Humor Your Way to Good Health:
An Intergenerational Program to Address
A Critical Public Health Issue:
The Epidemic of Overweight
and Obesity Among Children

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ABSTRACT. Although humor has been used in many ways, humor practices have not been fully conceptualized or utilized as a means to impact major concerns on a societal level. In this intergenerational model demonstration, humor practices were re-conceptualized and used as an effective vehicle for communicating messages to impact a societal issue, overweight and obesity among children. This objective was operationalized through an intergenerational project of the Legacy Leadership Institute on Humor Communication and Health (LLIHCH). Legacy Leaders were trained to use humor practices to convey messages about healthy eating and physical activity to children. They participated in interactive instruction on key topics (nutrition, humor practices, intergenerational relationships, children and schools, leadership, and instructional methods. Legacy Leaders used this training to conduct the Humor Your Way to Good Health program in two public elementary schools. Assessments indicate the children benefit significantly from the Humor Your Way to Good Health intergenerational program in terms of the knowledge acquired and its application to making choices that support healthy behaviors. The unique humor approach captures the attention and imagination of children. The intergenerational approach unites children and adults in a joint quest for healthier lifestyles. Together, they are addressing the epidemic of overweight and obesity among children.

KEYWORDS. Intergenerational, humor, health, engaged learning, leadership, lifelong learning, civic engagement, children, schools, nutrition and physical activity

The United States is facing a serious public health problem. The facts and figures are well known. Nine million or 16% of children and youth are considered overweight or obese today (Action for Healthy Kids, 2004b). The incidence of this health problem is on the rise and has doubled for children and tripled for adolescents in the past 20 years. Only 2% of children meet the daily recommendations in the Dietary Guidelines for Americans for eating foods from all five major groups in My Pyramid. Only 25% of children exercise at least 30 minutes a day. Poor eating habits and lack of physical activity that begin in childhood impact adult
health by contributing to the development of overweight and obesity, type two diabetes, hypertension, heart disease, cancer and other serious, costly health problems. Among the psychosocial effects are depression, anxiety disorders and isolation from peers. Academic performance suffers. (Action for Healthy Kids, 2006a; Haskins, 2006; Institute of Medicine, 2005; National Center for Health Statistics, 2002; Robert Wood Johnson Foundation et al., 2005; Schlosser, 2002, USDHHS, 2001). The challenge is to stem this tide by helping children to acquire knowledge about nutrition and physical activity as well as the application of this knowledge to making choices that support healthy behaviors.

As a means of addressing the problem of childhood overweight and obesity, the University of Maryland, Department of Health Services Administration and the Gliner Center for Humor Communication and Health established the Legacy Leadership Institute on Humor Communication and Health (LLIHCH). Although humor has been used in many ways, humor practices have not been fully conceptualized or utilized as a means to impact major concerns on a societal level. In this intergenerational model demonstration, humor practices were re-conceptualized and used as an effective vehicle for communicating messages to impact a societal issue, overweight and obesity among children. This objective was operationalized through an intergenerational project. Using an engaged learning approach, the LLIHCH trains Legacy Leaders through 64 hours of interactive instruction by experts on topics such as nutrition, humor practices, intergenerational relationships, children and schools, leadership and instructional methods. The 50+ age group was selected because they have valuable experiences as parents and grandparents and feel a responsibility to leave a legacy to the next generation. They have skills and time to devote to meaningful community based leadership. Troubled by the prospect of increasing overweight and obesity among children, these older adults value the opportunity to be engaged in activities with children that will have a positive impact on their health. Realizing that children benefit from personal connection with adult role models and novel instructional methods, the LLIHCH developed and implemented *Humor Your Way to Good Health* as a model demonstration in two schools (Middlemiss & Meyer, 2004).

**REVIEW OF THE PROBLEM OF OVERWEIGHT AND OBESITY AMONG CHILDREN**

The Surgeon General of the United States in *The Call to Action to Prevent and Decrease Overweight and Obesity* declares “a need for
widespread support to develop solutions to one of the nation’s most dire and burdensome public health issues.” (USDHHS, 2001, no page number). The guiding document of Action for Healthy Kids (AFHK), the Commitment to Change, identifies schools as the key venue for offering information and programs to promote healthy lifestyles:

“Healthy schools—those that support good nutrition and physical activity as part of a total learning environment—produce healthy students. Healthy students are better able to develop and learn. Healthy students who achieve their educational potential form healthy communities. Healthy communities build a healthy America.”

“By facilitating learning through the support and promotion of good nutrition . . . schools contribute to the basic health status of children, thereby optimizing their performance potential, and ensuring that no child is left behind.” (AFHK, 2003, p.8)

Although schools may strive to address the many needs of children, it is difficult for them to assume the mantle of stemming the tide of the overweight and obesity epidemic. Schools are faced with enormous pressures to fulfill the requirements of the “No Child Left Behind” Act. Schools are expected to prepare children to attain acceptable tests scores on standardized state and national tests. School days are filled with requirements such as reading and mathematics courses. Allocation of school day time to recess, lunch, health education and physical activity have been severely limited (Maryland AFHK, 2004). Yet studies have demonstrated the impact of obesity, overweight, poor nutrition and lack of physical activity on the academic performance of children (AFHK, 2004a; Taras & Potts-Datema, 2005a, 2005b). The Learning Connection: The Value of Improving Nutrition and Physical Activity in Our Schools documents how excessive rises in poor nutrition, inactivity and weight problems are adversely affecting academic achievement.” (AFHK, 2004b).

A MODEL INTERGENERATIONAL DEMONSTRATION TO ADDRESS THE EPIDEMIC OF OVERWEIGHT AND OBESITY

It is within this context that the Legacy Leadership Institute on Humor Communication and Health (LLIHCH) and Humor Your Way to
Good Health was created to use humor practices to address a societal problem, overweight and obesity among children. This Legacy Leadership Institute is based on a multigenerational, multicultural evidence-based Legacy Leadership Institutes model developed and tested by the University of Maryland Center on Aging that combines lifelong learning and civic engagement for people age 50 plus (Wilson & Simson, 2006). Legacy Leadership Institutes in critical areas such as public policy, fundraising for non-profit organizations, pro-bono service, environment, and disaster response are being conducted in more than 25 sites nationally and globally. Over 2000 Legacy Leaders have been trained; each has performed a minimum of 200-450 hours of pro bono service. The LLIHCH is an iteration of the Legacy Leadership Institute model.

The LLIHCH was launched in fall 2005 following the completion of a pilot project in spring 2005. Twelve applicants from a pool of over forty were chosen to participate in LLIHCH and to conduct Humor Your Way to Good Health program in schools. They were selected on the basis of several qualifications and characteristics. They are committed to “giving back to the community” by engaging in significant activities that impact the lives of children. They consider overweight and obesity to be a serious health issue affecting children’s school performance and long-term health. They view intergenerational programs as an effective, non-threatening and non-judgmental approach to influencing children’s health behavior. They come from multi-cultural backgrounds and seek the opportunity to explore new options, continue lifelong learning, and be engaged in meaningful pro bono community service.

The LLIHCH Leaders attended 64 hours of interactive instruction conducted by experts who used a newly written and tested Humor Your Way to Good Health Training Manual on these topics:

1. The epidemic of obesity and overweight among children: issues and solutions.
3. Humor concepts and practices.
4. Skills to apply humor practices to convey messages about healthy eating and physical activity to children.
5. Intergenerational relationships, children, multi-cultural schools and community.
6. Transformational leadership and pro bono service.
7. Instructional methods, program planning, classroom management skills, and evaluation/assessment (Simson et al, 2005).

Two local multicultural, public elementary schools were selected from a pool of seventeen interested schools to participate in Humor Your Way to Good Health. These schools met the criteria for participating in the model demonstration. Both schools met state standards and children had the literacy skills needed to participate in the program. They were neighborhood “walking schools” that made it possible for children to attend out-of-school programs without encountering transportation constraints. Almost all of the children participated in the subsidized school meal program. The principals and teacher liaison were highly qualified educators who were receptive to having the model demonstration in their schools. Recognizing the heavy academic demands on the regular school day, an out-of-school time program format was selected as a delivery model through which Legacy Leaders could complement teachers and family members as additional positive adult role models. In keeping with school policy, children enrolled on a voluntary basis and parents/guardians were required to submit permission forms. The seventeen multicultural children who enrolled were in the fourth or fifth grades and ranged in age from 9 years to 11 years. More detailed characteristics of the children cannot be provided due to privacy issues.

LLIHCH Leaders used a newly written and tested Humor Your Way to Good Health Instructional Manual to conduct the school programs (Simson, 2006). The Manual contains 15 ready-to-use modules that contain:

1. Information about one of the six food groups in My Pyramid (e.g. grains, vegetables) and supplementary topics (e.g. food safety, fast foods, physical activity.
2. Humor-based activities to convey information about My Pyramid.
3. Student assessments to determine knowledge acquired and its application to making choices that support healthy behaviors.
4. Take home health information bulletins for families. (See table 1 for a sample module.)

The humor approach engages children. Humor is a shift in frame from the serious to the not serious that releases tension and leads to pleasure. Learning becomes engaging and enjoyable. The humor practices that are used to convey information include:
1. Performance activities: skits, role-playing, improvisation, music, poetry, rhyme, and song.
2. Graphic expression activities: artwork, cartoons, comic strips, posters, pictures, sculpture, photography and videos, bumper stickers, t-shirts, and graffiti.
4. Game activities: visual, physical movement, auditory, and oral.

TABLE 1. Sample of a Humor Your Way to Good Health module

<table>
<thead>
<tr>
<th>Module 3: Vegetables Group</th>
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</thead>
<tbody>
<tr>
<td><strong>Student Learning Objectives:</strong></td>
</tr>
<tr>
<td>1. To introduce the Vegetable Group as the green section in My Pyramid.</td>
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<tr>
<td>2. To explain nutrients are obtained from the Vegetable Group and how these nutrients function within the body.</td>
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<tr>
<td>3. To identify foods in the Vegetable Group.</td>
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<tr>
<td>4. To understand how many vegetable servings are needed each day and recognize what constitutes a serving size.</td>
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<tr>
<td>5. To choose vegetables that are high in vitamins A and C.</td>
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<tr>
<td>6. To try new foods within the Vegetable Group.</td>
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<tr>
<td><strong>Student Outcomes:</strong> At the end of this session, students should be able to:</td>
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<tr>
<td>1. List what nutrients vegetables provide.</td>
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<tr>
<td>2. Explain how these nutrients function in the body.</td>
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<tr>
<td>3. Name at least five foods from the vegetable group.</td>
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<tr>
<td>4. Tell how many vegetable servings are needed daily.</td>
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<tr>
<td>5. Explain how much is in a serving size.</td>
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<td>6. Compare a serving size to a non-food everyday item (e.g. computer disk, tennis ball).</td>
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<tr>
<td>7. Note that vegetables high in Vitamins A and C are preferable.</td>
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<tr>
<td>8. Explain their like/dislike of at least one unfamiliar vegetable food.</td>
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<tr>
<td>9. Identify the green section as the Vegetable Group in My Pyramid.</td>
</tr>
<tr>
<td><strong>Key Points</strong></td>
</tr>
<tr>
<td>1. 2.5 cups per day are recommended.</td>
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<tr>
<td>1. Dark green, leafy, or orange vegetables are recommended 3 or 4 times weekly for vitamins A and C.</td>
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<tr>
<td>2. Watch the fat, such as butter, that you add to vegetables at the table.</td>
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<tr>
<td>3. Select vegetables with more potassium often such as sweet potatoes, tomato products, beets, greens, soybeans, and lima beans.</td>
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<tr>
<td>2. Foods that are in this group, and usual serving size:</td>
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<tr>
<td>Asparagus</td>
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<tr>
<td>Broccoli</td>
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<tr>
<td>Cabbage</td>
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<tr>
<td>Carrots</td>
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<tr>
<td>Greens (collard, kale)</td>
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<tr>
<td>Peppers</td>
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<tr>
<td>Salad greens</td>
</tr>
<tr>
<td>Spinach</td>
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<tr>
<td>Tomato</td>
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<tr>
<td>Vegetable Juice</td>
</tr>
</tbody>
</table>
TABLE 1 (continued)

3. Nutrients we get from this group:
   1. Vitamins A and C.
   2. Potassium.

4. Functions of these nutrients in the body:
   1. Vitamin A helps with seeing.
   2. Vitamin C helps prevent colds.
   3. Maintain the skin.

Activities to Communicate Key Points

1. **Veggie Head**
   1. Decorate a large vegetable (e.g. pumpkin) with vegetables to create a head.
   2. Name the head and write a brief skit to tell why these vegetables are important to include as part of a healthy meal.

2. **Veggie Rap (Wrap)** (Included in manual)
   1. Distribute instruments made of food boxes.
   2. Sing Veggie Rap to the beat of instruments.

3. **Hot Potato**
   1. Pass a potato and name a different vegetable when it is your turn.
   2. Pass a potato, name a different vegetable and tell a way to prepare it.
   3. Count 5 beats to music to limit each student's time.

4. **Odd One Out**
   1. Place plastic models or pictures of vegetables mixed up with food model/pictures from other food groups.
   2. Children pick out a vegetable and place it on the proper color on My Pyramid poster.

5. **Couch Potato**
   1. Draw a picture of a large potato with big arms, legs and head.
   2. Cut pictures of unhealthy foods from grocery flyers and magazines and glue them onto couch potato.
   3. Draw a picture of an average size potato with regular size arms, legs and head.
   4. Cut pictures of healthy foods, especially vegetables, from grocery flyers and magazines and glue them onto the healthy, average size potato.

These practices are the basis of the 100 activities created to convey the messages about healthy eating and physical activity.

Seventeen children participated in the model demonstration of five weeks of one-hour sessions on My Pyramid. Seven children continued to participate in an additional five-week program on other health topics (e.g. oil, salt, snacks, fast food, and meals). As had been arranged previ-
ously, the ten other children were assigned to a school sponsored reading program. All children completed the *Humor Your Way to Good Health* program in which they participated. The format of the sessions remained consistent throughout the duration of the program (Table 2). Each one-hour session was filled with educational content and humor based activities on modules related to My Pyramid. The one-on-one contact with adults provided positive support and encouragement.

**EVALUATION**

*Procedures and Instruments*

Questionnaires were used to determine the influence of the *Humor Your Way to Good Health* program on children’s knowledge and behavior. They were designed by the program coordinator, a licensed dietitian/nutritionist and an educator. They were tested in the pilot program and revised. The questionnaires were kept simple and brief to prevent testing from detracting from the “humor based”, fun and engaging intent of the program.

Legacy Leaders created an encouraging atmosphere by making the assessments into an enjoyable game. They asked the children “What do I know” (before a session) and reinforced their progress by asking, “What do I know NOW!” at the end of a session. Each question was read aloud to the children and assistance was provided with spelling. Legacy Leaders provided positive encouragement to the children while they completed the as-

<table>
<thead>
<tr>
<th>TABLE 2. Format for Each Session</th>
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<tbody>
<tr>
<td>1. Welcome and announcement of the subject of the module.</td>
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<tr>
<td>2. Brief physical activity to help children to settle down.</td>
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<tr>
<td>3. A healthy snack.</td>
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<tr>
<td>4. Quick pre-assessment to determine what children “know”.</td>
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<tr>
<td>5. Brief interactive review of previous session.</td>
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<tr>
<td>6. Jokes to introduce the module.</td>
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<tr>
<td>7. Presentation and discussion of the key points in the module.</td>
</tr>
<tr>
<td>8. Various humor-based, fun activities to support learning about the module topic and key points.</td>
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<tr>
<td>8. Brief post assessment to determine what children “know now”.</td>
</tr>
<tr>
<td>10. Distribution of humor-based information bulletins to take home.</td>
</tr>
</tbody>
</table>
sessments so that they would feel successful about their experiences. Parental feedback was also sought to ascertain the effect of the program on their children and their families. This approach and questions had to be kept informal and friendly so that parents would not feel “grilled” or “put off”. Legacy Leaders evaluated the value of the intergenerational approach when they discussed their experiences after each session.

**OUTCOMES**

Questionnaires were scored and recorded according to a confidential code that assured the anonymity of the children. A journal maintained by the program coordinator recorded the comments of parents and Legacy Leaders. Although the number of cases was small (17) and not valid for statistical analysis, the combination of methods provides results that show this humor-based model demonstration program influenced the knowledge acquired and its application by children in making healthy choices.

*My Pyramid*

A 24-item questionnaire on information about the six food groups in My Pyramid was administered at the beginning and end of the program. Nearly all children initially score in the range of 20%-35% correct responses. In the post-test, children score between 65% and 90% correct answers. All children show an improvement of at least 40% and, as an aggregate, they show an overall improvement of approximately 55%.

*Individual Food Groups in My Pyramid*

A five item, true/false questionnaire was administered at the beginning and end of each of five sessions for a total of 25 questions. Each questionnaire focused on the My Pyramid food group that was featured in the session: grain, vegetables, fruit, dairy, and meat and beans. As an aggregate, children show an overall improvement of nearly 20% in providing correct responses; they advance from 73% on the pre-test to 91% on the post-test. The range of scores is narrow on both the pre-test and post-test with little variation among the children.

*Supplementary Health Modules*

A five item, true/false supplementary questionnaire was administered at the beginning and end of each session for a total of 25 questions to chil-
dren who participated in the extra five-week program. Each questionnaire focused on one topic: oil, salt, snacks, fast food, and meals (breakfast, lunch, dinner). Children show an overall improvement of nearly 15% in providing correct responses, advancing from 77% to 90%. The range of scores on each test is narrow, with nearly all children exhibiting similar scores.

**Healthy Eating and Physical Activity Tickets**

At their last session Legacy Leaders asked children to complete a “Healthy Eating and Physical Activity Ticket” assessment and to submit the ticket in exchange for a nutritious snack. These Tickets reveal the knowledge that children acquired from participating in the program and how they translate this knowledge into behavior. Children were asked to tell about “one thing I learned about health eating is . . .” and “I will use this knowledge to . . .” (Adapted from Rangos, 2004). Their responses cover a wide range of information about the overall My Pyramid as well as the individual food groups and physical activity. Their responses suggest that they are incorporating their learning into their daily routines and lifestyles and applying knowledge to making healthier choices. (See Table 3)

**Parent Interviews**

Parents were asked to comment on the impact of the program on their children. This inquiry was conducted informally when parents arrived to escort their children home or to attend special events at the schools. This unobtrusive approach was used to obtain thoughts of parents through a non-threatening, supportive method. The comments of parents reveal the range of effects of the program not only on the participating children, but also on other members of their families. Parents report that they and their children found the humor approach to be novel and engaging. They value having their children engaged with other adults role models and appreciate the efforts and time the Legacy Leaders devoted to their children (Table 4). They also indicate that they found the health information bulletins brought home by their children to be useful for making better choices for healthier lifestyles. (See Table 5 for a sample bulletin.)
TABLE 3. Selected Responses to Healthy Lifestyles Ticket

<table>
<thead>
<tr>
<th>Response</th>
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<tbody>
<tr>
<td>D’lon entertained us with her knock-knock healthy food jokes. She repeated</td>
</tr>
<tr>
<td>them to her grandparents and they got a good laugh and learned something,</td>
</tr>
<tr>
<td>too. She said we have to turn off the TV and she’s going to be like Ms. Leas</td>
</tr>
<tr>
<td>and get us moving!</td>
</tr>
<tr>
<td>Thank you, thank you for helping my boy learn about good food. He just</td>
</tr>
<tr>
<td>loved the attention and speaks up a lot more now in class. He has new</td>
</tr>
<tr>
<td>friends from the healthy eating group.</td>
</tr>
<tr>
<td>Every time I go food shopping with Angelica she tells me what I should or</td>
</tr>
<tr>
<td>should not buy. She used to ask for chips and candy. Well, she still asks</td>
</tr>
<tr>
<td>for them but now she also wants raisins, apples and cheese. She said Ms.</td>
</tr>
<tr>
<td>Hobbes urged her to try them for snack and now she likes them.</td>
</tr>
<tr>
<td>I was amazed. I had the little ones in the car when I picked up Jeremy (</td>
</tr>
<tr>
<td>after the program was over). I said we were going to go for a bite at (</td>
</tr>
<tr>
<td>fast food restaurant) because I had a long, hard day at work. So what</td>
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<tr>
<td>does he say? “Mrs. Mackeban said we could get salads with low fat</td>
</tr>
<tr>
<td>dressing, drink milk, and pick the small size fries. He used to go for all</td>
</tr>
<tr>
<td>the super sizes and the sugary soda. We used to fight over that. I’m glad</td>
</tr>
<tr>
<td>someone else besides me is helping him to grow up healthy.</td>
</tr>
<tr>
<td>When Terrell comes home from the program, he gets my attention by telling</td>
</tr>
<tr>
<td>me a joke. He says he is like “Mr. Buckey” and he reads the food bulletins</td>
</tr>
<tr>
<td>to me. I use them to plan meals when I go shopping. He tells me what foods</td>
</tr>
<tr>
<td>go in each food group, how big a serving he should have, and what he</td>
</tr>
<tr>
<td>should be eating.</td>
</tr>
<tr>
<td>Calvin said he would miss the healthy school program during school</td>
</tr>
<tr>
<td>vacation. He likes all the extra attention from the “teachers”. He likes</td>
</tr>
<tr>
<td>the fun activities. He has always made his mom and me laugh and now he</td>
</tr>
<tr>
<td>has new jokes and many fun activities to do.</td>
</tr>
<tr>
<td>It’s been a struggle. Being a single parent with two jobs isn’t easy. Now</td>
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<tr>
<td>I count on Maria to pick out the right snacks for her younger sister and</td>
</tr>
<tr>
<td>brother. She never used to like carrots. Now she eats them all the time</td>
</tr>
<tr>
<td>with low fat dip for snacks.</td>
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</table>

Note: Slight editing and names changed to protect identities.

Legacy Leaders

Unanticipated outcomes of the LLIHCH and the Humor Your Way to Good Health program are its influence on the knowledge and behaviors of the Legacy Leaders. Initially, the Legacy Leaders were committed to helping children attain healthier lifestyles. Through participation in the model demonstration, Legacy Leaders became interested in learning not only about children’s health but also about their own health. They incorporated their new knowledge into decisions about their own health and viewed self-knowledge as a foundation for being able to influence children. They comment that the children enjoyed hearing about their “trials and tribulations” when trying to change eating and physical ac-
TABLE 4. Selected Reflections by Parents of Children Participating in *Humor Your Way to Good Health* Program

D'Ijon entertained us with her knock-knock healthy food jokes. She repeated them to her grandparents and they got a good laugh and learned something, too. She said we have to turn off the TV and she's going to be like Ms. Leas and get us moving!

Thank you, thank you for helping my boy learn about good food. He just loved the attention and speaks up a lot more now in class. He has new friends from the healthy eating group.

Every time I go food shopping with Angelica she tells me what I should or should not buy. She used to ask for chips and candy. Well, she still asks for them but now she also wants raisins, apples and cheese. She said Ms. Hobbes urged her to try them for snack and now she likes them.

I was amazed. I had the little ones in the car when I picked up Jeremy (after the program was over). I said we were going to go for a bite at (fast food restaurant) because I had a long, hard day at work. So what does he say? "Mrs. Mackeban said we could get salads with low fat dressing, drink milk, and pick the small size fries. He used to go for all the super sizes and the sugary soda. We used to fight over that. I'm glad someone else besides me is helping him to grow up healthy.

When Terrell comes home from the program, he gets my attention by telling me a joke. He says he is like "Mr. Buckey" and he reads the food bulletins to me. I use them to plan meals when I go shopping. He tells me what foods go in each food group, how big a serving he should have, and what he should be eating.

Calvin said he would miss the healthy school program during school vacation. He likes all the extra attention from the "teachers". He likes the fun activities. He has always made his mom and me laugh and now he has new jokes and many fun activities to do.

It's been a struggle. Being a single parent with two jobs isn't easy. Now I count on Maria to pick out the right snacks for her younger sister and brother. She never used to like carrots. Now she eats them all the time with low fat dip for snacks.

Note: Slight editing and names changed to protect identities.

...activity patterns. Legacy Leaders indicate that the children taught them through their questions and joint participation in the many humor-based activities. A sense of mutual learning emerged as well as a desire for all ages to join together to pursue healthier eating and physical activity.

**ANALYSIS AND APPLICATIONS**

This model demonstration shows that children benefit from the *Humor Your Way to Good Health* intergenerational program in terms of
TABLE 5. Sample Information Bulletin

HUMOR YOUR WAY TO GOOD HEALTH

INFORMATION BULLETIN FOR FAMILIES #4: FRUITS GROUP

Today, children learned about fruits. Please review with your children what they learned. They will be proud to tell you about what they have learned.

Start by asking your child a few jokes.

Q: If you had 5 oranges in one hand and 5 pears in the other hand, what would you have?
A: Very large hands.

Q: How do you make a strawberry shake?
A: Take it to a scary movie!

Ask your child about information to remember.

1. How much fruit should you eat each day? (Answer: 2 cups.)
2. Why is fresh fruit like oranges better than orange juice? (Answer: fresh fruit has more fiber than fruit juice.)
3. What are some fruits? (Answer: apple, applesauce, banana, grapefruit, strawberries, and melons).
4. Fruits give you vitamins A and C. What do these vitamins do for you? (Answer: they help you use iron, heal cuts, and fight colds.)
5. Is fruit juice that uses 100% fruit juice better than fruit drinks or punch? (Answer: Yes).

End by asking your child a joke.

Knock, knock. -- Who's there? Orange. -- Orange who? Orange you thirsty?

Note: On the reverse side of the bulletin is information about types of fruits and serving sizes.

the knowledge acquired and its application to making choices supporting healthy behaviors. The unique humor approach captures their attention and imagination. The intergenerational approach unites children and adults in a joint quest for healthier lifestyles. Five initiatives are presented below as examples of other applications of LLIHCH to address the epidemic of overweight and obesity.
Program Replication and Expansion

The *Humor Your Way to Good Health* could be expanded and replicated with children in other schools and communities. Assessments with a larger population of children as well as longitudinal studies that would follow children over a span of time would be valuable in refining findings about the impact of the program. Although it could be difficult to gather personal information about participants, it would be interesting to include factors such as literacy skills, changes in body mass indices, peer influence, family composition, income levels, among others. Questionnaires administered to children, family members and school staff could explore further the efficacy of using humor as a vehicle to communicate messages about healthy lifestyles.

Intergenerational Programs and At-Risk Youth

There are seven million “latch-key” youth who are unsupervised after school on a daily basis. “Unsupervised time after school can negatively affect their success in school, social skills development and engagement in criminal or risky behaviors” (Afterschool Alliance, 2003). A major approach to addressing these problems is the youth development movement. Unlike earlier programs that assumed that young people needed to be “fixed” because of their own faults or deficits, the youth development movement uses a strength- or asset-based model. According to the 1997 Presidential Summit for America’s Future, youth development emphasizes the “social, emotional, physical and cognitive growth of youth in structured, supportive and safe environments” (Afterschool Alliance, 2003). After-school programs have emerged as a successful delivery model to attack risks by providing youth with structured, empowering environments, activities to enhance or build skills, and opportunities to develop positive relationships with adults.

The LLIHCH could be expanded to train at-risk youth along side adults age 50+ in after-school LLIHCHs. They could learn and study together, form teams, and graduate as intergenerational teams of Legacy Leaders who could implement *Humor Your Way to Good Health* in their schools and communities. During the training component, both generations could collaborate to acquire knowledge, practice humor-based skills and develop leadership capacities. They could benefit from sharing their age-specific experiences and drawing on their diverse, complementary talents and interests to function cooperatively in teams. While performing the pro bono service component of the
LLIHCH, they could form alliances with families to analyze community need and customize the *Humor Your Way to Good Health* programs to address the particular health concerns of the children they serve (de Sousa, 2004). They could meet to discuss these programs and in the process foster greater awareness and understanding between generations.

*Intergenerational Programs to Promote Health of People Age 50+ in Alliance with Children and Families*

Legacy Leaders developed strong personal interest in acquiring healthy eating and physical fitness information related not only to children but also to themselves as adults. Many indicate they are changing their own health behaviors and plan to continue to join with children as partners in a quest for healthier lifestyles. Future LLIHCHs could build on this interest and integrate information about the health of both adults and children in the training component of the Institute. Legacy Leaders could use their knowledge to adapt the humor-based activities to engage adults along side their children in *Humor Your Way to Good Health* programs. By involving adults, healthy behaviors could be reinforced at home and family relationships strengthened.

*Developing Intergenerational Resources to Support Wellness Programs in School and Community*

The federal government mandated all state education departments to have wellness plans in place by July 1, 2006 (U.S. Senate, 2004). The next step is to write regulations that translate these plans into practices. Legacy Leaders could adapt the *Humor Your Way to Good Health* program to support wellness programs in collaboration with school staffs, parent-school associations, and community leaders. Legacy Leaders could expand The *Humor Your Way to Good Health* from an after school format into an ongoing school-wide, healthy eating and physical activity initiative by using a variety of humor based activities such as interactive exhibits, theme days, hall and classroom bulletin boards and murals, contests, readings, public address announcements, videography, drama and music performances, fun runs, games, fairs, field days, demonstrations, newsletters, and web pages. Families and community members could be invited to attend school activities with their children as a means of enhancing intergenerational understanding. Legacy Leaders could offer in-service programs with optional CEUs to
teachers, administrators and food service managers that would enable
them to incorporate humor based health messages into performance of
their responsibilities while strengthening relationships with children.

CONCLUSION

The Legacy Leadership Institute on Humor Communication and
Health provides a unique intergenerational approach and unique vehi-
acle, humor practices, to convey messages about healthy eating and
physical activity to children. In this intergenerational model demonstra-
tion humor practices were re-conceptualized and used to communica-
tive messages to impact a societal issue, overweight and obesity among
children. Just as other Legacy Leadership Institutes have been repli-
cated successfully in other sites, the LLIHCH is prepared and commit-
ted to partnering with other organizations to train additional Legacy
Leaders to conduct its programs in other communities. The two manu-
als, Humor Your Way to Good Health Training Manual and Humor
Your Way to Good Health Instructional Manual, provide the essential
resources for developing additional intergenerational LLIHCHs to ad-
dress the health needs of diverse populations. Adults age 50+, children,
parents and families, school staff and community members can work
together to address the epidemic of overweight and obesity among
children.

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