



Let's *Eat Well & Keep Moving*: An Introduction to the Program

From L.W.Y. Cheung, H. Dart, S. Kalin, B. Otis, and S.L. Gortmaker, 2016, *Eat Well & Keep Moving*, 3rd ed. (Champaign, IL: Human Kinetics).

Welcome to Let's *Eat Well & Keep Moving*! This program introduces *Eat Well & Keep Moving*, an innovative interdisciplinary health curriculum for fourth- and fifth-grade students.

(Note to the presenter: Comments in parentheses are instructions you should follow while giving the presentation. Do not read these comments to the participants. This convention will be followed throughout the notes in this slide show.)

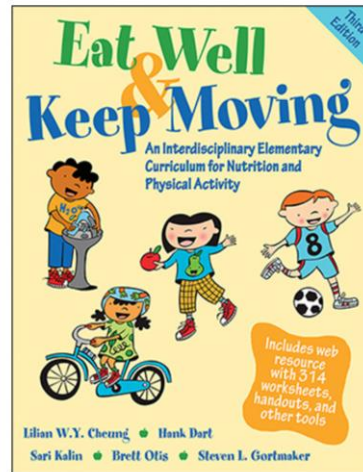
Today's Agenda

- **Description of *Eat Well & Keep Moving***
- **Why we should focus on nutrition and physical activity**
- **Why schools should be part of the solution**
- **The *Eat Well & Keep Moving* whole-school approach**
- **Questions**

Let's start by going over the handouts and the agenda. (*The handouts should include a copy of today's presentation and a copy of the Eat Well & Keep Moving brochure. Briefly review the handouts and the agenda.*)

What Is *Eat Well & Keep Moving*?

- A school-based nutrition and physical activity program for fourth- and fifth-grade students
- A school-wide program including classroom lessons, physical education lessons, cafeteria activities, staff wellness, and parent involvement



Eat Well & Keep Moving is a program for fourth- and fifth-graders that focuses on nutrition and physical activity.

The program was created under a grant from the Walton Family Foundation to the Harvard School of Public Health. The curriculum was implemented by elementary school teachers in the Baltimore public schools in Maryland. Recommendations by those teachers helped create the published version of *Eat Well & Keep Moving*, which was first released in 2001.

The Harvard T.H. Chan School of Public Health updated the program in 2015 to incorporate the latest scientific recommendations and to build on the *Dietary Guidelines for Americans 2015*.

***Eat Well & Keep Moving* Health Goals: The Principles of Healthy Living**

- Make the switch from sugary drinks to water.
- Choose colorful fruits and vegetables instead of junk food.
- Choose whole-grain foods and limit foods with added sugar.
- Choose foods with healthy fat, limit foods high in saturated fat, and avoid foods with trans fat.
- Eat a nutritious breakfast every morning.
- Be physically active every day for at least an hour.
- Limit TV and other recreational screen time to two hours or less per day.
- Get enough sleep to give the brain and body the rest they need.



Eat Well & Keep Moving focuses on eight simple health goals, referred to throughout the text as the Principles of Healthy Living. (*read them*) The *Eat Well & Keep Moving* curriculum encourages students to think about their choices for nutrition and activity and gives them practice developing strategies for achieving their goals. Putting these health messages into practice can help everyone, children and adults, improve their current well-being and decrease their risks for many chronic conditions and diseases.

Eat Well & Keep Moving **Goals for Schools**

- **Keep the cost of implementation low.**
- **Integrate lessons into core subject areas.**
- **Address education standards.**
- **Make school-wide links connecting**
 - students,
 - teachers,
 - food service staff, and
 - parents.

In designing the program for schools, these guiding principles were used:

- Keep the cost of implementation low.
- Integrate the lessons and promotions into core subjects, such as math and language arts.
- Address education standards.
- Make school-wide links to connect students, teachers, food service staff, and parents.

Research on *Eat Well & Keep Moving*

- **Fourth- and fifth-grade students in 14 Baltimore public schools**
- **Program goals:**
 - Increase fruit and vegetable consumption
 - Reduce saturated fat intake
 - Reduce TV watching
 - Increase moderate to vigorous physical activity
- **Classroom, food service, school-wide campaign, and community components**

Eat Well & Keep Moving was first used in 14 public elementary schools in Baltimore, Maryland. The program goals are to increase fruit and vegetable consumption, reduce saturated fat intake, get students to spend less time in front of the TV and computer screen, and get more physical activity into kids' daily routine. It was designed to be implemented in the classroom by classroom teachers, and some components require the cooperation of food service staff and the community. Several school-wide activities can be implemented as part of the program. We will go over these later in the workshop.

***Eat Well & Keep Moving* Has Been Evaluated and Shown to Be Effective**

Effective in

- **reducing saturated fat intake,**
- **increasing fruit and vegetable intake,**
- **increasing fiber and vitamin C intake, and**
- **reducing TV viewing.**

It was also well received by school staff and students.

When the program was implemented and feedback from students and teachers was carefully collected, it was found that the *Eat Well & Keep Moving* program was effective in these areas. (*Read the bullets.*)

SOURCE

Gortmaker, S.L., L.W. Cheung, K.E. Peterson, G. Chomitz, J.H. Cradle, H. Dart, M.K. Fox, R.B. Bullock, A.M. Sobol, G. Colditz, A.E. Field, and N. Laird. (1999). Impact of a school-based interdisciplinary intervention on diet and physical activity among urban primary school children: Eat well and keep moving. *Archives of Pediatric Adolescent Medicine* 153(9): 975-83.

Acceptability of *Eat Well & Keep Moving*

100% of responding teachers said they would teach the curriculum again.

“What impresses me most about this program is its integrative quality.... Principals, teachers, students, food staff, and parents benefit from increased knowledge and awareness of issues that are fundamental to improving one’s life.”

Principal, elementary school

All the teachers who used the program in those first years in Baltimore said they would teach the curriculum again. As one principal said . . . (*read quote*).



The *Eat Well & Keep Moving* program consists of several components that work together.

- Food service activities promote healthful foods to students at breakfast and lunch.
- Classroom-based lessons and promotions focus on nutrition and physical activity.
- Physical education lessons complement and build on the classroom lessons.
- School-wide campaigns promote nutrition and physical activity topics.
- Parent activities provide numerous opportunities for parents to get involved in the program.
- A wellness program promotes wellness of school faculty and staff.

(Optional comments) As you may know, our school—and all schools that participate in the National School Lunch Program—is required to have a school wellness policy that addresses nutrition education, school foods, staff wellness, and parental involvement. *Eat Well & Keep Moving* can play a central role in the implementation of our school wellness policy.

Benefits of Eating Well and Being Active

- **Eating well helps children grow, develop, and do well in school.**
- **Eating well reduces the risk of many chronic diseases.**
- **Being active reduces the risk of obesity, heart disease, some cancers, high blood pressure, diabetes, anxiety, and depression.**

What are some of the benefits of eating well and being active?

- Eating well helps children grow, develop, and do well in school.
- Eating well and being physically active reduce the risk of major chronic diseases, like heart disease, diabetes, and some cancers.
- Being physically active can also help children deal with anxiety and depression.

Why Should We Be Interested in a Nutrition and Physical Activity Program for Children?

- **Obesity is a major risk factor for high blood pressure, diabetes, heart disease, stroke, and many types of cancer.**
- **The food industry in the U.S. spends more than \$1.8 billion per year on advertising to children.**
- **Children become progressively less active as they age.**
- **Over 1/3 of children in the United States are overweight or obese.**

Why should we all be interested in a program focusing on children's nutrition and physical activity?

From national data we know the following:

- Obesity is a major risk factor for high blood pressure, diabetes, heart disease, stroke, and many types of cancer.
- It is estimated that the food industry in the U.S. spends more than \$1.8 billion per year on advertising to children.* Many of the foods advertised are not very healthful choices.
- As children age, they become increasingly less active.** A child may be active in elementary school but become less and less physically active while moving into middle school and then into high school.
- Finally, the Institute of Medicine has declared that we are in the midst of a child obesity epidemic.*** In 2012, over 1/3 of children and adolescents in the United States were overweight or obese.****

SOURCES

*UCONN Rudd Center for Food Policy & Obesity. (2013). *Food Marketing to Youth*. Retrieved December 1, 2014, from http://www.yaleruddcenter.org/what_we_do.aspx?id=4.

**Centers for Disease Control and Prevention. (2014). Adolescent and School Health: Physical Activity Facts. Retrieved December 1, 2014, from <http://www.cdc.gov/healthyyouth/physicalactivity/facts.htm>.

*** Institute of Medicine of the National Academies. (2013). Progress in Preventing Childhood Obesity. Retrieved December 1, 2014, from <http://www.iom.edu/Activities/Children/ProgChildObes.aspx>.

****Centers for Disease Control and Prevention. (2014). Adolescent and School Health: Childhood Obesity Facts. Retrieved December 1, 2014, from <http://www.cdc.gov/healthyyouth/obesity/facts.htm>.

The Health of Young People

Trends in Nutrition, Physical Activity, and Inactivity

Let's look more closely at the health habits of youth in the United States.

Children Are At Risk! Trends in Nutrition

- **Too many sugary drinks!**
 - 27% of teens drink one or more soda a day
 - 19.4% drink two
 - 11.2% drink three or more
- **Children and youth still consume too many foods high in saturated fat.**
- **Four out of five children do not eat enough fruits and vegetables.**
 - 1/3 of children eat less than a serving of vegetables per day
 - Half of children eat less than a serving of fruit per day

Youth consumption of soft drinks and other sweetened beverages is on the rise in the United States. In 2013, 27 percent of teens drank one or more soda a day, 19.4 percent drank two or more, and 11.2 percent drank three or more.* Research suggests that consuming sugar-sweetened beverages is associated with excess weight gain in children and adults.**

National data show that saturated fat consumption is still too high in children and youth.*** Meanwhile, fruit and vegetable consumption is too low: while a high percentage of youth do consume at least some fruits and vegetables on a given day, about a quarter of youth did not consume any fruit on a given day. Less than 10% of youth did not consume any vegetables on a given day. ****

SOURCES

*Kann, L., et al. (2013). Youth Risk Behavior Surveillance — United States. CDC. Retrieved on December 1, 2014, from <http://www.cdc.gov/mmwr/pdf/ss/ss6304.pdf>.

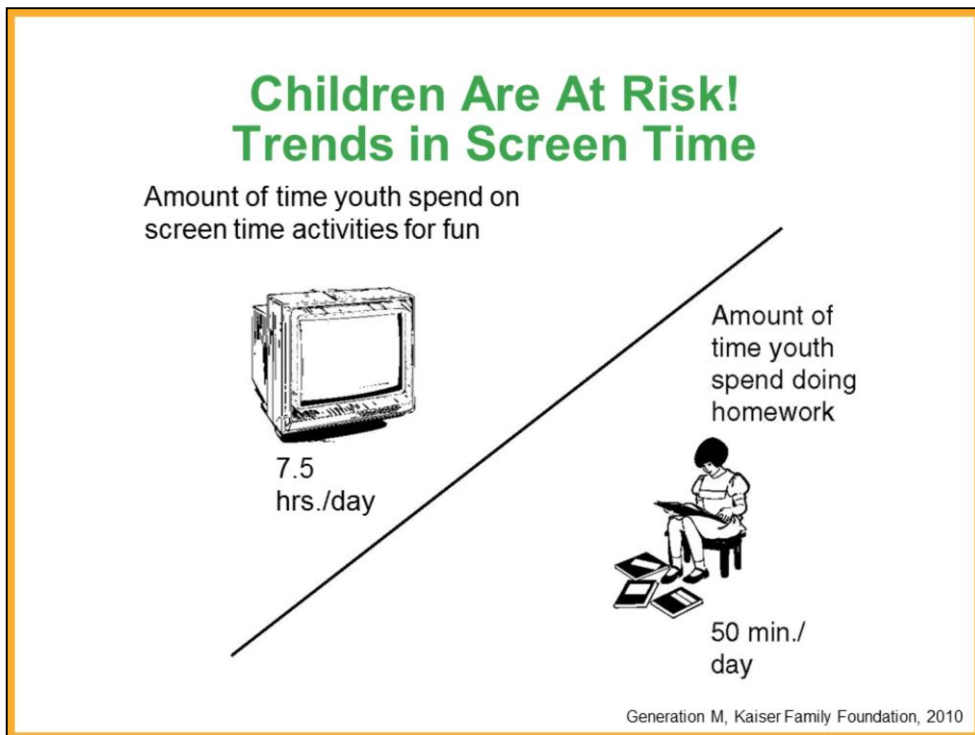
**Ebbeling, et al. (2012). A Randomized Trial of Sugar-Sweetened Beverages and Adolescent Body Weight. *New England Journal of Medicine* 367(15): 1407-16.

**Malik, et al. (2010). Sugar-Sweetened Beverages, Obesity, Type 2 Diabetes Mellitus, and Cardiovascular Disease Risk. *Circulation* 121: 1356-1364.

***Ervin, R., and Ogden, C.L. (2013). Trends in Intake of Energy and Macronutrients in Children and Adolescents From 1999–2000 Through 2009–2010. Retrieved December 1, 2014, from

<http://www.cdc.gov/nchs/data/databriefs/db113.htm>.

****Nielsen, S., Rossen, L., Harris, D., and Ogden, C.L. (2014). Fruit and Vegetable Consumption of U.S. Youth, 2009–2010. Retrieved December 1, 2014, from <http://www.cdc.gov/nchs/data/databriefs/db156.htm>.



Did you know that a recent national survey of students in grades 3-12 found that, on average, students spent more than 7 and a half hours a day using media (more than any other activity, except maybe sleep)?* Contrast that with the 50 minutes a day they spent doing homework (the average for students in grades 7-12), and the 43 minutes a day they spent reading (the average for students in all grades).

Researchers think that increases in TV viewing over the past 30 years are likely contributing to the increase in child overweight.** The most likely link between television and weight gain has to do with diet quality. We're not just talking about how people snack while they watch TV. Think about what you see on TV advertisements, especially during children's programs. Very often snack foods and sugary sweets and drinks are made to seem very exciting for kids as well as adults. There is evidence that watching food advertisements makes kids more likely to ask their parents for the foods they see advertised—and makes parents more likely to buy the foods.*** TV food ads have also been tied to drinking too much soda and eating too much fast food and sugary and salty snacks; they have also been tied to eating too few fruits and vegetables.

SOURCES

*Kaiser Family Foundation. (January 2010). Generation M Squared: Media in the lives of 8-18 year olds. Retrieved December 3, 2014, from <http://kaiserfamilyfoundation.files.wordpress.com/2013/01/generation-m-media-in-the-lives-of-8-18-year-olds-report.pdf>.

**Ludwig, D.S., & Gortmaker, S.L. (2004). Programming obesity in childhood. *Lancet*, 364(9430): 226-7.

**Harris, J.L., Bargh, J.A., and Brownell, K.D. (2009). Priming effects of television food advertising on eating behavior. *Health Psychol.* 28(4): 404-13.

***Coon, K.A., & Tucker, K.L. (2002). Television and children's consumption patterns: A review of the literature. *Minerva Pediatr.*, 54(5): 423-36.

***Kaiser Family Fountain. 2007. *Food for Thought: Television Food Advertising to Children in the United States*. Retrieved December 5, 2014, from <http://kaiserfamilyfoundation.files.wordpress.com/2013/01/7618.pdf>.

Children Are At Risk! Trends in Physical Activity

- **Only 4% of elementary schools provide daily PE for all grades.**
- **23% of children do not participate in any free time physical activity in a typical week.**
- **Participation in organized physical activity is declining: Children ages 6-12 who played sports regularly fell from 44.5% in 2008 to 40% in 2013.**

Only 4% of elementary schools provide daily physical education (or its equivalent in minutes per week) for all grades.* And sadly, students are not spending nearly enough time being active outside of school hours. A national survey of children aged 9-13 (and their parents) fielded by the Centers for Disease Control and Prevention found that 23% of children did not participate in any free time physical activity during a typical week.** Participation in organized physical activity is declining: Children ages 6-12 who played sports regularly fell from 44.5% in 2008 to 40% in 2013.

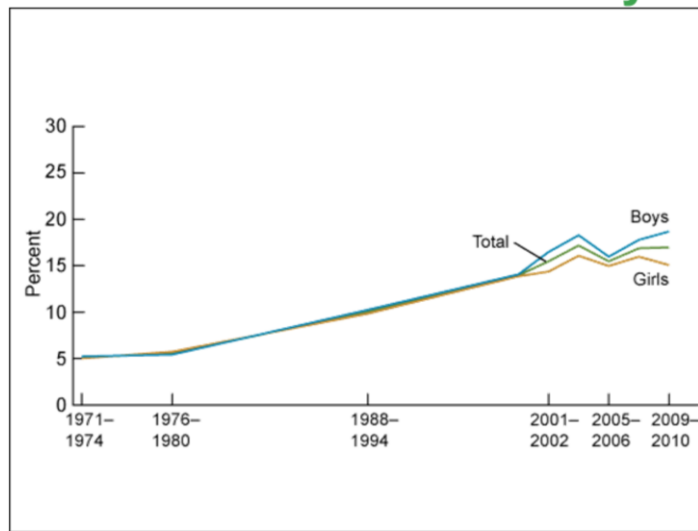
SOURCES

*IOM. (2012). Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation. Retrieved December 5, 2014 from <http://www.iom.edu/Reports/2012/Accelerating-Progress-in-Obesity-Prevention.aspx>.

**Centers for Disease Control and Prevention. (2014). Adolescent and School Health: Physical Activity Facts. Retrieved December 17, 2014 from <http://www.cdc.gov/HealthyYouth/physicalactivity/facts.htm>.

***The Aspen Institute: Project Play. (2014). Facts: Sports Activity and Children. Retrieved December 17, 2014 from <http://www.aspenprojectplay.org/the-facts>.

Children Are At Risk! Trends in Child and Adolescent Obesity



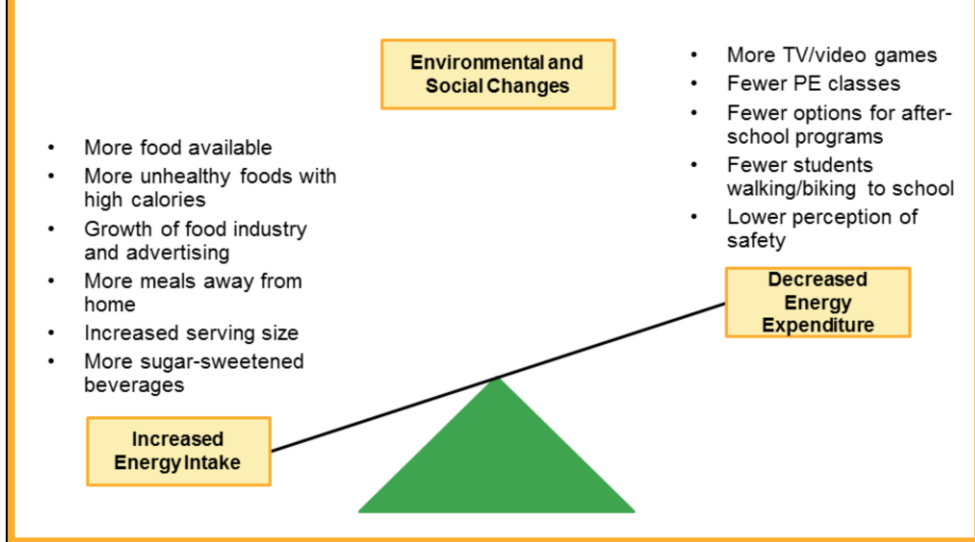
Here is a chart showing the dramatic rise in obesity among children and adolescents aged 2-19 since the 1970s. Focusing specifically on children between the ages of 6-11 years old, the percentage of kids who are overweight has quadrupled since the 1970s: in 1971-1974, 4% were overweight; in 2009-2010, 18% were overweight. The rate of overweight has more than tripled in adolescents aged 12-19, from 6% in 1971-1974, to 18.6% in 2009-2010.

SOURCE

Centers for Disease Control and Prevention. National Center for Health Statistics. Prevalence of Obesity Among Children and Adolescents: United States, Trends 1963-1965 Through 2009-2010. Retrieved on January 5, 2014, from

http://www.cdc.gov/nchs/data/hestat/obesity_child_09_10/obesity_child_09_10.htm

What Is Causing This Epidemic of Poor Lifestyle?



What is causing this epidemic? Body weight is maintained by balancing energy intake (food) with energy output (physical activity). If you put more in than goes out you gain weight. Small imbalances add up over a long period of time. A person's genetic makeup contributes to their body size and composition and makes some people more likely to be larger. However, because obesity has increased so rapidly we know its origin is not genetic. The gene pool did not change in the course of 20 years.

What changed is our environment and lifestyle. Culture can also affect these patterns, but poor dietary habits, increased consumption of calorie-dense foods, and fewer opportunities for physical activity contribute to the problem.

(Review the bullets on each side of the balance. This is a good slide to provoke discussion about lifestyle changes and the fact that lifestyles of children today are different from those of 20 or 30 years ago, on which many listeners will be able to report from personal experience. Below are some additional details that might be useful to add while reading the bullets.)

Americans spend about half of their food budget and consume about 1/3 their daily energy intake on meals prepared outside of the home.

In the 1950s Coca-Cola packaged only 6.5-ounce bottles; single-serving containers expanded to 12 ounces and now 20 ounces. At fast-food restaurants, larger sized meals can be purchased for a small additional fee; meals are "super sized".*

Advertising directly affects food choices. The food industry spends \$1.8 billion dollars annually on marketing targeted to young people. The overwhelming majority

of these ads are for unhealthy products, high in calories, sugar, fat, and/or sodium. On television alone the average U.S. child sees approximately 13 food commercials every day, or 4,700 a year; and teens see more than 16 per day, or 5,900 in a year. Additionally, companies continue to find new and creative ways to reach children through social media channels, often blurring the line between content and advertising.** In 2010, McDonald's alone maintained 13 different websites that attracted 365,000 unique child visitors and 294,000 unique teen visitors per month.***

SOURCES

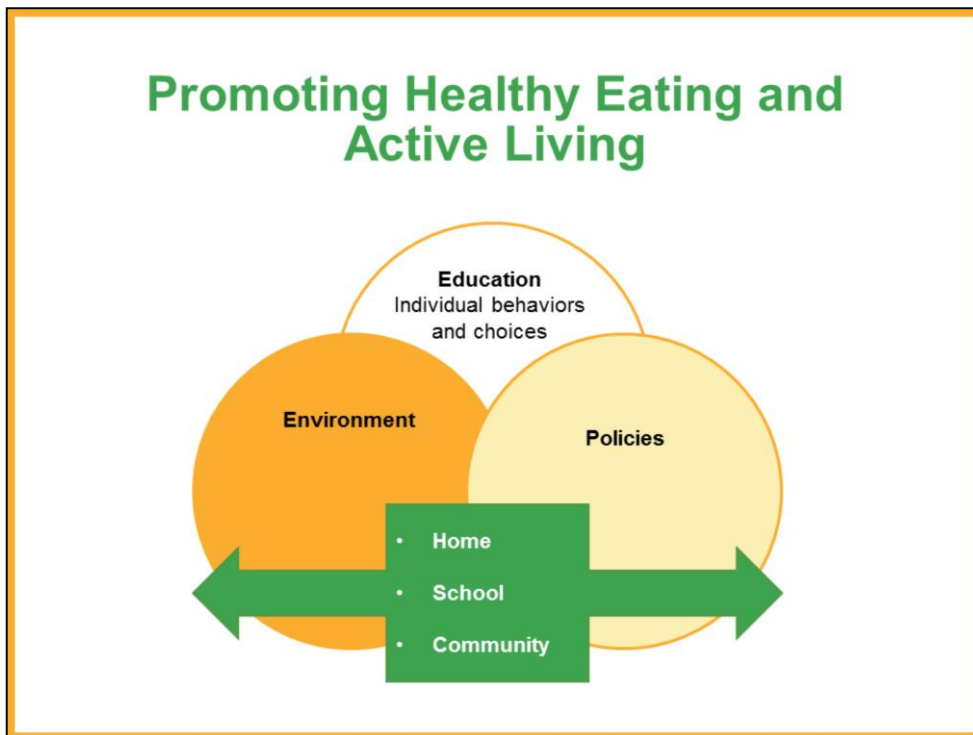
*Nestle, M., & Jacobson, M.F. (2000). Halting the obesity epidemic: A public health policy approach. *Public Health Reports* 115: 12-24.

**UCONN Rudd Center for Food Policy & Obesity. (2013). *Food Marketing to Youth*. Retrieved December 1, 2014, from http://www.yaleruddcenter.org/what_we_do.aspx?id=4.

***Yale Rudd Center for Food Policy & Obesity. (2013). *Fast Food F.A.C.T.S., Food Advertising to Children and Teens Score*. Retrieved January 6, 2015, from http://www.fastfoodmarketing.org/media/FastFoodFACTS_report.pdf

Turning the Tables: Why Schools Need to Be Part of the Solution

What can we do to reverse the trends we've just discussed? Why do schools need to be part of the solution?



Physical activity and eating behaviors are clearly individual choices. However they are clearly influenced by the environment we live in, as well as policies, cultural norms, and lifestyles.

Most interventions that are aimed at getting people to eat healthy food and be physically active focus on changing individual behaviors. They educate people—give people the facts (What is healthy eating? Why is it important? People join health clubs, weight-loss programs, get a personal trainer.). These types of interventions give people an opportunity to practice healthy choices with the hopes that they will change their habits and incorporate healthy eating and activity into their everyday lives. In most cases this doesn't work. Fifty percent of the people who start an exercise program quit after 6 months.

As the United States continues to fight an obesity epidemic, scientists have begun to realize that we need to take a public health approach to encourage people to eat well and keep moving and to prevent obesity. We need to create environments and enact policies that support healthy lifestyles at home, in school and in the community. Then we need to encourage people to LIVE healthy lifestyles by increasing their routine physical activity, walking to school, taking the stairs, watching less TV, and drinking water instead of soda. We need to encourage these behaviors in children—so that we help them

establish life-long health habits.

This approach has already seen success in tackling other public health problems, like smoking.

SOURCE

Nestle, M., & Jacobson, M.F. (2000). Halting the obesity epidemic: A public health policy approach. *Public Health Reports* 115: 12-24.

Surgeon General's Recommendation: School-Based Action

A comprehensive wellness plan that includes effective health education for all.

- A sequential health education curriculum, a school wellness policy, professional development for teachers and staff, partnerships with families, and external community members
- Nutrition: Ensure availability of healthy foods at every eating occasion at school, promote healthy choices, limit vending machine access, provide adequate time to eat meals, availability of water throughout the day
- Physical Activity: Daily PE, recess, extracurricular PA opportunities, active transportation programs, community use of facilities for out of school time hours

In 2001, the Surgeon General of the United States published a report on the epidemic of obesity and the long-term potential effects on the health of our citizens. The report made recommendations about what can be done to help reduce and prevent overweight in children and young people in the school setting. In 2010, the Surgeon General expanded on this initial report, emphasizing the importance for schools to establish a comprehensive wellness plan that includes effective health education for all.* The plans should include (*Read sub-bullets.*).

The Institute of Medicine, in 2005, also called for schools to play a crucial role in preventing child obesity, by providing “a consistent environment that is conducive to healthful eating behaviors and regular physical activity.”**

SOURCES

*U.S. Department of Health and Human Services, Office of the Surgeon General. (2010). *Surgeon General's Vision for a Healthy and Fit Nation: Creating Healthy Schools*. Retrieved December 17, 2014, from <http://www.surgeongeneral.gov/initiatives/healthy-fit-nation/obesityvision2010.pdf>

**Institute of Medicine of the National Academies. (2005). *Preventing Child Obesity: Health In The Balance*. Washington, DC: The National Academies

Press.

Healthy Eating and Physical Activity Are a Critical Part of Learning and Achievement

- **Brain development and function require an adequate supply of nutrients.**
- **Eating breakfast increases academic test scores, daily attendance, concentration, and class participation.**
- **Children learn through movement.**
- **Physical activity increases alertness.**
- **Schools that offer intensive physical activity programs see no negative effects on standardized academic achievement scores, even when time for physical education is taken from the academic day.**
- **Children spend more time reading and doing homework when parents set limits on TV viewing and other recreational screen time.**

(Read the slide title and read bullets.) The finding on intensive school physical activity programs (*the next to the last bullet*) disputes the concerns of school administrators that spending more time on physical education will interfere with academic performance.

SOURCES

Center on Hunger, Poverty, and Nutrition Policy. (1995). *Statement on the link between nutrition and cognitive development in children*. Medford, MA: Tufts University School of Nutrition.

Meyers, A.F., et al. (1989). School breakfast program and school performance. *American Journal of Diseases of Children*, 143: 1234-9.

Food Research and Action Center. (2014). Breakfast for learning. Retrieved December 17, 2014, from <http://frac.org/wp-content/uploads/2009/09/breakfastforlearning.pdf>.

Pollitt, E., Leibel, R.L., & Greenfield, D. (1981). Brief fasting, stress, and cognition in children. *American Journal of Clinical Nutrition*, 34: 1526-33.

Sallis, J.F., McKenzie, T.L., Kolody, B., Lewis, M., Marshall, S., & Rosengard, P. (1999). Effects of health-related physical education on academic achievement: Project SPARK. *Res Q Exer Sport* 70(2): 127-34.

Trudeau, F., & Shephard, R.J. (2008). Physical education, school physical activity, school sports and academic performance. *Int J Behav Nutr Phys Act* 5: 10.

Wiecha, J.L., Sobol, A.M., Peterson, K.E., & Gortmaker, S.L. (Sept.-Oct. 2001). Household television access: Associations with screen time, reading and

homework among youth. *Ambulatory Pediatrics* 1(5): 244-51.

Vandewater, E., Bickham, D., & Lee, J. (2006). Time Well Spent? Relating Television Use to Children's Free-Time Activities. *Pediatrics* 117(2): e181-e191.



Now that we've talked about the need for schools to get involved to reverse these worrisome nutrition and physical activity trends, let's take a brief look at each component of *Eat Well & Keep Moving* so that we can better understand the whole-school approach of *Eat Well & Keep Moving*.

Faculty and Staff Wellness

The program offers the opportunity to learn more about nutrition, physical activity, stress management, and overall health.

The staff wellness program offers teachers and food service staff members the opportunity to learn about and improve their own health and well-being.

Surveys help determine the health issues that teachers and staff members are most interested in, and wellness sessions are designed with their responses in mind.



School Food Services

**The program offers
schools help in
promoting healthful
choices in school lunch
and breakfast programs.**

Eat Well & Keep Moving uses the cafeteria as a learning lab for nutrition. The cafeteria not only reinforces the messages learned in the classroom but also provides students with the opportunity to put their knowledge into practice.

The *Eat Well & Keep Moving* goals for food service are to follow the nutrition recommendations of the Principles of Healthy Living, specifically to

- offer more fruits and vegetables;
- offer more whole grains;
- offer fewer sugary foods;
- offer water and limit sugary drinks; and
- choose foods with healthy fat, limit foods high in saturated fat, and avoid foods with trans fat in food purchasing and preparation.

Another goal is for food services to ensure that healthful foods are appealing to students.

With many communities already working to place healthful choices in schools, one focus of *Eat Well & Keep Moving* is to promote these choices to students. Unfortunately, putting healthy choices on menus doesn't mean children will eat them. The healthy foods must be marketed to students.

One way of promoting healthful choices is the set of Eat Well cards.

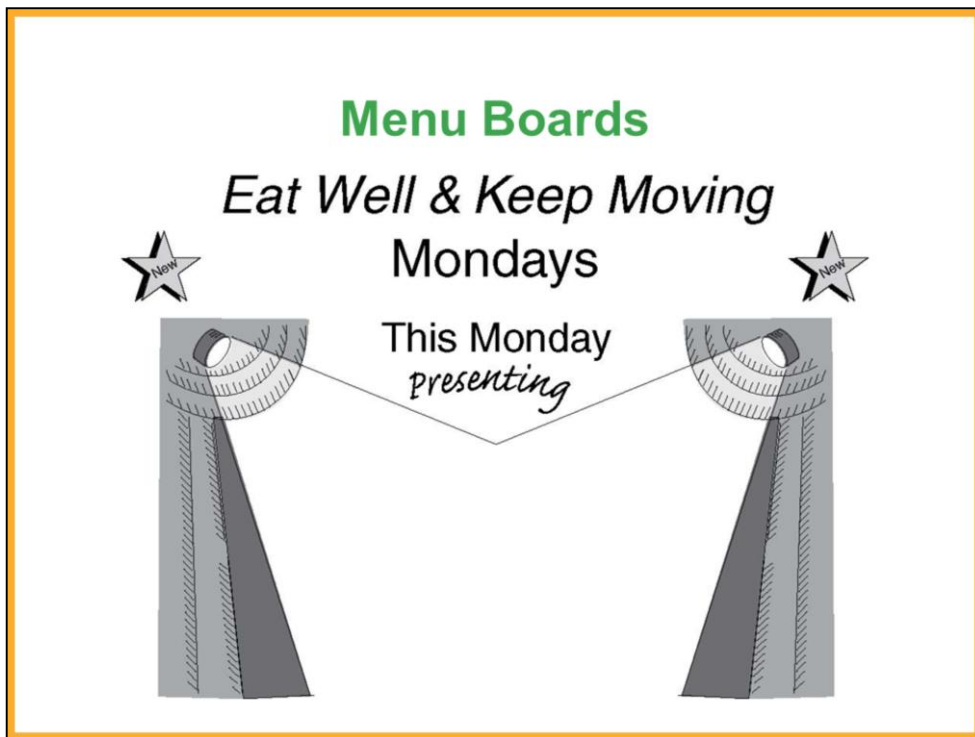
Eat Well Card: Stir-Fry With Healthy Oils!



Promotional materials, such as these Eat Well cards, provide an important link between the cafeteria and the classroom. These cards highlight foods (especially fruits, vegetables, and whole grains) served in the lunchroom and promote student discussion on the days the particular items are served.

This approach piques the students' interest in trying foods (particularly vegetables) served in the cafeteria.

In addition to being placed on the cafeteria line, Eat Well cards are used by teachers in the classroom. Linking the cafeteria to the classroom is very important to get students to eat well.



In Baltimore, *Eat Well & Keep Moving* chose Fridays to heighten student awareness that healthy food choices taste good.

These menu boards highlight a different dish each week and are coordinated with Eat Well card presentations in the classroom. Such an effort ensures that the students receive a consistent, weekly message encouraging them to try the healthy offerings the food service prepares.

The Classroom: Lessons on Nutrition and Physical Activity

- **26 lessons**
- **Teacher friendly**
- **Manageable teacher training**
- **Format familiar to educators**
- **Adaptable to all students**
- **Lessons meet education standards**

Staff from the Harvard Department of Curriculum and Instruction played a major role in developing the classroom materials for *Eat Well & Keep Moving*. The second edition contains 28 classroom lessons—14 each for both the fourth and the fifth grades.

These lessons can fit into the social living component of the comprehensive health curriculum as well as into core subjects such as math, language arts, social studies, and science.

The lessons are teacher friendly, contain a substantial amount of reference and resource material, require a manageable amount of teacher training, are in a format familiar to educators, encourage the use of critical thinking and cooperative learning, and meet education standards.



The classroom activities make valuable links to the other components of *Eat Well & Keep Moving*.

Students learn in the classroom about the new menu items available in the cafeteria *before* they actually see them.

Physical education lessons in the gym include nutrition concepts such as getting 5 or more servings of fruits and vegetables each day and healthy snacking.

Bulletin boards throughout the school and cafeteria promote healthy eating tips as part of a school-wide campaign.

Additionally, parents learn about the issues taught to their children through newsletters and programs featuring *Eat Well & Keep Moving* tips.

Parental Involvement

- **Parent newsletter**
- **Parent fun nights (at school) focused on healthy eating**
- **Community health coalition**
 - Cooking and nutrition classes
 - Walking programs

Parents are vital in shaping children's behavior. What children learn at school should be reinforced at home.

Eat Well & Keep Moving can help foster parental involvement by organizing parent nights at school with their children and presenting information in parent newsletters.

It can also help schools form a community health coalition that offers services and programs to parents.

Examples of organizations that offered programs to parents in the Baltimore pilot are the Maryland Cooperative Extension, Maryland Food Committee, and American Cancer Society.

School-Wide Promotional Campaigns

- **Get 3 At School and 5+ A Day**
- **Class Walking Clubs**
- **Freeze My TV**

One way to mobilize children to take positive action is to make learning and doing *fun*.

Therefore, *Eat Well & Keep Moving* uses a number of school-wide promotional campaigns that provide students a fun way to put their learning into practice.

These are the program's largest promotions, and each campaign is an extension of classroom lessons:

- Get 3 At School and 5+ A Day, which promotes eating fruits and vegetables, uses graphing and math skills.
- Freeze My TV helps students reduce the total number of hours they spend on TV and other screen time through graphing and journal writing (which use math and language arts skills).
- The Class Walking Clubs promotion has students use geography and map skills.



Questions?

Any questions?

Thank you for attending.