



Lessons for Engaging Diverse Communities to Create Healthy Schools and Kids

Action for Healthy Kids has a simple mission, to ensure that all children develop the lifelong habits necessary to promote health and learning. While childhood obesity affects children from every state, ethnic group and socioeconomic status, we know that certain communities are particularly at risk. Children from these communities are much less likely to have access to fresh, healthy foods, safe places to play, and quality physical education classes in their schools.

In our work to address the epidemic of obesity and undernourishment in children, we've learned that these issues are often viewed differently by various cultures. In order to communicate information about helping children eat right and be active, it's critical to understand people's cultural traditions, dietary habits, family roles, what they consider healthy and, of course, language.

In this field report, we investigate how Action for Healthy Kids Teams are breaking down cultural barriers and building bridges to diverse communities so they can learn to "speak each other's languages" and appreciate cultural differences. The ultimate goal: to help schools help kids. Through education about nutrition and physical education and activity, kids learn healthy lifelong habits and prepare themselves to succeed in the classroom and beyond.

- > In Utah, rural elementary schools on the Navajo reservation have provided the Action for Healthy Kids Team with insights into the wellness challenges of Native American students.
- > Action for Healthy Kids New York and New Jersey Teams work with both Latino and African-American communities, discovering how cultural norms, language and culture intersect with the issues of nutrition and physical activity.
- > The South Carolina Action for Healthy Kids Team successfully engages African-American parents in rural Fairfield County.

About Action for Healthy Kids

Action for Healthy Kids® is a national nonprofit organization addressing the epidemic of overweight, undernourished and sedentary youth by focusing on improving nutrition and physical activity policies and practices in schools so that children can learn to be healthier and better prepared for academic success. This grassroots public-private partnership of more than 65 organizations and government agencies supports the efforts of Teams — comprised of more than 11,200 volunteers — in all states and the District of Columbia.

For more information, visit www.ActionForHealthyKids.org.

- > The Action for Healthy Kids Idaho Team, serving a rural Hispanic community of farm workers in the state's Wilder district, is pioneering the use of a "cultural broker" in building a bridge between the schools, health departments and families in the community.

Utah

WELLNESS ON THE RESERVATION

As part of the 2007-2008 Action for Healthy Kids Team Grant Program, the Utah Team focused on the state's San Juan School District, with specific aims to increase fruit and vegetable intake, boost physical activity and enhance awareness of school wellness policy. Lou Mueller, a Utah Action for Healthy Kids Team member and assistant professor in Utah State University's Cooperative Extension Program, served as grant coordinator.

San Juan is a rural school district of 2,844 students, with a 57 percent Native American population. Targeting both elementary and middle-school students, the Team's grant activities and strategies included adding salad-bar carts in cafeterias; extensive classroom nutrition education; poster-making contests encouraging kids to eat fruits and vegetables; and the creation of wellness-policy brochures and parents' letters. There were even special high-profile appearances at physical-activity assemblies and rallies by local celebrities, including Heather Anderson, Miss Utah 2007.

Active Field Days were structured with Frisbees® and jump ropes provided as incentives for participation. Data collection and evaluation tools connected with the initiative included before-and-after analysis of foodservice purchasing records, plate-waste observation checklists, and pre- and post-classroom surveys and interviews of teachers, parents and students.

"A basic fact about our project," says Lou Mueller, "is that fully one-third of San Juan County lies within the [sovereign] Navajo reservation. Of the six elementary schools in San Juan County — Blanding, Bluff, La Sal, Montezuma Creek, Monticello and Mexican Hat — three of them are actually on the reservation."

A LACK OF ACCESS

Mueller outlines the challenges faced by this particular population.

"For families on the reservation, and in truth in much of San Juan County, there is very limited access to fresh fruits and vegetables. In fact, there are only two grocery stores in this rural county of 14,000 people — one in Blanding, with a population of about 3,500, and one in Monticello, with a population of about 2,000. That's one of the reasons why increasing fruit and vegetable consumption was a cornerstone of our Team Grant Program."

Mueller points out that much of the contemporary Native American diet, at least on economically depressed reservations, is high-fat, with such staples as mutton stew.

“These are economically depressed families,” Mueller says, “and of our six elementary schools only one doesn’t qualify as low-income. So this was a case of needing all the help they could get. Something as simple as regular fruits and vegetables is, unfortunately, a novelty. It’s no wonder that there’s an epidemic of diabetes on the reservation. Hence our focus on salad-bar carts, even though we encountered resistance to the extra work from cafeteria workers.”

Mueller explains that, in retrospect, involving these workers up front in the planning process — which they were not — would have been a good idea. On the other hand, one of the best decisions the Team made was to hire outside nutrition educators to handle the classroom-education component of the project, so as not to add to the workload of the classroom teachers. She also credits the willing participation and cooperation of the district’s foodservice contractor, Aramark, in providing the necessary fruits and vegetables at significant discount.

Gaps in Addressing Underserved Communities

A child’s environment has a substantial impact on his or her behavior. Chances are, if fresh fruits and vegetables and other healthy foods are available at home, children will eat them. If there are safe places to play, children will take advantage of them. If families and schools model healthy behaviors, children will emulate them. Simply put, the environments in which many American children live do not make it easy for them to engage in healthy behaviors. This is especially true for children in communities that face multiple challenges due to poverty, language barriers and cultural misunderstanding.

In general, communities with low socioeconomic status (SES) experience a higher incidence of undernourished, sedentary and overweight youth. Local schools, which can be overburdened by shrinking budgets and competing priorities, may reduce school wellness initiatives such as recess, physical education and extracurricular activities in the interest of more teaching time, without realizing that these programs can actually help improve academic performance.

Who’s really at risk?

Although obesity has increased for all children and adolescents over time, the National Health and Nutrition

Examination Survey (NHANES) data indicate disparities among racial/ethnic groups, with greater rates of prevalence among most groups of African-American, Hispanic and Native American children and adolescents than among whites.*

The Fall 2008 issue of the school superintendents’ publication *Healthy Learning News* cites several factors at work here.** Among them:

- > Racial and ethnic minorities are more apt to live in low-SES communities that fail to offer access to healthy foods and opportunities for physical activity.
- > Parents in these communities often have limited food choices and/or lack a local supermarket, relying on convenience stores and small markets.
- > Sports facilities, parks, bike paths, greenbelts and playgrounds tend to be few and far between in these lower-income neighborhoods.
- > Dietary practices, some of which can contribute to obesity, are rooted in history and culture, and many foods carry distinctive social meanings among African-American, Latino and Native American populations.

*See NHANES data at: <http://www.cdc.gov/nccdphp/dnpa/obesity/childhood/prevalence.htm>.

**“Together We Stand: A Shared Vision to Change the Course of Childhood Obesity in African-American and Latino Communities,” *Healthy Learning News*, Fall 2008, 1-2.

THE IMPORTANCE NOT JUST OF LANGUAGE BUT OF LEARNING STYLE

Asked what the biggest hurdles are in working with a Native American population, Mueller cites both language and learning style.

“Many of our elementary kids come in speaking only Navajo, never having spoken English in the home. In addition to dealing with the usual hurdles in encouraging school wellness, we’re dealing with an English-as-a-Second-Language situation.

“The other things,” she continues, “are less concrete. Navajo children tend to be very visual, very tactile learners, as opposed to being verbally oriented. It’s a style of relating to the world that I’ve always admired. My mother was born and reared in this area, and I know a lot of these children, at least in previous generations, grew up herding sheep and walking the high, flat mesa tops of the countryside, and there’s a wonderful nonverbal connection to the natural world that develops out of that. But of course in an American public-school environment it’s somewhat alien. The best educators acknowledge this difference and respect it. People working to improve school wellness have to respect it too.”

New York

A “LABORATORY” OF DIVERSE COMMUNITIES

Activities of the New York Action for Healthy Kids Team are typified by the Schools and Professionals in Nutrition Partnering for Healthier Successful Students (SPIN) program. Among the partnering organizations, says BJ Carter, co-chair of the New York Action for Healthy Kids Team, is Healthy Children/Healthy Futures, of which Carter is national director.

The SPIN program trained 685 nutrition professionals to assist schools in providing healthier foods for their students by utilizing the Centers for Disease Control and Prevention’s School Health Index (SHI), a self-assessment and planning tool that schools can use to improve their health and safety policies and programs. In a single school year, the Team conducted 12 training sessions across New York State in partnership with local dietetic associations.

Over 280 of the attendees have signed up to assist schools with implementation of the SHI, and 85 have signed up to be a part of the speakers bureau. Over 30 Parent Teacher Associations have requested speakers to address the topic of academic achievement and healthy school environments. The Team is now focusing on marketing these trained nutrition professionals to schools to help them develop wellness policies after completing the SHI.

“When you’re talking about working with underserved populations,” Carter says, “New York is perfect, in the sense that we’ve got so many different ethnicities, particularly in New York City. And it’s all happening in a concentrated geographical area.”

Carter points out that, unlike Los Angeles, whose vibrant Latino population is largely homogeneous, New York City communities are much more varied.

“In the Williamsburg neighborhood of Brooklyn, for instance,” she

New Jersey: The Urban Underserved

Vinny Smith, a retired area school administrator, is a member of New Jersey's Action for Healthy Kids Team.

"One of the big things in dealing with kids in an urban setting is safety," Smith says. "That's one role that after-school programs, for instance, serve in a minority/urban setting — they provide a secure haven, a place for kids to go after school rather than returning to an empty house to wait for a parent, or parents, to get home from work. That's a benefit separate and apart from nutrition education, physical activity or whatever other roles the after-school program plays. We're not babysitters, of course, but you end up being surprised the way programs help different populations."

Smith cites the challenges of getting parents involved as a particular hurdle when dealing with underserved populations.

"First, low-income parents are generally working as much as they can — two or three jobs in many cases — so they honestly don't have a lot of time to spare. The second thing we encounter a lot is that with immigrant parents, be they Latino or Asian, the language barrier can be not just a hurdle, but a source of acute embarrassment to some. They're uncomfortable participating in programs or activities out of self-consciousness, or simply the fear that they won't understand what's going on," he says. "We try to address that as directly as

possible by translating or interpreting materials whenever we can. We've translated into Urdu, Hindi, Afghani, you name it — even simple parent communications that are just being sent home with the kids."

Smith says that simply setting up regular communications with these parents is absolutely crucial.

"If we have a program we're kicking off, we'll try to do it at dinnertime when parents in underserved communities are most likely to be free, and to provide a welcoming meal or event that they'll want to come to — to provide a friendly, safe, encouraging atmosphere. You have to extend yourself more when working with low-income, minority or high-risk populations. There's fear, apprehension, language hurdles, cultural gaps that need bridging."

Interestingly, Smith observes that, when it comes to diet, many indigenous immigrant diets are in fact quite healthy.

"Lots of Middle Eastern families, for instance," he says, "are vegetarian and favor brown-rice-and-vegetable dishes. The problem is the kids get introduced to American fast-food culture, and they drift away from the foods of their native culture. So part of working with students from immigrant cultures is convincing them that, as much as they want to assimilate and become 'typical Americans,' the 'typical American diet' is not necessarily to be emulated."

explains, "you'll have an immigrant enclave from Southeast Asia, a multigenerational Latino family, a Hasidic Jewish 'micro-community' and a group of young artists — all living within a block of one another. You just can't make assumptions about what a particular neighborhood or community is because it's never just one thing."

KNOWING UP FRONT WHO YOUR AUDIENCE IS

Carter stresses that focus groups are an important way to get a handle on who the "target audience" is for a particular wellness program, project or message. She says that this kind of research, borrowed from the marketing world, can be essential.

In working with African-American and Latino communities specifically, what challenges has her Team tackled?

In working with diverse communities, particularly where there are cultural or language barriers to be crossed, New York Action for Healthy Kids Team leader BJ Carter offers the following suggestions:

Try to keep the messages simple. Nutrition and physical activity/physical education concepts can be complicated enough without cultural or language barriers.

Everyone’s goals are the same. Remember that despite race, ethnicity or culture, all parents want the same thing — well-nourished, active children who will grow up to be successful, healthy adults.

Don’t underestimate sophistication levels. Some of the most sophisticated and insightful parents may be newcomers to the United States. Don’t be condescending or talk down to them.

Answers Carter, “I think what we run up against most often is the reality of cultural norms. For example, in the Latino community, the incidence of overweight among very young children — preschoolers — is skyrocketing. And yet in some Latino communities, chubby toddlers, particularly little boys, are considered especially cute, and this slightly ‘overfed’ look is deemed desirable and indicative of health and prosperity. Those kinds of perceptions vary from culture to culture, of course, and you have to accept that, and yet in many cases these children are being set up for lifetimes of overweight and resulting health problems.”

THE UNIQUE FEARS OF IMMIGRANT PARENTS

On a more basic level, Carter reports, language can be an issue when working with any immigrant community.

“We have a lot of Haitian immigrants in New York, and we will frequently get requests for wellness materials to be printed in Creole, which is something we of course try to do. So language is definitely a barrier to be crossed, as is the whole notion of security. One of the things we notice all the time is that immigrant groups are much more comfortable when activities like after-school programs are held at the school, rather than at a remote location like a hospital or community center. The security of the school venue to immigrant parents — many of whom are unfamiliar with their neighborhoods and even fearful of venturing outside them — is important. So wherever possible, we like to hold activities in the school building.”

South Carolina

ENCOURAGING AND ENGAGING AFRICAN-AMERICAN PARENTS

In addition to producing physical-activity advocacy packets for superintendents and working to increase school breakfast participation, the South Carolina Action for Healthy Kids Team is doing work in rural Fairfield County as part of a Team grant it received from Action for Healthy Kids and the Kellogg’s Corporate Citizenship Fund.

Team member Mac Russell is a registered dietitian employed by local Fairfield Memorial Hospital as a clinical and community dietitian. She echoes New Jersey’s Vinny Smith when she points out that getting parents involved in school wellness can also be a challenge in rural communities.

“Kelly Miller Elementary School here is about 95 percent African-American, and this is a very, very rural county. Everyone’s struggling, working two or three low-wage jobs. Most of the parents don’t have the time or the inclination to get fully involved in something like school health. It’s a reality.”

Nevertheless, Russell says since a large part of their grant was about

encouraging parent involvement through such focused initiatives as “Family Fun Nights” and “Favorite Fruit Friday,” they really emphasized parent communication and involvement.

PARENTS WANT TO BE INVOLVED

“What’s interesting,” Russell observes, “is that when we pin them down with a question on a questionnaire asking if they want to be involved in school wellness, 90 percent of parents check yes. So the intent is there.”

Russell, like New York’s BJ Carter, points out that, as with some Latinos, among some African-Americans — older middle-school and teenage students — overweight is sometimes accepted almost as a badge of honor.

“Is this a cultural difference or an economic one?” Russell asks rhetorically. “Probably both. But I just know you have to address the issue without alienating or angering parents by criticizing either their own values and perceptions or their kids’. It’s hard. Again, sensitive communication and education is how you do it.”

ISSUES OF FAITH AND HONOR

Sharon Wolf is co-chair of the South Carolina Team and is administrative director of the South Carolina Institute for Childhood Obesity and Related Disorders. She brings up a topic that outside the public school setting has been recognized as a legitimate and effective approach to obesity prevention — call it “faith-based wellness.”

“There’s been research conducted in South Carolina with the African-American population vis-a-vis obesity, and the study showed that faith, or religion, plays a prominent role in African-American culture. This of course

Tips and Techniques

- > Recognize all communities have assets as well as needs. Even in the most distressed neighborhood, there are committed volunteers, successful associations, strong community-based institutions and other resources waiting to be engaged in a concerted way. Adopt the perspective of a long-time resident who values the community. Using that lens, you can imagine liabilities, such as a vacant lot, transformed into an asset, like a community garden.
- > Community involvement is particularly vital because of the significant role that the community plays in family/personal life among most ethnic communities.
- > Never risk insulting a minority community by referring to a cultural tradition or practice as “negative,” “unhealthy” or “problematic.”
- > Poor communication, especially inaccurate or culturally inappropriate translations, can create more problems than it solves. If possible, try to have a community member as part of the project team, particularly when there are race or language barriers.
- > Remember that weight loss and body image are not necessarily effective motivators.
- > Many communities, because of widely circulated statistics about such things as heart disease, diabetes and life expectancy, have a fatalistic attitude about improving their health. Focus on the benefits of change versus negative consequences.
- > It’s about balance, not completely eliminating foods perceived as unhealthy. While some traditional foods may be high in fat and cholesterol, people aren’t going to eliminate their traditional foods and feasts. Remember that many cultures have diets that are healthier than the modern American diet.
- > In some communities, the notion of prevention is not meaningful. Discussing health and wellness if you’re not sick may seem contradictory or even unlucky.

wasn't news. But so-called 'church values' are key to well-being, and churchgoing African-Americans view physical, mental and spiritual well-being as interconnected — they're all accepted parts of self-betterment."

Wolf is referring to a study investigating the link between spirituality and health behaviors, and the role of the church in promoting physical activity among African-Americans in South Carolina.*

"Reading this study, you see the explicit link between spiritual belief and health, both physical activity and healthy eating, and it's clearly part of this particular culture. Public schools, obviously, are not faith-based institutions, so would we ever approach school wellness from a religious or faith-based perspective? Not directly, of course. But it's so important to know what people are thinking."

Adds Phyllis Allen, director of nutrition for the state's Department of Health and Environmental Control, and a registered dietitian, "Culture is so important. Well-meaning middle-class and upper-middle-class people come into counties and schools like ours and really want to help, but they're sometimes surprised by the rates of poverty and what people don't have. The lives that these folks lead is so different — they're dealing with so many hurdles, day to day. They really have things hard. You have to listen to and honor that. It's a question of respect. You get a lot farther with people if they have a sense that you value them and what they stand for. I think if there's one thing we have to be cognizant of as school wellness advocates, it's that."

Idaho

THE HIGHEST PERCENTAGE OF POVERTY IN THE STATE

As recipients of a Team grant from Action for Healthy Kids and the Kellogg's Corporate Citizenship Fund, the Idaho Team focused on the importance of parent involvement and participation in the successful implementation of local wellness policies. Parents and administrators from the Wilder School District and from the Syringa Middle School in nearby Caldwell were invited to attend a free Wellness Forum within their district. The goal was to provide information and answer questions about how to keep wellness initiatives active in the district, how to evaluate and monitor the policies, and how to provide ideas for getting involved in school wellness.

As attendees, parents were encouraged to apply for \$1,000 mini-grants, which would be used to improve an aspect of nutrition or physical activity of their choice at the school. The Wilder district is in a rural agricultural area that has the highest percentage of poverty in the state of Idaho and is 83 percent Hispanic.

Nancy Rush, co-chair of Idaho Action for Healthy Kids, explains that on the evening of the Wellness Forum, dinner was served in the cafeteria, and afterward, while parents attended the meeting, their kids played with balls and hula hoops.

*"Understanding Physical Activity Participation in Members of an African- American Church: A Qualitative Study," *Health Education Research: Theory and Practice*, 2006.

“The single most important thing we did was to hire an interpreter to translate the entire Forum into Spanish,” said Rush. “Then, as far as Forum content went, we were very careful to start from square one. We asked the gathered parents if any had ever worked with a school on wellness; we then carefully introduced the notion of a community and parents being important to school wellness; and then finally addressed the crucial importance of them being active participants in improving their children’s lives and health. We really started at the beginning and walked them through the whole concept of their involvement and why it was important.”

SPEAKING THE LANGUAGE — AND COMMUNICATING BELIEVABILITY

The Team was fortunate, Rush points out, in having the district-wide Family Learning Center, a state-sponsored healthcare facility, in the community — funded and established because of the poverty level in the area. The founder of the Family Learning Center, Sylvia Blain, a self-described *Mexicana* who works closely with families on health topics in the district, was present at the Forum.

“Sylvia was the one who really helped us recruit families and get them to the Forum,” says Rush. “She works closely with families to overcome barriers that might keep kids out of school, so she’s friendly with many of the parents in the area, and she was a huge help in getting both moms and dads to come to the event.”

Also a crucial player, Rush says, was Juanita Aguilar, a district public-health specialist with extensive experience working with Latino families to improve nutrition and physical activity, and who gave a well-received presentation that night.

Says Aguilar, “I agree with Nancy Rush that the special challenge with a Hispanic community is simply communication. It’s very difficult for someone who isn’t living in the culture, who doesn’t speak the language, to convey convincing wellness information. It’s not just language, though; it’s believability.

“In the Hispanic culture,” Aguilar continues, “most of our holidays revolve around food. Traditional dishes are high in fat, but they’re important, and you just can’t tell people to give things up. It’s insulting and belittling.”

Better, Aguilar says, to ask them to try to add other foods to their diet, to work in variety.

“In other words,” Aguilar suggests, “you don’t have to give up tamales. But add an orange or an apple to the meal. And don’t eat six tamales, eat two. It can’t be about eliminating and restricting, but rather about finding a balance. People are much more receptive to this.”

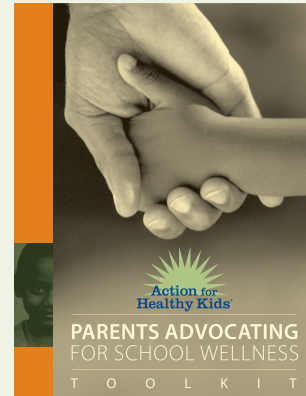
NEVER PUTTING CULTURAL HABITS DOWN

Aguilar seconds other Action for Healthy Kids Team members’ observation that, in many immigrant cultures, a chubby child can be perceived to be a healthy child.

“But I never, ever bring up the subject of losing weight per se,” states

Engaging Parents Cross-Culturally

One of the most readily available resources for guidance in bringing cross-cultural sensitivity to work with priority populations is Action for Healthy Kids' *Parents Advocating for School Wellness Toolkit*. Developed in cooperation with MEE Productions — an organization widely regarded for its success in mobilizing parents in diverse communities — the toolkit helps school wellness advocates engage parents as partners in support of healthier schools for their children. The toolkit includes valuable information on communication styles, persuasive processes and the understanding of unspoken messages across cultures.



The *Parents Advocating for School Wellness Toolkit* is available as a downloadable PDF at www.ActionForHealthyKids.org/community_partnerships.php.

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SYLVIA BLAIN, IDAHO

Aguilar firmly. “I talk about physical activity, about playing more games, about taking walks together as a family, but I don’t ever mention the word ‘weight,’ because it’s an immediate judgment, and it turns people off.”

Idaho Team member Carol Julius, a registered dietitian, concurs. And she also points to the importance of family involvement in Hispanic communities.

“Certainly, the trick is to talk about cultural habits without putting those habits down,” Julius says. “But what I think is great about Hispanic cultures is that the role of family is a positive, supportive one, and a very valuable one when it comes to school wellness. We’ve actually had wellness events where not only moms and dads come, but grandmothers too, who often live in the household. That’s an amazing kind of multigenerational support you often don’t find in other cultures.”

BRINGING IN A “CULTURAL BROKER”

Sometimes a key individual can be vital in bridging cultural gaps, and the role of “cultural broker” is one that Blain is happy to play in Wilder. She is adamant that the intermediary function is critical when dealing with cross-cultural situations involving school reform or school wellness.

“The cultural chasms that we have to cross are enormous,” she says. “You absolutely have to have someone ‘on the inside,’ so to speak, on your team — someone raised in the culture, who’s lived the challenges, who speaks the language, who knows the traditions, and to whom minority or challenged cultures can relate. Success in any venture is establishing relationships, and without trust and identification there’s simply no relationship to be formed.”

Blain is precisely that person for the Idaho Team’s success in Wilder. Because she is so well-known and trusted in the community, she was able to deliver attendance at the Wellness Forum.

“You have to understand,” Blain says passionately, “that the charge of apathy or disinterest that’s frequently leveled at immigrant parents when it comes to

school involvement is completely unfair. School involvement is simply foreign to many of the Mexican immigrant and migrant parents we deal with in Idaho.”

Blain explains that in Mexico parents are never involved in school activities and are not welcomed on campus. It’s a totally foreign concept to them.

“But once parents are on board,” she says, “they’re 1,000 percent on board. One of my biggest frustrations is when I hear school wellness advocates dismiss immigrant parents as disinterested. I say wrong — you’re just not working hard enough to educate and engage them.”

NOT JUST CULTURE ... MONEY

Blain also points out that many so-called cultural challenges are in fact purely economic ones.

“A lot of the families I work with would love to have fresh fruit for healthy snacks. But it’s just a question of money. The unhealthy snacks are infinitely cheaper. Meanwhile, these are people who, when they lived in Mexico, could reach out the window and pick a mango off a tree; they can’t do that here. It’s not a matter of what they prefer to eat; it’s a matter of what they can afford. It’s about money, not culture.”

What about communities that aren’t lucky enough to have a Sylvia Blain to act as a cultural intermediary?

“That’s nonsense,” Blain responds. “Those people are there. You just have to find them — someone who comes from the culture but has gone through the system successfully and can cross the cultural boundaries and get the messages back. Someone who’s made it up the food chain, who’s grateful, committed, interested in helping, and most important bilingual and bicultural. Those people are out there. Going forward in an increasingly diverse America, it’s up to Teams — and anyone interested in meeting needs where they are greatest — to uncover them.”

Additional Resources

For further guidance and thinking on school wellness and cultural/ethnic issues, see:

“Cultural and Ethnic Food and Nutrition Education Materials: A Resource for Educators” from the Food Nutrition Information Center (FNIC). This comprehensive bibliography of background resources for those working with various cultural and ethnic groups is available at <http://www.nal.usda.gov/fnic/pubs/bibs/gen/ethnic.pdf>.

“School Wellness Policy and Practice: Meeting the Needs of Low-Income Students” from the Food Research and Action Center (FRAC). This guide is designed to help schools respond to the special nutrition concerns of low-income students involved in their wellness policies, and is available at <http://www.frac.org>.

“Communities Helping Children Be Healthy: A Guide to Reducing Childhood Obesity in Low-Income African-American, Latino and Native American Communities” from the Robert Wood Johnson Foundation (RWJF). This resource features steps and strategies for communities that want to start culturally appropriate programs to reduce childhood obesity. Available at <http://www.rwjf.org/files/publications/HealthyChildren.pdf>.

Salud America! from the RWJF Research Network to Prevent Obesity Among Latino Children. Join the network to receive news about prevention research, funding opportunities and trends in the fight against Latino childhood obesity at <http://www.salud-america.org>.