



**Nutrition and Physical Activity Advisory  
Committee (NPAAC):  
A Guide for Schools, Parents, and Communities**

**Revised September 2004**

*The development of this guide was coordinated  
by the Child Health Advisory Committee  
in support of Act 1220 and Healthy Arkansas.*

Electronic version of this guide can be found at:  
[http://www.healthyarkansas.com/advisory\\_committee/advisory.html](http://www.healthyarkansas.com/advisory_committee/advisory.html)

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## Part One: Background and Overview of Act 1220



**Purpose:** An act to create a child health advisory committee; To coordinate statewide efforts to combat childhood obesity and related illnesses; To improve the health of the next generation of Arkansans.

### Goals of Act 1220:

- Change the environment within which children go to school and learn health habits.
- Engage the community to support parents and build a system that encourages health.
- Enhance awareness of childhood obesity to mobilize resources and establish support structures.

### Major Components of Act 1220:

- Remove elementary school student access to vending machines offering food and beverages.
- Develop recommendations to ensure that nutrition and physical activity standards are implemented to provide students with the skills, opportunities and encouragement to adopt healthy lifestyles.
- Require schools to include as part of the annual report to parents and the community the amounts and sources of funds received from competitive food and beverage contracts.
- Require schools to include as part of each student's health report to parents an annual body mass index (BMI) percentile.
- Require schools to annually provide parents an explanation of the possible health effects of body mass index, nutrition and physical activity.
- Require every school district to convene a school nutrition and physical activity advisory committee.
- Created the child health advisory committee.



**Link to Act 1220** - 84th General Assembly Act 1220 of 2003 by Representatives Bradford, Biggs, Cleveland, Milligan and Senators Bisbee, Argue  
<http://www.arkleg.state.ar.us/ftproot/acts/2003/public/act1220.pdf>

**Link to Arkansas Department of Health/Child Health Advisory Committee** - ACT 1220 of 2003 created the Child Health Advisory Committee to address childhood obesity and develop statewide nutrition and physical activity standards. The Committee meets monthly and has made initial policy recommendations to the State Board of Education and the State Board of Health. These recommendations, as well as committee members, minutes, and other related information can be found at the website:  
[http://www.healthyarkansas.com/advisory\\_committee/advisory.html](http://www.healthyarkansas.com/advisory_committee/advisory.html)



## **Part Two: Developing a local Nutrition and Physical Activity Advisory Committee (NPAAC)**



There are really only two goals for the first year:

1. Getting organized and getting started, and
2. Supporting the implementation of the Child Health Advisory Committee recommendations

This section further explains the steps to getting these two goals accomplished.

### **1. Getting Organized/Getting Started**

#### **Role of committee**

The school nutrition and physical activity advisory committee (NPAAC) will:

- (A) Help raise awareness of the importance of nutrition and physical activity; and
- (B) Assist in the development of local policies that address issues and goals, including, but not limited to, the following:
  - a. Assisting with the implementation of nutrition and physical activity standards developed by the committee with the approval of the Department of Education and the State Board of Health;
  - b. Integrating nutrition and physical activity into the overall curriculum;
  - c. Ensuring that professional development for staff includes nutrition and physical activity issues;
  - d. Ensuring that students receive nutrition education and engage in healthful levels of vigorous physical activity;
  - e. Improving the quality of physical education curricula and increasing training of physical education teachers;
  - f. Enforcing existing physical education requirements; and
  - g. Pursuing contracts that both encourage healthy eating by students and reduce school dependence on profits from the sale of *foods of minimal nutritional value*.

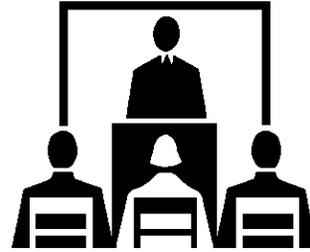
#### **Committee membership composition (as specified by Act 1220)**

Members from school district governing boards  
School administrators  
Food service personnel  
Teacher organizations  
Parents  
Students, and  
Professional groups such as nurses and community members

#### **Other committee members might include:**

Medical professionals  
Attorneys  
Law enforcement officials  
Government officials  
Recreation professionals  
Other interested citizens

And/or representatives from:  
 Social service agencies  
 Business/industry  
 Volunteer health agencies  
 Churches/synagogues  
 Hospitals/clinics  
 Public health agencies  
 Civic and service organizations  
 Colleges/universities  
 Youth groups  
 Professional societies



### Qualities desired in members

Most importantly, NPAAC members are committed to quality school health programs for the children of their community. Other criteria should include:

- **Demonstrated interest in youth.** Individuals who work with scouts, church youth groups, human service agencies, school events, other advisory groups, environmental concern groups, civic clubs, PTAs or business projects are good candidates for NPAAC membership. They often have a good understanding of the needs of children.
- **Awareness of the community.** When members have a general understanding of the cultural, political, geographic and economic structure of the community, goals are more easily reached.
- **Professional ability.** Individuals with professional training in a youth-related discipline are obvious potential members, as are those employed in human service agencies.
- **Willingness to devote time.** No matter what the person's qualifications and interest in youth, if she or he will not attend meetings and participate in the work of the NPAAC, it is usually better not to have that person as a member.
- **Representative of the population.** Every community has population segments that are important in the overall functioning of the community. To increase the likelihood of having a NPAAC that actually represents the community, it is important to consider age, sex, race, income, geography, politics, ethnicity, profession and religion when selecting members.
- **Credibility of individuals.** School districts should appoint to NPAACs individuals who are respected by those who know them. Individual

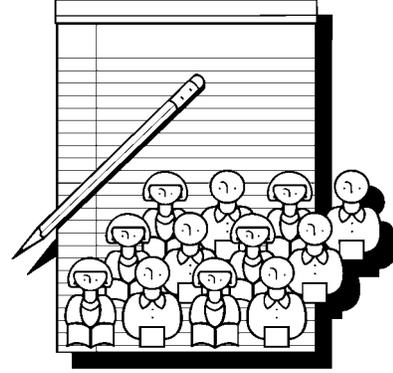
characteristics, such as honesty, trustworthiness, dependability, commitment, and ethics, all contribute to the character of the NPAAC.



## Selection Process

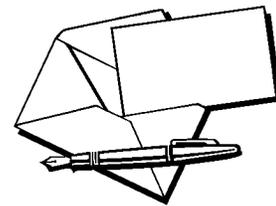
Committees may obtain members through one of three methods:

- **Appointment** – Committees may consist of individuals who are appointed by school board members to represent them in planning and implementing school health programs.
- **Election** – Committees may consist of individuals who are elected by citizens, school board members or administrators.
- **Volunteer** – Committees may consist of individuals who volunteer to serve. These committees are most often reflective of the diverse views of the community since many segments have the opportunity to serve.



## Regardless of what procedure is used to acquire new members, some common steps should be taken:

- Membership categories and committee size should be determined. School Health Committees typically have 11 - 19 members.
- A diverse group of three to five concerned individuals should be used to identify potential members for each membership category.
- The NPAAC purpose, its general operation, current membership and the time commitment for members should be briefly explained to each identified potential member.
- Final decisions for membership should be made and confirmed with the designated school district contact person.
- Appointment letters should be sent to new members from the superintendent and/or the school board. The appointment letters should indicate how much the school district values a person's willingness to participate in the NPAAC. The content of the letter should also refer to the name of the NPAAC, its purpose, terms of appointment, frequency of meetings, name of the school district contact person and NPAAC chairperson, if appropriate. Finally the letter should inform the person about the next communication for getting started with the NPAAC.

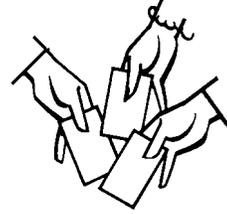


## NPAAC Organization Tips

- **Terms of members** - Minimum of 2 years commitment is suggested with renewable option to encourage continuity and enhance committee function. Stagger terms so that rotation occurs for only half the committee each year.
- **Name of the NPAAC** - The name is most likely to be straightforward, simply incorporating the school system's name (i.e., Conway County Nutrition and Physical Activity Advisory Committee)
- **Officers** - The titles and responsibilities of officers, terms, as well as a brief description of the election, removal and resignation processes should be made known to the NPAAC. Generally, the officers will be

Chairperson or Co-Chairpersons, Vice-Chairperson, Secretary, and perhaps Treasurer.

- **Voting Procedures** - The voting process to be used at regular meetings and the required quorum should be described in the minutes. For example, one half of the current members must be present for a vote to be taken and two-thirds of those present must vote for a motion in order to approve the motion.
- **Committees** - The names of any standing committees or subcommittees and a brief description of their functions and membership should be known to members.



The majority of a NPAAC's work is completed during meetings. Therefore, it is essential that meetings are effective. To ensure that meetings are well organized and goal-directed, the following factors should be given consideration.

- **Regular meeting schedule.** An annual calendar of dates, times and locations for regular meetings should be established. It is helpful if there is a pattern to meeting dates, such as every three months. Some NPAAC s meet in the schools to help members become more familiar with the school environment. Any responsibility for food costs and transportation should be made clear at the beginning of the year. Limit the duration of meetings to 2 hours to optimize productivity. Robert's Rules of Order or some equivalent may be used to govern the conduct of each meeting.
- **Agenda.** Members should receive a tentative agenda with a request for suggested agenda topics approximately one to two weeks before a meeting. Suggestions should be returned at least one week in advance of the meeting for incorporation into the agenda. Members should easily understand the agenda, and action items should be designated separately from information items and discussion only items. Minutes of the previous meeting should accompany the mailed tentative agenda. Here is an example of how an agenda could be structured: 15 minutes for refreshments and socializing, 10 minutes for review and acceptance of minutes of last meeting and review of agenda, 15 minutes for report from school personnel on programs and activities, 30 minutes for discussion of future projects, 15 minutes for reviewing and voting on action items, 15 minutes for presentation of items to be voted on at next meeting, and 15 minutes for review of meeting and setting next agenda. The agenda should allow time for new items to be introduced.
- **Minutes** - Minutes should be kept by assigned staff member and mailed to members within 3 weeks.
- **Phone communication** - A phone tree should be established to communicate quickly on activities and for inclement weather. Also, a central phone number should be designated for information.
- **Punctuality.** Meetings should start and end on time. Waiting for others before starting a meeting or allowing



discussion to drift past a specific time will enable the continuation of these behaviors.

- **Environment and atmosphere.** The meeting should be held in a physically comfortable room with seating that allows members to easily see and hear each other. U-shaped or semi-circular seating arrangements work well. All members should be involved in discussions and positively acknowledged for their contributions. Periodically, discussion should be summarized for the group. A member should be designated to keep a written record of discussion topics, major ideas and decisions.
- **Follow-up.** All tasks requiring follow-up or completion should be assigned to a committee member before moving on to a new topic. Time should be allocated at the end of the meeting to determine the tentative agenda for the next meeting.
- **Other suggestions.** Each meeting should add to the members' understanding of school health.

## 2. **Support implementation of the Child Health Advisory Committee recommendations**

Complete Recommendations can be accessed at:

[http://www.healthyarkansas.com/advisory\\_committee/pdf/final\\_recommendations.pdf](http://www.healthyarkansas.com/advisory_committee/pdf/final_recommendations.pdf)

Both the Department of Education Board and the Board of Health are currently considering the recommendations for adoption. Until a decision is made, these recommendations can be considered for implementation by individual school districts.

### **Recommendations for the 2004-2005 school year**

#### I. School District Nutrition and Physical Activity Advisory Committee

In accordance with Act 1220, each school district shall convene a School Nutrition and Physical Activity Advisory Committee that shall include members from school district governing boards, school administrators, food service personnel, teacher organizations, parents, students and professional groups such as nurses and community members.

##### **A. School District Nutrition and Physical Activity Advisory Committee**

The School District Nutrition and Physical Activity Advisory Committee shall be structured in a way as to ensure age-appropriate recommendations that correlate to the current grade configuration of the school district.

1. This shall be done utilizing at least one of the following options:

- a. Establish a School Nutrition and Physical Activity Advisory Committee at each school in addition to the District Committee.

- b. Establish subcommittees of the District Committee, representing the appropriate age and grade configuration for that school district.
  - c. Include representatives from each appropriate grade level group (elementary school, middle school, junior high, senior high) on the membership of the District Committee.
2. At a minimum, the District Nutrition and Physical Activity Advisory Committee will:
- a. Annually, assist schools in the assessment of each school campus beginning in school year 2004-2005. At a minimum, the following modules of the *School Health Index for Physical Activity, Healthy Eating and a Tobacco-Free Lifestyle* must be used:
    - Module 1: School Health Policies and Environment
    - Module 2: Health Education
    - Module 3: Physical Education and other Physical Activity Programs
    - Module 4: Nutrition Services
    - Module 8: Family and Community Involvement Assessment

These modules can be found at:

<http://www.cdc.gov/nccdphp/dash/SHI/index.htm>

In addition, the Committee will compare the physical activity assessment to the standards defined by the National Association for Sport and Physical Education (NASPE).

NOTE: The *School Health Index* is a self-assessment and planning tool that will enable schools to identify the strengths and weaknesses of the school's nutrition, physical activity, and health environment policies and programs.

- b. Help ensure that the School Health Index assessment and physical activity standards are included in individual school improvement plans.

- c. Assist the school in implementation of Child Nutrition Standards to provide increased healthier options for all foods and beverages sold or served on the school campus. These include all foods and beverages other than those offered as part of reimbursable meals, including vending machines, snack bars, fund-raisers, school stores, class parties and other venues that compete with healthy school meals.
- d. Maintain and update annually a list of recommended locally available healthier options for food and beverage sales venues.
- e. Review and make recommendations to the local school board regarding all food and beverage contracts (See Appendices A-C).
- f. Maintain a list of non-food and healthy food alternatives for fund-raisers (See Appendix D).

## **I. Child Nutrition Standards**

All school cafeterias and dining areas should reflect healthy nutrition environments. Schools should ensure that all students have access to school meals. Schools should not establish policies, class schedules, bus schedules or other barriers that directly or indirectly restrict meal access.

For purposes of this policy, an elementary school campus in Arkansas is defined as any campus containing a combination of grades K–6. A middle school campus is defined as a campus containing grades 6, 7 and 8. A junior high school campus may contain either grades 7 and 8, or grades 7, 8 and 9. A high school campus is defined as any campus containing a combination of grades 9, 10, 11 and 12.

### **A. Foods of Minimal Nutritional Value (FMNV) – See Appendix A “Definitions”**

#### **1. Elementary Schools**

As required by Act 1220, elementary students will not have access to vending machines offering food and beverages anytime, anywhere on school premises during the declared school day. In addition, elementary students will not have access to FMNV, anytime, anywhere on school premises during the declared school day. For a listing of foods and beverages restricted by the FMNV policy, see Appendix B.

During the declared school day, such foods and beverages may not be sold, given away to students, or used as rewards, by school administrators, or staff (principals, coaches, teachers, etc.) students or student groups, parents or parent groups, or any other person, company or organization. Exceptions to this requirement are noted in Appendix B, Section B.

2. Middle/Junior High and High Schools

During the declared school day, middle school, junior high and high school students will not have access to FMNV and other competitive items anytime, anywhere on school premises until 30 minutes after the end of the last lunch period. For a listing of foods and beverages restricted by the FMNV policy, see Appendix B. Exceptions to this requirement are noted in Appendix B, Section B.

New or renewed contracts for carbonated and sweetened non-carbonated beverages will be restricted to no more than 12 ounces per vended container. This excludes any contracts already in place as of the 2003-2004 school year.

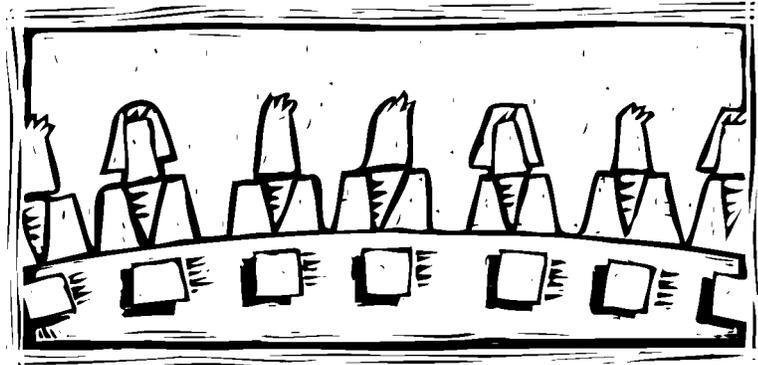
**III. Physical Education and Physical Activity**

The Department of Education will employ a Physical Education Specialist to coordinate with the Arkansas Department of Health to provide resources, technical assistance, and consultation for school districts and the School Nutrition and Physical Activity Advisory Committee.

### **Part Three: Tools to Assist with the NPAAC development**

This section contains tools that you will find useful in developing your NPAAC. These tools include:

- Sample Invitation Letter
- Membership Grid
- Sample Agenda
- Guide to Resolving Conflicts



## Sample Invitation Letter for NPAAC

Dear Community Partner:

The \_\_\_\_\_ School District, under Act 1220 of 2003, is forming a school nutrition and physical activity advisory committee that includes the following members:

1. School district governing boards
2. School administrators
3. Food service personnel
4. Teacher organizations
5. Parents
6. Students
7. Professional groups such as nurses, and
8. Community members.

The committee's charge is to help raise awareness of the importance of nutrition and physical activity and to assist in the development of local policies that address issues and goals. Act 1220 also requires that every school district begin implementation of standards developed by the Child Health Advisory Committee and requires that goals and objectives for nutrition and physical activity be incorporated into the annual school planning and reporting process.

We would appreciate your service on this committee. We are targeting a cross-section of the community to get broad representation. Our first meeting is scheduled for \_\_\_\_\_ at \_\_\_ p.m. We will be meeting in room \_\_\_\_ at \_\_\_\_\_. We look forward to working with you on this important issue.

Sincerely,

Superintendent or Principal



## **Meeting Agenda for the Organizational Meeting**

(date, time, location)

**Sign in, refreshments, get acquainted** (all)

**Welcome** (school leader)

**Opening remarks** (superintendent)

**Introductions** (all)

(Your name, who you represent, and why you chose to attend this meeting)

**Overview of school health committees** (school leader)

- What are they?
- What do they do?
- Who can be a member?
- Why should we form a committee?

**What can a committee do for parents?** (PTO representative)

**What can a committee do for our community?** (community leader)

**What are we asking you to do?** (school leader)

**Feedback** (school leader)

Tell us what you think:

- What three points would you like to make?
- What have you heard that squares with your beliefs?
- What one step are you going to take as a result of attending this meeting?

**Next steps** (school leader)

- What more information do you need?
- What should we do about establishing a committee?

**Adjournment** (superintendent)

## **Create a Process for Resolving Conflicts**

As a committee, you need to develop strategies to address issues early. Some problems can be addressed by members without involving outside individuals or groups. However, some problems may be serious enough to conduct a special meeting for the people raising concerns. Listed below is a conflict resolution process to help resolve these conflicts.

- 1. Be prepared.** Anticipate possible objections from both inside and outside your committee. Identify those concerns that may lead to resistance to change.
- 2. Revisit the vision and the ground rules developed by the committee.** Focus on the needs of children and the benefits of the action plan to meet those needs.
- 3. Decide who will facilitate the process for resolving the conflict.** If the committee chair or a member cannot help resolve the conflict, ask a third-party facilitator or mediator to help resolve the conflict.
- 4. Explore and legitimize concerns.** Ask individuals or groups to share their concerns and objections. Get them out on the table. Acknowledge that concerns are realistic and that their ideas will be discussed. Designate someone to take notes (shows serious interest).
- 5. Avoid personalizing the conflict.** Some people view conflict as a threat to long-held beliefs. Do not minimize others' concerns or attack their points of view.
- 6. Make sure everyone is heard.** Limit the time of those who talk and invite the participation of those who do not. (Tip: During meetings give each participant the same amount of tokens. When they have used all of their tokens, they may not speak again.)
- 7. Respond actively.** Let people know you are listening by recapping, paraphrasing, and summarizing. Demonstrate a willingness to follow up and pursue issues. Set up a committee to study the concerns and come up with solutions.
- 8. Get closure.** Summarize concerns and the steps needed to address them. Restate the agreed upon course of action, and ask the group whether the notes are accurate. Determine what needs to be done next.
- 9. Don't burn bridges.** Remember, most of those involved are members of the same community.

**Everyone must continue working together during and after the conflict. Create rituals for healing and forgiveness. Remember to use humor.**

## **Part Four: Additional Resources and Links**

Hometown Health Improvement

Community Health Nurse Specialists/Community Health Promotion Specialists

Community Assessment

Other Resources

- Arkansas
- National – School
- National – for Kids
- National – Physical Activity
- National – Nutrition
- National – Community Tools
- National – Policy Statements

Appendix A – Hometown Health Improvement contacts

Appendix B – Community Health Nurse Specialists and Community Health Promotion Specialists contacts

Appendix C – Arkansas Department of Health Related Programs and Contacts



## Hometown Health Improvement

Many local communities have Hometown Health Improvement projects that provide organized approaches to identifying and implementing effective community health strategies. This model emphasizes the elimination of duplication of effort. It promotes community based health status assessment and prioritization of health issues and needs. It allows communities to create systems that plan for health, promote healthy behaviors and provide services that are appropriate for their needs.

It is the philosophy of the Arkansas Department of Health that in order to improve the health of Arkansans we must focus on creating systems that promote, maintain, and improve health rather than on treating illness. The role of the local health unit is to provide leadership for the community to identify health challenges and to develop solutions. The agency colleagues previously known as local health unit administrators have been designated as local HHI Leaders. This provides a local contact person and coordination of partners for each county in Arkansas. The local HHI Leader coordinates community training, presentations, linkages with key stakeholders, building community

## Hometown Health Improvement



### Arkansas Department of Health Hometown Health Improvement Initiative



**Bold counties** have existing HHI Coalitions/Initiatives (54)

Surveys completed in **black**

**ADULT** - County Adult Health Survey (formerly known as BRFS)

**YOUTH** - County Youth Health Survey (formerly known as YRBS)

★ Counties to begin HHI in 2003-04 (5)

partnerships, identifying assets and resources, and assisting in the development and implementation of community public health assessment.

The map at the left indicates the counties that have active HHI initiatives as of February 2004. For more specific information on your county initiative, contact the local health unit in your county or visit

[www.healthyarkansas.com](http://www.healthyarkansas.com).

See appendix A for HHI regional contact information. Communities must be full, active participants in the HHI process. They must determine their unique problems and the solutions to address these challenges.

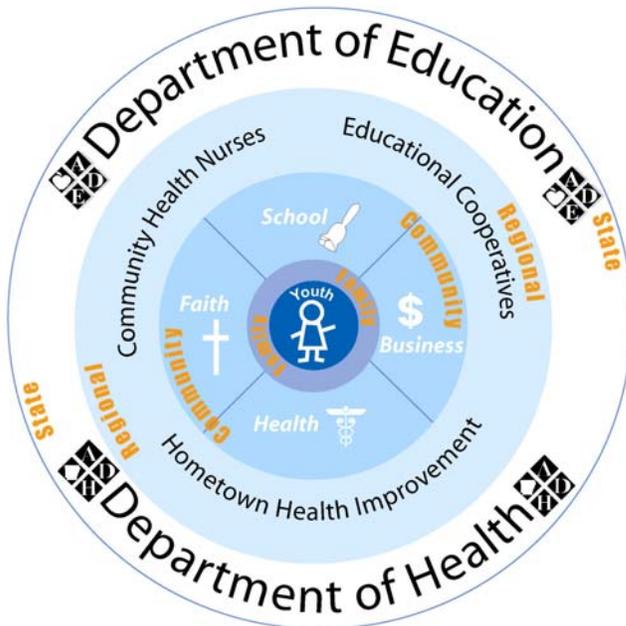
## Community Health Nurse Specialists (CHNS)

ADH is redirecting its efforts work with schools on a broader scale through Hometown Health Improvement. The Department is working to build community partnerships to better serve students statewide. One Community Health Nurse Specialist is housed with the ADH Central Region, since there is no Educational Cooperative for the Central Arkansas counties. The remaining 15 nurses are housed at the 15 Educational Cooperatives around the State that serve as resources to all school districts, school nurses, and teachers.



Community Health Nurse Specialists work with each Educational Cooperative and corresponding school districts on health issues.

See Appendix B for contact information for Community Health Nurses.



## Community Health Promotion Specialists (CHPS)

ADH is also working with schools and communities to see that Nutrition and Physical Education advisory committees are developed in accordance with Act 1220 in order to improve the school's nutrition, physical activity and health environment policies and programs. With current funding, six CHPS will be strategically located throughout the state.

The Community Health Promotion Specialists will provide technical assistance to schools in developing these committees, in conducting the *School Health Index* assessment, and in developing strategies to improve the school's nutrition, physical activity and health environment policies and programs. They will also provide technical assistance to schools to support healthy nutrition in schools and to improve physical activity and increased opportunities for children and faculty to be physically active.



See Appendix B for contact information for the CHPS.

## Community Assessment

As the demand for data at a local level has increased, the Arkansas Department of Health in partnership with both local and state agencies began in 2000 using the BRFSS to develop county information about health risk behaviors. **County Adult Health Surveys** have been conducted in 29 Arkansas counties to gather health information on a variety of behaviors that can impact health in both good and bad ways, including smoking, exercise, diet, access to medical care, dental health, quality of life, chronic diseases, cancer screening, and other health related issues. County Adult Health Surveys are planned for an additional 18 counties by June 2004.



The **County Youth Health Survey** (using the Youth Risk Behavior Survey) has been administered to the students in the seventh through twelfth grades in 22 Arkansas counties since 1999. The County Youth Health Survey is planned for an additional 24 counties by June 2004. The Survey helps identify students' current health and safety habits so that improvements can be made where needed. Healthy lifestyles for students mean longer, more productive lives for the state's young people, as well as improved learning in the classroom. The Survey also provides counties with measures for evaluating future trends in health habits of youth. Survey results serve as a valuable tool, particularly for legislators, policy makers, school administrators, and teachers as they make decisions about new disease-prevention and health-promotion policies, services, programs, and educational activities. Parents and students can use these results to evaluate potential changes toward better health. For more information regarding ADH county data, contact ADH Health Statistics (501) 661-2497 or Sharon Judah at (501) 661-2971.



Other tools that are available to assess what needs to be addressed include:

**School Health Index** - The *School Health Index* is a self-assessment and planning tool that will enable you to:

- Identify the strengths and weaknesses of your school's health promotion policies and programs,
- Develop an action plan for improving student health, and
- Involve teachers, parents, students, and the community in improving school policies and programs.

To obtain a copy of the *School Health Index*, choose one of the following options:

Download from the CDC Web site: <http://www.cdc.gov/HealthyYouth/SHI/>

Request by E-mail: [healthyyouth@cdc.gov](mailto:healthyyouth@cdc.gov)

Request by phone: 888-231-6405 or by fax: 888-282-7681

When ordering, please specify either the elementary school version or the middle school/high school version.

## **Other Sources for Data and Assessment tools:**

### **National Center for Chronic Disease Prevention and Health Promotion - Nutrition and Physical Activity**

CDC's Division of Nutrition and Physical Activity (DNPA) takes a public health approach to address the role of nutrition and physical activity in improving the public's health and preventing and controlling chronic diseases. The scope of DNPA activities includes epidemiological and behavioral research, surveillance, training and education, intervention development, health promotion and leadership, policy and environmental change, communication and social marketing, and partnership development. <http://www.cdc.gov/nccdphp/dnpa/index.htm>



### **National Center for Chronic Disease Prevention and Health Promotion Adolescent & School Health**

The Division of Adolescent and School Health (DASH) seeks to prevent the most serious health risk behaviors among children, adolescents and young adults. To accomplish this mission DASH implements four components.

<http://www.cdc.gov/nccdphp/dash/index.htm>

### **Census 2000 Data for the State of Arkansas**

<http://www.census.gov/census2000/states/ar.html>

### **American Fact Finder**

<http://factfinder.census.gov/home/saff/main.html?lang=en>

### **IEA State Census Data Center**

<http://www.aiea.ualr.edu/census/default.html>

### **KIDS COUNT**

CLIKS: County-City-Community Level Information on Kids is a powerful new online database that brings together data collected and published by our KIDS COUNT grantee partners. <http://www.aecf.org/kidscount/>

### **Arkansas Prevention Needs Assessment Survey**

The survey was sponsored by Alcohol and Drug Abuse Prevention, Arkansas Department of Health. The Department of Health contracted with the Southwest Prevention Center to conduct the survey. The survey was administered to 28,204 youth in grades 6, 8, 10, and 12 throughout Arkansas during November 2002.

[http://swpc.ou.edu/DAAC/Arkansas\\_reports/index.html](http://swpc.ou.edu/DAAC/Arkansas_reports/index.html)

### **School Health Policies and Programs Study**

The School Health Policies and Programs Study (SHPPS) is a national survey periodically conducted to assess school health policies and programs at the state, district, school, and classroom levels.

<http://www.cdc.gov/nccdphp/dash/shpps/>

## **Other Resources for Programs and Helpful Websites:**

### **ARKANSAS**



**School of the 21st Century** The School of the 21st Century (21C), also known as Family Resource Centers in some areas, is a school-based or school-linked child care and family support program. The school of the 21st Century (21C) is a model for school-based preschool, after-school care and family support services designed to promote the optimal growth and development of children beginning at birth.

<http://www.yale.edu/21c/arkansas/>

National Site: <http://www.yale.edu/21c/index2.html>

**The University of Arkansas Cooperative Extension Service** has offices in every county with Family and Consumer Science (FCS) agents who conduct educational programs on nutrition and other issues of interest to today's families. Extension FCS agents can provide programs and practical information on healthy eating for healthy weight, how to be more physically active and other health and parenting issues. Extension FCS agents also conduct fun, hands-on nutrition education programs for children and adolescents pre-K through 12th grade. <http://www.arfamilies.org>.

**Raising Arkansas Youth (RAY)** The development assets are the environmental conditions and personal characteristics that are the building blocks of positive development in children and youth. Youth acquire these assets through their interaction and relationship with adults. <http://www.raisingarkansasyouth.org/>

**Action for Healthy Kids** Arkansas Action for Healthy Kids adopted the national Mission: To improve children's nutrition and physical activity in schools by collaborating with diverse stakeholders in advocating, promoting and implementing state and local initiatives.

[http://www.actionforhealthykids.org/AFHK/team\\_center/team\\_public\\_view.php?team=AR&Submit=Go](http://www.actionforhealthykids.org/AFHK/team_center/team_public_view.php?team=AR&Submit=Go)

National Site: <http://www.actionforhealthykids.org/index.htm>

**Arkansas 5-A-Day** The 5 A Day for Better Health Program is the largest public-private nutrition education program ever launched. It is one of the first programs to approach Americans with a simple, positive message - to eat 5 or more serving of fruits and vegetables every day for better health.

[http://www.healthyarkansas.com/services/services\\_5aday.html](http://www.healthyarkansas.com/services/services_5aday.html)

National Site: <http://www.5aday.gov/>

### **Arkansas Governor's Council on Fitness**

The mission of the Arkansas Governor's Council on Fitness is to encourage the citizens of Arkansas to participate more actively in health and fitness activities that will help them live healthier, happier and more productive lives. The major focus of the Council is directed toward five populations: youth, adult, seniors, special populations, and business.

<http://www.arkansasfitness.com/>

**The Impact of Obesity:** Economics, Health, Prevention and Treatment, Arkansas Obesity Taskforce, 2000. [www.healthyarkansas.com/newsletters/obesity\\_report.pdf](http://www.healthyarkansas.com/newsletters/obesity_report.pdf)

**Kids for Health** 479-756-9551 [kidsforhealth@jfc.jonesnet.org](mailto:kidsforhealth@jfc.jonesnet.org)

The Kids for Health curriculum is a kindergarten through third grade comprehensive developmental health education program in video format, 64 professional video lessons, 16 per grade. The goal is to provide the education and motivation needed for children to make a lifetime of healthy choices, target disease prevention, health promotion and to value their health. The Kids for Health curriculum complies with the Arkansas State Frameworks for health education in just eight hours of instructional time per grade per year.

## NATIONAL – School

### NASPE asks schools “How Are You Doing?”

The National Association for Sport & Physical Education has an assessment tool, "It's Time for Your School's Physical Education Checkup: How Are You Doing?" With a 15 question assessment and template action plan, NASPE is urging principals, teachers and parents to conduct an assessment of their school's physical education program to evaluate its strengths and weaknesses and then encourage the development of a plan for improvement where needed. [http://www.aahperd.org/naspe/pdf\\_files/2004PEchecklist.pdf](http://www.aahperd.org/naspe/pdf_files/2004PEchecklist.pdf)



“**Making the Connection: Health and Student Achievement**” CD-ROM Power Point presentation that summarizes current research and data on the links between students’ health status and academic performance, [www.csno.org/announcements/announce.htm](http://www.csno.org/announcements/announce.htm) or [www.thesociety.org](http://www.thesociety.org)

**Action Based Learning** is an educational consulting firm featuring award winning Consultant and Speaker, Jean Blaydes Madigan, an internationally known Neurokinesiologist. Jean's dynamic presentations site brain research findings that support and demonstrate the importance of movement in the learning process by teaching academics kinesthetically. <http://www.actionbasedlearning.com/cgi-bin/index.pl>

**Coordinated Approach to Child Health (CATCH)** is a coordinated school health program which builds an alliance of parents, teachers, child nutrition personnel, school staff, and community partners to teach children and their families how to be healthy for a lifetime. The four CATCH components - Go For Health Classroom Curriculum, CATCH Physical Education, Eat Smart School Nutrition Guide, and family Home Team activities - reinforce positive healthy behaviors throughout a child's day and make it clear that good health and learning go hand in hand. <http://www.sph.uth.tmc.edu/chppr/catch/>



**Changing the Scene: Improving the School Nutrition Environment-A Guide to Local Action** is an action kit to help parents, teachers, school administrator, school foodservice professionals, and the community to look at their school nutrition environment and identify areas needing improvement. The order form is available at [www.fns.usda.gov/tn/Healthy/form.htm](http://www.fns.usda.gov/tn/Healthy/form.htm)

**Girl Power** is the national public education campaign sponsored by the U.S. Department of Health and Human Services to help encourage and motivate 9- to 13- year-old girls to make the most of their lives. Girls at 8 or 9 typically have very strong attitudes about their health, so *Girl Power!* seeks to reinforce and sustain these positive values among girls ages 9-13 by targeting health messages to the unique needs, interests, and challenges of girls. <http://www.girlpower.gov/>

**Make the First Move** Building on USDA's Changing the Scene Toolkit, Minnesota's "Make the First Move" kit encourages schools and districts to take the first steps towards building a healthy school environment. Even a few simple steps, taken collaboratively, can result in healthy, well-nourished children who are ready to learn and who are able to take advantage of every educational opportunity.

<https://fns.state.mn.us/StrategicPlan/PDF/ToolKit/IndexContents.pdf>  
<https://fns.state.mn.us/FNSProg/NSLP/NSLPResource.htm#toolkit>



**TAKE 10!** is a classroom-based physical activity program for kindergarten to fifth grade students. TAKE 10!® is a curriculum tool created by teachers for teachers and students. TAKE 10! is linked to academic learning objectives. TAKE 10! materials contain safe and age-appropriate 10-minute physical activities. <http://www.take10.net/whatistake10.asp?page=new>

#### **Fit, Healthy, and Ready to Learn: A School Health Policy Guide**

developed by the National Association of State Boards of Education (NASBE) provides direction on establishing an overall policy framework for school health programs and specific policies on physical activity, healthy eating and tobacco use prevention. Call 1-800-220-5183. The cost is \$22 plus \$4 shipping/handling. Quantity discounts available.

[www.nasbe.org/healthyschools/fitthehealthy.mgi](http://www.nasbe.org/healthyschools/fitthehealthy.mgi)

Sample policies on healthy eating and physical activity available at

[www.nasbe.org/HealthySchools/healthy\\_eating.html](http://www.nasbe.org/HealthySchools/healthy_eating.html)

[www.nasbe.org/HealthySchools/physical\\_activity.html](http://www.nasbe.org/HealthySchools/physical_activity.html)



#### **Guidelines for Comprehensive Programs to Promote Healthy Eating and Physical Activity.**

The guidelines were developed to assist organizations at the state and local levels in creating comprehensive nutrition, physical activity and obesity control programs. To access the report, [www.astphnd.org](http://www.astphnd.org)

**Guidelines for School Health Programs to Promote Lifelong Healthy Eating** and resource list. These guideline identify strategies most likely to be effective in promoting lifelong healthy eating among young people.

[www.cdc.gov/nccdphp/dash/guidelines/nutguide.htm](http://www.cdc.gov/nccdphp/dash/guidelines/nutguide.htm)

**Bright Futures in Practice: Nutrition.** This guide provides developmentally appropriate nutrition supervision guidelines for infancy through adolescence.

**Bright Futures in Practice: Physical Activity.** This guide provides developmentally appropriate physical activity supervision guidelines for infancy through adolescence.  
[www.brightfutures.org](http://www.brightfutures.org)

**School Health Resource Database** includes sample school district policies on a variety of topics, [www.nsba.org/schoolhealth/database.htm](http://www.nsba.org/schoolhealth/database.htm)

**Eat Smart Play Hard;** Eat Smart Play Hard is about making America’s children healthier. It’s about practical suggestions that will help you motivate children and their caregivers to eat healthy and be active. [www.fns.usda.gov/eatsmartplayhard](http://www.fns.usda.gov/eatsmartplayhard)



**PE Central,** The premier Website for health and physical education teachers, parents, and students. Its goal is to provide the latest information and developmentally appropriate physical education programs for children and youth. [www.pecentral.org](http://www.pecentral.org)

### **The 1% Or Less School Kit**

A new kit from CSPI addresses the number one source of saturated fat in children’s diets  
<http://cspinet.org/nutrition/schoolkit.html>

*Healthy Schools for Healthy Kids* The goal in the *Healthy Schools for Healthy Kids* project, conducted for The Robert Wood Johnson Foundation, was to identify opportunities for increasing children’s physical activity and healthy eating in schools nationwide. Report found at:  
<http://www.rwjf.org/publications/publicationsPdfs/healthySchools.pdf>

## **NATIONAL – For Kids**

**Kidnetic.com** is an innovation, interactive educational website that delivers healthy eating and physical activity information in a compelling and motivating manner to children ages 9-11 and their families.  
<http://www.kidnetic.com/>



### **Powerful Bones. Powerful Girls**

This site contains educational information, quizzes, games, links, and a dictionary for kids. <http://www.cdc.gov/powerfulbones/index2.html>

**TeenGrowth,** the teen resource for advice, health information, social interaction and fun. [teengrowth.com](http://teengrowth.com)

**Youth Media Campaign.** The campaign encourages positive activity-both physical and prosocial among 9-13 year youths. “Verb: It’s What You Do”, [www.verbnow.com](http://www.verbnow.com)



**CDC's Kids Media:** Encouraging Physical Activity Among Youth and Families, a website full of information, events, resources, and links to encourage activity among our youth. [www.cdc.gov/kidsmedia/](http://www.cdc.gov/kidsmedia/)

**California Project Lean** (Leaders Encouraging Activity and Nutrition); Your energy wake-up call! The simple solution to healthy eating and physical activity for teens. [www.caprojectlean.org/](http://www.caprojectlean.org/)

**BAM Body and Mind** created to answer kid's questions on health issues. [www.bam.gov](http://www.bam.gov)



**Sybershop...**digital solutions for eating healthy and being active, for youth ages 13-19 focusing on physical activity and healthy eating. CD-ROM, \$30 per copy, to order, send an e-mail to [Carolyn\\_Dunn@ncsu.edu](mailto:Carolyn_Dunn@ncsu.edu)

**KidsHealth** Website, KidsHealth is the most visited Website for medically reviewed health information that's written for parents, kids and teens. It offers a complete reference library of articles and features, as well as robust graphics and animation. [www.KidsHealth.org](http://www.KidsHealth.org)

The [www.4girls.gov](http://www.4girls.gov) web site, developed by the Office on Women's Health in the Department of Health and Human Services gives girls between the ages of 10 and 16 reliable, current health information. The site focuses on many health topics that respond to adolescent girls' health concerns and motivates girls to choose healthy behaviors using positive, supportive and non-threatening messages.

The **3-A-Day for Stronger Bones Program** is a consumer education program that promotes the consumption of 3 servings of dairy foods per day in order to help solve America's calcium crisis. <http://www.3aday.org/>

[www.Smart-Mouth.org](http://www.Smart-Mouth.org) uses games to teach middle school aged children how the food environment influences their food choices.

**American Cancer Society, Generation Fit** is used to get kids actively involved with making decisions on physical activity and nutrition. Teens act to improve health in their communities. 1-800-ACS-2345. [www.cancer.org/docroot/PED/content/Ped\\_1\\_5X\\_Generation\\_Fit.asp](http://www.cancer.org/docroot/PED/content/Ped_1_5X_Generation_Fit.asp)

## **NATIONAL – Physical Activity**

### **International Walk to School Day**

International Walk to School Day gives children, parents, school teachers and community leaders an opportunity to be part of a global event as they celebrate the many benefits of walking.

<http://www.iwalktoschool.org/>



### **Walk to School Day - US**

The Annual Walk to School Day is promoting programs such as Safe Routes to School, which help communities make it safe, convenient and fun for children to get healthy physical activity by walking or bicycling to school. The website includes resources such as health information, specifics on walk events across the U.S. and a downloadable checklist to help determine how friendly a community is for walking.

<http://www.walktoschool.org/index.htm>

### **America on the Move**

America on the Move™ (AOTM) is a nationwide initiative designed to promote active living and healthy eating in order to stop weight gain and the many health complications that result from being overweight <http://www.americaonthemove.org/index.asp>

**Active Living by Design** is a national program of The Robert Wood Johnson Foundation and is a part of the UNC School of Public Health in Chapel Hill, North Carolina. The program will establish and evaluate innovative approaches to increase physical activity through community design, public policies and communications strategies.

<http://www.activelivingbydesign.org/>

### **National Center for Bicycling and Walking**

This site tells you how to help create neighborhoods and communities where people walk and bicycle. This doesn't just mean sidewalks, bikelanes and trails, though these will certainly be elements of an overall plan. <http://www.bikewalk.org/>



### **America Walks**

America Walks is a national coalition of local advocacy groups dedicated to promoting walkable communities. Our members are autonomous grassroots organizations from across the country, each working to improve conditions for walking in their area. The mission of America Walks is to foster the development of community-based pedestrian advocacy groups, to educate the public about the benefits of walking, and, when appropriate, to act as a collective voice for walking advocates.

<http://americawalks.org/>

## **The American Alliance for Health, Physical Education, Recreation and Dance**

The American Alliance for Health, Physical Education, Recreation and Dance (AAHPERD) is the largest organization of professionals supporting and assisting those involved in physical education, leisure, fitness, dance, health promotion, and education and all specialties related to achieving a healthy lifestyle.

AAHPERD is an alliance of six national associations and six district associations and is designed to provide members with a comprehensive and coordinated array of resources, support, and programs to help practitioners improve their skills and so further the health and well-being of the American public.

<http://www.aahperd.org/>



## **Human Kinetics**

Human Kinetics is the premier knowledge integrator in the physical activity field. They synthesize vast amounts of information into a constantly evolving array of products that utilize current technology to meet the needs of our varied audiences. HK produces textbooks and their ancillaries, consumer books, software, videos, audiocassettes, journals, and distance education courses.

<http://www.humankinetics.com/>

**The Kid's Activity Pyramid** [www.ncescatalog.com](http://www.ncescatalog.com)



## **NATIONAL – Nutrition**

**Dietary Guidelines for Americans** [www.nal.usda.gov/fnic/dga/index.html](http://www.nal.usda.gov/fnic/dga/index.html)

**Food Guide Pyramid** [www.nal.usda.gov/fnic/Fpyr/pyramid.html](http://www.nal.usda.gov/fnic/Fpyr/pyramid.html)

## **NATIONAL – Community Tools**

### **Community Tool Box**

Our goal is to support your work in promoting community health and development. The Tool Box provides over 6,000 pages of practical skill-building information on over 250 different topics. Topic sections include step-by-step instruction, examples, check-lists, and related resources. <http://ctb.ku.edu/>



### **Healthy People...Healthy Communities**

The mission of the *Healthy People...Healthy Communities* national health initiative is to promote the capacity of individuals, families, and communities to increase healthy behaviors and lifestyle choices and make informed consumer decisions. The initiative will strengthen community leadership and promote the formation and enhancement of quality partnerships and infrastructures to meet local health and health care needs. The initiative will bring together the extension, teaching, and research resources of the land-grant university system and its stakeholders to address health care issues.

<http://www.nnh.org/welcome.htm>

### **Guide to Community Preventive Services**

The Guide to Community Preventive Services (Community Guide) serves as a filter for scientific literature on specific health problems that can be large, inconsistent, uneven in quality, and even inaccessible. The Community Guide summarizes what is known about the effectiveness, economic efficiency, and feasibility of interventions to promote community health and prevent disease.

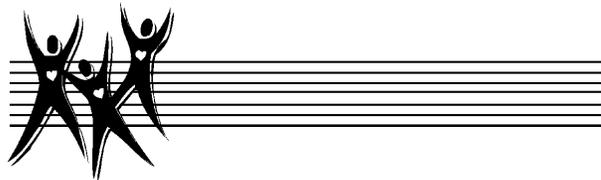
<http://www.thecommunityguide.org/default.htm>

### **Steps to a HealthierUS**

*Steps to a HealthierUS* is a bold new initiative from the U.S. Department of Health and Human Services (HHS) that advances President George W. Bush's *HealthierUS* goal of helping Americans live longer, better, and healthier lives.

<http://www.healthierus.gov/steps/index.html>

**The Strategic Alliance for Healthy Food and Activity Environments** (Strategic Alliance) is a coalition of nutrition and physical activity advocates in California. The Alliance's goal is to benefit the health and wellness of all California residents by promoting environmental solutions and institutional and government policies and practices that support healthy eating and activity. <http://www.eatbettermovemore.org/>



## **NATIONAL – Policy Statements**

### *American Academy of Pediatrics Policy Statements*

Children, Adolescents, and Advertising (RE9504) [www.aap.org/policy/00656.html](http://www.aap.org/policy/00656.html)

Children, Adolescents, and Television (RE 0043) [www.aap.org/policy/re0043.html](http://www.aap.org/policy/re0043.html)

Physical Fitness and Activity in School (RE9907) [www.aap.org/policy/re9907.html](http://www.aap.org/policy/re9907.html)

Promotion of Healthy Weight-control practices in young athletes (RE9615)

[www.aap.org/policy/01349.html](http://www.aap.org/policy/01349.html)

Type 2 diabetes in children and adolescents  
<http://care.diabetesjournals.org/cgi/reprint/23/3/381.pdf>

*American Dietetic Association Policies*

Public Policy Strategies to reduce prevalence of obesity/overweight

[www.eatright.com/gov/policyobesity.html](http://www.eatright.com/gov/policyobesity.html)

Local support for nutrition integrity in schools. J Am Diet Assoc 2000; 100: 108-111.

[www.eatright.com/adap0100.html](http://www.eatright.com/adap0100.html)

Dietary guidance for healthy children aged 2-11 years-Position of ADA

J Am Diet Assoc. 1999; 99:93-101 [www.eatright.com/adap0199.html](http://www.eatright.com/adap0199.html)

Child and Adolescent Food and Nutrition programs-Position of ADA

J Am Diet Assoc. 1996;96:913-917 [www.eatright.com/adaposchild.html](http://www.eatright.com/adaposchild.html)

*Society for Nutrition Education*

[www.sne.org](http://www.sne.org), Positions and Resolutions: Soft drink resolution, 2001; The Guidelines for Childhood Obesity prevention programs: Promoting healthy weight in children

*National Association for Sport and Physical Education*, an association of the American

Alliance for Health, Physical Education, Recreation and Dance [www.aahperd.org/](http://www.aahperd.org/)

NASPE Issues and Actions. Position papers (1) Guidelines for after school physical activity and intramural sports programs, 2002 (2) Recess in elementary schools, 2001 (3) Physical Education is critical to a complete education, 2001

*Center for Science in the Public Interest* (CSPI) Nutrition Policy: because it takes more than willpower. Public policy can make it easier for Americans to eat well and be active.

[www.cspinet.org/nutritionpolicy](http://www.cspinet.org/nutritionpolicy)



**APPENDIX A**  
**Hometown Health Improvement Regional Contacts**

Dick Jones  
Northwest  
N/W Region Health Office  
1708 West C Place  
Russellville, AR 72801  
[djones@healthyarkansas.com](mailto:djones@healthyarkansas.com)  
479-968-3254, ext 136

Kaye Murry  
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Little Rock, AR 72205  
[vmurry@healthyarkansas.com](mailto:vmurry@healthyarkansas.com)  
501-661-2182

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870-367-6202 or 501-661-2282

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501-280-4963

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501-280-4561

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**APPENDIX B**  
**Hometown Health Improvement**  
**Community Health Nurse Contacts**

**Southeast**

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Pine Bluff, AR 71601  
Phone: 870-534-6129

[Lisa England](#)

Southeast Arkansas Ed Service Coop  
1022 Scogin Drive  
Monticello, AR 71655  
Phone: 870-367-6848

[Tina Hollowell](#)

Great Rivers Ed Service Coop  
P.O. Box 2837  
West Helena, AR 72390  
Phone: 870-338-6461

**Southwest**

[Tamara Baker](#)

Dawson Ed Service Coop  
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[Cheryl Lindly](#)

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[Lee Ann Johnson](#)

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[Helen Weir](#)

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500 South Spruce  
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Phone: 870-777-3076

**Central**

[Nartashia Hickman](#)

Central Region – ADH  
5800 West 10th  
Little Rock, AR 72205  
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**Northeast**

[Cecilia Vinson](#)

Northcentral Ed Service Center  
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[Laura Cook](#)

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## **Northwest**

### **Mary Glasscock**

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101 Bulldog Drive  
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Phone: 501-354-2269

### **Nancy Marsh**

Northwest Arkansas Ed Service Coop  
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Springdale, AR 72764  
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### **Jan Layton**

Ozarks Unlimited Resource Coop  
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Harrison, AR 72601  
Phone: 870-743-9100

### **Angela Morton**

Western Arkansas Coop  
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Branch, AR 72928  
Phone: 501-965-2191

## **State School Nurse Consultant**

### **Susanne Tullos**

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## **Community Health Promotion Specialists Contacts**

### **Eydie Abercrombie**

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### **Ashley Garner**

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Arkadelphia, AR 71923  
Phone: 870-246-3077

## **APPENDIX C**

### **Arkansas Department of Health Related Programs and Contacts**

#### **Women, Infants and Children (WIC) – (501) 661-2598**

Clinical certification and nutrition education of eligible women, infants and children to receive vouchers to purchase certain foods.

#### **Living Healthy – Becky Adams (501) 661-2334**

The Department of Health created a core organizational unit called Living Healthy that will link all other programs with nutrition and physical activity components. This unit will coordinate development of policies and provide a primary voice and guide cross-program work that pulls from the expertise and resources of categorical programs.

Living Healthy will link nutrition / physical activity initiatives, chronic disease prevention and health promotion efforts across related programs such as Diabetes, Tobacco, WIC, Cancer, Cardiovascular Health and Women's Health. Currently coordinated through this unit are: the National Governor's Association (NGA) Policy Academy Training on Chronic Disease Prevention and Management, Child Health Advisory Committee, 5-A-Day, Governor's Council on Fitness activities and Worksite Wellness.

#### **Governor's Council on Physical Fitness and Health – Nancy Green (501) 745-2485**

Coordination of activities to promote and support physical activity. Sponsorship of the Great Arkansas Workout (for elementary school children), Out for Lunch and March into May (for worksite employees), and the Governor's Awards Luncheon (to recognize outstanding efforts).

#### **5-a-Day Program - Christine Stachowiak (501) 280-4168**

Increasing public awareness of the health benefits of fruits and vegetables and informing the public about how to include more servings into their daily eating patterns.

#### **Cardiovascular Health (CVH) Program –Linda Faulkner (501) 661-2728**

Development of the capacity to address Arkansas' leading causes of death, cardiovascular disease and stroke; collaboration with the state task force to define the burden of disease, inventory existing policy and environment supports for health behaviors impacting cardiovascular disease, develop a State Plan for Arkansas, and develop recommendations for implementation to help reduce this disease burden.

#### **Tobacco Prevention and Education – Lynda Lehing (501) 661-2231**

Development of policy strategies; monitoring of tobacco-related knowledge, attitudes, and behaviors; and provision of technical assistance and financial support to communities to prevent youth initiation of tobacco, promote cessation among adults and youth, eliminate exposure to environmental tobacco smoke, and identify and eliminate disparities among populations related to tobacco use.