

Growing Healthy Kids in Kentucky: A Look at Advocacy, Leadership, & Adolescent Attitudes

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Executive Summary

In the last 25 years, the prevalence of overweight and obesity in the United States has increased dramatically. Overweight and obesity substantially raise the risk of illness from high blood pressure, high cholesterol, type 2 diabetes, heart disease and stroke, gallbladder disease, arthritis, sleep disturbances and problems breathing, and certain types of cancers. Not only are overweight children often subjected to negative stereotypes, prejudice, discrimination, and low self-esteem but they are also 10 times more likely to become obese adults. Annual U.S. cost related to obesity is currently 117 billion dollars.

In response to the epidemic of overweight children in Kentucky, the Office of Lieutenant Governor Stephen L. Henry MD created the Task Force on Childhood Nutrition and Fitness, which issued a position paper calling for public policy changes to improve school nutrition and physical activity. Proposed legislation was defeated in Spring 2002 and again in Spring 2003.

In Fall 2002 a conference was cosponsored by Kentucky Cooperative Extension Service and Kentucky Department for Public Health to encourage leadership and advocacy around improving nutrition and physical activity in the public schools. This Change Master group project determined how participation in this conference translated into action plans by participants.

Additionally, input was collected from adolescents on their perspectives regarding healthy food choices and regular physical activity. The goal was to involve them in creating an identifiable message or image that would encourage other young people to make healthy lifestyle choices. This was accomplished through participation in focus groups and a competition.

A second conference is already being planned to facilitate leadership and advocacy in adolescents to promote nutrition and fitness. Additional focus groups with young people, activities with adults, and projects to build healthy communities throughout Kentucky are also being planned and will build on the work documented by this Change Master group. The Change Master group project findings are published in this report with the hope that continued efforts to improve nutrition and fitness levels for Kentucky's children will benefit from this process evaluation and progress report.

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Introduction/Background

Overweight and obesity substantially raise the risk of illness from high blood pressure, high cholesterol, type 2 diabetes, heart disease and stroke, gallbladder disease, arthritis, sleep disturbances and problems breathing, and certain types of cancers. (HEALTHY PEOPLE 2010; <http://web.health.gov/healthypeople/document/html/>) The health costs from these illnesses are not insignificant.

For many adults, obesity has its roots in childhood. Compared to normal-weight children, overweight children are 10 times more likely to become obese adults. In addition, overweight children are often subjected to negative social stereotypes, prejudice, discrimination, and low self-esteem, the effects of which may carry over into adulthood.

From 1980 to 2000, the number of overweight children in the United States almost doubled from 7 to 15 percent, and the number of overweight teenagers nearly tripled from 5 to 15 percent over that same time period. (CDC 2002) Kentucky's statistics are similar to national numbers although the prevalence of overweight among Kentucky's low-income children exceeds national figures for the Women, Infants, and Children (WIC) supplemental feeding program. In a low-income population of children aged 1 to 5 enrolled in the Kentucky WIC program, the percentage of children above the 95th percentile of weight for height increased 19 percent from 1995 to 2000. (U.S.HHS, Public Health Service, Office of the Surgeon General 2002)

In response to the epidemic of overweight children in Kentucky, the Office of Lieutenant Governor Stephen L. Henry MD started the Task Force on Childhood Nutrition and Fitness. In January 2002 a position paper was issued calling for public policy changes to improve school nutrition and physical activity. The first legislative proposal was defeated in Spring 2002 and the second defeated in Spring 2003.

In Autumn 2002 a conference, "Growing Healthy Kids in Kentucky: Creating Communities to Reduce Childhood Overweight" was cosponsored by Kentucky Cooperative Extension Service and Kentucky Department for Public Health. The conference targeted anyone having an interest in the health of Kentucky's children and included information about nutrition and physical activity in the schools, vending machines, collaborating for change, and advocacy. The keynote speaker was Lieutenant Governor Henry who presented an overview of the Task Force's accomplishments and suggestions for how those in attendance could advocate for public policy change. A second conference is planned to facilitate leadership and advocacy in adolescents to promote nutrition and fitness.

The objective of this project was to determine how participation in this conference translated into action plans by participants statewide. In addition, qualitative data was collected from young people regarding how they determine food choices, what physical activities they enjoy, and original ideas to encourage adolescents to make healthy lifestyle choices. This additional

information will be useful for program planning and to further the initiative to reduce childhood obesity.

Project Description

This Change Master Group vision was consistent with the Task Force goal, “to decrease and prevent overweight and obesity and the associated health consequences in children and youth.” The project goals were to measure the impact of the “Growing Healthy Kids in Kentucky” conference which encouraged advocacy activities and leadership to address childhood obesity, and to learn from adolescents their attitudes about obesity and health while involving them in creating an identifiable image or message that motivates children to eat nutritiously and/or practice physical fitness.

Objectives/Methodology

The procedures chosen for executing the project were closely tied to the objectives. During the decision-making period when groups were discussing a potential focus, a number of persons who were interested in reducing childhood obesity came together. Several of the group served on the Lieutenant Governor’s Task Force for reducing childhood obesity and were very interested in creating a core of leaders who would advocate for children at risk for obesity related disorders. We went through several evolutions that culminated finally in the project of “Growing Healthy Kids in Kentucky.” The following section describes the objectives and the methods chosen to execute each objective.

1) Participate in leadership and advocacy activities related to proposed legislation (HB 77) for addressing childhood obesity via the school system.

Group members became involved in partnerships with members of the community and other professionals to guarantee accountability by school officials and food companies who stocked school vending machines via two initiatives. One initiative aimed to train leaders to generate school and community awareness and to conduct activities in their communities to encourage attention to improving childhood nutrition and fitness. The second initiative sought to work with legislators and senators to build support for legislation that would give protection to children.

2) Document the work done in communities after the “Growing Healthy Kids in Kentucky- Creating Communities to Reduce Childhood Overweight” Conference in Autumn 2002.

A training conference was offered to potential community leaders under the auspices of the Department of Public Health and the University of Kentucky Cooperative Extension. Members of the “Growing Healthy Kids” Change Master group participated in the two conference sessions. Our goal was to collect qualitative data to create a system for tracking the outcomes of the leaders training. We observed audience reaction to the training, talked with community partners, recorded areas of participation for further evaluation and used the data to build an instrument to qualitatively and quantitatively track and document the results.

3) Collect information from young people on how they make food choices and what physical activities would hold their interest.

The group organized a series of focus groups. Eighth grade students from the Eastern, Central, and Western parts of the State were invited to focus group sessions to respond to the following questions.

1. **Transition Question:** The rate of obesity in the United States is growing in both the adult and child populations. What do you know about the way people become obese?
2. **Main Questions:** A focus of the taskforce is to study the impact of vending machines on the nutritional intake of students. What types of drinks and snacks currently offered in your school's vending machine do you consider healthy? Which of these snacks do you choose most often? Why
3. What makes middle school students feel stressed? How do you think nutrition affects stress?
4. What types of exercise are available for you to participate in at school? At home? Or in the community? What activities would you choose if you were told that you had to become more active to stay healthy?
5. What suggestions would you give us so we could help students to make healthy food choices? How can we students build healthy lifelong food behaviors?

The results of the focus groups were analyzed following the process of using the questions as the research construct, gathering themed responses around the construct and ranking the result for priorities as designated by the objectives. Responses from the focus groups were assembled around themes of similar ideas and grouped around the questions that generated the response. The results of the focus groups were organized into a report on students' perceptions of healthy activities and food behaviors.

4) Hold a competition in which young people design messages that would remind and encourage other young people to make healthy choices in the areas of nutrition and fitness.

Students were asked to develop a logo, or an image, or a jingle that would remind students their age to choose healthy foods and be active. For example the "Chicken Dance" song makes everyone want to move, the "Nike" sign means something when you see the logo, the McDonald's "Golden Arches" send a message. The theme of the logo was "Choose Healthy Foods and Stay Active." Prizes such as a DVD player or tickets to their favorite game were offered to the top three winners.

Any K-12 student could participate in the competition. The imagery was reviewed by the Change Master group based on criteria such as impact on the senses, visual appeal, ease of reproduction and best representation of the image of nutrition and fitness. The image that scored the highest points was selected and designers of the top three images were awarded prizes. The end product is available for community leaders to use in motivating and reminding children to make healthy food choices and be active.

Essential Public Health Services

Essential Public Health Service #1

Monitor health status to identify community health problems.

Surveys were developed and distributed to participants of the Growing Healthy Kids in Kentucky Conference 2002 to track community involvement and measure impact of the education. Results were compiled to address specific needs across the states.

Essential Public Health Service #2

Diagnose and investigate health problems and health hazards in the community.

Teen focus groups were administered throughout the state to acquire student's perceptions, ideas, and beliefs associated with healthy lifestyles.

Essential Public Health Service #4

Mobilize community partnerships to identify and solve public health problems.

Partnerships were developed with local health departments, county extension agents, public schools and Kentucky Public Health, to formulate the focus groups and focus group leaders. The focus group was also a vehicle for addressing the problem of obesity.

Essential Public Health Service #5

Develop policies and plans that support individual and community health efforts.

Members of the team participated in training and follow up activities with community partners to move forward the goal of reducing childhood obesity and increasing nutrition and fitness. Other activities involved working with policy making bodies such as legislators, School Boards, and Site-Based Decision Making Councils to support House Bill 77 via letters to representatives and senators, presentations, preparation of bulletin boards and display of the boards in public areas, and plans to present to Site-Based Decision Making Councils.

Results

Conference Results

Of the 415 surveys sent out there were 54 returned, a response rate of 13%, representing thirty-four counties. Those questions asked requiring a simple "yes" or "no" response are arranged in descending order of positive responses in the table below. At the high end, slightly more than half reported showing the eight-minute video on childhood nutrition and fitness, which was given to each conference participant. When asked whether there was community involvement in this issue, 43% replied in the affirmative; the remaining said no, didn't know or didn't answer the question. Seventeen of the 54 respondents reported training a total of 275 other educators to act on this issue. When queried about writing newspaper, newsletter or electronic articles on this issue, 16 responded that they had done so; circulation of all of these publications together reached potentially 75,000-100,000 readers. Fifteen had contacted their state legislator while 38 had not; one gave no answer. Eleven had established a coalition or network and three were in the process. Only 6 had presented to a site-based council or school board. Of these 6 presentations only half of the recipients responded enthusiastically, 2 responded with indifference and one responded with a mixture of both.

Forty-five of those responding reported reaching from 1 to 900 others (the 900 were in a 4-H group) with a message about how to reduce childhood overweight, the average responder reaching between ten and twenty people.

Tracking Questions on Childhood Nutrition and Fitness	N positive responses	%
Have you shown the video to anyone?	29	54
Has your community become involved in this issue?	23	43
Have you trained other educators to act on this issue?	17	31
Have you published on this issue?	16	30
Have you contacted your State Legislators?	15	28
Have you established a coalition or network?	11	20
Have you presented to a school board or site-based decision-making council?	6	11

Comments/Suggestions

Comments and suggestions were generally divided into 4 categories: requests for additional training or resources, suggestions for success/improving the initiative, success stories, and stories of resistance. The majority of comments focused upon the desire for more training and support by way of examples and suggestions to make the initiative successful in their area as summed up in these responses, “I hope you will have more workshops. I need more help with the newsletter idea and how to improve outside community involvement”. “More training please! To include suggested plans of action, educational publications, curriculums to use when teaching/educating the community about the specific changes and what they can do.”

In order to help promote the initiative’s reception by the community, a respondent advised, “Don’t use the term obesity. Instead of using ‘Obesity Prevention Program’, simply call it Health Promotion.”

Another respondent expressed the frustration which can come with a seeming success: “Our facility has initiated whole grain breads, raw fruits, and veggies into its menu. We have done away with processed foods and cook from scratch... {but} I have encountered parents who do not want their children to eat healthy foods. One mother went so far as to come get her child and take him to McDonalds for a decent meal.”

Barriers

Lack of time and lack of money were cited as the biggest barriers encountered. Some conference participants expressed they had limited time to work on advocacy and educating others. Some cited the tight scheduling in the schools and lack of classroom time to add nutrition or physical education programs. The time it takes to prepare healthy foods over the time it takes to obtain fast foods was also cited as a negative.

Schools have come to rely on the money generated by vending machines and candy sales and do not want to lose a source of revenue- especially during this time of budget shortfalls. As one respondent put it, “Schools are faced with financial issues that limit their ability to stop or change vending sales. Also, school lunch funding depends on the number of lunches served, so increasing healthier school lunch menus can decrease revenue if the healthier menus are

unpopular.” Another respondent pointed out that some parents did not serve healthy foods at home because they saw them as more expensive and they were also unwilling to try new recipes.

Additional barriers mentioned were the belief that children won’t eat healthy foods, and failure on the part of educators and parents to see this issue as important.

Focus Group Results

Results from the four focus groups convened in Central, Western and Eastern Kentucky showed that eighth graders are very much aware of the causes of obesity and how nutrition affects stress. Stressors revolved around 3 categories: school-related (“Grades”, “Tests”, “Homework”, “Teachers”), personal relationships (“Problems with friends or family”), and activities (“Too many things to do, too busy.”) Except for Fruitopia, Sun chips and water, they considered none of the vending machine offerings healthy. Activities they would choose included swimming and a variety of team sports. Many of these were either not available at school or available to only a select group good enough to make the team.

When asked for suggestions on helping students make healthier food choices, reducing stress and having more time were mentioned, “We’re stressed out and we have to do our homework. Then we run to McDonald’s.” But the majority of suggestions focused upon school lunch portions being too small with lack of variety, and the unavailability of healthy snacks. When one is hungry one eats what’s available and usually that’s from the vending machines.

Students offered suggestions on how young people can be helped to build life-long food behaviors: teaching kids how to cook, making healthy foods more palatable, making healthy foods easily available at school and home both, and use a buddy system to hold students accountable. Motivation to change was mentioned. Although the students knew that good nutrition and fitness are beneficial, the knowledge alone was not enough. “It’s just like it doesn’t seem important to us.” “They try to teach it in class but it is really boring and nobody is interested.”

Conclusions

This change master project sought to evaluate the implications of providing conference attendees with tools for making changes in Kentucky around nutrition and fitness. It also gathered input from young people on their perspectives on these issues through initiating the first of a series of groups to be held throughout Kentucky by members of the Task Force.

Although proposed legislation did not pass in this last session, labors continue and additional efforts for success in this direction are being planned by organizations committed to this cause. A House Bill will come before the legislators in the next session.

It was clear that more work needs to be done in the area of raising awareness about the importance of nutrition and physical fitness in all sectors of the community. Conference participants were eager for more help and suggestions in implementing healthy lifestyle changes in the schools. Being busy people themselves (the time to work on this problem was cited as a barrier) having easily accessed information would be useful and appreciated. A newsletter with specific suggestions for contacting legislators, plans of action, health information and stories of

successful implementation could be very helpful in this regard. Of the resources given at the conference, the video was the most utilized and perhaps the most useful for giving presentations. One respondent suggested that an additional video, less than 10 minutes, would be helpful in the classroom.

Since KERA test scores have become of paramount importance, providing a way to improve them could be one important motivating factor for change. Regional teacher in-services to teach about children's health could emphasize research showing a positive correlation between good nutrition, physical activity and test scores.

Involving young people so that they could advocate for themselves would provide them with an educational experience as well as encourage leadership. Efforts are already underway for this to happen.

“Old habits die hard” would be a good description of what one is up against when trying to implement healthy lifestyle changes. In today's fast-paced life with its busy and tight schedules, people are reluctant to add what they perceive as an additional burden, even if they believe it might be for their own good. The perceived burden outweighs making a change. When this change is no longer perceived as a burden, but instead as offering greater tangible benefits, that's when change is likely to occur.

Leadership Development Opportunities

Lana Clevenger-Hunt

I have truly enjoyed this past year with the Kentucky Public Health Leadership Institute. The staff of KPHLI, the summits, working with my Change Master group and fellow scholars have all been enriching experiences. Although I have worked for many years in community cancer control, the Institute has allowed me to gain more experience from all the other areas of public health. I have come to appreciate the enormous mission of Kentucky Public Health and the wide number of programs that health departments provide. It has been an energizing challenge and gratifying experience, but as with any endeavors I have ever undertaken, the most valuable thing I take away is the networking and interaction with the leaders and my fellow scholars...and to all of you....it has been my pleasure to get to know you and I sincerely hope that our paths will cross again.

Teresa DeLancey

The Kentucky Public Health Leadership Institute Program has afforded me the opportunity to network with organizations outside of the public health venue. We have pulled together varying experiences and expertise to complete an endeavor we all felt passionate towards.

In the years to come I hope to utilize my KPHLI experience to enhance my leadership skills and to promote a positive environment within our local health department.

Hazel Forsythe

My experience in public health has been international, developing and executing maternal and child survival projects and local, educating persons who will work in public health nutrition. As a KPHLI scholar, I have been able to deepen my understanding of the issues faced by other disciplines in public health. The Public Health Leadership Institute helped me to broaden my network and build relationships that will further my goal to educate persons to serve with interdisciplinary teams in support of healthy communities. The Change Master project on "Growing healthy Kids in Kentucky" has brought a wonderful clarity to how I can best achieve this goal while working on a critical problem that needs the leadership of many different public health professionals to advocate for those in our communities who need a voice.

Beverly Gibson

When I became a scholar in KPHLI I had only been working in the public health field for 6 months. I knew very little about the role of public health and felt that participating in this program would give me the opportunity to learn more. I feel that I have gained knowledge from and an increased respect for fellow scholars who have been involved in this field for many years. My experience in KPHLI has been invaluable. As a result of my project I have become very passionate about the need for increased public awareness of childhood obesity, and hope to continue contributing to this cause.

Katherine Rack

I have benefited by getting to know my fellow scholars during our summits. I hope the relationships that have developed will continue to help us in our common mission in public health. Our Change Master project's topic of childhood obesity was of special interest to me because of the link between obesity and cancer. I hope the results of our project will encourage healthier eating and more physical activity in our schools.

Trina Winter

Previously I tended to think of "public health" as being exclusively the domain of health departments. I now have a much clearer and broader vision of public health and its operations. My goal was to expand my capabilities and knowledge through meeting and networking with others across the state and basically to learn whatever skills KPHLI had to offer. This was a very enjoyable process for me and opened some new windows also as I learned more about advocacy during our Change Master project. But perhaps the most significant development for me was the decision to pursue a graduate degree in public health. This decision was a direct result of my KPHLI experience.