Improving Childhood Wellness in an Innovative Way

Project by: Rebels . . . Searching for a Cause

GROUP MEMBERS

Tracy Aaron, CHES
Director of Health Education
Lake Cumberland District Health Department
500 Bourne Avenue
Somerset KY 42501
Phone: (800) 928-4416 ext. 151
Fax: (606) 678-2708
E-mail: TracyS.Aaron@ky.gov

Gina M. Baldwin, RN, BSN
Senior Community Health Nurse
Madison County Health Department
P.O. Box 1208
Richmond KY 40476
Phone: (859) 626-4291
Fax: (859) 626-4298
E-mail: GinaM.Baldwin@ky.gov

RaeAnne E. Davis, MSPH
Tobacco Prevention & Cessation Program
Chronic Disease Prevention and Control Branch
Department for Public Health
Division of Adult & Child Improvement
275 E. Main Street, HS2W-E
Frankfort KY 40621
Phone: (502) 564-7996 ext. 3858
Fax: (502) 564-4667
E-mail: RaeAnne.Davis@ky.gov

Peggy Tiller, RN, BSN
Community Health Nurse, Administrator
Lake Cumberland District Health Department
500 Bourne Ave.
Somerset KY 42502
Phone: (800) 928-4416 ext. 173
Fax: (606) 678-2708
E-mail: PeggyA.Tiller@ky.gov

Jaime R. Wilson, BS
Cabinet for Health and Family Services
Department for Public Health
Division of Administration and Financial Management
275 East Main Street, HS1W-C
Frankfort KY 40601
Phone: (502) 564-7818 ext. 3596
Fax: (502) 564-2556
E-mail: Jaime.Wilson@ky.gov

Mentor
Janet Tietyen, PhD, RD, LD
Assistant Extension Professor, Food & Nutrition Specialist
University of Kentucky
234 Scovell Hall
Lexington KY 40506-0064
Phone: (859) 257-1812
Fax: (859) 257-7792
E-mail: jtietyen@uky.edu

EXECUTIVE SUMMARY

In recent years there has been mounting concern among those in the medical, educational, and physical fitness arenas regarding the increased prevalence of childhood obesity in the school age population. The physical, psychological, and social ramifications of such a disease in a child are taxing. Overall, our society is moving toward healthier lifestyle choices. Fast food restaurants are offering healthier menu selections. Communities are providing incentives for increased physical activity. But what positive interventions are being made on behalf of children and their caregivers?

In June 2004 our group was compelled to make a difference when it came to the problem of obesity in elementary school children. Specifically, we were interested in parent's or caregiver's perceptions and concerns regarding their children and healthy weight. Additionally, we wanted to work with parents and caregivers to make the message of healthy weight in elementary school children a positive one. Equally, we were concerned with helping those directly involved with parents or caregivers of elementary age children and equipping them with information and tools to promote healthy weight and reduce the problem of childhood overweight.

To assess the perceptions and needs of caregivers with elementary age children who were obese or at risk for overweight, we conducted focus groups in select elementary schools in south central Kentucky. Based on the focus group findings, we were able to develop a survey distributed to parents/caregivers of elementary school age children in three school districts in south central Kentucky, assessing parents' perceptions of healthy weight in elementary school age children. The surveys also assessed parents' specific needs to aid them in making healthy dietary and physical activity choices for their children.

Upon tabulating the focus group and survey results, we developed positive messages regarding healthy weight in elementary school age children. We compiled a summary report of our focus group and survey findings and distributed it to key stakeholders in the three south central Kentucky elementary school districts involved. The information from our focus groups and surveys in the elementary schools and the findings from an informal survey conducted at the Growing Healthy Kids Conference 2004 aided our group in planning and making preparations for the Growing Healthy Kids and Parenting Conference 2005. In 2005, the Growing Healthy Kids Conference will focus on educating those involved with children, and will also target workers directly involved with parents in different arenas. Our group's findings helped shape the agenda, identify areas of interest and speakers for the conference.

Our group's work, findings, and related materials were presented to our fellow scholars and guests at the 2005 KPHLI graduation summit and we anticipate sharing our findings at the Growing Healthy Kids Conference 2005.

INTRODUCTION

We have entered an era where obesity is now the most prevalent nutritional disease in the pediatric population of the United States (1). The Surgeon General of the United States released a Call to Action to Prevent and Decrease Overweight and Obesity in 2001. This report recognizes that obesity is reaching epidemic proportions and that overweight and obesity are major public health problems that need immediate action and attention (2). According to a statewide news release on September 2, 2004 from the Kentucky Cabinet of Health and Family Services one out of three children in Kentucky are currently affected by or at risk for obesity or overweight (3). Overweight children add to the healthcare burden because they are at an increased risk for the development of major health problems and 50% are likely to become overweight adults (4).

Overweight among children (ages 6-11) and teenagers (ages 12-19) has nearly quadrupled in the last three decades (5). Fifteen percent (15%) of high school students in Kentucky are currently overweight and 15% are at risk for becoming overweight. Approximately, 13% of high school students in Kentucky reported consuming fruits and vegetables 5 times a day or more compared to 22% nationally (6). Decreased physical activity and poor eating habits are causal factors. Increased sedentary behaviors, decreased physical education time in schools, and increased use of motor vehicle transportation have attributed to the childhood obesity problem over the years. Furthermore, with the advent of fast/processed foods, family meal patterns have changed dramatically and a well-balanced meal is a thing of the past (4).

Parental input, involvement, and education is imperative to make positive steps to decrease the incidence of childhood obesity and overweight. It is important to determine the best avenues to communicate prevention messages and activities (7). The perception of this disease problem and needs of the caregivers is valuable information for the public health workforce in order to make a difference in the lives of young children while supporting parents and caregivers in their efforts.

PROJECT VISION

Improve childhood wellness in an innovative way…helping parents and changing the message about weight concerns.

Objectives

- Use a social marketing approach to reframe the message about healthy weight for elementary school children utilizing quantitative (surveys) and qualitative (focus groups) methods
- Work with parents to develop positive messages and useful information or tools regarding healthy weight for elementary school children.
- Based on our research findings, make recommendations for a statewide training conference for parenting and healthy children in the fall of 2005.

Essential Public Health Services

Our project aimed to address two of the ten essential public health services (8). They are listed below:

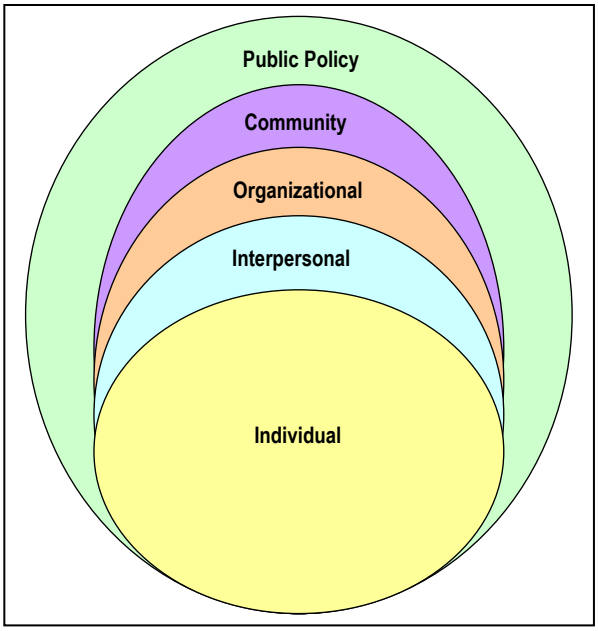
- #3 - Inform, educate, and empower people about health issues
- #10 – Research for new insights and innovative solutions to health problems

Historical Timeline

Prior to 80 ➢ Changes in family dynamics, working moms, latch key kids ➢ Increase in TVs in homes
1980's ➢ Increase in availability of affordable fast or processed food ➢ Lack of emphasis on child health and wellness, access to available information ➢ Increase urban environment, decrease in parks and safe play areas ➢ Decrease in extended family and communities
1990/2000 ➢ Increased marketing of fast food and soft drinks to children ➢ Kentucky Education Reform Act (KERA) enacted ➢ Candy incentives ➢ Vending machines in schools ➢ Corporate sponsorship (Coca Cola, Pepsi) in school districts, constant promotion/marketing and access to sodas ➢ Fast food chains marketing in public schools through ad campaigns, class room teaching materials, lunch room franchises ➢ Decrease Physical Activity in school curriculum o Computer game o Sedentary lifestyle o Increase portion size, lack of healthy fast food choices o Increase in childhood illness and disease ➢ No Child Left Behind – federal act, emphasis on standardized testing and curriculum not including physical activity
Present Day ➢ Shortened lunch periods in schools, increase in convenience foods ➢ Increase in calorie intake, decrease in calorie expenditure ➢ Decrease in overall childhood wellness ➢ Increase in incidence of childhood overweight and health issues (diabetes) ➢ Portable video games, TVs, DVD players, increase screen time

Socioecological Model for Influence

Figure 1. Socioecological Model



The Centers for Disease Control and Prevention (CDC) developed a socioecological model for influence, shown in Figure 1. This figure illustrates the interdependence of the environment and individuals. The planning committee for the Growing Healthy Kids in Kentucky (GHKIK) conferences (2001-2004) used this model when developing the conference agendas and activities. The previous conferences have focused on public policy and community advocacy, schools and school system change, and tools for health professionals. Our project will work with the GHKIK team for the 2005 conference focusing on the individual level of change, how to motivate behavioral change as well as working with family and involvement from community

groups. The goal is to saturate all levels within the model in order to affect all social structures and have the maximum impact towards change.

METHODS

Our group used a social marketing approach for the project. In order to assess the needs and opinions of parents with overweight elementary school children, we conducted four focus groups. Based on a review of literature, previously developed and implemented focus group guidelines, and meetings with nutrition and social marketing experts, a moderator's guide and focus group survey were created. The draft materials were presented to our mentor Dr. Janet Tietyen, University of Kentucky Food and Nutrition Specialist, and Dr. Carol Bryant, a social marketing expert from Florida. Our group also met with Ms. Anita Courtney and additional staff members of the Lexington-Fayette County Health Department to discuss procedures and questions for the focus groups. A budget proposal was submitted to the Kentucky Department for Public Health, Obesity Grant, and funded to help with project activities such as the focus groups and moderator expenses.

Project staff met with superintendents of three school districts, Pulaski County, Science Hill Independent, and Somerset Independent, and presented information about the project and proposed focus groups and surveys. After the meetings, letters of support were provided from all three superintendents. Project staff met with school nurses in the schools where the project would take place and provided them with eligibility criteria for focus group participation from parents. Parents were invited to attend a focus group by the school nurse through written letter or personal contact. Parents were asked to participate in a focus group if their child attended an elementary school in one of the three participating school systems, the parent or legal guardian must be over the age of 18, and the parent/guardian must be receptive to participation and discussing weight issues and concerns. Preference for participation is that the parent has a child in the 85% percentile or above in Body Mass Index (BMI). A BMI of 85% or greater indicates a risk for overweight. Participation was strictly voluntary, and names and identifying characteristics were not used or requested at the focus groups. Parents/guardians were allowed to leave at any time. Reminder phone calls or post cards were sent to the participants by project staff prior to conducting the focus groups. In the school systems where the project took place, all parents had previously received HIPAA notification (at the beginning of each school year) and were assured of confidentiality and that data released from the project would be shared only in aggregate form. Participants received a $25 gift card at the end of the focus group session.

The project staff assessed local community resources and was provided names of three experienced focus group moderators. Ms. Donna Moses was selected as the moderator to facilitate the focus groups based on her prior work experience of facilitating focus groups across the state of Kentucky. In addition, Ms. Moses is a retired teacher and health educator. The moderator was provided study information, project objectives, a moderator's guide, and focus group survey questions. Four focus groups were conducted, each group had a range of 4-8 participants, and a total of 24 people participated overall. The moderator provided a summary report of the focus groups to the project staff.

Project staff reviewed the findings from the focus groups, discussed results with the group mentor, and used the findings to guide the creation of a written one-page survey. The survey was distributed to all parents of elementary students at the three school districts (5 elementary schools). Following the routine procedure in schools for getting materials home to parents,

homeroom teachers distributed the mail survey, with confidential envelope attached, to students along with other materials and students were asked to take the materials home to their parents. If a parent chose to complete the survey, they were instructed to put it in the envelope, seal it, and send it back with the child. Homeroom teachers collected the envelopes from students each morning and delivered them to the school nurse. Project staff collected the envelopes/surveys from school nurses twice a week for two weeks. All survey information was kept confidential and data reviewed in aggregate form only. The project mentor had the results compiled and provided a summary to the group.

Results from the focus groups and surveys will also help to determine the agenda, speakers, and materials provided at the 4th annual Growing Healthy Kids in Kentucky and Parenting Conference in November 2005. The final report will also be provided to the Superintendent of the participating School Systems and the School Nurses who participated in subject recruitment.

PROJECT TIMELINE

- *July 2004* - Organizational Meeting- Formulation of Project Goal, Objectives, and Timeline
- *August 2004* - Research and Identify Social Marketing Methods, Begin developing Moderator's Guide and Focus group procedures
- *September 2004* - Develop Focus Group Handbook, Attend Social Marketing Conference titled "Applying Social Marketing to a Multilevel Framework." RaeAnne moves into new house!
- *October 2004* - Continue to develop focus group questions and moderator's guide. Met with school superintendents and obtain letters of support in participating districts. Jaime gets married! Worked with social marketing expert, Dr. Carol Bryant from Florida, and had review of project plans, focus group questions, and surveys. Work with Dr. Janet Tietyen to create survey for Growing Healthy Kids in Kentucky conference participants. Identify focus group moderator.
- *November 2004* – Meet with school nurses. Recruit focus group participants. Schedule all four focus groups. Attend Growing Healthy Kids in Kentucky conference. Survey participants on involvement with parents of overweight children and topics for next year's GHKIK conference. Meet with facilitator, Donna Moses, to discuss methods for focus groups. Apply for funding for focus groups.
- *December 2004* – Notice of approval for funding. Enroll focus group participants. Conduct 3 focus groups. Begin summary of focus group findings.
- *January 2005* – Conduct 1 focus group. Begin developing parent survey. Finalize focus group findings in report. Confirm Fall 2005 Conference Date, Identify Speakers/Programs for Fall Conference. Baby Ella Rose Baldwin was born and joined the group!
- *February 2005* – Research and identify potential speakers for fall GHKIK Conference. Finalize written survey for parents and distribute to five (5) elementary schools. Collect surveys, and submit for data compilation.
- *March 2005* - Finalize survey results and incorporate into conference planning. Update Final Report.
- *April 2005* - Final Report and Presentation submitted. Presentation and KPHLI Graduation.

RESULTS

Growing Healthy Kids in Kentucky Conference Survey

A survey was handed out to all participants at the Growing Healthy Kids in Kentucky conference, November 2004. The participants were health, nutrition, and medical professional from the public and private sector of Kentucky. Seventy-three surveys were returned, the results can be seen below in Table 1. Approximately 93% of the respondents have professional contact with parents of overweight children. The responses indicated the top three things they felt parents needed in order to help their family achieve a healthy weight. Education on healthy eating and health concerns for overweight children was the top response, followed by the second most common response: activities which include involving the whole family, limiting screen time, and walking. Parenting skills was the third most common response, stating examples such as parents being good role models, control over children's portions, and what they eat. Participants identified the need for additional resources/education, free materials or programs, and communication as additional tools they needed in order for them to help

overweight families. When asked what the community could do to help promote a healthy weight for families, respondents felt that a more places to exercise, additional community activities, and involvement from schools were extremely important. It was indicated that there are multiple community partners, including health departments, schools, and community groups along with health professionals, who are working on the issue of overweight in children.

Table 1. Results from Participants of the Growing Healthy Kids in Kentucky conference (N=73)

Work with parents of overweight kids? (N=73)	
Yes	27
Sometimes	24
Indirectly	17
No	5
Top 3 things parents need to help family achieve healthy weight	
Education	
Activities	
Parenting	
Information, Programs needed to help overweight families	
Resources, Education	
Free materials, Programs	
Communication (classes, counseling)	
Change in community needed to promote healthy weight	
More places to exercise	
Additional community activities	
School involvement	
Healthier school lunches, vending choices, food at after school programs	
Key community partners	
Health departments	
Schools	
Medical professionals	
Extension	
Civic groups, programs	
Family and youth service centers	
Other	

Focus Groups: Parents with At Risk Elementary School Children

A total of 24 parents participated in focus groups held in the Lake Cumberland Area Development District. The participants were parents of elementary school children who were at risk for overweight. They were instructed that they could leave or stop participating at any time if they felt uncomfortable. All parents who participated were open to discussion.

When asked about having their children eat healthy foods, parents overwhelmingly agreed that healthy lifestyles and their children being healthier were the overall benefits. The parents also felt that if they set a good example and acted as role models by eating more fruits and vegetables, it would be the best way they could help their children do the same. Having healthy foods available to their children was seen as another way to encourage children to eat more fruits and vegetables. Parents reported healthier lifestyles and fighting diseases were the most important benefits of having their children exercise 60 minutes per day. Parents stated that acting as role models or exercising with their children was the best thing they could do to help

their child become more physically fit. When asked how they would feel if they had received a letter from their school nurse telling them their child was overweight, the parents, although not thrilled by the idea, were supportive and felt that the letter might serve as a wake up call and a tool to help alert them early about a potential problem. The majority of parents said they would go to their child's pediatrician or a doctor if they had any questions or concerns about their child's weight. Some parents stated they might also talk to a nutritionist about their child's weight if it became an issue. We asked the participants what advice they would have for schools when dealing with childhood obesity. Parents recommended that schools add more time for physical activity in schools, stop taking away recess or physical activity time as punishment, incorporate healthy snacks, offer more physical education classes, and change the school lunch menus by offering healthier choices and decreasing sweets and junk food.

Diabetes was the overall health issue related to childhood obesity identified by each focus group and peer pressure/humiliation, negative self perception and self esteem were the overall social concerns.

Table 2. Summary of Responses from Parents of At-Risk Elementary School Children: Results from Four (4) Focus Groups

Summary of Focus Groups Concerns and Recommendations (n=24)

Overall concern for child's health and self-esteem

Healthy lifestyle changes, including good nutrition and physical activity, for at-risk children are the responsibility of the parents and the schools

How parents want to be informed if their child is overweight:

- Send factual information through the mail, also cite normal height and weight for comparison
- School nutritionist, nurse, or counselor set up a meeting explaining BMI, dangers of childhood obesity, discuss whole child, not just obesity. Second meeting should include child.
- Facts only, not judgment, from a caring person
- If child being teased because of weight, teachers should be empathetic and alert parents

Parents are willing to change their lifestyles but need more information:

- How to change their lifestyles and daily routines
- Nutrition information so they can teach their children
- Creative ways to encourage healthy eating
- Creative meal suggestions through school newsletter
- Brochures from school nurses
- Nutrition units in health education curriculum for students

Suggestions for changes to school menus and snacks:

- Hire nutritionist or dietician for all schools
- Focus on healthy, attractive, appetizing school meals
- Healthy vending machines only
- Involve children in menu planning
- Discourage teachers from rewarding with unhealthy snacks

Suggestions for daily physical activity in schools:

- Redefine physical education (PE)/Health programs
- Standard, statewide physical education program
- Offer after-school programs allowing for development of social skills while participating in daily physical activity
- Do not take away physical activity or recess as a punishment, instead incorporate physical activity into the discipline

Written Survey of Parents with Elementary School Children

A one-page questionnaire was given to parents of children in elementary schools in three south central Kentucky school districts. Five hundred fifty seven (n=557) surveys were collected and responses tallied. The table, shown below, details the basic information obtained from parents on age, grade, and gender of child.

Table 3. Age, Grade, and Gender of Elementary School Child from Parent in Written Survey

Age (n=551)	#	%	**Grade** (n=526)	#	%	**Gender** (n=555)	#	%
5	54	9.8%	Kindergarten	82	15.6%	Boy	256	46.1%
6	112	20.3%	First	139	26.4%	Girl	299	53.9%
7	95	17.2%	Second	74	14.1%			
8	96	17.4%	Third	100	19.0%			
9	81	14.7%	Fourth	50	9.5%			
10	62	11.3%	Fifth	81	15.4%			
11	48	8.7%						
12	3	0.5%						

Approximately 10% (55) of the parents surveyed viewed their child as being overweight or heavy, with 9% (48) of the parents who felt their child was underweight or skinny. When asked if anyone had expressed concern over their child's weight, 12% of the parents answered yes. Most parents (90%) stated that their child ate breakfast on a regular basis. Some felt that it would be easier for their child to eat breakfast if they had more time in the morning, more variety of foods at school, more time at school for breakfast or had the schools open earlier. When asked specifically about changes parents would like to see in the schools, their top recommendations were more physical education or recess time (28%) and better variety of foods at school lunches. Also noted was limiting candy and soda machines (15%).

In order to encourage their children to eat more fruits and vegetables, parents indicated that offering them more at home would be the most helpful (38%), along with limiting junk food (23%), and making the food more appealing (19%). Parents felt that playing with their kids, and having more family activities (35%) would be the best way to help their child become more physically active. Encouraging outdoors activities and limiting screen time (TV/video games) were also described as helpful ways to increase children's physical activity.

Parents were interested in learning about a variety of health topics. The most popular topics parents expressed in an interest in were healthy snacks that kids would enjoy, after school physical activity clubs or programs (not related to organized sports), a fun family activity guide, and information on healthier selections at restaurants.

CONCLUSION

From the focus groups and surveys, we have heard one resonating theme: change is needed in Kentucky to address the childhood obesity epidemic. Parents and health professionals alike recognize there is reason for concern and something needs to be done about childhood obesity in our state. The consensus is that childhood overweight and obesity is a community issue. The health professionals had regular contact with parents of overweight children and are working with other organizations in the community towards change; however, we heard from parents that they really rely on the doctor for advice on health issues concerning their child. Parents are deeply concerned for their child's health and worry about childhood obesity as a community problem but many don't realize that their child may already be at risk, especially if it hasn't been pointed out by their doctor. All parents involved in the focus group had a child at risk (BMI > 85%) but only 42% recognized their child was within that category. Of the school district surveyed, only 10% of parents indicated they felt their child might be overweight. A random sample of 1,216 BMI results of elementary school children in the same school district revealed that 43.9% of the children were at risk (BMI > 85%). This shows that parents often don't realize when their child has reached a potentially dangerous weight for health risks. Parents were ultimately concerned about their child's social and mental health at schools. There was a fear of their child being bullied or ridiculed for their weight and that it would affect the child's self esteem and social development. This concern was paramount over the child's health issues although the health of the child was always a key factor. When surveying health professionals, a concern for the child's social and mental health was not a primary focus.

In reviewing literature and information available to health professionals and parents, it was not obvious to our group that there was a gap in information. There seems to be plenty of tools and resources available. Parents aren't actively seeking tools or listening to information on how to help a child at risk for overweight or obesity because many parents don't recognize their child as having issues with weight. After conducting our surveys, we feel that a child's social and mental health also needs to be addressed. If we, as health professionals, cannot reach parents and get their attention by discussing childhood overweight concerns, we may be able to get their attention by discussing the social issues first and then tie those back to weight issues if they exist. Parents want nutritional eating and physical activity to be fun and easy for their family as well as their kids. There was also interest in programs at school, whether it was related to menus or after school activities that could spark and maintain a child's interest in health and nutrition. Only in continuing to work together, speaking a language of health and mental well being for children, and by making "being healthy" fun and convenient for family and children alike will we begin to see more changes and a decline in childhood overweight.

SB 172 – Nutrition and Exercise Standards for Schools Legislation

This year, Kentucky has had some successes in addressing childhood obesity issues. The Kentucky Department for Public Health released a burden document titled, "The Kentucky Obesity Epidemic 2004." Nine forums were held across the state in 2004 led by the Secretary of the Cabinet for Health and Family Services, Dr. James W. Holsinger, Jr. The forums brought together community members, organizations, and health professionals to discuss what is being done in their communities to address obesity and identify changes that need to occur in order to tackle the problem. The public outcry over the issue of obesity in Kentucky generated from the forums along with the work over the past year of many advocates who have again been working towards passing legislation to protect school children against the risk factors for childhood obesity led to SB 172 successfully passing in March 2005 (9). In this bill soft drinks will be banned in elementary schools during class hours and regulated at middle and high schools. Schools should offer moderate to vigorous physical activity daily (implementation left up to

school systems), school cafeterias may not contract with retail (fast food) outlets more than once/week, and a nutritionist will be required per school district to help plan lunches. The State Board of Education is required to promulgate regulations on competitive foods and beverages at all levels. School food service Directors are required to issue public reports assessing school nutrition and exercise progress. This is the first of many steps needed to move Kentucky in the right direction.

Summary and Recommendations for 2005 Growing Healthy Kids and Parenting Conference

Our group wanted to work on childhood obesity issues by linking health professionals with what parents need using a social marketing approach through focus groups and surveys. We also surveyed health professionals to determine their views about parents' needs and what they needed to help parents. Throughout the project year, we have worked towards keeping the messages positive by not criticizing parents or professionals, watching the wording and questions that were asked in our surveys and groups, and by trying to keep the focus on overall health of the children. We have learned that there are many different organizations, professionals, families, and advocates who are all working towards reducing overweight and obesity in Kentucky children. There are many tools, resources, and programs that are available for professionals and parents to use in this battle; however, the problem of overweight and obesity still remains. The legislation that was passed in 2005 is a good start towards decreasing the rising trend of overweight and obesity in children by working with the school systems. Yet, we heard repeatedly from parents that their children weren't overweight or obese when in fact they were.

We have a challenge in reaching families with overweight/obese children because often the families do not recognize the problem. Parents need to be brought to a realization that a problem exists without being put on the defensive. Parents were able to identify ways of encouraging healthy eating and increasing physical activity, a professional that they would turn to with questions, and also identified schools as being responsible for part of the problem; however, parents were not actively working towards change since they didn't realize it was needed. Health professionals along with schools, and community organizations maintain the responsibility of working with parents to help identify when a problem or potential for a problem exists and let them know change is possible. Parents were overwhelmingly concerned about social issues for their child at schools and worried about their child being picked on or bullied if they were overweight or obese. There is an additional avenue to reach parents by addressing these social concerns. If a parent realizes their child is being teased or has low self esteem, school officials and health professionals should be in tune to these concerns as well and use them as an opportunity to talk to the parents about their child's overall health which includes physical and mental concerns. A focus on the big picture, the overall health and well being of the child, is something that all parents will listen to and it captures their attention. Addressing ways to improve the child's overall health is less threatening than addressing only overweight or obesity-related issues with parents. By focusing on health, the message to parents is a positive one. In finding ways the family can work together to become healthier and have fun at the same time is also important. Health professionals recognize the need for more open and safe spaces for kids and families to play, walking and biking paths near homes, and more community activities that incorporate health and physical activity for families.

Based on what our group has heard from parents and health professionals over the past year, we make the following suggestions for the 2005 Growing Healthy Kids in Kentucky and Parenting joint conference:

- **Owensboro, KY -** A USA Today article on December 16, 2004 featured the Owensboro, Kentucky and how they have made health and physical activity a priority for their children and community by working through the schools. After identifying through a survey that approximately 60% of their area population was obese, the school and health officials decided to take action. Money was raised and local organizations and hospitals contributed to the cause. It is a good example of a community and school system coming together to tackle overweight and obesity by working with and enabling kids to become involved in health and physical activity. Someone, or potentially multiple representatives, from this community would be good speakers and help others learn by example.
- **Healthy Kids Challenge –** The Growing Healthy Kids in Kentucky committee has put together a guide of tools, programs, and resources that are available to health professionals, schools, and families. In this guide, they provide a link to the Healthy Kids Challenge website. This website is extremely information and the program is worth discussing in more detail. The program is school-based and links schools, programs, communities, families, and kids in partnership to make healthy eating and physical activity part of daily life and routines. The website has lots of tools and resources. A representative of this program or of a school that has incorporated this program would be helpful for conference participants. The website indicates that this program has occurred in Kentucky. (www.healthykidschallenge.com)
- **Consortium to Lower Obesity in Chicago Children** – This group is housed at the Children's Memorial Hospital in Chicago and has been praised by the American Medical Association for their work. They emphasize community collaboration and involve practitioners, scientists, and policy makers. The committee organized events such as yoga and dance workshops for kids and parents at a museum, giving free bike locks to students to encourage them to ride their bikes to school, and a food bank that offers fitness workouts as well as hot meals for children. A member of this consortium would be a good speaker and help health professionals and parents in Kentucky find creative and community oriented ways to help encourage healthy families. (www.clocc.net)
- **A Healthy Kentucky Family –** Parents and health professionals all agreed that a healthy family is important and that it doesn't happen over night – it's a gradual change over a long period of time. Families need to understand that small changes do make a difference and that they don't have to radically change their lifestyles over night. By identifying and working with a family from Kentucky who has decided to make a commitment to health, health professionals can hear an example of their goals and work becoming reality. It would be interesting to learn what was useful to the family, how they decided to make the change, how they maintain a healthy lifestyle, and the benefits and challenges they have faced along the way.

LEADERSHIP DEVELOPMENT OPPORTUNITIES

Tracy Aaron

KPHLI WOW! What a year. When the year began last April, I felt overwhelmed and hesitant. I wondered what is KPHLI really going to be like. Of course it would be a learning experience, but I really didn't know what else to expect. I entered KPHLI having just taken a new position at work and was eager to learn any tools that would benefit my staff and me. I must say I have learned a great deal. I have completely enjoyed the past year as a participant of the Kentucky Public Health Leadership Institute. The information has been excellent for me both professionally and personally. I feel all aspects of the leadership institutes were excellent. I would like to think Mr. Crabtree for allowing me the opportunity to participate in KPHLI. I have thoroughly enjoyed working with each of my fellow classmates.

Gina Baldwin

2004-2005.....A healthy pregnancy, a beautiful healthy daughter, a happy, wonderful family and, last but not least, the privilege of being a Kentucky Public Health Leadership Institute scholar. I am thankful. It has been both a challenging and rewarding experience to participate in KPHLI.

It is my hope with the knowledge I gained I will "make a difference" in my workplace and via our change master project we will positively impact the lives of young children and families who encounter problems with obesity and overweight. I have learned quite a bit about myself from the 360-degree feedback survey, from my team members, presenters, fellow participants and my mentors. Again, I am thankful for the lessons learned and for the shared experiences. I am a work in progress both personally and professionally. The Kentucky Public Health Leadership Institute and the lessons I have learned from participating in this process have been a gentle nudge in the right direction toward producing a more prepared and enthusiastic public health servant bearing a positive vision for the future of public health.

RaeAnne Davis

The past year has brought new opportunities and challenges, both professionally and personally, yet here we are at graduation time. I am fortunate to have been involved in KPHLI and am thankful for the amazing learning experience that it has been. One of the most rewarding aspects of KPHLI is meeting and working with great public health allies from across Kentucky. Although my job allows for some travel, I would never have had the chance to meet and learn from so many wonderful people. When times are challenging, its nice to remember the network of public health professionals in Kentucky who share the same passion about their work and that together we can make strides to better the health of our communities and the state. I think my co-workers will be happy when this is all over since I make copies of our reading assignments for them to read and insist they read books from the KPHLI reading list. They didn't realize that my participation in KPHLI would mean more reading and homework for them, but it has been great to share and discuss it with them. Our group project happened to be on a hot topic. It was interesting to follow the national and local media as obesity issues begin to be brought into the limelight. Currently, a bill is in session to address obesity in our school children; a version of the bill is expected to go through. At the beginning of KPHLI, I would never have thought that would happen; but, in meeting so many people across Kentucky who are working daily to improve the health of Kentucky's children, I now see how it's possible. Thanks for a busy year; it's been worth it!

Peggy A. Tiller

I truly enjoyed this past year with the Kentucky Public Health Leadership Institute. The leadership institute provided me with an opportunity to grow professionally and personally. I found the 360 feedback very useful and enlightening. Networking with other public health professionals proved very beneficial. It enhanced my leadership skills and provided me with many tools to utilize in my present position. I especially enjoyed the social marketing aspect of our change master project and plan on continuing to study and develop skills in this area. Protecting and promoting the public health is a unique marketing challenge because of the special nature of the products and issues we promote. I have learned to listen to our audience, the public, and change the message to meet their needs and wants. I want to thank the change master team, and I extend special thanks to Mr. Crabtree for allowing me this opportunity. We, the Rebels Searching for a Cause, have grown together as a team and as individuals through this process.

Jaime R. Wilson

I have to admit- I was hesitant about accepting the nomination from my Director to KPHLI. I knew it was an honor to be asked out of my division, but I had no idea what was in store for me. I looked at KPHLI as an opportunity to find out what KY Public Health really is all about. I wanted to know more than cost centers and GL codes- I wanted to discover the bigger picture of public health. KPHLI has been very challenging for me. I really enjoyed learning from the other scholars. Their passion has been so inspiring to me. I may crunch numbers, but the numbers

are very important to the people they concern. I know there are many lessons I will walk away with- not only on a professional level, but personally as well. It will be a year that I will never forget!!

ATTACHMENTS - Letters of Support (3)

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