

**Seminars on Adolescent Health: Nutrition and Physical Activity, Part II**

**August 27, 2003**

**TRINA ANGLIN:** Welcome to the Maternal and Child Health Bureau office of adolescent health webcast, nutrition and physical activity part 2. Our final webcast in a series of four seminars on adolescent health which is a part of the national initiative to improve adolescent health. Based on people, critical health objectives and is co-facilitated by CDC's division of adolescent and school health and our office of adolescent health. The audience is composed largely of the state adolescent health coordinators and state directors of health, physical education and recreation. Technical support for our webcast is provided by the center for the advancement of distant education, CADE, from the University of Illinois at Chicago. I am Trina Anglin, from the Office of Adolescent Health, and will serve as moderator.

Before I introduce our distinguished panel, I would like to review some technical information.

You will see power point slides on your computer screens and hear the voices of the panel.

Slides will appear in the central window and should advance automatically.

The slide changes are synchronized with the speaker's presentations.

You do not need to do anything to advance the slides.

You may adjust the timing of the slides changes to match the audio by using the slide delay control at the top of the message window.

We encourage you to ask the speakers questions at any time during the presentation.

Simply touch your question in the white message window on the right of the interface, select question for speaker from the drop down menu and hit send. Please include your state or organization in your message so we know from where you are participating.

The questions will be relayed to the me throughout the broadcast.

The panel will respond to your questions during the discussion period which follows the three presentations.

If we don't have the opportunity to respond to your question during the broadcast, we will e-mail you an answer afterwards.

Again, we encourage you to submit questions at any time during the broadcast.

On the left of the interface is the audio control.

You can adjust the volume of the audio using the volume control slider which you can access by clicking on the loud speaker icon.

Those of you who selected accessibility features when you registered will see text captioning underneath the audio control window.

At the end of the broadcast, the interface will close automatically and you will have the opportunity to fill out an on-line evaluation.

Please take a couple of minutes to do so.

Your responses will help us to plan future broadcasts in this series and improve our technical support.

So at this point, we are ready to roll.

Our first panelist is Dr. Howell Weschler, chief of research application branch, division of adolescent and school health at the centers for disease prevention, for control and prevention.

Howell will discuss tools for schools to promote physical activity and healthy eating.

Remember that you can type in questions at any time during his presentation.

Howell.

**HOWELL WECHSLER:** Thank you, Trina.

Good afternoon, everyone.

I have been asked to try to turn you on to resources that might be available for you if you were interested in working through schools to promote physical activity and healthy eating.

The good news is, we have a lot of resources that are available and many of them have only been developed in the last two or three years.

A Surge of activity in this area.

The bad news is there are lots of resources available, so we are going to go on a whirlwind tour of different things available and I'll be telling you a little bit about a lot of different things, but the good news is that on each of your slides where you see resources there will be website addresses so you'll be able to go to the source and find out much more detail about each of these resources. I will be pointing out both federal agency documents and documents put out by non-governmental organizations, and I do not mean to endorse or promote any particular private organization documents.

We just want you to know what's available out there and what are some widely, some tools that are widely accepted in the field.

We can go to the second slide.

You'll see what we like to think of as really the foundation documents for this field.

CDC guidelines for school health programs, promoting lifelong physical activity, one that's about promoting lifelong healthy eating.

What these lay out are based on a rigorous review of scientific evaluations is a vision of a comprehensive approach.

The big picture of what schools ought to be doing on a variety of fronts to make a difference on these risk factors.

These documents, they are scientific documents, and they are quite useful for federal staff or state agency staff or academics, but not useful at the school level.

They are, however, the foundation we think of most of the documents that will follow.

On the next slide you'll see a way we have tried to summarize, to make the wide variety of recommendations in the guidelines manageable and so apologies to David Letterman, the top ten list for priority actions for schools to take to promote physical activity and healthy eating.

Agenda for action.

I'm going to use this as the framework in which to describe the different resources that are available there.

Obviously each of these ten priority actions involves many, many actions, and you can get more information on that on the website that's listed there.

So let's go through the top ten, and start with the first one, which is integrate with coordinator school health program, slide four now, many of you, I hope, are familiar with the eight component model of coordinated school health, standard for our field, really there to help schools make more rational use of resources and have everyone working together to reinforce and support healthy messages and a healthy environment.

So it's to make our efforts in school health effective and efficient.

So if you want to learn more about how you can integrate with a coordinated school health program, let's look at the next slide, and you see a text called health is academic.

A guide to coordinated school health programs.

That's kind of at this moment the Bible of our field.

It describes in detail how each of the components fits into the whole of coordinated school health, and provides real life examples of how the process works.

On the right you see the organization that produced healthy academic, EDC, education development center, has a website with more information and up to date resources so you can stay on top of coordinated school health and get good guidance on it.

The next slide shows you some implementation guides.

This is the step by step series from the publisher ETR.

There are documents that have step by step to coordinated school health, to health promoting schools, these are done by leading experts in the field and again, if you want a very solid grounding on how to go about implementing school health, these would be good places to start.

Next slide has two very exciting recently developed products, because maybe you understand the concept of coordinated school health and you can handle the implementation, the real challenge is rallying support for it.

These two resources developed with CDC support help you make the case.

The first is a slide show that was developed.

This makes what's really the most powerful case to support school health programs, and that is the connection.

It identifies the research base on the connection between health and student achievement, and you can obtain it through that website.

Then they and their counter parts, council of chief state school offices, education superintendents in each state, their association, developed a packet called why support a coordinated approach to school health, fact sheets, case studies, CD rom, they can help you make the case and educate people about the importance of coordinated school health.

On the next slide, we'll get into the second item in the top ten list, self-assessment and planning process.

We have at CDC have developed a tool that we think is quite effective in helping schools do that.

The school health index.

It's a checklist that schools use first to identify the strength and weaknesses of their health promotion policies and programs, sort of compares where they are at with the high standards set forth by the CDC guidelines.

Most importantly, after identifying the strength and weaknesses, it funnels them into a process where they develop an action plan.

It helps them prioritize.

A great way to involve teachers, parents, students, the whole community in improving school programs.

It's user friendly and it's widely used in schools in many, many states across the nation.

So that's a primary resource for the second key area of self-assessment and planning.

The next slide shows how one group in Louisiana has adapted this and made on-line interactive tool from it.

Folks are doing something similar in Michigan and many different states, coming up with their own adaptations to make it more interactive and powerful tool.

So you can check in with us and see if anyone in your state is working with it.

On the next slide we get to the third item in the top ten, that is reviewing your school health policies, and there is an ideal tool that will get you going on that.

Fit, healthy and ready to learn.

It was produced with CDC support by the national association of state boards of education, and it is a document that includes ideal policies that schools might implement in the formal language of policies for educational systems, and it's useful at the state level, district level, school level, and the focus is on physical activity, nutrition and tobacco.

If you really are interested in working on a school policy, that same organization has come out with another document called how schools work and how to work with schools which is really a great primer for anyone who is trying to influence the education policy process.

You can access that through the same basic website there.

The next slide shows a tool out of California, the California center for health improvement.

It's called health policy coach.

This is good for more than just educational interventions.

They have guidance on policies related to health care and the work setting, the environment, but they also have prevention focus policies that are oriented to schools.

They provide background information, the policy language itself, effectiveness data, more resources, and they also have guidance on how to go about bringing policy change to your community.

They have policy guidance on each of the eight components of coordinated school health, in particular, they have excellent policy guidance on physical education, breakfast program, eating options and the like.

A powerful resource.

The next slide shows what I think is one of the missing links for making change in schools, tapping into the genius of the young people, the students.

These are two wonderful tools that have been developed to help people, whether it's in a class setting or after school club, but to help involve students in understanding the role that the environment plays in shaping the behavior of themselves and their peer, and then advocating for change, and these focus in particular on the environment related to physical activity and nutrition.

They have a lot of activities and exercises that you can do with students to get them motivated to promote environmental change and policy change and so those are exciting documents.

On the next slide we go to item number four in the top ten list, and that is develop a school health council that is representative of different groups in the school community, and can come together and keep the attention of the school focussed on school health issues.

Our latest study shows about two out of three schools have the health councils, of course they have varying levels of effectiveness.

We are very lucky in that the American cancer society has stepped forward and taken a leadership role in helping promote the role of a school council and encouraged their volunteers to get involved in that.

They have put out the nice guide you see on the left, improving school health, and also a guide for describing what should be the role of a school health coordinator.

These are great assets and if you are working at a community level or a state level, getting involved with the cancer society would be quite helpful.

The cancer society worked with the Iowa department of health to produce the document on the right, which is a much, much more detailed manual really for how to organize a school health council.

The one on the left is brief.

But the one on the right is quite, quite detailed, and provides a lot of guidance on how to make your school health council effective, and to make a difference.

The next slide we get to item number five on the top ten list, making sure the kids in the classroom are benefiting from, and an effective research based health curriculum, it starts from the national health education standards which you see in front of you.

All the different disciplines in the school setting, math, science, social studies, they have developed standards that identify what students at particular grade levels should know and be able to do, and health is no exception.

These were developed in 1995, they really pushed the field towards a modern skills based approach, kids are not memorizing old facts, but learning skills about communication and self-management and decision making that really make a difference in helping them improve their health behaviors.

The next slide shows the cat there, it's an acronym for products that CDC is developing, curriculum analysis tools, coming out next year with one for physical education, and one for health education.

Self-assessment tools that integrate the key content for the most important health risks young people face with the skilled based approach.

This will be a meaningful way for schools and school districts and state agencies to assess the quality of their health and physical education curriculum, and make sure they are doing the best jobs possible and it will guide them towards making improvements.

Stay tuned for that.

That will be coming out next year.

The next slide shows some resources from a project from the council of chief state school offices, the state collaborative on assessment student standards, tools that help you assess whether students are mastering health education based on the courses they are being given, and assessment really drives instruction these days.

Everyone is teaching to the tests.

This is a way to help make sure that it's easier for people to have high quality health education tests and assessments available.

The next slide has some specific links to specific curriculum, people often ask whether there are specific things we recommend, and as a federal agency it's not

our place to do so, but some have been developed through national institutes of health funding and they have been rigorously evaluated.

The five a day program out of the national cancer institute, they have had a number of different interventions that have positive effects, they have put together a resource guide that pulls together a lot of the lessons they have learned and shares the insights from them.

The next slide shows a lot of resources, please, if you are doing any kind of nutrition education programming, really check in at that website.

They have developed a lot of fabulous materials so there's no reason to reinvent the wheel.

A lot of posters, brochures, lesson plans and the like that you can get from team nutrition and the U.S. department of agriculture.

Two others I want to mention, the next slide shows you the power of choice.

This was just recently released, for after school programs which is a really big growth area, although they tend to stress academics, it's a great opportunity to teach kids about nutrition.

A middle school set of lessons for middle schools that have been well tested and very attractively designed, available to schools through the food service programs.

Next piece on curriculum is one that is not out yet, I'm giving you a sneak preview.

Media smart, youth fitness and fun.

I wanted to mention it to you.

It's for middle schools and middle school age kids, after school setting, it goes at the physical activity and nutrition issue from the angle of media literacy, trying to teach the kids media skills so they can fend off the influence, the marketing influences that are trying to push them into areas we probably wouldn't want them to go.

The next slide shows the sixth area, staff wellness programs.

Many feel this may be the single most important area that we can work in to improve the health of the students as well as the staff.

When we get the staff excited about health, they become great role models for the kids.

A big blank there.

That indicates what a great need we have.

there have been very few if any quality resources to help people implement staff wellness in schools.

We do have projects underway with the association of state and territorial directives, and they are going to be developing materials in this area, you really need to look forward to those if you want to work in this area.

Next slide talks about quality physical education.

And the first thing to say there is that there is the, a task force on community guide to preventive services.

Many of you may be familiar with that.

They identify effective interventions.

They have identified six effective interventions to promote physical activity and one of the six is quality physical education in schools.

So that message needs to go out there.

And having that document can be a strong educational tool.

The next slide shows you that like health education, the physical education field has developed national standards, and that's available from the professional association, the national association for sport and physical education, and the next slide shows you different variety of products available from that association that range from parent education to curriculum and lesson plan ideas, and a whole series of materials related to assessing student learning and physical education.

If you want to help your schools bring up to their physical education program, make it state of the art, and that website would be a great place to start.

The eighth area in the top ten list is opportunities for physical activity beyond physical education.

One of the key things there, encourage more kids, if they live within walking distance of school, to walk to school.

In many communities that is not easy, obstacles besides laziness, but there are ways to overcome those obstacles.

And CDC has a wonderful set of materials, including the manual on the left that's called kids walk to school to help communities promote walking to school, you may or may not be aware that there is a U.S. walk to school day.

This year October 8th and is a big organization that backs that up, and you can get involved in that.

That also takes place during International walk to school week.

Next slide talks about another opportunity for physical activity, breaks during the classroom sessions to get up and move around a little.

One of those type of breaks is classic recess, and there's an organization called the American association for the child's right to play.

They have the two materials listed on the top which give you education about why recess is important, and then a lot of active, activities that can be done during recess.

And then there's also activity breaks in the classroom, and there are two examples of that that I give you.

One is take ten, that's by a group called the International life sciences institute, and brain breaks, you can download from the web, comes from Michigan's department of education, and it actually gives you all sorts of activities that can be done in the classroom to get kids up and moving in between lessons.

The next slide talks about very important area for opportunities for physical activity, and that's intramural sports programs and after school programs. There are guidelines that gives you sort of a how to go about intramural sports programs.

And then more and more there are programs that are being developed to get kids physically active in after school programs.

There is something that was developed with the national institutes of health funding and rigorously evaluated.

Many others being developed.

The next slide shows you the website and information about the president's council on physical fitness and sports.

They still have the awards program.

Much better than they were when we all were kids.

They really promote lifelong fitness and healthy lifestyles as opposed to elite skills now.

They have those for individuals and for schools.

The next slide, I hope you are all aware of the verb media campaign, CDC's major effort to promote physical activity among the teen population, 9 to 13-year-olds, mainly a media promotion, you should be aware there is a tremendous amount of school involvement.

Many schools are using it for, using the verb community based activities for class trips, and all sorts of materials and contests and information for teachers that's available from verb, so that's another way to promote physical activity.

The last two areas related to nutrition.

Ninth area is about quality school meals, and there are two great resources to get information on that.

One on the left is the healthy school meals resource system from the U.S. department of agricultural, the right a lot of resources available from the national food service management institute.

The next slide shows you a great document if you want to work with your school food service program to improve what they do, they have a great assessment tool called keys to excellence, and you can get that on-line.

The next slide shows you a document called fruits and vegetables galore.

This hasn't come out yet.

It will in a couple months.

Sneak preview here, this will have lots of different ways and ideas on how schools can promote fruit and vegetable consumption in the school setting, which is really one of our most important objectives.

We have reached the final area in the top ten, with the next slide, healthy school nutrition environment, the core document in that area is changing the scene, improving the school nutrition environment which comes from the U.S. department of agricultural, it defines what we mean by a healthy school nutrition environment, provides assessment checklist, videos, CD roms, educating other people which involves the school meal and other things at school.

The next slide gives you a little preview of a project that CDC and USDA are working on, guidance on how to improve the nutrition environment, how to deal with the vending machine issue and so forth in constructive ways that are a win/win situation, and many schools are succeeding in addressing this problem.

That's the end of the top ten list.

The next slide has our website of my division, two things that you'll find there, one is in the next slide, and that is a CDC document for state agencies, that lays out what we believe to be the most effective things that state agencies can be done.

A chapter on physical activity and on school health programs.

Next slide for the healthy youth funding database, and that is one stop shopping way to get information on school health funding resources that are available. And the next slide shows you another great portal that you really ought to check out on a regular basis if you want to work with schools, I'm not going to say about much more of that, the Action for Healthy Kids, Alicia will talk about that.

I want to conclude with where to begin, I am sure you have been bombarded with a lot of information I have gone through, and must be pretty fuzzy by now. But I think you need to decide some strategic issues if you are interested in working with schools.

Where to begin, three different approaches.

One, begin by finding out where you are, how well the schools are doing, and then go from there, and that would mean you want to focus on the school health index and the review of policies.

Or you can say you want to build the infrastructure, the long-term approach to make sure the school has the capacity to make a difference.

You would be promoting coordinated school health.

Or if you want to have an opportunity, build from strengths or from opportunities, focus on any of the specific areas that you think you can get community support for.

I'll stop there and I'm anxious to hear Bill and Alicia.

**TRINA ANGLIN:** Howell, thank you so very much for your really comprehensive discussion of resources.

Our second panelist is Alicia Moag-Stahlberg, executive director of Action for Healthy Kids, important and timely nationwide initiative.

Alicia will discuss Action for Healthy Kids, state teens on the move, and remember you can type in questions at any time during her presentation.

Alicia.

**ALICIA MOAG-STAHLEBERG:** Thanks very much, and thanks, Howell, for a great overview, because much of what the state teens are doing really is tapping into the resources that Howell talked about.

What I'll do in the next 20 minutes or so is provide a brief overview of Action for Healthy Kids and how we began, mentioning some of the significant

accomplishments we've had over the last ten months, and the approaches, some of the early results they have experienced as well as the work in progress.

So the next slide really talks about how we began.

And I'm really pleased to be actually in the middle of two people who have been very helpful with Action for Healthy Kids, Howell was one of the initial people we spoke to, one of our early advisors, part of an advisory panel, and then certainly Bill Potts-Datema, many of you know in a variety of different things he works on but also one of our board members.

So we are actually very, very lucky to have both of these great minds participating for Action for Healthy Kids.

And really this all began and it's important to tell a little bit of our story, back in May of 2001 is when I got involved and it came from an idea that national dairy council had to start talking to people in school and health about children's health, and we came together with a group of advisors that represented education, health, fitness and nutrition, both private and public sector, to discuss children's health and importantly we discussed it in the context of the school environment.

And when we started to have the discussion, especially as it related to the school environment, we spent a lot of time talking about many of the obstacles and barriers that really existed and then we really turned our discussion to how might we as a group of different organizations, different government agencies and even industry, how might we all work together to collaborate in order to overcome some of these obstacles.

And out of that discussion came the decision to not only have a summit, actually we went in with the idea of let's have a conference and everyone said very quickly, we don't need another meeting, we absolutely need to raise national consciousness on this issue, but important at -- importantly we need sustainable change.

We need grass roots types of endeavors, as well as some national work along with it.

And so it was out of those early meetings with what grew to a planning committee of over 35 organizations that helped to develop the summit that we came with the structure and the genesis of Action for Healthy Kids.

So next slide just gives you a statement of what our mission is, and the thing to point out is that Action for Healthy Kids is working on nutrition and

physical activity in the schools, and we do this by collaborating in as many ways as possible with diverse stakeholders.

The next slide just is probably a poor picture, but is a picture to try to give you a schematic about how we really tried to design Action for Healthy Kids to be very action oriented and be able to make impact as quickly as possible. And just to remind you, this really grew out of the partner, well, at that point it was the planning committee that had come together to help develop the summit that this design grew and became what it is today where we have 51 state teams, we have over 38 national organizations, and government agencies that participate as part of the steering committee, and as well as this national coordinating center that we serve as a nexus, as a very source group that pulls together, you know, people, expertise, network states to states, produces programs, and it's all about how to accelerate change at that school level.

And we really look to the steering committee organizations to help advise us around the process, around the issues, to guide decisions that we need to make, to provide specific expertise and problem solve, to importantly help to populate the state teams and promote Action for Healthy Kids in order to, again, help the state teams drive to action sooner than if by themselves they were to be trying to do this all on their own.

Along with raising the national consciousness by having the summit, the real work everyone knew was going forward and trying to be able to build the state teams in a way that they had the national infrastructure to tap into, but being sensitive to the needs at the state level and why a state structure was important is because, you know, everyone is at a different place and what resources were already available in the states varied quite a bit, what other initiatives were going on quite a bit, so it was really, the power was going to be in the state teams, and us helping the state teams accomplish their work.

I just have two slides here that will just give you some highlights of what we have been able to do, so the summit, the healthy school summit which was really the launch of Action for Healthy Kids was last year, October 7th.

And this has been some of the things we have done since October 7th.

We had a diverse group that had come together in order to create the summit, and was really the input from talking to many of the planning committee organizations, probably we talked to about ten of them post summit to say how are we really going to work with the teams going forward, someone -- it was

through that we decided to start a formal non-profit organization, Action for Healthy Kids.

So along with launching the state teams, keeping the partner steering committees organizations engaged, we did develop the non-profit organization, communication and tracking systems, and the state teams have really become very well established over the last ten months.

Various degrees, depending on the states and to what's going on.

Importantly, though, you know, most of them have completed action plans and we at national did a very thorough assessment of what the action plans contained so that we could get a better idea of how to best help accelerate those plans. The next slide talks, just mentions again the summit in terms of some of the significant programs we have developed.

We developed a healthy school heroes award at the time of the summit.

This was funded by Robert wood Johnson foundation, and really wanted to recognize from all our planning committee organizations those individuals who were truly heroes in their own way for the types of work that they have done to create healthy schools.

And you can go on our website which is Action for Healthy Kids.ORG, to view who the heroes were.

You might know some of them and would probably agree all of them have done amazing work in this area.

In addition on our website, we have a tool that's very helpful to the state teams, two of them in particular.

One is called what's working, it's a database, a searchable database of call them case studies of examples of programs and people who have done things relative to nutrition and physical activity to improve the school environment. So my talk about an after school program or it might have resources for nutrition curriculum, or it might have a program idea relative to something, a principal in North Dakota did.

And the resource database what we did was we asked all of the organizations and now the partner steering committee organizations to contribute resources that their organization values as it relates to nutrition and physical activity in the school environment.

And so we have a very full database of things that the teams can tap into.

We have also, one of the things we have tried very hard not to do is be duplicative at all, and there are so many great materials out there as Howell has already highlighted.

The teams have needed a couple things and so we have created some materials and develop some training, and again, this information is always with a goal to help the teams accelerate their actions.

And importantly, we have been able to generate some good awareness around Action for Healthy Kids.

We have been very, a little bit of work with national media just from budget purposes, it's very expensive, and so a lot of the recognition has come from the great word of mouth and people on the ground in the state teams working to promote Action for Healthy Kids, and then through our partner steering committee organizations.

I'd like to move to the next slide to now talk a little bit about some of the nuts and bolts behind the state teams and what they are working against.

We have a document called the commitment to change.

And that served as a framework for our planning for the summit as well as for the state teams action plans, and what the committee to change is, early when we got together with the planning committee organizations for the summit there was some differing views as to some of the actions that needed to be taken in the school environment.

We had broad representation as from the, and education sector as well as the health sector and there were differences between those two large, you know, communities about what certain, what we should and should not do, what we should suggest, and, you know, how much control should we try to put from a national agenda versus let the schools and the districts and the state teams decide what they want to do.

And at the time we were having this discussion, at the very same time the surgeon general called to action on the prevention and treatment of obesity came out, and really is when we all read that and read the section for schools, it truly became clear to us, let's adopt this section.

These are very clear actions of what needs to be done that can create a health-promoting environment in schools so as to better help kids develop these kind of lifelong healthy habits.

So we have 12 action items in our commitment to change that have been taken from the surgeon general's call to action, and like the call to action does our

commitment to change really emphasizes the need for collaboration among this multi-discipline group.

We feel that it is a very important element that you absolutely have to have this diverse group, the stakeholders working together.

And the action items in there, you know, have specifics relative to increasing health and physical and nutrition education, specific action items about increasing physical activity, recess, physical education, as well as after school activity, and there's several goals or action items relative to ensuring that health promoting foods are available throughout the school.

So that becomes our framework for our work going forward.

The next slide talks to the design of the state teams.

Importantly, what we said at so many meetings as we were talking about th, the teams really needed to be action-oriented, we didn't want to get into a situation where, you know, lots of meetings but no action, and how do you best do that, and get teams that have a SWAT-like mentality where they collaborate and integrate and coordinate with the different state initiatives as appropriate but not so bogged down that it just takes forever to get things going.

And important at that -- importantly we thought having the cross membership with different background was key to having that come to fruition.

We also felt it was very important that the teams focus on only two to three goals with very concrete objectives.

And this was very hard for us to get some of the state teams to do, because they wanted to adopt all 12 or 13 goals.

We really said, you know, think of this like your marketing plan.

You can take a shotgun approach or get very focussed and dive very deep and really have significant change in an area and then move on to the next area.

And so that's something that we continually try to help teams work for is maintaining the focus.

The goals, one in nutrition and one in physical activity.

We wanted them to work at both a state level and a school district level, K-12. Having the state focus was intentional so that they would be able to adapt and overcome local problems and barriers because of their grass roots nature.

And because of the national network and link, then they would be able to take advantage of an infrastructure that would provide expertise to help them overcome not only problems and barriers, but to accelerate their efforts. The next slide just highlights who we have asked each team to recruit. And teams have been, you know, successful to various degrees, depending on just, you know, it's a volunteer network and depending on just how much else is going on in their state.

Some teams have evolved quicker and some teams, you know, are still trying to get their momentum going.

We feel very strongly, and this is something at national we tried to do, continuously is just making sure that, you know, mainstream educators in the health side of the equation are at the table at all times.

This slide just highlights the type of members that our teams are striving to have as well.

The next slide just gives you just a quicky little stat update on the teams, and at the time of the summit last October, we had representation from 49 different states, and there was probably about 230 people.

I'm guessing at that number.

There was about approximately, you know, what the state team makeup was at that time.

Our last count just last week, was we have over 1700 state team members.

As I mentioned before, 84% of the teams have completed action plans and as I mentioned as well, the membership ranges from two in Hawaii and I think it's New York that has 113 on their teams.

Next slide, please.

What I'd like to do in the next two slides is just kind of give you a global sense of the various action areas that the teams are working on, and then I'll go into some examples so you can, you know, get the feel for what that means that teams are really doing.

22 states are working specifically on physical education and physical activity programs.

20 states are working in the area of ala cart vending.

16 states in a variety of gathering efforts, surveys of what's in vending machines or surveying how many minutes are being spent against nutrition education.

15 states are working on standards, whether they be in nutrition or physical education, and they could be at the state level, district or school level. Ten states working specifically on the school meal. Nine are working on behavior-based nutrition education.

Five on the school facilitates after school, so that could be the schools working with communities or specific after school programs, as well as there's a little overlap with the next one where there's four states that are working on physical, after school programs that have physical activity and nutrition components.

Four states are working on developing student and school health councils, four are working on specific programs to increase breakfast, and two are working on actions that would help to improve the mealtimes relative to the school lunchtime at this school district or state level.

The next slide I just want to highlight a few things that are on the website I mentioned and Howell had a picture of, I didn't think of having a picture of my website, I guess I should have, easy to get to, Action for Healthy Kids.ORG, and the tools that we have provided for the state teams for this year have been a list-serve as well as an 800 number where they can access me and other team members who can help in a variety of different ways, as well as they have a conference call service.

And with state teams this have been very helpful, people are located all over. Being able to have a conference call service where they can hold some of the team meetings that way has helped to expedite the plans.

I mentioned some of the tools on the website already.

There's also state team web pages, so for example, you can go to New Hampshire, see what the goals New Hampshire is working on.

And then there will be some tools that the New Hampshire state team developed and you could then access those tools.

Other communication support we have provided, developing fact sheets, presentation, stationery, and then this spring a series of phone symposium with experts to help in the specific areas teams are working on, and being able to have a conference with an expert in order to help accelerate the plans.

For example, Bill was one of our experts, you'll hear some of the advice he shared with the state teams I'm sure in his presentation next.

We also had someone from the University of Minnesota talk about marketing health promoting foods in the school and help the teams here to develop some strategies on how to really get kids more engage in some of these health promoting foods. So that was a phone symposium.

The next slide now, a couple slides here talk about some of the early results, and I have continuously been amazed by the state teams, by the people on the state teams, by the willingness of how they have found to collaborate with other initiatives in their states to make things happen, and they are just doing an amazing job.

For many of the states they really did feel they needed to have an awareness-building effort initially.

And so there's been several states that have held summits and some planning to have a summit coming up, and they felt this was important not only from an information-sharing perspective, but to help foster information among some of the other state initiatives going.

Arkansas, Illinois, Mississippi, and others, had great summits.

Oklahoma did a great job going in and doing a presentation to the school board there to help present some of the things they should be considering relative to nutrition and physical activity.

Michigan had a large, has a large state team.

They have a smaller group that is more like the executive committee, and then they have really trade to -- tried to be all-inclusive with the stakeholders in the state.

They decided in Michigan they would have a series of large stakeholder meetings and in September the 5th meeting.

Illinois decided that what would be important for their team was to create a professional display so that team members going to certain conferences could start in that way spreading awareness around the state, and they have been very successful with having a lot of different conversations visited by the Action for Healthy Kids display already this year.

And many states have already done proactive outreach media and have gotten coverage, Arkansas, Kansas, Iowa, New Hampshire, and Oklahoma.

The next slide I want to mention just two initiatives around healthy vending, Alabama collaborated with the Alabama healthy weight for youth coalition, and they right away did a survey of principals to assess vending status.

Then they took that information and developed and distributed a guide, and this guide, they then went, the next step and got it endorsed by the Alabama PTA and other associations and council for leaders, and they were so successful they even got some media coverage about the guide.

Massachusetts developed ala cart standards, and working with the food service association to distribute that widely.

These are two really good examples of how the Action for Healthy Kids teams are definitely collaborating with others and it really helps everyone move their agenda quicker.

The next slide has three other things I would like to mention in the healthy food area.

New Hampshire partnered with the New Hampshire dental society on developing a healthy vending tool kit for schools, and then now working with the commissioner of education to disseminate that guide to healthy vending to superintendents throughout the state.

Indiana worked at a district level and they got one large school district to change recess from after lunch to before lunch, and another district they succeeded in getting the district to turn off vending machines during school hours.

DC has undertaken a really need project where they are doing a pilot vending study, and they initially were just going to have six schools, and they have identified 12 schools they are starting next week to implement this project, and part of it even includes a student food journal component.

Next slide, just, I want to mention three others, early results in the physical activity area, and in Florida they developed the Florida Action for Healthy Kids team collaborating with another initiative developed and distributed a survey to 300 schools to gather some baseline data on recess, as well as other physical activity opportunities.

And those results are being tabulated now.

DC was asked after doing a presentation to the school board, they were asked to assist in reviewing PE requirements for DC, for the school board, and then we were able to bring in a partner steering committee organization to help work with the DC team and that school board on these PE requirements.

And Kansas, in collaboration with team nutrition, they actually awarded already 13 microgrants to schools to support the development of school health councils,

and part of the initiative for the school health councils was to assess physical activity needs.

The next slide, the next two slides, I'm just going to go through kind of quickly to talk about some of the, just give you a snapshot of some of the other tactics that states are working on.

You'll probably as you hear these see how they are using the tools that Howell mentioned as they are doing some of the activities.

We just talked about student health councils, some of them are developing train the trainer programs, whether it be for nutrition education or physical education, Wisconsin's doing one specifically for nutrition, and Connecticut is doing one on physical education.

Some of the states are looking at creating incentive programs to encourage schools to adopt comprehensive school health education.

Others are collaborating to develop certification programs and physical education, as well as addressing the accountability for physical education.

Next slide, Illinois in particular is working to inform administrators about what comprises quality physical education and monitoring the waiver process.

I mentioned the training program for physical education.

Others are partnering with community partners in order to expand the school facility use after hours in order to increase physical activity.

And some of the states are doing these programs that let students try out activities.

Many, many states, as well as we at national, are working on a continuous basis to continue and then publicize best practices, what's working, you know, in order to get more ideas out there, especially not only what hasn't worked but, I mean, not only what has worked, but importantly what hasn't worked, because that's very helpful we hear from the states.

It's good to know what path maybe not to go down.

And looking for that information in the vending area, as well as nutrition education and physical activity.

I think I'm going to skip the next slide because I think I'm almost out of time and go to my final slide with going forward here, just wanted to say a few things about what our focus is.

We are at the point that we really still need to expand and strengthen our base, and that means volunteers are still needed at the state team level, and as the

state teams start to work, at the district level, having volunteers from all over the state is very important.

In addition, even with our partners steering committee and the organizations involved with Action for Healthy Kids, there are still other key organizations, even though our numbers are large, that we want to bring into the fold and get involved in some way, so expanding and strengthening is a focus.

Further engaging not only the volunteer team members but also the partner steering committee members in helping on various activities is another key effort.

Identifying and cataloguing the learning, continuously networking and sharing the experiences and expertise and resources is important, as well as increasing capacity.

And lastly, we want to always remember to celebrate our progress, and I forgot, our one-year and -- anniversary is not the 6th, it's October 7th, we are trying to take pause and congratulate the state teams on all the work they have done on that day.

Thank you.

**TRINA ANGLIN:** Alicia, thank you very much for your overview of Action for Healthy Kids and all the forward looking creativity of the state teams. Our third panelist is Mr. Bill Potts-Datema, director of partnerships for children's health, part of the Harvard prevention research center on nutrition and physical activity at the Harvard school of public health. Bill will discuss policy issues in nutrition and physical activity for schools, and remember that you can type in questions at any time during his presentation. Bill.

**BILL POTTS-DATEMA:** Thanks, Trina, And hi everyone.

I just wanted to mention quickly to Alicia that I appreciated her comment about Howell and I having great minds.

I'm going to go home tonight and tell my family that I have a great mind. They might actually believe it.

I might have to have Alicia call them and tell them.

Anyway, I'm very pleased to be part of this session, and I want to review some policy issues in schools and also talk with you a bit about some of the major national groups that are working to address policy issues.

But first off, I'd like to review the role of state directors related to influencing policy issues, because this is an issue that comes up fairly often and for adolescent health coordinators and also state directors in education departments there's always some tension or uncertainty about the role in terms of looking at policy.

So we are going to be looking at this from an educational perspective today, and of course that's primarily the role of most state directors.

So to look at our role on the third slide, state directors typically have a role in educating policy makers and opinion leaders to enable them to make informed choices.

And that's a very important role.

Every one in state government advocates in one way or another for particular issues, and of course you are often asked to provide information or professional judgments.

State people may be asked to comment on bills that are introduced in the legislator, for instance, so the agency can provide comments.

Also asked to report on programs and sometimes even asked to testify to a legislative committee, though that's a little more rare.

So just to remember that the role is really education, and you know, helping policy makers to work through issues.

And conversely, what is not the role of the state director in most cases lobbying for or against specific legislation, as parts of your official position, and certainly not working to support or defeat a specific candidate as part of your official position, so that's almost always prohibited, but the lobbying and advocacy roles are different.

Again, everyone works in an advocacy arena, though typically state agency policies keep you from doing lobbying work specifically on state or federal legislation.

State agency policies differ widely, though.

So it's important to check on your own state agency policy and recognize that they often control access to decision makers in one way or another.

Remembering also that education is almost always okay, and that what you did as a private citizen on your own time using your own resources is your own, your own work and perfectly acceptable.

So let's take a look quickly at who we are educating.

We are going to talk about two different levels of educator, though there are many levels -- of policy makers, though many levels in both categories. Policy makers official, public officials make laws, rules, regulations. Opinion leaders may be more informal, they are influencers.

And you can look at different issues we are trying to advance different ways looking at different levels, and often those opinion leaders are influencers are quite important in that process.

So think who the opinion leaders are in different settings, not just from the state or national level, but also local or within schools, PTA officers or organizations such as church officials or, you know, just civic organizations or others that might be influential.

So on the next slide, what do we want for schools, just a statement of, about developing health promoting schools that maintain a unified nutrition and physical education environment within a coordinated school health program, and that statement just being to give us a focal point, something to keep us focussed on a goal, and to help us remember that that's what we are trying to do and that specific issues are more or less important in terms of that overall goal.

So let's take a look at some significant policy issues, and these are significant at one level or another.

They may be significant at a school level, or they may be significant at a national level.

And they may be influenced at any one or many of those levels, from the individual school building, or even individual classroom, all the way up to federal agency or, you know, a national initiative.

So in nutrition, there's been a lot of activity and policy on a number of different issues.

Improving foods that are sold or served in schools has gotten a lot of focus in the past two or three years, and not just in the school food programs, but also, for instance, in vending machines, providing healthier options in vending has become a very hot issue, over 25 states now are looking at restricting sale of soda or candy in vending machines, and so it's become a very, very big issue around the country.

Ensuring certified directors for cafeteria food service is an initiative that has been advanced by a number of national organizations, partly as a way of trying to help improve foods that are sold, that are served in schools. And there have been, from local to national levels, real interest in the possible ways of getting more fruit and vegetable consumption in schools, and getting fruits and vegetables to kids.

So farmer's market in school programs have received a lot of attention, and there's been federal pilot program in four states to try to get fresh fruit and vegetables into the classroom.

It's been quite well received, and may be a target for expansion in the near future.

Thinking through how these are, these issues and some of the issues that we are going to look at in the next three or four slides are affected, remember that some of those decisions are made at different places.

States may make individual decisions on any of these issues that might be completely and perfectly effective, even local principals might make policy decisions for their school.

Local school boards can set official policies for school districts.

So it can be very many different levels that can affect any of these issues.

And personally I'm not convinced legislation is always the way that we need to address some of these issues.

Change in individual Sentinel districts, thinking of it from a social marketing approach and getting specific districts within a specific state, moving on some of these issues as a way that you can really help to improve the environment.

The 8th slide, nutrition education to look at policy issues again, several issues in nutrition education have become increasingly important and you see that in state and federal legislation.

Providing age appropriate nutrition education within a comprehensive health education curriculum has received quite a bit of attention, and trying to get nutrition education and health education can -- curriculum reinstated as core subjects in states has received a lot of attention.

And has been a difficult struggle in the school reform era of the past ten years as there's been more and more emphasis placed on core academic subjects, including age appropriate information about weight management and the term weight management is used quite carefully because we are obviously just as

concerned about underweight as overweight, and they are important issues in terms of weight management, making sure that age appropriate information about weight management has become an issue that many states have looked at. Linking health promotion to the curriculum, trying to set up a healthy environment and communicate that by putting up posters, by offering nutrition information in the cafeteria, and doing other health promotion-type activities has been another area that local school districts in particular have been looking at.

On the next slide, slide nine, more nutrition education areas.

Links to traditional course work is an area that local school boards have looked at in terms of affecting curriculum, and trying to build a holistic environment in school districts and in the school buildings where the school food environment, physical education classes, physical activity programs such as after school or before school programs, or even times during supervised play, and even, you know, links to local farmers or fruit and vegetable programs, trying to create a holistic environment that all of those different areas work together.

And then the whole area that Howell mentioned using evidence based curriculum, and in that case interdisciplinary curriculum, where you can get health information in general into different subject areas, such as language, arts, science, math, social sciences, and a few programs are listed there that do that, and have some evidence.

Physical education and activity on slide ten, a number of issues there as well that have received a significant level of interest.

Providing opportunities for supervised physical activity every day such as recess and reinstating recess has been another initiative that's gotten a lot of attention.

One of those wisdom of the practitioner issues that is living through several school boards right now is the notion of having recess right before lunch.

A number of principals have indicated that they tend to see better outcomes in terms of lunchroom behavior, and also kids taking time to eat when recess is right before lunch.

So school boards are looking at those issues.

Also the really big issue in this area is providing physical education classes with qualified instructors, and number of states, for instance, Texas last year

reinstated a rule that would require a set number of minutes of elementary physical education, and a number of states have looked at trying to reinstitute physical education into the regular curriculum of the school at a level that would of course affect the students' ability to be fed.

Providing safe routes to school is another initiative that receives quite a bit of attention.

In the current department of, or the current transportation reauthorization bill there's been discussion about safe routes to school, and this is one of the areas that links to several other areas in government as well.

Establishing wellness programs for faculty and staff.

Howell mentioned earlier as well, and the notion here is to provide an environment where faculty and staff can model appropriate behaviors around physical activity, and that kids can see them doing that so they have adult role models as well, and of course one advantage to schools is that we have facilities typically available for faculty and staff that they could use that are used by physical education classes as well.

On the next slide, parent education is another area the school boards are looking at.

And communicating with parents about the school program of course is quite important for a number of reasons.

And some of the specific areas that you hear mentioned more often in schools in terms of areas that they are looking at for parent education are communicating about the risks associated with poor nutrition and sedentary behaviors, the risks associated with excess weight and the relationship between pediatric history and adult health.

Many adults don't realize the persistence of childhood overweight into adulthood, and how most kids that are overweight wind up being overweight adults.

A few other related issues on the next slide, limiting recreational screen time, solid research showing that kids who watch TV and do more recreational screen time tend to be more overweight, and by recreational screen time, video games, using a computer other than for homework, etcetera.

And there have been some, some school boards that have looked at working with parents to try to help education parents about TV watching and the effect that that has on childhood overweight.

Ensuring preschool and before and after school programs, active and serve healthy scene of the accident is another way that school boards have looked at trying to create the holistic environment, healthy snacks, so they have an opportunity to play before and after school.

A lot of schools have instituted walking programs or different clubs that do physically active games before or after school.

And finally, a number of states are looking at links to federal and state initiatives and trying to help the school districts use those.

Those different acronyms are some of the resources Howell mentioned, the school health index, changing the scene, teen nutrition, verb use media campaign, etcetera.

Let's move on to some policy initiatives that are taking place that a couple of national organizations have undertaken with states.

National governor's association has a series of policy academies on chronic disease prevention and health promotion, and those policy academies, the state teams that go have had a lot of interest in physical activity for kids, and representatives for the health departments and sometimes from other state agencies that are related, and state legislators, people that are the chairs of the house or senate committees on education or health, and those have been a great resource for legislators and for governors in terms of helping them understand some of those significant policy issues that we just talked about, and how they might be able to affect positive outcomes by affecting these issues.

National conference of state legislators has a series of round tables where they bring together states regionally, they just did one for the southeast states that many of, or some of you may have attended.

They did a policy round table for border states in the southwest last year, and for new England states a couple years ago, and there's been again a lot of interest in nutrition and physical activity legislation and some of those primary policy issues that we mentioned just a little while ago.

And then there are state and regional initiatives.

For instance, here in new England, here at the Harvard school of public health we have been working with the new England conference of governors on a project called NECON, through the NECON structure we have looked at nutrition and physical activity issues and overweight and obesity issues, and tried to come up

with policy recommendations in each of eight different areas, one of which was schools.

And that draft report is just getting ready to come out in the next month.

It will be posted on the HHS region one website and we can make sure that all of you have access to that.

We believe that those recommendations all are supported well through the evidence base and are all ways that states can help to improve nutrition and physical activity outcomes for kids.

On the next slide of the, the next two, actually, you'll see some of the major groups that are working to affect the work that's done in this area in nutrition and physical activity for kids.

Just briefly for each one, the national alliance for nutrition and activity is a very large organization, over 250 national and state non-governmental organizations.

Of course when you look at any of these organizations, it's important to know their membership, to look who funds them, look at their officers or their board or advisory committee members, because each has their own take on these issues. And many of these groups may be active in your states as well.

So I wanted to make sure you knew about them.

Some of them even have member organizations with some significant state input that are an influential piece of what they do.

The national alliance for nutrition and activity focuses on strengthening national and state nutrition, obesity programs, strengthening national school lunch and other programs and supporting transportation policies.

Friends of school health is over 50 national health and education non-governmental associations and organizations.

They're primarily focussed on increasing appropriations in a number of these areas.

National five a day partnership is primarily focussed on nutrition education.

It's an initiative that is chaired by the produce for better health foundation. It includes government, non-governmental organizations in the produce industry.

National coalition for promoting physical activity is public and private and industry initiatives, and they're specifically looking at physical activity, as the name suggests.

Made up of ten groups, all are NGO's, some are trade associations.

Action for Healthy Kids, Alicia described, and focussed primarily on developing health promoting schools and she gave you a great description of what it is that Action for Healthy Kids does.

The partnership to promote healthy eating and active living looks at healthy eating and physical activity lifestyle behaviors.

It's also a public/private partnership, foundations and individual corporations sponsor it.

Have academic representatives, major food companies and consumer organizations on the steering committee, and they sponsor I symposium studies and America on the move.

And then primarily the sporting good manufacturers and partners, and their focus for PE in schools.

And the America council for fitness and nutrition, primarily companies, food, beverage and consumer products companies and related organizations, and they work to try to help Americans understand the need for healthy balance between fitness and nutrition.

And remember again that each of these has their own take on some of these issues, and it's important to look at their information and their, look at their websites and really, you know, be critical in thinking through the angle they are taking on these issues and how that might affect some of the work that you do.

Very, very briefly, some national issues that some of these groups are looking at and are working to effect, that affect everyone in each of the states, child nutrition act, reauthorization this year, a lot of activity around that.

And of course that affects a lot of programs related to the U.S. department of agriculture and food service programs in schools.

Transportation equity act which is also up for reauthorization, which can effect a lot of the safe routes to school issues and some of the transportation issues and safety issues with kids.

The impact bill which has been introduced in both the house and senate, which is focussed on improving physical activity and improving nutrition outcomes.

Vending bills, as we mentioned earlier, and as always, there's always appropriations issues.

Many different appropriations issues in this area, both for Centers for Disease Control, the U.S. department of education for the progress program, U.S.

department of agriculture nutrition programs, school based health care centers, etcetera, etcetera.

And when I mentioned earlier about state level initiatives, over 170 bills have been sponsored this year in legislatures throughout the country, so it's been an enormous area of activity.

Very quickly, a few resources on the next couple of slides, and you can go to the websites and take a look at the resources at your leisure, Thomas is the library of commerce website that provides information on bills in congress. National conference of state legislatures maintains databases as state bills, and you can go there and take a look at some of the bills that have been sponsored in several different chronic disease areas, including nutrition and physical activity.

And then you can find policy options both with the NANNA website and fit, healthy and ready to learn, and on the next slide, several CDC resources to help make your case, and USDA is changing the scene and department of education as pet program.

Finally, if you have any questions or comments, feel free to contact me. My contact information is on the next last slide, I'll be more than happy to talk through issues with you or help get you connected to people that are working very closely to a lot of these issues.

And on the final slide, just a couple of quotes coming from opposite sides of the political spectrum, in order to effect change on nutrition and physical activity, of course we all have to work together and Henry Ford said coming together is a beginning, keeping together is progress, working together is success.

And on the other side of the political spectrum, George McGovern speaking about educated strong, healthy young people, and if you don't have them, you have nothing, that human capital is the cornerstone of society.

Thank you very much.

I appreciate the opportunity to be with you and happy to help answer your questions.

**TRINA ANGLIN:** And thank you, Bill, very much, for your discussion of policy issues.

I think each speaker has made a good effort for including helpful resources and the resources in case you haven't downloaded them will be listed as part of the website archives.

We have five minutes left for questions and answers, and if you haven't sent in questions yet, we still have a chance.

However, at this time we would like to ask Alicia a couple more questions about Action for Healthy Kids.

One question is, who provides leadership for the state teams?

**ALICIA MOAG-STAHLEBERG:** Each state team has self-selected a chair, a state team chair, and then in addition one of the partner steering committee organizations, the national dairy council, they have a staff person who is a state team liaison who helps the chair in recruiting team members as well as putting together a variety of team functions.

Some state teams are still looking for chairs, and then those state team chairs have a variety of information and help from myself as, you know, someone who oversees kind of all the state teams.

**TRINA ANGLIN:** And how are the activities of the state teams funded?

And the final question about them, are they, probably a big mix.

But are they composed largely of individuals from inside or outside state governments?

**ALICIA MOAG-STAHLEBERG:** The state team members is a mix.

We definitely have representatives from state health and state education departments.

However, the state teams also have, you know, just passionate health care providers such as nurses and pediatricians, and dieticians, and then superintendents, principals and teachers.

In terms of funding, some of the state teams have gotten some additional funding on their own from local foundation or from teaming up with a state agency and developing a grant, so for example, some teams worked with state agency to develop a grant to get some funds from team nutrition.

In an ongoing way, national is attempting to get additional funding for various foundations we have been meeting with.

**TRINA ANGLIN:** Thank you.

Here is a question that perhaps more than one person might like to address.

That concerns financing issues for schools.

Probably fresh fruits and vegetables might be more expensive than carbohydrates.

At the same time, what about accounting for the loss of possible revenue from decreased sales from vending machines?

**HOWELL WECHSLER:** I'll take a crack at that.

This is Howell.

The first item is, is a great challenge, many schools are figuring out ways to deal with it.

I would strongly recommend the resource I would refer to the five a day resource guide that's available, and also the fruit and vegetables galore.

Those are, will give you starters of places that actually have overcome the price barrier.

So it can be done and best thing to do is talk about it with the USDA folks, team nutrition contacts, and your five a day people.

For the second question, first of all, we might want to challenge some of that because there are, we are finding increasingly large number of examples of schools that have changed the nutritional quality of the foods and beverages available in the schools, and they report to us that they are holding their own financially.

Some report actually making some progress with more revenues coming in.

So it's not always going to be the case.

It will vary from school to school, and depends on the nature of the better quality products that are brought in and any marketing efforts that accompany them.

But clearly schools across the country are showing now that you can improve the quality, the nutritional quality of the foods available and still bring in revenue for your school.

Experimental study shows schools where they reduced the prices of the healthier choices found that the proportion of the foods sold that were healthy increased dramatically, and it increased so much that the revenue that came in was essentially the same.

So we have to think of creating marketing approaches that might include actually manipulating the prices.

And particularly around beverage machines, for instance, if you have water, 100% juice, low fat milk in the machines, keep them open all day.

**TRINA ANGLIN:** Now here is a big question, and that is the audience is composed largely of state adolescent health coordinators that are based in state departments of health, and another segment is the education, physical education, and are overlapping.

Do you have any ideas how the groups could work together, both individually within states, and also recognizing each has its own membership organization, perhaps how the two organizations could compliment each other's efforts?

**HOWELL WECHSLER:** Bill, I think you are best qualified to take that one.

**BILL POTTS-DATEMA:** Dozens of good examples where the agencies have been able to work well together and higher education with a lot of resources to offer, and particularly you see a lot of activity around conferences and other professional development events, workshops and other, you know, other events where the agencies can work together to bring their various constituents together to focus on issue of mutual concern.

For instance, in Maine recently we helped with a commissioners' round table at the end of May, the commissioner of education had pulled together and that included representatives from several different state agencies but also brought in industry representatives and non-governmental organizations and others to really focus on how we could effect the nutrition and physical education, physical activity environment in schools in the state.

And there are many other ways that the two agencies can work together by having cross fertilization of advisory committees, by developing joint statements between the commissioners or the decision makers at a high level, by going together on grant proposals and initiatives that such as coordinated school health grants at CDC where they partner closely together to work on an issue of mutual concern, and working with the governor's office together provides both, a lot more power and authority in terms of some of the issues that they are both concerned about.

We could talk about this for a long time, but there are a number of good examples around the country of states where particularly in coordinated school

health programs they have been able to partner quite effectively across the state education and health agencies.

**TRINA ANGLIN:** Okay.

Thanks, Bill.

Okay.

It's time to conclude our webcast.

We hope that you've enjoyed it and found it to be a good learning experience.

This is also our final webcast for this fiscal year.

Thanks again fo our outstanding panel, Howell Weschler, Alicia Moag-Stahlberg, and Bill Potts-Datema.

We appreciate the technical support of CADE, at the University of Illinois at Chicago, and finally, we thank our audience members for their participation and generation of important questions and discussion points.

We invite you to spend a couple of minutes evaluating the webcast.

A link will appear automatically after the broadcast ends.

Your responses will help us plan future broadcasts and improve our technical support.

The archive of this webcast will be available for viewing within several days at this website.

This concludes our webcast on adolescent nutrition and physical activity, part

2.

Thank you.