

# children's optimal health

Visible changes for a healthy future

## **Summit V Report - Executive Summary**

November 12, 2009  
Seton Administrative Offices – St. Vincent de Paul  
Auditorium

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## Executive Summary

On November 12, 2009 Children's Optimal Health (COH), held their fifth community summit. This Summit was centered around the completion of COH's *Child Obesity Project by Neighborhood and Middle School* and turning the curve on childhood obesity. Over 80 individuals representing 53 different agencies attended the Summit with the intention of, as a community, moving from talk to action.

### Obesity Prevention and Observations: City Wide

The Summit began with a presentation from Dr. Steven Kelder from the UT School of Public Health, and COH Technical Advisory Committee co-chair. Dr. Kelder explained the definitions used to classify children as overweight or obese and explored some of the upward trends in childhood obesity that researchers are seeing here in Texas as well as across the United States. These upward trends were attributed to a host of different factors that fell not on one single organization or population segment, but rather on the entire community as a whole.

In September 2009, The Institute of Medicine published a report about local government actions that could be implemented to prevent childhood obesity. Dr. Kelder used this report to walk participants through various prevention strategies that could be implemented at the local level. Once these strategies were presented, Dr. Stephen Pont with UTMB and co-chair of the COH Technical Advisory Committee presented the COH *Child Obesity by Neighborhood and Middle School* project. Dr. Pont showed the participants various maps showing neighborhood density of where middle school students live, concentrations of obese middle school students, and concentrations of middle school students who failed the cardiovascular test. Dr. Pont also presented pie-chart maps at the campus level and by the proportion of high-BMI and poor cardiovascular scores in the middle school population. The key observations noticed at the city wide level were:

#### BMI

- 1) Obesity rates by school vary widely; 8.8% to 29.5%.
- 2) Obesity rates by student residence vary with higher concentrations along the I-35 corridor.
- 3) Obesity rates coincide closely with level of economic disadvantage and higher concentrations of Hispanic and African American students.
- 4) Obesity affects students across the District as seen by the proportions of overweight/obese students throughout the study area.

- 5) A community based approach – focusing interventions on schools, the community, and the family household – is needed to address obesity.
- 6) A closer view of communities north and south that have high concentrations of obesity reveals disparities in access to parks, recreational facilities, and grocery stores.

### Cardiovascular

- 1) Cardiovascular test failure rates by school vary widely, from 4.5% to 74.1%.
- 2) More students seem to be affected by poor cardiovascular results than by high BMI.
- 3) Concentrations of cardiovascular fitness test failure coincide closely with higher concentrations of obesity by neighborhood, but not always by school.
- 4) A large proportion of students with poor cardiovascular results live north of Research between Loop 1 and I-35.
- 5) A community based approach – focusing interventions on schools, the community, and the family household – is needed to address poor cardiovascular results.

### Making Policy, Systems, and Environmental Changes

Dr. Philip Huang, Medical Director for Austin/Travis County Health and Human Services Department, was next to present. The City of Austin was in the process of putting together a grant proposal to the Federal Government, whose aim was to lower childhood obesity rates through policy, systems, and environmental changes. Using a Results Based Accountability approach, participants engaged in a 'turn the curve exercise' through table discussions focused on policy, systems and environmental changes that will reduce obesity rates in Austin. Poster sized maps at the city level were provided for each table to help spur ideas at the city level. All of the policy, systems, and environmental ideas were recorded by COH and a complete list of the suggestions can be found in Attachment A.

### COH Obesity Presentation and Observations: Neighborhood Level

After discussing obesity at the city wide level, Dr. Pont and Dr. Susan Millea showed participants how to interpret and examine the COH maps at the neighborhood level. Drill down maps of Quail Creek, East Central, and Dove Springs areas were presented, overlaying community assets with BMI and cardiovascular data. These drill downs allowed participants to break out into groups based upon the neighborhoods where their organizations already provide services. As a table, each group applied the 'turn the curve exercise' to their neighborhood of interest and began to answer two central questions, using the COH neighborhood drill down and asset maps to guide discussion:

- Who are the partners, including non-traditional partners, who can help turn the curve for child obesity in this neighborhood?
- What are the best ideas for effective change in this neighborhood, and what's our action plan for getting there?

The complete report out from the neighborhood table discussions can be found in Attachment B.

### Summit Evaluation

Overall, the Summit was very successful in accomplishing the goals COH had set forth. In an evaluation given to participants at the Summit, the feedback received was:

3 = neither agree nor disagree, 4 = agree, 5 = strongly agree

- 1) The **Obesity Report** provided valuable information that will enhance my work in the community. → 4.5
- 2) The **City Wide Maps** provided valuable information that will enhance my work in the community. → 4.6
- 3) The **Neighborhood Drill Downs** provided valuable information that will enhance my work in the community. → 4.5
- 4) There was an appropriate amount of time given to the table discussions → 3.8
- 5) The table exercises were valuable and resulted in concrete action that can be implemented. → 4.0

4 = high, 5 = very high

- 6) How would you rate the Summit overall? → 4.3

2 = slightly short, 3 = just right

- 7) The length of the Summit was → 2.7