Acting on the data: OBESITY

Promising and evidence-based practices for community-based approaches to improve children’s health

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Prepared by Community Health Outreach
Cook Children’s Health Care System

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Provided for the benefit of the children in the community by:
PROMISING AND EVIDENCE-BASED PRACTICES (PEP) FOR COMMUNITY-BASED APPROACHES TO IMPROVE CHILDREN'S HEALTH

OBESITY

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| IV. Other Resources |

The approaches in this resource are samples of “promising” or “evidence-based” practices for community-based initiatives to improve children’s health. These are intended to be inspirational starting points for communities to use in developing approaches that will best serve the unique needs of their children and families, rather than “recipes” or specific recommendations.
I. Purpose of This Resource

A. Overview

Our Promise: Knowing that every child’s life is sacred, it is the promise of Cook Children’s to improve the health of every child in our region through the prevention and treatment of illness, disease and injury.

To fulfill this promise, Cook Children’s Health Care System began implementing assessment strategies in 2008 to determine the status of children’s health within our service region, identify health priorities for action, and support additional community collaborations to implement solutions. The first step in this process was the Community-wide Children’s Health Assessment and Planning Survey (CCHAPS), covering a six-county service region which includes Denton, Hood, Johnson, Parker, Tarrant and Wise counties. CCHAPS helped to fill many gaps in child health data for children ages 0-14 in North Texas and provides an important tool for our community to identify priorities, measure progress and validate the need for action and resources.

Once the children’s health data were available in 2009, Cook Children’s reviewed strategies used across the country and confirmed that a common denominator among communities successful in creating sustainable improvements in children’s health was community-based, collaborative approaches based on evidence-based practices. Cook Children’s Community Health Outreach department (CHO) was already working collaboratively to provide health and safety information and practices to help prevent illness and injury to children in our community. Those efforts expanded to include fostering new community-based coalitions throughout the region.

In 2010-2011, Cook Children’s worked to engage communities by hosting child health summits to unveil children’s health data. CHO formed community groups to review the data and choose priorities for action, and facilitate new coalitions in five counties by providing coalition coordinators and other support.

This PEP resource was created to support the coalitions in choosing promising or evidence-based strategies as they develop specific strategic action plans for moving forward on their priority issues for action. This resource is available for asthma, child abuse prevention, childhood obesity, dental health, mental health and safety.

It will become clear in the next section that varying definitions of “best,” “promising,” and “evidence-based” practices exist. For the purposes of this resource, we refer to them collectively as “promising and evidence-based practices” or PEP. However, when other sources are quoted we use the term(s) exactly as they are used by those sources.

B. What is a promising or evidence-based practice (PEP)?

There is no uniform definition for PEP, but the term is used by many organizations to refer to programs or practices that have demonstrated some kind of effectiveness through outcomes.

Most organizations conduct research according to their own standards of practice and design (in addition to any preset standards by a licensing or credentialing body). Some experts suggest that locating a uniform definition for PEP with the Centers for Disease Control (CDC)
or any other national entity is a problem because one uniform definition or model does not or should not exist. Many organizations adhere to methodology structured by a higher authority, e.g. Prevention Research Coordinating Committee at National Institutes of Health (NIH). Research findings are disseminated through publication or by the organization, and some organizations draft policy and guideline statements based on their own research findings or those of others.

Organizations that make recommendations from intervention research findings generally utilize a review panel of experts (internal, external, or both). These panels review research using specific criteria to evaluate for effectiveness. Organizations use different terms for programs or practices supported by data. It is important to note the key organizations in specific areas of prevention and what terms they use to refer to PEP, such as:

- Promising practice
- Evidence-based practice
- Best practice
- Research-based practice
- Science-based practice
- Potentially effective practice

An example of an organization that has defined PEP for their interest area is The Association of State and Territorial Dental Directors (ASTDD). They developed a method for reviewing suggested programs and practices to help disseminate effective practices to dental health professionals. The organization has devoted considerable effort to “Best Practices Projects” and has become a leader in educating other organizations. A link to their “Introduction to Best Practices” presentation may be found at: [ASTDD Introduction to Best Practices](#)

The ASTDD Best Practice Concepts are:

- A best practice is a methodology that, through experience and research, has proven to reliably lead to a desired result.
- Using best practices is a commitment to using all the knowledge and technology at one’s disposal to ensure success.
- Best practices do not have one template or form for everyone to follow.
- “Best practices” does not commit people or organizations to one inflexible, unchanging practice.
- Best practices is a philosophical approach based around continuous learning and continual improvement.
- Learning and transfer of best practices is an interactive, ongoing and dynamic process that cannot rest on a static body of knowledge.

(Source: ASTDD website, accessed June 9, 2011 from [www.astdd.org](http://www.astdd.org).)
C. Where are PEP found?

It can be overwhelming to search through the large pool of potential programs and practices for a specific area of prevention. Fortunately, several key organizations work toward locating and evaluating PEP for many areas of public health. Narrowing the search by topic and knowing where to search can help reduce the amount of information to sort through.

Internet research should start with the big intervention database websites for PEP by health topic. These databases contain analyses of public health intervention methods (either one study or many studies grouped by intervention method) and provide recommendations on their effectiveness.

- The Community Guide, [The Community Guide](#)
- Cochrane Collaboration Reviews, [Cochrane Collaboration Reviews](#)
- AHRQ Innovation Profiles, [AHRQ Innovation Profiles](#)
- What Works for Child and Youth Development: Tools for Improving Services to Children and Youth (Child Trends), [Child Trends](#)
- Evidence for Policy and Practice Information and Coordinating Center (EPPI-Centre), [Evidence for Policy and Practice Information and Coordinating Center](#)
- The Canadian Best Practices Portal for Health Promotion and Chronic Disease Prevention, [Canadian Best Practices Portal for Health Promotion and Chronic Disease](#)

The Centers for Disease Control (CDC) website ([www.cdc.gov](http://www.cdc.gov)) can also be searched by Disease/Condition for additional resources and publications. The CDC site serves as a good overview of the other federal agencies/offices that are studying or researching the health topic and links are provided through the Disease/Condition pages.

An academic literature search can build the “big picture” of what programs and practices have been published as well as provide citation information for future reference. This search will include most of the studies and recommendations that are found on the big database websites, and may include new studies that will compliment previous research findings.

Another method for researching PEP is to search by the topic name in an internet search engine, i.e. “community asthma interventions” in Google. This usually serves to reinforce what has already been located elsewhere; however, sometimes there are coalitions, groups and foundations that will turn up using this method that haven’t been recognized or studied as widely that can be useful tools for community partners.

After becoming acquainted with the wide offering of research and recommendations, researchers should consider contacting field experts for confirmation and guidance on the findings and other suggestions. These may include authors on research studies, academic and governmental institutions centered on the research topic, and clinical professionals in the community. These professionals have working use of the recommendations and can offer wisdom as to the infrastructure supporting a model’s effectiveness.
D. How do we review/investigate PEP?

Researchers should begin by looking for common themes and phrases. It will save time in organizing findings and composing a later summary if themes or common phrases are recorded from the beginning of the research process. Another helpful approach is to print pages or copy the website addresses from the internet sites and academic studies. Sort print pages by intervention theme or method such as the themes or common phrases – this forms the basis of a research outline and summary. This can serve as a roadmap for others without this knowledge to be able to understand and replicate these findings in their community.

II. Children’s Health: OBESITY

A. Key organizations, resources and partners

1) American Academy of Pediatrics (AAP)
   The AAP offers a multitude of resources for health care providers and community members to positively impact overweight and obesity. This includes information about advocacy and funding opportunities, food and physical activity recommendations, clinical resources, presentations, and webinars. Link: American Academy of Pediatrics

2) National Association of Children’s Hospitals and Related Institutions (NACHRI)
   NACHRI works to promote effective practice in clinical care and build community capacity to prevent and respond to obesity through research, resources, presentations, articles, and FOCUS on a Fitter Future. Link: National Association of Children’s Hospitals and Related Institutions

3) National Initiative for Children’s Healthcare Quality (NICHQ)
   NICHQ is an independent non-profit organization whose mission is to improve child health and well being by improving the systems responsible for the delivery of children’s healthcare. NICHQ’s current initiatives focus on ensuring that every child receives care in a high-performing medical home, including the prevention and treatment of childhood obesity. Link: National Initiative for Children’s Healthcare Quality

4) Robert Wood Johnson Foundation (RWJF)
   One of RWJF’s focus areas is childhood obesity. Their strategy includes supporting partners in their efforts to discover and implement effective solutions. Link: Robert Wood Johnson Foundation

5) American Heart Association (AHA)
   The AHA works in partnership with other leading organizations to combat childhood obesity. Their information regarding overweight and obesity as well as a report from their Childhood Obesity Research Summit is included at their website. Link: American Heart Association

6) American Medical Association (AMA)
   The AMA highlights information about childhood obesity through their website, specifically their policy and guidelines for the treatment of overweight and obese children. Their organization has hosted a National Summit on Obesity. Link: American Medical Association
7) **Alliance for a Healthier Generation**  
   Founded by the American Heart Association and the William J. Clinton Foundation, Alliance for a Healthier Generation is a non-profit whose goal is to reduce the prevalence of childhood obesity by 2015, and to empower kids nationwide to make healthy lifestyle choices. Link: [Alliance for a Healthier Generation](www.cchaps.org/)

8) **Nemours Health and Prevention Services**  
   A division of Nemours Health Care System, NHPS works to effect long-term positive changes in child health and focuses on childhood obesity prevention. NHPS works with community partners through their campaign 5-2-1-Almost None (a variant on the evidence-based “5-2-1-0” formula for energy balance created by the American Medical Association, Department of Health and Human Services, and the Centers for Disease Control), which aims to promote healthy eating and physical activity. Link: [Nemours Health and Prevention Services](www.cchaps.org/)

9) **Let’s Move Initiative**  
   Let’s Move is a comprehensive initiative created by the White House and Office of the First Lady, whose goal is to solve the problem of childhood obesity within a generation through engaging and supporting families, schools, cities, faith communities, and other organizations. The initiative offers information on strategies and how to take action through its website. Additionally, Let’s Move is supported by the Partnership for a Healthier America (founding partners include the California Endowment, Kaiser Permanente, the W.K. Kellogg Foundation, Nemours, the Robert Wood Johnson Foundation and The Alliance for a Healthier Generation) which serves as a nonpartisan convener across the private, non-profit and public sectors to accelerate existing efforts addressing childhood obesity and to facilitate commitments towards the goals of the Let’s Move program. Link: [Let’s Move](www.cchaps.org/)

10) **Healthy North Texas**  
   Healthy North Texas is an initiative of the Dallas/Fort Worth Hospital Council Foundation and provides a web-based source of community health and population data. This website tool can assist with community assessments, strategic planning, identifying promising practices, collaboration, and advocacy. Link: [Healthy North Texas-Promising Practices](www.cchaps.org/)

**B. Criteria used to define PEP**  
Most publications and systematic review analysis of community approaches to obesity prevention use the words “promising” or “recommended” as the area of research is still fairly new and many studies are being completed. However, several groups are beginning to use the term “research-based” as well. Any of these terms may be used to refer to a promising or evidence based practice.

**C. Overview of community approaches using PEP**  
Historically, there has been more research on the treatment of obesity and its resulting health complications, such as cardiovascular disease and diabetes. However, the dramatic and frightening increase of obesity rates across age groups prompted new discussion by many community groups around the prevention of obesity, especially in children as “interventions aimed at changing behavior during this period have the potential of establishing healthy behaviors that will continue over the individual’s life span” (American Heart Association, 2008).
Research around population or community-based obesity approaches is a rapidly growing sector and is widely funded, due to the shared concern of obesity’s impact on society by federal agencies and foundations. Many different groups have begun work toward discovering methods for slowing or reversing the trend of obesity rates. However, the study of obesity has a challenge in that, while many are furiously creating and implementing intervention models, few have demonstrated long term, sustainable positive change or have been in place long enough to evaluate. Additionally, there is variance among studies as to program composition, setting, and breadth. Given the complex and urgent nature of obesity, some propose that while evaluation is crucial to demonstrating success, action should be taken toward any positive result:

“Given that obesity is a serious health risk, preventative actions should be taken even if there is as-yet-incomplete scientific evidence on the interventions to address specific causes and correlates of obesity. However, there is an obligation to accumulate appropriate evidence not only to justify a course of action but to assess whether it has made a difference. As childhood obesity is a serious public health problem calling for immediate reductions in obesity prevalence and in its health and social consequences, the committee strongly believes that actions should be based on the best available evidence – as opposed to waiting for the best possible evidence.”

(Childhood Obesity: Health in the Balance, Institute of Medicine, 2004)

Some proponents argue that traditional research models used by systematic review organizations to deem interventions as “promising” or “science-based” do not apply to a multifactorial condition, such as obesity. In turn, this limits the publication and dissemination of research on obesity prevention as many peer-reviewed journals have strict standards on model design for their published studies (Community Perspectives on Obesity Prevention in Children, IOM, 2008).

While childhood obesity prevention is a relatively young research area, promising strategies are beginning to emerge and be studied. Some intervention efforts center on a focus within obesity prevention, such as physical activity or nutrition. Evaluations of these efforts yield conflicting results and some practitioners support integrating each focus area into a comprehensive intervention model. Currently, there are few comprehensive intervention models that have been studied.

However, several academic groups and organizations have published studies that evaluate the continuum of childhood obesity prevention research for themes. While there is great diversity amongst program models, most recommend a multi-level, multi-sectorial approach that engages a diverse group of community stakeholders, especially parents (AHA, 2008; Bluford et al., 2007).

The immediacy of community impact from obesity has forged unusual and powerful relationships and partnerships between organizations and groups nationwide. These partnerships are the movement behind most community obesity programs currently being created and implemented, and these intersections between groups leverage each organization’s resources toward effective solutions and successful interventions. An example of such an intersection is the partnership between the American Heart Association and the William J. Clinton Foundation to form the Alliance for a Healthier Generation, whose goals are to reduce the nationwide prevalence of childhood obesity by 2015 and empower children nationwide to make healthy lifestyle choices.
D. Sample community approaches using PEP

1) **CATCH (Coordinated Approach to Child Health)**

A program designed to promote physical activity and healthy food choices in children from preschool through grade 8. CATCH succeeded in changing dietary and physical activity behaviors in a large randomized, controlled community trial in 96 schools in four states. These changes were maintained three years post-intervention. CATCH is currently in more than 2,500 schools in Texas, including El Paso, where a significant decrease in overweight and obesity was seen three years post-intervention. The Michael and Susan Dell Center for Healthy Living, part of the University of Texas School of Public Health, studies, supports, and oversees the CATCH Program.

Link: [CATCH](#)

2) **Healthy Living Cambridge Kids**

A multi-disciplinary team developed and implemented Healthy Living Cambridge Kids in response to growing obesity rates and is guided by the social-ecological model and community-based participatory research principles. The intervention included city policies and community awareness campaigns, physical education enhancements, food service reforms, farm-to-school-to-home programs, family outreach, and BMI and fitness reports. Over a three year study, obesity among all race/ethnicity groups declined and modest improvements in fitness were observed. Link: [Healthy Living Cambridge Kids](#)

3) **We Can!: Ways to Enhance Children’s Activity and Nutrition**

A national public education program from National Institutes of Health (NIH) to prevent overweight and obesity in children ages 8-13, We Can! was developed by National Heart, Lung, and Blood Institute (NHLBI) in collaboration with the National Institute of Diabetes and Digestive and Kidney Diseases, the National Institute of Child Health and Human Development, and the National Cancer Institute. The We Can! Network includes more than 1,300 community sites in all 50 states and 11 countries. The We Can! program is designed to help organizations and individuals address childhood overweight and obesity through educational programs, support materials, training opportunities, and other resources. This program has been demonstrated to reduce weight gain.

Link: [We Can!](#)

4) **Shape Up Somerville**

Shape Up Somerville originally began in 2002 as a three-year community-based research study by Tufts University looking at preventing obesity in culturally diverse, high-risk children in grades 1-3. The team developed and implemented strategies to improve dietary intake and physical output at school, in after-school programming, and at home. The program interventions included working with the food service staff to enhance the food offered to students, a classroom and after school curriculum named Healthy Eating and Active Time (HEAT), parent and community outreach, approved community restaurant list for eating-out options, training for clinical providers, advocacy for safe routes to school, and policy initiatives. The program significantly reduced weight gain and moved many children into lower BMI categories. Resources from this program are available through the Tufts University program website. Shape Up Somerville has expanded to a city wide campaign to increase daily physical activity and healthy eating through programming, physical infrastructure improvements, and policy work.

Link: [Shape Up Somerville](#)
5) **5-2-1-0 Let’s Go!**

A committee consisting of the American Medical Association, Department of Health and Human Services, and the Centers for Disease Control crafted recommendations for the diagnosis, treatment and prevention of childhood overweight and obesity. The committee found consistent evidence supporting targeted behavior to effect change on lifestyle and thus, created the 5-2-1-0 message. 5-2-1-0 Let’s Go! stands for these key targeted behaviors: five or more servings of fruit and vegetables each day, two or less hours of screen time each day, one or more hour of physical activity each day, and zero sugary drinks each day. This campaign has been widely adopted in its pure form and in variations by organizations nationwide, and is considered research-based. Link: [5-2-1-0 Let’s Go!](#)

### III. Applying Community-based Approaches

#### A. Personalize the approach for your unique community

1) **Listening sessions**

Obtaining community feedback about the proposed program is vital to long-term sustainability and community involvement. Community feedback can be obtained through individual “first-to-know” meetings with key community leaders and listening sessions hosted in the proposed program region. The mailing list for listening sessions can include state and national legislators, county commissioners, city council members, school superintendents, social service organizations, and community coalitions. These meetings are an effective method for gathering community perspective during the planning phase of the proposed program.

2) **Community interviews**

Interview local clinicians, school nurses, and parents of children for a comprehensive viewpoint of how the health condition impacts children and families in the community. Additionally, contact local resources such as local health advocacy groups, social service organizations, and university programs for a broad perspective on local and state efforts around community interventions.

3) **Think tanks**

An effective method for brainstorming and building momentum toward making system-level changes is hosting a “think tank” of experts representing a range of sectors within the child health ecosystem (see [An Ecosystem Model for Children’s Health](#)). This forum provides a unique opportunity to discuss the status of the health condition in the community, bring new information to light, and work toward effective and creative solutions. A think tank also provides an opportunity to build new partnerships and collaborations.

4) **Action guides and white papers**

An action guide or white paper is a summary of information gathered during a group session such as a think tank and can be an effective modality of disseminating the group’s findings and recommendations. Given the ever-evolving nature of intervention research,
tools such as these help document the insights and opinions of experts and the community's work toward creating community solutions.

An example of an action guide for childhood asthma can be found at: Cook Children's--Childhood asthma: A guide to action

B. Evaluate community solutions in light of your resources

A helpful way to review suggested community solutions is to assess community resources and assets. This can provide a road map for potentially effective interventions for the community, as the community resources and assets are an existing infrastructure around which an intervention can be implemented. For example, access to a local national advocacy group, university research program, and school-based health clinics will provide a pre-set group of stakeholders and experts that can guide and lead the implementation of best practice in the community.

IV. Other Resources

A. Findings by Evidence Review Groups

The Community Guide – Task Force on Community Preventative Services (CDC)

Obesity Prevention and Control: Interventions in Community Settings

- Behavioral interventions to reduce screen time. Link: Behavioral interventions to reduce screen time
- Technology-supported multicomponent coaching or counseling interventions to reduce weight or maintain weight loss. Link: Technology-supported multicomponent coaching or counseling interventions to reduce weight or maintain weight loss
- School-based programs. Link: School-based programs

Promoting Good Nutrition

- School-based programs promoting nutrition and physical activity. Link: School-based programs promoting nutrition and physical activity

Promoting Physical Activity

- Community-wide campaigns. Link: Community-wide campaigns
- Classroom-based health education focused on providing information. Link: Classroom-based health education focused on providing information
- Individually-adapted health behavior change programs. Link: Individually-adapted health behavior change programs
- Social support interventions in community settings. Link: Social support interventions in community settings
- Family-based social support. Link: Family-based social support
- Enhanced school-based physical education. Link: Enhanced school-based physical education
• Classroom-based health education to reduce TV viewing and video game playing. Link: Classroom-based health education to reduce TV viewing and video game playing

The Cochrane Collaboration

• Interventions for preventing obesity in children. Link: Interventions for preventing obesity in children
• Interventions for treating obesity in children. Link: Interventions for treating obesity in children

Agency for Healthcare Research and Quality (AHRQ) Innovations Exchange

The Innovations Exchange is designed to speed the development and implementation of new approaches in health care delivery. The Exchange has a searchable database of innovative approaches, Quality Tools, continuing education and networking opportunities available from topic-specific home pages, such as Childhood Obesity. The Innovation Profiles listed below are examples of profiles included on the Childhood Obesity page. Link: AHRQ Innovations Exchange

Innovation Profiles: Childhood Obesity

• Statewide collaborative combines social marketing and sector-specific support to produce positive behavior changes, halt increase in childhood obesity
• Tools, education, and technical assistance encourage child care sites to adopt strategies that promote healthy eating and physical activity in young children
• Tools, education, and technical assistance encourage schools to adopt strategies that promote healthy eating and physical activity in youth
• Tools, education, and technical assistance help primary care providers promote healthy eating and physical activity in youth
• Community coalition supports schools in helping students increase physical activity and make better food choices
• Nurse-led weekly educational program for children focuses on physical activity and food choices, leading to healthier behaviors, lower body mass index
• Weekly group program improves health-related behaviors, leading to stable body mass index in children and weight loss in adults
• Fun, interactive classes emphasize easy-to-understand messages, leading to enhanced knowledge about healthy behaviors in elementary school children
• Staged weight management program helps overweight children reduce caloric intake and body mass index
• Interactive learning program integrated into elementary school curriculum improves student knowledge and behaviors related to nutrition and physical activity
• Weight loss center aims to help rural, obese children improve mental and physical health by integrating medical, psychosocial, and nutrition services
• Multidisciplinary, clinic-based teams support obese children in changing behaviors, leading to increased physical activity, improved diet, and weight loss
• Family-oriented program combines medical care and behavioral counseling, leading to health improvements in obese children and adolescents
• Multidisciplinary program combining medical, counseling, and behavior modification services helps overweight children and adolescents lose weight, reduce body mass index
• Policy and practice changes encourage primary care providers to promote healthy eating and physical activity in youth
• Policy and practice changes encourage schools to promote behavior change in students, leading to better physical fitness
• Policy and practice changes in childcare settings promote healthy eating and more physical activity in children
• Statewide initiative combines policy, practice-based changes, and social marketing to produce positive behavior changes, help halt increase in childhood obesity
• Medical center places nurses in schools, leading to better lifestyle choices and academic performance among students
• Alternating group and in-home sessions help obese preschoolers and overweight parents improve eating habits and reduce body mass index
• Recreation “prescriptions” increase use of free community exercise programs by low-income patients who are overweight or obese

**Eppi Centre**

Social and environmental interventions to reduce childhood obesity: A systematic map of reviews

- Healthy eating. Link: [Healthy eating](#)
- Physical activity. Link: [Physical activity](#)

**B. Additional Resources**

1) **State of Texas: Childhood Obesity**

In response to the growing concern toward obesity and its future economic impact, state legislators introduced and passed four important pieces of policy in the past decade:

- **Senate Bill 19 (2001)** Created minimum physical activity requirements and coordinated school health for elementary school students in addition to instituting School Health Advisory Councils.


- **Senate Bill 42 (2005)** Created minimum physical activity requirements for middle school students.

- **Senate Bill 530 (2007)** Enhanced physical activity initiatives for grades K-8 as well as required annual testing of physical fitness levels for grades 3-12 (the Fitnessgram).
The Texas Department of State Health Services (DSHS) issued a report, Strategic Plan for the Prevention of Obesity in Texas (2005-2010), written to identify the growing problem of obesity in Texas in addition to strategies to address it. Link: Strategic Plan for the Prevention of Obesity in Texas

Additionally, several DSHS offices work in obesity initiatives, including the Nutrition, Physical Activity and Obesity Prevention Program. Link: Texas DSHS Nutrition, Physical Activity and Obesity Prevention Program

Senate Bill 556 created an Interagency Council on Obesity between DSHS, Texas Education Agency (TEA), and the Department of Agriculture for the purpose of improving communication and coordination of obesity work among state leaders. Link: Interagency Council on Obesity

The Childhood Obesity Prevention in Texas Workshop was held with statewide obesity stakeholders in 2009 for purpose of exchanging ideas and strategies that are being implemented effectively. Their report includes a sample of obesity programs and their protocol from across the state. Several have promising strategies, but are in the process of formal evaluation. Link: Childhood Obesity Prevention in Texas: Workshop Summary

The Live Smart Texas Coalition is a coalition of more than 80 statewide partners with agenda of preventing obesity throughout the life cycle. Members defined collaborative research agenda on obesity prevention and development of resources to build infrastructure and capacity within all communities. Advocacy is completed by Partnership for a Healthy Texas, a group whose goal is to work with the legislature to develop and promote policies on obesity prevention in Texas. Link: Live Smart Texas Coalition

2) Community Perspectives on Obesity Prevention in Children: Summary of a Workshop

The Institute of Medicine’s Food and Nutrition Board held two workshops to bring together individuals involved in community and policy-based obesity prevention programs and discuss common themes of success and future direction for obesity prevention efforts. The presentations and discussions from these workshops provide insight into the challenges involved in policy and programmatic interventions as well as approaches to implementation and evaluation that have shown promise. Link: Community Perspectives on Obesity Prevention in Children: Summary of a Workshop


The American Heart Association composed a scientific statement on the population-based prevention of obesity to raise awareness, identify targets for intervention using an ecological model of prevention, and highlight the spectrum of potential intervention approaches. Link: Population-Based Prevention of Obesity

4) Recommended Community Strategies and Measurements to Prevent Obesity in the United States

The Centers for Disease Control (CDC) composed a report of comprehensive recommendations to promote healthy eating and active living and reduce the prevalence of obesity in the United States. This report describes each of the recommended strategies, summarizes available evidence regarding their effectiveness, and presents a suggested
measurement for each strategy that communities can use to assess implementation and track progress over time. Link: Recommended Community Strategies and Measurements to Prevent Obesity in the United States

5) The Community Toolbox
The mission of the Community Toolbox is to promote community health and development by connecting people, ideas and resources. This is a global resource for free information on essential skills for building healthy communities. It offers more than 7,000 pages of practical guidance in creating change and improvement. Link: The Community Toolbox

For more information on this resource, contact
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