Future Directions: A Community-Based Approach

Shaping America’s Youth (SAY) was founded on the premise that families and their communities are the most critical (and most often missing) components of efforts at any level to prevent and reduce excess weight in childhood. This premise is supported by the data ascertained through the SAY town-meeting process and summarized in this supplemental issue of *Pediatrics*.\(^1\) In addition, these data provide key elements for the development and implementation of effective interventions that address this national health crisis. The relative concordance of our findings with those actions identified in the recent “White House Task Force on Childhood Obesity report to the President”\(^2\) offers encouraging evidence that a path forward does exist.

In our 2004 “Summary Report 2004: National Survey and Registry of Programs Addressing Childhood Physical Inactivity and Excess Weight”\(^3\) we documented, by a variety of criteria, that most local programmatic efforts directed at excess weight in children are lacking the design, structure, and/or support required to effect significant improvements in child health. Specific weaknesses identified in the SAY survey include the following.

- Lack of family involvement was identified as the major barrier to success.
- Only 8% of the programs targeted the family.
- Ninety percent of the programs reported that they would benefit from collaborations.
- Sixty percent of the programs were partnerships/collaborations.
- Ninety-four percent of the funding sources expressed need for dialogue among funding organizations.
- Outcome measures were the principal funding criterion.
- Just over half of the programs collected quantifiable outcome measures.
- Fewer than 5% reported their data in an appropriate format/professional journal.
- Fifty to sixty percent of the programs did not have direct contact with children more than once per week.
- Seventy-eight percent of the programs were of <1 year in duration.
- Forty percent of the programs had <1 year of funding.
- Only 7% of the programs were directed at toddlers and infants, the most formative years of a child’s life.
- Thirteen percent of the programs were directed at preschool-aged children.
- Eighty percent of the programs were directed at children older than 6 years.

Combining the programmatic data with the citizen input from the SAY town meetings, we believe a community-based approach can be ad-

AUTHORS: Samuel S. Kessel, MD, MPH, FAAP,\(^a,b,c\) and David A. McCarron, MD, FACP\(^a,d\)

\(^a\)McCarron Group LLC, Portland, Oregon; \(^b\)School of Public Health, University of Maryland, College Park, Maryland; \(^c\)Assistant Surgeon General (Retired), US Public Health Service, Rockville, Maryland; and \(^d\)Department of Nutrition, University of California, Davis, California

ABBREVIATION
SAY—Shaping America’s Youth

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Address correspondence to David A. McCarron, MD, FACP, McCarron Group LLC, 120 NW Ninth Ave, Suite 206, Portland, OR 97209. E-mail: dmccarron@mccarrongroup.com

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vanced that will target the specific areas of a family’s life in which positive changes have the potential to reverse the nation’s trend of overweight and obesity in young people. A community-focused plan that is sensitive to and derived directly from local input will ultimately enable children and their families to make choices and adopt practices that will improve the imbalance between dietary intake and energy expenditure.

The >2500 individuals who participated in the SAY town meetings throughout the United States identified both the barriers and solutions they perceived as important for improving childhood nutrition and physical activity. Many of them require national coordination for remediation (and many were highlighted by the White House Task Force on Childhood Obesity), whereas others rest within the family and community. For example, although the family has primary responsibility to effect behavioral changes, support and actions are needed from local and national entities, both public and private (e.g., governments, health care practitioners, for-profit and nonprofit businesses, schools) to provide clear and consistent nutrition information and education; ready access to healthy foods; and a built environment that fosters regular, enjoyable, and safe physical activity. True community-based partnerships that integrate the multiple sectors of our society with the shared goal of promoting healthier lifestyles are critical for avoiding a piecemeal approach and using a systems approach for success.

Ascertained from a large and diverse demographic sample, SAY town-meeting data demonstrated remarkable agreement with the basic priorities of families and their communities that need to be confronted if the weight of our children is to be improved. Capturing specific data about the most effective means for addressing these priorities within individual communities is the next step. That evidence can only be derived from each community identifying their own priorities and the actions they envision would most effectively address them, because ownership of the solution is critical to success. With such a set of targeted actions, each community can then develop strategies to prioritize, actualize, and implement them.

The strategic elements for the establishment, implementation, and assessment of a community-based action plan are as follows.

- Identify the local coordinating organization and secure operational funding.
- Establish and implement a convening process.
- Statistically analyze the convening data to set priorities and proposed actions.
- Determine funding requirements, a time line, and responsibility for action implementation.
- Set measurable outcomes and documentation process.
- Secure sufficient funding to support full implementation of actions.
- Issue periodic progress reports.
- Analyze outcome-measures data.
- Issue public report of outcomes analysis.

Implementation of each of these steps is critical to the success of the overall effort. Before the initiation of a nationwide effort, a pilot project conducted in a limited number of areas would be a valuable first step in the plan of action. A national organization with a presence in each community would be identified to serve as the coordinating entity. A computer-based process, such as the model used for the SAY town meetings, would be developed for acquisition of citizen input regarding local priorities and the actions and programs envisioned to address them, and standardized methodologies for data analysis and reporting would be established.

The data-acquisition and convening technology and the analytic methodology validated through SAY would be readily adaptable to the strategy described here. The programmatic database developed for the SAY nationwide program survey could be used to gather longitudinal data from community programs. Community-specific priorities and suggested subsequent actions and/or programs as identified in town-meeting settings would be entered into a standardized database, and each community would analyze these data combined with available data that characterize the individual community. Measurement of outcomes and appropriate analysis of the acquired data are crucial to determining the validity and effectiveness of this approach.

With resources such as our program survey data and reports from other national bodies that have evaluated the impact of programs directed at improving some aspect of childhood nutrition and physical activity, pilot communities would have available previous experiences and the action steps suggested by the White House Task Force on Childhood Obesity that could serve as guides to developing their own action steps and programs. That information would provide general characteristics applicable to most local programmatic efforts that seem to be associated with a successful outcome as well as possible specific, transferrable information to be used by that community.

If, as a nation, we are to make meaningful progress in reversing the trends of childhood overweight and obesity and their accompanying health risks, we must begin in the homes and communities where Americans live. The
time has come to provide families and communities with a coordinated and effective approach to improving their children’s health. Development of a national process that promotes the acquisition of data regarding local priorities and how they can be optimally addressed and then supports implementation of the identified actions is crucial to successfully meeting the health challenge of improving childhood nutrition and physical activity.

REFERENCES
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