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School and Community-Based Childhood Obesity: Implications for Policy and Practice

Suzette Fromm Reed
National-Louis University

Judah J. Viola
National-Louis University

Karen Lynch
National-Louis University

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Introduction to Special Issue on School and Community-Based Childhood Obesity: Implications for Policy and Practice

Suzette Fromm Reed

National Louis University

Judah J. Viola

National Louis University

Karen Lynch

National Louis University

Abstract

This introduction to a special issue of the Journal of Prevention and Intervention in the Community on the topic of Childhood Obesity Prevention lays some of the basis for the state of affairs of the Childhood obesity epidemic in the U.S. as of 2012 and the need for and types of existing prevention and intervention efforts underway. At the intersection of public health and community psychology, each of the six articles presents some insights into how prevention and intervention efforts currently underway are fairing and offers some implications for program developers and policy makers to start to turn around the epidemic. Given the key role schools play, successful strategies for engaging schools are presented in the introduction. The authors of this special issue also emphasize the need to involve whole communities in order to attain the intended changes of reductions in overweight and obesity rates and increases in positive health outcomes.

Search Terms

Obesity Prevention; School Health Promotion; Policy, Systems, and Environment Change; Participatory Action Research; Community Based Participatory Research; Health Disparities

Introduction to Special Issue on School and Community-Based Childhood Obesity Prevention and Intervention and Implications for Policy

This special issue presents five evaluation studies focused on obesity prevention and intervention in United States communities with an emphasis on schools as a hub. This introduction is intended to (1) present a brief review of literature including successful strategies for engaging schools; (2) highlight findings packed within the issue and (3) draw connections across the research presented in the special issue.

Childhood Obesity in the U.S.

The clear connection between childhood and adult obesity rates with >85% of obese children ending up as obese adults is of great concern (Freedman, Dietz, Srinivasan, & Berenson, 2009). In the United States, 17% of children and teens 2-19 yrs old (~12.5 Million) were obese as of 2007 and these numbers continue to climb. This is a large increase since 1970 when only 4-5% of children were overweight (Ogden & Carroll, 2010). For children-adolescents, ethnic minorities have the highest prevalence for obesity (See: Ogden, Carroll, Curtin, Lamb, & Flegal 2010; Fromm Reed, Viola, & Jackson, in press).

Transitions in the economic and socio-political environment appear to be the largest contributors to the changes in diet and physical activity patterns (Sallis, Cervero, Ascher, Henderson, Kraft, & Kerr, 2006). A combination of government policies (e.g., subsiding production and sale of "junk foods"), regional and global markets (leading to increased processing and foods to accommodate travel conditions and shelf life and intense marketing of high calorie low nutrient foods to children), advances in technology that have led to a more sedentary lifestyle (e.g., rapid increases in "screen time" at home, school and work, and driving time), are all key factors leading to the rising epidemics of obesity and diabetes.

The contributing factors are varied with roots in macro-economic, socio-cultural, community, family as well as individual choices, and the settings in which prevention and intervention programming occurs are as diverse. Thus, a successful program must be long term and address many factors as well as settings (Fromm Reed, Viola & Jackson, in press). Linking changing behaviors and BMI takes years, and funding multiyear efforts on a broad scale remains a challenge. Historically, the issue of weight loss or healthy lifestyles has been addressed mostly at an individual level. More recently, schools have been the primary avenue for approaching obesity prevention perhaps given the high numbers of youth who eat the majority of their meals in school, and the low cost opportunities for encouraging daily physical activity and teaching the importance of healthy diets. Furthermore, schools have access to school nurses who can provide screening, counseling and continuum of care (Wright, Suro, Norris, & Newman Giger, 2013).

Successful Partnering with Schools

Given the need for schools to be at "the heart" of our health interventions (IOM, 2012), recommendations from the literature on establishing and sustaining school-community partnerships are provided to better understand best practices in conducting research and prevention efforts in this arena. Table 1 provides a brief bulleted list of these recommendations as well as a reference to the literature from which they are based. These recommendations can be categorized into the following five areas: 1) Get off to a good start, 2) Look outside the school, 3) Look inside the school, 4) Be flexible and 5) Sustain your program. The subsections below provide brief explanations of these recommendations.

(1) Get Off to a Good Start

Be patient and expect to spend time developing a program on the front end before implementation. Set both short-term and long-term goals. Be organized, responsible, and

coordinated in your efforts. Identify stakeholders within the community. From the stakeholder groups, identify a leader or a leadership group. Work with the leader(s) to develop a shared vision and communicate the vision broadly. Maintain consistent communication with all stakeholders, both inside and outside the school.

(2) Look Outside the School

Look at the school in its setting and find ways to involve the community. Consider giving the community the lead role in your initiative, with the school following this leadership. Continuously look for leaders to emerge across settings. Work to build relationships with individuals and groups who are outside the school. Social capital is important to establishing collaborative efforts. Discern what is already working in the community and try to build upon existing structures. Take the time to build trust before expecting help from various stakeholders.

(3) Look Inside the School

While principals are busy and at times difficult to access, dialoguing with them is crucial to the success of programs in her/his school. Determine what other staff members can be most helpful to the program. Look for champions/leaders inside the school. Build professional support for the staff into the program through continuing education. Be mindful of the philosophical underpinnings of the educational system, both within each school and in the broader educational context. Understand that each school's culture is unique. Remember that there are many demands on teachers' time. Remember that, to teachers, children are most important and you may have to wait.

(4) Be Flexible

There are not effective one-size-fits-all-schools programming. Consider each school individually. Examine each grade level. Explore each community with a fresh set of eyes.

(5) Sustain Your Programming

Look ahead, plan, and set future goals to carry the initiative beyond initial implementation. Ensure that resources -- both fiscal and human -- are sufficient to allow the program to extend far enough in the future to increase the likelihood of success. Include ongoing professional development to sustain the staff competence and confidence. Implement regular program evaluation and adjust programming as changes are warranted.

Highlights of and Connections across Articles in the Current Special Issue

Research in this issue points to the need for strategies that engage stakeholders across the contexts of school, home, and community as a more promising response to the obesity epidemic than efforts made at school alone. Authors (e.g., Wright et al., 2013; McKinney et al., 2013; Dawson-McClure et al., 2013) discuss how collaborative approaches such as Participatory action research (PAR), or Community-Based Participatory Research (CBPR), have been used as an effective way to bring stakeholders from the university and the community setting together to create partnerships for preventing childhood obesity. The studies vary by location (L.A., Chicago, Suburban Midwest, New York City) but tend to take place in densely populated settings that have extensive struggles beyond obesity including high rates of poverty, violence and educational challenges. While the language varies slightly (Community-Based Participatory Research, Participatory Action Research, "Whole Child" approaches, Community University Partnerships), you will find across the six articles evidence for the benefits of collaborative approaches that give voice to those impacted by the prevention efforts.

In the opening article, *Policy, Systems, and Environmentally Oriented School Based Obesity Prevention: Opportunities and Challenges*, Fagan et al. explains how after public health successes in the areas of preventing chronic disease related behaviors, there is now an effort to

use Policy Systems and Environmental (PSE) change efforts for obesity prevention. Fagan et al. (2013) present successes and barriers about the PSE approaches based on interviews of key informants across 12 school districts. Several issues in school-based obesity prevention, including the potential role of school personnel, the influence of grant funding on school health initiatives, and the fit between public health and educational priorities are discussed.

In *NuFit: Nutrition and Fitness CBPR Program Evaluation,* McKinney et al. found the NuFit curriculum (a collaboratively designed and adapted nutrition and fitness curriculum, for Latino and African-American high-school students in Chicago) shows promise as one mechanism to help prevent and combat childhood obesity by fostering healthy attitudes and behaviors during adolescence. Furthermore, involvement of and collaboration between community stakeholders and youth appeared to increase the likelihood of NuFit's cultural relevance and sustainability which is consistent with the approach taken by Wright et al.

In, *Using Community-Academic Partnerships and a Comprehensive School-Based Program to Decrease Health Disparities in Activity in School-Aged Children*, Wright, et al. present a randomized controlled trial study which utilized a community-academic partnered participatory research approach to evaluate the impact of a culturally sensitive, comprehensive, school-based, program, Kids N Fitness©, on body mass index (BMI), and child physical activity behavior, among underserved children in Los Angeles County. Wright et al. shows the value of utilizing community-academic partnerships and a culturally-sensitive, multi-component, collaborative intervention to combat childhood obesity.

In, *An University-School Collaboration to Enhance Healthy Choices Among Children*, Suarez-Balcazar, Kouba, Martinez, Jones and Lukyanova used a target and control school to examine the combined impact of nutrition education and salad bar access in schools on

children's eating patterns over a five-month period. Findings supported the added value of education and access with, the number of children consuming salad entrees and salad items doubled and quadrupled respectively and knowledge about fruits and vegetables increased over the course of the program. Concrete suggestions are offered for practices for parents, schools and broader system policies to improve access to healthy foods for children and increase the likelihood that those foods are consumed at school and at home thus changing the health and habits of families across the community.

In *Early Childhood Obesity Prevention in Low-income, Urban Communities*, Dawson-McClure et al. present a pre-post evaluation of *ParentCorps* embedded in Pre-Kindergarten programs serving low-income, urban communities. Developed with extensive input from community stakeholders, parents and educators, *ParentCorps* aims to strengthen parenting resources to promote children's social, emotional, behavioral and physical health. Findings support the benefits of taking a "whole child," family-centered approach to health promotion in early childhood.

Conclusion

This special issue is chalk full of the most current information on obesity prevention and intervention programming and systems change efforts across the country as of 2013. Trends appear to include a greater emphasis on policies, systems and environmental changes, over traditional programmatic efforts, and a focus on whole community and institutional approaches as opposed to individual aimed educational and behavior change efforts. Research continues to point to schools as a focal point for change while also recognizing the importance of efforts in schools extending to families and community partners throughout the community. This issue of JPIC provides a multitude of important programming and policy recommendations for

community psychologists, public health professionals, community advocacy organizations and researchers alike to hopefully begin to reverse the trends of the last forty years in the weight, fitness, and health of our nation's children.

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Table 1 Summary of Recommendations

Get off to a good start	• Focus on strengths [6] • Include students [5, 9, 17] • Include single & working parents [6] • Include the community; build social capital [1, 3, 6, 7, 9, 10, 12, 13, 16, 17] • Create a shared vision [3, 10, 17] • Use an experienced & effective liaison [3, 4, 10, 15] • Discuss challenges [4, 7] • Include professional development [5, 8, 10, 11, 17] • Consider community as "senior partner" [12] • Learn the culture of the school & community [2, 3, 4, 7, 8, 12, 16, 17] • Provide flexible programming for each school & grade level [4, 9, 12] • Recognize potential for school having negative view of community or vice versa [7, 12, 14, 16] • Recognize resistance may stem from difficult past attempts at partnerships [3, 12, 16] • Focus on building relationships [3, 4, 6, 9, 10, 12] • Recognize importance of principal 'buy in' [10, 12, 15, 17] • Bring adequate resources to the table [4, 10, 17] • Share decision making & resources [3, 9, 10] • Communicate well & often [3, 4, 7, 8, 12] • Be present to build trust [3, 4, 7] • Recognize competing priorities [3, 4,7, 9, 12]
Maintain, build on & sustain success	• Implement ongoing program evaluation [4, 7, 8, 11, 13, 17] • Celebrate small wins [4] • Aim for incremental progress each year [5, 10] • Outline 3 year plans & flesh out detail of plan each year [6, 10, 17] • Use few "champions/leaders" but build large team [3, 10] • Continue to adapt plans to meet unique needs of school and community [3, 10] • Continually look to add resources and replenish existing resources (people & $) [10, 12] • Change things that don't seem to be working [3, 10, 11, 15]

Note: [1] Allensworth & Koble, 1987; [2] Bjorkman & Olofsson, 2009; [3] Bosma, 2010; [4] Dischler & Schmidt, 2005; [5] Epstein, 1995; [6] Epstein et al., 2009; [7] Fertman, 1993; [8] Fisher et al., 2010; [9] Hoffman, Morris, & Cook, 2009; [10] Hoyle, Samek & Valois, 2008; [11] Hoyle, Bartee & Allensworth, 2010; [12] Lorion, 2011; [13] Power et al., 2003; [14] Sanders, 2001; [15] Valois & Hoyle, 2000; [16] White & Wehlage, 1995; [17] World Health Organization, 2011