

Salud America!

The RWJF Research Network to
Prevent Obesity Among Latino Children

Volume 1, Issue 2, Fall, 2008

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Salud America! launches new site

On Oct. 1, *Salud America!* launched a fresher, more information-packed version of its Web site [here](#). Check it out!

CFP Coming Soon!

In December 2008, *Salud America!* will issue a call for proposals (CFP) for more than a dozen pilot research projects on Latino childhood obesity. Join our network to get the latest updates on the CFP release.

Got a News Item?

We welcome your news items, story ideas and suggestions. Please send them to despres@uthscsa.edu to be featured in the E-newsletter.

Camp Get FIT helping underserved kids eat right and get healthy



Camp Get FIT participants got plenty of splash time this summer in Carrizo Springs, Texas.

Ten-year-old Pedro Gutierrez used to get out of bed every day and plop down in front of the TV to join Mario on a video-game adventure.

Now his mornings have real adventure – a mile walk with his mother, Christina Trujillo.

And they're both eating a lot healthier, too.

And it's all thanks to Camp Get FIT, a program of Methodist Healthcare Ministries of South Texas that aims to reduce children's risk of obesity-related health problems by combining weekly nutrition meetings at school with a summer weight-loss camp. Pedro Gutierrez was one of 235 children from Carrizo Springs and Crystal City, two largely Latino towns in South Texas, who participated this summer.

"Pedro now wears shorts that he literally has to hold up while he's running," said Trujillo. "The program has helped him and a lot of other kids try new foods and stay active, instead of Nintendo and TV. It's helping us have healthier lives."

Peggy Visio, a consulting dietitian for Methodist Healthcare Ministries and adjunct assistant professor in the School of Allied Health Sciences at The University of Texas Health Science Center at San Antonio, started Camp Get FIT in South Texas four years ago.

Visio helps children in this largely rural, Latino region, where an alarming number are obese. About 37 percent of elementary school students in Eagle Pass (where the program started) and 32 percent in Crystal City and Carrizo Springs (to which the program expanded for the 2007-2008 school year) have a body mass index (BMI) that classifies them as obese.

Many families in this region are poor. They have limited resources or limited time to help their kids exercise and eat healthy foods, and there are few grocery stores or markets to buy fresh produce and few parks for activities.

"Kids sleep 'til 10 or 11 in the morning because there's nothing to do [on

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Robert Wood Johnson Foundation

Salud America! The RWJF Research Network to Prevent Obesity Among Latino Children is a national program of the Robert Wood Johnson Foundation. The program aims to unite and increase the number of Latino scientists engaged in research on childhood obesity among Latinos to seek environmental and policy solutions to the epidemic. The network is directed by the Institute for Health Promotion Research at The UT Health Science Center at San Antonio. For more information, visit www.salud-america.org. The *Salud America!* E-newsletter is distributed quarterly to its national membership network.

Director's Corner

Letter to members from Dr. Amelie Ramirez

Recent data show that the number of U.S. children who are overweight or obese has not changed significantly in the last two years—marking the first time in several years that the overweight and obesity rates didn't rise.

But that doesn't mean we should halt efforts to improve nutrition and increase physical activity levels among young people.

In fact, the number of overweight and obese children still is way too high.

And that's especially true for Latino children. For example, the latest *F as in Fat* report by Trust for America's Health (TFAH) and the Robert Wood Johnson Foundation (RWJF) show that 34.7 percent of Hispanic high school students are overweight or obese, up from 33.5 percent in last year's report. These are startling figures considering obesity's long-term effects on health, including higher rates of type 2 diabetes, heart disease, and other conditions.

Just as the *F as in Fat* report suggests, the U.S. needs a comprehensive campaign that involves policy-makers at



Ramirez

every level. And we need to look at all of the factors that contribute to obesity, too, from family influence to the impact of the built environment to physical activity in schools.

Salud America! is trying to do its part. Our program now has more than 1,060 members (up from 786 in July) from across the nation and even other countries dedicated to helping reduce Latino childhood obesity. We are finalizing the results of our recent Delphi survey, which will shape a research priority agenda to guide our December 2008 call for proposals (CFP) for pilot research projects. The pilot projects, in turn, will address certain aspects of Latino childhood obesity.

We hope that you will continue to partner with us in our efforts. Please be sure to frequently check our [Web site](#) for updates and news about our CFP release. We're looking forward to receiving many innovative applications!

Amelie G. Ramirez, Dr.P.H.

Director, *Salud America!*

Director, Institute for Health Promotion Research at The University of Texas Health Science Center at San Antonio



News Briefs

Salud America! member wins survey participation award

Cindy Gutierrez' name was randomly drawn from a bowl of 446 names to win the \$500 survey participation incentive from the recent *Salud America!* Delphi survey. Gutierrez is a special assistant to the president at Texas Tech University in Lubbock, Texas. Each person who completed a survey was entered into the drawing (one entry per survey taken in the three-round process). Survey results are being analyzed, and are expected to guide the development of the program's call for proposals for pilot research on Latino childhood obesity. The drawing for the survey participation award took place Monday, Sept. 22, 2008, at the Institute for Health Promotion Research at The University of Texas Health Science Center at San Antonio, the headquarters of *Salud America!* The drawing followed university procedures for such an event, and a campus security officer and notary public were present to ensure fairness.



Dr. Amelie Ramirez, right, draws a name at random.

Salud America! sets 2009 conference date

The first *Salud America!* Scientific Summit will be held Sept. 9-11, 2009, at the historic Gunter Hotel in downtown San Antonio, Texas. The summit will bring together experts and advocates from around the U.S. who are dedicated to preventing Latino childhood obesity, and will highlight pilot projects funded through the December 2008 call for proposals. Visit the program Web site [here](#) for more details.

Funding Opportunities

CFP to address childhood obesity

Active Living Research and Healthy Eating Research, two RWJF national programs, are funding a number of rapid-response grants for childhood obesity prevention initiatives. The grants are for time-sensitive, opportunistic studies that evaluate changes in policies or environments with strong potential to reach children at highest risk for obesity. This includes African American, Latino, Native American, Asian American and Pacific Islander children in low-income communities or communities with limited access to affordable, healthy foods or safe opportunities for physical activity. Up to \$800,000 will be awarded for rapid-response research grants in 2008. For details, visit the Active Living Research and Healthy Eating Research program Web sites [here](#) and [here](#).

Ladder to Leadership training program

Ladder to Leadership: Developing the Next Generation of Community Health Leaders, a collaborative initiative of RWJF and the Center for Creative Leadership, seeks to develop critical leadership competencies for 270 early- to mid-career professionals through an innovative, 16-month leadership development curriculum to enhance the leadership capacity of community-based nonprofit health organizations serving vulnerable populations. The program will be delivered in nine priority communities on a staggered schedule over the next four years. Each phase of the three-part curriculum includes a mixture of face-to-face training sessions, individualized executive coaching and mentoring, and team project work, all anchored within the context of the communities in which these leaders live and work to maximize the application and impact of the program concepts. For deadline information, [click here](#).

Stepping Up Against Latino Childhood Obesity

Conducting research on obesity in Latino children was a natural move for pediatrician and researcher Glenn Flores.

Caring for under-served children has dominated his 14-year medical practice in Boston, Milwaukee, and Dallas. His research interests complement the clinical work: examining racial and ethnic disparities in children's health; developing and testing community-based interventions to improve underserved children's health; and insuring uninsured children.

"Several different pathways led to this work [obesity research in Latino children]—my passion for working with children, my passion for public health, and all the issues that came up in my medical practice," said Dr. Flores, professor of pediatrics at UT Southwestern Medical Center in Dallas. "I believe there are lots of ways researchers can integrate Latino childhood obesity prevention into their current interests."

Dr. Flores' first foray into his new line of research was an application to the Healthy Wisconsin Partnership Program to support a randomized trial of a culturally appropriate weight loss intervention for overweight Latino children. Though he hadn't done much childhood obesity research, he capitalized on his research experience with Latino children.

"It's hard to avoid obesity, since Latino kids have some of the highest rates in the U.S.," he said.

Dr. Flores won the grant and completed the qualitative research phase, but was unable to complete the Milwaukee trial before moving to Dallas. Still, his work on healthy eating, physical activity and weight management for overweight children, stemming from four focus groups

of Latino parents, was presented as a platform at the Pediatric Academic Societies' meeting and is being submitted for publication. During focus groups, parents sampled healthy versions of traditional Latino cuisine prepared by a Latino chef, such as whole-wheat enchiladas and other alternatives to traditional high-fat foods.



Flores

"They couldn't believe the enchiladas were whole-wheat," he said. "They were open to the idea of substituting foods. We concluded that successful weight-loss management can involve traditional foods, family involvement, as well as culturally sensitive innovation."

In two studies analyzing data on racial/ethnic and language disparities in obesity rates, Dr. Flores found that, in households where Spanish is the primary language, 50.4 percent of Latino children are overweight or obese. In another recent article, Dr. Flores and colleagues found that a multidisciplinary pediatric weight management program can improve the weight status of high-risk populations, including minorities, Medicaid recipients, the severely obese and others.

Dr. Flores is continuing to study interventions that address obesity in Latino children in Dallas, where Latinos are the dominant racial/ethnic group.

"We really need to find some effective, culturally-relevant interventions," he said.

Meet the *Salud America!* Executive Workgroup

Lawrence Green wanted to be a dentist, just like his uncle. He even worked in his uncle's dental lab as a high-school senior.

But dentistry wasn't for him. Neither was being a doctor.

He was discouraged by the lack of attention to the root causes of many basic health problems, and didn't want to see patients regularly, only to have them return with more of the same issues.

Green first encountered the field of public health while studying hospital administration at the University of California, Berkeley, and he knew it was for him.

"I was exposed to and smitten by

the charms of public health, and I still am, to this day," said Green, who counts his faculty advisors at Berkeley as his most influential mentors, alongside his uncles, the dentist, and Tex Winter, a professional basketball coach.



Green

Today, Dr. Green is an adjunct professor of epidemiology and biostatistics and co-leader of the Society, Diversity and Disparities Program of the Comprehensive Cancer Center at the University of California, San Francisco.

Dr. Green has broad experience in health education, prevention, population health, and community interventions for health promotion and risk reduction. He served as

the first director of the U.S. Office of Health Information and Health Promotion in the Office of the Assistant Secretary for Health. He has been on the public health faculties at Berkeley, Johns Hopkins, Harvard, Texas, Emory and British Columbia. He joined the Centers for Disease Control and Prevention (CDC) in 1999 and held various high-ranking positions.

He is a consultant for *Salud America!*, which he believes could have a strong impact.

"I hope that *Salud America!* will become the rallying point and the source of practice-based evidence for the development of effective policies, programs and interventions for Latino children," Dr. Green said.

The *Salud America!* Executive Workgroup

Elva Arredondo

Laura Brennan-Ramirez

Nancy F. Butte

Robert Garcia

► Lawrence Green

Robin Hamre

Terry Huang

Catherine Loria

Judith Ottoson

Frank J. Penedo

Charlotte Pratt

Maya Rockeymoore

James Sallis

Mary Story

Elsie M. Taveras

Amy L. Yaroch

Eating at others' homes puts kids, especially Latinos, at higher risk for obesity

Children who consume foods at the home of relatives, neighbors, or friends once a week or more have a higher risk of obesity, according to a San Diego State University (SDSU) [study](#) published in a recent edition of the journal *Obesity*.

The study, led by SDSU public health researcher Guadalupe X. Ayala, is the first to consider settings outside the home, apart from fast-food restaurants, as potential risk factors for childhood obesity.

Ayala found that youths who eat away from home often drink more sugar-sweetened beverages and eat more sweet snacks, such as chips and ice cream.

The study focused on children in grades K–2 from 13 Southern California elementary schools. Ayala said that Latino children may be at particular risk because their culture is more family-oriented.

“Latinos appear to rely on friends and



family for support and childcare more than other cultures do,” Ayala said.

She told [Diverse Hispanic](#) that such family support networks are important for survival and idea-sharing, but also tend to revolve around food. Latinos “look forward to going to grandma’s house or auntie’s house. And auntie and grandma are often waiting for you with all this delicious food, which gives them an opportunity

to spoil you. The problem is these mini-celebrations tend to occur more frequently than we often think.”

Ayala recommends that parents discuss their children’s health risks with friends and family members who may serve as secondary caretakers.

“Encourage the caretakers to reinforce at-home food rules and to negotiate what food is available to your child,” Ayala said.



Research Briefs

Study: Hispanic, African American kids from low-income homes more likely overweight

Overweight children were more likely to be African American and Hispanic, male, live in a household with an income below 150 percent of the federal poverty level, watch TV three or more hours daily, and not have received preventive care in the past 12 months, according to a study in a recent issue of the *Journal of the American Board of Family Medicine*. The [study](#), led by University of Illinois researchers, examined data from the 2003-2004 National Survey of Children’s Health. The researchers also found that overweight children were less likely to get moderate levels of physical activity or have participated on a sports team.

The study indicates that poverty impacts childhood body mass index in at least two ways—unsafe neighborhoods discourage physical activity and healthy foods are either not available or unaffordable in low-income communities. Researchers suggest a concerted effort by policy-makers to address these poverty issues, as well as increasing the number of well-child checkups mandated by the government and schools or creating school-based health clinics in schools where at least 50 percent of the student body lives in households with very low incomes.

Study: U.S. secondary schools serve less healthy foods than elementary schools

The foods and food policies in U.S. public schools become significantly less healthy as students progress from elementary to high school, according to a study in the July edition of *Pediatrics*. The [study](#) examined data from the third School Nutrition and Dietary Assessment Study (2005) and included a sample of 395 U.S. public schools and 129 school districts in 38 states. The study found that:

- ▶ Vending machines were present in 17 percent of elementary, 82 percent of middle and 97 percent of high schools.
- ▶ Food items sold à la carte were found in 71 percent of elementary schools, 92 percent of middle schools and 93 percent of high schools. Of these schools, almost 80 percent provided unhealthy à la carte options.
- ▶ The food environment summary score was healthier in lower grade levels. A 17-point scale was used to calculate each school’s food environment summary score based on various characteristics, including lunches, competitive foods, and other food-related policies and practices.
- ▶ The food environment score was not significantly tied to the percentage of students eligible for free and reduced-price lunch or the percentage of minority students.

The researchers noted that their data were collected before many comprehensive efforts to improve the food offering of schools were begun. The study provides school administrators with targeted areas for improvement.

Policy & Built Environment Corner

Latinos, other minorities still have high childhood obesity rates

Many promising policies to promote healthy eating and active living among children have emerged, but are not being implemented at the levels needed, and minority children continue to suffer higher rates of overweight and obesity than their white counterparts, according to the fifth annual *F as in Fat: How Obesity Policies are Failing in America* report.

The report, released in August 2008 by the Trust for America's Health (TFAH) and RWJF, conducts a state-by-state analysis of obesity rates and reviews state and federal programs and legislation designed to combat the epidemic.

Despite the fact that promising programs to reduce childhood obesity do exist in many parts of the country, they are not being as widely adopted as is necessary to reverse the epidemic. For example:

- ▶ Only 13 states have enforceability language in laws related to physical education or activity in schools.

- ▶ While the Dietary Guidelines for Americans were updated in 2005, the U.S. Department of Agriculture (USDA) school meal program has yet to adopt the recommendations.
- ▶ Eighteen states have enacted legislation requiring school meals to exceed USDA nutrition standards. However, only seven of these laws have specific enforcement provisions.
- ▶ Ten states do not include specific coverage for nutrition assessment and counseling for obese or overweight children in their Medicaid programs (Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits).

Obesity rates, cited in TFAH report:

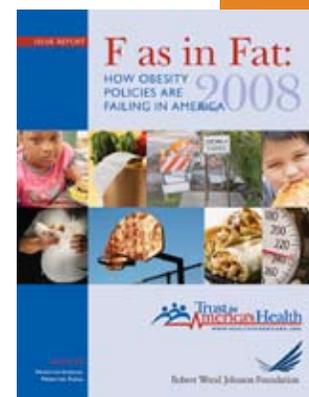
Obesity Rate	White	Black	Hispanic
Adults	29.7%	44.9%	36.9%
High school students	10.8%	18.3%	16.6%
Children	12.0%	23.5%	18.9%

About 23 million children are overweight or obese, and several significant disparities exist among racial and ethnic minorities, with African American and Hispanic children showing higher rates of overweight and obesity and lower levels of

physical activity, according to the report. If current trends continue, the CDC estimates that one-third of all children—and one-half of African American and Hispanic children—born in 2000 will develop type 2 diabetes.

The report's authors recommend that the federal government convene a partnership of state and local governments, businesses, communities and schools to implement a national strategy to address obesity.

In response to the higher rates of obesity among many minorities, the report urges that priority be given to: expanding minorities' access to health care and insurance; training health care providers in minority communities to speak with patients about obesity-related health risks; conducting more community-based research, interventions and behavior-change campaigns to modify eating habits and promote increased physical activity.



Policy & Built Environment News Briefs

Fewer high-calorie beverages being shipped to schools

Between 2004 and 2008, there was a nearly 60 percent reduction in beverage calories shipped to U.S. schools, according to a **new report** from the American Beverage Association. The report, *School Beverage Guidelines Progress Report*, tracks progress of the 2006 voluntary agreement between the beverage industry and the Alliance for a Healthier Generation to phase out full-calorie carbonated drinks in schools and to accelerate the shift to lower-calorie and more nutritious beverages. The report measures the volumes of different products sold in schools at the elementary-, middle- and high-school levels, and the percent of school contracts complying with the voluntary agreement. The report's key findings include:

- ▶ More than 75 percent of U.S. schools are in compliance with the agreement.
- ▶ About 58 percent fewer calories were shipped to schools between 2004 and the 2007-2008 school year.

"We know that when schools provide healthy and nutritious foods and beverages, children eat better. When schools provide high-quality physical education, children

are more active," said Robert Wood Johnson Foundation President and CEO Risa Lavizzo-Mourey in a statement. "Both are key to ensuring that our children stop taking in more calories than they burn. To reverse the childhood obesity epidemic, we have to make every school in the country a healthy school."

RWJF funds recess program for underserved, minority students

The Robert Wood Johnson Foundation (RWJF) pledged \$18.7 million in late September 2008 to support expansion of the **Sports4Kids recess program** into as many as 650 low-income schools over the next five years, the *Washington Post* reports. In 2007, RWJF released a report concluding that school recess is the "single most effective strategy for increasing physical activity among children." But, it said, few schools take advantage of that playground opportunity, especially those with large numbers of low-income or minority students. The Sports4Kids program, created by an Oakland, Calif.-based nonprofit group, places trained adults on the playground to encourage children to engage in traditional games such as four square, kickball and tag. It also seeks to teach children how to resolve conflicts peacefully.

Camp Get FIT

► Continued from page 1

weekends or summer days],” said Reyna Flores, who worked as a nurse at Camp Get FIT this summer while her two children participated.

In response, the Get FIT program partners with school districts to conduct student BMI assessments. In two elementary schools, parents of students who have a high BMI are invited for weekly parent-child nutrition sessions during the fall and spring semesters. At these sessions, children go to a gym to play or have a “hands-on” nutrition lesson while their parents get nutrition lessons, and then the parents rejoin the children and exercise together.

Many students then go to the free, four-week summer Camp Get FIT.

Camp begins with an overall health assessment. Children participate in yoga, swimming, sports, arts and crafts, nutrition lessons and nature hikes. The program partners with the school district to implement a nutritious summer food program, so camp participants eat from a healthy menu of items, such as low-fat milk, fresh fruits and vegetables, low-sodium entrees and high-fiber foods.

“After a week of camp, many parents comment that they can see their children’s bellies are much flatter, and

their constipation issues are gone. This is because of the camp meals’ fiber content, which also helps them feel full so they don’t eat as much,” Visio said. “A lot of kids will go home and tell their parents what healthy items to get at the store. It’s really amazing.”

Allied health students from the UT Health Science Center at San Antonio earn credit hours by volunteering as camp counselors and role-modeling healthy behaviors. The allied health students also mentor local high-school students who get stipends to work as camp counselors.

Katherine and Kathleen Benavides, sisters and students at Crystal City High School, worked at the camp this past summer and helped students try new foods and activities.

“It’s really valuable what these kids are learning here. They take it with them and they teach other kids good habits,” said Kathleen Benavides.

And the camp isn’t just for kids, either. Parents are required to attend evening classes that teach nutrition and positive parenting.

“Healthy eating and exercising is a family concern,” Visio said.

Although the camp’s goal is simply to prevent weight gain during the summer months, when some students



Camp GET Fit participants eat healthy meals and play games and sports.

would otherwise engage in few physical activities, many children actually lose weight. One girl lost 10 pounds in four weeks.

Visio hopes to expand the program to more South Texas towns in coming years, each time gaining the support of local school leaders to sustain the program.

“You can’t imagine the need in rural communities. There are no YMCA programs, no parks and recreation departments that typically run summer programs for children. Many of these families could not afford them even if they existed,” Visio said. “We want to build the communities up so they can start making strides to reduce childhood obesity levels.”

About the E-newsletter

This E-newsletter is produced quarterly by *Salud America!* Please send news items or story ideas to despres@uthscsa.edu.

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Salud America! The RWJF Research Network to Prevent Obesity Among Latino Children

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Kids’ Health Q&A

Question 1: How do you keep kids eating healthy and physically active?

“It is a challenge considering the environmental influences. It is important to ‘bend the bamboo when it is young.’ Healthful habits developed during early childhood years are likely to be carried on long-term, even in the face of adverse environmental influences on dietary and physical activity behaviors. Parents should model good behavior; replace high fat and sugary foods with fruits and vegetables; eliminate consumption of sugar-sweetened drinks; reduce TV viewing to no more than two hours per day; and engage in physically active and fun activities for the whole family at least 30 minutes per day.”

– **Dr. Charlotte Pratt**

National Heart, Lung, and Blood Institute,
National Institutes of Health

Question 2: Can Halloween goodies be good for kids?

If entertaining young ghosts and goblins this Halloween, try some healthy alternatives to chocolate bars and candy treats – apple wedges dipped in caramel sauce, celery sticks with peanut butter, frozen bananas topped with raisins, or pretzels dipped in chocolate. “Try something that’s nutritious, but presented with a little twist so as to make it more appealing to kids,” says Terry Brown, a registered dietician at UT Southwestern Medical Center. For healthier handouts, try small packages of raisins, goldfish crackers, pretzels, trail mix, nuts, fruit roll-ups or granola bars. Also, it’s a good idea to ration the amount of candy a child eats at one time. Placing a small amount of candy in a plastic bag for a special treat can help kids determine how much is enough.

– **A news tip**

from UT Southwestern Medical Center in Dallas