



Active for Life[®]: Generations Working Together to Prevent Childhood Obesity

An RWJF national program

SUMMARY

Active for Life[®]: Generations Working Together to Prevent Childhood Obesity (*Generations*) program sites aimed to increase physical activity and healthy eating among children and improving public policy and neighborhood physical environments so they could better accommodate healthy living.

The four organizations that were awarded funding for *Generations* pilot projects previously participated in the Robert Wood Johnson Foundation (RWJF) *Active for Life[®]: Increasing Physical Activity Levels in Adults Age 50 and Older* national program. With *Active for Life*, RWJF funded nine organizations to implement evidence-based interventions aimed at improving physical activity among sedentary adults age 50 and older. See [Program Results](#) for more information on *Active for Life*.

Generations grantee organizations in Berkeley, Calif., Pinehurst, N.C., Cincinnati and San Antonio created and implemented program and policy change projects that paired adults with children ages 3 to 12. The *Generations* program targeted minority children (Black, Hispanic, Native American and Asian & Pacific Islander) in low-income communities at risk for obesity.

Key Results

- Participating organizations created and implemented intergenerational interventions in which senior citizens and children engaged in shared activities that helped both groups become more physically active and adopt healthier eating habits.
- Organizations struggled to make the leap from delivering services to advocating for policy and environmental change, but they did realize some gains in this area. Changes included revising food options in school cafeterias, mandating physical activity in after-school programs, building gardens in recreational spaces, making school facilities available for longer hours to facilitate physical activity, repairing damaged sidewalks and creating walking paths in communities.

- All four sites sustained key elements of their projects, and three secured funds from public agencies or other foundations to continue their projects after RWJF funding ended.

Program Management

The national program office at Texas A&M University that managed *Active for Life* also managed *Generations*. Diane Dowdy, Ph.D., directed the program. Kerrie L. Hora, M.S., served as program manager, and Brigid Sanner, B.S., provided communications support to the national program office and the grantee sites.

Funding

RWJF supported the program, which internally it called *Intergenerational Programming Within the Active for Life Program Sites to Reduce Childhood Obesity*, with a total of \$270,000 for the national program office of *Active for Life* and grants to the four sites from November 2005 through April 2008.

THE PROBLEM

Since the mid-1970s, overweight and obesity have increased among adults, children and adolescents. Results of the 1976–1980 and 2003–2004 National Health and Nutrition Examination Survey (NHANES) administered by the U.S. Centers for Disease Control and Prevention (CDC) show that the prevalence of overweight among children and adolescents increased significantly in the intervening years:

- From 5.0 percent to 13.9 percent among children ages 2–5
- From 6.5 percent to 18.8 percent among children ages 6–11
- From 5.0 percent to 17.4 percent among adolescents ages 12–19

Black and Hispanic children and adults are especially vulnerable to overweight and obesity. According to 2003–2004 data reported in the *Journal of the American Medical Association* (295: 1549–1555, 2006), 16.3 percent of White children were overweight compared with 20 percent of Black children and 19.2 percent of Mexican-American children.

This article further reported that 64.2 percent of White adults age 20 or older were obese or overweight, compared with 76.1 percent of Black adults and 75.8 percent of Mexican-American adults.

CONTEXT

In 2002, in response to alarming increases in obesity and obesity-related diseases, RWJF adopted the goal of reversing the epidemic of childhood obesity. In 2007, RWJF committed \$500 million towards meeting this goal by 2015. RWJF emphasizes environmental and policy changes as its primary approaches to achieve that goal.

RWJF has developed three integrated strategies to reverse the childhood obesity epidemic:

- **Build Evidence.** Investments in building evidence regarding effective strategies will help ensure that the most promising efforts are replicated. RWJF's research efforts in building evidence include three national programs:
 - *Active Living Research* supports research to identify environmental factors and policies that influence children's physical activity. See [Program Results](#) for more information.
 - *Healthy Eating Research* supports research on environmental and policy strategies to promote healthy eating among children to prevent childhood obesity—especially among low-income, racial and ethnic groups at highest risk for obesity.
 - *Bridging the Gap: Research Informing Practice and Policy for Healthy Youth Behavior* seeks to improve understanding of economic, policy and environmental influences on youth substance use, obesity and physical activity.

In building evidence regarding effective strategies, RWJF also seeks to evaluate innovative approaches in states, schools and communities. *Information for Action*, which evaluates the effects of legislation in Arkansas, is an example of this strategy. See [Program Results](#) on the first phase for more information.

RWJF also brings together researchers, policy-makers, and practitioners to discuss measurement tools, research strategies and ways to make research useful to states and communities. For example, RWJF sponsored a National Evaluation and Measurement Meeting on School Nutrition and Physical Activity Policies. See [Program Results](#) on ID# 050063.

- **Prompt Action.** RWJF's action strategy for communities and schools focuses on engaging partners at the local level, building coalitions and promoting the most promising approaches. For example, the Food Trust, a Philadelphia-based organization, has brought supermarkets to underserved communities in Pennsylvania. RWJF and the Food Trust are working together to replicate those results in Louisiana, Illinois and New Jersey.
- **Educate and Advocate.** RWJF shares results gleaned from the evidence and action strategies by educating leaders and investing in advocacy, and building a broad

national constituency for preventing childhood obesity. For example, through [Leadership for Healthy Communities](#), RWJF helps organizations that represent elected and appointed officials such as the National Conference of State Legislatures, the U.S. Conference of Mayors and the American Association of School Administrators to educate their members about ways to increase physical activity and healthy eating among children and adolescents. The goal is to help decision-makers create healthier states, counties, cities and schools.

PROGRAM DESIGN

In 2001, RWJF set promoting healthy communities and lifestyles as one of its goals. Early work focused on programs to support active living. In 2003, when Risa Lavizzo-Mourey, M.D., M.P.H., became Foundation president, the focus began to shift to preventing childhood obesity.

Childhood Obesity Synergy Projects

As RWJF program staff began to consider approaches to childhood obesity prevention initiatives, they decided to leverage the expertise and momentum of existing RWJF national programs already working on issues related to childhood obesity, such as physical activity, children's health and safety. By authorizing new programs to be managed by existing national program offices, the foundation avoided the expense of setting up another outside program office. Instead, these programs would receive funding to expand the work of selected projects to include work focused on preventing childhood obesity.

RWJF piggybacked four childhood obesity programs on existing programs not originally focused on this issue:

- *Community-Based Childhood Obesity Prevention* (within the *Injury Free Coalition for Kids*)
- *Active for Life*[®]: *Generations Working Together to Prevent Childhood Obesity (Generations)*. RWJF called the program *Intergenerational Programming Within the Active for Life Program Sites to Reduce Childhood Obesity*, but outside the Foundation it is known as *Generations*.
- *Healthy Eating by Design* (within *Active Living by Design*). See [Program Results](#).
- Obesity Prevention in Children: Synergy with Diabetes Initiative (within two diabetes programs managed by the same national program office)

Active for Life[®]

In 2001, the RWJF Board of Trustees authorized *Active for Life*. Under this program, nine organizations implemented one of two evidence-based programs designed to

increase physical activity among mature adults. An independent evaluation found that *Active for Life* participants significantly increased their level of moderate-to-vigorous physical activity.

Seven of the nine *Active for Life* sites continued their projects after RWJF support ended in 2007. See [Program Results](#) for a description of *Active for Life* and its evaluation.

RWJF chose *Active for Life* as one of the programs in which to embed childhood obesity efforts because staff thought the experiences gained by the *Active for Life* national program office and project sites in working with adults could be utilized on behalf of children.

Although *Active for Life* focused on serving older people, the organizations that implemented the programs—health departments, community agencies and health care providers—were also likely to serve children. RWJF decided to fund some *Active for Life* sites to design and implement community strategies aimed at changing the places where children learn and play to encourage active living and healthy eating.

The Next Step: *Generations*

The goal of *Generations* was to stem the rise in childhood obesity by:

- Promoting physical activity and healthy eating in schools and communities
 - Changing local policies to make them more supportive of healthy lifestyles
- Improving physical environments around schools and in communities

Generations aimed to achieve this goal by pairing adults age 50 and older with children ages 3 to 12 in a range of activities. It placed emphasis on reaching children at greatest risk for obesity living in lower-income and minority communities: Black, Hispanic, Native American and Asian & Pacific Islander.

THE PROGRAM

The core component of *Active for Life*[®]: *Generations Working Together to Prevent Childhood Obesity (Generations)* was a grants program that supported four community-based organizations in designing and implementing projects involving children and adults.

Management

National Program Office

In October 2005, RWJF established *Generations* within the national program office for *Active for Life* at the [School of Rural Public Health](#) at the Texas A&M Health Science Center in College Station, Texas.

Diane Dowdy, Ph.D., the deputy director of *Active for Life*, was the program director for *Generations*. Kerrie L. Hora, M.S., was the program manager, and Brigid Sanner, B.S., was the communications director.

Planning and Site Selection

In June 2005, national program office staff surveyed the *Active for Life* sites to gauge their interest in participating in *Generations*. In December 2005, national program office staff released a call for proposals soliciting short proposals from interested sites.

The call for proposals specified that projects be designed around a "5P" strategy model that addressed Preparation, Promotion, Program, Policy and Physical projects (environment). Applicants were to address each of the five strategies in their proposals.

Criteria for selecting sites were:

- Potential to promote physical activity and healthy eating among low-income children
- Clarity of project scope, goals and objectives
- Demonstrated success in managing an *Active for Life* project
- Agency infrastructure able to operate the project on time and within available funds
- Inclusion of community partners with the capacity to implement the proposed project
- Potential to sustain and disseminate the project after 12–18 months

Six sites responded. In March 2006, national program office and RWJF staff selected four to receive \$45,000 grants. Funding started in April 2006 and continued for approximately 18 months. The funded sites were:

- City of Berkeley, [Public Health Division](#), Berkeley, Calif.
- [OASIS Institute](#), headquartered in St. Louis (the project operated in San Antonio)
- [FirstHealth of the Carolinas](#), Pinehurst, N.C.
- [Hamilton County Public Health](#), Cincinnati

See the [Appendix](#) for grant details and contact information for the projects.

The Implementation Phase

In April 2006, national program staff held a kickoff meeting in College Station. Grantee site staff presented their planned projects and received feedback from the national program staff as well as from staff at the other grantee sites. They also discussed ways to use *Generations* projects to prompt policy changes in their communities and make their physical environments more conducive to physical activity and healthy eating.

National program staff brought staff from the four sites together in a separate track at annual meetings of Active for Live held in September 2006 in Lake Champlain, Vt., and October 2007 in San Antonio. An additional meeting of *Generations* grantees was held in April 2007 in San Francisco. At these meetings, national program office staff offered guidance in areas such as communications, recruitment and sustainability after RWJF funding ended.

National program staff convened regular telephone conference calls with all sites and visited each project at least once during the funded period. The site visits were often combined with *Active for Life* site visits. The program manager also provided guidance upon request. In general, sites were more experienced and more comfortable delivering direct services than they were in addressing local policies, including those changing the physical environments in their communities; thus, technical assistance tended to focus on helping them in these areas.

The communications director reviewed site recruitment and marketing materials and provided guidance to project and national program office staff in disseminating information about *Generations*.

Brief Assessments

In August 2006, RWJF funded researchers at Wake Forest University Health Sciences, Winston-Salem, N.C., to conduct brief assessments of the four *Generations* projects.

Scott D. Rhodes, Ph.D., director of the assessment project defined the brief assessment as "the process of examining how a program has been conceived and is now implemented."

The qualitative assessments looked at:

- The projects' goals and specific objectives
- The extent to which local partners agreed on those objectives
- The extent to which project resources and activities were aligned with the objectives

In addition to providing grantee organizations with midstream recommendations for improving their projects, the brief assessments were designed to give RWJF guidance in determining where and how to focus potential additional resources for obesity prevention

initiatives. RWJF program staff hoped to mine the exploratory assessments for "nuggets of gold," promising programs, tactics or strategies related to childhood obesity prevention that warranted rigorous, in-depth evaluation.

In conducting the basic assessments, researchers:

- Reviewed written documents provided by sites and by the national program office
- Visited each site for two days between November 2006 and March 2007. The visits included brief neighborhood tours.
- Interviewed stakeholders during the site visits using an interview guide developed by the researchers and an RWJF program officer
- Developed logic models through dialogue and revisions with project staff. These logic models allowed partners to view their projects systematically by identifying the project's underlying hypotheses, required resources and the expected outcomes.

OVERALL PROGRAM RESULTS

National program and project staff reported the following results of *Active for Life*[®]: *Generations Working Together to Prevent Childhood Obesity (Generations)* in interviews conducted for this report:

- **Participating organizations created and implemented intergenerational interventions in which older adults and children engaged in shared activities that helped both become more active and eat more healthy food.** Older adults participated with children in activities such as preparing healthy snacks, reading food labels and walking.
- **Project sites struggled to make the leap from service delivery to advocating for policy changes and improving physical environments, but they did accomplish the stated goals.** Changes included reducing unhealthy food sold in school cafeterias, requiring physical activity in after-school programs, incorporating nutrition education into school or after-school programs, making school facilities available for longer hours to allow use of physical activity facilities, building gardens in recreation areas, repairing damaged sidewalks and adding walking paths in the communities.
- **Three sites, FirstHealth of the Carolinas, Hamilton County Public Health and the OASIS Institute, expanded their projects with other sources of funds.**
 - FirstHealth established two community gardens, five school gardens and four farmer's markets.
 - Hamilton County Public Health expanded from one School Health Advisory Council to six, with two more under development as of February 2009.

- The OASIS Institute is introducing its Active *Generations* program into nine OASIS Centers across the country.

KEY SITE ACTIVITIES AND RESULTS

The four *Active for Life*[®]: *Generations Working Together to Prevent Childhood Obesity* (*Generations*) projects are described below.

City of Berkeley, Public Health Division

The Public Health Division of the City of Berkeley provides public health nursing, outreach, physician services, health education and other health services to residents of Berkeley.

Berkeley's Steps to Wellness project introduced healthy fast foods and physical activity to low-income Black and Hispanic children ages 6 to 12 who frequented the city's San Pablo Park Recreation Center, located in a neighborhood previously involved in Berkeley's *Active for Life* project. Through a combination of policy and program changes, Steps to Wellness supported youth in making healthy choices and combating the negative influences in their environment.

Program Changes

These included:

- ***Cooking and nutrition classes for youth.*** Over the grant period, 84 children enrolled in seven sessions of an eight-week course entitled Whole Body, Whole Food. The public health division contracted with Fresh Farm Choice, a nonprofit organization that works to increase access to fresh produce in low-income communities, to offer the class.
- ***Reintroducing tennis classes.*** The public health division contracted with the U.S. Tennis Association of Northern California to teach a six-week beginner tennis class. The purpose was to reintroduce tennis as a regular activity for low-income youth, particularly those who declined to participate in other sports available at the recreation center.
- ***Training senior volunteers.*** Project staff trained 14 senior citizens in youth-development theory, strategies and skills to assist with intergenerational nutrition and physical activities. Older adults helped with cooking and tennis classes, and other activities at the recreation center such as lawn bowling, walking and line dancing.
- ***Selling restaurant-prepared healthy fast-food take-out dinners to parents and visitors at the center.*** Recreation center staff sold an average of 100 meals each week for 20 weeks. Dinners included a lean protein and two servings of vegetables. Project staff developed partnerships with local restaurants who agreed to sell the meals at

reduced prices (\$16 for four and \$5 for one) for consumption at home, similar to traditional fast-food service.

In reports to RWJF and in the interview for this report, the Project Director observed that selling healthy fast food meals proved more difficult than expected for several reasons:

- Although meal sizes were in accordance with nutritional guidelines, families accustomed to the very large portions sold by fast-food stores felt the sizes were too small and that they were being cheated.
- Changing two eating behaviors simultaneously—asking people to switch to healthier food and eat smaller portions—may have been too ambitious. It might have been more practical and effective to focus first on either one of these behaviors, thereby giving people time to incorporate one new behavior before they attempt another.
- Sustaining this activity requires consistent and significant involvement from restaurants committed to providing food. It is not feasible for recreation staff to manage the tasks involved in selecting, purchasing and storing food. It is also cumbersome to manage the finances involved in purchasing food from the restaurant, collecting money from families and reimbursing the city.
- Children visiting the recreation center were generally old enough to walk home or to walk to the car when their parents came to pick them up. This reduced the likelihood that parents would come into the recreation center where the food was available.
- Project Director Kate Clayton concluded: "For me, a lesson is that we should use locations such as Head Start centers, places where the parent has to physically walk into the building to pick up the child. I think housing the project at an early childhood center and partnering with a national fast-food chain that has a big reach and offers healthy options is an intriguing idea. I would still like to try this."
- ***Purchasing a Dance Dance Revolution machine for use by children visiting the recreation center.*** *Dance Dance Revolution* is an interactive computer game in which players move their bodies to upbeat tunes. Players are challenged to match their dance steps with flashing arrows on a screen.

Children used *Dance Dance Revolution* for free whenever the game room was open. Clayton noted: "This achieved our goal of getting non-athletic, overweight girls physically active. It got them doing high-intensity physical activity day after day and month after month. The side benefits of self-esteem were phenomenal."

She concluded: "If there is one thing I could do in every recreation center to promote activity for all kids, this is the equipment I would put there. It works and it requires little adult expertise or supervision."

Policy Changes

The Berkeley project accomplished a number of changes, including:

- ***Established a City Vending Machine Policy that resulted in the removal of all soda from recreation center vending machines.*** Public health staff also worked with recreation staff to locate vendors that could supply healthy snacks such as pretzels that replaced "Flaming Cheetos" and other "junk food."
- ***Provided nutritional training and initiated a healthier snack menu at San Pablo Park recreation center.*** The healthy snack menu, featuring foods such as fresh fruit, was subsequently adopted by three other city recreation centers and has been institutionalized by the city's Parks and Recreation Department. Project staff also negotiated a contract with a low-cost grocer for weekly sales of fresh produce to the center; the contract increases the likelihood that changes initiated through the project will be sustained.
- ***Institutionalized tennis lessons at parks throughout the city.*** As a result of children's interest in tennis at San Pablo Park, Berkeley's Parks and Recreation department sent staff from all recreation centers to a U.S. Tennis Association course on how to teach tennis to youth.

FirstHealth of the Carolinas

FirstHealth is a nonprofit health system serving 15 counties in North Carolina with a network of hospitals, health and fitness centers, primary and dental care centers, and a hospice and home care program.

FirstHealth's *Generations* project used a community gardening approach to integrate healthy eating, physical activity and environmental improvements within the community and to build a "local food movement" in the region. FirstHealth's community partners included government, civic groups, youth development organizations, schools and the North Carolina Cooperative Extension. Master gardeners, hospital employees and seniors joined as volunteers.

Project Director Melissa Watford noted "*Generations* required us to change our physical environment, and we knew the garden would be a positive addition to our community."

Environmental Changes

These included:

- ***Creating FirstGarden, a community garden where master gardeners teach children and older adults to plant and harvest produce.*** The 5,600-square-foot organic garden produces peas, tomatoes, beans, okra, other vegetables and flowers.

- **Opening five farmers' markets in the area**, including one on the grounds of the hospital
- **Supporting partner agencies in creating five FirstSchool Gardens** (organic gardens on the grounds of area schools)

Policy Changes

Participating agencies reevaluated their priorities in order to integrate FirstGarden into their regular operations and make its program offerings permanent. Specific results of these institutional changes were:

- **Leveraging of funding for FirstSchool Gardens.** These funds supported four of the five FirstSchool Gardens.
- **Developing a strategy to establish a FirstGarden targeting low-income adults.**

See [FirstHealth of the Carolinas Sidebar](#) about FirstGarden, and how it became a favorite family activity for one Pinehurst N.C., father and his daughters.

Hamilton County Public Health, Cincinnati

Hamilton County Public Health is a public health department whose mission is to protect the public health and environment of people living in Cincinnati and surrounding towns. It uses a community-focused approach in providing education, inspections, health care coordination and data analysis to the communities it serves.

Hamilton County's *Generations* project targeted economically disadvantaged Black children ages 5 to 12 attending the Jane Hoop Elementary School. Jane Hoop is one of nine schools in the Mt. Healthy School District, a low-income community in the catchment area served by the public health department.

Program Changes

These changes included:

- **Implemented *girls!CAN*, a physical activity and healthy eating program for girls in grades four through six.** *girls!CAN* is a 10-week evidence-based curriculum that promotes self-respect, critical thinking, healthy eating, physical activity and communication skills.

Project staff focused on girls because they traditionally have the most limited access to physical activity programs. Older adults, including former *Active for Life* participants, helped run *girls!CAN* groups.

- Some 25 girls participated in *girls!CAN*. An evaluation found statistically significant improvements in social acceptance and self-confidence, as well as reduced consumption of high-sugar cereals.

Policy Actions

These included:

- **Created the Mt. Healthy School Health Advisory Council (SHAC) to assess, recommend, promote, implement and evaluate healthy eating and physical activity policies.** Project staff recruited and supported school staff, parents, senior citizens and other community residents to chair the council, serve as members and oversee its work.

The School Health Advisory Council became a formal and active presence in the Mt. Healthy School District. According to Project Director Stacy Wegley, "The infrastructure the council provides is an important outcome of this project. Aside from the school nurse, there is no one in the school whose job it is to worry about health. Without an infrastructure, health never gets addressed even though we know that health outcomes are related to educational outcomes."

The School Health Advisory Council:

- Completed the CDC [School Health Index](#) to establish a baseline assessment to document and plan strategies to address the health needs of the school district.
- Developed a districtwide wellness policy that was adopted by the board of education and serves as the guide for assessing district needs, monitoring program implementation and shaping policy formulation.
- **Built capacity within the School Health Advisory Council to identify policy gaps and environmental barriers and propose ways to address them.** The School Health Advisory Council drew from the School Health Index and the Wellness Policy to secure adoption of new school policies:
 - Healthy food options for students. These included offering salads every day, using whole rather than refined grains and reducing portion sizes of high-fat foods.
 - A Universal Breakfast program. Universal Breakfast is a federally funded program that supports free breakfasts for all students in a school, thus removing the stigma that low-income children may feel eating breakfast at school.

Environmental Improvements

Environmental improvements supported the policy actions by improving the quality of and access to facilities and equipment for enhancing physical activity and healthy eating. They included:

- **Opening up access to schools after hours.** Schools expanded their janitorial hours and transportation options to support *girls!CAN* and other after-school activities such as an after-school walking group for senior citizens and children created by the School Health Advisory Council.

- ***Scheduling adjustments for food service and janitorial staff and adapting equipment to support the Universal Breakfast program.***

OASIS Institute

Members of the May Department Stores Company family founded OASIS in 1982 to enrich the lives of mature adults by engaging them in lifelong learning and service programs so they can learn, lead and contribute in their communities.

The OASIS Institute, headquartered in St. Louis, directs a network of 26 OASIS centers that serve 360,000 people annually. The OASIS center in San Antonio created *Active Generations*, its local *Generations* project.

Under *Active Generations*, OASIS volunteers served as tutors to low-income students participating in CATCH (Coordinated Approach to Child Health), an evidence-based school health curriculum delivered as part of the Learning Tree after-school program. In CATCH, volunteers and students discuss a health-related topic and complete activities together. For example, in one session they talked about low-fat foods and then read nutrition labels to identify fat content in foods.

OASIS staff also involved parents, children, community members, and staff from the city planning agency in identifying aspects of neighborhoods, such as broken sidewalks that created barriers to walking. They advocated with city officials to address these problems.

Program Changes

These included:

- ***Integrating CATCH into after school programming.*** After-school program staff continue to use some CATCH components, even though OASIS volunteers are no longer involved.
- ***Securing funding for expanding CATCH.*** The OASIS Institute secured funds from the National Council on Aging and the WellPoint Foundation to modify CATCH and expand it to nine additional OASIS centers across the country.

Policy Changes

These included:

- ***Requiring daily physical activity.*** San Antonio's Learning Tree director added a requirement that all Learning Tree programs include 15–20 minutes per day of physical activity.

Environmental Changes

These included:

- **Improving neighborhood sidewalks.** After community residents identified barriers to walking, city staff went to the identified areas and cut torn branches, fixed sidewalks and repaired street signs.

See the [OASIS Institute Sidebar](#) for a profile of Active *Generations*. Find out how an evaluation of the program showed that it benefited both kids and adults and how OASIS staff used those promising results to advocate for policy change.

BRIEF ASSESSMENTS

Observations and Opportunities for a Potential In-Depth Evaluation

In a consolidated report to RWJF, researchers presented the following observations gleaned from site visits to the *Active for Life®: Generations Working Together to Prevent Childhood Obesity (Generations)* projects:

- **Policy change was challenging but possible.** Sites focused more heavily on delivering services, such as classroom activities or a gardening curriculum, than they did on creating environmental or policy changes. In some cases, the problem stemmed from a lack of policy expertise. However, several sites—San Antonio's OASIS Center for example—were surprised by their success as in changing policies and environments to support healthier eating and more active lifestyles.
- **At the more successful sites, a variety of community partners brought individual or agency resources to the effort.** Not all sites were equally adept in this area; differences may have been due to experience in working in community-based efforts, personality traits that allow some individuals to ask for help more readily; or skills in delegating. Some potential partners—schools and farmers for example—come from very different "cultures," which made it difficult to agree on priorities and coordinate activities.
- **Parents were difficult to engage in the projects.**
- **Project staff uniformly said that national program office staff provided invaluable guidance, support and flexibility.** They also reported that the RWJF affiliation added credibility to their projects.

In individual reports to the four sites, the researchers identified areas with potential for more rigorous evaluation either by the site or by RWJF:

- **Explore the community organizer's role in promoting policy change.** All four sites had project coordinators who served as community organizers who triggered partnerships, resource sharing and action. They played key roles in assessing the environment, team building, strategic planning and planning for sustainability.

Such community organizing has proven effective in reducing smoking rates by promoting changes in the environment, but it has not been well evaluated in terms of

other health behaviors, according to the researchers. A case study approach could identify promising strategies that community organizers use to engage parents in school-based programming or work with district nutrition personnel to promote school cafeteria change.

- **Examine the different stages of policy change.** Early stages might include building new alliances, relationships and trust, while an intermediate stage might include leveraging resources and developing a plan for change. This type of evaluation would quantify the important work done in setting the stage for change in the community.
- **Document the small successes that lead to larger goals, including policy change.** The researchers found examples of small successes at each of the four sites. For example, the increased numbers of parents who purchased the prepared restaurant meals in Berkeley or the increased numbers of students who tried new foods during the *Kids in the Kitchen* or gardening sessions in North Carolina could be evidence of positive change.
- **Measure changes in physical activity and nutritional education levels.** Examples from the sites included administering pre- and post-tests of the girls participating in the Hamilton County girls!CAN program to determine changes in physical activity level and knowledge or using pedometers to measure physical activity of the participants in the North Carolina community garden program.

LESSONS LEARNED

The following lessons were learned from *Active for Life®: Generations Working Together to Prevent Childhood Obesity (Generations)*:

1. **Invest time up front in helping project staff develop skills in advocating for and affecting policy and environmental changes.** "I would devote more time on the front end to providing concrete examples of what policy and environmental change looks like, and brainstorming practical strategies for making these changes happen." (Kerrie Hora/Program Manager)
2. **Make the effort to work with city agencies because they can make environmental change happen.** The bureaucracy of city agencies can make review, approval and funding of projects frustratingly slow. But, as San Antonio *Generations* discovered, involving the Metropolitan Planning Organization was crucial. "Their support alone helped stress the importance of this project and they were positive advocates for environmental change." (Hora/Program Manager)
3. **Be persistent and take the time required to build capacity and develop effective relationships.** "Changing institutions takes time and is most likely done incrementally. We saw some changes from *Active for Life*, and we built on those with this project." (Kate Clayton/Project Director, City of Berkeley)

"When building a new group, take the time to lay the foundation. Find the right people, develop bylaws and agree on protocols. These are not glamorous activities but they become the basis for the future structure." (Stacy Wegley/Project Director, Hamilton County Public Health)

4. **Find the right partners and invest in them.** "You have to have a true partnership, including buy-in from teachers, principals, administrators and parks and recreation staff. This will not work if it rests with just one person." (Melissa Watford/Project Director, FirstHealth of the Carolinas)

"Find committed partners. If we hadn't worked with this particular afterschool program, our project would not have succeeded. Discuss and agree on roles and responsibilities before the project begins." (Brenda Schmachtenberger/Project Director, OASIS Institute)

5. **Create a baseline at the beginning of an initiative and use it to measure changes and progress.** Be thorough in using whatever tools exist to create a solid assessment of where things stand before the intervention begins. (Wegley/Project Director, Hamilton County Public Health)
6. **Include people who are skeptical about the initiative.** It helps to involve people who are not convinced of the value of the initiative. Over time, some change their views and become champions and others may become at least neutral. (Wegley, Project Director, Hamilton County Public Health)
7. **When creating gardens, pay attention to water.** Know where your water is going to come from, what is its source and how will you get access to it. (Watford, Project Director, FirstHealth of the Carolinas)

AFTERWARD

In 2007, three of the *Active for Life*[®]: *Generations Working Together to Prevent Childhood Obesity* (*Generations*) project sites received RWJF transition supplement grants to expand their projects and create toolkits for use by others: FirstHealth of the Carolinas (ID# 063167), Hamilton County Public Health (ID# 063161), and the OASIS Institute (ID# 063352). All three sites used the transition grants to leverage outside funds to sustain their projects.

- FirstHealth of the Carolinas continues to increase the number of community and school gardens and farmer's markets through a variety of local funding sources. The hospital is exploring ways to use food grown in the gardens in its cafeterias.
- Hamilton County Public Health received additional funds from the CDC in September 2008 to create up to eight additional School Health Advisory Councils.
- The OASIS Institute received funds from the WellPoint Foundation in October 2008 to introduce *Active Generations* into eight additional OASIS Centers. (In addition,

during the grant period, OASIS expanded the program to its Pittsburgh center with funding from the National Council on Aging.)

Sidebars

CREATING GARDENS IN 15 NORTH CAROLINA COUNTIES: FIRSTHEALTH OF THE CAROLINAS

A Hospital Creates a Garden

Moore County, N.C., where [FirstHealth of the Carolinas](#) is headquartered, is home to many retirees who enjoy the region's rolling hills, temperate climate and famous Pinehurst Golf Courses. FirstHealth is a nonprofit health system covering 15 counties with a network of hospitals, health and fitness centers, primary and dental care centers, and a hospice and home care program.

Melissa Watford, health education coordinator at FirstHealth, directed FirstHealth's *Active for Life*[®] and *Generations* projects. *Active for Life*[®] was a Robert Wood Johnson Foundation (RWJF) national program aimed at increasing physical activity among people aged 50 and older. See [Program Results](#) for a description of *Active for Life*. *Generations* (formally called *Active for Life*[®]: *Generations Working Together to Prevent Childhood Obesity*) is aimed at reducing childhood obesity by pairing young children with older adults and by advocating for changes to local policies and improving physical environments. See [Program Results](#) for more information on *Generations*.

The initial goal of North Carolina's *Generations* project was simple—to start an organic community garden that would introduce children to fresh fruits and vegetables. Watford notes, "I knew that our *Active for Life* participants liked to garden, and when we got the opportunity through *Generations* to develop a project that involved both older adults and kids, I thought the garden would be a great way to do that."

But as the project unfolded, FirstHealth staff and partners realized that they were encouraging a sustainable "local food movement." As Watford explains, "*Generations* also required us to change our physical environment and we knew the garden would be a positive addition to our community."

Watford got in touch with a master gardener and the Southern Pines Parks and Recreation Department. "We found a master gardener who wanted to develop a community garden and the Parks and Recreation helped us find land, so then we had the expertise and the plot. We were ready to get started."

FirstGarden was launched in the spring 2006 as a laboratory in which children and older volunteer adults work under the direction of master gardeners affiliated with the [North](#)

Carolina State University Cooperative Extension-Moore County Center. The 5,600 square foot organic garden produces vegetables, including peas, tomatoes, pepper, beans, okra, lettuce, cucumbers, watermelon, radishes and squash, and a variety of flowers.

Gardening: A Kid, Family and Community Experience

Robert Reeve has a personal and professional commitment to FirstGarden. He directs the Southern Pines Recreation and Parks Department, which owns the land on which FirstGarden sits. He is also the father of Casey, who was age 7, and Kristin, who was age 12 when FirstGarden began operations.

"FirstHealth was looking for property to start an organic garden and our department agreed to provide it. My daughters were involved from the start because their camp offered FirstGarden as an activity. Casey and Kristin got my wife and me interested. When we started I knew nothing. Most of the time the instruction we got was from our daughters.

"My department oversees the garden itself. We make sure it is maintained and we work with community groups that provide the volunteers, the gardeners and the kids to do the work. On a personal level, my family gardens there four or five times a week. My daughters play sports in the field adjacent to the garden, so the garden has become a focal point of what our family does every day."

In 2007, the Cooperative Extension taught a class in junior master gardening. Casey Reeve was one of 45 children who took that class. She received her certification and now mentors younger gardeners.

Reeve notes changes in his children and his family. "My kids are eating more healthfully. They would not have eaten peppers bought at a store or so many kinds of tomatoes without this experience. Our family didn't join the swimming pool last summer because the garden offered the same benefits and actually gave us more family time."

Master gardeners teach the children and adults how to plant and grow produce. Bruce Fensley learned to garden from his parents and grandparents, but became a master gardener only after he left Massachusetts to retire in North Carolina. "When I took the certification course, my ideas about what to do were always a few months behind everyone else's. Massachusetts and North Carolina have different soils and climates, so I was always out of sync with the cycles here."

Fensley heard about FirstGarden while taking his master gardening certification course. "I got together with some others and we laid out the plots, found volunteers and even negotiated with suppliers for good prices for seeds and supplies. We worked with older people who were not master gardeners but who liked gardening and wanted to volunteer."

Fred Cirule and his wife Chris are two of those volunteers. "My wife and I are both 85. I started volunteering at the hospital by driving people from the parking lot to the lobby. Later my wife and I volunteered in the nursery for newborns. After a break, we saw a notice about FirstGarden and signed up. We both like gardening and saw this as a way to stay active and garden at the same time."

During the garden's first year, the Cirules and other volunteers helped the children plant and water the seeds and fertilize the soil. "This was a completely organic garden, so we couldn't use many of the products you normally buy for gardens. We did everything organically.

"We loved working with the kids, but sometimes it took creativity to keep their interest. They really liked to turn the hoses on each other rather than on the plants. It helped when the vegetables grew and were ready to eat. We wrapped the lettuce around a dip and the kids really enjoyed eating lettuce they first saw as a seed.

"The kids took a lot of what they grew home with them. I remember one girl telling me 'We had those beans last night. They were the first beans I ever ate, and they were good.' They were good kids."

After FirstGarden, FirstSchool Gardens and Farmers' Markets

FirstSchool Gardens

In spring 2007, Moore County's **Communities in Schools** joined with FirstHealth and the Cooperative Extension to establish FirstSchool Garden on the grounds of schools, including gardens targeted to classes serving special needs students. Communities in Schools is a nonprofit organization with programs in 27 states and the District of Columbia. It aims to help youth stay in school and succeed in life by connecting community resources to schools.

Schools wishing to establish FirstSchool Gardens apply for funds to Communities in Schools in response to requests for proposals issued by FirstHealth and Communities in Schools. The Moore Regional Hospital Auxiliary raises the start-up funds and transfers them to Communities in Schools. Applicant schools are required to explain how they will manage and sustain their gardens after start-up.

The Cooperative Extension hired master gardener Fensley to help coordinate FirstSchool Gardens, working with Communities in Schools Sustainability Director Kathy Byron. "Communities in Schools took the lead, but it was a real team effort," notes Fensley. "Kathy secured funding and guided the instructional component of the gardens. I found and assigned master gardener volunteers and matched master gardeners to schools.

"We treat the gardens like outdoor classrooms. When we take the kids outside, we first talk to them about safety rules and how to use tools. The kids themselves do a lot of the work.

"We also work with the teachers to be sure that the classroom teaching and the garden lessons are coordinated. If the students are having science classes we can focus on botany in the garden. We work with the kids in groups of four to six and this is where we learn about their lives."

Watford notes that the strong partnership that developed out of FirstGarden evolved as other projects started. "In FirstGarden we [FirstHealth] were the lead but when our community decided to create gardens in schools, Communities in Schools took the lead and we are a partner."

Farmers' Markets

FirstGarden increased peoples' interest in fresh produce. According to Watford, "When Generations started, we had only one farmers' market, located near FirstGarden. One of our volunteers is married to the farmers' market manager, so we had access to information about starting a market. We opened a second farmers' market on the grounds of our hospital. Then, another group wanted a market so we helped them get started. We now have markets on Mondays, Thursdays, Fridays and Saturdays."

Lessons from the Gardens

By February 2009, partners had launched and supported two community gardens, five FirstSchool Gardens and five farmers' markets. With additional support from RWJF, through a transition supplement grant (ID# 063167), FirstHealth created a toolkit to help others establish organic community gardens. More than 200 children and 40 volunteers participated in FirstGarden or FirstSchool Gardens.

FirstGarden and FirstSchool Garden taught Melissa Watford and FirstHealth staff and partners a lot about the value of strong partnerships, the techniques and skills required to grow produce and the importance of dependable irrigation systems. But, according to Watford, "The single most important, and perhaps surprising, lesson is that children will eat what they grow. This lesson challenges the assumptions that many parents and even health professionals make about what children will and will not eat."

Parks Department Director and parent Robert Reeve sums it up: "When you are at the garden, everyone is just a community member. You could be standing next to a heart surgeon or a janitor. Gardening becomes a social gathering and you learn from everyone. You also hear kids talk about their families and their lives. It is amazing that a garden can do that for you."

KIDS AND ADULTS TOGETHER AFTER SCHOOL: OASIS INSTITUTE/SAN ANTONIO OASIS CENTER

Marylen Mann, an education advocate, and Margie Wolcott May, part of the May Department Stores Company family, founded [OASIS](#) in 1982. The OASIS mission is to enrich the lives of mature adults by engaging them in lifelong learning and service programs so they can learn, lead and contribute in their communities.

In the 1980s, the May Department Stores Company began to build permanent sites in its stores for OASIS Centers. In 2005, Federated Department Stores bought the May Department Stores Company and continues to sponsor OASIS.

The OASIS Institute in St. Louis directs a network of 26 OASIS centers that serve 360,000 people annually in communities around the country. The institute provides support to the centers in testing and disseminating curricula, training center staff and raising funds.

OASIS centers in three cities—San Antonio, Pittsburgh and St. Louis—participated in *Active for Life*[®], the Robert Wood Johnson Foundation's (RWJF) national program aimed at increasing physical activity among people age 50 and older. See [Program Results](#) for a description of *Active for Life*.

"We had a very good experience with *Active for Life*," notes OASIS Institute President Marcia Kerz. "So, we were excited when RWJF offered us an opportunity to try something involving two generations via its *Generations* program." See [Program Results](#) for a description of *Generations* (the formal name of the program is *Active for Life*[®]: *Generations Working Together to Prevent Childhood Obesity*).

The OASIS Institute chose its [San Antonio OASIS Center](#) as the site of the RWJF *Generations* project. A part of the San Antonio community for 18 years, OASIS operates from its main office in the Macy's Furniture Gallery with two additional activity centers in the city. The center has more than 18,000 members and more than 400 volunteers with classes at 31 sites.

Brenda Schmachtenberger, San Antonio OASIS director, decided to build on OASIS' ongoing relationship with local schools to meet the first aim of *Generations*—reducing childhood obesity by pairing young children with older adults. "We already had an intergenerational tutoring program in which OASIS volunteers go into schools and tutor students one-on-one. We were known in several schools and we chose from those schools to pilot our project, which we call *Active Generations*."

Meeting the second aim of *Generations*—advocating for changes to local policies and improving physical environments—was challenging. Gloria Jennings, San Antonio's *Active Generations* coordinator, observed: "RWJF required that we work on environmental changes in addition to providing direct services. We didn't have a lot of experience doing that, and it was the hardest part for us."

CATCH Meets the Learning Tree: Exercise and Nutrition in After-School Programs

Some 15 elementary schools in San Antonio operate the Learning Tree, a five-day per week after-school program for children of working parents. About 165 children per school participate. The Learning Tree curriculum features homework, a snack, outdoor time and enrichment activities.

OASIS staff and staff from the school district identified two Learning Tree schools with high concentrations of low-income and Hispanic students to pilot *Generations*. OASIS Institute's Kerz recalls, "We started out thinking about creating our own curriculum, but Diane Dowdy and Kerrie Hora at the national program office connected us to CATCH (Coordinated Approach to Child Health), an evidence-based school health program. *Active for Life* helped us understand how to use evidence-based programs in our services and we were committed to doing that with *Active Generations* as well."

CATCH developers adapted the CATCH curriculum to an eight-week course that fit the needs of San Antonio students. They also trained OASIS staff and volunteers in the modified curriculum.

According to Barbara Walther, Learning Tree coordinator at Eduardo Villarreal Elementary School, "When OASIS approached us, we were happy to be included. We like to collaborate and we thought the Learning Tree provided a good structure for CATCH. The Learning Tree has mandatory attendance requirements, so we knew we would have children for *Active Generations*, and we are always looking for enrichment opportunities for the students."

Adults and Students Share Learning and Fun

Walther randomly selected students from each grade to participate in CATCH and secured permission from their parents. OASIS volunteers served as CATCH tutors and mentors. During each 90-minute CATCH session, the OASIS volunteer and one or two students discuss the curriculum topic and complete activities together. For example, in one session, they talk about low-fat foods and then read nutrition labels to identify fat content in various foods. The students then prepare a low-fat snack for themselves and the volunteer. Each session also includes a physical activity in which the children participated with the OASIS volunteer.

Between April 2006 and September 2007 CATCH reached 45 children in two schools. "The kids loved CATCH," Walther said. "They felt good being picked for a special program and they liked the one-on-one attention from the OASIS adults. And, the curriculum allowed them to make snacks, which they loved to do."

The OASIS volunteers enjoyed CATCH as well. After retiring from a career in a government finance department and a tax accounting firm, Gloria Hoover began to volunteer with OASIS. "I was interested in *Active Generations* because it involved one-on-one work with students and it was in a part of town I didn't know very well.

"I worked with one boy who was about nine years old. We had a good relationship. Each week, part of the lesson involved us making a healthy snack together, which he would then eat. Some of the kids didn't know the names of fruits and vegetables when we first started. In working with this boy, I also learned more about nutrition and healthy eating for myself. The lessons were well planned and included time to talk about exercise and food.

Concrete Results Spur a Change in Policy

The OASIS National Health Director Danilea Werner analyzed CATCH's effects on both the children who received the curriculum and the older adults who taught it. "We wanted to make the pre- and post-tests simple to administer and we wanted to add pre- and post-test questions for the older adults that mirrored the questions we asked the children. This way, we could capture CATCH's effects on the volunteers as well as on the children."

Of the 45 children in the CATCH program at the two elementary schools, 43 completed a questionnaire that asked about the children's food and physical activity preferences and their confidence in their ability to make healthy choices. After comparing responses before and after the children participated in CATCH, Werner found promising results.

After the program, kids who had participated in CATCH:

- **Ate healthier foods.** They ate more beans, vegetables and fruit and drank 100 percent fruit juice more often. They ate less sweet food, but their consumption of French fries and chips did not change.
- **Watched less TV and videos during the week and on weekends.** Kids also spent less time playing computer and video games or surfing the Internet.
- **Exercised more.** The number of children reporting aerobic activity of 20 minutes or more the previous day increased. More kids participated in organized sports as well.
- **Knew more about making healthy food choices.** Kids were asked to choose between pictures that paired a healthy food choice with a less healthy one—skim milk vs. whole, for example. For eight of the 10 pairings, the number of kids making the correct (healthier) choice went up after CATCH compared to before.

OASIS volunteers benefited too. They unanimously rated CATCH "excellent" on a score of "poor" to "excellent." In responses to the self-report questionnaire, they indicated they are more careful about what they eat and read food labels more carefully. The positive impact of *Active Generations* prompted key policy changes in San Antonio schools.

The Learning Tree director has required all Learning Tree programs to include 15–20 minutes per day of physical activity. This mandate affects 1,800 students. Although San Antonio OASIS Center is no longer involved in CATCH programming, San Antonio schools have continued to support some CATCH components and have incorporated it into their after-school curricula.

Changing the Physical Environment by Creating a Walkable Neighborhood

Gloria Jennings, San Antonio's *Active Generations* coordinator, knew that an aim of *Generations* was improving the physical environment, but she wasn't used to thinking about how to change neighborhoods. So she asked staff from San Antonio's Metropolitan Planning Organization to meet with parents and community members to discuss options for making neighborhoods around the schools more conducive to physical activity.

According to Jennings "We were surprised, but this turned out to be one of our biggest successes. Staff from the Metropolitan Planning Organization brought some local officials to our meeting. They came with maps and other documents describing neighborhoods."

Members of the *Active Generations* team, including some of the CATCH adults and students, joined in, conducting "walkability assessments." These are walks through neighborhoods to identify problems, such as broken sidewalks, that could be fixed to make the neighborhood more conducive to walking.

"Within months, we saw changes," said Jennings. "Branches were cut down, sidewalks were fixed and signs were repaired. We couldn't believe the changes would happen so fast and as a result of our work."

Walther agrees, noting that the CATCH kids enjoyed being part of the effort. "They got to leave the school grounds to do the neighborhood walkability assessments, which the other kids don't do. They felt very special.

The collaboration with the city was wonderful. We have had a lot of improvements around our school, including bike lanes and sidewalk improvements. I was proud to be part of this. All of this came from the walkability assessment we did as part of *Active Generations* and I was amazed."

Sharing the Lessons

From the start Kerz didn't want to limit *Active Generations* to one city or even one strategy. At the same time that San Antonio OASIS applied for an RWJF *Generations* grant, the Pittsburgh OASIS Center sought funding to introduce *Active Generations* in an after-school program run through Pittsburgh City Parks and the Pittsburgh Public Schools.

The National Council on Aging (NCOA) responded with a grant that allowed Pittsburgh OASIS to try *Active Generations* by implementing CATCH but with a different strategy than San Antonio OASIS had used. While CATCH developers trained staff and volunteers in the CATCH curriculum, NCOA provided training in how to create self-directed teams. Self-directed teams are a core element of the NCOA/MetLife Foundation's Wisdom Works: Building Better Communities initiative.

In Pittsburgh, instead of working one-on-one with children as San Antonio did, groups of volunteers—self-directed teams—took ownership of an *Active Generations* project, with behind-the-scenes guidance from OASIS staff. The thinking behind self-directed teams is that as they take on leadership roles, they more easily spread the intervention to additional locations.

Pittsburgh started its *Active Generations* project in two schools in 2006, and those schools have continued to offer CATCH classes with local funds. In 2008, the school system added *Active Generations* in one additional school, also with support from local funds.

Kerz found another opportunity to market *Active Generations* approaches to additional OASIS centers and beyond. "We received a "transition" grant from RWJF [ID# 063352] that allowed us to create an *Active Generations* Toolkit, and we received a grant from Mary Ann Lee, a St. Louis philanthropist, to develop a companion manual for volunteers. We now have information we can hand out to anyone wanting to try something like this."

The OASIS Institute worked with CATCH developers to repackage 10 lessons for *Active Generations*. They then secured a licensing agreement from the CATCH curriculum distributor to release *Active Generations* to OASIS centers and other organizations.

In October 2008, the OASIS Institute received funds from the WellPoint Foundation to expand *Active Generations* into eight additional OASIS centers in: San Diego, Escondido and Los Angeles in California; Albany and Syracuse in New York; and St. Louis, Denver and Indianapolis.

Reflection

Kerz: "We have found the adults are so engaged—'If you teach it, you learn it.' They themselves are becoming more active and more healthy as they teach the kids to eat better and exercise more. Everyone wins."

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APPENDIX

Generations Project List

(Current as of the time of the grant; provided by the grantee organization; not verified by RWJF.)

City of Berkeley Public Health Division (Berkeley, Calif.)

Intergenerational Project to Engage the Community in Healthy Eating and Active Living at an Urban Recreation Center

Grant ID# 056584 (April 2006 to November 2007): \$45,000

Project Director

Kate Clayton

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OASIS Institute (St. Louis, Mo.)

Intergenerational Project to Promote Healthy Eating and Active Living in an After-School Program for a Low-Income Student Body

Grant ID# 056581 (April 2006 to September 2007): \$45,000

Developing a Toolkit for a Replicable and Sustainable Intergenerational Model to Combat Childhood Obesity

Transition Supplement Grant ID# 063352 (November 2007 to November 2008): \$49,966

Project Director

Brenda Schmachtenberger

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FirstHealth of the Carolinas (Pinehurst, N.C.)

Intergenerational Project to Establish an Organic Community Garden With an After-School Program

Grant ID# 056582 (April 2006 to September 2007): \$45,000

Disseminating a Toolkit to Encourage Replication of an Intergenerational Project to Establish Community Gardens with After-School Programs

Transition Supplement Grant ID# 063167 (September 2007 to October 2008): \$50,000

Project Director

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Hamilton County Public Health (Cincinnati, Ohio)

Intergenerational Project to Promote Healthy Eating and Active Living in an Elementary School of a Low-Income Neighborhood

Grant ID# 056583 (April 2006 to November 2007): \$45,000

Expanding Development and Implementation of School Health Advisory Councils

Transition Supplement Grant ID# 063161 (September 2007 to November 2008):
\$50,000

Project Director

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(Current as of date of the report; as provided by the grantee organization; not verified by RWJF; items not available from RWJF.)

Grantee Websites

www.activeforlife.info/generations/index.html. The *Generations* section of the *Active for Life*® website includes descriptions of project sites, links to resources for people and organizations and summaries of annual meetings. College Station, Texas: June 2006.