

# Growing Healthy Kids in Kentucky



*Creating Communities to  
Reduce Childhood Overweight*

*2001 - 2004*

# Growing Healthy Kids in Kentucky

---

## 2001

- In response to the alarming trend of Type 2 diabetes in children and youth, Lt. Governor Stephen L. Henry, M.D. forms the Task Force on Nutrition and Fitness for Kentucky Children
  - The Kentucky Department of Education sponsors a Coordinated School Health Summit
  - U.S. Surgeon General David Satcher issues *The Surgeon General's Call to Action to Prevent and Reduce Overweight and Obesity*
- 

## 2002

- The Task Force releases a position paper, *Kentucky Children at Risk: The War on Weight*, that frames the issue and recommends steps to improve school nutrition and physical activity
  - Legislation to improve school nutrition & physical activity is introduced but fails to pass (House Bill 553 and Senate Bill 157)
  - Kentucky sends a team to Washington, D.C. to attend the national Healthy Schools Summit and Kentucky Action for Healthy Kids is created
  - The first *Growing Healthy Kids in Kentucky* conference is held in two sessions attended by 450 participants
  - Fayette County works with the Kentucky School Boards Association to develop a school nutrition policy that was disseminated to all KSBA members.
- 

## 2003

- The Task Force continues after the Lt. Governor leaves office and grows to over 100 individuals representing over 20 professional organizations with statewide representation in health, education, and government
  - Legislation to improve school nutrition & physical activity is introduced but fails to pass (House Bill 77)
  - The Kentucky Department for Public Health receives a five year grant from the Centers for Disease Control & Prevention to develop a state response to the obesity epidemic
  - The second *Growing Healthy Kids in Kentucky* conference, *Kentucky Success Stories*, is attended by 350 participants
  - The Kentucky Department for Public Health convenes a leadership team, *Partnership for a Fit KY*, to develop the state plan addressing the obesity epidemic
  - The Kentucky Department of Education is awarded Coordinated School Health Infrastructure grant funding from the Centers for Disease Control & Prevention for a five year period
- 

## 2004

- Legislation to improve school nutrition & physical activity is introduced but fails to pass for 3<sup>rd</sup> consecutive session (HB 148, HB 261, and HB 207 online at [www.LRC.ky.gov](http://www.LRC.ky.gov))
  - The report, *Kentucky Obesity Epidemic 2004*, is released by the Kentucky Department for Public Health and the University of Kentucky Prevention Research Center
  - Governor Ernie Fletcher and First Lady Glenna Fletcher announce the Get Healthy Kentucky! initiative
  - The Kentucky Department for Public Health conducts a series of nine regional forums throughout the state to seek community input on the obesity epidemic
  - Appointments to the Get Healthy Kentucky! Board are announced
  - The third *Growing Healthy Kids in Kentucky* conference is held
  - The reauthorization of the national Child Nutrition Act was amended requiring each district to develop a local wellness committee and policies beginning in the 2006-07 school year
- 

The fourth *Growing Healthy Kids in Kentucky* conference will be held November 3-4, 2005.



November 4, 2004

### ***Welcome to the Growing Healthy Kids in Kentucky report...***

For the past three years I have had the pleasure of working with some dedicated and passionate people toward a goal of reducing overweight and obesity among Kentuckians of all ages. Our work to promote a healthy weight for the youngest Kentuckians has been particularly rewarding and successful. In these pages you will find success stories from counties all over the state. Kentucky communities *are* making progress to create an environment where it is easier for people to maintain a normal body weight.

We hope this document will assist your community in identifying the best resources to create a healthy place to live. The people whose stories appear on these pages have overcome barriers to achieve progress for their towns and counties. You can do the same thing! Use the resources in this publication to help your hometown become an active community where healthy eating and regular physical activity are the norm. A key ingredient for success may be to create, grow, and sustain local Coordinated School Health programs. Maybe young parents and working people need ideas and support for healthy meals and accessible activity opportunities. A Farmer's Market and plenty of wide, safe sidewalks can help make any town a better place to live.

This process of creating this publication, like so much of the work done to promote a healthy weight in Kentucky, was a coordination of the limited time of talented, hardworking people. Chief among these people is former Lt. Governor Steve Henry, who mobilized a task force that remains vital. My sincere thanks to many colleagues in the Kentucky Department of Education, Cabinet for Health and Family Services and the University of Kentucky, and to those who work daily to help make Kentucky a place we are always proud to call home.

Janet Tietzen, Ph.D., RD, LD  
Associate Extension Professor  
*Past President, Kentucky Dietetic Association*



# Table of Contents

	Page
Writing Team .....	6
Key Partnerships .....	7
Defining Overweight and Obesity .....	9
Success Stories	
Statewide .....	13
Local .....	18
Tools for Schools .....	26
Information and Resources .....	29
References .....	35

*Sincere thanks to our reviewers...*

Tonya Chang, American Heart Association

Anita Courtney, Lexington Fayette County Health Department

Carolyn Dennis, Kentucky Action for Healthy Kids Task Force

Hazel Forsythe, University of Kentucky

Adrienne Grizzell, Kentucky Dietetic Association

Jim Tackett, Kentucky Department of Education



## Writing Team

Wendy Carlin, M.S., R.D., L.D.  
Kentucky Department for Public Health  
Cabinet for Health and Family Services  
Nutrition Services Branch  
275 East Main Street  
Frankfort, KY 40621  
Wendy.Carlin@ky.gov

Barbara Donica, M.A., R.N.  
Kentucky Department of Education  
Division of School and Community Nutrition  
500 Mero Street, 16th Floor  
Frankfort, KY 40601  
Bdonica@kde.state.ky.us

Victoria Greenwell, M.A.  
Kentucky Department for Public Health  
Cabinet for Health and Family Services  
Maternal and Child Health Branch  
275 East Main Street  
Frankfort, KY 40621  
Victoria.Greenwell@ky.gov

Kim Hayek, B.S.  
University of Kentucky  
Kentucky Cooperative Extension Service  
241 Scovell Hall  
Lexington, KY 40506  
Kim\_Hayek@yahoo.com

Marvin Miller, M.S.W.  
Kentucky Department for Public Health  
Cabinet for Health and Family Services  
Division of Adult and Child Health Improvement  
275 East Main Street  
Frankfort, KY 40621  
Marvin.Miller@ky.gov

Janet Tietzen, Ph.D., R.D., L.D.  
University of Kentucky  
Kentucky Cooperative Extension Service  
241 Scovell Hall  
Lexington, KY 40546  
jtietzen@uky.edu



## Key Partnerships in Action

Our progress to address childhood overweight in Kentucky has garnered national attention. Some remarkably innovative and successful initiatives have been achieved thanks to the cooperative work of individuals from a wide variety of agencies and workplaces. Non-profit, government, public, and private organizations have worked together by sharing time, expertise, funding, and numerous other resources.

From the lakes of Western Kentucky to the mountains of Eastern Kentucky, talented and dedicated people have come together, in many places at different times, to share lessons learned from their experiences and to gather ideas to take home. This publication serves to document some of these efforts and to provide a focus for the future. The following table describes key organizations that have been active over the past three years to make changes that will lead to a healthier weight.

Organization	Role
Action For Healthy Kids Task Force on Nutrition & Fitness	The merger of two groups composed of public and private representatives committed to improving the health of Kentucky kids through education and motivation, changes in the environment, and public policy advocacy .
Kentucky Child Now	A non-profit organization whose mission is to educate, mobilize and empower Kentuckians to improve the well-being of children.
Partnership for a Fit Kentucky	A state nutrition and physical activity effort to transform the way agencies and organizations throughout Kentucky cooperate to reduce overweight and obesity among Kentuckians of all ages.
Tweens Nutrition and Fitness Coalition	A coalition led by the Lexington-Fayette County Health Department and supported by the Partnership for a Fit KY using community based prevention marketing to make healthy eating and regular physical activity popular and accessible to tweens.
Foundation for a Healthy Kentucky	A group dedicated to addressing the unmet healthcare needs of Kentuckians; disbursed awards for Coordinated School Health Programs of excellence throughout the state.
Kentucky Dietetic Association	An organization of nearly 1,000 Registered Dietitians across the state; the major sponsor of the <i>Growing Healthy Kids in Kentucky</i> conference.
Kentucky School Boards Association	This state partner works closely with local school districts regarding health policy and procedures. Sample nutrition policies have recently been drafted to encourage healthy eating.

Working through the organizations listed above, representatives of the Kentucky Department of Education, the Kentucky Department for Public Health, and the Kentucky Cooperative Extension Service have committed significant time and resources to promote a healthy weight for young Kentuckians. The vision and mission statements and programs that support these institutions are included here to illustrate common elements.



- *Kentucky Department of Education – Coordinated School Health Programs:* To provide the statewide leadership and support necessary to develop a state-level infrastructure that provides support for local coordinated school health planning and implementation, in a way that demonstrates an integrated, collaborative approach between and among educators, health and human service providers, and other agencies and organizations at the policy and implementation levels, so that each and every child and family has access to the services and supports necessary to enable the highest level of student academic achievement by removing mental, physical, and other barriers to learning. All boards and councils are called to join the efforts of creating and sustaining such a structure within their local communities as well.
  
- ❖ KDE’s Coordinated School Health Program has received funding from the Centers for Disease Control and Prevention to address physical activity, nutrition and tobacco prevention for school-aged youth. This is being accomplished by actively engaging in state-level coalitions and advisory boards and addressing these critical issues as they relate to student achievement and health status. Effective learning strategies and policy to support optimal learning and health continue to be developed and disseminated to local schools and districts. Ongoing professional development and technical assistance for schools and districts continue to be a priority as these institutions play an active part in creating and modeling a healthy environment and lifestyles for Kentucky’s youth. To learn more about Coordinated School Health in Kentucky, visit [www.education.ky.gov/KDE/Administrative+Resources/School+Health/](http://www.education.ky.gov/KDE/Administrative+Resources/School+Health/)
  
- *Kentucky Cabinet for Health and Family Services:* To be a leader in promoting and achieving the nation’s highest level of health and wellness for all Kentuckians.
  
- ❖ *Kentucky Department for Public Health (KDPH) Nutrition & Physical Activity Programs* The overarching goal of nutrition and physical activity programs is to transform the way agencies and organizations throughout Kentucky cooperate to reduce obesity and other chronic diseases. Therefore the Kentucky Department for Public Health (KDPH) now allocates funds to every local health department for evidence-based interventions that promote physical activity and proper nutrition. There is a broad array of professionals across the state that includes nurses, health educators, certified trainers, nutritionists and dietitians. The strategies address both individual behavior as well as environmental and policy approaches.
  
- ❖ *Kentucky Department for Public Health’s State Nutrition and Physical Activity Programs to Prevent Obesity and other Chronic Diseases* is a recent CDC grant to address the obesity epidemic. Kentucky received this 5-year capacity building grant in 2003. The KDPH grant team has established a state wide leadership team known as the Partnership for a Fit Kentucky. This Partnership is taking the lead in writing a state action plan for Kentucky to address the obesity issues of all age groups. Their efforts are focused on environmental and policy change. The state action plan will be submitted to CDC in early 2005 for approval. To learn more about these programs visit [www.fitky.org](http://www.fitky.org).
  
- ❖ *Kentucky Department for Public Health Coordinated School Health Program* is a part of the Kentucky Department of Education Coordinated School Health Program through the CDC-DASH grant. These two agencies work in partnership towards common school health objectives.



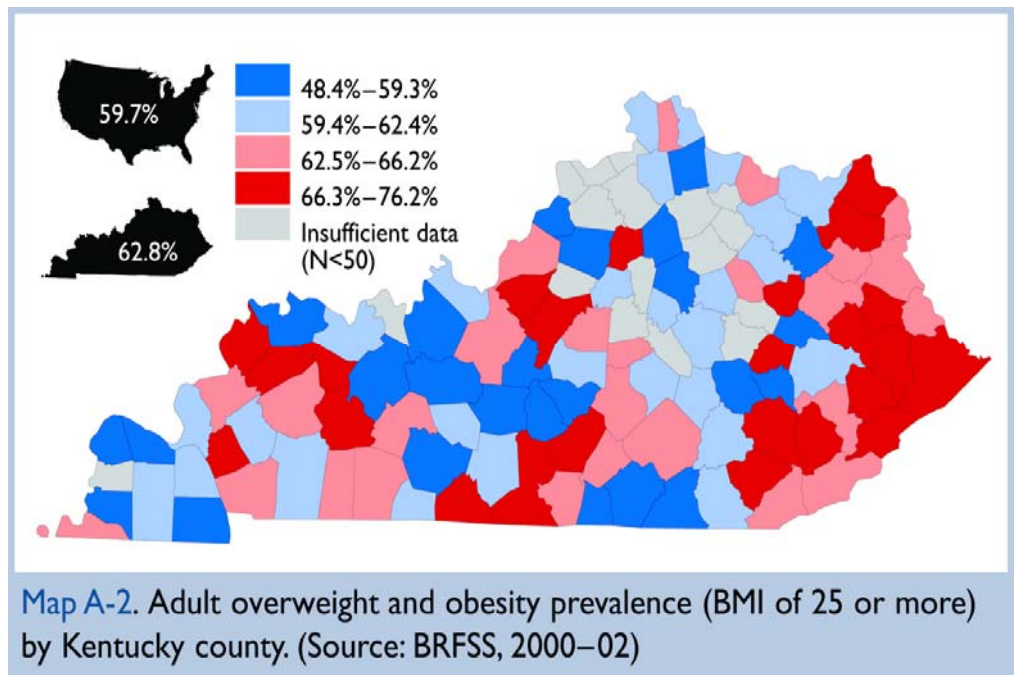


- ❖ *Kentucky Cooperative Extension Service:* To make a difference in the lives of Kentucky citizens through research-based education. Extension is the outreach program of our land-grant universities, University of Kentucky and Kentucky State University, and serves as an educational resource for all Kentuckians by acting as a catalyst to build better communities and to improve quality of life. The Extension Service partners nationally with the U.S. Department of Agriculture to maintain viable communities, develop responsible youth, and develop strong, healthy, and safe families. County Extension Service Offices in all 120 Kentucky counties provide programming in Agriculture & Natural Resources, 4-H & Youth Development, and Family & Consumer Sciences.

## Defining Overweight and Obesity

A brief description of how we define overweight, at risk of overweight, and obesity in children and adults is given here. For more detailed information, see the resources listed at the end of this publication. The assessment of Body Mass Index (BMI), using height and weight measurements, is used to determine classification of overweight or obese. In adults, a BMI of 18.5 to 24.9 is considered to be healthy, whereas a BMI of 25.0 or greater indicates overweight, and 30.0 or greater is obese. The map below shows overweight and obesity among Kentucky adults.

In children and youth, assessment of overweight is determined using BMI-for-age percentile growth charts that are gender-specific. A BMI in the 95<sup>th</sup> percentile or higher indicates overweight, and a BMI in the 85<sup>th</sup> to 94<sup>th</sup> percentile indicates “at risk of overweight”. Over the past 30 years, the percentage of children and youth aged 6 to 19 who are overweight



has *tripled*, increasing from 5-15 percent. That represents an average increase of 10 percent per year. At present, 14.6 percent of Kentucky high school students are overweight, compared with a national average of 10.5 percent of high school students. Another 15.3 percent of Kentucky high school students are at risk of overweight, compared with a national average of 13.6 percent of high school students. The percentage of Kentucky high school boys who are overweight is twice as high as that of Kentucky high school girls (19.5 percent vs. 9.5 percent) as shown in the graph.



The assessment data currently available to us indicate that nearly half of Kentucky children are overweight or at risk of becoming overweight. Guidance from the Centers for Disease Control and Prevention suggests that one of the most promising models for change is the Socioecological Model, shown below. This model illustrates the importance of environmental and policy changes to support the efforts of individuals, families, and communities. The world in which we currently live makes weight control very difficult for

individuals and families. Society bears the burden of overweight and obesity, and can foster a healthy weight through changes in organizations, communities, and policies.

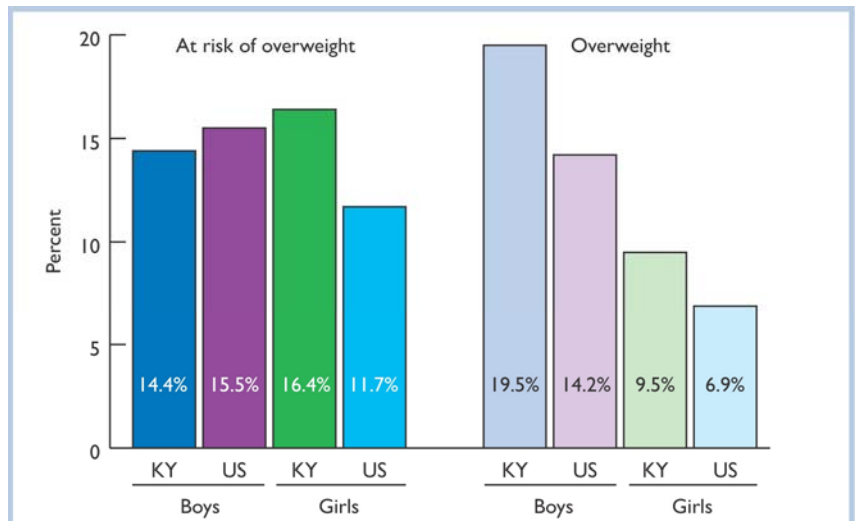
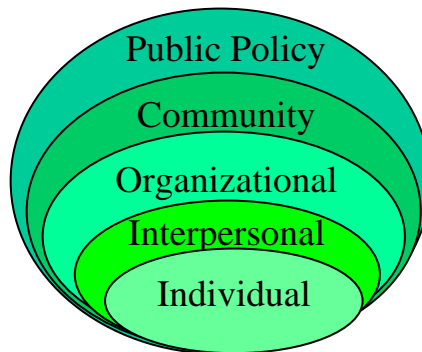


Figure A-8. High school students at risk of overweight and overweight by sex in Kentucky and the U.S. (Source: YRBSS, 2001, 2003)

### Socioecological Model for Influence



The *Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity* (2001) includes these specific recommendations for action in schools:

- Provide age-appropriate and culturally sensitive instruction in health education that helps students develop the knowledge, attitudes, skills, and behaviors to adopt, maintain, and enjoy health eating habits and a physically active lifestyle.
- Ensure that meals offered through the school breakfast and lunch programs meet nutrition standards.
- Adopt policies to ensure that all foods and beverages available on school campuses and at school events contribute toward eating patterns consistent with dietary guidelines.
- Provide food options that are low in fat, calories, and added sugars, such as fruits, vegetables, whole grains, and low-fat or nonfat dairy foods.



- Ensure that healthy snacks and foods are provided in vending machines, school stores, and other venues under the school's control.
- Prohibit student access to vending machines, school stores, and other venues that compete with healthy school meals in elementary schools and restrict access in middle, junior, and high schools.
- Provide an adequate amount of time for students to eat school meals and schedule lunch at reasonable hours around midday.
- Provide all children, from preschool through Grade 12, with quality daily physical education that helps develop the knowledge, attitudes, skills, behaviors, and confidence needed to be physically active for life.
- Provide daily recess periods for elementary students, featuring time for unstructured but supervised play.
- Provide extracurricular physical activity programs, especially inclusive intramural programs and physical activity clubs.
- Encourage use of school facilities for physical activity programs offered by the school and/or community-based organizations outside school hours.
- Evaluate the financial and health impact of school contracts with vendors of high-calorie foods and beverages with minimal nutritional values.

### Active Lives

Research indicates that children and youth need regular physical activity, yet recent statistics indicate that Kentucky children and youth are not getting enough physical activity, at school or home. A total of 10.5 percent of Kentucky high school students had no moderate or vigorous physical activity in the past week when polled, compared to a national average of 9.5 percent of high school students. Fewer high school boys than girls have no moderate or vigorous physical activity in the past week in both Kentucky and the United States. The percentage of Kentucky high school students with no moderate or vigorous physical activity in the past week decreases between 9<sup>th</sup> and 10<sup>th</sup> grade but then rises between 10<sup>th</sup> and 11<sup>th</sup> grade and again between 11<sup>th</sup> and 12<sup>th</sup> grade.



Only 34.9 percent of Kentucky high school students are currently enrolled in a physical education class, compared with a national average of 51.7 percent of high school students as shown in the graph below. Fewer girls than boy are enrolled in a physical education class in both Kentucky and the United States. Only 23.8 percent of Kentucky high school students attend a daily physical education class, compared with a national average of 32.2 percent

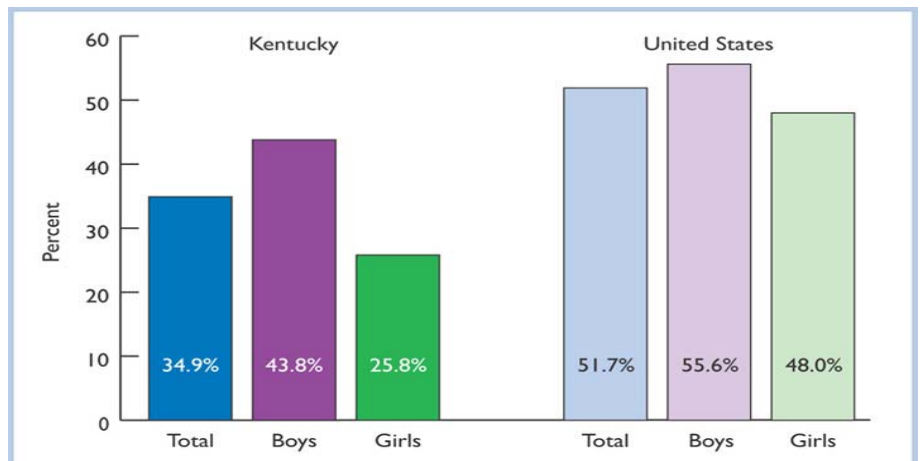


Figure B-7. High school students enrolled in a physical education class by sex in Kentucky and the U.S. (Source:YRBSS, 2001, 2003)



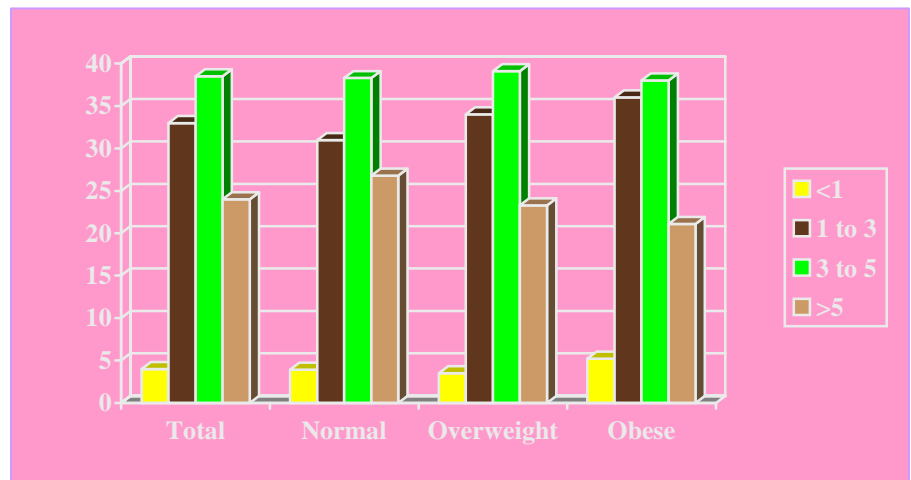
of high school students. The percentage of Kentucky high school students who attend a physical education class decreases by 50 percent between 9<sup>th</sup> and 10<sup>th</sup> grade (54.6 percent vs. 27.2 percent), increases slightly between 10<sup>th</sup> and 11<sup>th</sup> grade, then decreases again between 11<sup>th</sup> and 12<sup>th</sup> grade. Many different kinds of activity could be promoted at schools, and should be of adequate frequency, duration, and intensity to improve health in a sustained manner.

Another measure of physical inactivity among high school students is the amount of time spent watching television on a daily basis. In Kentucky, 30.8 percent of high school students watch 3 or more hours of television each day, compared with 38.3 percent of high school students nationwide. Percentages are similar between Kentucky boys and girls. The percentage of high school students watching 3 or more hours of TV a day decreases each year from 9<sup>th</sup> to 12<sup>th</sup> grade for both Kentucky and for the United States.

### *Healthy Eating*

Poor nutrition is believed to have a major impact on overweight and obesity in the United States. One measure of diet quality is the number of fruit and vegetable servings consumed each day, with five servings representing the goal established in 1991. The graph below illustrates the relationship between body weight and the number of fruit and vegetable servings for Kentucky adults, as reported by the Centers for Disease Control and Prevention’s Behavioral Risk Factor Surveillance System.

Kentucky high school youth lag well behind the national average for achieving the 5-A-Day goal, with only 13.2 percent of Kentucky high school students reaching the goal as compared to a national average of 21.4 percent of high school students. Fewer girls than boys reached the 5-A-Day goal both in Kentucky and in the United States.



Frequent use of vending machines in schools is also believed to contribute to poor diet quality. More than a third of Kentucky high school girls and a quarter of Kentucky high school boys eat lunch from school vending machines once a week or more. The percentage of Kentucky high school students who ate lunch from school vending machines once a week or more decreases each year between 9<sup>th</sup> and 12<sup>th</sup> grade for girls, boys, and both sexes combined.

### *In Summary...*

Defining and measuring the extent of overweight among Kentucky children is a first step. Great progress has been made in Kentucky to assess our overweight and obesity status. Notable accomplishments include the 2002 position paper from the Lt. Governor’s Task Force and the 2004 Kentucky Obesity Epidemic report from the KDPH and the UK Prevention Research Center. Collaborative work between the Kentucky Department of Education and the Kentucky Department for Public Health provided weighted YRBS data for 2003. This data was a critical link in the creation of



the Kentucky Obesity Burden Document. Data regarding children is still lacking, but some of the stories in the next section illustrate how to collect this data. If you are working toward better health for your community, the first step should be to find, collate, and analyze available information about the prevalence of overweight and obesity, the characteristics of the school, family, and community environment, and policies influencing health. After assessing your situation, provide stakeholders with an opportunity to help design interventions that are promising for your community. The stories below can help you develop ideas and resources to reduce the risk of overweight for Kentucky citizens.

## **Statewide Success Stories**

The stories included in this statewide section have leadership at the state level, but would not be a success unless they have made an impact on a local level. Federal and state programs yield their benefits as result of good administration and implementation in communities. Each story describing a success at the state level was accomplished only by participation of people who live in Kentucky communities and serve them through a wide variety of organizations.

### *Action for Healthy Kids (AFHK) Task Force*

In 2001, Lt. Governor Steve Henry established the Task Force on Childhood Nutrition and Fitness. This group provided leadership and collected data regarding the alarming trend of excess body weight and type 2 diabetes in young Kentuckians and on school nutrition environments across the state. The Task Force met approximately 6 times per year and grew to a membership of over 100 concerned leaders, educators, and health care providers from all parts of Kentucky. Lacking a budget, but having a committed membership, this group conducted the School Nutrition Environment Survey, produced a position paper, and introduced legislation annually. Action for Healthy Kids emerged nationally in 2002 through an integrated grassroots network of AFHK State Teams at the 2002 Healthy Schools Summit. AFHK is a nationwide effort to improve children's nutrition and physical activity in schools by collaborating with diverse stakeholders in advocating, promoting and implementing national and state initiatives. In 2004, the Task Force merged with the Kentucky Action for Healthy Kids state team to form the current group focusing on food and physical activity in schools through the development of an action plan, identification and pursuit of specific goals that are priorities for Kentucky, and are translating concern into actions that yield positive results in children's health. [www.actionforhealthykids.org](http://www.actionforhealthykids.org)



### *Bright Futures in Physical Activity*

In May 2003, training was provided to the Healthy Start in Day Care Consultants on the Bright Futures in Physical Activity materials developed by the Maternal and Child Health Bureau. The continuing education training “walked” the participants through the “*Bright Futures in Practice: Physical Activity*” resource guide. The participants began the day thinking about exercise versus play and individual activity to community activity events. By the end of the day, the participants had developed a plan to implement changes for their community/agency in the area of physical activity. The participants received the resource guide, workbook of materials and a CD-ROM of all the activities from the day and workbook materials for use as a master. This workshop and the materials were provided through funding from the CDC Obesity Grant.



### Choose 1 percent or Less

In 2000 nurses, dietitians, nutritionists, Extension agents, and dairy industry representatives formed a committee to explore development of a campaign to focus on low fat dairy products. Through the four years the committee has developed:

- Tabletop display boards to be shared across the state for health fairs (2000);
- An awareness campaign with taste testing in schools (elementary, middle and high), WIC clinics and public health meetings to determine if people could taste the difference between the four types of milks (fat content) (2001);
- A pamphlet to focus on importance of lowfat dairy products (2000);
- A logo – Cora Belle the Cow as the spokesperson for the campaign (2000);
- Lesson plans and video for elementary, middle and high schools to encourage the inclusion of lowfat dairy products (2003); these materials were developed as part of CDC Obesity Grant;
- Focus group testing in urban area of people age 30-60 to determine changes for the campaign and focus group testing in two rural areas of people age 40-60 for campaign changes and focus for these two age group to develop materials that would impact these age groups to change to lowfat dairy (2004).



### Five A Day

In May 2004, public health department staff were trained by trainers from Lexington-Fayette County Health Department, Northern Kentucky Independent District Health Department, Purchase District Health Department and Barren River District Health Department to develop and implement a local 5 A Day Campaign for their agency. During the one-day continuing education program the attendees participated in nutrition and physical activity to tie together the importance of both areas for public health. The attendees received training on how to conduct food tasting and sampled 5 A Day appropriate recipes during the morning and afternoon along with lunch that provided 5 servings of fruits and vegetables for the day for all participants.

The participants also received at their agency a “Goodie Box” of 5 A Day materials (Stickers, Tattoos, 5 Measuring cups, 100 Note pads, Grab Bags, 5 Cutting Boards, Lunch Bags, Balloons, 1 Apron) to be used in the community activities they would conduct over the next year. The “Goodie Box” of materials was purchased through funds from the CDC Obesity Grant. Five A Day is a component in the public health community plans and most of the 57 agencies provide at least one community program each year to focus on this campaign.

### Foundation for a Healthy Kentucky

The Foundation for a Healthy Kentucky was founded in 2001 to make grants, contributions and related investments, and sponsor and participate in activities, designed to address the unmet health care needs of Kentuckians, by developing and influencing health policy, improving access to care, reducing health risks and disparities among groups, and promoting health equity. The two initial areas of focus for the foundation are health education and prevention programs for children and families and access to health services and care.



In 2004, the foundation awarded over \$800,000 to 17 schools and school districts across Kentucky to expand, replicate, or enhance Coordinate School Health programs at their institutions. The Foundation for a Healthy Kentucky Coordinated School Health grant program was inspired by the success of Jefferson County Public Schools Health Promotion Schools of Excellence, which involves more than 26,000 students in programs and activities that further students' health knowledge and ability to make sound healthy choices and enhance students' personal health and fitness. For more information, visit [www.healthyky.org](http://www.healthyky.org).

### *Growing Healthy Kids in Kentucky*

Growing Healthy Kids in Kentucky is an annual conference first held in September 2002. It is co-chaired by the Kentucky Cooperative Extension Service and the Kentucky Department for Public Health and administered through the Kentucky Dietetic Association. The goal of the conference is to reduce childhood overweight through action at the community level. The conference is designed for community leaders and parents, health educators, nurses, nutrition professionals, school administrators, teachers, and food service directors, and county Extension agents. Previous topics have included coordinated school health, school food service, vending machines and food rewards, physical activity, collaboration with schools, the role of parents, weight concerns, grassroots action, and success stories from Kentucky coalitions. To see conference agendas from the first three years, refer to pages 36-39. For more information, see the resources at the end of this publication or visit [www.ca.uky.edu/fcs/healthykids](http://www.ca.uky.edu/fcs/healthykids) or [www.kyeatright.org](http://www.kyeatright.org).



### *Kentucky Cardiovascular Health Coalition*

The Kentucky Cardiovascular Health Coalition was assembled to implement the work plan specified in the Kentucky Department for Public Health Cardiovascular Health (CVH) Program grant application, as funded by the Centers for Disease Control. The mission of the this coalition, was to develop a plan for policy and environmental change aimed at physical activity, nutrition, and tobacco use in schools, work sites, the community, and the health care system. The CVH program was administered jointly by the Kentucky Department for Public Health (KDPH) and the Kentucky Department of Education (KDE). The portion of the grant that is contracted to KDE was used to support the Healthy Hearts-Healthy Futures program, which integrated cardiovascular health curriculum into coordinated school health programs in Kentucky. KDE employed four Regional Cardiovascular Health Coordinators, who acted to increase awareness of cardiovascular disease in the community and to assist in the implementation of coordinated school health programs by providing technical support to schools.

The current CVH program grant is now solely administered by the Department for Public Health, and has a focus on the secondary prevention of heart disease and stroke. These secondary prevention efforts include policy and environment changes/supports to four venues, in order of priority: health care systems, worksites, communities, and schools. The Coalition is in process of restructuring to support the new focus areas of the CVH program. Work group areas in the past have included physical activity, nutrition and tobacco. Physical activity and nutrition work groups will be adopted by the Obesity grant, as they are the main focus areas of that grant. Restructuring of the CVH coalition will include new focus on high blood pressure control and awareness, cholesterol awareness, signs and symptoms of heart attack and stroke, with importance of calling 911. Other focus areas will include automated external defibrillator (AED) placement and training, and working with schools to include appropriate curricula in health education on these issues.



### Kentucky Department of Education

During the past several years, multiple programs, resources and technical assistance have been provided to local schools and districts to create and/or enhance coordinated school health (CSH) programs. In 2001, fourteen school districts participated in a Health Policy workshop. This training enabled each team to analyze local data sources, evaluate current programs and policies and develop an action plan for improvement. Another initiative that local schools have reaped rewards from is using the School Health Index. Over 100 schools have developed health committees to self-assess school health programs and policies related to physical activity, nutrition, tobacco and other student health issues. Finally, more than 50 schools and districts have attended the Coordinated School Institute since its inception in 1996. Still in existence, this extensive professional development session provides information, strategies and networking opportunities to further CSH programs. Funds are provided for schools to plan, implement and evaluate effective programs and policies for students, and staff. Several local schools and districts that are experiencing success and benefiting from coordinated school health have been participants in the above-mentioned opportunities.

### Kentucky Department of Public Health Obesity Forums

Nine regional forums were held around Kentucky to obtain input from communities about the obesity epidemic. Almost 1,300 enthused and motivated Kentucky citizens from a variety of organizations, agencies, businesses, community representatives and concerned citizens attended the nine forums to identify the most promising ways to promote a healthy weight in our state. To see the top priorities identified go to [www.fitky.org](http://www.fitky.org)



### Kentucky Diabetes Network

The Kentucky Diabetes Network (KDN) is a partnership of organizations, associations, and individuals who are concerned about diabetes and its associated health outcomes in Kentuckians. KDN was the first state level coalition in Kentucky to bring stakeholders on board to help develop and implement a program historically led solely by the state Department for Public Health. The power of this approach is evident in the progress KDN has made to reduce the morbidity and mortality associated with diabetes and its complications.

The long-term objectives of KDN are to enhance:

- Public awareness of diabetes and diabetes prevention,
- Understanding of diabetes and promote better self-management behaviors among persons with diabetes,
- Understanding of diabetes and the importance of an integrated approach to care for health care providers, and
- Health care policies and activities related to improved diabetes care.

KDN has six workgroups, each addressing one or more of the partnership's strategic goals. One of the workgroups is the Primary Prevention/Risk Reduction Workgroup. This workgroup has been working with middle and high school students to increase their awareness about diabetes and diabetes prevention through a contest that encouraged the development of original and accurate public service announcements about primary prevention of diabetes. Future plans are to divide grades into three age





categories: Grades 1-4 will submit healthy activity drawings/paintings, Grades 4-8 will submit poems for calendars, and Grades 9-12 will submit videos that promote primary prevention. They are also exploring the idea of sponsoring a walking contest for school children.

### Kentucky School Nutrition Environment Survey

In 2002 a School Nutrition Environment Survey was administered to schools across the state. Questions addressed PE and recess, as well as using vending machines and concession stand food as a reward. Local Health Department Nutritionists and County Extension Agents administered the survey, collected data, and reported results to the University of Kentucky. Of the 471 surveys sent out, 343 were returned.

Ninety-seven percent of high schools, 88 percent of middle schools and 44 percent of elementary school had vending machines available for student use. Eighty-four percent of the food sold to Kentucky students was high in calories, fat and/or sugar. Soda, candy and fried snacks were the three most common items sold. Fifty-six percent of Kentucky schools had exclusive pouring rights contracts with soft drink companies. In addition, the survey found that pizza, candy, soft drinks and ice cream were the most common rewards for academic excellence, behavior and attendance.

Vending machine revenues were often used to purchase supplies and instructional materials. Analysis of revenue spending revealed between 22 percent and 42 percent of schools used vending revenues for the following items: books, computers, paper supplies, sports equipment, and music programs.

Schools reported both availability and time spent in physical education (PE) classes and recess. More than 90 percent of elementary schools offer PE to students grades one to four. In elementary schools, the average number of minutes spent in class was 67 per week and in middle school, 34 minutes per week. Elementary students spent an average 14 minutes a day in recess; middle school students spent 2.5 minutes; and high school students spent two minutes. For more information, see the complete report online at [www.ca.uky.edu/fcs/healthykids/PDF/survey.Tietyen.report.pdf](http://www.ca.uky.edu/fcs/healthykids/PDF/survey.Tietyen.report.pdf).

### Milk Machines Make Progress

The Southeast United Dairy Industry Association (SUDIA) has been instrumental in making milk and healthy dairy snack such as string cheese and yogurt available to Kentucky school students. At *Growing Healthy Kids in Kentucky* conferences in 2003 and 2004, SUDIA has arranged for manufacturers of milk vending machines to bring the machines to the meeting. Information about how to purchase machines and locating a supplier are part of the educational sessions. Conference participants have an opportunity to make a selection from the machine while attending the exhibits.



### Wellness Programs from Extension

In 1999, the Kentucky Cooperative Extension Service introduced a new program called *The Wildcat Way to Wellness*. The program began with a focus on eating, activity, and wellness called “CATSkills for Better Health: Cooking, Activity, and Time to be Well”. In the following years, the program added materials on Kentucky foods, water, financial well-being, clothing, and other health related topics. Many health departments partnered with Extension offices to sponsor local “Walk Across Kentucky” programs for residents of all ages. Wildcat has been used by over 100 counties as a major part of local programming; even Jefferson County offered a version called “The Way to Wellness”. In



2002, a wellness program for young Kentuckians was created for 4-H programs called *The Clover Cat Way to Wellness*. The Clover Cat materials also focused on eating, activity, and wellness with three levels designed for 5<sup>th</sup>, 8<sup>th</sup>, and 9<sup>th</sup> graders. The lessons can be easily used in school classrooms; they include the Kentucky Education Reform Act core content goals for each section aimed primarily at teaching practical living skills.

In 2004 *Get Moving Kentucky* was launched to encourage all Kentuckians to increase their level of physical activity by doing things they enjoy such as swimming, walking, and gardening. Approximately 75 counties offer *Get Moving* in various forms, with most counties enrolling 100-150 people in the program. *Get Moving* is an eight-week program that encourages participants to accumulate sustained physical activity in 15-minute increments, called “physical activity miles” (PAMS) by doing virtually any kind of exercise that appeals to them. A primary focus of *Get Moving* in rural Kentucky counties is finding affordable, accessible places for participants to exercise. Shelby, Scott, and Woodford County officials were able to tackle barrier by constructing recreation complexes where residents can swim, walk, and enjoy other physical activities. Garrard County provides pedometers to high school students and encourages them to walk during their lunch break and provides pedometers to participating youngsters. Fleming County offers residents pedometers at a reduced cost as part of its Step for Health program.



In 2004, Extension introduced the first edition of a weight management program for adults called *Weight ~ The Reality Series*. This 10-week program includes a recipe, activity, and educational program in each session. Participants design their own approach to weight loss throughout the program, trying various approaches to determine what will work best for them. Over 80 County Extension Agents attended the in-service training to learn about how to offer the program in their counties. Data is being collected to evaluate program efficacy and to learn what approaches are most popular and successful. In May 2005, a revised edition will be available to County Extension Agents and their partners.

## Local Success Stories

Local success stories are quite varied in their approaches. However, all of these stories highlight the fact that the key ingredient for successful community-level action is partnership among schools, health departments, Extension offices, and other concerned organizations and individuals. Many of these success stories can be attributed to the passion and persistence of one person who was able to work well with others. The ability to take a program idea and make it work in your community requires flexibility and good program management. If you have a success story to share, please let us know by contacting Barbara Donica at [bdonica@kde.state.ky.us](mailto:bdonica@kde.state.ky.us), Wendy Carlin at [wendy.carlin@ky.gov](mailto:wendy.carlin@ky.gov) or Victoria Greenwell at [victoria.greenwell@ky.gov](mailto:victoria.greenwell@ky.gov).



### Barren County

Students at Terry Elementary School in Glasgow can earn free PE time or homework passes instead of food rewards illustrating that school policies can enhance the environment to promote a healthy weight. A *Get Moving Kentucky* program, “Step Up Barren County”, has been offered in elementary, middle, and high schools. Vending offerings have been revised to offer healthy choices and milk machines are so popular they frequently sell out.

### Boyd County

The Longest Day of Play took place on June 21, 2004, in Ashland in Boyd County, Kentucky. The day was so named because as the first day of summer, June 21 has the most hours of daylight than any other day of the year. Boyd County’s Longest Day of Play was organized by the Boyd County Health Department and took place in Ashland’s Central Park. Twenty-eight local businesses and organizations partnered with the Boyd County Health Department for the event, including the local YMCA, fitness companies, and sports clubs. The purpose of the Longest Day of Play was to encourage Boyd County residents to increase their level of physical fitness by demonstrating the many different ways to be physically active.



Participating partners erected booths in Central Park to pass out information and to allow event-goers to try first-hand everything from trampoline jumping to folk dancing. Event-goers filled out a “passport” by visiting at least half of the participant stations in order to be eligible for prizes donated by sponsors. The passports also served as an information-gathering tool for the Boyd County Health Department, by questioning event-goers about physical activity habits and their opinions on the event. A total of 900 passports were distributed at the event. Advertising for the event was done through newspaper articles and advertisements, cable TV spots, a newsletter included in water bills, and a bookmark distributed through the local library. The total budget for the event was a mere \$1,500. The Boyd County Health Department described the event as a huge success and plans to repeat the Longest Day of Play in 2005.

### Campbell County

Since 2001, Highland Heights Elementary has been busy making changes to improve school health and academic progress. The *Brain Power* program has been used in 4<sup>th</sup> and 5<sup>th</sup> grade classrooms to teach students about how the brain and nervous system work. Experiments and visual aids illustrate the effect of tobacco and other drugs on the body. School food service has worked with the principal and school nurse to revise menus, eliminating donuts and high-sugar cereals. Fresh fruit, vegetables, yogurt, granola, and water now appear regularly on the menu. Playground areas have been retooled so kids can run, climb, jump, and really enjoy physical activity. Parents are informed that children will have outside recess, even in cooler weather, and that proper clothing should be worn. The school nurse reports that Highland Heights is focused on teaching and promoting healthy life styles.

### Clark County

In Winchester, parents hoping to get their kids involved in physical fitness started a running club for girls called The Swiftly Chics. The group meets three days a week and is currently training for a local 5K race. Membership in the club was generated via flyers posted around town and a notice in the local paper. Clark County Extension and Health Department partnered to pilot test *The Clover Cat Way to Wellness* in an elementary, middle, and high school. Fifty high school students reported a 25 percent



increase in fruit and vegetable consumption, a 26 percent increase in dairy consumption, and a 24 percent increase in physical activity. The Clark County Activity Coalition offers walking programs and Marathon Kids, led by two local runners. The health department offers walking programs at middle schools and teaches toddler fitness weekly at the library. Extension Homemakers are teaching the Organ Wise Curriculum in elementary schools. Take 10! Materials were purchased for local schools.

#### Crittenden County Growing Healthy Kids Coalition

A *Growing Healthy Kids* planning group was convened in Crittenden County and includes a school nurse, physical education teacher, Extension Agent, and community encourager from the Delta Rural Health Project. Data about BMI and student health was collected, analyzed, and presented to the school board and other groups. Awareness about the issue of overweight has been considerably heightened in the community. Milk machines have been placed in elementary and high schools. Healthier vending options for snacks and other beverages are in place at the elementary school. Alternatives to food rewards and parties are being used. The local hospital will help implement a new curriculum for overweight and under active 8-13 year olds, *Way to Go Kids!*, focusing on nutrition and fitness.



#### Cumberland County Healthy Children's Coalition

The Cumberland County Extension Office, Elementary and Middle Schools, and Health Department are working with other community partners to promote a *Passport to Good Health*. The *Passport* goal is to provide students with the knowledge, skills, and motivation to adopt healthy practices for the rest of their lives. The program is being implemented through existing health core content areas in Grades 4-7 and uses curricula from University of Kentucky Extension and other resources. Each day students receive health tips based on core content areas. The culminating event will be a spring health fair in 2005 where students will visit 20 health stations.

#### Daviess County/Owensboro Schools and the Health Park

A unique partnership has been formed in this western Kentucky community with the two local school districts and the Owensboro Medical Health System. This program represents a departure from traditional physical education instruction in that there is less emphasis on the teaching of sports skills and greater emphasis on increasing overall fitness. The curriculum focuses on establishing healthy habits for living, including knowledge of cardiovascular and strength/flexibility activities. Repeated exposure to this material by our middle school students will provide opportunities for increasing self-esteem, improving physical condition, and heightening awareness of the positive mental/emotional benefits of appropriate physical activity. A primary aim of this program is to encourage students to develop healthy habits that will continue to positively impact them beyond the completion of the course. The Fit for Life curriculum allows each child the opportunity to work toward meeting his individual potential for physical performance in a non-competitive environment.

#### Fayette County

*Vending Contract:* In 2003, the Fayette County Public Schools signed new vending contracts with Pepsi and Express Vending that increased the availability of healthy products in the vending machines as well. In beverage machines, the percentage of healthy beverages increased from 21 percent to 72 percent and healthy beverages cost less than sodas. Machine facades feature young people engaged in physical activity. In snack machines, the percentage of items that meet the nutritional criterion of no



more than 6 grams per serving and no more than 40 percent added sugar by weight increased from one percent of offerings to 40 percent. Healthier snacks cost less than other snacks. The healthier products were marketed to students by distributing free samples of snacks in classrooms and placement of posters designed with input from students in focus groups. For more information about how to negotiate a win-win vending contract for your school district, visit [www.ca.uky.edu/fcs/healthykids](http://www.ca.uky.edu/fcs/healthykids) or contact Action for Healthy Kids or the Lexington Fayette County Health Department.

*VERB Summer Scorecard.* This program was developed by the Tweens Nutrition and Fitness Coalition. In 2002 the Centers for Disease Control launched a national media campaign called VERB, It's what you do, designed to increase physical activity among tweens (ages 9-13). Evaluation results show that the campaign increased physical activity among youth across the country. The *VERB Summer Scorecard 2004* gave community roots to the national VERB campaign by making Lexington "exercise friendly" for tweens by giving them a chance to do lots of physical activity at reduced rates or for free, play to their heart's content on the Longest Day of Play, win prizes and attend a Grand Finale celebration at Applebee's Park, home of the Lexington Legends baseball team.



Here's how it works: The *VERB Summer Scorecard* has 24 squares. Each time kids do an activity at a Summer Scorecard Site (pools, skating rinks, bowling alleys, martial arts facilities, YMCAs, admission to public pools at special times, reduced admission prices at many facilities, free sports clinics for beginners and much more. Parents could initial Scorecard squares each time kids play for an hour for up to 12 of the squares. If all 24 squares were stamped or initialed by August 10, participants were eligible for a drawing for some exciting prizes and attendance at a Grand Finale event where they received a VERB nylon sports bag, water bottles, flying disc, and coupons for admission to active facilities.

### Grant County

Walking trails have been developed at three elementary schools in Grant County. Students can earn prizes for using the trails, including g shoe charms. Student participation has encouraged some staff to begin walking programs. A county-wide physical activity program, "Get Up, Get Out, Get Fit – Grant County!" will be launched in schools in October 2004. The Northern Kentucky Health Department, Fitness for Live Around Grant County, and the Extension Office are working together to promote a healthy, active environment.

### Graves County Elementary Running Club

In Mayfield, Kentucky, local parents who wanted to get their kids involved in physical activity started a running club, which has grown to include over 20 children each year. The kids practice together three days a week between July and November, usually on a Rails to Trails path. The kids train for 1-mile, cross-country, and 5K races, in addition to biathlons and a triathlon. At each practice, emphasis is placed on the keys to success, such as work hard, make the most of your time, and be thankful. They are advised to compete only with themselves and to encourage each other to run farther and faster. Entry fees for races and the cost of uniforms are partially offset by the Graves County Health Department and the local tobacco coalition (P.A.T.C.H.). An unexpected benefit of the running club is that many parents have also taken up the sport, and several parents have run 5K races alongside their children.



### Hardin County Food Service

The Hardin County Schools Child Nutrition program operates twenty-one kitchens and cafeterias with a staff of 150 full and part time personnel. Students are offered a wide variety of entrees, fruits, vegetables, breads and desserts along with 1 percent and fat-free choices of milk. The program follows strict dietary guidelines in its offerings and has modified recipes to cut the amounts of fat, sugar, and salt as well as work with vendors to select food items for bid that have lower fat and salt content to make more nutritious choices available for children. Deep fat fryers were abolished countywide more than 10 years ago and students have come to love the healthier methods of food preparation. A night bakery has allowed schools to enjoy fresh bakery products daily. Elementary and middle schools offer two entrée choices daily along with a large variety of fruits and vegetables. A “handy meal” healthy sack lunch option is also offered for those who still want to bring a lunch box from home—we fill the lunchbox. High schools have approximately 25 entrée offerings daily offered in a healthy food court concept. The tiered pricing allows high-end items to be sold as reimbursable meals along with the traditional regular meal options.



### Harlan County Diabetes Education

Last year, the Harlan County Diabetes Coalition sponsored a poster and essay contest on diabetes awareness for all elementary schools in Harlan County. Resources on diabetes were placed in the libraries for use in developing the posters and essays. They also collaborated with two restaurants in Harlan to offer healthy kids meals. It was so successful that one restaurant decided to continue with it. This year the coalition is sponsoring grants to Harlan Elementary School and schools in the Black Mountain area to form jump rope clubs using the American Heart Association's "Jump Rope for Heart" program as a guideline. The coalition will be buying jump ropes for the students and helping them establish their own physical activity clubs.

### LaRue County

The Family Resource Center, Extension office, and local schools are developing a coordinated school health program. A kick-off event, the first annual Tour de LaRue Bike Ride was held in fall 2004. Education about bike safety and parental involvement were incorporated into the fun event for 135 students and 150 family members attending the event. Bike rides were offered in three lengths, the longest being six miles. The County Extension Agent for Family & Consumer Sciences reports it was a great way for families to spend a morning together enjoying physical activity.

### Menifee County

The Guidance Counselor at Menifee County Elementary reports they promote activity each morning by leading a group exercise as students arrive to “wake up the brain”. Snacks are limited to those meeting guidelines for a healthy choice with respect to grams of fat and sugar. School lunch and breakfast menus have been revised to increase healthy options. Students and teachers regularly walk the halls and campus to increase activity levels. The school nurse, through the full-time, on site health unit, supports programming and offers counseling to promote a healthy weight.

### Muhlenberg County

In 2002, Muhlenberg County converted 5.8 miles of retired railroad track into a paved walking and biking trail as part of the national *Rails to Trails* program. Although there was some initial opposition



to the trail from landowners and business owners, the trail is now very popular, attracting at least 300 users each day. The local hospital uses the trail for its cardiovascular patients and nonprofit groups use the trail for fund-raisers; users of the trail run include both the physically fit and persons trying to lose weight. The opening of the trail has spurred additional changes in the community to improve citizens' health, including the conversion of an abandoned school into a \$3 million wellness center at the end of the trail, and the addition of a walking trail at the county senior citizens center. Using the trail as a centerpiece, the Muhlenberg County health department is in the process of implementing a summer walking and biking program to encourage citizens to lose a collective 1,000 pounds. Rails to Trails paths have also opened in Hopkinsville, Louisville, Somerset, Sturgis, and Cadiz, and paths in other Kentucky communities are in the developmental stages.

Central City Elementary 4<sup>th</sup> and 5<sup>th</sup> graders have formed 36 teams to participate in a *Get Moving Kentucky* program. Participants can track their progress on the *Rails to Trails* route using maps at the trail and school. The physical education teacher has incorporated 15 minutes of daily activity into the schedule and is offering an after-school walking program for students and staff. Greenville Elementary students are exercising 15 minutes during the day and asked to match that with 15 minutes at home. Parents confirm the completion of this commitment by signing students' *Character Counts* journals.

#### Murray/Calloway County Coalition

In 2003, concerned health professionals in Calloway County convened a Youth Obesity Task Force to address the rising incidence of childhood obesity in their community. The task force is composed of health professionals, school representatives, community organizations, and students and parents. One of the first initiatives of the task force was to collect height and weight data on all 5<sup>th</sup> and 6<sup>th</sup> graders in the school system and then send BMI reports home to parents. The task force is currently working with local media to increase awareness of childhood obesity, trying to place milk machines in schools, researching grants and funding opportunities, listing community resources and brainstorming potential interventions.

#### Nelson County FFA

Seven members of the Nelson County FFA developed an issues forum entitled: "Agriculture Production: Is Bigger Really Better?" which addressed the issue of farm subsidies and the obesity epidemic. The students were inspired by the Peter Jennings' documentary which aired on ABC in December 2003. The documentary addressed the issue of farm subsidies and how governmental policies help shape the cost and availability of specific foods. The students researched the subsidy issue to find the truth about farmers' roles in the obesity epidemic. Their oral presentation was presented to the Partnership for A Fit Kentucky at the April 2004 meeting. The presentation was insightful and demonstrated how well the high school students understood the world wide impact of U.S. agricultural policies. This presentation was given to sixteen additional audiences throughout the state this spring. In June 2004 the seven Nelson county students competed against all the FFA chapters in Kentucky and won the state championship! In the near future they will be competing in the national championship against all 50 states, Guam, Puerto Rico, and the Virgin Islands.



### Northern Kentucky

The Northern Kentucky District Health Department (NKDHD) has an established Coordinated School Health Program and approach for about the past four years. Within the last two years, a job position of CSH Coordinator was established to coordinate all activities within the school setting at the local health department. The NKDHD utilizes evidence-based best practices that include FIT classrooms, Take 10, 5-A-Day, 5-A-Day Power Play and CDC's Strengthening Families.

An additional focus area is environment and policies that include vending machines, CDC School Health Index and the Resources for Education to Achieve Coordinated School Health (REACH) Conference. The REACH Conference includes an incentive fund intervention to sponsor school programs in tobacco prevention, cardiovascular health (nutrition and physical activity) and violence prevention. Schools are required to attend a half-day conference to gather best practice guidelines to reduce tobacco use, increase physical activity and healthy eating habits and reduce violence behavior. Schools send at least a team of two personnel, one being a school administrator and the other a school representative to choose from three breakout sessions where they learn about best practices and promising programs in the targeted areas. Each team has the opportunity to apply for up to \$1,000 in incentive funds to initiate or expand a CSH program through a Request for Application process. Funded schools must attend two follow-up meetings throughout the course of the year to discuss implementation and evaluation efforts.

Two classrooms were selected to take part in the Fit Classrooms program, which incorporates the use of the Take 10! fitness curriculum and use of a website. Teachers can use the website to access lesson plans, link to best practices health curricula, track their progress, post comments and/or questions and contact the health department for technical assistance. Students can use the website to access games, quizzes, and interactive web links. The goal of the program is to implement the Take 10! Program, which is designed to integrate 10-minute periods of moderate-to-vigorous physical activity into core content subjects, at least 15 days per month. Elementary schools in four counties in the area are invited each year to take part in the 5-A-Day Challenge, which is a week-long event designed to increase fruit and vegetable consumption to the recommended 5 servings per day. The highlight of the week is a visit from Produce Man, a character whose message conveys the importance of eating fruits and vegetables. Last year over 3,500 students participated in the event by tracking their fruit and vegetable consumption. Students who ate 5-a-day for each of the seven days of the event were eligible for great prizes and the top school received \$1,000. In 2005, the Northern Kentucky will pilot a program developed by the California Department of Health called "5-A-Day Power Play", which combines the 5-a-day concept with physical activity promotion.

The Northern Kentucky Health Department and Extension offices in Boone, Campbell, and Kenton Counties sponsor a week long "F.I.T. Futures" camp at Northern Kentucky University. This "fitness involving technology" camp uses technology to increase youth awareness of a healthy lifestyle. Students experience unique and interactive lessons and work with a web designer to learn how to develop a web site that promotes healthy behaviors. Campers participate in swimming, sand volleyball, Tae-Kwon-do, yoga, and other new activities.

### Somerset Independent Schools

Beginning during the 2004-2005 school year, students and teachers at Somerset Independent schools will find beverage vending machines stocked with only water, milk products, or 100 percent juice and snack vending machines stocked only with items that meet the criteria of no more than 6 grams of fat





and/or no more than 40 percent added sugar by weight. Additionally, school-sponsored fund-raisers will be required to offer non-food items or healthy foods, and teachers will be expected to give out only non-food rewards in the classroom. Parents who provide food for birthday and holiday parties will be strongly encouraged to bring in healthy treats. Cafeterias in the three schools will serve more fruits and vegetables and fewer desserts as well. Increasing physical activity is next on the agenda for the school health and wellness committee.

#### Warren County School Food Service

Through local school districts and the Kentucky School Food Service Association, School Food Service Directors are using successful, creative approaches to offer good nutrition to Kentucky students. The efforts in Warren County have received national recognition with a 5-A-Day award. Warren County schools were early adopters of milk machines and demonstrated that the machines could be self-supporting and popular among students and staff.



#### Wayne County Growing Healthy Kids Coalition

This coalition meets monthly and has several committed partners. They have collected 6<sup>th</sup> grade height and weight data and work closely with local Registered Dietitians and school systems. In cooperation with the Family Resource Center and local churches, the coalition sponsors a backpack program to combat hunger. Each Friday, 50 students at 4 schools receive a backpack of food for the weekend. The coalition distributes monthly recipe and physical activity cards to preschoolers through sixth grade students. The 2,400 cards are supported by funds from Extension Homemakers and the South Kentucky Rural Electric Cooperative. The USDA Summer Feeding Program coordinated with the Extension Health Educator to host 16 free swim nights for over 1,000 family members. In fall 2004, the 7<sup>th</sup> annually Wayne County Youth Empowerment Conference will host 100 youth and adults who will participate in workshops and gather ideas on nutrition, physical activity, and substance abuse.

#### Whitley County Diabetes Education

The Whitley County health department recently teamed up with a local school to assist diabetic students in the dietary management of their diabetes. A representative from the health department taught a class on carbohydrate counting, measuring correct serving sizes, and identifying carbohydrates to school lunchroom and support staff. Additionally, nutrition staff at the health department analyzed school menus to determine how many carbohydrates each diabetic student could have. The end result of this collaboration was improved glucose control for the diabetic students. The program was so successful that the health department plans to expand it to include two more schools by the end of the year.

*Daviess, Hardin, Jefferson, and Mercer County* School Food Service Directors have been active participants at the local, state, and national level to ensure that school meals support healthy weight initiatives.



---

These success stories offer a wealth of ideas about how to improve health in the Commonwealth. If we are to succeed in curbing the obesity epidemic, practices such as those detailed here will need to be implemented in all 120 Kentucky counties. By working to make families, communities, and our environment more conducive to a healthy weight, we can help individuals - both young and old.

## Tools for Schools

In August 2004, regional forums addressing the obesity epidemic were held across the state of Kentucky in Lexington, Hazard, Owensboro, Bowling Green, Louisville, Somerset, Ashland, Paducah and Union (Boone County). Approximately 1,300 Kentucky citizens provided input through small and large work group sessions by addressing key interventions as outlined by the Kentucky State Nutrition and Physical Activity Programs for the Prevention of Obesity and other Chronic Diseases Grant.

These key interventions are:

- Increased fruit and vegetable consumption,
- Increased breastfeeding initiation and duration,
- Increased physical activity,
- Increased parental involvement,
- Other dietary changes, and
- Decreased computer and television screen time.



There was a strong consensus throughout the regions about interventions needed in schools to address the obesity issue. The top two priorities in all nine regions were as follows:

- Mandatory PE K-12/more organized recess (**#1 in all 9 forums**)
- Increase healthy choices in vending machines/Increase fruit and vegetables in vending machines/ Legislative policies for vending machines (**priority at 7 of 9 forums**)

Other priorities suggested by the participants include:

- Promote different choice of healthy foods in school
- Eliminate fast food in schools
- Have an RD/Nutritionist plan school meals
- Provide non-food rewards for kids in schools
- Full time nurses in all schools as liaisons to parents
- Nutrition education in all schools K-12
- Include wellness component in ALL school improvement plans including in-school and after-school intramural activities available to all students.



These priorities will be addressed in the Kentucky Obesity Prevention State Action Plan, which will be submitted to CDC for approval in early 2005.



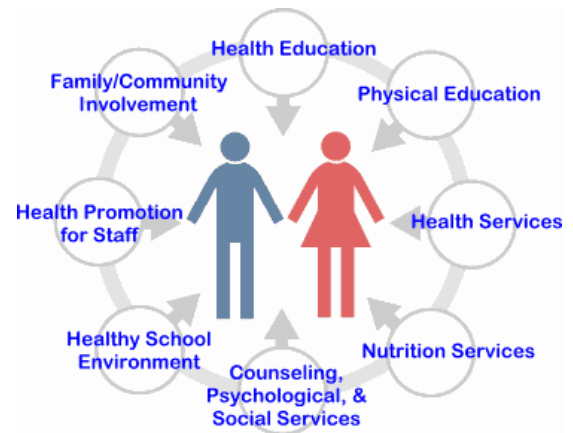
## Coordinated School Health Programs

A Coordinated School Health program is a model consisting of eight interactive components that address the serious health and social problems facing today's youth. Some states use the term "comprehensive" instead of "coordinated", but the components and goals are similar despite the varied terminology. In this national model, schools serve as a critical facility in which various agencies can work in concert to improve the well being of young people. The eight components include health education, physical education, health services, nutrition services, health promotion, counseling, environment, and family and community.

### The Eight Components of a Coordinated School Health Program

For most schools, a coordinated school health program represents an educational innovation. Successfully implementing an innovation depends on both those charged with the implementation and on characteristics of the innovation itself. The characteristics of an innovation that are most consistent with successful adoption or implementation are:

- Relative advantage: Is the new idea, practice, or product better than what was in place before?
- Compatibility: Is it consistent with existing values, past experiences, and needs?
- Complexity: Is it perceived as difficult to understand and use?
- Trialability: Can it be tried on a limited basis?
- Observability: Are the results of implementing it visible?



Schools can develop step-by-step strategies to promote and implement coordinated school health programs by first assessing such programs using these five characteristics.

In order to successfully implement a coordinated school health program, individual schools must work together with school districts. Schools and school districts have very specific roles in the implementation process. Below is a list of steps schools and school districts must consider when implementing a coordinated school health program.

Individual schools should do the following:

- Establish school-based leadership,
- Identify key stakeholders,
- Establish a Healthy School Team and select a coordinator,
- Get "buy-in" from other school-site staff,
- Establish a common language,
- Set up a safety net,
- Map existing school-based and community-based resources,
- Identify student, family, and staff needs,
- Identify programmatic needs,



- Develop an implementation and coordination plan, and
- Identify existing and potential sources of funding.

School districts should do the following:

- Secure district-level leadership,
- Establish a broad-based advisory council,
- Identify supports and challenges in the broader school community,
- Develop supportive board policies, and
- Train district and community advocates to market the program.

The creation of a school health committee/team is a critical link in addressing school health issues, including obesity. This group should be comprised of school staff, students, parents and community leaders. It is encouraged to use current committees and structures to form /expand this entity. Tasks of the school health committee/team might include data collection and analysis of health issues and student achievement (eg., School Health Index, surveys), devising effective strategies and/or a plan for improvement, compiling and maintaining current resources, seeking additional funding opportunities for needed programs, reviewing and adopting school health policies and fostering collaborative partnerships within the school and community to support academic achievement and learning. While this committee/team may not be responsible for implementing each action, they serve as the advisory group for a host of school health issues.



## School Health Index

The School Health Index, developed by the Division of Adolescent and School Health of CDC, is a self-assessment and planning tools that individual schools and school districts can use in the development of a Coordinated School Health program at their institutions. The School Health Index is a step-by-step inventory that enables users to identify the strengths and weaknesses of current school policies and programs regarding health and safety, create an action plan to improve the health and safety of students, and involve the community in addition to parents, teachers, and students in improving school policies, programs, and services. The three steps involved in the School Health Index are completing a self-assessment; identifying and prioritizing recommended actions to improve performance, and finally execution of a School Health Improvement Plan to implement the recommended actions. For more information, visit [www.cdc.gov/HealthyYouth/SHI](http://www.cdc.gov/HealthyYouth/SHI) .



## Information and Resources

### Goals for Healthy Kentuckians 2010

The following goals from the Kentucky Department for Public Health are particularly relevant to the goal of helping young people achieve a healthy weight.

- To increase to at least 20 percent the proportion of young people in Grads K-12 who engage in moderate physical activity for at least 30 minutes on five or more of the previous seven days. Increase the proportion of the state's public and private elementary, middle/junior high, and senior high schools that provide access to their physical activity spaces and facilities for young people and adults outside of normal school hours. (i.e., before and after the school day, on weekends, and during summer and other vacations.)
- Reduce to 5 percent or less the prevalence of overweight and obesity (at or above the sex- and age-specific 95<sup>th</sup> percentile of BMI from the revised NCHS/CDC growth charts) in children (aged 1-5 and 6-11) and adolescents (aged 12-19).
- Increase to at least 40 percent the proportion of people age 2 and older who meet the *Dietary Guidelines'* minimum average daily goal of at least five servings of vegetables and fruits.
- Increase to at least 80 percent the proportion of children and adolescents 6 to 19 years of age whose intake of meals and snacks at school from all sources contributes proportionally to good overall dietary quality.
- Increase to 100 percent the number of Kentucky's elementary, middle/junior and senior high schools that require the equivalent of 1 full year of health education.
- Implement effective health education curricula in Kentucky's elementary, middle/junior and senior high schools addressing the 6 risk behavior areas that are the leading causes of morbidity and mortality among youth.
- Implement effective health education curricula addressing Body Weight and Nutrition (how students feel about their weight; what, if anything, students are doing to control their weight; how often students eat healthy foods and foods with limited nutritional value).
- Implement effective health education curricula addressing Physical Activity (how often students engage in physical activities improving or maintaining aerobic capacity, flexibility and muscle strength; school-based physical activities including physical education classes and team sports).



- Increase the CATS (Commonwealth Accountability Testing System) Practical Living area of assessment to 14 percent to be equivalent to other academic areas at all grade levels.
- Increase to at least 75 percent the proportion of mothers who breastfeed their babies in the early postpartum period; to at least 50 percent the proportion who continue breastfeeding until their babies are six months old; and to at least 25 percent the proportion who breastfeed until their infants are one year old.

## Resources

**Action for Healthy Kids Task Force:** The Kentucky team consists of a national affiliate and the former Lt. Governor’s Task Force on Nutrition and Fitness for Children. [www.ActionforHealthyKids.org](http://www.ActionforHealthyKids.org)

**American Dietetic Association:** A national organization representing 75,000 Registered Dietitians. To download a copy of the online resource *Healthy Habits for Healthy Kids*, go to [http://www.unicare.com/bus\\_unit/Healthy\\_Living/HealthyHabits/index.html](http://www.unicare.com/bus_unit/Healthy_Living/HealthyHabits/index.html). ([www.eatright.org](http://www.eatright.org))

**Bright Futures:** Promotes and improves the health, education, and well-being of infants, children, adolescents, families, and communities. <http://www.brightfutures.org>.

**CATCH PE:** Promotes children’s enjoyment and participation of moderate-to-vigorous physical activity (MVPA) during PE classes, recess, and extra-curricula activities. CATCH PE provides a variety of developmentally appropriate activities emphasizing movement concepts and motor skills to ensure an active lifestyle. 800-734-2093. [www.NHLBI.NIH.GOV](http://www.NHLBI.NIH.GOV) (Enter Catch Physical Education in Search Box) or [www.sph.uth.tmc.edu/CATCH](http://www.sph.uth.tmc.edu/CATCH).

**Children and Weight, What Communities Can Do:** Offers a tool kit designed to respond to the increasing problem of childhood obesity by bringing people together and mobilizing local resources. [http://nature.berkeley.edu/cwh/activities/child\\_weight2.shtml](http://nature.berkeley.edu/cwh/activities/child_weight2.shtml)

**Clover Cat Way to Wellness:** Helps youth achieve good physical and mental health. Each level of the program includes CATSkills on choosing healthy foods, activating your life, and taking time to be well. <http://www.ca.uky.edu/agcollege/4h/clovercat/INDEX.HTM>

**Coordinated School Health Programs at CDC:** Offers a model of eight interactive components. [www.cdc.gov/HealthyYouth/CSHP/index.htm](http://www.cdc.gov/HealthyYouth/CSHP/index.htm)

**Coordinated School Health Programs – Kentucky Department of Education (KDE):** Presents information on coordinated school health programs from the Kentucky Department of Education. [www.education.ky.gov/KDE/Administrative+Resources/School+Health/Components+of+Coordinated+School+Health+.htm](http://www.education.ky.gov/KDE/Administrative+Resources/School+Health/Components+of+Coordinated+School+Health+.htm)

**Curriculum Maps and Units of Study for Heart Health from KDE:** Offers a curriculum map and twenty standards-based units of study for all grade levels and from all regions of the state. [www.education.ky.gov/KDE/Administrative+Resources/School+Health/PANT+Curriculum+Map+and+Units+of+Study.htm](http://www.education.ky.gov/KDE/Administrative+Resources/School+Health/PANT+Curriculum+Map+and+Units+of+Study.htm)



**Eat Smart Play Hard:** Offers a national nutrition and physical activity education and promotion campaign designed to convey science-based, behavior-focused and motivational messages about healthy eating and physical activity. The campaign focuses on four basic themes and includes messages related to each theme: breakfast, snacks, balance, and physical activity. For more information, contact: Jane Mandell at 703-305-2127 or email at [Janet.Mandell@fns.usda.gov](mailto:Janet.Mandell@fns.usda.gov).

**Fit Classrooms:** Shares the Northern Kentucky Health Department's response to the rising rates of obesity in today's children: a program encouraging elementary children to lead healthier lives <http://www.fitclassrooms.com>

**Fit, Healthy & Ready to Learn:** Offers a guide designed to help educators establish effective policies that promote high academic achievement and lifelong healthy habits. It includes guidance on general school health policies and program development, as well as specific information on physical education program design, safety requirements, food service programs, and smoking cessation services. The book is distributed as a set of finder contents for ease of use and future expansion. [www.nasbe.org/NASBE\\_bookstore/SAFE\\_Healthy.html](http://www.nasbe.org/NASBE_bookstore/SAFE_Healthy.html)

**FitLouisville:** Describes a Louisville-based organization that encourages residents to engage in regular physical activity for improved health and weight management. [www.fitlouisville.com](http://www.fitlouisville.com)

**Food for Thought:** Presents a document published by the Lexington-Fayette County Health Department designed to improve the nutrition environment in our schools. <http://www.lexingtonhealthdepartment.org/templateall.asp?id=97&hid=&eid=&did=>

**Foundation for a Healthy Kentucky:** Describes a foundation dedicated to addressing the unmet healthcare needs of Kentuckians. [www.healthyky.org](http://www.healthyky.org)

**Growing Healthy Kids in Kentucky:** Presents details about the annual conference and online resources to reduce childhood overweight through community action. [www.ca.uky.edu/fcs/healthykids](http://www.ca.uky.edu/fcs/healthykids)

**Health Education through Extension Leadership (HEEL):** Resources include maps and county health related data plus educational programs. [www.ca.uky.edu/fcs/HEEL](http://www.ca.uky.edu/fcs/HEEL)

**Healthy Kentuckians 2010:** Presents Kentucky's commitment to the national prevention initiative Healthy People 2010. Call 502-564-9592 for a copy. [http://chs.state.ky.us/publichealth/healthy\\_ky\\_2010.htm](http://chs.state.ky.us/publichealth/healthy_ky_2010.htm)

**Healthy Kids Challenge:** Details a step-by-step guide that involves School Administrators and Board Members, Teachers, School Food Directors, Family, Children, and Community Partners to build healthy communities. The majority of the activities is written for Grades K-5<sup>th</sup>, but is adaptable for younger and older children alike. [www.healthykidschallenge.com](http://www.healthykidschallenge.com)

**Heart Adventure Challenge Course:** Presents a fantastic journey allowing children to move through the four chambers of the heart in a larger-than-life setting. This specifically designed fitness course encompasses more than just physical activity; it is a science lesson on the move where students acquire a general understanding of the heart, as well as the importance of exercise in maintaining a healthy lifestyle. Information can be found at 800-327-0484. [www.us-games.com](http://www.us-games.com)



**Kentucky Association of Physical Health Education Recreation Dance (KAPHERD):** Supports the needs of professionals in these fields who work to improve the quality of life for citizens. <http://www.kahperd.com>

**Kentucky Cardiovascular Health Program:** Details a state program designed to improve the cardiovascular health of Kentuckians through changes in legislation and the local environment. [www.chs.ky.gov/publichealth/cardiovascular.htm](http://www.chs.ky.gov/publichealth/cardiovascular.htm)

**Kentucky Child Now:** Outlines a non-profit organization whose mission is to educate, mobilize and empower Kentuckians to improve the well-being of children. [www.kychildnow.org](http://www.kychildnow.org)

**Kentucky Cooperative Extension Offices:** Presents a listing of statewide cooperative Extension offices in Kentucky. County Extension Agents and Program Assistants for Family and Consumer Sciences, 4-H and Youth Development, and Agriculture and Natural Resources are great program partners. [www.ca.uky.edu/county/](http://www.ca.uky.edu/county/)

**Kentucky Department of Agriculture:** Provides leadership for the Farm-to-School program linking Kentucky farmers and school food service operations, and educational information about food production through Ag in the Classroom. <http://www.kyagr.com/>

**Kentucky Department of Education School and Community Nutrition:** Displays the home page for the School and Community Nutrition division of the Kentucky Department of Education. [www.education.ky.gov/KDE/Administrative+Resources/Nutrition+Services/default.htm](http://www.education.ky.gov/KDE/Administrative+Resources/Nutrition+Services/default.htm)

**KDE Health Services Reference Guide:**  
[http://www.education.ky.gov/KDE/Administrative+Resources/School+Health/Health+Services+Reference+Guide+ percent28HSRG percent29.htm](http://www.education.ky.gov/KDE/Administrative+Resources/School+Health/Health+Services+Reference+Guide+percent28HSRG+percent29.htm)

**Kentucky Diabetes Network:** Represents a statewide network of individuals and organizations committed to improving diabetes outcomes in Kentucky with an emphasis on prevention. <http://chs.ky.gov/publichealth/diabetes.htm>

**Kentucky Dietetic Association:** Represents Kentucky food and nutrition professionals serving the public by promoting optimal nutrition, health and well-being. <http://www.kyeatright.org>

**Kentucky Education Reform Act:** Displays the Kentucky Education Reform Act's goals and academic expectations. [http://www.education.ky.gov/cgi-bin/MsmGo.exe?grab\\_id=20409988&EXTRA\\_ARG=&host\\_id=1&page\\_id=934&query=KERA+goals&hiword=KERA+GOALS](http://www.education.ky.gov/cgi-bin/MsmGo.exe?grab_id=20409988&EXTRA_ARG=&host_id=1&page_id=934&query=KERA+goals&hiword=KERA+GOALS)

**Kentucky Fit WIC:** Presents nationally developed education materials from other USDA Obesity grant states provided in a tote bag to use for group education on physical activity for families and children. The materials were developed as part of USDA Obesity grants and were focus tested by states. Contact Dianna Colson at 270-527-1496 or [DiannaJ.Colson@ky.gov](mailto:DiannaJ.Colson@ky.gov) for further information.

**Kentucky Health Departments:** Offers a listing of local health departments throughout Kentucky. Nutritionists and School Nurses are great program partners. <http://chs.ky.gov/publichealth/>





**Kentucky School Food Service Association:** Serves as a cohesive group of professionals dedicated to serving quality, nutritious meals as an integral part of the education of Kentucky students  
<http://www.ksfsa.org/>

**Kids Walk to School:** Describes a community-based program that aims to increase opportunities for daily physical activity by encouraging children to walk to and from school in groups accompanied by adults. At the same time, the program advocates for communities to build partnerships with the school, PTA, local police department, department of public works, and businesses to create an environment that is supportive of walking and bicycling to school safety. Information can be found at [www.cdc.gov/nccdphp/dnpa/kidswalk](http://www.cdc.gov/nccdphp/dnpa/kidswalk)

**Leadership for Active Living:** Details a community-based initiative that encourages members to integrate physical activity into daily routines.  
[www.leadershipforactiveliving.org/LALInitiativesinKy.htm](http://www.leadershipforactiveliving.org/LALInitiativesinKy.htm)

**Loving Support:** encourages breastfeeding.  
[http://www.nal.usda.gov/wicworks/Learning\\_Center/support\\_bf\\_kentucky.html](http://www.nal.usda.gov/wicworks/Learning_Center/support_bf_kentucky.html)

**National 5-A-Day Program:** Presents the national program designed to encourage all Americans to consume at least 5 fruits and vegetables each day. [www.5aday.gov](http://www.5aday.gov)

**Partnership for a Fit KY:** Describes the statewide coalition dedicated to the prevention of obesity and other chronic diseases. [www.fitky.org](http://www.fitky.org)

**PE4Life:** Presents the collective voice for promoting quality, daily physical education programs for America's youth. <http://www.pe4life.org/>

**President's Challenge:** describes the community-based program which encourages youth from ages 6-17 to begin and continue daily exercise and activity, to reach healthy levels of cardiovascular endurance, body composition, muscular strength/endurance, and flexibility. There are currently three different programs offered with the President's Challenge, Active Lifestyle Program, Physical Fitness Program, and Health Fitness Program. You may choose any of the three to promote in your community. [www.presidentschallenge.org](http://www.presidentschallenge.org)

**Rails to Trails:** Enriches America's communities and countryside by creating a nationwide network of public trails from former rail lines and connecting corridors. [www.railtrails.org](http://www.railtrails.org)

**School Health Index:** Outlines a program developed by the Division of Adolescent and School Health of CDC. It includes self-assessment and planning tools that individual schools and school districts can use in the development of a Coordinated School Health program at their institutions. The School Health Index is a step-by-step inventory that enables users to identify the strengths and weaknesses of current school policies and programs regarding health and safety, create an action plan to improve the health and safety of students, and involve the community in addition to parents, teachers, and students in improving school policies, programs, and services. <http://www.cdc.gov/nccdphp/dash/SHI/>

**Surgeon General's Call to Action:** Displays a document prepared by then Surgeon General David Thatcher on the epidemic of overweight and obesity in the United States and first steps in taking action. [www.ca.uky.edu/fcs/healthykids/PDF/Surgeon percent20General.pdf](http://www.ca.uky.edu/fcs/healthykids/PDF/Surgeon_percent20General.pdf)



**Take 10!:** Outlines a classroom-based curriculum for Grades K-5 that provides age-appropriate physical activity in 10 minutes segments. [www.take10.net](http://www.take10.net)

**The Obesity Epidemic, National Governor's Association Brief:** Presents a document prepared by the NGA Center for Best Practices on how states can combat the obesity epidemic. [www.ca.uky.edu/fcs/healthykids/PDF/NGA\\_percent20Issue\\_percent20Brief.pdf](http://www.ca.uky.edu/fcs/healthykids/PDF/NGA_percent20Issue_percent20Brief.pdf)

**U. S. Department of Agriculture:** Offers a Healthy Eating Index through the Center for Nutrition Policy and Promotion <http://www.usda.gov/cnpp/> and team nutrition <http://www.fns.usda.gov/tn/> .

**VERB Summer Scorecard Program:** Describes a program to encourage physical activity in Lexington youth. [www.verbsummerscorecard.com](http://www.verbsummerscorecard.com)

**VERB It's What You Do from CDC:** Describes this campaign which encourages young people ages 9-13 years (tweens) to be physically active every day. [www.cdc.gov/youthcampaign/](http://www.cdc.gov/youthcampaign/)

**Wildcat Way to Wellness:** Presents a personal approach to better health for Kentuckians. The programs are designed to help you find better ways to take care of yourself, your family, and your community. [www.ca.uky.edu/fcs/wildcat](http://www.ca.uky.edu/fcs/wildcat)

**Youth Risk Behavior Surveillance System:** Presents the CDC's survey developed in 1990 to monitor priority health risk behaviors that contribute markedly to the leading causes of death, disability, and social problems among youth and adults in the United States. [http://www.cdc.gov/healthyyouth/yrbs/about\\_yrbss.htm](http://www.cdc.gov/healthyyouth/yrbs/about_yrbss.htm)



## References

- Action for Healthy Kids. The Learning Connection, The Value of Improving Nutrition and Physical Activity in Our Schools, 2004. [www.ActionforHealthyKids.org](http://www.ActionforHealthyKids.org)
- Kentucky Department of Public Health and University of Kentucky Prevention Research Center. *Kentucky Obesity Epidemic 2004*. [www.fitky.org](http://www.fitky.org)
- Kolbe, L.J. Education Reform and the Goals of Modern School Health Programs. *The State Education Standard*. Autumn 2002. pp. 4-11.
- Institute of Medicine, Preventing Childhood Obesity: Health in the Balance. Koplan, J.P., Liverman, C.T., Kraak, V.I., Editors. Committee on Prevention of Obesity in Children and Youth, Food and Nutrition Board, 2004. [www.nap.edu](http://www.nap.edu)
- Marx, E and Wooley, SF. *Health Is Academic: A Guide to Coordinated School Health Programs*. Teachers College Press. New York, NY. 1998.
- The Office of the Surgeon General. *The Surgeon General's Call to Action to Prevent and Reduce Overweight and Obesity*, 2001. <http://www.ca.uky.edu/fcs/healthykids/PDF/Surgeonpercent20General.pdf>
- Tietzen, J., Boosalis, M., Clasey, J., Ringley, K., Henry, S. *Kentucky Children at Risk: The War on Weight*. Position Paper, Lt. Governor's Task Force on Nutrition and Fitness for Children, 2001. [www.ca.uky.edu/fcs/healthykids](http://www.ca.uky.edu/fcs/healthykids)

The development and printing of this document was funded by the  
Kentucky Cabinet for Health and Family Services.





# Growing Healthy Kids

I N K E N T U C K Y  
*Creating Communities to Reduce Childhood Overweight*

**September 25, 2002**

- 9:00 - 9:15 Welcome  
*Janet Tietyen, University of Kentucky*  
*Emma Walters, Kentucky Department for Public Health*
- 9:15 - 9:30 Planting the Seeds to Grow Healthier Kids Video  
*Carolyn Dennis, Lexington-Fayette County Health Department*
- 9:30 - 10:00 Kentucky Kids at Risk - Making a Case for Grassroots Action  
*Janet Tietyen, Kentucky Cooperative Extension Service*
- 10:00 - 10:15 Break & Exhibits
- 10:15 - 10:45 The Nutrition & Health Environment in Kentucky Schools  
*Emma Walters, Kentucky Department for Public Health*
- 10:45 - 11:15 Vending Machine Foods & Food Rewards - What Is and What Could Be  
*Anita Courtney, Lexington-Fayette County Health Department*
- 11:15 - 11:45 Activity for Healthy Kids - Barriers and Possibilities  
*Connie Shackelford, Kentucky Department of Education*
- 11:45 - 12:15 Activity in the Classroom  
*Jennifer Embry, Cardiovascular Health Coordinator*
- 12:15 - 12:45 Lunch & Keynote Address:  
*Lt. Gov. Steve Henry, M.D., Task Force on Nutrition & Fitness*
- 12:45 - 1:15 Managing a Healthy School Food Service  
*Sylvia Moore, Director, Mercer County School Food Service*
- 1:15 - 1:45 A School & Community Environment to Grow Healthy Kids  
*Barbara Donica, Kentucky Department of Education*
- 1:45 - 2:00 Don't Tie Yourself in Knots: Yoga for You  
*Anita Courtney, Lexington-Fayette County Health Department*
- 2:00 - 2:30 Break & Exhibits
- 2:30 - 3:00 Collaborating with Your School Board and Site-Based Decision-Making Council, *Jackie Walters, Registered Dietitian & Parent*
- 3:00 - 3:30 What Parents Can Do: Creating Healthy Communities, Schools, & Homes  
*Sandra Bastin, Kentucky Cooperative Extension Service*
- 3:30 - 4:00 Grassroots Action Plan for Creating Healthy Communities
- 4:00 - 4:30 Meeting Evaluation & Wrap-Up





# Growing Healthy Kids

I N K E N T U C K Y  
Creating Communities to Reduce Childhood Overweight

## Kentucky Success Stories

**A day of education and training offered by the Kentucky Dietetic Association, with continuing education for Registered Dietitians, Certified Nutritionists, Registered Nurses, Certified Health Education Specialists, School Food Service Personnel, Administrators, Teachers, and County Extension Agents and Extension Program Assistants.**

**November 5, 2003**

8:30 - 8:45	Welcome & Conference Overview - Anita Courtney & Janet Tietyen
8:45 - 9:15	Helping Kids & Families with Weight Concerns - Patti Geil & Tami Ross
9:15 - 9:45	And Who Says Kids Won't Eat Vegetables? - Doris Pruitt
9:45 - 10:00	BREAK
10:00 - 10:30	Creating Active Communities - Rodney Kirtley
10:30 - 11:15	The New PE - PE4Life - Debby Neel
11:15 - 11:30	ACTIVITY BREAK - Jennifer Wyatt
11:30 - Noon	Great School Meals - Janey Thornton
Noon - 1:30	Lunch & Exhibits
1:30 - 2:15	Break Out Session I
2:30 - 3:15	Break Out Session II
3:30 - 4:15	Break Out Session III
4:15 - 5:00	Evaluation & CE Certification

### Break Out Topics:

- Negotiating a Win-Win School Vending Contract - Anita Courtney & Roger Kirk
- Bringing Milk Machines to Your School - Kathy Belcher
- School Salad Bars & Kentucky Farm-to-School Program - Lisa Sims & Jim Mansfield
- Soy Goes to School - Sylvia Moore with Jaime Morgan & Carolyn Royalty
- Active Kids in Kentucky - Panel on the New PE in Kentucky Schools - Jennifer Wyatt, Moderator
- Success Stories from Kentucky Coalitions - Janet Tietyen, Moderator
- The Language of Schools - Talk to Teachers About Your Program - Carol Hanley
- Sleep & the Student - How Sleep Affects Healthy Weight - Kentucky Sleep Society - Kathryn Hansen & Mary O'Sullivan
- You Do the Math - How To Do BMI Surveys in Your School - Anita Courtney





# Growing Healthy Kids

I N K E N T U C K Y  
*Creating Communities to Reduce Childhood Overweight*

## Conference Co-Chairs:

Janet Tietyen, University of Kentucky, Kentucky Cooperative Extension Service  
Wendy Carlin, Kentucky Department for Public Health, Partnership for a Fit KY

## November 4, 2004

- 7:00 – 8:00 a.m.      Registration & Continental Breakfast
- 8:00 – 8:30            Welcome & Opening Remarks  
Kathy Rapp, Kentucky Dietetic Association  
Gerald Sturgeon, Kentucky Pediatric Society
- 8:30 – 9:30            Solution to the Problems – Parents, Schools, Communities  
Jan Ritter, R.D., The Borden Center for Nutrition & Wellness, Columbus (OH)
- 9:30 – 10:00          Building Public Support for Personal Fitness  
David Allen, Fit Louisville
- 10:00 – 10:30        Physical Activity/Exhibits (Funk Aerobics)
- 10:30 – 11:00        Partnership for a Fit KY Update  
Wendy Carlin, KY Dept for Public Health
- 11:00 – 11:30        Kentucky Legislative Update & Call to Action  
Carolyn Dennis, Action for Healthy Kids Task Force
- 11:30 – 11:45        Physical Activity (Dyna Band Dance)
- 11:45 – 1:00 p.m.    Lunch & Exhibits
- 1:00 – 2:00            Marketing Fruits & Vegetables to Kids  
Barbara Berry, Produce for Better Health Foundation
- 2:00 – 3:00            VERB Summer Scorecard – Making Communities Active for Tweens  
Anita Courtney, Lexington Fayette County Health Department
- 3:00 – 3:15            Grab'n'Go Snack  
Rayona Baker, Gordon Food Service
- 3:30 – 4:15            LEAP for Health – Literacy, Eating, and Activity for Preschoolers  
Denise Rennekamp, Health Education through Extension Leadership, UK
- 4:15 – 5:15            Reframing the Battle against Obesity: Fit WIC Kentucky  
Dianna Colson, Kentucky Dept. for Public Health
- 6:00 – 8:00 p.m.    Kentucky Foods Dinner at Spindletop Hall – Healthy Cooking Demonstration





# Growing Healthy Kids

I N K E N T U C K Y  
Creating Communities to Reduce Childhood Overweight

**November 5, 2004**

- 7:00 – 8:00 a.m. Registration & Continental Breakfast
- 8:00 – 8:15 Welcome & Opening Remarks  
Don Neel, Kentucky Medical Association
- 8:15 – 8:30 Weight-Related Assessment and Management Tools for Youth  
Maria G. Boosalis, University of Kentucky, Division of Clinical Nutrition
- 8:30 – 8:45 The Governor's Initiative ~ Get Healthy Kentucky!  
Secretary James Holsinger, Cabinet for Health & Family Services
- 8:45 – 9:15 Break & Physical Activity/Exhibits (Yoga)
- 9:15 – 10:00 Watching Weight Trends – Bring in the R.D.  
Debbie Fillman Green River Health Department
- 10:00 – 10:45 Getting Kids off the Couch – Bring in the Activity  
Jody Clasey, University of Kentucky, College of Education
- 10:45 – 11:15 Physical Activity/Exhibits (Line Dancing)
- 11:15 – Noon Preventing & Controlling Complications – Bring in the Specialist  
Donna Foster, Center for Eating & Weight Disorders
- Noon – 12:30 p.m. Evaluation & Wrap-Up

## **Fourth Annual Conference November 3-4, 2005**

*Mark your calendars for next year's conference.  
We'll focus on tools to help parents and families  
achieve a healthy weight.*



# *Notes*

