

Healthy Weight for Kids: Hertzler Fund kicks off the Family Nutrition and Physical Activity Screening Initiative

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The American Dietetic Association (ADA) and the American Dietetic Association Foundation (ADAF) are committed to making a meaningful and sustainable contribution to reducing childhood obesity and influencing the nutrition and well-being of the community-at-large. In light of this commitment, they are leveraging the Hertzler Fund to explore funding avenues for the Family Nutrition and Physical Activity Screening Initiative. Ann Hertzler, PhD, RD, graciously provided funding to the ADAF to support the Family Nutrition and Physical Activity screening tool development. The development process will identify qualified experts to serve on an advisory panel in conjunction with the planning group to develop proposals seeking appropriate funding.

One of the findings of the ADAF Childhood Healthy Weight expert panel was the apparent lack of materials available for health care professionals to assess family characteristics that favor inappropriate weight gain in children and risks of becoming overweight when adults. (1) The panel recommended the development of a screening tool based on family nutrition and physical activity habits to be used in pediatric and family health clinics, schools, and health fairs to help identify those that might benefit from prevention or clinical intervention. The development of a screening tool is expected to involve the collaboration of nutrition, physical activity, and family experts.

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Phase I

A group of specialists has been identified to serve on the preliminary planning group to explore the various concepts and research areas to be reviewed as part of Phase I—Proposal Development. The planning group, chaired by Esther Myers, PhD, RD, FADA (ADA Staff Liaison), includes: Karen Cullen, DrPH, RD, (child nutrition), Robin Hamre, MPH, RD (public health), Karen Petersen, DSc, RD (nutrition, maternal and child health), Sara Parks, PhD, MBA, RD (consumer science), Theresa Nicklas, DrPH, LN (child nutrition), Rosemary Riley, PhD, RD, (nutrition), Bonnie Spear, PhD, RD (adolescent health and pediatrics) and Kantha Shelke, PhD (consumer insight). The group, in addition to refining the working concept of the project, will assist in identifying key researchers for an advisory panel of relevant experts. The outcome of Phase I will be a proposal for securing research funding to complete Phase II and Phase III.

The initial concepts to be explored, as potential constructs for the screening tool are: psychosocial influences, family diet, physical activity behaviors, and socioeconomic status. Components of the psychosocial influences would include determining the amount of parental control, parental role modeling, and ethnic heritage and possibly, gender of the child. Family diet behaviors would include investigating the location where the child procures and consumes food (home, restaurant, type of restaurant), family food selection and preparation practices (ready to eat foods, made from scratch foods, and frying, broiling, baking), and patterns of eating (distinct meals vs "grazing"). The family physical activity component would focus on gathering information on family leisure activities, TV watching time, play and travel patterns. The study will also investigate the impact of socioeconomic status, and factors such as the amount of funds available for children's allowance, food, and shopping practices.

Of the various factors identified for inclusion in the screening tool, the planning group acknowledged the lack of strong and consistent research in the following areas: Socioeconomic status, parental control, children's leisure, children's behavior, beverage intake, walking to school, playing outside, time spent by adults at home vs work vs leisure, physical activity, the primary shopper, and the amount of money available for children to spend. The group recognized the need for a tool that would conclusively clarify the contributing factors that favor the tendency of higher weights in children.

While the ultimate goal of this study is to provide a screening tool for all children up to age 18, the initial approach will address only preschool and elementary school children. Later in the research process it will be determined whether the tool will be geared for completion by children or by their parents and adult caretakers. It will also address the issue of a tool to be used by adolescents.

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Preliminary discussion of the developmental methodology touched upon the length of the questionnaire and the need for qualitative study (e.g. cognitive interviews with 8-10 individuals per strata) with the initial drafts of the tool. The group concurred that the ultimate goal and direction is far from simple and it is unclear whether surrogate measures (such as measuring other behaviors that could help assess the primary behavior of interest) should be included in the design.

Phase II and III

Phase II will focus on leveraging the knowledge and wisdom of the advisory group to develop the screening tool. The outcome of Phase II will be a screening tool to help identify family physical activity and family nutrition characteristics that predict families that are at risk for behaviors and environments that could promote inappropriate weight gain in children.

Phase III will consist of validating the tool in various settings. The planning group recognized the value of fieldwork, epidemiological data and data from other longitudinal studies to support the questionnaire findings. The outcome of Phase III

will be validation of the tool and the accompanying methodology to consistently and accurately identify family nutrition and physical activity characteristics as a leading indicator of overweight children. The study is anticipated to take about three years.

The Next Step

Over the next few months the planning group will actively seek and recruit qualified individuals to serve on the advisory panel. Leading researchers in the areas of family nutrition and physical activity and those representing the most promising factors will be sought for their respective areas of expertise to guide and direct the research study. This initiative is a major part of the overall Healthy Weight for Kids Initiative.

Other components of the initiative include collaboration with the National Recreation and Park Association and National Heart Lung and Blood Institute of the National Institutes of Health to implement Hearts N Parks in 11 magnet states. This community program includes a wide variety of educational and participatory activities centered around nutrition and physical activities to be conducted at parks and recreational facilities. The initial training for the parks and recreation leaders was offered to the ADA State Advisor and Community Liaisons. The following have been identified as State Liaisons: Arizona (Jennifer Koslo, MS, RD), Florida (Jennifer Hutchison, RD), Georgia (Vicki Pilgrim), Illinois (Robert Schneider, MS, RD), Indiana (Catherine Parker, MS, RD), Maryland (Anita Thomas, MS, RD), Michigan (Julie Feldman, MPH, RD), Missouri (Carolyn Skelton, MHS, RD), Nevada (Madeleine Sigman-Grant, PhD, RD), New Mexico (Edel Mayer, RD, MA) and Ohio (Cynthia Cassell, PhD, RD). The 2 to 5 communities in each state will also have local community liaisons to facilitate implementation within their individual communities. The ADAF supported reimbursement for travel expenses for dietitians to attend the Hearts N Parks training.

In their pursuit of excellence and actively contributing to preventing and reducing childhood obesity in the United States, the ADA and the ADAF will strive to share and disseminate the findings of this study through spokespersons, media and regional and national professional conventions and workshops. We are doing our part in making the ADA an influential force in defining the nutrition and well being concepts of the professional and the community-at-large. We welcome you to volunteer and participate to enhance the impact of our efforts.

References

1. Myers EF, Johnson GH. ADAF takes first steps toward childhood healthy weight initiative. *J Am Diet Assoc.* 2001;101(5):588.