

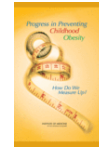
Beyond Diet and Exercise: Evaluating Childhood Obesity Prevention Programs for the Public Good

**Janet Clay White MS '61 Lecture in
Community Nutrition, Cornell University**

Jennifer C. Greene
University of Illinois, Urbana-Champaign
November 1, 2007



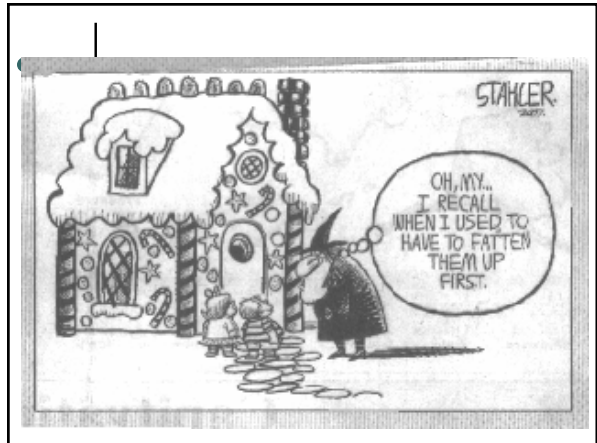
Preventing Childhood
Obesity: Health in
the Balance, 2005



Progress in Preventing
Childhood Obesity:
How Do We Measure
Up? 2007

IOM panel members

Jeffrey Koplan, Emory University, chair
Ross Brownson, St. Louis University
Ann Bullock, Eastern Band of Cherokees
Susan Foerster, CA Dept of Health Services
Douglas Kamerow, RTI International
Marshall Kreuter, Georgia State University
Russell Pate, University of South Carolina
John Peters, Proctor & Gamble
Kenneth Powell, GA Dept of Human Resources
Thomas Robinson, Stanford University
Eduardo Sanchez, TX Dept of Health Services
Toni Yancey, UCLA



Overview

- o Portrait of the childhood obesity epidemic
- o Programmatic responses
- o Role of evaluation

Character of the childhood obesity epidemic: Prevalence

Prevalence of obesity *doubled* for ages 2-5 and 12-19, and *tripled* for ages 6-11 over the past 30 years

- o Ages 2-5, from 5.0% → 10.4%
- o Ages 12-19, from 6.1% → 15.5%
- o Ages 6-11, from 4.0% → 15.3%
[NHANES]

Prevalence (continued)

- Involves an estimated 9 million children
- Especially vulnerable – children from low-income families or living in the south, adolescents from African American, Latino/a, Native American families

Health risks of obesity

- Type 2 diabetes + attendant health problems and socio-emotional consequences

Causes of the childhood obesity epidemic

- Too many children today eat more than they move.
- Eating more:
 - Fast foods
 - School cafeterias and soda machines
 - Working parents with little time
 - Limited availability of affordable produce

Causes (continued)

- Moving less:
 - No PE in school
 - Unsafe neighborhoods – stay inside!
 - Limited play space for children
 - Popularity of TV, computers, and video games

Programmatic and policy responses: Programs

- “Be a Fit Kid” (Seneca County)
- “Choose Health” (NY)
- “Farm to School Program” (NY)
- “Preventing childhood obesity: An ecological approach” (Cornell Extension)
- Multiple school programs
- “Verb, It’s what you do” (CDC)

Initiatives in the food and entertainment industries



Food Marketing to Children and Youth: Threat or Opportunity? 2006

● ● ● | *The character and role of evaluation of programs, policies, and initiatives designed to prevent childhood obesity*

● ● ● | Example: “Eat Right, Play Hard”

- Targets elementary school children and their families
- Aims to increase physical activity and consumption of healthy foods
- Works through schools and recreation programs
 - EX: healthy after-school snacks, 2% milk in school cafeteria
- Long-range goal – normalize healthy eating and adequate exercise

● ● ● | Evaluation as usual

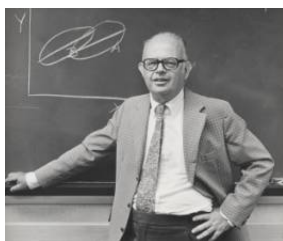
- Question: To what extent were the intended outcomes of the program or intervention attained?
- Audience: Policy makers
- Design, methods: Experimental, comparative assessment of intended outcomes
- Critique: Legitimate but limited in range and interests addressed

● ● ● | Evaluation for program improvement

- Question: What is going well in the program and what needs to be improved?
- Audience: Program managers and staff
- Design, methods: Eclectic, whatever methods can generate useful information

● ● ● | Evaluation as an educative enterprise

The evaluator is an educator; his success is to be judged by what others learn.



● ● ● | Evaluation as educative (continued)

- Question: In what ways is this program enabling meaningful change in participants in this context?
- Audience: “Policy shaping community”
- Design, methods: Eclectic, methods are in service to comprehensive program understanding

Evaluation as educative (continued)

- o Possible findings from an educative evaluation of the “Eat Right, Play Hard” program:
 - Program lacks sufficient power
 - Program misses the mark for some children

And so ... what’s the problem here?

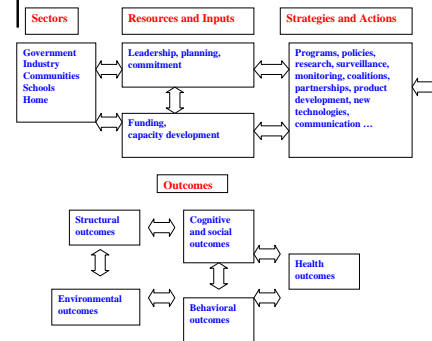
1. Focus on individual change, with less attention to causative structural and environmental factors
2. Do not question or challenge ‘given’ outcomes or definitions of a successful program

More generally, evaluation constitutive of the ways we think about and talk about childhood obesity

A vision of evaluation in service of the public good

Public good refers to the quality and moral fiber of our public reason and the inclusiveness of our public discourse

Attending to both structural and individual factors



Examples of structural and environmental outcomes

- o Parks and playgrounds
- o State policy on physical education
- o National policy on advertising on children’s TV
- o Grocery store in high poverty area
- o Improvements to sidewalks and bike lanes

Applications to “Eat Right, Play Hard”

Evaluation questions:

- o What other choices for healthy food do children and their families have?
- o What are staff understandings of and commitments to healthy lifestyles for those they serve?
- o What are obesity prevention attitudes within the business community?

Respecting people as authors of their own lives

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Respecting people ...

- Who participates in naming the causes, remedies, and indicators of success for childhood obesity prevention programs?
- Whose voice and experience is included in program design, implementation, and evaluation?

Respecting people ...

- Imagine an evaluation framework ...
 - Respects people as purposeful authors
 - Defines program outcomes and success as anchored in lived experiences
 - Embraces full collectivity of democratic voice

Two other ideas

- Reframe evaluation so program is assessed within character of people's lives
- Use mixed methods approaches so that methodologically, evaluation is inclusive, respectful, tolerant, accepting, affirming

*How far dare an evaluator go to save the world?
(Robert Stake, 2005)*

Sigh ...

Thank you ...