

Steps to a Healthy Family: A Multidisciplinary approach to childhood overweight

A Steps To a Healthier Santa Cruz County Initiative

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Steps to a Healthy Santa Cruz

School Health Coordinator Committee (SHCC)

Multi-institutional collaborative

Aim interventions on multiple levels within school and community settings

Policy Priorities

- Provide capacity building opportunities to classified and non classified staff to address nutrition and physical activity.
- Provide nutrition education and physical activity opportunities to students.
- Provide opportunities to enable change in the school environment that positively impact student health.



SCHCC PARTNERS:



- 1. Mariposa Community Health Center
- 2. Santa Cruz County Unified School Districts #1 and #35
- 3. Salud Por Vida in conjunction with SCC School Superintendent's office
- 4. College of Public Health, UA



A Socio-Ecological Approach to Childhood Overweight







School Staff School & School District Wellness Policies

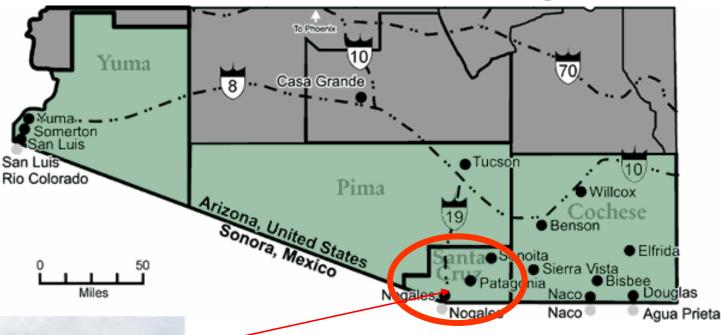




School/Community Built Environment



Community Overview: Santa Cruz County





Cities: Nogales, Rio Rico, Patagonia

Population:39,325

Ethnicity: 84-95% Mexican descent



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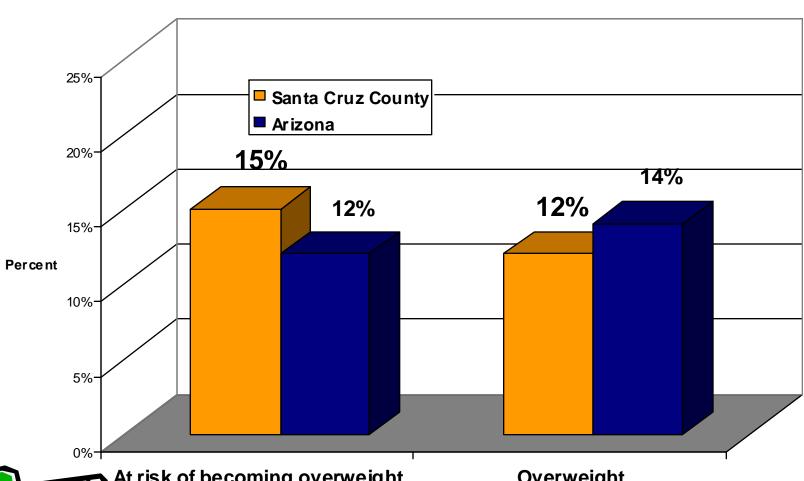
General Health / Access to Care

	Santa Cruz County	Arizona
Kids Care Enrollees	7%	4%
AHCCCS Enrollees	27%	14%
Do not have any kind of health care coverage*	28%	21%
Could not see a doctor when needed because of cost*	22%	14%





Youth Aged 15-18 Overweight



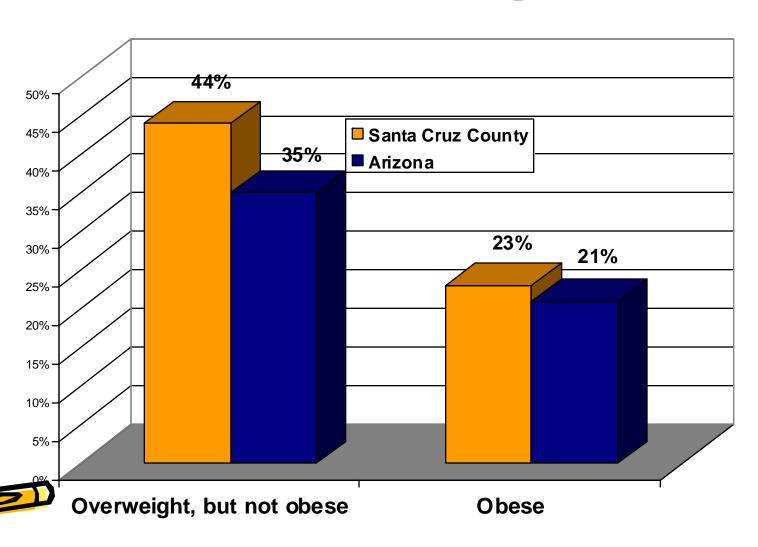
At risk of becoming overweight

Overweight

Source: 2005 Youth Risk Behavioral Survey (YRBS)



Adult Overweight



*Source: The 2005 Arizona Behavioral Risk Factor Survey (BRFSS)



Program Concept

Pediatric overweight intervention requires a combination of family and school based programs that include:

- Promotion of physical activity
- Parent training/modeling
- Behavioral counseling
- Nutrition education



Position of the American Dietetic Association: Individual-,Family-,School-, and Community Based Interventions for Pediatric Overweight. Journal of the American Dietetic Association, 2006 June; 106 (6):925-945.



Program Goal

Reduce pediatric overweight incidence among Children in grades 3rd-5th with a BMI above 95 percentile and their families through a Multidisciplinary approach



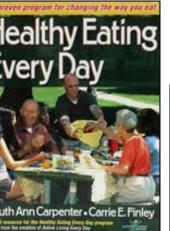


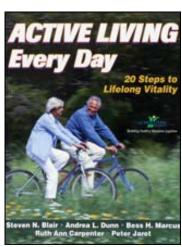
Evidenced Based Strategies

B®DXWORKS

A Toolkit for **Healthy** Girls & Strong Women





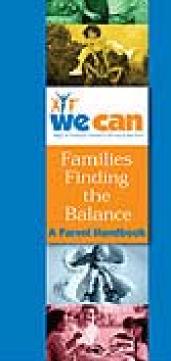






roven 12-WEEK PLAN That Has Helped sands of Children Achieve a Healthier Weight

a S. Sothern, Ph.D., M.Ed., C.E.P., T. Kristian von Almen, Ph.D., and Heidi Schumacher, R.D., L.D.N., C.D.E.



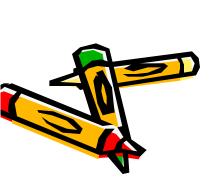


For parents, kids, and teens



Program Team

- Nutrition Education:
 - WIC Nutritionist, Community Health Worker
- Healthy Cooking :
 - Community Health Worker
- Behavioral Health:
 - Psychologist, Licensed counselor
- Physical Activity:
 - Physical activity specialist





Participant Recruitment

Participants are primarily identified by:



School Nurses



Providers in the community



Promotoras







Participant Intake Process (Child and Participating Parent)

Release Forms

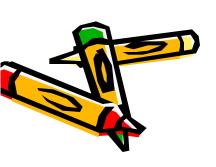


Medical Clearance form



Health Insurance access

- Evaluation
 - Parent and Child Self Report Behavioral and Knowledge Questionnaire
 - Administered by Promotora
 - Intake and at 6 months







Behavior and Knowledge Pre Post Questionnaire

- Frequency of eating outside the home
- Fruit and vegetables consumption per week
- Soda consumption per week
- Breakfast
- Family eating together
- Children involvement in food preparation
- Level of physical activity (including after school/weekends)
- TV watching, videogames, computer week average
- Families playing together
- Health access
- Parent advocacy and built environment





Four Phases of Steps to a Healthy Family Program

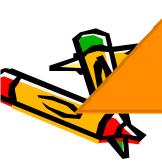
Phase 4 (monthly Support group)

Behavioral

Change

PHASE 3 (bi-monthly))
Maintaining Healthy Behavior

PHASE 2 (12 weeks)
Empowering/Facilitating Healthy Behavior



PHASE 1 (12 weeks)
Introducing Healthy Behavior Concepts



Phase 1: Months 1-3

Nutrition

- 1. All foods fit
- 2. Food portion/serving size
- 3. 5 a day F & V
- 4. Food groups
- 5. Supermarket tour/label R
- 6. Food safety/Healthy snacks
- 7 Breakfast
- 8. Quench that thirst/beverages
- 9. Portion Distortion
- 10. Fast food survival
- 11. Recipe modification

Behavioral Health

- 1. How to be a fit kid
- How we treat our bodies
- 3. How can I feel better about my body?
- 4. The story on self-esteem
- 5. The brain is the boss
- 6. Exploring our extraordinary senses
- 7. Experimenting with the senses
- 8. All about feelings
- 9. Four familiar feelings
- 10. Why worry?

Physical activity

- Crazy Cones/Paper, Rock Scissor
- 2. Clean your backyard
- 3. Pyramid scooter game
- 4. Dragon Tail
- 5. Exercise Stations
- 6. Parachute game
- 7. Cat and Mouse
- 8. Healthy Island
- 9. Jog and Listen to Q's
- 10.Free Choice



Phase 2: Months 4-6

Nutrition

- Increasing F & V
- 2. Lowering fat intake
- 3. Increasing dairy to 2-3
- 4. Increasing whole grains to 3 a day
- 5. How to get your child to eat but not too much
- 6. Relationship between calories in and out
- 7. Social sabotage
- 8. Brown bag lunch
- 9. Fast food/eating out
- 10. Environmental checklist
- 11. Media Literacy/Turn off TV

Behavioral Health

- 1. More about fitness
- 2. Still more about fitness
- 3. How can I feel better about my body?
- 4. Oh, the things we say to ourselves!
- 5. Things that move us to eat
- 6. The ABC's of behavior
- 7. Dealing with anger
- 8. More about feelings
- 9. Being afraid
- 10. Goals/commitment

Physical activity

- 1. Step-ups
- 2. Queen B
- 3. Salad Bar
- 4. Mini B-Ball
- 5. Football
- 6. Walk in place
- 7. Volleyball
- 8. Exercise Stations
- 9. Step-ups
- 10.Hockey
- 11.Scooters
- 12.Free Choice

Parent self-efficacy





FOOD DEMONSTRATION TIME

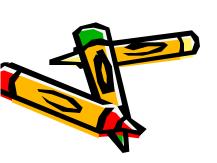










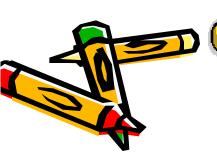


CHILDREN PARTICIPATING IN NUTRITION AND PHYSICAL ACTIVITY









PLAY AND LEARN TOGETHER



Child and Parent Demographics

Parent Age 40 years (5.4)

Child

Age 10 years (1.7

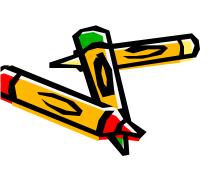
Women 84% (26)

Girls 38% (9)

Men 16% (9)

Boys 62% (15)

Parent Education	N=26
None	4%
Less than High school	38%
High school Graduate	26%
Some College	8%
College Graduate	23%

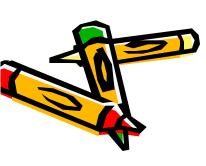




Parents Access to Health

Parent Access to Health Care	Healthy Family Parents N=30	Santa Cruz County* N=500	Arizona*
Did not have one person they think of as their personal doctor or health care provider.	50%	ND	ND
Could not see a doctor when needed because of cost	15%	32%	28%

Parent Access to Health	N=26
None	15%
Public (ACCCHS, Kidscare, Medicare, Mariposa Plan)	50%
Private (US)	23%
Private (Mexico)	12%



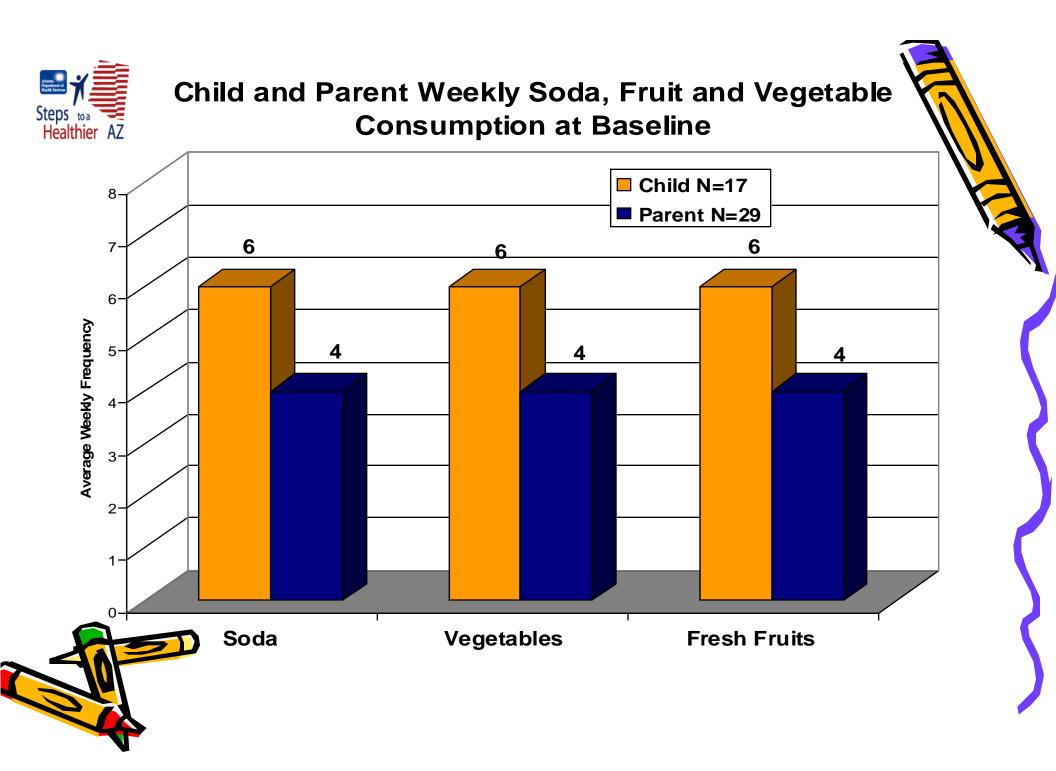
*Source: The 2005 Arizona Behavioral Risk Factor Survey (BRFSS)

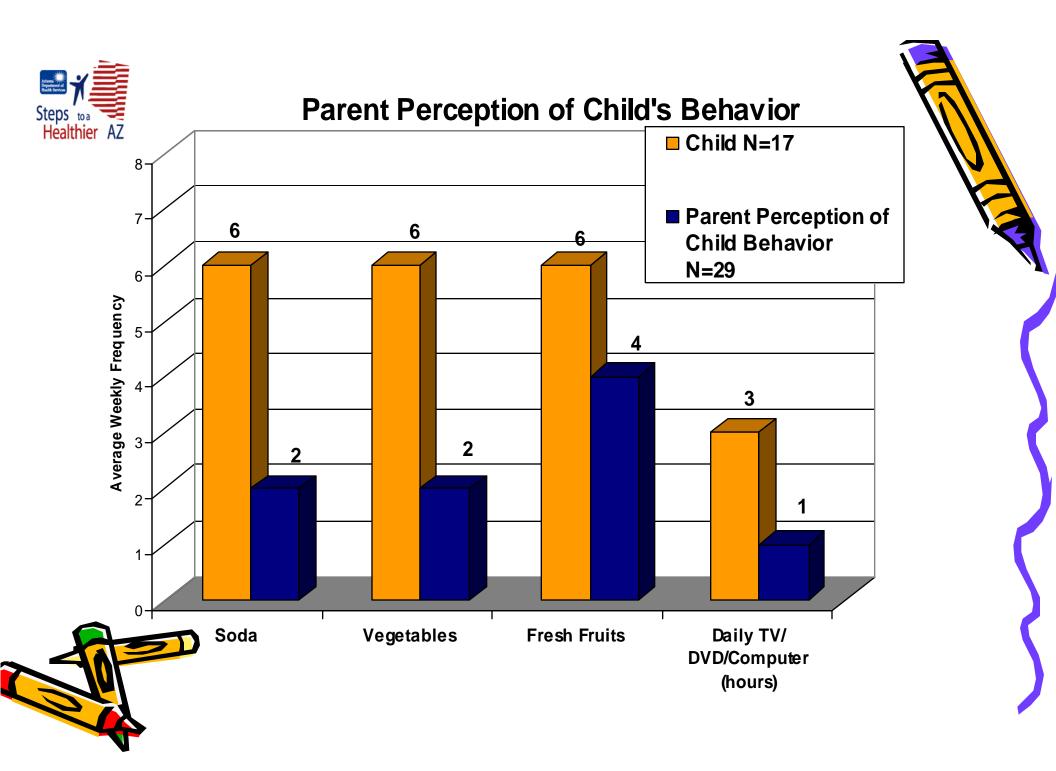


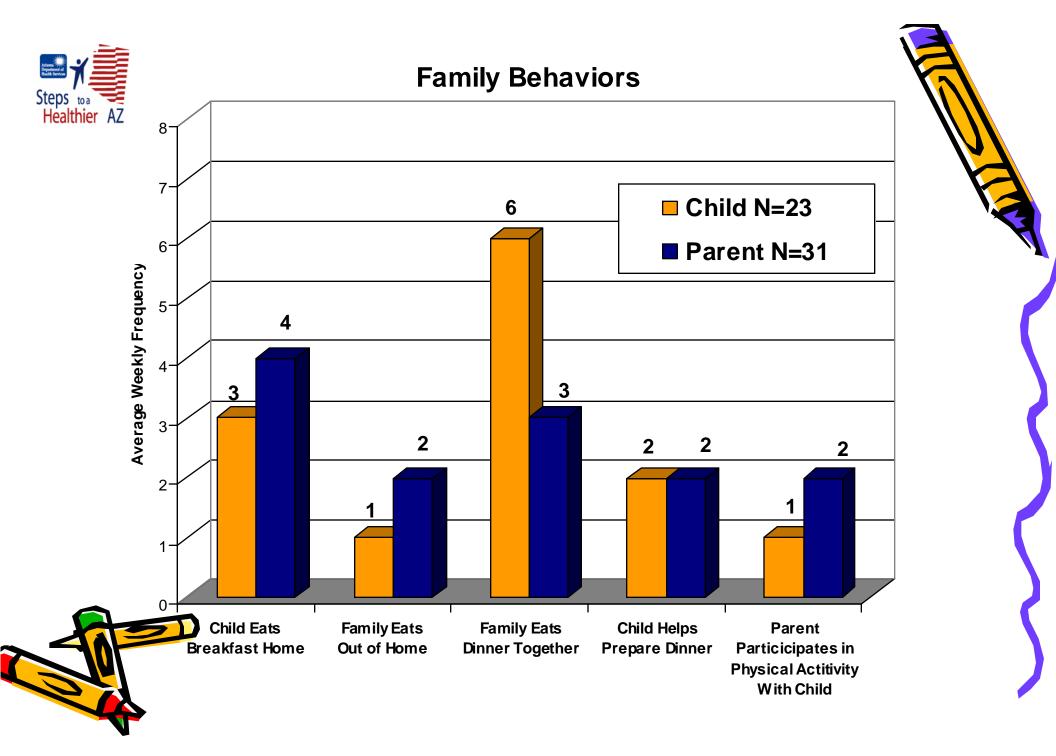
Parent Health Status

Parent Health Status	Healthy Family Parents N=30	Santa Cruz County* N=300-500	Arizona*
Asthma	4%	6.9%	12.2%
High Cholesterol	19%	44%	ND
High blood pressure	8%	25%	12.9%
Diabetes	12%	11%	7.5%
Family member diagnosed with	42%	22%	14%











Parent Perceptions of the Built Environment

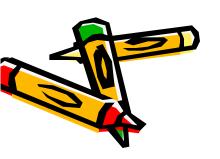
N=30	Yes	No	Not Sure
There is a park, playground or open space within walking distance of your home.	29%	48%	27%
Feel like the park or playground closest to where you live are safe during the day.	45%	14%	41%
There is a place (store, market, stand) where you can buy fruits and vegetable within walking distance of your home?	36%	42%	23%





Parent Advocacy in Schools

- 89% (24) of parents think there is no way to voice their concerns about inadequate services or resources at their child's school.
- Although parents express being comfortable voicing their concerns they do so less than half the time.
- Some of the persons parents voice concerns to include: principal, teachers, secretary, counselor and school district administration.

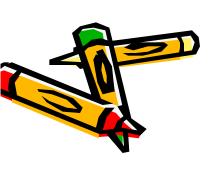




Parent Testimonial

 "All family members have become more active and without using restrictive or dangerous eating plans, my daughter has dropped from a size twenty to a size fourteen"







Parent Testimonial

 "I lost 40 pounds before my surgery and was able to recover much more quickly than expected due to the increase in physical activity over the past months"







Parent Testimonial

 "I took my daughter to a nutritionist to help us achieve a healthy weight, we have been eating healthy and exercising regularly for the past 5 months, my daughter has lost 30 pounds. I am very proud of her!"







Lessons to share

- 6 month program
- Promotora / Community Health Worker Model
- Partner with health care providers, schools, and families
- Target all family members
- Provide hands-on age, culturally and linguistically appropriate activities
- Enable health access
- Connect families with community resources
- Encourage participation in sports





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