





# CMA Foundation Healthy Communities Initiative Overview

**About the Initiative:** The National Initiative for Children’s Healthcare Quality (NICHQ) has been awarded a grant from the Robert Wood Johnson Foundation (RWJF) to reverse the childhood obesity epidemic trend across the nation by training, supporting and providing technical assistance to Health Care Professionals in becoming champions for change within their communities. As part of the grant, NICHQ is partnering with the American Academy of Pediatrics (AAP), the California Medical Association (CMA) Foundation and the Robert Wood Johnson Foundation Center to Prevent Childhood Obesity (the Center) to facilitate Health Care Professionals becoming community champions for local change, and to build an online network serving as the “go to resource” for health care providers looking for solutions to the childhood obesity epidemic.

**About the CMA Foundation:** The CMA Foundation is a nonprofit organization that serves as a link between physicians and their communities. The CMA Foundation has developed a cutting edge Physician Champion program that can serve as a template for national programs. This innovative approach to obesity prevention has been cited as a “best practice” in the 2006 Institute of Medicine Preventing Childhood Obesity report. For more information about the CMA Foundation, visit [www.thecmafoundation.org](http://www.thecmafoundation.org).

## **About the *Network for a Healthy California***

The Mission of the *Network for a Healthy California (Network)* is to create innovative partnerships that empower low-income Californians to increase fruit and vegetable consumption, physical activity and food security with the goal of preventing obesity and other diet-related chronic diseases. This material was produced in partnership with the California Department of Public Health, *Network for a Healthy California*, with funding from the USDA Supplemental Nutrition Assistance Program (formerly the Food Stamp Program). These institutions are equal opportunity providers and employers. In California, food stamps provide assistance to low-income households, and can help buy nutritious foods for better health. For food stamp information, call 877-847-3663. For important nutrition information, visit [www.cachampionsforchange.net](http://www.cachampionsforchange.net).

## Acknowledgements

The CMA Foundation would like to thank the following individuals who shared their insights and experiences as childhood obesity Health Care Professional Champions to help make this Guide a strong resource for health care professional champions involved in efforts to reverse the childhood obesity epidemic who are reaching out and partnering with groups and organizations to initiate critical community change efforts.

We also wish to thank the health care professional champions below for their time to review this Guide, sharing their insights and experiences.

<b>Christopher Bolling, MD, FAAP</b> Kentucky Pediatric Society, KY Chapter/AAP	<b>Eric Ramos, MD, FAAFP</b> California AFP Physician Champion
<b>Kimberly Edwards, MD, FAAP</b> Texas AAP Chapter	<b>Frank Staggers, MD</b> Past President, National Medical Association (NMA)
<b>Dexter Louie, MD, JD</b> National Council of Asian Pacific Islander Physicians	<b>Christine Wood, MD, FAAP</b> San Diego Childhood Obesity Initiative

*Your patients, clients and their families are depending on you! Children cannot vote. They need your help to tell their story. Through partnership in community change, you can increase the chances that decision makers are not simply recognizing children's health and well being as an important issue, but that they are actively working to improve their health, their lives and their communities.*

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## Section 1 - Overview

### Why This Guide Was Written & Who It is For

Many of you, as health care professionals see on a daily basis the medical and social complications of overweight and obesity in children. You see that even when children and their families want to make healthy choices, those choices are not always available to them based on the resources in their community. The communities our children live in have a profound impact on the foods they eat and the amount of physical activity they get. A lack of access to full-service grocery stores, increased costs of healthy foods compared to the lower cost of unhealthy foods and lack of access to safe places to play and be physically active all contribute to the increase in obesity rates.

**Health Care Professionals** come from a variety of disciplines that interact and have an impact and interest in children's health. They include physicians, nurses, including nurse practitioners and school nurses, dentists, pharmacists, physician assistants, registered dietitians and other related clinicians.

As a result, more and more health care professionals are taking action to improve the health of children and their families through efforts to increase access to healthy foods and opportunities for physical activity through community and environmental change.

To maximize these efforts, health care professionals will be most effective working in partnership with other individuals and organizations who share your passion to improve the health of children through improving the health of their communities.

This Guide is designed for health care professional champions already engaged in or starting their involvement in community efforts to bring about change. This Guide is designed to equip you as health care professional champions to effectively connect and partner with local and state organizations involved in community based education and change efforts to maximize your impact to reverse the childhood obesity epidemic.

### Objectives for the Guide

Health Care Professional Champions will -

1. Grow in their understanding of the connection between community influences and the health of children, particularly addressing access to affordable healthy food and physical activity.
2. Be aware of evidence based approaches to improve the health of their community.
3. Understand the importance of working in collaborative approaches to reverse the childhood obesity epidemic.
4. Understand how collaborative processes work and describe tips for working effectively in this type of process.
5. Articulate the value they bring to a collaborative or partnership effort to reverse the childhood obesity epidemic.
6. Recognize the importance of checking in and sharing their education and change related activities with their partner organization.
7. Identify organizations working at the state and local levels that might serve as partners to reverse the childhood obesity epidemic.

### **Trends in Overweight & Obesity in Children**

The overweight designation in children is defined as 85th-95th percentile BMI while the obese designation is defined as 95th-100th percentile BMI. <sup>i</sup> Roughly 32% of all children in the US are overweight or obese, placing them at risk for a number of chronic diseases and cancer, according to *F as in Fat: How Obesity Threatens America's Future 2010*, a report released by the Trust for America's Health (TFAH) and the Robert Wood Johnson Foundation (RWJF). <sup>ii</sup>

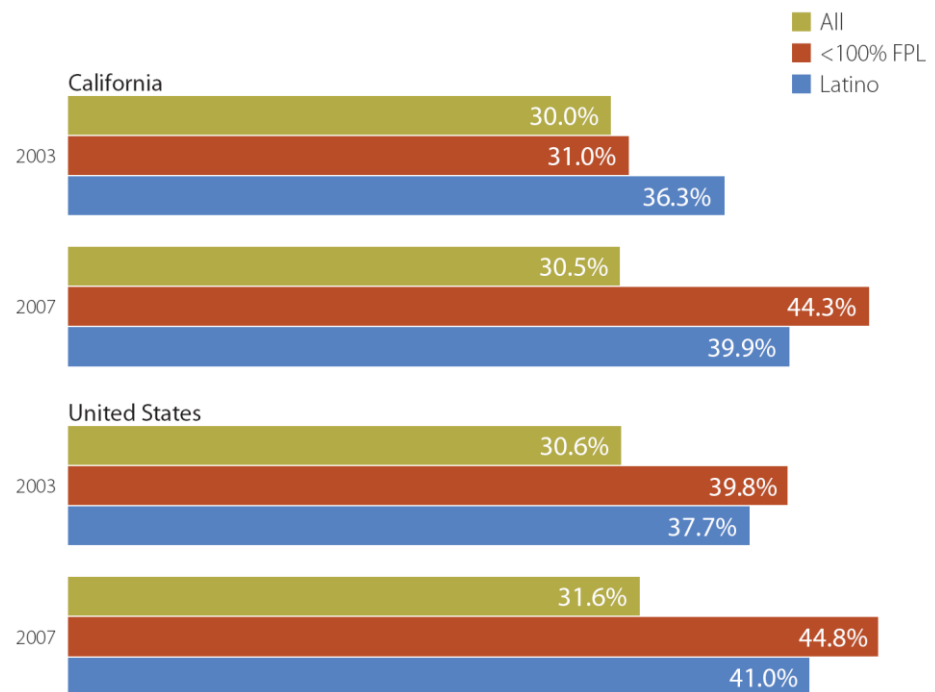
If current trends continue unchecked, today's children will become the first generation to live shorter life spans than their parents. Since the early 1970s, the prevalence of overweight and obesity has approximately doubled among 2-to-5 and 6-to-11-year-olds and tripled among 12-to-19-year-old adolescents. According to the most recent National Health and Nutrition Examination Survey (NHANES), 16.9% of children ages 2 to 19 are obese and 31.7% are overweight or obese. <sup>iii</sup> Overweight and obesity increase one's lifelong risk for type 2 diabetes, high blood pressure, osteoarthritis, stroke, certain kinds of cancer and many other debilitating diseases. <sup>iv</sup> There are also significant health disparities with African-American and Latino children and youth showing significantly higher rates of overweight and obesity.

According to the 2007 National Survey of Children's Health, California ranked 24<sup>th</sup> in overall prevalence with 30.5% percent of children considered either overweight or obese, compared to 31.6% nationally. The California prevalence of overweight and obese children has risen since 2003. The 2008 Pediatric Nutrition Surveillance System (PedNSS), which assesses weight status of children from low-income families participating in WIC, reported that 33% of low-income children ages 2 to 5 were overweight or obese in California. <sup>v</sup>

#### **Childhood Obesity<sup>vi</sup>**

##### **California vs. United States, 2003 and 2007**

National Initiative for Children's Healthcare Quality, Child Policy Research Center, and Child and Adolescent Health Measurement Initiative



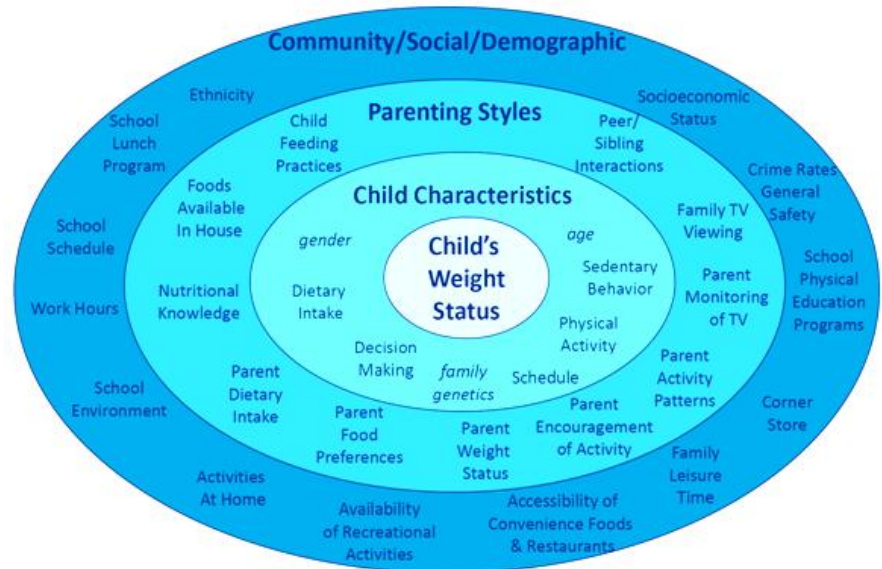
Note: Includes children ages 10 to 17 years. Children with a BMI at or above the 85th percentile based on height and weight as reported by the parent or guardian are classified as overweight or obese. FPL stands for federal poverty level.

### Linking Community Change with Clinical Practice

Factors that influence a child's ability to achieve and maintain a healthy weight come from a number of sources. The diagram at the right shows the link between the child's genetic influences, individual behaviors, parent and family influences and influences found at the community or environmental level that can influence a child's health.

As we move from the center of the grid, to its furthest ring, the opportunities for change move from an individual to a systems and community focus.

It is therefore essential to identify community based approaches with a payoff to reverse this epidemic among our nation's children and youth. The following action priorities as reported by the RWJF have been identified that demonstrate the greatest and most long lasting impact on children and their families:<sup>vii</sup>



1. Ensure that all foods and beverages served and sold in schools meet or exceed the most recent Dietary Guidelines for Americans.
2. Increase access to high-quality, affordable foods through new or improved grocery stores and healthier corner stores and bodegas.
3. Increase the time, intensity and duration of physical activity during the school day and out-of-school programs.
4. Increase physical activity by improving the Built Environment in communities.
5. Use pricing strategies – both incentives and disincentives – to promote the purchase of healthier foods.
6. Reduce youth exposure to unhealthy food marketing through regulation, and effective industry self-regulation.

When you make this connection, you become empowered to share powerful stories of the negative impacts of inaction among your patients and clients, and becoming a strong partner to address change to reverse the childhood obesity epidemic. This Guide will help you to partner with others to maximize the chance for community change.

## Section 2 - Partnership for Community Change

### Why Partnership is Important

There are four key reasons why working in partnership to reverse the childhood obesity epidemic is critical:

- More can be done by individuals and groups together than can be done alone.
- You don't have to know everything about an issue.
- When you participate in a partnership, you will grow and learn from those with whom you partner.
- Roles and responsibilities are shared. Others are available to help you connect with the audiences you are trying to reach.

#### ***More can be done by individuals and groups together than can be done alone.***

The beauty of a partnership or coalition is that a diverse, broad range of individuals and groups come together to address an issue of shared concern. When this happens, many more resources are brought to bear collectively than could ever happen by a single champion.

The partnership captures and harnesses the passion of many, which provides the energy and opportunity for a stronger impact. There are many voices, hands and feet seated at the table to collectively move the agenda. There will be those in the group with the expertise to gather the background information to support the group's community change focus. Others will coordinate the development of materials and resources for the coalition. Still others will take the lead in outreach and focusing the community change agenda. And, there will be those who take the lead in organizing the work of the partnership, keeping track of what is taking place and making sure the logistical support for the team happens.

*"Obesity has grown as the days have gone by. I don't want kids to end up with health problems and short lives. It's very important to work together and to educate others."*

Razia Sheikh, MD  
Fresno, California

The reciprocal benefit also happens. Not only is the partnership made stronger by the connection and synergy among its members, each participating organization and individual grows as well. Each participant is able to share with his or her constituents the resources developed by the coalition. Coming together to form the partnership results in the growth of the total group, made greater than the sum of its parts. And, each of its contributing parts, its member individuals and organizations, grows stronger through their participation.

#### ***You don't have to know everything!***

You don't need to be an expert in all of the technicalities of the issue that you are advocating for. You only need to be an expert in your story—how the problem affects your patients or clients and their community and how the proposed solution can bring about meaningful impact and positive change. Many of you who are engaged in community change acknowledge that you will often play a lead role in the clinical and scientific understanding of the childhood obesity issue with others taking the lead on different issues that are part of the change campaign. The partnership allows its members to maximize and contribute their strengths to the success of the group.

***You will learn from those with whom you partner.***

Many health care professional champions will acknowledge that it is leaders from the community itself who bring knowledge the greatest knowledge of what is happening in their community and what will or will not work to bring about change. By working together, each group of champions learns through a sharing of different perspectives, making the education and change effort stronger in its potential impact.

Each brings something valuable to their work. For some of you already working in the community to bring about change, this is seen as an extension of your professional role, as part of a realization that you cannot break the cycle of overweight and obesity one child at a time. By working with community members, the business community and others, the opportunity is greater to bring about needed change. When you as health care professionals reach out to community organizations to learn with them, it conveys that you, too, have something to learn.

***Roles and Responsibilities are Shared. Others are available to help you connect with the audiences you are trying to reach.***

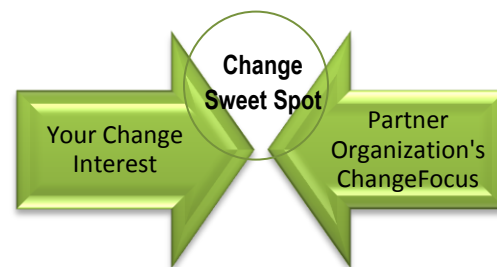
Working in a partnership with others also means there is a sharing of responsibility to move the education and change campaign forward. This can be particularly valuable to those health care professionals who spend their days seeing patients and clients, leaving little time to organize the work of an education and community change campaign or manage the logistics to support it.

A key factor sometimes identified as a valuable resource for health care professional champions is having a supportive group to work with. Health care professional champions who are passionate about the work they are doing may describe it as difficult, sometimes frustrating work. To have an encouraging group to provide a foundation and support is often what is needed to get through the tough times, and keep going.

**Connecting Your Interest with the Partner Organization**

As you consider partnering with an organization to reverse the childhood obesity epidemic, do your homework about your issue and the priorities of the organization you are considering partnering with.

- Spend the time upfront to determine the link and synergy between your change issue and the organization's interests.
- Do the interests match?
- Be sure to invest time to learn what motivates the members of the organization you may wish to work with on your education and change campaign.



Convey why your community change issue is important to you and why you would like to join the group and be part of their team. Let them know how you feel you can be a resource to the organization and what help you will need from them. Be as concrete as possible when describing the help you will need. Be clear about the time parameters you have to work in and what you feel you can offer within that amount of time.

### **Key Elements of Partnership & Collaborative Approaches**

Partnerships and coalitions are typically formed to address an important issue. They offer the opportunity to pool resources and bring together individuals and groups with differing backgrounds and experiences that share a concern for the same issue. The group may be organized in a more formalized structure, operating under the direction of a government agency or nonprofit organization, with specific goals and expectations, timelines and requirements for action and outcomes.

Partnerships or coalitions may also be more informal in nature with a group of individuals and organizations coming together to address an issue of shared concern. As you begin to explore the value and opportunities to engage in partnership to carry out your childhood obesity activities, be sure to find out how a partnership or coalition is organized, as this will influence how work is conducted and decisions are reached.

Partnerships and coalitions that follow a collaborative model have the goal of creating a safe environment for involvement, so participants can work together to identify and solve problems, make decisions, resolve conflicts if they arise and move forward. Collaboration, in a nutshell, is the act of people working together to get something done. In childhood obesity prevention, that might focus on increasing physical activity on school campuses, or increasing access to healthy foods in neighborhood markets. Members share and build knowledge and relationships while they work to achieve their goals, bringing different types of data and resources to bear on their issue.

Participation in a partnership or coalition is usually structured around the amount of time each team member has available and their areas of interest and expertise. This can run the gamut from being involved in writing letters to decision makers about a key issue or participating in a letter-to-the-editor campaign when less time is available to the highest level involvement which usually includes serving on the group's leadership board to help shape its action and priorities.

Irrespective of how a partnership is organized, participants work with one another to address areas of shared interest, taking actions to achieve their goals. Change efforts by the group will be more likely to succeed if champions have listened well to one another, heard each other's expressed needs and have reached consensus on goals and approaches to address their issue. More information about creating and maintaining a coalition or partnership can be found at The Community Toolbox at: [http://ctb.ku.edu/en/dotework/tools tk\\_content\\_page\\_71.aspx](http://ctb.ku.edu/en/dotework/tools tk_content_page_71.aspx).

### **Consensus Decision Making Process**

Many partnerships using a collaborative model to carry out their work use a consensus process to make decisions. In this decision making model, participants focus on creating win-win solutions to achieve their goals, recognizing the importance of give and take and compromise. When working in a collaborative model, it is often impossible for everyone to always have their interests prevail. So compromise is imperative when collaborative skills are put to use.

Some health care professionals and many physicians are often used to being in leadership roles of groups of which they are a member, or being asked for their opinions by decision makers. They have had experiences throughout their training and work life where others ask their opinion and recommend them for leadership. Many who have served in these types of leadership roles have not been exposed to, or trained in, a consensus decision making model. As a result, they may expect meetings to utilize more of a voting based decision making process rather than the consensus

decision making process. If health care professionals, particularly those with more of a clinical background, become involved in community partnerships that use consensus decision making, it will be critical to gain background on how this process is conducted and perhaps participate in training to allow the health care professionals to more easily fit with the group’s decision making approach.

### **Identifying Possible Partner Organizations**

Successful collaboration must be a partnership. The first step in a successful partnership is to identify those who share a passion for your childhood obesity prevention issue. Identifying allies does not have to take a lot of time.

- *First, be clear about the issue or issues that focus your interest and passion.*
- *Second, identify the locale where you will focus your efforts.*
  - Will you be working at the community level, focusing on schools or the community?
  - Will you focus your efforts more at the state level to bring about change?

*“Physicians are the most powerful voices for environmental changes critical to shifting cultural norms around obesity.”*

Scott Gee, MD  
Oakland, California

Once you have answered these questions, you can begin to identify potential partner organizations already working to address your issue. These might include local health departments, cities, schools and organizations such as the YMCA. Both the Centers for Disease Control and Prevention (CDC) and the Robert Wood Johnson Foundation (RWJF) are funding a number of projects in states and communities to address community change. Through its Healthy Communities Program, the CDC has provided funding for 23 states to engage in efforts to reduce overweight in children and adolescents. These programs are addressing action and community change that focuses on:

<b>Increased Physical Activity</b>	<b>Consumption of Fruits &amp; Vegetables</b>
<b>Breastfeeding</b>	<b>Decreased Television Watching</b>
<b>Decreased Consumption of Sugar Sweetened Beverages and High Energy, Dense Foods</b>	

RWJF has provided support to a number of partnerships throughout the nation as well. Through the Healthy Kids, Healthy Communities Initiative, 50 grantees are working on action change efforts to improve access to healthy foods and increase physical activity within their communities. The RWJF Center to Prevent Childhood Obesity also supports 17 Network partners in their efforts to reverse childhood obesity. Appendix B includes the background information on these partnerships.

Many state health departments also are involved in Obesity Prevention Programs. If your interest is more in line with statewide change efforts, be sure to check with your state health department to identify any statewide activities underway.

## Section 3 – Strengthening the Partnership

### What Health Care Professionals Bring to a Community Change Partnership

As health care professionals, you bring a number of assets to a partnership to reverse the childhood obesity epidemic.

- First, you have high credibility with decision makers, the media and others. When you engage in community change, you are viewed as someone working for a higher, unbiased goal, to improve the health of your patients or clients and their communities.
- You have the scientific grounding on the issues surrounding childhood obesity and can speak about these with great conviction and clarity. As a health care professional, better than anyone else, you can speak with conviction about how your patients or clients are impacted by the actions needed that will lead to greater access to healthy food choices and physical activity.
- More than any other champion involved in childhood obesity prevention, you can bring a face to the work being done. Again, through your patients or clients and their families, you can make the issues and statistics real.
- Through your professional organizations, you may have access to data and information about the impact of community change campaigns and work others are doing to reverse the childhood obesity epidemic. This can be shared with your partner organization.

### Challenges that May Arise

Many health care professionals may not have been exposed to or experienced collaborative partnership models and consensus decision making. As a result, there may not be awareness about how these processes work and the foundation's on which they are built, particularly the focus on ensuring the time for relationship building.

- This lack of exposure and understanding may, at times, result in impatience when meeting agendas are focused more on discussion rather than decision making, creating what seems like a longer time to reach a conclusion.
- Because these models are built on a framework of shared responsibility, a variety of members of the team may be in leadership positions. It is not assumed that health care professional champions will be the ones leading the community partnership.

A key issue that often arises in community partnerships is that members of the team may speak “different languages”.

- Community advocates may use jargon to describe work they are doing to address their issue, using phrases like **Eating Occasion** to describe a single meal or snack, or **Food Desert** to mean an area in the United States with limited access to affordable and nutritious food. (See Appendix C for the complete Obesity Related Glossary of Terms.)
- Health care professional champions may use medical terminology not familiar to their community partners, using a term like **adipocytes** to refer to fat cells and **Obesogenic** to refer to the environmental factors may promote obesity and encourage the expression of a genetic predisposition to gain weight.<sup>viii</sup> Just as community advocates need to be cognizant of speaking

in a way that others understand their focus, health care professionals need to speak about the health impacts associated with childhood obesity in ways that nonclinicians can understand.

As health care professionals, many of you are very busy with your schedules.

- You may be difficult to reach because you are seeing patients and clients each day, and sometimes into the evening.
- As a result, members of your team may find it difficult to reach you in a timely manner to ask your involvement in some type of campaign activity.
- You may also not respond to requests by your partner organization's leadership team both to participate in an activity for follow-up to check in on the work you are completing.
- Because of your limited time availability, you may find it difficult to participate in the organization's leadership or team meetings, having to focus your time more on completing specific tasks.

*"When working with new advocacy recruits, I tell them that when my patients are in my office, they will have to learn the words I use to describe their health or illness. But, when I go into the community, I'm in their office and I need to understand what they are saying and what it means."*

Frank Stagers Sr., MD  
Pas President, NMA  
Oakland California

### **Working Through the Challenges**

Although some challenges may exist for health care professionals to successfully partner with organizations to address childhood obesity, with forethought and planning health care professionals can help to resolve and move through these challenges.

- Those of you who have not participated in collaborative approaches to community partnership have an opportunity to learn more about this approach and the value it places in building relationships among team members.
- Team members will learn from each other by sharing different experiences and different points of view. This will make the community change campaign stronger.
- When you attend organizational meetings and decisions aren't always made, recommend to the group to establish a procedure to make at least one decision at each meeting, even if it is a small one. This gives a sense of forward movement and accomplishment.
- If it is a new experience to work in partnership, listen, observe and learn. Don't expect to be the "instant" leader because you have the most training and education on the team. Remember that in a partnership environment many different experiences are reflected and valued. By listening to others, you will grow in your understanding of the challenges faced by the community you are serving.
- As a team member, if your involvement does not include attending team meetings and you are primarily carrying out specific action items because of your time availability, remember to make time to respond to requests to check in and share what you are doing. This is how the partnership is able to track its efforts and their impact.
- To be a health care professional champion does not have to require large amounts of time. Chose activities that fit your availability. Irrespective of the time you have available, you can make an impact.

***Examples of Engagement Activities Matched with Available Time***

Activity	< 1 Hour a Month	1 Hour a Month	>1 Hour a Month
Vote	X	X	X
Call, email or write a letter to a decision maker addressing your issue of concern.	X	X	X
Contribute to a nonprofit organization that focuses on your issue of concern.	X	X	X
Sign up for 1 or 2 email lists that are related to your issue of concern.	X	X	X
Patronize businesses that donate a percentage of their profits to health issues related to preventing overweight and obesity in children.	X	X	X
Cultivate long-term relationships with a public official or other decision maker in your community who can impact your issue of concern.		X	X
Write a letter to the editor of your local newspaper about your issue of concern.		X	X
Talk to other health care professionals and parents that you come into contact with about the issue you care about. Encourage them to get involved.		X	X
Submit an article on your issue to your professional association's newsletter or website.		X	X
Attend community forums and events sponsored by decision makers who may have a say on your issue of concern.		X	X
Testify before the state legislature or participate in community forums about your issue.			X
Apply for community change grants.			X
Set up a booth in your professional setting that explains the issue you are working on that provides information to and resources for getting involved.			X
Serve as a spokesperson for a local issue or community based organization that is also addressing your issue of concern.			X
Volunteer as a board member of a health organization working that is supportive of your issue of concern.			X

## Section 5 - What Organizational Partners Need From You

In order to create and sustain a successful relationship with health care professional champions, organizational partners will need input and information in a number of areas. Organizational partners will need to know:

- Your background and experience in community change in general and as it relates to childhood obesity, including experience with other coalitions and partnerships, media training and providing testimony to decision makers. In this way, they can be a stronger support to you in your community change efforts.
- The type of help you will need from them, for example, logistical support, training, background and resource materials.
- The time you have available to support the partnership.
- Ideas you have about how to use this time. With this background information, you and the organization can most effectively target your involvement.
- Times of the day and evening you are available to be part of the team.
- The languages you speak and your experience working with diverse and underserved communities.
- Groups and organizations in the community you belong to that will help identify opportunities to share your message.
- Your work on advisory committees and leadership boards.
- Background and experience with different types of group decision making models, including consensus decision making process.
- Professional organizations you belong to and what these organizations are doing to address the childhood obesity epidemic.
- Stories you can share that paint a picture of the impact of limited access to healthy food choices and physical activity on children and their families.

Partner organizations will need you to share with them the work you are doing in your community as part of their campaign. They will need help from you to navigate through your communication infrastructure so that you both can connect. For those of you who are clinicians, this may mean letting your office manager know to forward messages on to you, providing them with your email address and back office line. They need your commitment to share your community activities and stay connected.

## Section 6 – Putting It All Together

### Lessons Learned from Health Care Professional Champions in the Field

What follows are a set of lessons learned compiled by health care professional champions working in partnership to reverse the childhood obesity epidemic.

- ***By Definition, We Are a Very Diverse Group.***
  - We have many different backgrounds and types of training and interests. Some of us work for schools, public health agencies and other health care organizations. Some of us are clinicians by training, seeing patients and clients throughout our work day. We may work in at risk and underserved communities seeing the impact of inaction in a very up close and personal way. Others of us may not.
  - Some of us may have more time during the day available to attend meetings. Because of where we work, some of us may be limited in the types of community change work we can do.
  - We have different experiences and exposure related to childhood obesity. Some of us are involved in developing campaigns for the organizations where we work. Our focus is more on data gathering and development of programs to address childhood obesity.
  - Others of us see the impacts of childhood obesity each day in a very personal way with our patients and clients. We have stories to share about programs needing to be developed and regulations needing to change.
  - Many of us do not directly work with children. Still we are drawn to this issue and have great interest and desire to be involved in efforts to bring about positive change.

Organizations most successful in partnering with health care professional champions understand this variety and have taken the time and steps to match their interests and needs with health care professionals who share their passion and fit with the type of partnership they need.

- ***Most of Us Will Need Help & Support to Carry out Our Community Change Efforts.***
  - Many health care professionals involved in community campaigns have stated that one of the greatest areas of assistance they can receive is help in connecting with groups they would like to reach with their education and community change message. Having this done for them is often described as a godsend!
  - Others have shared that they appreciate receiving updates and new information that can be incorporated into their efforts.
  - Training and educational updates are also valued by health care professional champions. When the training is conducted by the partner organization, it makes it all the easier to be there, participate and learn.

As you are considering partnering with an organization or coalition to engage in your efforts, check to see what type of support they can provide you to link with community organizations. Find out if they have a mechanism to share data and resources and whether they provide training for their champions or help to link champions with other training resources in the community.

- ***We Get Busy Seeing Our Patients and Clients and Don't Follow-up Routinely with Our Organizational Partners.***
  - Those health care professional champions who spend their days seeing patients and clients can be very hard to reach.
  - Many do not check email routinely. Calls to their office are taken by the office manager or front office staff member and may not make it to the health care professional on a timely basis.
  - While partner organizations may have staff or volunteers who can dedicate some time to follow up with their champions to track community activity, they can only do so much.
  - The reports champions provide show decision makers, the media, other champions and community leaders that energy is in the campaign, that it is moving forward and having an impact. This information is critical for the success of the partnership.

As you are considering partnering with an organization or coalition to engage in your efforts, check to see what type of support they can provide you to link with community organizations. Find out if they have a mechanism to share data and resources and whether they provide training for their champions or help to link champions with other training resources in the community.

- ***We May Lack the Experience in Working in a Collaborative Process.***
  - Healthcare professional advocates may get frustrated with meetings where lots of talking takes place, no decisions gets made and everyone goes home.
  - We have often been in positions of responsibility and come into a collaborative and are on equal footing with others. This can be challenging. When we open ourselves to this, or others help us to see the value of this approach, we learn from the other team members.

We may not have experienced the value of relationship building and then when we do, we get plugged in and will respond differently to those reaching out to us.

- ***We Like Acknowledgement, But That Isn't Why We Do This.***

- Our energy to engage in childhood obesity prevention is the kids themselves. Whether we see children in our work every day, or not, each of us can likely bring the face of a child to mind who serves as our catalyst for change.
- For some of us, the motivation to engage in community efforts to reverse the childhood obesity epidemic is focused on our desire to prevent the trauma that would face these children if they became obese and started down the path to diabetes or cardiovascular disease.
- We do appreciate the thank yous and acknowledgement we receive, don't get us wrong. What keeps us going, though, is knowing that we are making a difference, that some change is happening. We like to hear what others are doing that is making an impact. And,

*"To my physician colleagues, I would encourage you to find something you are passionate about in your practice or personal life, and translate this into your community. Passion is the energy that propels the action."*

Ron Reece, MD  
Redding, California

if there is data that shows some impact or change is resulting from our work or the work of other champions, that will provide a boost and energy to keep going.

We can be difficult to reach. Our schedules do not always make for easy connections. When we are part of a coalition or community change group, we do want them to reach out to us, and share the results of the work we are engaging in. That is a motivator for us to keep going. Sharing available data shows us that our approaches, and those of others, are having an impact to help the children in our community. This is the greatest thank you we can receive.

- ***Even With Limited Time Availability, We Will Get Involved.***
  - There is that smaller group of us who are taking the lead and raising the visibility of health care professional champions. Most of us, however, do not have lots of extra time to engage in community change activities.
  - Most of us, though, have only a few hours a month to bring to the community work we do. We want to be involved and work to improve the health of the children in our communities. When others help us to see the small action steps we can take and we have a way to plug into campaigns taking place, it is easier to be involved than if we try to do this on our own.

Be clear about how much time you have to give and find those small steps to take to engage in community change. Check to see how your partner organization can get you plugged in.

### **What Success Can Look Like**

When health care professional champions and organizations successfully partner to reverse the childhood obesity epidemic a number of success factors emerge. It is critical to capture these factors both from the perspective of organizations working with health care professional champions and from the champion's themselves.

Organizations working successfully with health care professionals –

- Acknowledge that working successfully means building a relationship that has value.
- Invest the time for discussion and learning so that each grows in the other's perspective.
- Learn the interests and passions of health care professional champions and take steps to respond.
- Break down change opportunities into “bitable chunks” so that no matter what amount of time champions have available, opportunity to engage happens.
- Respond to targets of opportunity for health care professional champions to engage.
- Take steps to reach, communicate and engage busy health care professional champions to keep them abreast of the childhood obesity campaign.

*“More doctors need to view community involvement as part of their professional identity so that they can gain critical perspective and truly provide patient-centered care.”*

Robert Christopher Searles, MD  
Chula Vista, California

- Periodically assess their support and engagement efforts and respond as their relationship with their health care professional champions changes and grows.

Health care professional champions working successfully with organizations in community change campaigns –

- Participate in learning and training opportunities and take steps to grow in their understanding of community change and its value.
- Share with the organization their time availability and work together to find ways to engage in a meaningful way in that time.
- Learn how the organization works to maximize their participation and contributions.
- Share with the organization the work they are doing in the community.
- Make a commitment to engage.
- Identify their community targets for change and plans and share these with the organization.
- Expand their community work from initial action steps and focus to larger sets of activities and a larger focus.
- Grow in their understanding of the decision making process for their issue.
- Offer to connect with new health care professional champions and share the “Rules of the Road” for the community change process.

*“True health care reform is changing the way we practice medicine, from waiting for people to come into the office with a complaint, to getting out into the community with programs that prevent diseases from occurring.”*

Eric Ramos, MD  
Patterson, California

### **Getting Started – Tips to Initiate Your Partnership**

1. Know why you want to be part of a larger partnership effort to reverse the childhood obesity epidemic.
2. Research which organizations are available for partnership and match your interests with their mission and focus.
3. Be clear about the time you have available to dedicate to your efforts and match your time with targets of opportunities.
4. When you meet with the leaders of the partnership organization with whom you would like to work, listen as they describe how they conduct their business and if they have worked with health care professional champions.
5. Let the group know the time you have available and agree on some initial action steps you can take as part of the team.
6. Complete one small action step such as writing a letter to the editor or calling, emailing or writing a letter to a decision maker addressing your issue.
7. Close the loop and share with the partnership organization the action step you took!

As you begin to form your community partnership, consider completing the Partnership Checklist found in Appendix E.

## **Section 7 – Appendices**

**Appendix A - CMAF's Healthcare Professionals Healthy Communities Initiative**

**Appendix B - CDC & RWJF Childhood Obesity Prevention Sponsored Projects**

**Appendix C - Glossary of Obesity Related Terms**

**Appendix D - Online Resources**

**Appendix E - Partnership Checklist**

## Appendix A

# Healthcare Professionals for Healthy Communities

An Initiative of the California Medical Association Foundation

30.5% of all children in California are overweight or obese.

90% of Californians surveyed stated that they wanted physicians to be their primary source of information about nutrition, physical activity and other health issues associated with obesity.

- Field Research Poll conducted by The California Endowment (2004)

The CMA Foundation is working to prevent obesity related diseases by turning healthcare professionals into community educators and advocates for healthy eating, physical activity and community change in the battle against obesity. Through diverse partnerships with businesses, government, health plans and community organizations, the CMA Foundation will utilize healthcare professionals' expertise and credibility to maximize their impact on the obesity epidemic.

### CMA Foundation Healthcare Professional Champions will receive:

- Provider and Community Outreach toolkits
- Connections with school boards, city councils and many other organizations to spread the message of healthy living
- Assistance from CMA Foundation staff
- Access to online resources



### Available Resources

#### Obesity Provider Toolkits

The Pediatric, Adult, and Pre/Post-Bariatric Surgery toolkits address the prevention and early identification of overweight and obesity, weight management education and include a variety of informational resources and tools. Available online at: [www.thecmafoundation.org](http://www.thecmafoundation.org).

#### E-Newsletter

The monthly newsletter highlights the latest news and policies related to obesity prevention and is sent to more than 600 healthcare professional champions and community based organizations.

*"Engaged communities and engaged physicians are vital to the health of Californians. Please consider joining the CMA Foundation's efforts to turn the tide on the obesity epidemic in California."*

-Frank Staggers, MD  
Past Chair, CMA Foundation Board of Directors



For more information about the *Healthcare Professionals for Healthy Communities* Initiative, please contact Phoua Moua, Director of Obesity Prevention, at (916) 779-6636 or [pmoua@thecmafoundation.org](mailto:pmoua@thecmafoundation.org), or visit [www.thecmafoundation.org/projects/obesityProject.aspx](http://www.thecmafoundation.org/projects/obesityProject.aspx).



Guide for Healthcare Professionals to Partner with  
Community Organizations



### Healthcare Professionals for Healthy Communities

Are you ready to help *your* community become healthy and active?

**Become a part of the Speaker's Bureau!**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

**Preferences:**

County/City for Presentation:

\_\_\_\_\_  
\_\_\_\_\_

Time of Day and Week: \_\_\_\_\_

\_\_\_\_\_

Age Group:    Children    Adolescents    Adults    Families

Setting (school, community group, church, etc.):

\_\_\_\_\_  
\_\_\_\_\_

Do you have any established contacts with groups you'd like to work with? (If yes, please detail):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Advance notice required (number of days, weeks, etc.): \_\_\_\_\_

Please fill out and submit to Vanessa Saetern, Project Assistance at [vsuertn@thecmafoundation.org](mailto:vsuertn@thecmafoundation.org),  
FAX 916.779.6658, or 3835 North Freeway Blvd. Suite 100, Sacramento, CA 95834

## Appendix B

# CDC & RWJF Childhood Obesity Prevention Sponsored Projects

## Robert Wood Johnson Foundation (RWJF) Childhood Obesity Prevention Sponsored Projects

The organizations and programs listed below are among those currently funded by the RWJF to help reverse the childhood obesity epidemic. <http://www.reversechildhoodobesity.org/content/network>

### Active Living Research

<http://www.activelivingresearch.org/>

### African American Collaborative Obesity Research Network

<http://www.aacorn.org/>

### Alliance for a Healthier Generation

<http://www.healthiergeneration.org/schools.aspx>

### Bridging the Gap

<http://bridgingthegapresearch.org/>

### Communities Creating Healthy Environments

<http://www.ccheonline.org/>

### Healthy Eating Active Living Convergence Partnership

<http://www.convergencepartnership.org/>

### Healthy Eating Research

<http://www.healthyeatingresearch.org/>

### Healthy Kids, Healthy Communities

<http://www.healthykidshealthycommunities.org/>

### Leadership for Healthy Communities

<http://www.leadershipforhealthycommunities.org/>

### National Initiative for Children's Healthcare Quality (NICHQ)

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

### National Policy and Legal Analysis Network to Prevent Childhood Obesity

<http://www.nplanonline.org/>

### The NJ Partnership for Healthy Kids

<http://www.njymca.org/>

### Safe Routes to School National Partnership

<http://www.saferoutespartnership.org/>

### Salud America! The RWJF Research Network to Prevent Obesity Among Latino Children

<http://www.salud-america.org/>

### Save the Children: Campaign for Healthy Kids

<http://www.savethechildren.org/>

### Yale University Rudd Center for Food Policy and Obesity

<http://www.yaleruddcenter.org/>

### YMCA of the USA: Pioneering Healthy Communities

[http://www.ymca.net/activateamerica/activate\\_a\\_merica\\_leadership.html](http://www.ymca.net/activateamerica/activate_a_merica_leadership.html)

## **CDC's Healthy Communities Program- List of All Funded Communities**

This list shows, in parentheses, the funding model and month/year that participation began in CDC's Healthy Communities Program. <http://www.cdc.gov/healthycommunitiesprogram/communities/index.htm>

View map of all communities at  
<http://www.cdc.gov/healthycommunitiesprogram/communities/overallmap.htm>

### **As of February 2011**

#### **CALIFORNIA**

Anaheim (ACHIEVE 3/09)  
Garden Grove (REACH 10/07)  
Grass Valley (ACHIEVE 2/11)  
Hayward (PHC 10/08)  
Inglewood (REACH 10/07)  
La Mirada (ACHIEVE 3/09)  
Lompoc (PHC 10/09)  
Long Beach (PHC 10/09)  
Los Angeles (REACH 9/10)  
Los Angeles (REACH 10/07)  
Los Angeles County (CPPW 3/10)  
Monterey County – Salinas (Steps 10/03)  
Oakland (REACH 10/07)  
Ontario (PHC 10/09)  
Orange County (PHC 10/05)  
Sacramento (ACHIEVE 3/09)  
San Diego County (CPPW 3/10)  
San Francisco County (REACH 9/10)  
San Francisco (PHC 10/07)  
Santa Clara County (CPPW 9/10)  
Santa Clara County (CPPW 3/10)  
Santa Clara County (Steps 10/04)  
San Jose (REACH 10/07)  
Santa Clara and South San Mateo Counties  
(PHC 10/04)  
Shasta County (PHC 10/06)  
Ukiah (ACHIEVE 2/11)  
Whittier (ACHIEVE 2/11)  
Yuba City (ACHIEVE 2/11)

# Glossary of Community Obesity Related Terms

**DISCLAIMER** – These terms are provided as a resource to assist you in your community change efforts and do not necessarily reflect policy or endorsement of National Initiative for Child Healthcare Quality, American Academy of Pediatrics, or California Medical Association Foundation.

**As Of Right:** Zoning standards that are determined in advance of development and are self-enforcing. These types of development do not require special approval from a government agency.

**Baby Friendly Hospital:** A maternity facility can be designated 'baby-friendly' when it does not accept free or low-cost breast milk substitutes, feeding bottles or teats, and has implemented 10 specific steps to support successful breastfeeding. A baby- friendly hospital:

- Maintains a written breastfeeding policy
- Trains all staff in skills needed to implement this policy
- Informs all pregnant women about the benefits and management of breastfeeding
- Helps mothers initiate breastfeeding within one hour of birth
- Shows mothers how to breastfeed even if they are separated from their infants
- Gives infants no food or drink other than breast milk unless medically indicated
- Allows mothers and infants to remain together 24 hours a day
- Encourages unrestricted breastfeeding
- Gives no pacifiers or artificial nipples to breastfeeding infants
- Refers mothers to breastfeeding support groups

**Beverage Contracts:** Standard contracts, the most common type for schools, are signed between a school or school district and a bottler/distributor for a period of years. A standard contract facilitates the sale and marketing of beverages in schools and lays out the terms for compensation for the school/school district. These contracts are legal arrangements that integrate a school or school district into a beverage company's marketing strategy and, simultaneously, integrate a beverage company into a school/district's fundraising plan. Other contracts include: Request for Responses Contracts and Purchase Order Contracts.

**Bike Lanes:** As defined by the American Association of State Highway and Transportation Officials, portions of a roadway that have been designated by striping, signing, and pavement markings for the preferential or exclusive use of bicyclists.

**Bike Routes:** Cycling routes on roads shared with motorized vehicles or on specially marked sidewalks.

**Body Mass Index (BMI):** One of the most commonly used measures for defining overweight and obesity, calculated as weight in kilograms divided by height in meters squared.

**Built Environment:** Encompasses all of the man-made elements of the physical environment, including buildings, infrastructure, and other physical elements created or modified by people and the functional use, arrangement in space, and aesthetic qualities of these elements.

**Calorie-Dense, Nutrient-Poor Foods:** Foods and beverages that contribute few vitamins and minerals to the diet, but contain substantial amounts of fat and/ or sugar and are high in calories. Consumption of these foods, such as sugar-sweetened beverages, candy, and chips, may contribute to excess calorie intake and unwanted weight gain in children.

**Child Nutrition Program:** The National School Lunch Program (NSLP) is a federally assisted meal program operating in public and nonprofit private schools and residential child care institutions. It provides nutritionally balanced, low-cost or free lunches to children each school day. The program was established under the National School Lunch Act, signed by President Harry Truman in 1946.

**Coalition:** A group of persons representing diverse public-or private-sector organizations or constituencies working together to achieve a shared goal through coordinated use of resources, leadership, and action.

**Community Gardens:** Any piece of land gardened by a group of people. It can be urban, suburban, or rural. It can be one community plot, or can be many individual plots. It can be at a school, hospital, or in a neighborhood. It can also be a series of plots dedicated to "urban agriculture" where the produce is grown for a market.

**Competitive Foods and Beverages:** All foods and beverages served or sold in schools that are not part of Federal school meal programs, including "à la carte" items sold in cafeterias and items sold in vending machines. As defined by the Institute of Medicine (2005), competitive foods and beverages typically are lower in nutritional quality than those offered by school meal programs.

**Competitive Pricing:** The principal vendor selection criterion used for cost containment is a competitive pricing standard to exclude high-priced vendors. States with this criterion require that vendors charge a "fair and competitive price." States differ in defining this price and in whether they use a competitive pricing criterion at application or in evaluating redemptions.

**Complete Streets:** Streets that support all users—motorists, bicyclists, pedestrians, transit users, young, old, and disabled—by featuring safe access along and across the street via sidewalks, bicycle lanes, wide shoulders, crosswalks, and other features. Complete streets enable safe, attractive, and comfortable access and travel.

**Conditional Use Permit:** A variance granted to a property owner that allows a use otherwise prevented by zoning, through a public hearing process. These permits allow a city or county to consider special uses of land that may be essential or desirable to a particular community but are not allowed as a matter of right within a zoning district. These permits can also control certain uses that could have detrimental effects on a community or neighboring properties. They provide flexibility within a zoning ordinance.

**Connectivity:** The directness of travel to destinations. Sidewalks and paths that are in good condition and without gaps can promote connectivity.

**Counter-Advertising Media:** The Recovery Act Communities Putting Prevention to Work- Community Initiative suggests using **media** as a key strategy to:

- Promote healthy foods/drinks and increase activity
- Restrict advertising and employ counter-advertising for unhealthy foods/drinks

Media can be a key element to increase awareness and motivation and can be used to promote healthy eating, portion size awareness, eating fewer calorie-dense, nutrient-poor foods and to raise awareness of weight as a health issue. High-frequency television and radio advertising, as well as signage, may stimulate

improvements in attitudes toward a healthy diet Counter-advertising media promote healthy foods/drinks/lifestyle in an attempt to counteract the barrage of marketing and media messaging for unhealthy products. This technique was used successfully to reach youth in the tobacco and alcohol prevention fields.

**Density:** Population per unit of area measure.

**Dietary Guidelines For Americans:** The Dietary Guidelines for Americans have been published jointly every 5 years since 1980 by the Department of Health and Human Services (HHS) and the Department of Agriculture (USDA). The Guidelines provide authoritative advice for people 2 years and older on how good dietary habits can promote health and reduce risk for major chronic diseases. They serve as the basis for federal nutrition assistance and nutrition education programs.

**Discretionary Calories:** The number of calories in one’s “energy allowance” after one consumes sufficient amounts of foods and beverages to meet one’s daily calorie and nutrient needs while promoting weight maintenance.

**Eating Occasion:** A single meal or snack.

**Energy-Dense Foods:** Foods that are high in calories.

**Energy Density:** The number of calories per gram in weight.

**Environmental Change:** An alteration or change to physical, social, or economic environments designed to influence people’s practices and behaviors.

**Exactions:** Requirements placed on developers as a condition of development approval, generally falling into two categories: impact fees (see below) or physical exactions such as dedication of land or provision of infrastructure. Exactions must be related to the expected impacts of a project. For example, new homes create the need for more parks and schools, and an exaction might dedicate land in the developer’s plans for more parks and schools.

**Family Friendly Store Displays:** When we shop, our purchases are influenced not only by what’s available and affordable, but also by how products are organized and advertised inside the store. The overall layout of the store affects what we buy. When high-sugar cereals are shelved at children’s eye level, parents are more likely to be pestered into choosing them over healthier breakfast options. When fruit and granola bars, rather than candy and chips, are stocked in the check-out lanes, people are much less likely to make an unhealthy, last-minute impulse buy.

**Farm Bill:** The Farm Bill sets overall U.S. agricultural policy and is usually renewed at 5-year intervals. It encompasses all federal policy related to commodities, price supports for certain crops, conservation, food safety, agricultural disaster assistance and much more.

**Farm Stand:** Multiple and single vendors that are not part of a licensed farmers market.

**Farmer-Day:** Any part of a calendar day spent by a farmer (vendor) at a farmers market (excluding craft vendors and prepared food vendors). The total number of annual farmer-days for a given farmers market is

based on the number of days that the farmers market is open in a year multiplied by the number of farm vendors at the market on a given day.

**Farm To School:** Farm to School brings healthy food from local farms to school children nationwide. The program teaches students about the path from farm to fork, and instills healthy eating habits that can last a lifetime. At the same time, use of local produce in school meals and educational activities provides a new direct market for farmers in the area and mitigates environmental impacts of transporting food long distances.

**Farm To Hospital:** The farm to hospital approach extends beyond local fruits and vegetables to include other sustainable and health-promoting food purchasing options such a focus on organic food, sustainably raised produce and meats, antibiotic free meat, and rBGH-free (recumbent Bovine Growth Hormone) dairy products. Farmers' markets on hospital grounds and community health promotion activities are also integral components of the farm to hospital model.

**Food Access:** The extent to which a community can supply people with the food needed for health. Communities with poor food access lack the resources necessary to supply people with the food needed for a healthy lifestyle. Availability of high quality, affordable food and close proximity to food stores increase food access.

**Food Desert:** "Food desert" means an area in the United States with limited access to affordable and nutritious food. Food deserts often exist in areas composed of predominantly lower-income neighborhoods and communities.

**Form-Based Code:** A method of regulating development to achieve a specific urban form. Form-based codes create a predictable public realm primarily by controlling physical form, with a lesser focus on land use, through city or county regulations.

**Health Disparities:** Differences in the incidence and prevalence of health conditions and health status between groups. Most health disparities affect groups marginalized because of socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location, or some combination of these. People in such groups not only experience worse health but also tend to have less access to the social determinants or conditions (e.g., healthy food, good housing, good education, safe neighborhoods, freedom from racism and other forms of discrimination) that support health.

**Health Equity:** *When* everyone has the opportunity to "attain their full health potential" and no one is "disadvantaged from achieving this potential because of their social position or other socially determined circumstance."

**Health Inequities:** When health disparities are the result of the systematic and unjust distribution of certain critical conditions (e.g., healthy food, good housing, good education, safe neighborhoods, freedom from racism and other forms of discrimination).

**Health Impact Assessment:** Health impact assessment (HIA) is commonly defined as "a combination of procedures, methods, and tools by which a policy, program, or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population" HIA is

used to evaluate objectively the potential health effects of a project or policy before it is built or implemented.

**Healthy Eating Environment:** An environment that provides access to and encourages the consumption of healthy foods, as described by the Dietary Guidelines for Americans.

**Healthier Foods And Beverages:** As defined by Institute of Medicine (2005), foods and beverages with low energy density and low content of calories, sugar, fat, and sodium.

**Home Zone:** A residential street or group of streets that is designed to operate primarily as a space for social use. The needs of residents take priority over the needs of car drivers. Home zones are designed to be shared by pedestrians, playing children, bicyclists, and low-speed motor vehicles. Traffic-calming methods such as speed humps are avoided in favor of methods that make slower speeds more natural to drivers, rather than an imposition. Home zones encourage children’s play and neighborhood interaction and also increase road safety.

**Impact Fee:** A monetary exaction placed on developers related to the expected impacts of a project. For example, to lessen the effect of increased traffic at a new shopping center, a developer might be required to pay an impact fee that would be used for construction of a left-turn lane and traffic lights.

**Joint Use Agreement:** A joint use agreement (JUA) is a formal agreement between two separate government entities—often a school and a city or county—setting forth the terms and conditions for shared use of public property or facilities. JUAs can range in scope from relatively simple (e.g., opening school playgrounds to the public outside of school hours) to complex (allowing community individuals and groups to access all school recreation facilities, and allowing schools to access all city or county recreation facilities).

**Largest School District Within a Local Jurisdiction:** The school district that serves the largest number of students within a local jurisdiction.

**Less Healthy Foods And Beverages:** As defined by Institute of Medicine (2005), foods and beverages with a high content of calories, sugar, fat, and sodium, and low content of nutrients, including protein, vitamins A and C, niacin, riboflavin, thiamin, calcium, and iron.

**Local Food:** Practically speaking, local food production can be thought of in concentric circles that start with growing food at home. The next ring out might be food grown in our immediate community - then state, region, and country. For some parts of the year or for some products that thrive in the local climate, it may be possible to buy closer to home. At other times, or for less common products, an expanded reach may be required.

**Local Government Facilities:** Facilities owned, leased, or operated by a local government (including facilities that might be owned or leased by a local government but operated by contracted employees). For the purposes of this project, and according to the definition established by ICMA, local government facilities might include facilities in the following categories:

- 24-hour “dormitory-type” facilities: facilities that generally are in operation 24 hours per day, 7 days per week, such as firehouses (and their equipment bays), women’s shelters, men’s shelters, and

group housing facilities for children, seniors, and physically or mentally challenged persons, not including regular public housing;

- administrative/office facilities: general office buildings, court buildings, data processing facilities, sheriff's offices (including detention facilities), 911 centers, social service intake centers, day care/preschool facilities, historical buildings, and other related facilities;
- detention facilities: jails, adult detention centers, juvenile detention centers, and related facilities;
- health care facilities: hospitals, clinics, morgues, and related facilities;
- recreation/community center facilities: senior centers, community centers, gymnasiums, public parks and fields, and other similar recreation centers, including concession stands located at these facilities; and
- other facilities: water treatment plants, airports, schools, and all other facilities that do not explicitly fall into the categories listed above.

**Low Energy Dense Foods And Beverages:** Foods and beverages with a low calorie-per-gram ratio. Foods with a high water and fiber content are low in energy density, such as fruits, vegetables, and broth-based soups and stews.

**Macronutrients:** Nutrients needed in relatively large quantities, such as protein, carbohydrates, and fat.

**Measure:** For the purpose of this project, a measure is defined as a single data element that can be collected through an objective assessment of the physical or policy environment and used to quantify without bias an obesity prevention strategy.

**Micronutrients:** Nutrients needed in relatively small quantities, such as vitamins and minerals.

**Mixed Land Use:** A mixed land use development incorporates many sectors of a community, including retail, office, and residential. Communities with a balanced mix of land use give residents the option to walk, bike, or take transit to nearby attractions.

**Mixed-Use Development:** Zoning that combines residential land use with one or more of the following types of land use: commercial, industrial, or other public use.

**Motivational Interviewing:** Motivational interviewing is a directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence. Compared with nondirective counseling, it is more focused and goal-directed. The examination and resolution of ambivalence is its central purpose, and the counselor is intentionally directive in pursuing this goal.

**National School Lunch Program:** The National School Lunch Program (NSLP) is a federally assisted meal program operating in public and nonprofit private schools and residential child care institutions. It provides nutritionally balanced, low-cost or free lunches to children each school day. The program was established under the National School Lunch Act, signed by President Harry Truman in 1946.

**Network Distance:** Shortest distance between two locations by way of the public street network.

**No Child Left Behind:** The No Child Left Behind Act of 2001 (No Child Left Behind) is a landmark in education reform designed to improve student achievement and change the culture of America's schools. Enacted under President George W. Bush.

With passage of No Child Left Behind, Congress reauthorized the Elementary and Secondary Education Act (ESEA)--the principal federal law affecting education from kindergarten through high school. In amending *ESEA*, the new law represents a sweeping overhaul of federal efforts to support elementary and secondary education in the United States. It is built on four common-sense pillars: accountability for results; an emphasis on doing what works based on scientific research; expanded parental options; and expanded local control and flexibility.

**No Child Left Inside:** A movement thought to help address the childhood obesity problem by increasing the time students spend learning about nature, both in and outside the classroom.

**Nonmotorized Transportation:** Any form of transportation that does not involve the use of a motorized vehicle, such as walking and biking.

**Nutrient-Dense Foods:** Foods that provide substantial amounts of vitamins, minerals, and other health-promoting components such as fiber and relatively few calories. Foods that are low in nutrient density supply calories but no or small amounts of vitamins, minerals, and health-promoting components.

**Nutrition Standards:** Criteria that determine which foods and beverages may be offered in a particular setting (e.g., schools or local government facilities). Nutrition standards may be defined locally or adopted from national standards.

**Obesity And Overweight:** Children and adolescents are defined as obese if they have a body mass index (BMI) equal to or greater than the 95th percentile for their age and sex, and overweight if they have a BMI at the 85th percentile to less than the 95th percentile for their age and sex, according to growth charts (<http://www.cdc.gov/growthcharts>).

**Partnership:** A business-like arrangement that might involve two or more partner organizations.

**Physical Activity:** Body movement produced by the contraction of muscle that increases energy expenditure above the resting level.

**Pocket Park:** A small park frequently created on a vacant building lot or on a small, irregular piece of land, sometimes created as a component of the public space requirement of large building projects. Pocket parks provide greenery, a place to sit outdoors, and sometimes playground equipment. They may be created around a monument, historic marker, or art project.

**Point Of Purchase Decision Making:** Refers to labeling /signage/placement to increase consumption of healthy foods/drinks, and prompt physical activity. Example: Require menu labeling to assist families and individuals in making healthy choices when eating away from home. Another example is replacing unhealthy foods with healthy foods in prominent display areas such as checkout lines.

**Policy:** Laws, regulations, rules, protocols, and procedures designed to guide or influence behavior. Policies can be either legislative or organizational in nature.

**Portion Size:** The amount of a single food item served in a single eating occasion (e.g., a meal or a snack). Portion size is the amount (e.g., weight, caloric content, or volume) of food offered to a person in a

restaurant, the amount in the packaging of prepared foods, or the amount a person chooses to put on his or her plate. One portion of food might contain several USDA food servings.

**Pricing Strategies:** Intentional adjustment to the unit cost of an item (e.g., offering a discount on a food item, selling a food item at a lower profit margin, or banning a surcharge on a food item).

**Public Recreation Facility:** Facility listed in the local jurisdiction’s facility inventory that has at least one amenity that promotes physical activity (e.g., walking/hiking trail, bicycle trail, or open play field/play area).

**Public Recreation Facility Entrance:** The point of entry to a facility that permits recreation. For the purposes of this project, geographic information system (GIS) coordinates of the entrance to a recreational facility or the street address of the facility.

**Public Service Venue:** Facilities and settings open to the public that are managed under the authority of government entities (e.g., schools, child care centers, community recreational facilities, city and county buildings, prisons, and juvenile detention centers).

**Public Transit Stop:** Point of entrance to a local jurisdiction’s transportation and public street network, such as bus stops, light rail stops, and subway stations.

**Quality Physical Education:** Appropriate actions must be taken in four main areas to ensure a high quality physical education program: (1) curriculum, (2) policies and environment, (3) instruction, and (4) student assessment (5) healthy school environment; (6) counseling, psychological, and social services; (7) health promotion for staff; and (8) family and community involvement.

Policy and environmental actions that support high quality physical education require the following:

- Adequate instructional time (at least 150 minutes per week for elementary school students and 225 minutes per week for middle and high school students),
- All classes be taught by qualified physical education specialists,
- Reasonable class sizes, and
- Proper equipment and facilities.
- Instructional strategies that support high-quality physical education emphasize the following:
  - The need for inclusion of all students,
  - Adaptations for students with disabilities,
  - Opportunities to be physically active most of the class time,
  - Well-designed lessons,
  - Out-of-school assignments to support learning, and
  - Not using physical activity as punishment.
- Regular student assessment within a high-quality physical education program features the following:
  - The appropriate use of physical activity and fitness assessment tools,
  - Ongoing opportunities for students to conduct self-assessments and practice self-monitoring of physical activity,
  - Communication with students and parents about assessment results, and
  - Clarity concerning the elements used for determining a grading or student proficiency system.

**Retrofit:** Modification of infrastructure and facilities in existing areas of the community rather than the provision of infrastructure and facilities in new areas of development.

**Road Diet:** Involves reducing the amount of lanes in a road to include a bike lane and/or sidewalks. Road diets are intended to slow traffic and make the road safer for pedestrians and cyclists.

**Safe Communities:** According to the Leadership for Healthy Communities: Action Strategies Toolkit, keeping communities safe and free from crime encourage outdoor activity. Parents' perceptions of safety in their neighborhoods, from concerns about traffic to strangers, can determine the level of activity in which their children engage. Strategies identified to combat these issues include: street patrols, neighborhood watch groups, and community design and aesthetics.

**Safe Routes to Schools:** Communities use many different approaches to make it safer for children to walk and bicycle to school and to increase the number of children doing so. Programs use a combination of education, encouragement, enforcement and engineering activities to help achieve their goals.

**School Siting:** The process of locating schools and school facilities.

**School Wellness Council:** Many states require local School Wellness Councils or Health Advisory councils that are usually made up school staff, students, parents and community members and which implement the School Wellness Policy.

**School Wellness Councils:**

- Advise the school board/district on school/community health issues.
- Identify student/staff health needs.
- Monitor and evaluate implementation of school wellness policies.
- Support the school in developing a healthier school environment.
- Assist with policy development to support a healthy school environment.
- Plan and implement programs for students and staff.
- Tap into funding and resources for student and staff wellness.

**School Wellness Policy:** Section 204 of Public Law 108 – 265, the Child Nutrition and WIC Reauthorization Act of 2004, requires that every school district receiving funding through the National School Lunch and/or Breakfast Program develop a local wellness policy that promotes the health of students with a particular emphasis on addressing the growing problem of childhood obesity.

**Screen (Viewing) Time:** Time spent watching television, playing video games, and engaging in non-educational computer activities.

**Shared-Use Paths:** As defined by the American Association of State Highway and Transportation Officials, bikeways used by cyclists, pedestrians, skaters, wheelchair users, joggers, and other nonmotorized users that are physically separated from motorized vehicular traffic by an open space or barrier and within either the highway right-of-way or an independent right-of-way.

**Sidewalk Network:** An interconnected system of paved walkways designated for pedestrian use, usually located beside a street or roadway.

**Street Network:** A system of interconnecting streets and intersections for a given area.

**Smart Growth:** An approach to urban planning that is more town centered and transit and pedestrian oriented, and has a greater mix of housing, commercial, and retail uses. It also preserves open space and many other environmental amenities.

**Social Environment:** Includes interactions with family, friends, coworkers, and others in the community. It also encompasses social institutions, such as the workplace, places of worship, and schools. Housing, public transportation, law enforcement, and the presence or absence of violence in the community are among other components of the social environment. The social environment has a profound effect on individual health, as well as on the health of the larger community, and is unique because of cultural customs; language; and personal, religious, or spiritual beliefs. At the same time, individuals and their behaviors contribute to the quality of the social environment (definition from *Healthy People 2010*).

**Social Marketing:** Using the same marketing principles that are used to sell Products to consumers to “sell” ideas, attitudes, and behaviors. Social marketing is often used to change health behaviors.

**Stranger Danger:** The perceived danger to children presented by strangers. The phrase is intended to sum up the various concerns associated with the threat presented by unknown adults.

**Sugar-Sweetened Beverages:** Beverages that contain added caloric sweeteners, primarily sucrose derived from cane, beets, and corn (high-fructose corn syrup), including non-diet carbonated soft drinks, flavored milks, fruit drinks, teas, and sports drinks.

**Supermarket:** A large, corporate-owned food store with annual sales of at least \$2 million.

**Supplemental Nutrition Assistance Program (SNAP):** SNAP helps low-income people and families buy the food they need for good health. You apply for benefits by completing a State application form. Benefits are provided on an electronic card that is used like an ATM card and accepted at most grocery stores. Through nutrition education partners, SNAP helps clients learn to make healthy eating and active lifestyle choices.

**Traffic Calming:** Measures that attempt to slow traffic speeds and increase pedestrian and bicycle traffic through physical devices designed to be self-enforcing. These include speed humps and bumps, raised intersections, road narrowing, bends and deviations in a road, medians, central islands, and traffic circle.

**Transportation Equity Act:** Every five to seven years, Congress updates and renews federal transportation policies. This legislation encompasses road-building and related improvements; airline, ship, and rail transportation issues; safety measures; transit and community design; and a range of other aspects of transportation policy.

**Underserved Census Tract:** Within metropolitan areas, a census tract that is characterized by one of the following criteria: (i) a median income at or below 120% of the median income of the metropolitan area and a minority population of 30% or greater; or (ii) a median income at or below 90% of median income of the metropolitan area. In rural, nonmetropolitan areas, the following criteria should be used instead: (i) a median income at or below 120% of the greater of the State nonmetropolitan median income or the nationwide non-metropolitan median income and a minority population of 30% or greater; or (ii) a median income at or below 95% of the greater of the State nonmetropolitan median income or nationwide nonmetropolitan median income (Department of Housing and Urban Development, 1995).

**United States Federal Communications Commission (FCC):** The FCC is charged with the regulation of broadcast television and has the authority to make rules “to assure that broadcasters operate in the public interest.” Special FCC rules designed to protect children require that broadcasters limit the amount of advertising shown during children’s programming (to no more than 10.5 minutes/hour on weekends and no more than 12 minutes/hour on weekdays); clearly separate program content from commercial messages; and distinguish when a program will transition to a commercial.

**VERB Campaign:** A national, multicultural, social marketing campaign to increase and maintain physical activity among tweens. It was coordinated by the U.S. Department of Health and Human Services and the Centers for Disease Control and Prevention and ran from 2002 to 2006.

**Violent Crime:** A legal offense that involves force or threat of force. According to the Federal Bureau of Investigation’s Uniform Crime Reporting (UCR) Program, violent crime includes murder, forcible rape, robbery, and aggravated assault [http://www.fbi.gov/ucr/cius2007/offenses/violent\\_crime/index.html](http://www.fbi.gov/ucr/cius2007/offenses/violent_crime/index.html).

**Walking School Bus:** A walking school bus is a group of children walking to school with one or more adults.

**Women Infants Children Program (WIC):** WIC provides Federal grants to States for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk.

## Appendix D

### Online Resources

#### Web Resources for Parents

##### *Childhood Overweight*

<p><b>Weight Control Information Network (WIN)</b>  <a href="http://win.niddk.nih.gov/publications/index.htm">http://win.niddk.nih.gov/publications/index.htm</a></p>	<p>The Weight-control Information Network (WIN) is an information service of the <a href="#">National Institute of Diabetes and Digestive and Kidney Diseases</a> (NIDDK), <a href="#">National Institutes of Health</a> (NIH) that produces, collects, and disseminates materials on obesity, weight control, and nutrition. Win provides fact sheets, brochures, videos, e-newsletters and more. Parents can find links to fact sheets on “Helping your Overweight Child”, “Tips for Parents”, Teenagers Guide to Better Health”.</p>
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##### *Healthy Eating*

<p><b>USDA's Food and Nutrition Service (FNS) Eat Smart. Play Hard.™ Campaign</b>  <a href="http://www.fns.usda.gov/eatsmartplayhardhealthylifestyle/">www.fns.usda.gov/eatsmartplayhardhealthylifestyle/</a></p>	<p>Eat Smart. Play Hard.™ Healthy Lifestyle! website is specifically designed for parents and caregivers to provide information and resources to eat better, be more physically active and be a role model for kids.</p>
<p><b>Everyday Healthy Meals - Champions for Change</b>  <a href="http://www.cachampionsforchange.net">www.cachampionsforchange.net</a></p>	<p>Online recipes (<a href="http://www.cachampionsforchange.net/en/Recipes.php">www.cachampionsforchange.net/en/Recipes.php</a>) and some 'mom-tested' tips (<a href="http://www.cachampionsforchange.net/en/KitchenTips.php">www.cachampionsforchange.net/en/KitchenTips.php</a>) on how to get your family to eat more fruits and vegetables and be more physically active.</p>

##### *Fitness & Physical Activity*

<p><b>Families Finding the Balance: A Parent Handbook</b>  <a href="http://www.nhlbi.nih.gov/health/public/heart/obesity/wecan_mats/parent_hb_en.pdf">www.nhlbi.nih.gov/health/public/heart/obesity/wecan_mats/parent_hb_en.pdf</a></p> <ul style="list-style-type: none"> <li>➤ <b>Order the handbook online:</b>  <a href="http://www.nhlbi.nih.gov/health/public/heart/obesity/wecan_mats/parent_hb_en.htm">www.nhlbi.nih.gov/health/public/heart/obesity/wecan_mats/parent_hb_en.htm</a></li> <li>➤ <b>Available in Spanish: ¡Nosotros Podemos! Familias Encontrando el Balance: Manual para Padres:</b>  <a href="http://www.nhlbi.nih.gov/health/public/heart/obesity/wecan_mats/parent_hb_sp.pdf">www.nhlbi.nih.gov/health/public/heart/obesity/wecan_mats/parent_hb_sp.pdf</a></li> <li>➤ <b>Order the Spanish-language version online:</b>  <a href="http://www.nhlbi.nih.gov/health/public/heart/obesity/wecan_mats/parent_hb_sp.htm">www.nhlbi.nih.gov/health/public/heart/obesity/wecan_mats/parent_hb_sp.htm</a></li> </ul>	<p>Offers practical tips from <i>We Can!</i>® to help parents help their families find the right balance of eating well and being physically active to maintain a healthy weight. The Parent Handbook received the 2005 NIH Plain Language Award for an Outstanding Plain Language Product.</p>
<p><b>We Can! Make Physical Activity Fun Tip Sheet</b>  <a href="http://www.nhlbi.nih.gov/health/public/heart/obesity/wecan/downloads/tip_physical_activity.pdf">www.nhlbi.nih.gov/health/public/heart/obesity/wecan/downloads/tip_physical_activity.pdf</a></p>	<p>Try these tips from <i>We Can!</i> to help increase daily physical activity and have fun at the same time.</p>


<p><b>Tips to Eat Well and Move More: Tip Sheet   Tracking Sheet</b></p> <ul style="list-style-type: none"> <li>➤ <b>Tip Sheet:</b> <a href="http://www.nhlbi.nih.gov/health/public/heart/obesity/wecan/downloads/tips.pdf">www.nhlbi.nih.gov/health/public/heart/obesity/wecan/downloads/tips.pdf</a></li> <li>➤ <b>Tracking Sheet:</b> <a href="http://www.nhlbi.nih.gov/health/public/heart/obesity/wecan/downloads/tracking-sheet.pdf">www.nhlbi.nih.gov/health/public/heart/obesity/wecan/downloads/tracking-sheet.pdf</a></li> </ul>	<p>Try these <b>We Can!</b> tips to help you learn how to eat well and use the tracking sheet to help you track your activities. See how easy taking small steps toward a healthier life can be.</p>
<p><b>Portion Distortion Quiz</b></p> <ul style="list-style-type: none"> <li>➤ <b>Portion Distortion Quiz Part 1:</b> <a href="http://hp2010.nhlbihin.net/portion/portion.cgi?action=question&amp;number=1">http://hp2010.nhlbihin.net/portion/portion.cgi?action=question&amp;number=1</a></li> <li>➤ <b>Portion Distortion Quiz Part 2:</b> <a href="http://hp2010.nhlbihin.net/portion/portion2.cgi?action=question&amp;number=1">http://hp2010.nhlbihin.net/portion/portion2.cgi?action=question&amp;number=1</a></li> </ul>	<p>In addition to providing helpful information about how portions have changed over the past two decades, these quizzes also provide useful information about the amount of physical activity required to burn off the extra calories provided by today's portions.</p>
<p><b>Portion Distortion Slide Sets</b></p> <ul style="list-style-type: none"> <li>➤ <b>Slide Set 1:</b> <a href="http://hp2010.nhlbihin.net/oei_ss/PD1/slide1.htm">http://hp2010.nhlbihin.net/oei_ss/PD1/slide1.htm</a></li> <li>➤ <b>Slides Set 1 PowerPoint:</b> <a href="http://hp2010.nhlbihin.net/oei_ss/PD1/download/pt/PD1.ppt">http://hp2010.nhlbihin.net/oei_ss/PD1/download/pt/PD1.ppt</a></li> <li>➤ <b>Slide Set 1 PDF:</b> <a href="http://hp2010.nhlbihin.net/oei_ss/PD1/download/pdf/PD1.pdf">http://hp2010.nhlbihin.net/oei_ss/PD1/download/pdf/PD1.pdf</a></li> <li>➤ <b>Slide Set 2:</b> <a href="http://hp2010.nhlbihin.net/oei_ss/PDII/slide1.htm">http://hp2010.nhlbihin.net/oei_ss/PDII/slide1.htm</a></li> <li>➤ <b>Slide Set 2 PowerPoint:</b> <a href="http://hp2010.nhlbihin.net/oei_ss/PDII/download/pt/PD2.ppt">http://hp2010.nhlbihin.net/oei_ss/PDII/download/pt/PD2.ppt</a></li> <li>➤ <b>Slide Set 2 PDF:</b> <a href="http://hp2010.nhlbihin.net/oei_ss/PDII/download/pdf/PD2.pdf">http://hp2010.nhlbihin.net/oei_ss/PDII/download/pdf/PD2.pdf</a></li> </ul>	<p>NHLBI offers these slide sets for public use. The slides can be downloaded for use in computer slide shows, conventional slide presentations, or for online viewing via the Web site.</p>
<p><b>Your Guide to Physical Activity and Your Heart</b></p> <ul style="list-style-type: none"> <li>➤ <b>Brief Version:</b> <a href="http://www.nhlbi.nih.gov/health/public/heart/obesity/physical_active_brief.pdf">www.nhlbi.nih.gov/health/public/heart/obesity/physical_active_brief.pdf</a></li> <li>➤ <b>Full-length Version:</b> <a href="http://www.nhlbi.nih.gov/health/public/heart/obesity/physical_active.pdf">www.nhlbi.nih.gov/health/public/heart/obesity/physical_active.pdf</a></li> </ul>	<p>Know you should be more physically active, but are confused concerned, or just can't get started? This guide developed by the National Heart, Lung, and Blood Institute uses science-based information to help adults develop a safe and effective program of physical activity that can be sustained. All research indicates that regular, moderate physical activity will improve your heart health and how you look and feel. Find out about the importance of physical activity in reducing heart disease risk, and how to begin or maintain an activity program that's right for you!</p>
<p><b>Media-Smart Youth: Eat, Think, and Be Active!®</b> <a href="http://www.nhlbi.nih.gov/health/public/heart/obesity/wecan/tools-resources/curricula-toolkits.htm#mediasmart">www.nhlbi.nih.gov/health/public/heart/obesity/wecan/tools-resources/curricula-toolkits.htm#mediasmart</a></p>	<p>A 10-lesson curriculum designed to help youth ages 11 to 13 understand the connections between media and health.</p>
<p><b>CATCH® Kids Club</b> <a href="http://www.nhlbi.nih.gov/health/public/heart/obesity/wecan/tools-resources/curricula-toolkits.htm#catchkids">www.nhlbi.nih.gov/health/public/heart/obesity/wecan/tools-resources/curricula-toolkits.htm#catchkids</a></p>	<p>An evidence-based curriculum for after-school and community recreation settings that includes lessons and activities to motivate heart-healthy behavior in children in grades K-5.</p>

<p><b>SPARK™ PE and SPARK™ After School</b>  <a href="http://www.nhlbi.nih.gov/health/public/heart/obesity/wecan/tools-resources/curricula-toolkits.htm#spark2">www.nhlbi.nih.gov/health/public/heart/obesity/wecan/tools-resources/curricula-toolkits.htm#spark2</a></p>	<p>Evidence-based programs designed to promote physical activity in youth from K-12, and ages 5-14, respectively. They include curricula, training, equipment, and follow-up support components.</p>
<p><b>We Can! Energize Our Families: Parent Program</b>  <a href="http://www.nhlbi.nih.gov/health/public/heart/obesity/wecan/tools-resources/curricula-toolkits.htm#parentprogram">www.nhlbi.nih.gov/health/public/heart/obesity/wecan/tools-resources/curricula-toolkits.htm#parentprogram</a></p>	<p>A multi-session program for parents and caregivers that includes one session dedicated to reducing screen time and increasing physical activity in youth.</p>
<p><b>President’s Council on Physical Fitness and Sports</b>  <a href="http://www.nhlbi.nih.gov/disclaimer.html?http://www.fitness.gov/">www.nhlbi.nih.gov/disclaimer.html?http://www.fitness.gov/</a></p>	<p>Learn more about physical activity on this Web site developed by the President’s Council on Physical Fitness and Sports, an advisory committee of volunteer citizens who advise the President through the Secretary of Health and Human Services about physical activity, fitness, and sports in America.</p>
<p><b>CDC Physical Activity Web Page</b>  <a href="http://www.nhlbi.nih.gov/disclaimer.html?http://www.cdc.gov/physicalactivity/">www.nhlbi.nih.gov/disclaimer.html?http://www.cdc.gov/physicalactivity/</a></p>	<p>The Centers for Disease Control and Prevention’s (CDC) Division of Nutrition, Physical Activity, and Obesity provides online information about physical activity, including how much physical activity your children should get.</p>
<p><b>Ten Tips Nutrition Education Series</b>  <a href="http://www.mypyramid.gov/tips_resources/tentips.html">www.mypyramid.gov/tips_resources/tentips.html</a></p>	<p>Provides consumers and professionals with high quality, easy-to-follow tips in a convenient, printable format. These are perfect for posting on a refrigerator.</p>
<p><b>Be a Healthy Role Model for Children</b>  <a href="http://www.mypyramid.gov/downloads/TenTips/RoleModelTipSheet.pdf">www.mypyramid.gov/downloads/TenTips/RoleModelTipSheet.pdf</a></p>	<p>Provides 10 tips for setting good examples.</p>

## Web Resources for Teens

<p><b>Center for Science in the Public Interest</b> <a href="http://www.cspinet.org/smartmouth/index1.html">www.cspinet.org/smartmouth/index1.html</a></p>	<p>Center for Science in the Public Interest interactive website with games, recipes and fast facts for teens.</p>
<p>TeenGrowth <a href="http://www.teengrowth.com">www.teengrowth.com</a></p>	<p>Interactive website geared toward teens with information on a number of health issues including nutrition and exercise. Website includes a BMI calculator.</p>
<p><b>BAM! Body and Mind</b> <a href="http://www.bam.gov">www.bam.gov</a></p>	<p>BAM! Body and Mind is a CDC site designed for youth ages 9 - 13 with games and information on a number of health issues including food, nutrition and physical activity- using kid-friendly lingo, games, quizzes, and other interactive features.</p>
<p><b>Take Charge of Your Health: A Guide For Teenagers</b></p> <ul style="list-style-type: none"> <li>➤ <b>HTML:</b> <a href="http://win.niddk.nih.gov/publications/take_charge.htm">http://win.niddk.nih.gov/publications/take_charge.htm</a></li> <li>➤ <b>PDF:</b> <a href="http://win.niddk.nih.gov/publications/PDFs/te_enblackwhite3.pdf">http://win.niddk.nih.gov/publications/PDFs/te_enblackwhite3.pdf</a></li> </ul>	<p>A booklet from the National Institute of Diabetes and Digestive and Kidney Diseases that is designed to help teenagers take small and simple steps to keep a healthy weight. It provides basic facts about nutrition and physical activity, and offers practical tools to use in everyday life, from reading food labels and selecting how much and what foods to eat, to replacing TV time with physical activities.</p>

## Resources for Children

<p><b>MyPlate coloring sheet</b> <a href="http://www.choosemyplate.gov/images/MyPlateImages/JPG/myplate_bw_dairy.jpg">www.choosemyplate.gov/images/MyPlateImages/JPG/myplate_bw_dairy.jpg</a></p>	<p>Decorate the plate by matching drawn or cut out healthy foods or alternative substitutes to the appropriate sections.</p>
<p><b>Blast Off Game</b> <a href="http://www.mypyramid.gov/kids/kids_game.html">www.mypyramid.gov/kids/kids_game.html</a></p>	 <p>An interactive computer game where kids can reach Planet Power by fueling their rocket with food and physical activity. "Fuel" tanks for each food group help students keep track of their food choices.</p>
<p><b>Kids Poster</b></p>	<p>A 2-sided poster for kids. One side of the poster, for younger children (<a href="http://teamnutrition.usda.gov/Resources/mpk_poster.pdf">http://teamnutrition.usda.gov/Resources/mpk_poster.pdf</a>), highlights a simplified kids graphic. The other side, for advanced elementary students (<a href="http://teamnutrition.usda.gov/Resources/mpk_poster2.pdf">http://teamnutrition.usda.gov/Resources/mpk_poster2.pdf</a>), features both the kids graphic and healthy eating and physical activity messages.</p>
<p><b>MyPyramid for Kids</b> <a href="http://teamnutrition.usda.gov/resources/mpk_close.pdf">http://teamnutrition.usda.gov/resources/mpk_close.pdf</a></p>	<p>A step-by-step explanation of the key concepts of the MyPyramid for Kids symbol.</p>
<p><b>Tips for Families</b> <a href="http://teamnutrition.usda.gov/resources/mpk_tips.pdf">http://teamnutrition.usda.gov/resources/mpk_tips.pdf</a></p>	<p>A 2-sided kids mini-poster with the kids graphic on one side and eating and physical activity tips on the other side. <b>Disponible en Español: Sugerencias para la Familia.</b> <a href="http://www.mypyramid.gov/kids/KidsTIPS-espanol.pdf">www.mypyramid.gov/kids/KidsTIPS-espanol.pdf</a></p>
<p><b>A Close Look at MyPyramid</b> <a href="http://teamnutrition.usda.gov/resources/mpk_close.pdf">http://teamnutrition.usda.gov/resources/mpk_close.pdf</a></p>	<p>A step-by-step explanation of the key concepts of the kids symbol.</p>
<p><b>Kids Coloring Page of MyPyramid</b> <a href="http://teamnutrition.usda.gov/resources/mpk_coloring.pdf">http://teamnutrition.usda.gov/resources/mpk_coloring.pdf</a></p>	<p>Black and white line art of the kids symbol for kids to color.</p>
<p><b>Kids MyPyramid Worksheet</b> <a href="http://teamnutrition.usda.gov/resources/mpk_worksheet.pdf">http://teamnutrition.usda.gov/resources/mpk_worksheet.pdf</a></p>	<p>Worksheet to help kids track how their food choices match up to dietary recommendations. Print out this helpful meal tracking worksheet and set a food and activity goal for tomorrow.</p>

## Internet Resources for Providers

<p><b>Centers for Disease Control and Prevention:</b> <a href="http://www.cdc.gov/nccdphp/dnpa/bmi/index.htm">www.cdc.gov/nccdphp/dnpa/bmi/index.htm</a></p>	<p>Information about BMI, online calculators (Adults, Child/Teen), and links to additional BMI resources, and growth charts.</p>
<p><b>PDA Software (Free Downloads for use on Palm OS and Pocket PC)</b> <a href="http://hp2010.nhlbihin.net/bmi_palm.htm">http://hp2010.nhlbihin.net/bmi_palm.htm</a></p>	<p>Provides information on BMI, PDA calculators (English and Metric measurements), and adult BMI classification tables.</p>
<p><b>BMI Calculator iPhone Application</b> <a href="http://apps.usa.gov/bmi-app/">http://apps.usa.gov/bmi-app/</a></p>	<p>The National Heart, Lung, and Blood Institute's BMI (Body Mass Index) calculator is a useful tool to screen for weight categories that may lead to health problems. The downloadable phone application puts the fully functioning calculator right on your phone, along with links to resources on the NHLBI site.</p>
<p><b>Adolescent Health Working Group</b> <a href="http://www.ahwg.net/resources/toolkit.htm">www.ahwg.net/resources/toolkit.htm</a></p>	<p>Body Basics – Adolescent Provider Toolkit that includes materials for health care providers and their patients focusing on nutrition, physical activity, body image, overweight and eating disorders among teenagers.</p>
<p><b>Childhood Obesity Action Network (COAN)</b> <a href="http://www.nichq.org/NICHQ/Programs/ConferencesAndTraining/ChildhoodObesityActionNetwork.htm">www.nichq.org/NICHQ/Programs/ConferencesAndTraining/ChildhoodObesityActionNetwork.htm</a></p>	<p>The Childhood Obesity Action Network is a web-based national network of healthcare professionals in all 50 states and 5 countries working on childhood obesity. Register to receive access to :COAN Papers and Publications, Members' Resources, Share a New Resource, Discussions/Questions, Conferences and Training, and Childhood Obesity News.</p>
<p><b>American Dietetic Association (ADA)</b> <a href="http://www.eatright.org">www.eatright.org</a></p>	<p>The American Dietetic Association is the world's largest organization of food and nutrition professionals. ADA is committed to improving the nation's health and advancing the profession of dietetics through research, education and advocacy.</p>

## Culturally Appropriate Resources<sup>ix</sup>

### Cultural Competency Resources

<p><b>Center for Healthy Families and Cultural Diversity (CHFCD)</b> at <i>UMDNJ-Robert Wood Johnson Medical School</i> <a href="http://rwjms.umdj.edu/departments_institutes/family_medicine/chfcd/index.html">http://rwjms.umdj.edu/departments_institutes/family_medicine/chfcd/index.html</a></p>	<p>The Center for Healthy Families and Cultural Diversity serves as a multicultural education resource center for information about family-centered health care and ethnic and cultural diversity.</p>
<p><b>DHHS Office of Minority Health</b> <a href="http://minorityhealth.hhs.gov/">http://minorityhealth.hhs.gov/</a></p>	<p>OMH programs address disease prevention, health promotion, risk reduction, healthier lifestyle choices, use of health care services, and barriers to health care and works in partnership with communities and organizations in the public and private sectors. These collaborations support a systems approach for eliminating health disparities, national planning to identify priorities, and coordinated responses through focused initiatives.</p> <p>OMH provides funding to state offices of minority health, multicultural health, and health equity; community and faith-based organizations, institutions of higher education, tribes and tribal organizations; and other organizations dedicated to improving health.</p>
<p><b>Think Culturally, sponsored by the Office of Minority Health</b> <a href="http://www.thinkculturalhealth.hhs.gov">www.thinkculturalhealth.hhs.gov</a></p>	<p>Think Culturally offers the latest resources and tools to promote cultural competency in health care. You may access free online courses accredited for continuing education credit as well as supplementary tools to help you and your organization promote respectful, understandable, and effective care to your increasingly diverse patients.</p> <p><b>A Physician's Practical Guide to Culturally Competent Care</b> (<a href="http://cccm.thinkculturalhealth.hhs.gov/">http://cccm.thinkculturalhealth.hhs.gov/</a>) is a free online educational program accredited for physicians, physician assistants, and nurse practitioners.</p>
<p><b>National Standards on Culturally and Linguistically Appropriate Services (CLAS)</b> <a href="http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&amp;lvlID=15">http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&amp;lvlID=15</a></p>	<p>The CLAS standards are primarily directed at health care organizations; however, individual providers are also encouraged to use the standards to make their practices more culturally and linguistically accessible. The principles and activities of culturally and linguistically appropriate services should be integrated throughout an organization and undertaken in partnership with the communities being served.</p>
<p><b>National Center for Cultural Competence (NCCC)</b> of the <i>Georgetown University Center for Child and Human Development (GUCCHD)</i> <a href="http://nccc.georgetown.edu/">http://nccc.georgetown.edu/</a></p>	<p>The NCCC provides training, technical assistance, and consultation, creates tools and resources to support health and mental health care providers and systems, contributes to knowledge through publications and research and supports leaders to promote and sustain cultural and linguistic competency, and collaborates with an extensive network of private and public entities to advance the implementation of these concepts.</p>
<p><b>The Provider's Guide to Quality &amp; Culture</b> <a href="http://erc.msh.org/mainpage.cfm?file=1.0.htm&amp;module=provider&amp;language=English&amp;ggroup=&amp;group">http://erc.msh.org/mainpage.cfm?file=1.0.htm&amp;module=provider&amp;language=English&amp;ggroup=&amp;group</a></p>	<p>Provides information that health care professionals can use to improve the quality of their interactions with patients whose culture may differ from their own.</p>

	<p><b>Video resources available:</b> Clinical Exchanges are video scenarios illustrating patient provider interactions accompanied by learning exercises to help viewers recognize the effect of provider behavior on clinical outcomes.</p> <p><a href="http://erc.msh.org/mainpage.cfm?file=4.1.0.htm&amp;module=provider&amp;language=English">http://erc.msh.org/mainpage.cfm?file=4.1.0.htm&amp;module=provider&amp;language=English</a></p>
<p><b>Disparities Solutions Center (DSC) at Massachusetts General Hospital</b> <a href="http://www2.massgeneral.org/disparitiessolutions/index.html">http://www2.massgeneral.org/disparitiessolutions/index.html</a></p>	<p>The Disparities Solutions Center provides publications that highlight practical solutions to identify and address disparities within hospitals and other health care organizations and other resources related to health care disparities elimination.</p>

### *Resources with Items in Multiple Languages*

<p><b>EthnoMed</b> <a href="http://ethnomed.org">http://ethnomed.org</a></p>	<p>Cultural Competency Resources and Patient Education Materials for: Amharic, Cambodian, Chinese, Eritrean, Ethiopian, Oromo, Somali, Spanish, Tigrean, Vietnamese and others.</p>
<p><b>Foundation for Healthy Communities</b> <a href="http://www.healthynh.com/fhc/resources/translatelddocuments.php">www.healthynh.com/fhc/resources/translatelddocuments.php</a></p>	<p>Access to documents created and translated by New Hampshire health agencies and organizations; languages include Albanian, Arabic, Bosnian, Chinese, English, French, Indonesian, Portuguese, Russian, Somali, Spanish, Swahili and Vietnamese.</p>
<p><b>Health Info Translations</b> <a href="http://www.healthinfotranslations.com">www.healthinfotranslations.com</a></p>	<p>Use the drop-down box to choose a language - Chinese Simplified and Traditional, French, Japanese, Korean, Russian, Somali, Spanish, Ukrainian, Hindi, Vietnamese, and Arabic.</p>
<p><b>Healthy Roads Media</b> <a href="http://www.healthyroadsmedia.org">www.healthyroadsmedia.org</a></p>	<p>Provides audio, written and multimedia versions of resources in English, Spanish, Vietnamese, Arabic, Somali, Bosnian, Russian, Hmong, and Khmer.</p>
<p><b>How to Order NIH Publications in Languages Other Than English</b> <a href="http://nmlm.gov/mcr/resources/community/multilingualNIH.html">http://nmlm.gov/mcr/resources/community/multilingualNIH.html</a></p>	<p>Contains links to National Institutes of Health publications in languages other than English.</p>
<p><b>Maternal and Child Health Library at Georgetown University Non-English Materials and Resources</b> <a href="http://www.mchlibrary.info/nonenglish.html">www.mchlibrary.info/nonenglish.html</a></p>	<p>Includes materials for consumers and professionals in numerous languages other than English, and the Organizations Database identifies additional sources for these materials.</p>
<p><b>MedlinePlus Health Information in Multiple Languages</b> <a href="http://www.nlm.nih.gov/medlineplus/languages/languages.html">www.nlm.nih.gov/medlineplus/languages/languages.html</a></p>	<p>Information in over 40 languages from the National Library of Medicine's premier consumer health website.</p>
<p><b>New Americans Health Information Portal</b> <a href="http://palantir.lib.uic.edu/nahip/">http://palantir.lib.uic.edu/nahip/</a></p>	<p>Information in 19 languages, includes audio, multimedia, podcast and video format.</p>
<p><b>New South Wales Multicultural Health Communication Service</b> <a href="http://www.mhcs.health.nsw.gov.au">www.mhcs.health.nsw.gov.au</a></p>	<p>A rich resource with numerous health topics that provide health information in 50 languages.</p>
<p><b>Non-English Guides to PubMed</b> <a href="http://nmlm.gov/training/resources/intpubmedlinks.html">http://nmlm.gov/training/resources/intpubmedlinks.html</a></p>	<p>Learn to use PubMed, languages: French, German, Italian, Japanese, Norwegian, Portuguese, Russian, Spanish and Vietnamese.</p>
<p><b>Ohio State University Medical Center Patient Education Materials</b> <a href="http://medicalcenter.osu.edu/patientcare/patient">http://medicalcenter.osu.edu/patientcare/patient</a></p>	<p>Copyrighted materials; includes handouts in Spanish and Somali.</p>

<a href="#">education/</a>	
<b>Refugee Health Information Network</b> <a href="http://www.rhin.org">www.rhin.org</a>	Multilingual information for health professionals, refugees and asylees (in print, audio and video formats)
<b>Refugee Health - Immigrant Health</b> <a href="http://bearspace.baylor.edu/Charles_Kemp/www/refugee_health.htm">http://bearspace.baylor.edu/Charles_Kemp/www/refugee_health.htm</a>	Covers issues in refugee and immigrant health and includes general background information on numerous incoming populations.

### Resources for Specific Languages

#### American Sign Language

<b>DeafMD.org</b> <a href="http://www.deafmd.org">www.deafmd.org</a>	Provides accurate, concise, and valuable health information in American Sign Language using health information created by the Centers for Disease Control and the National Institutes of Health.
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#### Arabic

<b>Urban Health Partners</b> <a href="http://www.lib.wayne.edu/shiffman/urbanhealth/">www.lib.wayne.edu/shiffman/urbanhealth/</a>	From the Shiffman Medical Library and Learning Resources Centers of Wayne State University. See the Arabic Language Health Materials links.
<b>Minhaal</b> <a href="http://www.minhaal.ae/portal/portal/mhp/HomeAE">www.minhaal.ae/portal/portal/mhp/HomeAE</a> <a href="http://www.minhaal.ae/portal/portal/mhp/HomeEN">www.minhaal.ae/portal/portal/mhp/HomeEN</a> (English Language Portal)	Minhaal (the source) is the first dual-language Arab portal that provides healthcare related information.

#### Cambodian/Khmer

<b>SPIRAL: Selected Patient Information Resources in Asian Languages</b> <a href="http://spiral.tufts.edu/khmer.shtml">http://spiral.tufts.edu/khmer.shtml</a>	Provides consumer information in Cambodian/Khmer, (in addition to Chinese, Hmong, Korean, Laotian, Thai, and Vietnamese) and on a wide variety of Internet resources including National Library of Medicine and Tufts University resources.
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#### Chinese

<b>Asian Pacific Islanders Women's Health</b> <a href="http://www.apanet.org/~fdala/">www.apanet.org/~fdala/</a>	This multi-lingual site offers several languages to help Asian Pacific Islander women understand the importance of having mammograms and pap smears at regular intervals. There is information about how to make appointments and prepare for the procedures. Clinicians will find special materials they can use to personally recommend mammography and pap smears to their patients.
<b>Health Information Translations</b> <a href="http://www.healthinfotranslations.com/">www.healthinfotranslations.com/</a>	From the Ohio State Medical Center, includes health information and hospital signage documents. Languages include: Arabic, Chinese Simplified, Chinese Tradition, English, French, Hindi, Japanese, Korean, Marshallese, Portuguese Brazillian, Russian, Somali, Spanish, Tagalog, Ukranian and Vietnamese.
<b>SPIRAL: Selected Patient Information Resources in Asian Languages</b> <a href="http://spiral.tufts.edu/chinese.shtml">http://spiral.tufts.edu/chinese.shtml</a>	Provides consumer information in Chinese, (as well as Cambodian/Khmer, Hmong, Korean, Laotian, Thai, and Vietnamese) and on a wide variety of Internet resources including National Library of Medicine and Tufts University resources.

#### French

<b>Public Health Agency of Canada</b> <a href="http://www.phac-aspc.gc.ca/index-fra.php">www.phac-aspc.gc.ca/index-fra.php</a>	PHAC's primary goal is to strengthen Canada's capacity to protect and improve the health of Canadians and to help reduce pressures on the health-care system.
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<b>Heart and Stroke Foundation of Canada</b> <a href="http://ww2.heartandstroke.ca/">http://ww2.heartandstroke.ca/</a>	Information in English and French on heart disease, stroke, healthy living, and more is available on this Canadian non-profit's website.
<b>CiSMef Patients</b> <a href="http://www.chu-rouen.fr/cismef/">www.chu-rouen.fr/cismef/</a>	Catalog and Index of French Language Health Resources on the Internet is a quality-controlled health gateway to catalog and index the most important and quality-controlled sources of institutional health information in French.

### German

<b>Welt der Gesundheit</b> <a href="http://www.gesundheit.com">www.gesundheit.com</a>	From AIDS to Zappelphilipp syndrome (or ADHD), this site gives information on hundreds of health topics in German.
<b>Patienten-Informationdienst</b> <a href="http://www.patienten-information.de">www.patienten-information.de</a>	The portal offers over 1000 reliable sources of consumer health information in German.
<b>Medicine-Worldwide</b> <a href="http://www.medicine-worldwide.de">www.medicine-worldwide.de</a>	Medicine and health topics in German. Read everything about illnesses, therapies, diagnosis procedures, health and a lot more.

### Hmong

<b>Hmong Health Website</b> <a href="http://www.hmonghealth.org">www.hmonghealth.org</a>	The goal of the Hmong Health Education Network's website is to provide access to health information for Hmong people and those who provide health, education and social services to the Hmong community. Categories of topics include family health, healthy living, traditional healing, talking with health providers, and more.
<b>SPIRAL: Selected Patient Information Resources in Asian Languages</b> <a href="http://spiral.tufts.edu/hmong.shtml">http://spiral.tufts.edu/hmong.shtml</a>	Provides consumer information in Hmong (as well as Cambodian/Khmer, Chinese, Hmong, Korean, Laotian, Thai, and Vietnamese) and on a wide variety of Internet resources including National Library of Medicine and Tufts University resources.

### Korean

<b>SPIRAL: Selected Patient Information Resources in Asian Languages</b> <a href="http://spiral.tufts.edu/korean.shtml">http://spiral.tufts.edu/korean.shtml</a>	Provides consumer information in Korean (as well as Cambodian/Khmer, Chinese, Hmong, Laotian, Thai, and Vietnamese) and on a wide variety of Internet resources including National Library of Medicine and Tufts University resources.
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### Laotian

<b>SPIRAL: Selected Patient Information Resources in Asian Languages</b> <a href="http://spiral.tufts.edu/laotian.shtml">http://spiral.tufts.edu/laotian.shtml</a>	Provides consumer information in Laotian (as well as Cambodian/Khmer, Chinese, Hmong, Korean, Thai, and Vietnamese) and on a wide variety of Internet resources including National Library of Medicine and Tufts University resources.
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### Russian

<b>Eurasia Health (Links to Central and Eastern Europe and the former Soviet Union languages)</b> <a href="http://www.eurasiahealth.org/index.jsp?lng=ru">www.eurasiahealth.org/index.jsp?lng=ru</a>	Online clearinghouse featuring a library of multilingual health resources, databases, and interactive forums.
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### Spanish

<b>Agency for Healthcare Research and Quality en español</b>	<a href="http://www.ahrq.gov/consumer/espanoix.htm">www.ahrq.gov/consumer/espanoix.htm</a>
<b>CDC -- Centers for Disease Control and Prevention en español</b>	<a href="http://www.cdc.gov/spanish">www.cdc.gov/spanish</a>
<b>Community Tool Box/Caja de Herramientas</b>	<a href="http://ctb.ku.edu/es/">http://ctb.ku.edu/es/</a>

<b>Comunitarias</b>	
<b>Consumer Health Materials in Spanish</b>	<a href="http://nml.gov/outreach/consumer/chspanish.html">http://nml.gov/outreach/consumer/chspanish.html</a>
<b>Denver Public Library Salud y Medicina</b>	<a href="http://espanol.denverlibrary.org/health/index.html">http://espanol.denverlibrary.org/health/index.html</a>
<b>Familydoctor.org Pamphlets in Spanish</b>	<a href="http://familydoctor.org/online/famdoces/home.html">http://familydoctor.org/online/famdoces/home.html</a>
<b>FDA Center for Food Safety and Applied Nutrition</b>	<a href="http://www.cfsan.fda.gov/~mow/sinterna.html">www.cfsan.fda.gov/~mow/sinterna.html</a>
<b>Substance Abuse and Mental Health Services Administration en español</b>	<a href="http://www.hablemos.samhsa.gov/espanol/">www.hablemos.samhsa.gov/espanol/</a>
<b>Healthfinder en español</b>	<a href="http://www.healthfinder.gov/espanol">www.healthfinder.gov/espanol</a>
<b>InfoSIDA</b>	<a href="http://aidsinfo.nih.gov/infoSIDA/">http://aidsinfo.nih.gov/infoSIDA/</a>
<b>MedlinePlus en español</b>	<a href="http://medlineplus.gov/esp">http://medlineplus.gov/esp</a>
<b>Merck Manual of Medical Information -- Home Edition</b>	<a href="http://www.msd.es/publicaciones/mmerck_hogar/index.html">www.msd.es/publicaciones/mmerck_hogar/index.html</a>
<b>MiPiramide</b>	<a href="http://www.mypyramid.gov/sp-index.html">www.mypyramid.gov/sp-index.html</a> Unite States Department of Agriculture's food pyramid Spanish language portal.
<b>Multimedia Medical Spanish Translator</b>	<a href="http://polyglot.topsailmultimedia.com/polyglot.html">http://polyglot.topsailmultimedia.com/polyglot.html</a> Includes audio files so you can listen to the translated words and phrases.
<b>National Institute of Diabetes and Digestive and Kidney Diseases</b>	<a href="http://www.niddk.nih.gov/health/spanish.htm">www.niddk.nih.gov/health/spanish.htm</a>
<b>National Institute of Neurological Disorders and Stroke</b>	<a href="http://espanol.ninds.nih.gov/">http://espanol.ninds.nih.gov/</a>
<b>National Institutes of Health en español</b>	<a href="http://salud.nih.gov/">http://salud.nih.gov/</a>
<b>National Women's Health Information Center en español</b>	<a href="http://www.4women.gov/espanol/">www.4women.gov/espanol/</a>
<b>National Library of Medicine's Tox Town en español</b>	<a href="http://toxtown.nlm.nih.gov/espanol/">http://toxtown.nlm.nih.gov/espanol/</a>
<b>National Library of Medicine's Tox Mystery (select the español tab)</b>	<a href="http://toxmystery.nlm.nih.gov/">http://toxmystery.nlm.nih.gov/</a>
<b>NOAH -- New York Online Access to Health</b>	<a href="http://www.noah-health.org">www.noah-health.org</a>
<b>Oficina de Salud de las Minorias/ Office of Minority Health</b>	<a href="http://www.omhrc.gov/espanol/">www.omhrc.gov/espanol/</a>
<b>University of Michigan Health System Health Topics A-Z; en español</b>	<a href="http://health.med.umich.edu/healthcontent.cfm?id=294">http://health.med.umich.edu/healthcontent.cfm?id=294</a>

### Thai

<b>SPIRAL: Selected Patient Information Resources in Asian Languages</b> <a href="http://spiral.tufts.edu/thai.shtml">http://spiral.tufts.edu/thai.shtml</a>	Provides consumer information in Thai (as well as Cambodian/Khmer, Chinese, Hmong, Korean, Laotian, and Vietnamese) and on a wide variety of Internet resources including National Library of Medicine and Tufts University resources.
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### Vietnamese

<b>SPIRAL: Selected Patient Information Resources in Asian Languages</b> <a href="http://spiral.tufts.edu/vietnamese.shtml">http://spiral.tufts.edu/vietnamese.shtml</a>	Provides consumer information in Vietnamese (as well as Cambodian/Khmer, Chinese, Hmong, Korean, Laotian, and Thai) and on a wide variety of Internet resources including National Library of Medicine and Tufts University resources.
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## Nutrition/Physical Activity/Health Information Web Resources

<b>American Academy of Family Physicians (AAFP)</b>	<a href="http://familydoctor.org/online/famdocen/home/healthy/food/kids/343.html">http://familydoctor.org/online/famdocen/home/healthy/food/kids/343.html</a>
<b>American Academy of Pediatrics</b>	<a href="http://www.aap.org/obesity">www.aap.org/obesity</a>
<b>American Dietetic Association</b>	<a href="http://www.eatright.org/cps/rde/xchg/ada/hs.xsl/nutrition.html">www.eatright.org/cps/rde/xchg/ada/hs.xsl/nutrition.html</a>
<b>Center for Disease Control and Prevention</b>	<a href="http://www.cdc.gov/nccdphp/dnpa/obesity/childhood/index.htm">www.cdc.gov/nccdphp/dnpa/obesity/childhood/index.htm</a>
<b>Center for Medicare &amp; Medicaid Services</b>	<a href="http://www.cms.hhs.gov/home/schip.asp">www.cms.hhs.gov/home/schip.asp</a>
<b>National Heart Lung and Blood Institute</b>	<a href="http://www.nhlbi.nih.gov/health/public/heart/obesity/wecan/index.htm">www.nhlbi.nih.gov/health/public/heart/obesity/wecan/index.htm</a>
<b>National Eating Disorders Organization</b>	<a href="http://www.nationaleatingdisorders.org/p.asp?WebPage_ID=294">www.nationaleatingdisorders.org/p.asp?WebPage_ID=294</a>
<b>North American Association for the Study of Obesity (NAASO)</b>	<a href="http://naaso.org/information/childhood_overweight.asp">http://naaso.org/information/childhood_overweight.asp</a>
<b>Obesityhealth.com</b>	<a href="http://www.obesityhealth.com">www.obesityhealth.com</a>
<b>Obesity Help</b>	<a href="http://www.obesityhelp.com/morbidobesity/information/childhood-obesity/">www.obesityhelp.com/morbidobesity/information/childhood-obesity/</a>
<b>US Department of Agriculture (USDA)</b>	<a href="http://www.nutrition.gov">www.nutrition.gov</a>
<b>US Food and Drug Administration (FDA)</b>	<a href="http://www.cfsan.fda.gov/~dms/wh-wght.html">www.cfsan.fda.gov/~dms/wh-wght.html</a>
<b>Robert Wood Johnson Foundation Center to Prevent Childhood Obesity</b>	<a href="http://www.reversechildhoodobesity.org/webfm_send/121">www.reversechildhoodobesity.org/webfm_send/121</a>
<b>Bright Futures Nutrition Family Fact Sheets</b>	<a href="http://www.brightfutures.org/nutritionfamfact/index.html">www.brightfutures.org/nutritionfamfact/index.html</a>
<b>Consumer Information Center</b>	<a href="http://www.pueblo.gsa.gov">www.pueblo.gsa.gov</a>
<b>Food and Drug Administration - How to Lose and Manage Weight</b>	<a href="http://www.fda.gov/loseweight">www.fda.gov/loseweight</a>
<b>Fruit and Veggies, More Matters - CDC</b>	<a href="http://www.fruitsandveggiesmorematters.gov">www.fruitsandveggiesmorematters.gov</a>
<b>Fruit and Veggies, More Matters - PBH</b>	<a href="http://www.fruitsandveggiesmorematters.org">www.fruitsandveggiesmorematters.org</a>
<b>HealthWorld Online</b>	<a href="http://www.healthy.net/">www.healthy.net/</a>
<b>Institute of Medicine (IOM) Fact Sheet on Preventing Childhood Obesity</b>	<a href="http://www.iom.edu/?id=22593&amp;redirect=0">www.iom.edu/?id=22593&amp;redirect=0</a>
<b>InteliHealth Database (John Hopkins Health Information)</b>	<a href="http://www.intelihealth.com/IH/ihIH/WSIHW000/408/408.html">www.intelihealth.com/IH/ihIH/WSIHW000/408/408.html</a>
<b>Mayo Health Oasis (Mayo Clinic Database)</b>	<a href="http://www.mayoclinic.com">www.mayoclinic.com</a>
<b>MyPyramid Materials - Ordering and General Information</b>	<a href="http://www.mypyramid.gov/global_nav/contact.html">www.mypyramid.gov/global_nav/contact.html</a>
<b>Nutrition Action Healthletter</b>	<a href="http://www.cspinet.org/nah/index.htm">www.cspinet.org/nah/index.htm</a>
<b>Nutrition.Gov</b>	<a href="http://www.nutrition.gov">www.nutrition.gov</a>
<b>Produce for Better Health Foundation</b>	<a href="http://www.5aday.org/index.htm">www.5aday.org/index.htm</a>
<b>Shop5aday</b>	<a href="http://www.pbhcatalog.com">www.pbhcatalog.com</a>
<b>SNAP-Ed Nutrition Education Materials</b>	<a href="http://snap.nal.usda.gov/">http://snap.nal.usda.gov/</a>
<b>We Can!, Ways to Enhance Children's Activity &amp; Nutrition</b>	<a href="http://www.nhlbi.nih.gov/health/public/heart/obesity/wecan/">www.nhlbi.nih.gov/health/public/heart/obesity/wecan/</a>

## Appendix E

### Partnership Checklist

Structuring a successful partnership with other champions and organizations rests on a number of key steps. As you begin or renew your work as a health care professional champion, follow this check list to get you started.

- Match your interests with those of the partner organization you may work with. Make sure there is a fit between your interests and those of your partner organization.
- Be clear with your partner organization how much time you have available to do your community work so that you can use the time wisely and for the greatest benefit.
- Share with the partner organization early on what you would like to see accomplished through your participation with the group.
- Ask the leaders of the organization how you can help them to achieve their goals and let them know the help and support you will need from them.
- Budget time to learn how your partner organization conducts its business so that you will know how decisions are made and can participate in an appropriate way.
- Let the organization know how best to reach you so they can communicate what the group is doing and reach out to you to check-in.
- Share your community work and its importance with your staff and colleagues so that when requests to connect with you come to your office, the request gets to you.
- Respond to requests to learn what you are doing. This helps the group –
  - Keep track of its progress, including this information in reports to decision makers and others.
  - Evaluate its efforts and accomplishments.
  - Know how best to structure and target its community change focus.
- Don't wait to hear from the group. Share with them the action steps you are taking on behalf of the organization.

## Section 8 - References & Resources

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### References

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