **We Can!** activities on hold, but plans to bring the program back into afterschool programs and to promote the program to community leaders when funding is available.

Shirley Schantz, Nursing Educator Director, National Association of School Nurses

The National Association of School Nurses (NASN) supports the health and educational success of children and youth by developing and providing leadership to advance school nursing practice by specialized registered nurses. S.C.O.P.E., or School Nurse Childhood Obesity Prevention Education, is a comprehensive, full-day continuing education program developed by the NASN to provide strategies for school nurses to assist students, families, and the school community to address the challenges of obesity and overweight. NASN has supported the **We Can!** program by distributing program information through their networks.

Angela Seals, Program Manager, Children's Museum of Pittsburgh

The Children's Museum of Pittsburgh provides innovative museum experiences that inspire joy, creativity, and curiosity. They provide high-quality exhibits and programs for learning and play. Children's Museum of Pittsburgh is a partner and a resource for people who work with or on behalf of children. The Children's Museum of Pittsburgh supports **We Can!** by offering materials and programs, such as yoga, karate, and fencing, that teach children behaviors to help them maintain a healthy weight. Children's Museum of Pittsburgh also partners with UPMC Health Plan and others to implement the **We Can!** Pittsburgh City program.

Kimberly Smalls, Quality/Prevention and Wellness Coordinator, Delaware Physicians Care, Incorporated

The mission of the Delaware Physicians Care, Incorporated (DPCI) obesity prevention project is to assist in bringing together existing community resources and assets to improve the overall health and quality of life of its members and their communities. DPCI provides information about nutrition, physical activity, and maintaining a healthy weight to the residents of Delaware. DPCI is committed to health promotion and to engaging in efforts that address obesity issues through partnerships and health promotion. DPCI joined **We Can!** in 2009, and launched their **We Can!** program by hosting a Martin Luther King, Jr. Day event shortly thereafter. DPCI posted a **We Can!** display and hosted a fun zone where kids participated in physical activity and education programs. Over 3,000 people attended the event. Later in 2009, DPCI wrote a **We Can!** article for their Provider Connection newsletter, which was distributed to approximately 1,300 individuals throughout the state of Delaware.

Donna Snyder-White, Sr. Analyst, Community and Government Affairs-New Castle County, Nemours Health and Prevention Services

Nemours is a pediatric health system dedicated to advancing higher standards in children's health. They are committed to providing specialty medical care, advanced hospitalization, applied research, and advocacy integrated with health information, prevention, and a continuous process of teaching and learning. Nemours hosted a **We Can!** regional training in May 2010. At this event, approximately 85 people were trained on how to implement the various **We Can!** curricula, including the Parent Program, in their communities. Nemours continues to support the **We Can!** program by participating in partnership update calls and distributing **We Can!** materials and information through their networks.

Eleanor Stevens, Coordinator, Knoxville Area Coalition of Childhood Obesity, East Tennessee Children's Hospital

The Knoxville Area Coalition on Childhood Obesity is comprised of a number of area community groups and agencies and is being led by East Tennessee Children's Hospital. The mission of the Coalition is to identify and involve current community programs as well as to initiate, coordinate, and support sustainable efforts that will lead to the reduction and prevention of childhood obesity in the East Tennessee Region. Their goal is to reverse the trend of obesity among children by 2015. Knoxville is a community committed to finding ways to improve the health and wellbeing of its residents. In January 2009, Knox County furthered this commitment by becoming a **We Can!** County. During September and November of 2009, Knox County initiated the "Family Fitness Challenge," engaging families and promoting healthy living through **We Can!** materials. The Knoxville News Sentinel reported on the event, spreading the word about **We Can!**'s across the Knox community.

Michelle Tallman, Marketing Project Manager, Community Relations, UPMC Health Plan

UPMC Health Plan, owned by UPMC, is an integrated not-for-profit health care system affiliated with the University of Pittsburgh School of the Health Sciences. Since joining as a partner in 2007, UPMC Health Plan has played an integral role in **We Can!**. UPMC Health Plan kicked off its programming by forming alliances with the Children's Museum of Pittsburgh and the Children's Hospital of Pittsburgh. UPMC Health Plan then partnered with Armstrong County to help establish it as the first **We Can!** County, and to help introduce **We Can!** curricula into the county's school system. UPMC Health Plan helped HEALTHY Armstrong forge a county-wide coalition between the school district, a local foundation, and a local hospital, coordinating healthy menu changes in district schools and running **We Can!** afterschool programs for families. In April 2010, UPMC Health Plan hosted a **We Can!** regional training in Pittsburgh with approximately 100 participants in attendance.

Linda Thomas, Program Manager, Charles County Department of Health

The Charles County Department of Health, Charles County Parks and Recreation, and Civista Medical Center joined **We Can!** in July of 2009 when they received a Maryland Department of Health grant. In spring 2010 the trio sponsored a **We Can!** Night Out at the Southern Maryland Blue Crabs professional baseball game, with a **We Can!** information table, a **We Can!** family throwing the first pitch, and GO, SLOW, and WHOA messages displayed on the stadium's jumbotron. Additionally, Charles County has hosted a series of other **We Can!** community events, including swim nights, hikes, triathlons, and 5K family fun runs. Charles County **We Can!** classes are attended by a pediatrician, a dietician, a counselor, a school nurse, and an exercise physiologist, who provide content expertise. Radio PSAs, PSAs on the local cable television channel, ads in the local paper, and outreach through the Health Department and the hospital also help to capture community residents' attention.

Jill Zubrod, Health Educator, Consortium to Lower Obesity in Chicago Children (CLOCC)

The Consortium to Lower Obesity in Chicago Children (CLOCC) is a nationally recognized childhood obesity prevention program housed within the Center for Obesity Management and Prevention at the Children's Memorial Research Center of Children's Memorial Hospital. Its primary focus is on children ages zero to five, their caretakers, and those who work with their parents and caretakers. CLOCC's work is led by community leaders in the health sector and guided by community-based groups from across the city. The shared work of CLOCC's partners cuts across sectors: medicine, government, corporate, volunteer, academic, advocacy, and others. It involves clinical care, community development, legislation and regulation, community-based programming, cultural affairs, and more. Currently, there are over 2,200 participants in CLOCC representing over 850 organizations. The Children's Memorial Hospital, a founding coalition member, is a **We Can!** community site.

Appendix B: Workshop Agendas

Expanding the Impact Together

DC Strategy Workshop Agenda, February 22, 2010

9:00 – 9:30 am	Welcome - We Can! Successes Karen Donato, SM, and Melinda Kelley, PhD – NHLBI
9:30 – 10:15 am	Participant Introductions Each attendee introduces his/her organization and its current childhood obesity/overweight prevention efforts, and shares relevant handouts.
10:15 – 10:50 am	Panel Presentation—Community Site Successes Community sites discuss their programming, accomplishments, and plans, followed by Q&A <ul style="list-style-type: none">• Kathy Cunningham, Boston Public Health Commission• Cristina Gibson, Coastal Health District—GA
10:50 – 11:40 am	Discussion 1 <ul style="list-style-type: none">• Strategies to prevent childhood obesity• Strengths in We Can! programming• Gaps in We Can! resources
11:40 – 12:00 pm	Group Report Outs (10 minutes each)
12:00 – 12:45 pm	Working Lunch (table assignments—filling in gaps from reports)
12:45 – 1:30 pm	Panel Presentation—Partnership Overviews Partners provide a summary of their programming, and how they maximized their relationship with We Can! , followed by Q&A <ul style="list-style-type: none">• Kathy Chichester, FlagHouse, Inc.• Gina Pferdehirt, UPMC Health Plan• Amanda Cash, Health Resources and Services Administration
1:30 – 1:45 pm	FITNESS BREAK
1:45 – 2:45 pm	Discussion 2 <ul style="list-style-type: none">• What organizations should be engaged to advance We Can!?• What organizational assets would enhance site and partner efforts?• How can national organizations engage their local chapters or members/ constituents in support of childhood obesity/overweight prevention efforts?• What role could my organization play in making this happen?
2:45 – 3:15 pm	Report-Outs
3:15 – 4:00 pm	Potential areas of interest for site/partner collaboration 2010 Priorities and Next Steps—Karen Donato, SM
4:00 pm	Adjourn

Expanding the Impact Together

Delaware Strategy Workshop Agenda, May 13, 2010

- 9:00 – 9:30 a.m. *Registration, coffee/tea and light breakfast*
- 9:30 – 10:00 a.m. Welcome—**We Can!** Successes
- Karen Donato, S.M., National Heart, Lung, and Blood Institute
- 10:00 – 10:30 a.m. Participant Introductions—each attendee introduces self and current childhood obesity/overweight prevention efforts
- 10:30 – 11:15 a.m. Presentation—Community Site Successes
Community sites present program strategies, accomplishments, and plans—Q&A follows
- Eleanor Stevens, Knoxville Area Coalition of Childhood Obesity
 - Kiran Fatania, Roswell Recreation and Parks
 - Kay Owen, HEALTHY Armstrong
- 11:15 – 11:45 a.m. Discussion 1—Current Climate for **We Can!** (two separate groups)
- Discuss strategies and needs to prevent childhood obesity
 - Identify strengths and gaps in **We Can!** resources
- 11:45 – 12:15 p.m. Group Report-Outs and Discussion (Implications)
- 12:15 – 12:45 p.m. *Working Lunch*
- 12:45 – 1:30 p.m. Presentation—Partnership Overviews
Partners summarize their program strategies and how they maximize their relationship with **We Can!**—Q&A follows
- Kimberly Smalls, Delaware Physicians Care Incorporated
 - Donna Snyder-White, Nemours Health and Prevention Services
- 1:30 – 1:45 p.m. *Fitness Break*
- 1:45 – 2:30 p.m. Discussion 2—Implementation of **We Can!** (two separate groups)
- Discuss priority populations and outreach
 - Explore current/potential community site partners and methods of engagement
 - Identify strategies to impact behavior and policy change
- 2:30 – 3:00 p.m. Group Report-Outs and Discussion (Implications)
- 3:00 – 3:30 p.m. 2010 Priorities and Next Steps
- 3:30 p.m. Adjourn

Appendix C: Small Group Discussion Questions

Background

The following questions were provided in advance to participants and served as the basis for group discussion.

Discussion Questions (used in both the DC and Delaware workshops)

- What role does your organization play in reducing childhood overweight/obesity? What are your organization's environmental/policy change priorities pertaining to childhood obesity prevention?
- What **We Can!** resources are best suited for your organization to integrate or use given your organizational culture? What new resources or modified resources would be useful?
- What are the strengths of **We Can!**? Gaps?
- What could we do to better frame and/or promote the resources available to communities across the country?
- How can national organizations engage their local chapters or members/constituents in support of childhood obesity/overweight prevention efforts?
- What populations do your organizations target and what strategies are most successful for reaching them, specifically ethnically diverse populations?
- What organizations should be engaged to advance **We Can!**? What organizational assets would enhance site and partner efforts?
- What are the elements needed for successful partnerships? What challenges do you face in maintaining these partnerships?

Appendix D: We Can! Program Overview

The **We Can!** (**W**ays to **E**nhance **C**hildren's **A**ctivity & **N**utrition) program, launched in 2005, is an NHLBI collaboration with three other NIH Institutes: the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD), and the National Cancer Institute (NCI). The program was created to address the growing problem of childhood overweight in the U.S and deliver prevention programs into the community. These programs, evaluated through NIH-funded studies on obesity, provide strategies, guidance, and resources to help families make positive lifestyle choices.

We Can! is a fast-growing national movement of families and communities that helps youth, ages 8 through 13, maintain a healthy weight through improved food choices, increased physical activity, and reduced screen time. Through empowering children and their parents and caregivers at the community level—from the smallest towns to the largest cities—**We Can!** inspires community members to change their behavior. The **We Can!** program has expanded from 14 pilot intensive community sites in 2005 to more than 1,350 sites in all 50 states, the District of Columbia, and 12 other countries in 2010.

Community sites include park and recreation departments, YMCAs, faith-based organizations, medical/health systems, fitness centers, schools, universities, and work sites, among others. The **We Can!** network includes community sites, cities and counties, and national, corporate, and federal partners. By engaging the support of partners, community sites develop new and effective strategies and tactics to help grow the program and expand its impact. Partners range from Fortune 500 companies and other corporations to non-profit organizations and government agencies.

We Can! serves as a centralized source of science-based resources and offers curricula and toolkits for parents and youth. Materials with a focus on parents and primary caregivers include **We Can! Energize Our Families: Parent Program** and **We Can! Energize Our Community: Toolkit for Action**, in addition to other resources to help local organizations garner media attention and involve key partners in their efforts. The Parent Program includes a Leader's Guide for facilitators. Parents also have access to a Family Guide and a Parent Handbook with helpful tips and planning tools. Materials are designed to help community organizations with the four Ps: targeting the right **p**eople and the right **p**artners with evidence-based **p**rograms, and helping them obtain **p**ublic visibility for their common strategies. All of these materials are easily accessible online through the national **We Can!** Web site.

The **We Can!** program offers four youth curricula. These are:

- **CATCH Kids Club**—a physical activity and nutrition education program for elementary school-aged children (grades K–5) in afterschool and summer care settings.
- **Student Media Awareness to Reduce Television (S.M.A.R.T.)**—a 3rd or 4th grade classroom curriculum designed to motivate children to reduce their television watching and video game usage.
- **Media-Smart Youth: Eat, Think, and Be Active!®**—a 10-lesson curriculum funded by the NICHD that focuses on helping young people ages 11 to 13 understand the connections between media and health.
- **SPARK PE and SPARK After School**—curricula designed to promote physical activity in youth from K-12. The programs include curricula, training, equipment, and follow-up support component. SPARK became a **We Can!** partner and added its curricula to the program in 2010.

The findings on these curricula from the launch of the **We Can!** pilot program in 2005 were encouraging:

- For implementation of the **We Can!** Parent Curriculum, **We Can!** objectives were assessed, incorporating measures related to energy balance, portion size, healthy eating, physical activity, and screen time. Data analysis revealed statistically significant increases in 12 of the 15 measures.
- For the implementation of CATCH Kids Club, 14 measures relevant to **We Can!** objectives were assessed, incorporating measures related to healthy eating, physical activity and screen time. Data analysis revealed statistically significant increases in of eight of these 14 measures in accordance with **We Can!** objectives.
- For the implementation of *Media-Smart Youth*, four measures relevant to **We Can!** objectives were assessed, incorporating measures related to healthy eating and physical activity. Data analysis revealed statistically significant increases in two of these four measures.
- For the implementation of the S.M.A.R.T. curriculum, two measures relevant to **We Can!** objectives were assessed, incorporating measures of reduced screen time and increased physical activity. Data analysis revealed a statistically significant decrease in screen time.

In addition to the resources listed above, **We Can!** provides tools, tip sheets, and promotional materials for download from the **We Can!** Web site. Among these resources are a community toolkit; nutrition and physical activity tip sheets for parents; materials for health care providers; a PowerPoint presentation summarizing the program; media outreach materials; news articles; and **We Can!** logo and brand guidelines. **We Can!** communicates and promotes these resources with community sites through listserv messages, eNewsletters, online social networks, and the Community of Practice portal—designed as a forum for community sites, partners, and health professionals to share knowledge and support each other's efforts to promote healthy living. Community sites are invited to tailor the **We Can!** program to meet their specific community needs.

To support community sites in reaching out to Spanish-speaking audiences, **We Can!** offers a number of resources for parents and community leaders. For parents and those working with parents, **We Can!** offers *Familias Encontrando el Balance: Manual para Padres* (the Parent Handbook), featuring background information and tips for maintaining a healthy weight. The Spanish-language Web page also features a collection of additional Spanish-language resources from NIH, such as heart healthy recipes for popular Latino dishes and tips on staying active.

We Can! conducts training events across the country, including regional trainings and on-demand trainings. These trainings are designed to be instructional and interactive, and offer networking opportunities for anyone concerned about the growing problem of childhood obesity. Regional trainings run by **We Can!**'s community sites and partners—with technical assistance from **We Can!** staff—offer a diverse group of people working in a broad array of settings the opportunity to learn more about **We Can!** and to help communities implement **We Can!** curricula and programming. **We Can!** also offers a free online training, with continuing education credits, to communities seeking to implement the Parent Program. **We Can!** community sites/partners held seven regional trainings in the spring of 2010, reaching over 600 participants from a variety of organizations.

Appendix E: Potential Collaborating Groups

The following organizations and initiatives were mentioned by Workshop participants as potential collaborators who could help enhance and expand the reach of the **We Can!** program.

Government

- *Let's Move!*
- Housing and Urban Development (Healthy Homes/Healthy Communities and Hope VI)
- Park and recreation departments
- Food Safety Commission

Education

- Childcare settings
- Tribal colleges
- Historically black colleges and universities
- Schools of public health
- School-based health centers

Disability/Special Needs

- Special Olympics
- Family Voices

Community Service Providers

- Junior Leagues
- Rotary
- Kiwanis
- Boy and Girl Scouts
- 4-H Clubs
- Girls, Inc.

Associations

- American Hospital Association
- National Rural Health Association
- Primary Care Association
- National Association of Community Health Workers

Corporations

- Walmart
- Scholastic
- Miss America

Media

- Online media (including mommy-bloggers)
- Broadcast media (e.g., BET, Univision, Larry King)

Legislative and Funding Bodies

- U.S. Conference of Mayors
- National League of Cities
- Grantmakers in health and education