

Promoting Health  
and Preventing  
Obesity in After  
School Programs:

*Critical Issues  
to Consider*

Working Paper of

**CANFIT**

CALIFORNIA ADOLESCENT NUTRITION AND FITNESS PROGRAM

Volume 1, Number 3

May 2004

Copyright © California Adolescent Nutrition and Fitness Program 2004

---

# Promoting Health and Preventing Obesity in After School Programs:

## *Critical Issues to Consider*

---

### Executive Summary

*After school programs provide youth development opportunities that have particular benefits for middle school age youth. However, in the process of providing their services, many after school programs miss the opportunity to provide healthy eating and physical activity experiences to youth. This missed opportunity affects all youth, but with the rise in overweight and obesity that is being disproportionately experienced among youth of color, it is especially important to ameliorate this situation. After school programs could and should serve as a community conduit for modeling, disseminating, and re-enforcing positive messages about food and physical activity.*

---

### Introduction

In California, the impact of youth participating in after school activities has received ongoing attention. A study of state-funded after school program for elementary and middle school-age children cited improved academic performance, better attendance and behavior.<sup>1</sup> Other reports have found reduced rates of juveniles involved in crimes and as victims of violence, and decreased juvenile participation in teen sex, drug use, smoking and drinking.<sup>2</sup> Importantly, participants in after school programs have stated feeling safer than they had previously.<sup>3</sup> The election of Governor Arnold Schwarzenegger, who sponsored the passage of Proposition 49 to help make after school more accessible, portends additional recognition of after school programs. His interest in fitness and nutrition may also be tapped to further address recent news coverage about and public awareness of the alarming rates of obesity and Type 2 (later onset) diabetes in youth, and especially, youth of color.

Since 1993, the California Adolescent Nutrition and Fitness Program (CANFit) has excelled at helping communities gain and enhance their capacity to improve the physical activity and nutrition status of low-income African American, Asian/Pacific Islander, Latino and American Indian youth, ages 10 to 14. Specifically, it provides training and convening opportunities, technical assistance, policy development and grants to enable emerging and established community after school programs to be effective. CANFit has developed innovative and culturally competent programs and activities, such as the Promoting Healthy Activities Together (P.H.A.T.) hip-hop campaign to promote physical activity and nutrition, the bilingual Adelante con Leche Semi-descremada 1% Campaign to promote 1% milk in Latino communities, and

Project R.E.A.L. (Redefining Excellence, Activity, and Leadership) promoting physical activity to Asian/Pacific Islander youth and parents. As many of these activities have occurred when the school day ends, CANFit has served as a support and resource to over 60 programs that operate during the after school period.

CANFit's expertise in producing culturally appropriate nutrition and physical activity education training resources that emphasize youth development and community empowerment are nationally recognized (e.g., 2002 and 2003 Dannon Institute Award for Excellence in Community Nutrition, 2003 Robert Wood Johnson Community Health Leader Award). CANFit has provided consultation to numerous private, state and national agencies including the 100 Black Men of America, Inc., South Dakota Lakota Sioux Diabetes Education Project, the Region 10 - U.S. Bureau of Maternal and Child Health, the Centers for Disease Control and Prevention, and the Forum for Youth Investment (to examine how the youth development field can incorporate nutrition and physical activity standards into after school programs).

*In this working paper, CANFit examines opportunities for after school programs to help address the physical activity and nutrition needs of middle school-aged youth of color.*



## California's Middle School Age Youth

California's youth population is experiencing tremendous growth and changes on several fronts. Increasingly, youth in California are ethnically diverse and spend time in multi-cultural settings. Adolescents in California's middle schools, generally 10 to 14 years old, are 7% African American, 8.4% Asian, 36.4% Latino, 0.5% American Indian, 44.3% white, and 3.4% other and two or more races.<sup>4</sup> In many instances, the nation's youth of color are in California.<sup>5</sup>

A focus on adolescents is compelling because the most stark population shifts will occur for them. From 1990 to 2000, the number of adolescents of middle school age increased by 30%.<sup>6</sup> This is followed by an increase of 23% for children 5 to 9 years old, and who would currently be in the 10 to 14 years old category. Moreover, this is part of a larger change. We are now experiencing the number of adolescents, age 10 to 17, increase at a rate of 36%, 2.2 times higher than California's overall population and three times that of the national average.<sup>7</sup> In addition, many institutions in the state are not prepared to respond to the growth in the numbers of adolescents and to their diversity, thus policymakers often overlook equity and access issues.<sup>8</sup>

As an overlay to demographic changes in the state, escalating rates of obesity and the weight-related disease of Type 2 diabetes, two conditions that are often associated with poor diet and the lack of physical activity, have gained attention. According to the U.S. Surgeon General, obesity rates in children and youth nationally have tripled in the last two decades.<sup>9</sup> Recently he noted that rates of diabetes in children and youth have increased by 50% from 1990 to 2000.<sup>10</sup> In particular, the prevalence of obesity and diabetes is higher for youths of color. Results from the California Teen Eating, Exercise, and Nutrition Survey indicate that 50% of African American, 36% of Latino, and 28% of Asian/Other adolescents,<sup>11</sup> ages 12 to 17, were overweight or at risk of being overweight.<sup>12</sup> In contrast, 25% of white youth faced a similar situation.



Several factors contribute to low-income youth of color having a higher risk for developing poor eating and physical activity habits. These include the lack of safe environments for physical activity, the overabundance of fast foods, processed foods and sodas in school, restaurants, stores, and vending machines in their neighborhoods, and the limited availability of affordable healthy food items in neighborhood markets. These factors are compounded by schools cutting physical education classes, excessive time spent in front of televisions and computers, as well as cultural or adaptive behaviors in some groups, such as economically oppressed groups placing a high value on meat consumption.

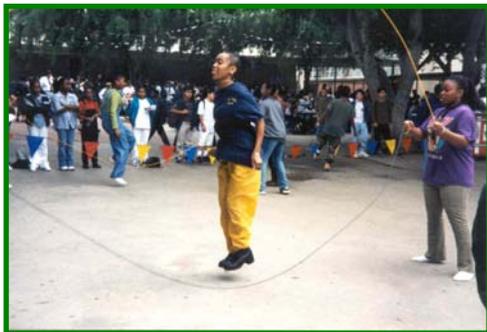
Given the current trajectory and without immediate intervention and attention, adolescents, and especially those from low-income communities of color, will have a heightened risk for illness, disability and death as they enter adulthood. Overweight children are very likely going to become overweight adults.<sup>13, 14</sup> Moreover, because obesity and Type 2 diabetes are preventable in most cases and highly responsive to changes in diet and physical activity, the keen opportunity for healthier lifestyles and outcomes cannot be missed or overlooked.

---

## After School Opportunities to Promote Health

After school programs can be conducive for nutrition and physical activity given the growing need for their services and their unique role in communities. Many low-income families have both two parents or a single parent working and need to have school-age children in after school activities. These settings offer safe, academic enriching, and healthy social interactions for youth until their parents return from work and complement what they learn in school. After school programs that take the youth development approach of providing participants the ability to make decisions about the program design and activities, learning and applying new skills and information, and fostering involvement in their community, among other tenets, appeal to youth. This model importantly promotes skills building and leads to a sense of responsibility and belonging.

Youth participate in after school programs for several reasons, including interacting with friends, honing academic skills, and engaging in sports and recreational activities. Given the largely voluntary nature of their participation as well as how after school programs seem to possess a quality or approach which is distinct from activities during school hours, youth in after school programs are more likely to be open to learning new skills and information and engaging in new experiences, especially when presented in an innovative and engaging way. In addition, after



school programs have more flexibility than schools and thus may be able to include physical education and nutrition activities that would appeal to youth.<sup>15</sup> It is also worth noting that after school programs take place during the time period when school-age students historically concentrated their physical activity.<sup>16</sup>

The ability to attract and retain the participation of middle school age students is challenging for after school programs because youth in this age range require an approach that addresses a phase in their development, which is characterized by high flux and exploration. These youths are too old for structured programs that younger children participate in and they may not have developed hobbies or interests that older students can engage in within after school programs. Importantly, middle school age children are entering puberty, exploring various interests, honing academic skills, and at the crux of developing pivotal peer relationships and more susceptible to peer pressure. Thus, the after school experiences that youth in this age range have can potentially set a course of healthy behaviors that could last a lifetime. As such, the opportunity to instill knowledge about how physical activity and nutrition contribute to health or at minimum, providing middle school age youth with the means to have more healthy choices and make informed decisions, is critical.

After school programs can help participants learn about physical activity and nutrition, build skills, and engage in practices that will result in lifelong health. For instance, schools focus on competitive team sports, which appeal to some students more than others. Physical activity, as a complement to the physical education activities schools may provide, could consist of developmentally appropriate non-competitive activities, such as walking clubs, gymnastics, dance, body conditioning, or yoga.

Parents, educators, after school and other “out of school time” professionals, and community leaders can coordinate their efforts and collaborate in ways to maximize how they work with middle school age youth and especially with youth of color. In particular, given the adeptness of staff of after school programs in designing and implementing youth-friendly activities, after school providers (with adequate training) can play a pivotal role in helping California’s youth become healthier and minimize unhealthy behaviors.



---

## Current After School Structures

After school programs are operated by school districts, parks and recreation departments, public and private institutions, and nonprofit organizations. Childcare centers, which are similarly managed by different types of organizations, may also provide programs and activities during the after school period. Moreover, after school programs may receive funding from multiple sources, including state and local government grants, public and private funders, and individual donors. This range determines how flexible an after school program can be in including or enhancing physical and nutrition activities. State-funded after school programs receive a reimbursement of \$5 a day per participant, a factor that has limited their activities. In addition, many after school programs that are currently operating are also constrained by existing scopes of work or deliverables.

Due to the varying types of and approaches in after school programs, there are no shared or uniform standards to compare or contrast how physical activity and nutrition education occur or where such opportunities may be enhanced.

To grasp where and how physical education and nutrition activities may occur in after school programs, we look at three potential vehicles for collaborations and partnerships, program enhancements, and/or policy changes. They are: (1) the California Physical Education Standards, (2) state funding mechanisms for after school programs, and (3) the California School-Age Consortium (CalSAC), an association of professionals and organizations in school-age and after school programs.

## 1. Potential Collaboration and Partnership: California Physical Education Standards

Theoretically, California schools operate under the physical education standards set in the *California Standards for Student Success: Physical Education*.<sup>17</sup> The standards include several goals, such as to have students understand the importance of a healthy lifestyle, and improve motor skills and abilities. They also established a minimum standard of 200 to 400 minutes of physical education every 10 days for students in first through twelfth grade. Unfortunately, many schools do not follow these standards due to a recent, heightened focus on academic performance as demonstrated in test scores and due to a lack of funding. No standards of nutrition education exist.

*After school programs could collaborate or partner with schools to meet physical education standards.*

## 2. Potential Program Enhancement: State Funding Mechanisms

In funding after school programs, the state Department of Education has general criteria, which can include providing physical activity and nutrition education. These are not enforced mandates with minimum criteria or with incentives for meeting a substantial baseline. However, these requirements may provide further opportunities for physical activity and nutrition to be included in after school programs. In the California Department of Education's After School Education & Safety Program, the state's program to fund schools to provide programs during non-school hours and the implementing agency for Proposition 49, requirements in its current RFA for programs serving elementary and junior high/middle school students, include but are not limited to activities, such as physical activity and health promotion.

For the 21<sup>st</sup> Century Community Learning Centers (CCLC) Program, a federal program administered by the California Department of Education, how applicants fulfill certain requirements in their proposals can result in higher ratings. The CCLC Program focuses on helping children and youth in schools serving high-poverty areas succeed academically through the use of scientifically based practice and extended learning time. Proposals are scored based on how an applicant: aligns the need for a before and/or after school program with community resources and needs, and those of working families; provides a range of interesting and age-appropriate activities that directly meet those needs; provides high levels of youth involvement; engages rigorous collaborative processes to involve key community stakeholders; provides services and programs that complement and enhance the academic performance, achievement and positive youth development of the students; and maintains high quality staff and volunteers.

*These requirements could be amended to provide higher ratings for after school programs that incorporate physical activity and nutrition education activities that meet certain standards into their programming.*

### 3. Potential Policy Change: California School Age Consortium

As the professional association for after school and school age providers in California, CalSAC serves as a key resource for training, information exchange, and convening professionals who work in various settings and with different approaches. CalSAC has held several training conferences focusing on how to work with middle school age students. In addition, they are the largest and oldest affiliate of the National School-Age Care Alliance (NSACA), a national association of 8,000 practitioners and a source for accreditation. NSACA and the National Institute on Out-of-School Time (NIOST), a research, policy and training organization, collaborated to develop NSACA's standards for after school programs. While the accreditation standards and process are currently being revised and slated to be re-launched in September 2004, it may be instructive to look at them to identify areas where physical activity and nutrition occur and could be more rigorously and stringently implemented.

To date, the six categories of NSACA standards cover: (1) safety, health and nutrition; (2) activities; (3) outdoor environment; (4) indoor environment; (5) human relationships; and (6) administration. We briefly review specific standards in four areas that relate to physical activity and nutrition. In the "safety, health and nutrition" category and under the key of "(t)he program serves foods and drinks that meet the needs of children and youth," several specific standards address nutrition. These include the provision of healthy foods by limiting selections which are high in fats, salt and sugars, serving a range of food types (fruits, vegetables, grains, and proteins) and representing various cultures; by ensuring age- and size-appropriate portions; and by making drinking water available at all times. In the "activities" category and under the key of "(c)hildren and youth can choose from a wide variety of activities," providing them regular opportunities for active, physical play is a specific standard for accreditation. Lastly, under the indoor and outdoor environment topics, specific standards stipulate that the indoor "space is arranged well for a range of activities: physical games and sports,..." and that "each child has a chance to play outdoors for at least 30 minutes out of every three-hour block of time at the program."

*CalSAC could provide training on NSACA's revised nutrition and physical accreditation standards, and link professional development opportunities and state accreditation to after school programs that meet the standards.*

The state's physical education standards, state funding mechanisms for after school and school-age programs, and the independent state association for school-age and after school professionals could serve as venues to improve nutrition and physical activity in middle school age youth of color. Youth, parents, after school program staff, public health professionals and other key stakeholders can tap these vehicles to specifically and directly address the physical activity and nutrition needs of middle school age students in their communities who are at risk of developing chronic diseases, overweight or obesity due to their poor eating patterns and physical inactivity.

---

## Current Practices

The above section described three institutional resources where physical activity and nutrition education could be established or enhanced to improve health. In the following section, we discuss several national and state programs (i.e., YMCA, the Boys and Girls Club, and municipal park and recreation departments) that have been known for their work in providing physical activity in various communities and may provide additional opportunities for collaborations in nutrition. Then, we review how local organizations working with the CANFit Program have conducted physical activity and nutrition education in after school settings.

Park and recreation departments, YMCA's, and the Boys and Girls Clubs are notable providers of physical activity programs, along with other services, in California. Within each entity, the site or association of centers develops and operates programs to meet the specific needs of the communities they are located in. At the state and national levels of these organizations, there are neither criteria nor minimum standards for nutrition education or physical activity. The YMCA and the Boys and Girls Clubs have guidelines for physical activity but these do not serve as requirements for operations at the local level. The state group of municipal park and recreation departments has guidelines and resources, but given how local departments are managed, each municipality, as well as each site in a city, can differ from one another. The Los Angeles Department of Recreation and Parks, for instance, is beginning to establish minimal standards across its many sites. The American Camping Association has accredited its Sunchaser Day Camps.



The Boys and Girls Clubs, the YMCA and park and recreation departments are increasingly aware of the impact of obesity and diabetes on youth. This coincides with larger changes within these organizations. The national Boys and Girls Clubs has recently entered into a \$12 million partnership with Kraft Foods and Coca-Cola to provide a 5-year after school health and wellness program called Triple Play (starting in 2005) to local chapters.<sup>18</sup> The YMCA has also undergone a shift from a focus on physical education and activities to a healthy lifestyle orientation. Some YMCA's have added a nutritionist to their staff. Other sites have banned sodas in all vending machines on the premises.

With the food and beverage industry facing increasing criticism for advertising and selling fast foods and sodas in schools, the industry is making a concerted effort to maintain their youth market share by cultivating after school and community organizations. This cultivation manifests as opportunities for increased funding and programming for after school programs. However, after school providers must be careful to examine the potential "strings" these industry-sponsored programs may require, and assess whether the programs main aim is improving health, or winning youth's brand loyalty and support.

Given variations in the programs and services within YMCA's, Boys and Girls Clubs, local community based organizations, and park and recreation departments, efforts to enhance physical activity, establish or further promote nutrition education, and develop concerted campaigns to reduce obesity and Type 2 diabetes will need to focus at the local level. Having best practices and program models to share as resources will be especially helpful for making a case to a park and recreation department, Boys and Girls Club or YMCA to expand or add physical activity and nutrition education to existing programs.

*CANFit has designed and compiled a myriad of best practices and program models. The physical activity and nutrition education resources are geared for middle age students, and were developed for use during the after school hours. These resources are transmitted through CANFit's training, technical assistance and web site. Importantly, CANFit serves as a conduit for community organizations and after school programs to convene, share information and enhance their relationships. The examples below demonstrate the breadth of innovative approaches, which can be utilized to increase physical activity and improve the nutritional intake of youth.*



- Mission Girls Program, of the Mission Neighborhood Centers in San Francisco received a CANFit planning grant in 1998. With the funding and technical assistance, they developed a program design and curriculum focusing on a Latina-specific ritual, *the quincinera*, to educate low-income Latina girls about nutrition, fitness and body image. Based on information from focus groups and a needs assessment, Mission Girls also provides weekly healthy cooking classes that are culturally appropriate, and conducts a range of physical activities, which include Latin dancing, sports, fitness games, hiking, swimming and yoga. This program has evolved into a peer education project where Latinas trained at Mission Neighborhood Centers conduct classes on healthy lifestyles to students in San Francisco middle schools.
- American Indian youth living in an arid area of southern California decided that the physical activity they most wanted to learn was surfing. The Indian Health Council, 1999 CANFit grantee, used this information to work with the local tribal council to develop a Native Surf Camp, now in its fifth year. The annual camp not only teaches surfing skills, but also emphasizes the indigenous history of the area, reminding youth that their ancestral lifestyle once encompassed coastal living and healthier food choices.
- Working with the national 100 Black Men of America mentoring organization in 2001, CANFit created a nutrition and physical activity curriculum designed for after school mentoring organizations. *Nutrition and Physical Activity: The 100 Way* was field-tested specifically with African American youth, and utilizes aspects of Black cultural styles, beliefs, and rituals to impart messages about healthy eating and physical activity.<sup>19</sup>

■ In 2002, CANFit grantee, Sports4Kids, based in Oakland, developed a nutritious snack program during the after school hours. The organization acquired or purchased its snack foods from Costco, the Alameda County Community Food Bank, and local produce wholesalers. The provision of snacks evolved into their FitKid Program, which promotes an understanding of how the body works and consists of clubs on running, stretching, and strength building. Sports4Kids attributes the success of their healthy snacks approach to: dedicating a time for snacks, having the youth eat the snacks in small groups, and having them sit while eating.

■ A 2003 CANFit grantee, the San Diego Youth & Community Services (SDYCS), taught participants to develop food selection skills during grocery store and restaurant tours. Recently, at the request of the San Diego Unified School District, SDYCS will be replicating its curriculum at an additional after school site.

Having stakeholders (e.g. youth, after school providers, public health practitioners, educators and others) come together spurs movement and attention on the issues of obesity and diabetes in youth and promotes innovative physical activity and nutrition education. In the recommendations section, we suggest several ways to foster such collaborations and increase attention and dialogue. To gain a better understanding of the after school perspective, the next section outlines some additional factors to keep in mind when attempting to incorporate obesity prevention programming into after school programs.

---

## Additional After School Factors to Consider

■ After school program staff experience relatively high turnover due to several inter-related reasons. Many of the positions are part-time given the program's focus on the after school period. In addition, low salaries and the lack of employment benefits have contributed to many persons entering and then within a short time, leaving after school positions.<sup>20</sup> According to NSACA, the average annual turnover rate is 40 per cent.<sup>21</sup>

■ Earlier, it was noted that state-funded after school programs receive \$5 per participant per day on a reimbursement basis. This has posed additional operational challenges. While professional development remains a key concern for after school programs, they may not have adequate resources or the programmatic infrastructure, such as substitutes, stipends or scheduling during non-program times, to enable staff to participate. For instance, program staff may receive nutrition and physical activity training. But when the staff leaves, the after school program must then train new staff rather than having the ability to continually build the skills of existing staff. Therefore, due to infrastructure limitations, after school programs and especially, smaller programs, can only gain a certain level of expertise among their staff. Similarly, because after school program staff may not have career advancement opportunities, they often leave the after school field or take jobs in related settings, such as in the schools.



■ With the high turnover and limited expertise of staff, program evaluation can be a challenge. Simple evaluation systems and frameworks need to be developed and after school staff must receive adequate training to implement evaluation protocols.

■ There may be tensions among after school programs, which view one another as competitors for scarce resources or for limited participant pools. Some after school programs and local schools feel at odds with one another when they share space and staff, arrange for transportation between school sites and program sites, and must coordinate when school-time and after school-time activities are juxtaposed.

In spite of all of the factors listed above that could negatively impact new health and obesity prevention initiatives, the majority of after school programs possess a critical asset – program staff who tend to reside in, and be reflective of the community they serve. Thus, even if staff leave a particular site, the knowledge and skills that they acquire about healthy eating and physical activity will stay in the community and continue to influence the health of the community and its members.

---

## Recommendations

CANFit has identified several existing and potential areas for further collaboration and partnership. The after school field with its variations and staff expertise provide a rich array of opportunities to develop and expand physical activity and nutrition education.

■ *Encourage collaboration between schools/school districts and after school programs.*

In addition to their participation, parents and youth—along with community leaders—should encourage, demand and facilitate processes where schools and after school programs work together. For instance, parents and community leaders can initiate research and discussions about how, through innovative partnerships and arrangements, state PE standards for schools might be met by after school activities or back-to-back school/after school activities. The aim is to coordinate activities during school time and those outside of school time to complement each other and to build additional momentum. To support and optimize these collaborations, community based organizations, such as CANFit, and health practitioners with physical activity and/or nutrition expertise can equip after school providers with key resources and best practices in physical activity and nutrition.

■ *Provide incentives for and offer information about alternative funding sources to before and after school program applicants to encourage them to include physical activity and nutrition education.*

Parents, youth, community leaders and stakeholders need to encourage the Governor to promote physical activity and nutrition as part of the formula for determining how the state funds school-age programs and to facilitate leveraged funding scenarios where after school programs and/or partnering community organizations can seek specific funding for physical

activity and nutrition education. Complementary funding sources may include the California Nutrition Network for Healthy, Active Families and the Child and Adult Care Food Program for subsidies and grant support in nutrition. The funded activities should not overshadow an after school program's academic objectives, such as academic enrichment or support. Instead, the aim should be to integrate physical activity and nutrition education into existing after school programs. For instance, nutrition education could be integrated into academic enrichment activities, snack time, or the physical education (e.g., highlighting performance enhancement) component of an after school program.

■ *Expand the development and distribution of information about how nutrition and physical activity support or enhance academic performance.*

Health professionals and researchers should more directly describe the impact of physical health and proper nutrition on academic performance, behavior, mood, etc. at school and in after school venues. They need to also share this information with youth for the youth to become peer messengers and help design programs for their communities. Such information should include how physical activity and proper nutrition support overall healthy physical development and maintenance.

■ *Invite after school providers and community members to be part of the process of determining how health and obesity prevention programs will be developed.*

In order to successfully create effective strategies that will work in California's diverse communities, venues and opportunities for resources sharing and idea exchange among policymakers, educators, after school staff, public health and nutrition/physical education professionals and others must be established. Engage these various parties to foster shared understanding and establish areas of connection while affirming the contributions of each.

■ *Engage after school programs in conducting community needs assessments.*

After school program staff and especially, the youth participants, can assess their community to learn: (a) how local youth spend their time after school, (b) what foods youth eat during that period and what physical activities they participate in, and (c) what healthy foods and physical activity resources are present in their community. After school programs can utilize CANFit's model of how to implement an environmental assessment of food availability in neighborhoods.

■ *Promote CANFit-developed standards for after school nutrition and physical activity projects, and link these with funding criteria in existing or upcoming funding vehicles.*

After school programs and especially CANFit grantees should encourage public funding sources of after school programs to adopt CANFit's standards (Appendix A: *CANFit Guidelines for Program Content* and Appendix B: *CANFit Criteria for Reviewing Physical*

*Activity Programs*). CANFit can provide training and technical assistance to implement these standards and as a result, applicants seeking after school funding and complementary/leveraged funding sources will be better qualified and better positioned to receive the funding they need. Link CANFit resources, training and technical assistance expertise with CalSAC's Trainers Network, which uses a training-of-trainers approach to build the capacity of school-age program professionals.

■ *Tap CANFit's and CANFit grantees' expertise in implementing culturally competent nutrition and physical activity programs and activities to provide professional development opportunities to after school program staff.*

After school providers, youth and their parents could use nutrition education and physical activity as topical springboards to engage after school program staff in enhancing their cultural competency skills. They can refer to the CANFit Super-Manual, a how-to guide which includes program activities, guidelines, recipes and other resources.<sup>22</sup> Staff of CANFit grantee programs can become members of the CalSAC Trainer's Network and share their expertise with after school program staff.

■ *Sponsor legislation that supports the provision of nutrition and physical activity education in after school programs.*

State legislation has reflected some creative ideas. For instance, Assembly Bill 2327 (Chan) would require that the state Board of Education include information and activities about nutrition and physical activity in the reading, English language development, history/social science, science, and mathematics instructional materials at their next revision. Assembly Bill 1949 (Hancock) would make it possible for state funded after school programs to provide additional professional development and training for their staff.

---

## Conclusion

*Adolescents in California are undergoing personal growth and experiencing stark changes in their worlds. As parents, educators, and community stakeholders strive to help youth create affirming pathways, the prevalence of overweight, obesity and Type 2 diabetes is taking hold of too many youths as they begin to reach the prime of their lives. Unfortunately, these conditions hamper and may eliminate many choices that young people want or need to make. While the crisis level has been growing, concerted and coordinated action, taken by after school providers, health professionals, public health practitioners, educators, parents and youth, must be supported and urged. The U.S. Surgeon General has recently called obesity and overweight in youth the "terror within." The silent but gnawing impact of obesity and Type 2 diabetes warrants a new kind of community mobilization to stem the effects of these conditions on those who can be healthier as youth and as adults.*



---

## Appendix A

---

### California Adolescent Nutrition and Fitness (CANFit) Guidelines for Program Content

The following guidelines must be followed by all funded CANFit grantee projects.

1. Programs must be multidimensional, integrating different settings for behavior change, including:

- School
- Community
- Health Care System
- Home
- Food Industry
- Media and Telecommunications

2. The broad goal for these programs is to improve dietary intake and physical activity habits, benefiting nutritional status in the target population. As such, programs should follow the Tenets of Health At Every Size (HAES) – i.e., health enhancement, size and self-acceptance, the pleasure of eating well, the joy of movement, and an end to weight bias (visit <http://cnr.berkeley.edu/cwh> for further information).

3. Each proposed community program should identify specific nutrition and physical activity goals and measurable objectives that reflect the needs of their target population and adhere to criteria listed below.

- These goals should be consistent with the Dietary Guidelines (US Department of Health and Human Services) and tenets of sound nutrition as recognized by the American Dietetic Association. Dietary guidelines individualized to a target population should make it easily feasible for adolescents to meet their minimum daily nutrition requirements (US Recommended Daily Allowances) with foods and food products.
- Programs should encourage general nutritional adequacy and address the nutrients (such as iron, calcium, folacin, vitamins A and C) commonly at risk in the target group.
- Adolescents will be encouraged to increase their consumption of nutrient-dense foods, higher in dietary fiber, that are lower in fat, salt and sugar.

- Programs that target a specific setting such as fast food restaurants, should set goals that reasonably can be achieved. These include making more nutritious selections or reducing the number of occasions at these eating places, but not to totally refrain from fast food use.

- Intervention efforts focused at home should emphasize foods and snacks at home as well as skills required for meal planning and food preparation. Adolescents should not be expected to stop consuming their favorite foods, but to gradually add more nutritious choices at the same time decreasing the frequency and/or quantities of the less nutritious ones.

- Adolescents at school may bring lunch from home, buy it at school or a nearby store, or not eat anything. Interventions on teen lunch habits should consider this variety and provide adolescents with strategies to make healthier purchases or to bring a more nutritious lunch from home as often as possible. As in other settings, participants will not be asked to give up foods, but will be shown ways to achieve a better nutritional balance.

- Programs that target adolescents' consumer habits in convenience stores, supermarkets, or at snack counters should help with label reading and food selection skills so that they are able to make qualitative judgments about the relative nutritiousness of individual food items. Participants will be instructed to distinguish relative nutritional quality within and across food types. Adolescents are encouraged to make all of their own food choices with the acknowledgment that some choices will be less optimum than others; the major goal is for adolescents' overall dietary patterns to improve.

- Communities serving overweight adolescents should be familiar with current research and philosophies regarding weight management in adolescents. These intervention programs should have available consultants from the fields of nutrition, exercise physiology, psychology or social work, and medicine. Weight management programs should not be severely restrictive calorically.

- Adolescents served by the funded community programs who have medical problems with associated dietary restrictions will not be expected to make changes that conflict with those restrictions.

4. Interventions should aim at changing specific behaviors and not just knowledge. Programs should be prepared to offer adolescents individual skills that enhance their ability to change eating and physical activity behaviors as well as a chance to practice those skills. Examples are given below:

- Basic preparation of quick, healthy meals and snacks

- Resistance skills to cope with social pressure to eat certain foods, drink alcohol, not exercise, etc.

- Consumer education: food selection, label reading, media literacy
- Decision-making and problem solving

5. Programs should be culturally appropriate (e.g., considering aspects of youth culture, ethnicity, gender, income level, and language), and appeal to their targeted group of adolescents. The nutrition education component of programs should minimize didactic information and strive to provide participatory experiences for adolescents to enhance the chance for behavior change. Examples include:

- Interactive computer games
- Opportunity to assess level of nutrition or fitness and compare self with “normal” adolescent
- Appealing video presenting program content
- Peer nutrition and fitness committee
- Theater productions

6. Programs should attempt to alter the environment of the low-income, ethnic adolescents so that there is:

- A wider variety of healthy and acceptable food choices available at school, convenience stores, vending machines, restaurants, and other settings that the targeted adolescents frequent, including out-of-home living situations
- Improved access to adequate equipment and facilities to learn and practice regular aerobic exercise
- Exposure to positive role models (peers, family, media stars, community leaders) that visibly practice healthy eating and physical activity behaviors

7. Successful existing programs that have produced changes in eating or physical activity behavior can be built upon, with emphasis on adaptation if the original program targeted adults or different ethnic or income groups.

8. In implementing nutrition/physical activity interventions, programs will follow the guidelines listed herein.

---

## Appendix B

---

### California Adolescent Nutrition and Fitness (CANFit) Criteria for Reviewing Physical Activity Programs

#### Organizational Capacity

- What experience does the organization have in implementing similar programs?
- Is providing this physical activity program an integral part of the organization's scope of work?
- Does staff have physical education training?
- Will the organization's capacity to promote physical activity be enhanced by implementing this program?
- Does the implementation of the program depend on the specialized skill of one, or a few, staff members?
- How will staff turnover be handled?

#### Planning Considerations

- Is the physical activity based on youth's interests and/or reflective of youth culture?
- Are youth involved in planning and organizing of the physical activity sessions?
- Are other agencies or individuals actively supporting the program?
- Is there opportunity for youth to give candid feedback?
- Does the intervention design have the flexibility to incorporate feedback from youth or other stakeholders?
- Is at least one of the areas of fitness measured at the beginning and at the end of the intervention?
- Does the program address youth's perceived benefits and barriers to engaging physical activity?
- Is nutrition education incorporated into the activity?

#### Continuity/Implications of the Program

- What component of the program will continue after funding ceases?
- Can this program contribute to the body of knowledge of physical activity programs?
- Will lessons learned from the program be shared?
- Does the program develop youth's skills to develop their own physical activity options?

## Implementation Considerations

- Is the site appropriate for the activities?
- Is the site appropriate for the targeted youth (transportation, reasons for not using the facility)?
- Is the time of the day, week, appropriate for targeted youth?
- Are safety issues considered?
- Do youth have to pay for it?
- Does the program address different areas of fitness (strength, flexibility, endurance)?
- Do the intervention sessions incorporate best practices? (See questions below.)

## Questions To Evaluate Physical Activity Sessions

- Are the activities active, developmentally appropriate, and enjoyable?
- Is the leader enthusiastic about the activities?
- Are the activities non-competitive?
- Are all youth participating equally?
- If not, are there separate sessions for girls? boys?
- Does the session foster success for all participants?
- Does the session encourage involvement by all?
- Does the session teach skills to do the physical activity?
- Do the sessions include a warm-up activity?
- Do the sessions include a cool-down activity?
- Are the group sizes appropriate?
- Is there enough equipment for the number of participants?
- Are there physical boundaries defined around the activity area?
- Are the participants active at least 50% of the time?
- Are there signals to stop and start the activity?
- Are the instructions concise?
- Is the time spent during transition minimal?
- Is the leader providing appropriate feedback during the session?

---

## References

---

- <sup>1</sup> University of California at Irvine: Department of Education, *Evaluation of California's After School Learning and Safe Neighborhoods Partnerships Programs: 1999-2000*, May 2001.
- <sup>2</sup> Cf., Fight Crime: Invest in Kids California. *California's Afterschool Choice: Juvenile Crime or Safe Learning Time*. (Oakland, CA. 2001).
- <sup>3</sup> University of California at Irvine: Department of Education.
- <sup>4</sup> Estimate derived from the California Health Interview Survey, 2001, using UCLA CHPR race category. The Pacific Islander numbers were statistically unstable and not included in the Asian subgroup.
- <sup>5</sup> For instance, 37% of the Asian youth in the U.S., age 10-14, are in California. Thirty percent of Pacific Islander youth, 12% of Native American, and 6% of African American youth in the same age group nationally are in California. Similarly, of Latino/Hispanic youth in the nation, 33% of them are in California. The Hispanic category includes persons of other races who indicate Hispanic ethnicity on the census. The figures here are derived from the Census Bureau's SF3 files and based on Census 2000.
- <sup>6</sup> California Department of Finance, Demographic Research Unit. *California 1990, 2000 Comparison Tables*. Based on Census 1990 and Census 2000.
- <sup>7</sup> Children Now. *Report Card 2000: How Young People Are Faring Today*. (Oakland, CA, 2000.)
- <sup>8</sup> California Tomorrow. *Pursuing the Promise. Addressing Equity, Access, and Diversity in After School and Youth Programs*. Oakland, CA: California Tomorrow, 2003.
- <sup>9</sup> U.S. Surgeon General. *The Surgeon General's Call To Action To Prevent and Decrease Overweight and Obesity, Overweight in Children and Adolescents*.  
[www.surgeongeneral.gov/topics/obesity/calltoaction/fact\\_adolescents.htm](http://www.surgeongeneral.gov/topics/obesity/calltoaction/fact_adolescents.htm)
- <sup>10</sup> U.S. Surgeon General. Remarks to the 2003 California Childhood Obesity Conference, January 6, 2003.
- <sup>11</sup> This amalgam category does not reflect the high rates of obesity and diabetes in specific Asian and Pacific Islander population groups, such as Native Hawaiians, Samoans, and Tongans.
- <sup>12</sup> Foerster, Susan et al. *1998 California Teen Eating, Exercise, and Nutrition Survey: Also Profiling Body Weight and Tobacco Use – Media Highlights*. (Oakland, CA: Public Health Institute, 2000.)
- <sup>13</sup> U.S. Surgeon General. Remarks to the national conference of the American Academy of Pediatrics, April 27, 2004. He estimates that nearly three fourths of the nine million U.S. children and youth who are overweight and obese will become overweight and obese adults.
- <sup>14</sup> Cohen, J. *Overweight kids: Why should we care?* (Sacramento: CA. California Research Bureau, California State Library. 2000.) Cohen estimates that 70 to 80 percent of obese adolescents will remain obese when they are adults.
- <sup>15</sup> Hinkle, Arnell. *Community-based Nutrition Interventions: Reaching Adolescents from Low-income Communities*. Annals of the New York Academy of Sciences, May 28, 1997.
- <sup>16</sup> Halpern, Robert. *Physical (In)activity Among Low-Income Children and Youth*. (New York, NY: After School Project of the Robert Wood Johnson Foundation, 2003.)
- <sup>17</sup> California Department of Education. 1998.
- <sup>18</sup> [www.bgca.org](http://www.bgca.org) (April 28, 2004 – PRNewswire.)
- <sup>19</sup> USDA, FNS. *Nutrition and Physical Activity: The 100 Way*. Washington, DC. 2003.
- <sup>20</sup> National Institute on Out-of-School Time. *Spotlight on MOST: Building a Stable High-Quality After-School Work Force*, (Wellesley, MA: NIOST).
- <sup>21</sup> National School-Age Care Alliance, "National School-Age Care Alliance Public Policy Statement and Recommendations 2000" (Boston, MA: NSACA, 2000).
- <sup>22</sup> California Adolescent Nutrition and Fitness Program. *CANFit Super Manual*. Berkeley, CA. 2004.