



VCU

Virginia Commonwealth University
VCU Scholars Compass

Theses and Dissertations

Graduate School

2009

Developing a Comprehensive Youth Obesity Initiative for the State of Virginia

Jennifer Thompson
Virginia Commonwealth University

Follow this and additional works at: <https://scholarscompass.vcu.edu/etd>



Part of the [Epidemiology Commons](#)

© The Author

Downloaded from

<https://scholarscompass.vcu.edu/etd/1987>

This Thesis is brought to you for free and open access by the Graduate School at VCU Scholars Compass. It has been accepted for inclusion in Theses and Dissertations by an authorized administrator of VCU Scholars Compass. For more information, please contact libcompass@vcu.edu.

Master of Public Health Research Project

Developing a Comprehensive Youth Obesity Initiative for the State of Virginia

By

Jennifer H. Thompson, RN

*Advisor: Cornelia A. Ramsey, MSPH, PhD.
Assistant Professor*

*Department of Epidemiology and Community Health
Center for Clinical and Translational Research*

*Preceptor: Margaret E. White, MPH, MBA
Deputy Director*

Virginia Foundation for Healthy Youth

Department of Epidemiology and Community Health
Master of Public Health Program
MPH Research Project: EPID 691

Virginia Commonwealth University
Richmond, Virginia

December 2009

Table of Contents

Acknowledgements.....	iii
Abstract.....	iv
Introduction.....	1
Objectives.....	4
Methods.....	4
Results.....	6
Discussion.....	8
Conclusion.....	11
Appendix A.....	13
Appendix B.....	26
Appendix C.....	26
References.....	27

Acknowledgements

Special thanks to Dr. Cornelia Ramsey for assisting me in locating placement and developing the project. Your assistance in helping me to determine the direction of my public health career cannot be repaid.

Thanks to the entire staff at the Virginia Foundation for Healthy Youth for having faith in a student's abilities to direct a new initiative and giving me the tools to do so. The independence you all allowed me was crucial to the successful completion of this project.

Finally, thanks to Marie Chapin, VCU School of Nursing, for your assistance with practicum assignments and project guidance for the M.S. portion of my degree.

Abstract

The 2009 Virginia General Assembly Session unanimously voted to change the legislation governing the Virginia Tobacco Settlement Foundation to create the Virginia Foundation for Healthy Youth (VFHY) and incorporate childhood overweight and obesity prevention and reduction in its mission. In order to successfully meet the requirements of this legislation, VFHY needed assistance developing a strategic plan for the obesity initiative and a knowledge base to draw from. A comprehensive assessment of the status of Virginia's childhood obesity problem was conducted, including the prevalence of the illness, the barriers existing to and the benefits to obesity prevention programs, the need for obesity prevention programs, and the desired route to developing a plan for action. Prior to this assessment, no clear picture of the complexity of Virginia's childhood obesity problem existed outside of the facts: Virginia ranks 25th in the country for percentage of overweight or obese children; one-third of new obesity diagnoses in Virginia each year occur in children; Virginia's African American population (19%) is significantly higher than the national average (12%); and research shows that African American children and adolescents have a higher rate and risk of overweight or obesity and a need for exposure to obesity-prevention programs.

Research from respected and peer-reviewed sources on childhood overweight and obesity was conducted and the data compiled. This information was utilized to develop a new website for VFHY, provide education to the staff, and to develop a survey for the Board of Directors to guide strategic plan development. An assessment of the state of Virginia's problem with childhood overweight and obesity was conducted from this research and a closer look was taken at the needs of Virginia's public schools. Education on the benefits of implementing childhood obesity prevention and reduction programs was conducted via presentations at Board meetings and obesity workgroup meetings, as well as one-on-one to the VFHY staff. Finally, materials were developed to promote VYOP and its mission to consumers.

The assessment of Virginia's childhood overweight and obesity problem resulted in: increased VFHY staff competence regarding the issue and confidence in combating it; location of potential funding streams; a centralization of childhood overweight and obesity reduction and prevention efforts for Virginia; and the utilization of supplemental programs and street marketing to implement change in Virginia's children and youth regarding factors surrounding overweight and obesity. VYOP is examining marketing approaches that would be successful for obesity reduction and prevention and is actively determining partners for their efforts who can impact economic development initiatives that will positively change behaviors.

The combination of the ecological perspective and the social marketing theory to develop communication strategies and a strategic plan will help Virginia to decrease childhood overweight and obesity due to the multi-factorial nature of the problem. The strategies will take time to implement, and will be constantly evaluated and revised to best fit the needs of Virginia's children and youth, but with patience and perseverance, VFHY will be as successful with its obesity prevention and reduction efforts as it has been with those targeting youth tobacco use.

Introduction

Virginia's childhood obesity problem is well known, ranking number 23 in the country for percentage of overweight or obese children, tied with New Jersey and Missouri¹, and receiving a grade of "C" in its efforts to control childhood obesity. One-third of new obesity diagnoses in Virginia each year are to children², and the prevalence of obesity in Virginia's youth, age ten to seventeen, is thirty-one percent, making it one of thirty states with thirty percent or more of children that are overweight or obese¹. Greater than 40% of Virginia's fourth graders are considered obese³.

Compounding the problem, physical activity rates decrease significantly during the high school years, especially among adolescent girls. Active teens have lower incidence of self-esteem issues, participate in fewer risky behaviors, and have higher grades than their overweight counterparts⁴. Furthermore, in children and adolescents, regular physical activity has been found to improve strength and endurance, help build healthy bones and muscles, help control weight, reduce anxiety and stress, increase self-esteem, and improve blood pressure and cholesterol levels⁴.

Additionally, Virginia has a significantly higher African American population (19.9%) than the national average (12.9%)⁵, and African American children and adolescents have a higher rate and risk of overweight or obesity. Type 2 diabetes has become especially severe among children and youth of African, Hispanic, Asian, and American-Indian ancestry, after the age of 10, with obesity driving this increase. As a result, understanding cultural differences among racial and ethnic groups must be factored in to public health decisions regarding combating the childhood overweight and obesity epidemic¹. Also of alarm in this population is the lack of physical activity among African American adolescent girls⁴.

Of particular concern is the potential for the current economic crisis to exacerbate the obesity epidemic. With food prices rising, particularly for more nutritious foods, it is becoming more difficult for families to eat healthy foods. Concurrently, safety-net programs and services, such as food stamps, food banks, Medicaid, FAMIS, and TANF, are becoming increasingly strained as the numbers of unemployed, uninsured and underinsured continue to grow. Additionally, the strain of the recession is increasing the rates of depression, anxiety and stress among Americans, all of which are linked to obesity¹.

Multiple health problems that were once primarily found adults are now showing up in children who are overweight and obese. Weight problems in childhood can lead to health problems such as elevated blood pressure and cholesterol, joint problems, type 2 diabetes, gallbladder disease, asthma, depression, and anxiety¹. Two-million adolescents, ages 12-19, are considered to be pre-diabetics, and type 2 diabetes is now accounting for eight to 45 percent of new pediatric diabetes cases, depending on geographic location. Although genetics plays a large role, obesity is the driving force behind the increase in type 2 diabetes among children¹. Type 2 diabetes becomes more common after the age of 10, affecting minority children more than non-Hispanic white children. Mental health issues are also plaguing overweight and obese children and adolescents at alarming rates¹. Many of these children suffer from depression, anxiety disorders, peer isolation, low self-esteem, and eating disorders at higher rates than children of normal weight. Overweight and/or obese young females suffer a variety of significant health consequences, including menstrual disturbances, and are more likely to suffer from polycystic ovary syndrome (PCOS) which can continue to plague them throughout their lives¹. Roughly 60 percent of obese children ages five to 10 years were found to have at least one cardiovascular disease (CVD) risk factor, with 25 percent having two or more risk factors. Obese students,

compared with those of normal weight, are 32 percent more likely to have actually attempted suicide, to have seriously considered suicide, or to have made a plan to attempt suicide and are 20 percent more likely to have persistent feelings of hopelessness; therefore, it is imperative to include mental health strategies in programs aimed at reducing childhood overweight and obesity¹.

A comprehensive assessment of the status of Virginia’s childhood obesity problem was conducted, including the prevalence of the illness, the barriers existing to and the benefits to obesity prevention programs, the need for obesity prevention programs, and the desired route to developing a plan for action. From this assessment an action plan, utilizing components of the social marketing theory and the ecological perspective, was developed for the Virginia Foundation for Healthy Youth (VFHY) Board of Directors to approve as part of the strategic plan of its new subsidiary, Virginia Youth Obesity Prevention (VYOP). The ecological perspective examines the multiple determinants of health and the role of the environment in behavior necessary to successfully combat childhood obesity. Additionally, social marketing systematically applies the concepts and approaches of marketing to attain behavioral goals related to improving health and reducing health disparities. As a result of their comprehensiveness, the combination of both approaches to develop communication strategies and a strategic plan should help Virginia to “change the pendulum swing” for childhood obesity due to the multi-factorial nature of the problem.

The VFHY, under its former auspices of the Virginia Tobacco Settlement Foundation (VTSF), has a ten year history of successfully implementing youth tobacco prevention and cessation initiatives. Utilizing an established public health promotion agency to target a new

problem increases the likelihood of Virginia successfully combating its childhood obesity problem.

Objectives

Three primary objectives for the assessment were identified. First, the prevalence of childhood obesity in Virginia and its effects on the health of the state were explored and documented. Additionally, an examination of current barriers to implementing childhood obesity prevention and reduction programs in Virginia occurred.

Second, by July 1, 2009, VFHY and its subsidiaries developed communication strategies to disseminate childhood obesity data to the VFHY Board of Directors, the community, healthcare providers, families, and schools. New websites providing accurate information on the scope of the childhood obesity problem in the state of Virginia were developed targeting these populations. This website will continue as a work in progress once the strategic plan for VYOP is finalized and as it evolves. Also, education aimed at the VFHY Board and Staff emphasized the scope of the childhood obesity problem and the impact it is having on the state's health, along with the benefits of implementing childhood obesity reduction and prevention programs in Virginia through VFHY.

Finally, by the end of July 2009, a strategic plan for Virginia Youth Obesity Prevention (VYOP) informed by objectives one and two will be finalized and functioning after approval from the VFHY Board of Directors.

Methods

From May to October of 2009, an assessment of Virginia's childhood overweight and obesity problem was conducted and a subsequent strategic plan developed for the restructured

Virginia Foundation for Healthy Youth. The assessment of Virginia's childhood overweight and obesity problem began with research from respected and peer-reviewed sources to examine existing information and compile data. The research and data gathered was utilized to develop the VYOP website, provide education to the VFHY staff, and to develop a survey (see Appendix A) that guided the strategic plan development. Through this research, it was determined that a closer look at Virginia's public school systems and their efforts to combat childhood overweight and obesity was needed, so a baseline assessment of the schools systems was conducted.

Utilizing the Virginia Department of Education website, access to the websites of all of Virginia's public school systems was obtained and these sites were scoured for information regarding who oversaw health and wellness programs, what, if any, these programs were, what type of curriculum was utilized, if found, where programs took place, and how school wellness policies were implemented and the information conveyed to parents. A spreadsheet that included contacts for every school system in Virginia was developed for future reference.

Education on the benefits of implementing childhood obesity prevention and reduction programs was conducted via presentations at Board meetings, obesity workgroup meetings, and one-on-one conversations with VFHY staff. VFHY and VYOP were created as the result of General Assembly legislation, and while the staff of VTSP are considered to be experts in youth tobacco prevention and reduction in Virginia, their knowledge level regarding childhood and youth overweight and obesity was practically nonexistent. Additionally, the majority of the board was undereducated on the scope of the problem and methods to deal with it. With the assistance of the Deputy Director, an initiatives grid by category (see Appendix B) was developed to help the obesity workgroup, a subset of the Board of Directors, understand what existing childhood

overweight and obesity initiatives are being conducted throughout the country and to think about which of these might be appropriate for implementation by VYOP.

Throughout the course of May, June, and July of 2009, daily discussions ensued with one or more of the following, the Executive Director, the Deputy Director, the Director of Programs, the Director of Marketing, the Public Relations Coordinator, and the Program Specialists, regarding the multi-faceted nature of obesity, the potential role they might play in the development of VYOP, and the general scope of the problem. These discussions were especially beneficial as no one on the staff, except the Deputy Director, has a health background. Additionally, the range of the discussions was from defining the problem and utilizing proper terminology to how to align our initiatives with those of other agencies in the state without duplicating or infringing on territory.

Finally, the development of materials to promote the mission of VYOP occurred. The primary medium utilized to promote VYOP was the new website. Information gathered throughout the assessment process and through previous coursework contributed to the website. In addition to general childhood overweight and obesity information, the website includes resources for parents, schools, communities, and families. Of important note are links to official BMI calculators, frequently asked questions, and updates on efforts put forth by VYOP. The content of the VYOP website is current and accurate.

Results

As a result of this comprehensive needs assessment, the VFHY staff will have a more thorough understanding of the childhood obesity problem, potential funding streams, the impact on Virginia's health, and potential program, marketing, and research avenues to pursue through increased awareness of and education about the problem. While uncertainties still existed at

VFHY in July (when VYOP became an active part of the organization), the staff stated that they possessed a better understanding of the scope of the childhood overweight and obesity problem and the probable direction VFHY would take with its obesity prevention and reduction efforts.

Many of the potential funding streams for VYOP were stumbled on inadvertently throughout the course of other research for VYOP. Through examination of these funding streams, VFHY staff were able to determine what portions of their efforts they would be able to utilize outside funding sources for and which ones their budget would need to be reallocated to cover. An access database had been established by the Resource Development Coordinator and funding sources discovered by multiple staff members were investigated and if thought to be potential sources, were entered into this database.

As previously noted, the problem of childhood overweight and obesity in Virginia is significant. For the first time Virginia has determined a location from where its childhood obesity prevention and reduction efforts will be spearheaded, so its next “grade” should improve. Additionally, any effort to combat this problem is progress for the state, so the impact on Virginia’s health should be positive, even if the progress is slower than many would like.

Through the research conducted on existing initiatives and the survey results (see Appendix A) from the Board, it was determined that supplemental compendium programs focusing on healthy lifestyle choices will be added to all current VTSEF grants in January of 2010. In addition, the partnership VYOP has with RescueSCG is being expanded to include a pilot street marketing program in the Hampton Roads area. VYOP hopes to help fund Virginia researchers in investigating other aspects of childhood overweight and obesity as well.

The previously listed methods were utilized to develop a strategic plan, determine funding streams, and offer evidence-based program options to both 2010 VTSF grantees and potential VYOP grantees for the 2011 fiscal year.

Discussion

The comprehensive assessment of Virginia's childhood overweight and obesity problem resulted in: increased VFHY staff competence regarding the issue and confidence in combating it; location of potential funding streams for VYOP; a centralization of childhood overweight and obesity reduction and prevention efforts with positive progress for Virginia on the effort; and the utilization of supplemental programs and street marketing to implement change in Virginia's children and youth regarding factors surrounding overweight and obesity. All of these were components of the developed operational strategic plan for VYOP.

A major component of the VYOP strategic plan focused on Virginia's public school systems, with two-folded reasoning. First, the CDC has determined that schools are ideal settings for the promotion of lifelong healthy eating and physical activity among young people (2008)⁶. Second, the Child Nutrition and WIC Reauthorization Act of 2004 required each local education agency participating in the federally funded National School Lunch and/or School Breakfast Program(s) to establish a local wellness policy by the start of the 2006-2007 school year⁷. Virginia was included in this and measures its progress by benchmarks on the Governor's Scorecard. At the conclusion of the 2008-2009 school year, Virginia's schools still only met some of the requirements of the WIC Reauthorization Act, contributing to its poor grade in efforts to fight childhood overweight and obesity. Interventions in schools that aim to increase physical activity have the potential to reach the majority of children and adolescents in the state, as 95% of children and adolescents attend school⁷. As a result, a partnership with Virginia's

Department of Education was recommended, as this could facilitate appropriate policy changes as well as program implementation.

One of the most successful components of the approach VTSF has taken to reducing youth smoking rates in Virginia is its marketing initiatives. As a result, VYOP is examining approaches to marketing that would be equally successful for obesity reduction and prevention. The importance of this is shown with researchers having calculated that a ban on fast-food advertising during children's television programming could reduce the number of overweight children ages three to 11 by 18 percent and the number of overweight children ages 12 to 18 by 14 percent¹. The reason: increased television time contributes to obesity by decreasing activities that expend more calories, increasing snacking, and influencing unhealthy eating habits¹.

The marketing aimed at children watching television is thought to play a role in the beverage choices children make and should be examined to determine if healthy advertising would be as effective in influencing children's choices, a research objective VYOP may choose to fund. These advertisements influence the food purchase requests, food consumption patterns, and dietary intake of children¹. Additionally, television is the dominant medium for targeting youth, especially during programs watched by African American and Hispanic youth. Marketing initiatives alone will not combat screen time, however. They must be paired with items, such as exercise interventions in schools, which have been shown to statistically reduce the amount of screen time per day in children. The biggest marketing issue encountered by anti-obesity campaigns is the multiple avenues of competition for the audience's attention. Furthermore, many funding streams will not provide monies to develop and implement marketing initiatives.

The physical environment children and adolescents reside in also plays a significant role in their diet and activity patterns. Playgrounds and sidewalks may be few and far between or in

areas that are unsafe for children. Full-service grocery stores may require long drives or rides on public transit. Fast-food venues may be on every corner, with farmers markets being non-existent. All of these factors are associated with increased rates of childhood overweight and obesity. As a result, VYOP is actively determining partners for their efforts who can impact economic development initiatives that will positively change the behaviors of children and youth.

After months of discussion, budget and program evaluation, and staff education, an operational strategic plan for VYOP was developed and two main action areas were decided upon: supplemental compendium programs and street marketing. Based on available resources, including cost, and success at VTSF it was determined that these two items would provide both the Board and the General Assembly with positive action from VYOP on the issue, while providing VYOP with the opportunity to continue examining existing strategies throughout the country to provide a more comprehensive approach in Fiscal Year 2011. The compendium programs, which are to be determined mid-December, are evidence-based and will be easily integrated as a healthy lifestyle approach to be taken by current VTSF grantees. The street marketing program will focus on the Hampton Roads Region, an area of Virginia that has been determined to have one of the highest childhood overweight and obesity rates in the state. Along with RescueSCG, VYOP will conduct focus research with Hampton Roads youth to examine if the utilization of a dance competition for teenagers would provide incentive to increase activity among the hip-hop teenage subculture.

Conclusion

Throughout the course of this assessment, the effects the prevalence of childhood overweight and obesity have on Virginia's children have been thoroughly explored and documented. This assessment also included an examination of existing barriers to implementing childhood overweight and obesity prevention and reduction programs in Virginia and possibilities for overcoming them. VFHY successfully developed multiple communication strategies to disseminate childhood obesity data to the Board of Directors, the community, healthcare providers, families, and schools. These comprehensive strategies included website development, targeted education, and meetings with roundtable discussions and expert presentations. These actions all contributed to the development of an operational strategic plan that was approved by the Board on September 15, 2009.

During the fourth quarter of the 2010 fiscal year the success and/or failure of the selected strategies (those referred to in the discussion) will be examined and more strategies will be added or the current ones amended to fit the evolving mission of VYOP. Additionally, by that time, funding should be secured that would enable VYOP to develop its own grant process and thus expand available overweight and obesity prevention programs, marketing, and research in Virginia.

It will take at least five years to fully evaluate the success of VYOP, and probably as long for VYOP to operate as smoothly and successfully as VTSF. The utilization of an organization with a proven track record in reducing a public health problem, VTSF, should positively impact Virginia's children and youth; however, while similarities exist between reducing and preventing tobacco use and reducing and preventing overweight and obesity, the differences are astounding and may require approaches not yet attempted by VFHY.

Reducing childhood overweight and obesity in Virginia will increase the lifespan of young Virginians, decrease the healthcare burden on the state, and increase the overall productivity of the next generation of Virginians. While this problem was not created overnight, it will also not be solved overnight. A multi-faceted approach with multiple partners and support from Virginia's citizens up to its governor is necessary for a substantial reduction in the obesity rate to occur in the next five years. This will be a continued battle that must be won incrementally to be successful, but with both financial and governmental support, VYOP will decrease the child and youth obesity rates in the same manner they, as VTSF, have decreased the youth smoking rates.

Appendix A

VFHY Obesity Workgroup Survey

current report: Add Report



Response Summary

Total Started Survey: 8
Total Completed Survey: 7 (87.5%)

Page: Age base

1. What age group(s) would you like to see VYOP focus on?			
		Response Percent	Response Count
answered question			7
skipped question			1
Below age 3		0.0%	0
Ages 3-5		0.0%	0
Ages 5-18		57.1%	4
Ages 5-10 (Children)		28.6%	2
Ages 11-13 (Pre-teens)		28.6%	2
Ages 14-18 (Teens)		14.3%	1

1. Of the following areas of obesity prevention initiatives, please rank the areas according to where you would like to see VYOP focus its efforts.						
	answered question					7
	skipped question					1
	Should not focus on	Low priority	Medium priority	High priority	Rating Average	Response Count
Policy initiatives	0.0% (0)	57.1% (4)	14.3% (1)	28.6% (2)	2.71	7
Marketing initiatives	0.0% (0)	0.0% (0)	14.3% (1)	85.7% (6)	3.86	7
Economic development initiatives	14.3% (1)	14.3% (1)	57.1% (4)	14.3% (1)	2.71	7
Healthcare provider/facility initiatives	14.3% (1)	14.3% (1)	57.1% (4)	14.3% (1)	2.71	7
Family-based initiatives	0.0% (0)	0.0% (0)	14.3% (1)	85.7% (6)	3.86	7
Community-based initiatives	0.0% (0)	14.3% (1)	42.9% (3)	42.9% (3)	3.29	7
School-based initiatives	0.0% (0)	0.0% (0)	14.3% (1)	85.7% (6)	3.86	7

1. Of the following policy initiatives, please select which ones you think VYOP should advocate for:			
	answered question		5
	skipped question		3
		Response Percent	Response Count
Joint-use policies (allowing residents to use school facilities after hours)		80.0%	4
Activity and nutrition standards in commercial day cares		60.0%	3
Tax on foods with minimal nutritional value		0.0%	0
Open forum involving school officials & legislators to discuss problem		20.0%	1
Advertising restrictions		20.0%	1

1. Of the following policy initiatives, please select which ones you think VYOP should advocate for:			
in & around schools			
Worksite lactation rooms		0.0%	0
Restrictions on fast-food restaurant proximity to schools & youth centers		20.0%	1
Trans-fat content listing on restaurant menus		20.0%	1
I don't think VYOP should be involved in any of these		40.0%	2

2. Of the following marketing initiatives, which would you like to see VYOP focus its efforts on?			
	answered question		6
	skipped question		2
		Response Percent	Response Count

2. Of the following marketing initiatives, which would you like to see VYOP focus its efforts on?			
Messages to kids via social networks		100.0%	6
Messages to kids re: healthy food choices		100.0%	6
Messages to parents re: importance of breakfast to school success		16.7%	1
Messages to parents re: definitions of overweight/obesity		50.0%	3
Voluntary guidelines for food, beverage, & entertainment industries re: marketing to kids & teens		66.7%	4
I don't think VYOP should be involved in any of these		0.0%	0

3. Of the following economic development initiatives, which ones do you think VYOP should advocate for?			
	answered question		6
	skipped question		2
		Response Percent	Response Count

3. Of the following economic development initiatives, which ones do you think VYOP should advocate for?			
Complete streets (bike paths, sidewalks, & open spaces)		50.0%	3
Parks & recreation centers		66.7%	4
Playgrounds		66.7%	4
Campgrounds		16.7%	1
Nature centers		33.3%	2
Location of schools/ease of walking to & from		50.0%	3
I don't think VYOP should be involved in any of these initiatives		16.7%	1

4. Do you think VYOP should			
	answered question		6
	skipped question		2
		Response Percent	Response Count
Partner with healthcare facilities &		50.0%	3

4. Do you think VYOP should			
providers?			
Encourage healthcare providers to address overweight & obesity during office visits?		66.7%	4
I don't think VYOP should partner with the healthcare community.		33.3%	2

5. Of the following family-based initiatives, which one(s) do you think VYOP should focus its efforts on?			
	answered question		6
	skipped question		2
		Response Percent	Response Count
Limiting TV, computer, & video game time		66.7%	4
Providing healthy snacks		50.0%	3
Encouraging 60 minutes of daily		100.0%	6

5. Of the following family-based initiatives, which one(s) do you think VYOP should focus its efforts on?			
physical activity			
Promoting breastfeeding		16.7%	1
Providing in-home nutrition education		0.0%	0
Providing classes on nutritious grocery shopping		33.3%	2
Promoting healthy portion sizes (in home & at restaurants)		50.0%	3
I don't think VYOP should be involved in any of these initiatives		0.0%	0

6. Of the following community-based initiatives, which one(s) would you like to see VYOP focus its efforts on?			
	answered question		5
	skipped question		3
		Response Percent	Response Count
Partnering		60.0%	3

6. Of the following community-based initiatives, which one(s) would you like to see VYOP focus its efforts on?			
with fitness facilities			
Parks & recreation programming, including provision of healthy foods at programs		80.0%	4
Encouraging restaurants to offer reasonable portions		40.0%	2
Encouraging restaurants to offer low fat & low calorie menu options		60.0%	3
Promoting community gardens		20.0%	1
Providing full-service grocery stores in low-income areas		40.0%	2
Promoting the development of farmers markets		40.0%	2
Promoting safe neighborhoods		60.0%	3
Community		80.0%	4

6. Of the following community-based initiatives, which one(s) would you like to see VYOP focus its efforts on?			
forums to address childhood obesity			
I don't think VYOP should focus on any of these initiatives		0.0%	0

7. Of the following school-based initiatives, which one(s) would you like to see VYOP advocate for?			
	answered question		5
	skipped question		3
		Response Percent	Response Count
School nurses in all schools		60.0%	3
Collaboration between nurses, PE teachers, & coaches		80.0%	4
Comprehensive school health curriculum meeting national guidelines		100.0%	5
Limiting bus transportation to students over 1 mile from school		40.0%	2
Implementing "walking school"		40.0%	2

7. Of the following school-based initiatives, which one(s) would you like to see VYOP advocate for?			
buses"			
Limiting vending machines to juice, water, & low fat snacks		60.0%	3
Policies on competitive foods & beverages restricting what can be sold		60.0%	3
Establishing school wellness centers		60.0%	3
Daily recess in all elementary schools		80.0%	4
Faculty wellness programs		40.0%	2
PE classes 5 times per week		80.0%	4
PE classes incorporating more "personal pursuits" vs. team or competitive sports		60.0%	3
Measuring BMI		60.0%	3
Encouraging use of farm to school for school lunches		20.0%	1

7. Of the following school-based initiatives, which one(s) would you like to see VYOP advocate for?			
Providing fresh foods, 2% (or less) milk & prohibiting fast food service		60.0%	3
Prohibiting the selling of foods of minimal nutritional value		60.0%	3
Portion sizes with school breakfasts & lunches		40.0%	2
Provide intramurals before & after school, not just competitive teams		80.0%	4
Providing active after school programs		80.0%	4
Providing after school programs that focus on nutrition		60.0%	3
I don't think VYOP should be involved in any of these initiatives		0.0%	0

1. Are there any other areas/initiatives you would like to see VYOP address?

	<i>answered question</i>	1
	<i>skipped question</i>	7
		Response Count


[Hide replies](#)

1

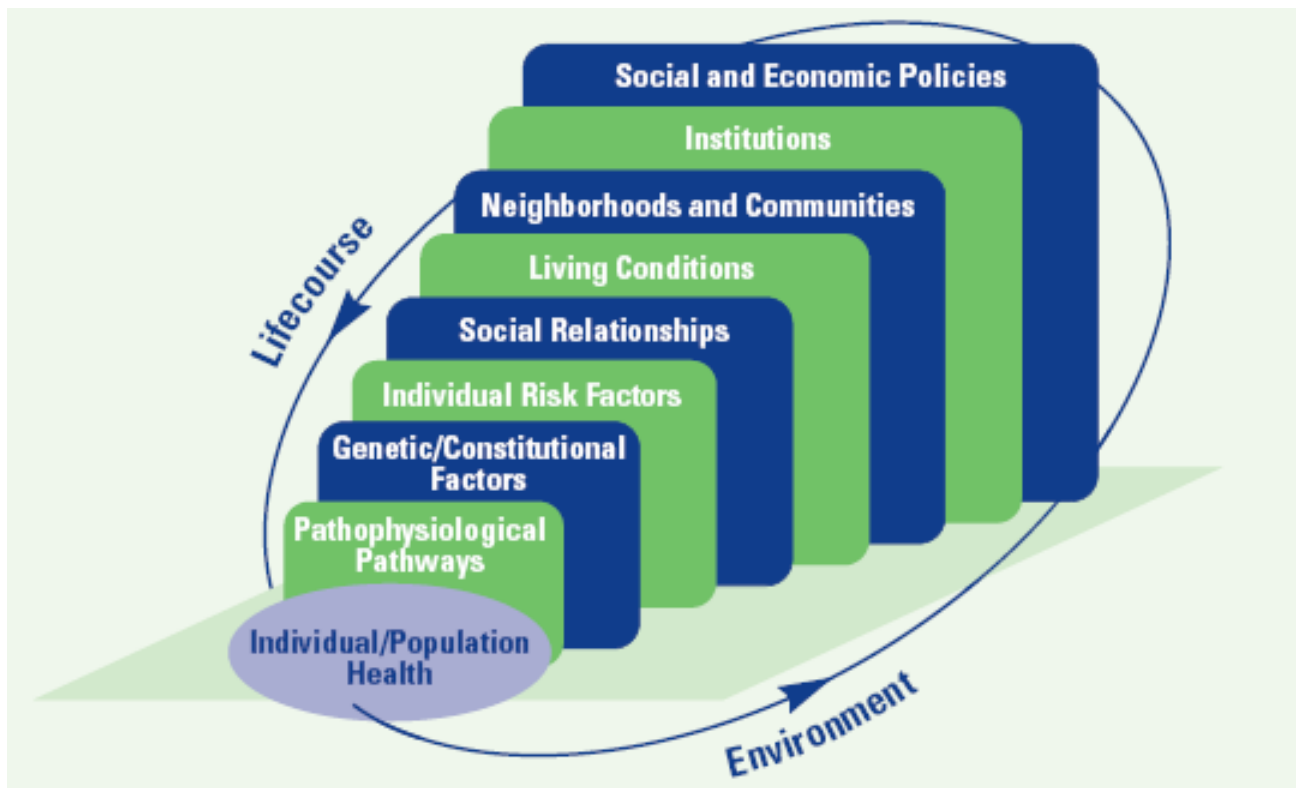
1. Yes, the survey missed MY main objective throughout. All initiative options in this survey, completely avoided using Social Pressure, Cultural Change & "Not Preaching" as the main thrusts that made VTsf successful in its goals. This survey leads one to think VYOP intends to follow the same initiatives the rest of the country has followed UNSUCCESSFULLY for years. Our focus in this survey COMPLETELY eliminated our most significant opportunity.

Appendix B

Initiatives Grid (attached)

Appendix C

The Ecological Perspective



References

1. Levi, J, Vinter, S, Richardson, L, St. Laurent, R, Segal, LM. *F as in Fat 2009: How Obesity Policies Are Failing in America*. <http://healthyamericans.org/reports/obesity2009/>. Accessed July 20, 2009.
2. The Annie E. Casey Foundation. Kids Count Data Center. <http://datacenter.kidscount.org/data/bystate/StateLanding.aspx?state=VA>. Updated 2009. Accessed August 1, 2009.
3. American Association of School Administrators. School Policy and Practice: Taking on Childhood Obesity. *School Governance and Leadership*. 2006;7(1).
4. Pate, RR, Ward, DS, Saunders, RP, Felton, G, Dishman, RK, Dowda, M. Promotion of Physical Activity Among High-School Girls: A Randomized Controlled Trial. *Am J Public Health*. 2005; 95: 1582-1587.
5. United States Census Bureau. <http://www.census.gov>. Updated July 7, 2009. Accessed on July 15, 2009.
6. Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity and Obesity, National Center for Chronic Disease Prevention and Health Promotion. Childhood Overweight and Obesity. <http://www.cdc.gov/obesity/childhood/index.html>. Updated June 17, 2009. Accessed June 19, 2009.
7. Serrano, E, Kowaleska, A, Hosig, K, Fuller, C, Fellin, L, Wigand, V. Status and Goals of Local School Wellness Policies in Virginia: A Response to the Child Nutrition and WIC Reauthorization Act in 2004. *J Nutr Educ Behav*. 2007; 39: 95-100.