



The Movement Movement

Combating Childhood Obesity

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The Movement Movement: Combating Childhood Obesity

“Overweightness and obesity have a dramatic negative impact on children's health not only during the childhood but also throughout the adult life. Preventing the development of obesity in children is therefore a world-wide health priority” (Sobko, Syensson, Ekstedt, Karlsson, Johansson & Marcus, 2011, p. 1). Prompted by startling statistics and the global attention surrounding childhood obesity, The Movement Movement has created a public relations program to effectively battle childhood obesity. In an attempt to achieve the goals of the Bateman Competition, The Movement Movement and Springfield Public Schools will partnered to raise awareness of childhood obesity rates and assist students and families in transitioning into healthier lifestyles. The Movement Movement’s objectives and programming are derived from research focused on school nutrition, parenting techniques, and prior preventative measures. This research was then used to build strong informational, attitudinal and behavioral objectives. Based upon these objectives, a three-part program was developed for students, parents and educators. Finally, evaluative measures will be identified in order accurately gauge the effects of the proposed programming.

Research

School Nutrition

Nutrition is an integral part of school food environments; therefore, the American Dietetic Association continually and publicly stresses the vital role that communities and schools play in the health of American children. The ADA believes that the National School Lunch Program, the School Breakfast Program and required local wellness policies are crucial components of the overall nutrition program of schools and should be fully funded by government at any/all levels. Through these programs, the ADA believes that schools should

provide students with high-quality, affordable, nutritious foods. Nutritious school programs and critically evaluated local wellness programs are integral parts of any effective effort to support nutrition integrity in U.S. schools (Bergman, 2010).

Unfortunately, these programs have not been effective enough in battling rising childhood obesity rates. Common policies in schools across America have also been counterproductive in promoting healthy lifestyles. In elementary school students, offering French fries and similar foods as well as dessert more than once per week were associated with a significantly higher likelihood of obesity. In middle school students, the availability of “junk foods” in vending machines was associated with higher BMI scores (Fox, Dodd, Wilson & Gleason, 2009). According to Finkelstein, Hill and Whitaker (2008), the food environments of older students in high school grade levels are not any healthier than those of elementary and middle school students. In fact, as students move into higher grade levels, their respective school food environments become decreasingly healthy. Contributors to this issue again included non-nutritional foods from `a la carte options and vending machines.

Experts collectively agree that major changes must be made in school nutrition policies. Sugar-sweetened beverages from school stores and snack bars should be removed, nutritious `a la carte options should be provided and non-nutritional food merits should be withheld (Briefel, Wilson, Gleason, Crepinsek & Cabili, 2009). Furthermore, monitoring and limiting the intake of low nutrient, energy-dense foods by children may help in reducing children’s caloric intake and controlling their BMI (Fox et al., 2009). In order to promote the health of American children, more educators, policymakers, community leaders, businesses and parents need to support and promote healthy physical activity and proper nutrition habits (Satcher, 2010).

Parenting

The effect that parenting can have on childhood obesity is very considerable. A large percentage of parents do not acknowledge that their child is overweight, and this leads to mindless consumption of empty calories that can start before the children are even in the school environment (www.parenting.com). Parents of overweight and obese 11 to 12-year-old children say that they have difficulty monitoring and controlling their children's eating behavior and do not know where to start in introducing lifestyle changes to their family (West & Sanders, 2009). Lack of parenting is a major issue when it comes to educating and changing the behavior of children that are predisposed for obesity, however it is very important not to lecture parents, but to empower them so that they can help their children be as healthy as possible. In order for these changes to be made, caretakers must be motivated (Vaughn & Waldrop, 2007).

When parents go on diets that restrict certain food items, such as meats or carbohydrates, they often deny their growing children of the same items. Many of these food groups are vital to the health of children, and contain nutrients and vitamins that they need to develop properly. Protein and simple carbohydrates are necessary for proper muscle growth and energy metabolism. Kids need a certain amount of these in order to think and grow properly, and when parents neglect their children's diets for self-health reasons, most of the time unknowingly, it can cause damage in the future. Parenting should promote an understanding of what makes a lifestyle healthy and not give children the idea that "skinny is better."

Prior Preventative Measures

As previously stated, parenting is a major aspect of the fight against childhood obesity, but many parents are not involved enough. Parent involvement is not a new concept within this field, however when attempting to implement a new program into schools, it is important to evaluate what went wrong in past programs and how to avoid those failures in the future.

According to a study by Reinehr and Wabitsch (2011), “Prevention programs in kindergarten and schools without involving the parents failed to fight against the obesity epidemic. A new promising prevention approach is to change the environment... including their parents” (p. 21). If previous tactics were to inform children about making changes toward healthier lifestyles in schools and then go home to explain it to their parents, it is clear why these programs failed. How do schools expect kindergarteners to explain to their parents that the lunch programs are changing when they cannot even tie their shoes? Furthermore, how do administrators expect young students to get flyers home to parents when they cannot get them to take permission slips, homework, or notes home from teachers? These are the types of questions that The Movement Movement strives to answer through direct parental involvement strategies.

Another reason why many preventative programs have failed is due to a misplaced focus on “weight loss.” This focus on weight loss is only causing more problems, not only for children’s self-esteem, but also for their future well-being. According to an article from the American Journal of Public Health, feeding children low fat diets to prevent obesity may only increase other problems such as malnutrition and eating disorders, but are also possibly linked to obesity later in children’s lives (Austin, 2011). For example, a few parents have accidentally starved their children to death by placing them on vegan diets in order to control their weight. Though this situation is partly a spiritual matter, this is a large health concern. Restricted diets and severely reduced calorie intake can not only lead to further eating disorders such as bulimia but can also make the child rebel. When children do not consume enough calories like other children are able to do, resentment grows and leads to over-indulgence in unhealthy foods in the future. The Movement Movement will attempt to decrease childhood obesity rates and strive for a shift to healthy lifestyles though more than just a weight loss program.

Objectives

Objectives, when being described simply, can be referred to as “goals.” It is a desired result that the goal maker wants to happen as a result of an action. What makes a good objective? Also, how does one identify a good objective? A proper objective must be achievable and measurable. There are three categories of objectives that relate to the fight against childhood obesity. The first type of objective is informational, where the aim is to effectively improve communication regarding healthy diet and exercise habits between K-7 educators, parents and students in Springfield public schools. Educating the public, specifically parents and students, about childhood obesity is crucial for them to understand the gravity of the problem, and that they have the power to change the course of their life. The next step, after education, is to change the attitude about leading a healthy lifestyle. The attitudinal objective of the program is to effectively promote lasting positive attitudes regarding healthy diet and exercise habits in parents and children. Lastly, and most importantly, is the behavioral objective, which is to effectively promote and change healthy diet and exercise decisions by students and to create school and home environments that are conducive for healthy living and decision-making. If the behaviors of parents and children cannot be changed, then all other objectives are meaningless. Healthy lifestyles require movement and action, as well as behavior change. These objectives are attainable and measurable, as is shown in the following programming and evaluation sections.

Programming

Based upon these objectives derived from segmented research, programming features three different components: the exergaming Kidnetic site, a revamped after-school program and PTA family health meetings. Any effective program to battle childhood obesity should be enjoyable to children, long-term instead of annual and able to bridge the gap between school and

home. Without these characteristics, children will not be driven to fully participate in the program, attitudes about healthy diet and exercise habits will remain negative and behaviors will remain harmful.

Kidnetic: An Overview

Because diet and exercise habits are formed early in life (San Juan, 2006), the main component of the programming is an educational, child-friendly website that promotes healthy behaviors in stimulating, interactive ways. Riding on the exergaming trend that Wii and Xbox gaming systems tout, the main draw of the Kidnetic website are the interactive games that require children to be physically active and/or actively learning about proper diet and exercise habits. Kidnetic was created on June 26, 2002 as the initial element of Activate, an educational outreach program of the International Food Information Council (IFIC) Foundation developed in partnership with the American Academy of Family Physicians, American College of Sports Medicine, American Dietetic Association, International Life Sciences Institute Research Foundation: Center for Health Promotion and the National Recreation and Park Association.

To promote healthy behaviors, Activate/Kidnetic also works with The President's Council on Physical Fitness and Sports, America On The Move™ and the Food Marketing Institute. A panel of seven scientific advisors from health-related backgrounds has favorably reviewed all information on the site. The website is entirely non-commercial; thus, there are no advertisements on the site and nothing is for sale. The site is a resource for students, parents and educators; therefore, different parts of the site are utilized in all three aspects of programming.

Kidnetic in Schools

For the 2012-2013 academic year, The Movement Movement will partner with the Springfield Public School System to integrate Kidnetic into the curriculum of kindergarten

through seventh grade students. Three areas of the site, The Kore, Betchacant and InnerG, will be utilized by students at home. The Kore is an area containing a variety of interactive games like fitness challenges and dance mixes that can be played inside or outside and require sustained levels of physical activity. Betchacant is way for students to challenge or “dare” fellow classmates to beat them in physical activities that they have already completed. Finally, InnerG is an educational portion of the site meant to educate children on proper nutrition, bodily functions and the importance of healthy behaviors.

Depending on the grade level of the class, instructors will require students to actively utilize each aspect of the site a minimum number of times per week. Most students could reasonably be required to utilize the different areas of the site three times per week. Student activity will be logged in an activity sheet that will be check and signed by instructors weekly. Points will be assigned for the completion of the activities; however, the amount of class time needed by instructors to check these activity sheets will be negligible. To introduce instructors and school personnel to Kidnetic, a Leader’s Guide provided by the site will be distributed. This curriculum change is both proactive and reactive in battling childhood obesity because it works against existing health issues children may have and promotes lifelong healthy behaviors.

After-School Program

Because not all students have Internet access in their home environments, pre-existing after-school programs at Springfield Public Schools will be partly restructured to allow students the opportunity to use the Kidnetic site for two to three hours once the school day has ended. This component of programming ensures that students in low socio-economic classes who are already at a heightened risk of becoming obese (Harper, 2006) are able to fully participate in the program.

In addition to Internet access, revamped after-school programs will provide students with healthy snacks or small nutritional meals. Most after-school programs already provide students with snacks; however, this component of programming ensures that those snacks are nutritional and conducive to the health-related messages being taught. This after-school program is both proactive and reactive in reducing childhood obesity rates because it works against current unhealthy behaviors and prevents more from arising.

PTA Family Health Meetings

In partnership with the Parent Teacher Association at each Springfield school, school instructors and PTA members will conduct bi-monthly meetings on the first and third Tuesday of each month at each school. The meetings will be educational and for the parents of kindergarten through seventh grade students. Meeting leaders will utilize areas of the Kidnetic site to get parents actively involved in the health-related decisions that their children make. Bright Papers are educational articles on children and family health and Recipe Roundup is a compilation of healthy recipes for parents to make for families or even with their children. Both of these areas will be explored and made accessible to parents by meeting leaders. Furthermore, parents will receive a Parent's Guide to guide them through the Kidnetic Site.

To offset small expenses within this programming, coupon booklets containing discounts on healthy foods at local businesses will be sold for \$5.00 at these meetings. Sponsors providing coupons will include:

- Dillon's
- Wal-Mart
- Price Cutter
- Healthy Weight Supermarket
- Homegrown Food
- Bistro Market
- Mama Jean's Natural Market
- Akin's Natural Foods Market

Like the other two components of The Movement Movement programming, the PTA family health meetings will be both proactive and reactive in battling childhood obesity. Bridging the gap between home and school is vital to promoting lifelong healthy habits.

Budget

It is the aim of The Movement Movement to maintain a very modest budget so that schools can easily implement the programming and reduce childhood obesity rates throughout the Springfield area. Based on an assumed budget of \$400 per school, The Movement Movement has divided the money in three ways. First, about \$200 will be allotted to the bi-monthly PTA family health meetings to fund documents to be sent home with parents to help empower and create healthier lifestyles in the home. Second, about \$150 will be assigned to the after-school programs at local schools to provide healthier snack options rather than empty-calorie foods. Third, the remaining \$50 will be used to print the pre and post assessments and surveys for both students and parents. Due to the use of the free exergaming website Kidnetic, The Movement Movement's projected cost is much lower than annual events and traditional partnership models for promotion.

Gaining Access

Because it is often difficult for external entities to gain access to public school systems, The Movement Movement will justify the need to implement the programming based on these reasons:

- Kidnetic is a non-commercial educational site with expert support, legitimate sponsorship and proven effectiveness.
- The main programming component (Kidnetic) is virtually cost-free and hassle-free.
- The Movement Movement utilizes already existing after-school programs to prevent any exclusion of students.
- The Movement Movement will partner with the PTA of local schools, which is a familiar and reliable association to local elementary and middle schools.

Evaluation

The final part of the program and perhaps the most important is the evaluation section. In this section the objectives set forth at the beginning of the program are tested to ensure their validity and reliability, without which this program would not be viable.

At the beginning of the program, pretests are given to all the students and families involved in the program to find out exactly where they stand in relation to the research that was collected. The idea behind pretesting is that to define variables for the program, the current status of health and lifestyles of students and families must be known. Students are also given health and knowledge tests along with a survey to see exactly how they perceived healthy living and to show their level of physical ability. Parents, on the other hand are given only a lifestyle test and a survey to test their knowledge of healthy lifestyles and family health. The pretests are given up to three times to ensure the results will be as valid and reliable as possible.

With this in mind, the program is set up in way that reflects the primary and secondary research collected at the beginning. After the three objectives were formulated, the post-tests were drawn up. At the end of the program, post-tests are administered. The post-tests are given to parents and children separately, in the same way the pretests were rendered. Two categories were created, Parents and Children. Then those categories were split into sub-categories. For children, the sub-categories were health education, physical, and lifestyle test. In addition to these the children are also given surveys. The parents are again given a lifestyle post-test to ensure the knowledge they were given in the program is being utilized at home. The tests and surveys are given in relation to the informational, attitudinal and behavioral objectives to ensure focus.

After all the pre and post-tests and surveys are submitted the data will be gathered and then applied to the whole program to see if in fact the objectives were valid and the results were reliable. After all this is determined, the program will be presented to the state and/or federal government and adopted for trials in select schools across the state/nation.

Relating this program to theoretical base, the Contingency Theory of Accommodation is worried about "what is the best plan of action at any given time" (Cancel, Cameron, Salott, Mitrook, 1997). With the huge rise of "exergaming" recently, the integration of this activity is ideal in our programming because student interest in this activity is at an all time high. It is not just about having good ideas; it is about making kids realize that having a healthy lifestyle can be fun and rewarding.

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