



**Proceedings of the
Central California Childhood Obesity Leadership Summit
Confronting Childhood Obesity: A Community Challenge**

September 14, 2005
La Ryan Event Center
Fresno, California

Presented by

The Central California Children's Institute
Central California Center for Health and Human Services
College of Health and Human Services
California State University, Fresno

Sponsored by

Children's Hospital Central California
College of Health and Human Services, California State University Fresno
Fresno County Office of Education
Kaiser Permanente Central California
Ripple Riley Thomas

Introduction

Childhood obesity is a serious health condition that affects thousands of children and adolescents. As a result, there is growing national and regional concern about how to practically intervene in childhood obesity in home, school, and community settings. The prevalence of childhood overweight and obesity is increasing in the San Joaquin Valley. According to the 2003 California Health Information Survey (CHIS), 58,000 or 15.2% of all adolescents living in the San Joaquin Valley were overweight or obese. These estimates are 28% higher than those calculated for the San Joaquin Valley in 2001. Physical inactivity is a key factor in the growing prevalence of childhood obesity and overweight. In 2001, it was estimated that well over one-third (38.3%) of adolescents ages 12-17 living in the San Joaquin Valley did not engage in sufficient vigorous physical activity**. In addition over two-thirds (65.5%) reported they did not engage in sufficient moderate physical activity**. Dietary choices also are a contributing factor in the growing epidemic of childhood obesity and overweight. Healthy eating choices are not as apparent in the San Joaquin Valley than less healthy ones. In 2003, only 42% of children ages 0-11 in region were reported to be eating 5 servings of fruit or vegetables daily, indicating that the diets of a substantial percentage of the children in the San Joaquin Valley did not contain the essential foods needed for a healthy, well-balanced diet.

Objectives for the Leadership Summit

On September 14, 2005, the Central California Children's Institute organized the *Central California Childhood Obesity Leadership Summit: Confronting Childhood Obesity* to engage elected officials and leaders in health, education, and public and private community organizations for purposeful, solution-focused discussion to address the growing epidemic of childhood obesity in the San Joaquin Valley. The Summit was motivated by the research findings described in the Central California Children's Institute's report, *A Growing Concern: Obesity and Physical Inactivity Among Children and Adolescents in the San Joaquin Valley* (October 2004) and growing regional concern in how to practically address childhood obesity in home, school and community settings. The Summit sessions focused on strategies to reduce the prevalence of childhood obesity in our region and were guided by two over-arching objectives:

- To share current knowledge about successful obesity prevention models; and
- To discuss evidence-supported strategies and solutions that leaders can promote in their respective fields.

***Sufficient vigorous physical activity* is defined as any activity that lasts for at least 20 minutes at a minimum of three days per week and causes sweating and heavy breathing. *Sufficient moderate physical activity* is defined as any activity that lasts for at least 30 minutes at a minimum of five days per week that does not result in sweating or heavy breathing.

Content of the Childhood Obesity Leadership Summit

The format of the Summit included: 1) presentations by three experts in the areas of physical activity, promotion of healthy nutrition on school campuses, and social and cultural factors related to childhood and adolescent obesity; 2) highlights of obesity prevention initiatives currently underway in the San Joaquin Valley region; and 3) a keynote presentation on the successes and challenges of using the media to advance healthy lifestyles. An exhibit area was set up in the main conference area so that Summit participants could interact with California State University, Fresno faculty researchers and exhibitors representing non-profit and commercial organizations concerning obesity prevention activities.

Note: PowerPoint slides for each presentation can be found in Appendix A.

Featured Presentations

The speakers for this portion of the Summit presented research on the topics of physical activity as a vehicle for youth development; the application of commercial principles in the promotion of healthful eating on school campuses; and consideration of sociocultural factors associated with childhood and adolescent obesity. Each speaker offered specific recommendations for activities and interventions for addressing the epidemic of childhood obesity in the San Joaquin Valley.

The featured speakers included:

- Dr. Don Hellison, Professor in the College of Education at the University of Illinois, Chicago. Dr. Hellison spoke about youth development through the promotion of physical activity. He contrasted health-related fitness with performance-related fitness and discussed how an overemphasis on physical fitness assessment does not ensure that youth will be physically fit. He also cited factors that affect physical fitness test results (e.g. genetics, motivation, maturation, and differing responses to training). Dr. Hellison also spoke about the unintended consequences produced by an overemphasis on physical fitness assessment (e.g. some highly fit children are not necessarily active, nor are children with low fitness scores less motivated to be active). Dr. Hellison discussed the TPSR (Teaching Personal and Social Responsibility) model for physical activity that he created to promote physical fitness and moral responsibility among youth. The TPSR places an emphasis on taking responsibility for one's well-being and development and for contributing to the well-being of others. The content of the TPSR includes counseling time, an awareness talk, an activity lesson, a group meeting among students, reflection time and taking responsibility for one's actions, both during physical education classes and outside of the classroom and can be delivered in formats that range from 30 minutes to a full day.
- Al Schieder, Director of Food and Nutrition Services Department, Folsom Cordova Unified School District in Folsom, California. Mr. Schieder outlined the

challenges of increasing the delivery of nutritious meals to students on school campuses, while increasing food service revenues. He stated that these challenges required courageous leadership and special management teams to create menus that “make children want what they need”. Mr. Schieder noted that these changes also required a new philosophy about child nutrition and the use of USDA food subsidy programs, a change in school culture, the exercise of nutritional integrity and fiscal viability, and a “burning desire” to change. He shared slides of how food service sites in the Folsom Cordova Unified School Districts were arranged and decorated to market nutritious foods to students. Mr. Schieder also provided examples of how he increased the nutritional value and variety of popular foods (e.g. pizza, pasta), promoted the use of self-serve salad bars on campuses, developed diverse and attractive food choices for students (e.g. pita sandwiches, wraps, sushi rolls, vegetarian dishes and Asian noodle dishes) and water stations on campuses. He also shared how he was able to simultaneously implement these changes, streamline food service production, and increase food services revenues from \$1,764,676 in 1995 to \$4,092,337 in 2005.

- Dr. Yolanda Gutierrez, Lecturer at the University of California San Francisco School of Nursing, Department of Family Health Care Nursing. Dr. Gutierrez reviewed current evidence-based solutions for obesity intervention and highlighted her research with obese, pregnant Latina adolescents. She outlined cultural and genetic components of obesity, including theories of metabolic programming during pregnancy for conditions such as hypoglycemia, obesity, and diabetes, predictors of childhood obesity, and hypothesized relationships between obesity and child nutrition and eating habits. Dr. Gutierrez underscored the importance of assessing the health literacy and language needs of patients in order to influence parental attitudes and behaviors about dietary intake and food. Dr. Gutierrez offered practical recommendations on how to support parents in this effort. She also outlined the knowledge and skills required of clinicians to encourage healthful dietary and physical activity behaviors in families and parental modeling of these behaviors.

Report to the Community

Representatives from public health and educational agencies presented information about obesity prevention programs currently being implemented or scheduled for implementation in the Central California Region. Presenters included:

- Perry Rickard, Chair of the Central California Public Health Partnership. Mr. Rickard, who also serves as director of medical services in Kings County, described the objectives of the Central California Regional Obesity Prevention Program (CCROPP), a comprehensive regional effort to reduce the burden of diabetes and its associated risk factors in the counties of Fresno, Kern, Kings, Madera, Merced and Tulare. This initiative incorporates a three-tiered approach including local community development and capacity building, strengthening of six county networks and development of regional resources to address the

growing epidemic of obesity. The anticipated outcome of the program is a regional approach to improving social and physical environments for healthy nutrition and physical activity in the Central California region through policy advocacy and county-wide system change.

- Edward Moreno, M.D., M.P.H., Health Officer and Director of the Fresno County Health Department. Dr. Moreno presented about *Get Fit Fresno County!*, a health promotion activity that emphasizes healthy eating and active living for Fresno residents of all ages and backgrounds. This initiative promotes the use of pedometers, healthful cooking, and exercise in the English, Spanish, and Hmong languages through the website of the Fresno County library system. *Get Fit Fresno County!* activities align with the mission of the Fresno City Mayor's Fitness Council, another local initiative, which strives to build healthier communities by promoting physical activity and healthy lifestyle choices.
- Wade Gilbert, Ph.D., Assistant Professor, California State University, Fresno, Department of Kinesiology and Frank Silvestro, Principal, McLane High School, Fresno Unified School District. Dr. Gilbert spoke about SHAPE (School-based Healthy Activity and Physical Education), a physical activity program that has been implemented at McLane High School. Dr. Gilbert is currently collecting longitudinal data to measure the effectiveness of the SHAPE intervention which promotes the adoption and maintenance of a physically active lifestyle and the reduction of adolescent obesity and overweight. Mr. Silvestro described the positive way in which this intervention is affecting the physical education program and campus culture at McLane High School, which is located in one of the most impoverished neighborhoods in the city of Fresno.

Award Presentation

McLane High School principal, Frank Silvestro, was recognized by the Central California Children's Institute for outstanding community collaboration, vision, character and leadership in improving the health and well being of children and adolescents in the Central California region. Mr. Silvestro has actively sought out and promoted campus-based activities and community initiatives, such as SHAPE and the McLane Collaborative, in order to support the learning readiness and the academic performance of his students.

Keynote Presentation

The keynote speaker was Art Ulene, M.D. Dr. Ulene is a medical expert who contributed to NBC's *Today Show* for 23 years. His nationwide health campaigns have helped Americans deal with a variety of health issues, including obesity, heart disease, and women's health. Dr. Ulene outlined several principles for working with the media and offered specific examples of "lessons learned" from national health promotion campaigns in which he has been involved. He stressed the importance of developing a partnership with media sources in order to effectively convey new knowledge to the public. Dr. Ulene demonstrated how advertising campaigns can be orchestrated to

educate and inform professional and public audiences about a specific disease or health condition. For example, a national campaign against cholesterol focused on educating physicians through scientific advertisements in medical journals, direct mailings, and patient education materials, while promoting the same campaign to the general public through commercial magazines, cereal box advertisements, food coupon discounts, in-store promotions, and educational products (e.g. book, audiocassette, cookbook, and video). Dr. Ulene offered examples of other health campaigns that used similar strategies to engage and educate professionals and the public about women's health, smoking cessation, child health, and the alleviation of allergy symptoms. He summarized his presentation by stressing the importance of basing educational campaigns on scientific information that increases knowledge, changes beliefs, and inspires new attitudes. These efforts include innovative partnerships to create and disseminate materials intended to guide behavioral change and programs and services to support desired change among professionals and the public.

CENTRAL CALIFORNIA CHILDHOOD OBESITY LEADERSHIP SUMMIT
Confronting Childhood Obesity: A Community Challenge
Central California Children's Institute, California State University, Fresno
Wednesday, September 14, 2005
LaRyan Event Center, Fresno, California

AGENDA

- 8:00-8:30 Registration
- 8:30-9:00 Opening Remarks and Overview of the Summit
- 9:00-9:45 *Youth Development Through the Promotion Physical Activity*
Don Hellison, Ph.D. is a professor in the College of Education at University of Illinois, Chicago. He will share his research in social responsibility models for youth and school-based interventions in physical activity.
- 9:45-10:30 *Promoting Healthy Eating on School Campuses*
Al Schieder is the Director of Food & Nutrition Services Department, Folsom Cordova Unified School District in Folsom, California. Mr. Schieder will share his insights on the federal food subsidy program and how to streamline food service production, market healthy and tasty foods at school campuses.
- 10:30-11:00 *Break and Viewing of Exhibit Area*
Opportunities for interactive discussions with speakers, summit exhibitors and faculty researchers from California State University, Fresno.
- 11:00-11:30 *Socio-Cultural Factors Related to Childhood and Adolescent Obesity*
Yolanda Gutierrez, Ph.D., R.D. is a lecturer at the University Of California San Francisco School Of Nursing, Department of Family Health Care Nursing. Dr. Gutierrez will review current science-based solutions to obesity intervention and highlight her research with obese, pregnant Latina adolescents.
- 11:30-11:50 *Emerging Models in Obesity Prevention: A Report to the Community*
- Perry Rickard, Chair, Central California Public Health Partnership will discuss an innovative regional approach to obesity prevention
 - Edward Moreno, M.D. Health Officer, Fresno County Community will report about the progress of the "Get Fit Fresno!" campaign.
 - Wade Gilbert, Ph.D., Assistant Professor, California State University Fresno and Frank Silvestro, Principal, McLane High School, Fresno, CA will report on Project SHAPE
- 11:50-12:00 Questions & Answers
- 12:00-12:30 Lunch
- 12:30-1:15 *Using the Media to Advance Healthy Lifestyles: Lessons Learned*
Art Ulene, M.D. is a medical expert who contributed to NBC's *Today Show* for 23 years. He will share his experiences working on national health campaigns that have helped Americans deal with a variety of health issues.
- 1:15-1:30 Closing Statements and Evaluation of Leadership Summit

FEATURED SPEAKERS

Dr. Don Hellison is a professor in the College of Education, director of the Urban Youth Leader Project; faculty associate in the Center for Youth & Society; and Great Cities Institute Faculty Scholar at the University of Illinois at Chicago. He is also affiliate professor, at the University of Northern Colorado. Before coming to Chicago, he was professor of physical education and director of the Governor's Leadership Training program for High Risk Youth at Portland State University (OR). He has also been visiting professor at the University of Calgary, University of Saskatchewan, Ohio State University, Georgia State University, University of Oregon, Montana State University, and California State University, Chico.

Hellison's extensive publishing record includes six books, the most recent being *Teaching Responsibility Through Physical Activity* (2003), and numerous articles and book chapters. He has received grant support for 25 projects, has served on three editorial boards, and was editor of *Quest*, the journal of the National Association of Kinesiology and Physical Education in Higher Education, for two years. He has given keynote addresses, made presentations at professional meetings, and conducted workshops for teachers and youth workers in most of the fifty states, several Canadian provinces, and Israel, Korea, New Zealand, Australia, England, and Spain. He has also served on numerous committees for several professional associations.

Much of Hellison's work focuses on the development, implementation and evaluation of alternative physical activity program models and structures that teach life skills and values, especially for underserved youth. He has taught in these youth programs on a part-time basis every year since 1970. He currently involves undergraduate, master's, and PhD students in this work as members of his Urban Youth Leader Project staff. He also developed a partnership with five other faculty members from universities around the country based on this work, one result of which has been the book *Youth Development and Physical Activity: Linking Universities and Communities* (2000). He has also served on five boards of directors for alternative programs for underserved youth and consults on a regular basis with community youth organizations and schools in Chicago and elsewhere concerning the development of alternative programs and structures.

Al Schieder is the Food Service Director of the Folsom Cordova Unified School District. After 12 years in the commercial restaurant business in California and 18 years of food and beverage management experience in Hungary, Bulgaria, Austria, Germany and Canada, Schieder took the position with his local school district in 1995.

At the time, the Folsom Cordova Food Service operation had outdated equipment, inefficient food production and unimaginative meal choices that hadn't changed in decades. The food service operation was running in the red, with \$1.7 million in annual sales, and losing more than \$200,000 a year.

Schieder, a graduate of the Restaurant Management School in Budapest, Hungary and the School for Hotel and Restaurant Administration in Heidelberg, Germany, was particularly unhappy with the operations at the middle schools and high schools.

Subsidized school lunches were only offered at one station at every secondary school. Low-income students were forced to stand in one line for what he calls their "mystery meal", while the rest of the cafeteria was a junk food bazaar dotted with soda vending machines. Schieder, who is the father of a vegetarian daughter and an asthmatic son, was very conscious of youngsters' food choices and health, streamlined the production, eliminated junk food and soda sales from all cafeterias and added a "garden bar" with fruits and vegetables in every elementary school. He also implemented a nutrient-based method of planning menus, created food courts at all secondary school sites and made the same meals available to all children, regardless their families' financial status. That effectively eliminated a form of discrimination throughout the district. The district's food service revenue is now \$4 million, with a positive balance.

Dr. Yolanda Gutierrez is the former (1996-2004) Nutrition Consultant for the Region 4 California Diabetes and Pregnancy Program (CDAPP) and the Mid-Coast Regional Perinatal Program of California (MCCPOP), at Stanford University. In addition, she is the former (1974-1998) Associate Clinical Professor in the Department of Family Health Care Nursing at the University of California, San Francisco School of Nursing. At the present time she works at UCSF School of Medicine at the Lipid Clinic. She initiated her career in Nutritional Sciences at the University Javeriana in Santa Fe de Bogotá, Colombia. She completed her master's degree in Nutritional Sciences (1973) and doctorate in Interdisciplinary Applied Nutrition (1995) from the University of California, Berkeley. She is the National Past-Chair of the Women's Health & Reproductive Nutrition Dietary Practice Group (WHRN-DPG) of the American Dietetic Association. Her research interests include cultural factors that affect diet and pregnancy outcomes in Mexican-Americans, body composition, weight changes, and nutritional issues related to women's health. She is co-investigator of a 5-year, longitudinal study on women's midlife health, involving three ethnic groups of women. Her leading role has been in practice as a clinical nutrition specialist and educator. She developed the nutrition curriculum at the University of California, San Francisco School of Nursing with particular focus on the required nutrition courses for the Family Nurse Practitioner, Ambulatory Women's Health and Pediatric Nurse Practitioner Programs. The clinical component of the program includes perinatal adolescent patients and pediatric patients.

In 1978, Dr. Yolanda Gutierrez, a full time faculty at the University of California, San Francisco participated in a three-week internship program about "Nutrition Consulting in the Prevention of Low Birth Weight Babies," in Montreal, Canada, and learned first hand from Ms. Agnes Higgins. The March of Dimes sponsored this internship. As a result of this opportunity, Dr. Gutierrez developed an interdisciplinary graduate course in Maternal and Infant Nutrition which was approved by the University of California, San Francisco School of Nursing curriculum committee and became a required course for both nursing and medical students. The March of Dimes awarded and recognized Dr. Gutierrez with the Interdisciplinary Nutrition Course Modules. In 1996, Dr. Yolanda Gutierrez moved to Stanford University. She is the author of several publications: book chapters, articles and three nutrition books. The most recent book publication is available at www.eatright.org. The American Dietetic Association Guide: Gestational Diabetes Mellitus. August 2005.

Dr. Art Ulene is a board-certified obstetrician/gynecologist and his special interest is the application of modern communications technology to health education. Since 1975, Dr. Ulene has spearheaded the use of television to promote public health. He appeared on NBC's *Today* program for 23 years, and his nationally-syndicated special health series have been broadcasted by local television news programs around the country.

Dr. Ulene's nationwide health campaigns have resulted in a number of successful health-promoting strategies that have helped Americans deal with issues such as obesity, high blood cholesterol, cardiovascular disease, nicotine addiction, and women's and children's healthcare. His campaigns and educational programs include collaborations with the American Medical Association, the Asthma and Allergy Foundation, the American College of Obstetricians and Gynecologists, the American Academy of Pediatrics, the American Academy of Family Physicians, and the American Academy of Orthopaedic Surgeons. Sponsors of Dr. Ulene's national campaigns have included Kellogg's, Kraft Foods, Fleischmann's, Kotex, Ross Laboratories, Merck and Schering Corporation. Sponsors of Dr. Ulene's local programs include hospitals, medical groups and pharmacy chains around the nation.

The author of more than 50 books and home video/audio programs designed to promote good health, Dr. Ulene served as a Clinical Professor at the University of Southern California School of Medicine and was Chairman of the Board of Directors of the USC/Norris Cancer Hospital. He currently serves on the Advisory Boards of the USC/Norris Comprehensive Cancer Center, The Children's Partnership and the Lynne Cohen Cancer Foundation.

UPDATED FACTS ON CHILDHOOD OVERWEIGHT AND OBESITY IN THE SAN JOAQUIN VALLEY

- Childhood overweight and obesity in the San Joaquin Valley is on the rise. In 2003, an estimated 58,000 or 15.2% of all adolescents ages 12-17 in the San Joaquin Valley were estimated to be overweight or obese, compared to 42,000 or 12.8% in 2001.
- The increase in the estimated number of overweight or obese adolescents between 2001 and 2003 resulted in an additional 16,000 youth who had a body mass index (BMI)* at or above the 95th percentile with respect to their age and gender.
- Almost two-thirds of the 58,000 adolescents identified as overweight or obese in 2003 were male and one-third was female.
- The estimated number of San Joaquin Valley Latino adolescents ages 12-17 reported overweight or obese almost doubled, from 16,000 in 2001 to 32,000 in 2003. Although not as dramatic, the number of White adolescents reported overweight or obese increased by 44%, from 16,000 to 23,000.
- In 2003, an estimated 2 out of 3 adolescents in the San Joaquin Valley who were overweight or obese lived in households with an income 0-299% above the federal poverty level (FPL). One in 3 obese or overweight adolescents came from households with at income 300% or more above the FPL**
- 2 out of 3 adolescents ages 12-17 identified as overweight or obese in 2003 lived in an urban area in the San Joaquin Valley with the remaining third residing in rural communities.
- In 2003, an estimated 40% of adolescents 12-17 who were designated as overweight or obese were insured by Medi-Cal and an additional 8% were uninsured. An estimated 11,000 adolescents, or 1 out of 5 of overweight or obese adolescents had not visited a doctor within the preceding year.
- Only 42% of children ages 0-11 who live in the San Joaquin Valley were reported to eat the recommended 5 servings of fruit or vegetables daily in 2003.

**Body Mass Index (BMI) is a ratio measurement of weight to height that is used to categorize children as underweight, normal, at risk for overweight, or overweight, and is defined by dividing WEIGHT(in kilograms) by HEIGHT SQUARED(in meters).*

***In 2003, 100% of Federal Poverty Level FPL was \$18,810 for a family of 4*

Sources: California Health Interview Survey, 2001 (updated) and 2003

EVALUATION OF SUMMIT

Anticipated outcomes for participants of the Childhood Obesity Leadership Summit were:

- Increased knowledge about successful childhood obesity prevention interventions that encourage physical activity and healthful eating among children and adolescents;
- Increased understanding of cultural issues that contribute to the prevalence of childhood obesity;
- Increased awareness of how the media can be used to support childhood obesity prevention efforts; and
- Increased opportunities for discussion of evidence-based strategies and solutions that address the growing prevalence of childhood obesity.

In order to assess whether the anticipated outcomes of the Childhood Obesity Leadership Summit were achieved, participants were asked to complete an evaluation form intended to measure their perceptions about the relevance of the content offered by the presenters and how closely the content aligned with their expectations and needs. They were also asked to rate the overall effectiveness of the Childhood Obesity Leadership Summit. A total of 155 of the 210 participants who attended the Summit completed and returned evaluations. Each of the presentations was well-received and earned favorable ratings by participants. Following is a summary of their responses.

Youth Development through Promotion of Physical Activity:

Over 9 out of 10 participants (95.4%) agreed that Dr. Hellison's presentation made a sound argument for promoting physical activity among adolescents, and over 8 out of 10 participants (87.3%) agreed that he clearly identified strategies for teaching fitness. The majority of participants (92.7%) also agreed that Dr. Hellison's suggested criteria for encouraging youth to be responsible for their own health and well being were reasonable and that his ideas for promoting change in the physical activity behaviors of youth could be promoted in their respective fields of practice (84.1%).

Promoting Healthy Eating on School Campus:

Nine out of ten of the participants (94.1%) of the participants agreed that Mr. Schieder clearly presented a strategy for improving the nutritional content for school meals. Participants' responses to how easy the obstacles faced by school programs in delivering nutritious meals will be overcome varied. Just over two-thirds (64.8%) of the participants agreed or strongly agreed that obstacles will be easy to overcome. At least 20% of them disagreed with this statement. There was overwhelming agreement (96.6%) that the time has come to instill a new way of thinking about operating school food services. At least 85.2% of the participants stated that Mr. Schieder provided ideas for change that can be promoted in their respective settings.

Socio-Cultural Factors Related to Childhood and Adolescent Obesity:

When asked to assess this presentation, 87% of the respondents agreed or strongly agreed that that Dr. Gutierrez fully explained the relationship between environmental and genetic factors as they relate to childhood obesity. At least 86.1% of the participants also agreed that the presentation demonstrated that health literacy is affected more by family and cultural factors than by the efforts of school and health educators. A high percentage (82.6%) of participants also agreed that Dr. Gutierrez offered clear guidance on what parents and health care professionals can do to intervene in childhood obesity. At least three-fourths (75.5%) of the participants agreed that the presentation provided ideas for change that can be promoted in their practice settings.

Using the Media to Advance Healthy Lifestyles: Lessons Learned:

Over 9 out of 10 participants (95.8%) agreed that Dr. Ulene conveyed a clear understanding of ways media influences the American public. Nine out of ten participants (92.3%) also agreed that Dr. Ulene presented ways free media can advance efforts in health promotion. The suggestions offered by the presenter were perceived as reasonable (93.6%) and over 90% of the participants agreed that Dr. Ulene provided ideas for change that they could promote in their respective fields of practice.

Overall Effectiveness of the Leadership Summit:

Participants measured their experience at the Leadership Summit on several dimensions. First, they were asked to evaluate if the content of the Summit offered a clear understanding of ways in which media can promote the health of the American public. At least 91.2% agreed with this statement. Second, they were asked if the content provided innovative approaches and practical solutions for reducing childhood obesity. Over 91% of the participants agreed that both of these expectations were fulfilled. At least three-fourths of the participants (76.2%) agreed that attending the Summit helped them establish priorities for action, and 85.5% agreed that the Summit provided them ideas for possible community collaborations.

Open-ended Responses

Participants were asked to complete three open-ended questions about 1) the value of content presented at the Leadership Summit, 2) ways in which participants intended to apply what they have learned either in the home, school, workplace or community settings, and 3) how the Summit might have been conducted differently to increase its effectiveness. A content analysis of these qualitative responses was conducted, and a summary of themes that emerged from them follows:

What was most valuable about today's Leadership Summit?

The participants cited they gained valuable information about community resources and data on childhood obesity, learned about possible networking opportunities, and gained

knowledge about innovative strategies and models for obesity prevention. The solutions proposed by the featured speakers were viewed as “excellent”, “relevant”, and “practical” approaches for combating childhood obesity. Participants also reported they gained detailed and useful information about childhood obesity in the San Joaquin Valley and stated that this information would be helpful in disseminating and promoting messages about healthy lifestyles. A number of participants considered the community networking and collaboration with other health and nutrition professionals especially valuable. Others found Dr. Art Ulene’s presentation to be a useful guide for promoting healthy habits and lifestyles. Several participants responded that handouts and PowerPoint presentations were particularly useful.

How will you apply what you have learned today?

The majority of participants indicated they would apply the information they gained at the Summit to various practice settings, including nutrition classes, parenting classes, hospitals, and mobile healthcare centers. Applications for schools were also cited, including daily lesson plans, physical education classes, school nursing, after school programs and food service programs. Some participants stated they envision themselves collaborating with other community organizations to promote healthy eating and physical education, promoting weight reduction programs, and collaborating with education and health departments. Some participants cited increased personal awareness of childhood obesity that “will be applied at home with family members”. The responses to this question reflect that some participants were motivated and inspired to share the information.

What could have been done differently to increase its effectiveness?

Overall, the responses of participants were positive. The Summit was considered “very successful and informative,” and presented an “excellent variety of speakers.” Several responses indicated a desire for longer presentations and question and answer period “to promote engagement from the audience.” Others would have preferred to have had an open dialogue format that “facilitated discussion rather than a lecture style conference”. Finally, some participants stated they would have liked more discussion about community programs and potential collaborations and partnerships.

APPENDIX A: POWERPOINT PRESENTATIONS OF KEYNOTE SPEAKERS

Youth Development through the Promotion of Physical Activity

Presented by
Don Hellison, Ph.D.
Center for Youth & Society, University of Illinois, Chicago
Childhood Obesity Leadership Summit
Fresno, CA September 14, 2005

ISSUES & ANSWERS HEALTH-RELATED VS PERFORMANCE-RELATED FITNESS

- *HEART DISEASE, HYPERTENSION...*
- *OUTCOMES VS PROCESS*
- *ANY MODERATE ACTIVITY HELPS*
- *RESISTANCE TRAINING*

ASSESSMENT

- *LITTLE CHANGE IN FITNESS*
- *DECLINE IN ACTIVITY TIME*
- *KIDS ON AVERAGE FATTER*
- *DISSATISFACTION WITH BODY*
- *OVERWEIGHT MOVE LESS*

FACTORS AFFECTING PHYSICAL FITNESS TEST RESULTS

(Fox & Biddle, 1988)

- *GENETICS*
- *MOTIVATION*
- *MATURATION*
- *DIFFERING RESPONSES TO TRAINING*

UNINTENDED CONSEQUENCES

- *SOME HIGHLY FIT KIDS ARE NOT ACTIVE!*
- *LOW SCORING KIDS BECOME LESS MOTIVATED*

MOTIVATING CHILDREN FOR PHYSICAL ACTIVITY

(Fox, 1991)

PERCEPTIONS OF: PHYSICAL SKILL & PHYSICAL
ACTIVITY/FITNESS

+
CONCEPTUAL KNOWLEDGE

+
BEHAVIORAL SKILLS

---> "AM I ABLE?" & "IS IT WORTH IT?"

= LEVEL OF PHYSICAL ACTIVITY INVOLVEMENT
= SELF-CONCEPT--> SELF-ESTEEM

CHICAGO TRIBUNE
AUGUST 8, 2005

EXAMPLE OF THE SOCIAL GRADIENT

*"UNSAFE STREETS AND UNHEALTHFUL
FOOD OPTIONS MAKE IT TOUGH ON
RESIDENTS IN POOR CHICAGO
COMMUNITIES TO GET IN SHAPE."*

THE CHILDREN'S LIFETIME PHYSICAL ACTIVITY MODEL

(Pangrazi, 2000)

30-60 MINUTES DAILY

ANY LARGE MUSCLE ACTIVITY

"ONE SIZE FITS ONE!" (Kleinman, 2005)

IN-PRACTICE APPROACHES:

- Pedometers
- Take-home fitness programs
- Extra credit for out-of-school activity

CAN BE CONDUCTED BY VOLUNTEERS, AIDS...

RELATED STRATEGIES

TEACHING FITNESS CONCEPTS

ONE LINERS: *LESS IS MORE* - Forrest City School

STAIRWAY TO LIFETIME FITNESS (Corbin, 1981)



TPSR

TAKING RESPONSIBILITY FOR YOUR OWN WELL-BEING & DEVELOPMENT AND FOR
CONTRIBUTING TO THE WELL-BEING OF OTHERS

	<u>Coaching Club</u>
I. SELF-CONTROL <i>MOUTH, TEMPER, SELFISHNESS SOLVE CONFLICTS PEACEFULLY</i>	Self-control
II. PARTICIPATION & EFFORT <i>SELF-MOTIVATION TRY NEW THINGS & PERSIST REDEFINE SUCCESS</i>	Teamwork
III. SELF-DIRECTION <i>ON-TASK INDEPENDENCE GOAL-SETTING + COURAGE</i>	Self-Coach
IV. HELPING & LEADERSHIP <i>CONTRIBUTE WITHOUT REWARDS SENSITIVITY & RESPONSIVENESS</i>	Coach
V. OUTSIDE THE GYM <i>TRY THESE THINGS IN LIFE BE A ROLE MODEL</i>	Outside the Gym

TPSR DAILY FORMAT

- COUNSELING TIME
- AWARENESS TALK
- ACTIVITY LESSON
 - Warm up
 - Individual fitness plan progression (Fitness knowledge test)
 - Activity choices - 3 "game" options.
- GROUP MEETING
- REFLECTION TIME
- RESPONSIBILITIES:
 - Self control?
 - Effort?
 - Self-direction?
 - Help anyone?
 - Outside the gym

KEEP IT SIMPLE with DIGNITY

Al Schieder
Food Service Director
Folsom Cordova Unified School District



America's child nutrition program was initiated in 1946 when Congress enacted the National School Lunch Program. This was designed to help provide the nation's children with

NUTRITIOUS MEALS!!!

Although the basic intent of those laws has not changed, child nutrition programs and the options they offer have increased in complexity and the quality of food is often left behind.

OUR CURRENT STATUS

NUTRITIONALLY
DEFICIENT
DIET
CLAIMING THE HEALTH
OF OUR CHILDREN !

OUR CHALLENGE

- Establish courageous leadership to steer school nutrition programs through changes necessary to promote the health of America's children.
- It will take a special management team with determination to carry out the quality mission of creating menus which MAKE OUR CHILDREN WANT WHAT THEY NEED

YES WE CAN!

- Adopt a new philosophy
- Adapt to the cultural changes
- Maintain nutritional integrity and fiscal viability

WHAT DO WE NEED?

- CLARITY
 - CLARITY OF PURPOSE – CORE VALUES - CONSISTENCY
- EXAMPLE
 - YOU CAN NOT GIVE WHAT YOU DO NOT HAVE
- BURNING DESIRE TO CHANGE
 - OPTIMISTIC PASSION





Nutritional Values of the Pepperoni Pizza

Calories:	501
Cholesterol:	37 Mg
Sodium:	1734 Mg
Fiber:	3.25 G
Iron:	5.66 Mg
Calcium:	484 Mg
Vitamin C:	1.6 G
Carbohydrate	72 G
Total fat:	14.53 G
	26.07 %
Saturated fat:	7.2 G
	12.93%







High School Lunch Participation

- Folsom High with 3% needy.
- Enrollment: 2300
- Cordova High with 31% needy
- Enrollment: 1950

School	Food Based	Nutrient Based
Folsom High	~100	~800
Cordova High	~150	~850

Folsom Cordova Unified School District Food Services

Year	Food Cost	Labor Cost	Sales
1995	32.7% (\$898,493)	63.8% (\$1,767,016)	\$1,764,676
2001	34.2% (\$1,119,235)	52.1% (\$1,704,237)	\$3,217,636
2002	34% (\$1,203,763)	49.7% (\$1,762,760)	\$3,548,709
2003	29% (\$1,081,764)	52% (\$1,913,354)	\$3,678,591
2004	29% (\$1,146,957)	50% (\$1,997,968)	\$3,988,298
2005	35% (1,401,318)	48% (1,918,260)	\$4,092,337



Socio-Cultural Factors Related to Childhood & Adolescent Obesity

Current Science-based solutions

Yolanda M. Gutierrez, PhD., MS., RD

Former CDAPP/MCCPOP Nutrition Consultant at
Stanford University
At present Associate Professor UCSF/Lipid Clinic Senior

Cultural & Genetic Components

- Pediatric overweight results from an interaction between environmental and genetic factors
- However, steeply increasing rates of obesity among diverse youth from early childhood through adolescence, in a period spanning only 20 years,
- Points to the predominant role played by a changing environment exerting effects on a stable genetic susceptibility

Where Health Begins How Are Your Odds Set in the Womb?

- The Baker's Hypothesis – Fetal Origins Theory- Metabolic Programming
- Studies have documented the effects of the intrauterine environment on the subsequent development of many chronic diseases, even in the offspring of women without hyperglycemia during pregnancy
- Early predictors of chronic diseases:
 - Obesity
 - Cancer
 - CVD, Hypertension and Diabetes

Early predictors of chronic diseases

- Maternal Diet During Pregnancy
- Maternal Weight during Pregnancy
- Post –Natal Diet
- Preschool Diet
- Adolescent Diet
- Adult health habits

Published research: The child nutrition – Types of foods

A large body of research showing a relationship between:

- Caloric intake and fat intake with prevalence of childhood overweight
- Prevalence of overweight and intake of sweetened beverages, fruit juices
- Dairy and Calcium
- Fruits and vegetables

Published research: The child nutrition- Eating behaviors

- Breakfast skipping
- Eating infrequently or frequently
- Eating out
- Food insecurity
- Portion size
- Snacking behaviors

Publish Research: The socio-cultural factors

Family influences such us:

- Family functioning
- Parental attitudes toward their own intake
- Parental concern about o criticism of child's weight status
- Encouragement or pressure to eat
- Parental control over child's dietary intake
- Parental restriction of highly palatable foods
- Using food as a reward

Health Illiteracy

- Millions of Americans are health-illiterate, that is, unable to access, understand, or use the information that is available to help them make healthful food choices.
- The government is addressing the problem through campaigns like the Small Steps program.
- At Harvard Medical School, the issue is being tackled on two fronts, teaching and learning.
- The Academy at Harvard Medical School is developing best practice curricula that will help clinicians teach patients how to change unhealthy diet and exercise patterns.

Key References

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- Journal of the American Dietetic Association. Obesity: Etiology, Treatment, Prevention, and Applications in Practice. Supplement 1. May 2005 Vol. 105 No. 5.
- Harvard Medical School. The Academy at Harvard Medical School. Available at: <http://academy.med.harvard.edu> and http://www.hms.harvard.edu/nutrition/education/edu_postgrad.html. Accessed October 12, 2004.

What is a Parent to Do?

1. Provide children with ample access to nutrient-dense foods and beverages, and high-fiber foods both at meals and snack time
2. Reduce children's access to high-calorie, nutrient poor beverages and foods, both at home and when eating away from home
3. When nutrient-poor foods are available, avoid excessive restriction and use of foods as a reward
4. Encourage children to eat breakfast
5. Work to find ways to increase fun and achievable physical activity in children
6. Reduce children's television and video game time
7. Model healthful eating and physical activity practices for children

Ref. Lorraine D. Ritchie. ADA. May 2005. Pp.S70-S79

The role of Health care professionals

1. Encourage breast feeding
2. Monitor BMI in children 2 years of age and older
3. Focus on healthful nutrition and physical activity for all families
4. Determine family history for risk factors (e.g. Early cardiac disorders or type 2 diabetes, ethnic group susceptibility to the genetic predisposition)
5. Set Behavior Goals. Realistic, achievable and traceable
6. Encourage parents to protect and promote self-esteem in children
7. Model healthy behaviors (Parents and health professionals) and advocate for community change.

Note: The Interdisciplinary health team needs to "Agree and be update" on the nutrition information given to all children and families

Conclusions

- The in utero environment is increasingly recognized as a critical player for future well-being and longevity
- We became what we are, not only through genetic information passed from generation to generation, but also through the influence of environment
- A critical intervention target in changing an overweight child's environment is his or her parents
- Scientific evidence points to specific dietary and physical activity behaviors that families can adopt to encourage healthful weight status in children: nutrient dense foods and beverages, fun activities, parental modeling
- An interdisciplinary team provides the ideal basis to help a patient and the family to adjust behaviors in order to defend against the environment and follow a more healthful lifestyle

USING MEDIA TO IMPACT CHILDHOOD OBESITY

“They” (the media) are not
in the health business.

“They” (the media)
make the rules.

If you don't play by their rules,
you don't play in
the major leagues.

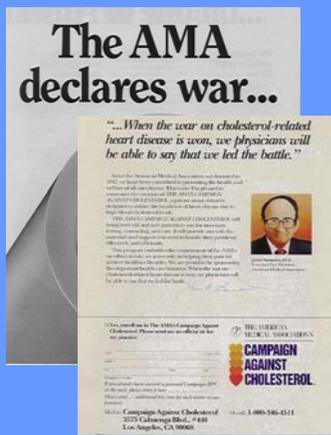
It's not hard to play
their game.

They (the mainstream media)
are not the only game in town.

PAST CAMPAIGNS

CAMPAIGN AGAINST CHOLESTEROL

50,000 physicians responded to this advertorial in JAMA and AMNews.



Over 60,000 physicians enlisted in the Campaign.

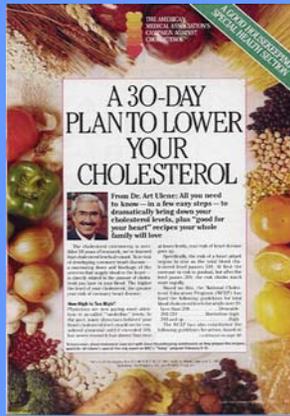


100,000 physician office kits distributed.

Hospital course materials used at more than 100 institutions throughout the U.S.



Good Housekeeping insert reached over 27 million readers.



102 million FSIs delivered to American homes; more than 100,000 redeemed refunds.



More than 200 million Kellogg's boxes featured Campaign logo and messages.

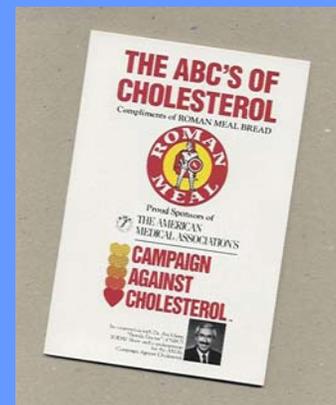
48 million multi-sponsored FSIs offered discounts on Campaign cookbook.



75,000 consumers responded to this in-store promotion.



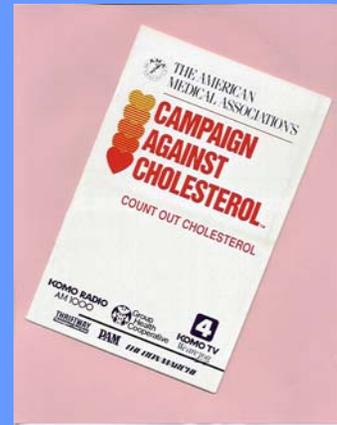
100,000 booklets distributed through special on-pack offer.



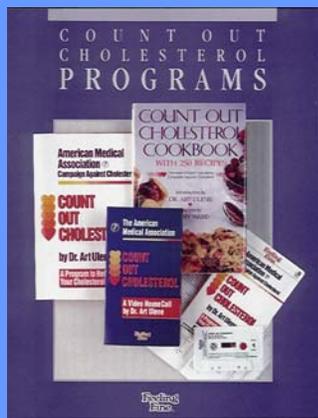
Borden distributed 48 million in-pack cholesterol information booklets.



Local stations, retailers and health groups distributed cholesterol booklets to millions.

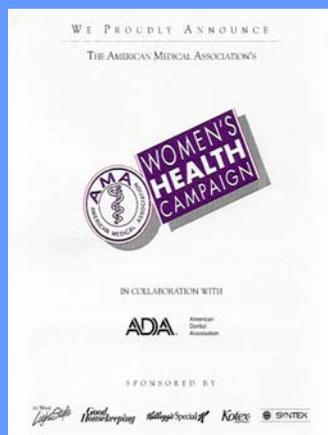


Educational products produced for the Campaign included best-selling book, audiocassette, cookbook and video.



WOMEN'S HEALTH CAMPAIGN

The Campaign was introduced to physicians through inserts in *AMNews* and *JAMA*.

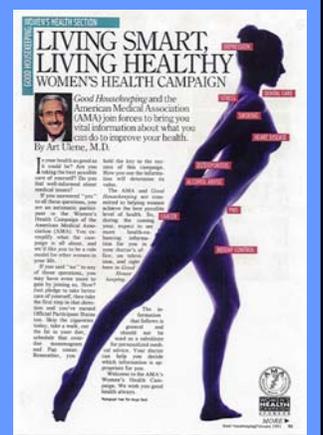


20,000 physician office kits distributed.

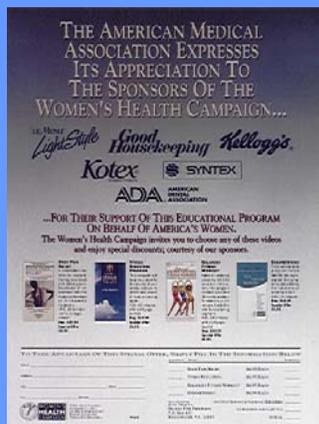
52 million FSIs appeared in newspapers nationwide.



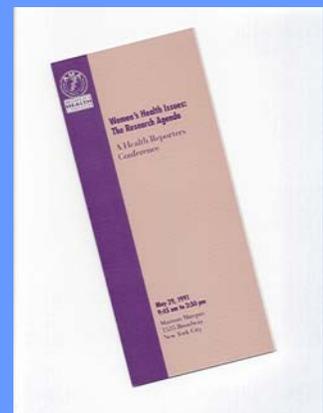
Good Housekeeping insert reached over 27 million readers.



Sponsors delivered 200 million FSIs.



110 reporters attended this Campaign press conference.



Millions of brochures distributed to patients through doctors' offices.



52 million Kellogg's Special K boxes carried this Campaign weight loss message.



STOP FOR GOOD

Advertorial in
AMNews and
JAMA reached
over 350,000
physicians.

**THE AMA
CHALLENGES
AMERICA'S
PHYSICIANS
TO...**

Media seminar
resulted in
extensive
national print
and television
coverage.



20,000 physicians enlisted in Campaign.



Advertorial reached 49 million
Americans.

HEALTHY YOUTH 2000



50,000 physician office kits distributed.

Multi-sponsored ads reached over 10 million consumers.

Millions of brochures delivered to patients through doctors' offices.

116-page booklet and catalog promoted immunizations within overall safety context.



ALLERGY ACTION

This ad delivered over 52 million impressions in national consumer magazines.

PHYSICIAN'S OFFICE KIT

90,000 physician office kits distributed.

Rx CONCEPT – PHARMACY COUNTER CARD

**HERE'S SOMETHING DIFFERENT:
A "PRESCRIPTION" YOU GET FROM YOUR PHARMACIST AND TAKE TO YOUR DOCTOR.**

ALLERGY ACTION

THOUSANDS OF PHARMACY COUNTER DISPLAYS DISTRIBUTED.

*To Help Relieve Your Allergies,
Take This "Prescription" To Your Doctor.*

100,000 direct mail pieces sent to known allergy sufferers.

Conference on Childhood Obesity

WHAT DID WE LEARN?

It is important to:

- Disseminate scientific information that increases knowledge, changes beliefs, and inspires new attitudes.
- Create structured materials to guide behavioral changes.
- Place materials and messages at times and in places that maximize their influence and effectiveness.
- Develop programs and services to support desired behavioral changes.

It is important to:

- Be credible
- Work with others
- Be creative and innovative
- Have fun in the process

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