

On Your Mark:



A CBPR Partnership on Obesity in Children with Disabilities

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Lessons Learned:

Engaging Diverse Communities in Obesity Research

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Project significance

The overall purpose of this project is to establish a regional academic-community partner network to identify communitybased research priorities and develop a long-term collaborative agenda to 1) reduce obesity risk and 2) promote longterm health in school-age children with developmental disabilities (DD) such as autism and intellectual disabilities.



□ History of our partnership

2007	2008	2010	2011	2012
Evaluation	RO3	U13	R21	RO3
Of Healthy	for	Networking	for	on Kids'
Lifestyles	CBPR	Grant	Group	PA
in Day Programs			Homes	(submitted)

□ Project specific aims

- 1) Build a **strong working relationship** and a set of research goals focused on community priorities in addressing and reducing health-disparities through a series of inter-related meetings, workshops and community forums.
- 2) **Provide health education** about the problems related to childhood obesity in a manner that is sensitive to the community's perceptions of their experiences, e.g. stigma, regarding this area of health disparities.
- 3) Outreach to the community to **identify stakeholders' areas of interest** in addressing disparities in obesity and provide expert consultation to the community about research-related topics that they identify as important.
- 4) Implement a **Memorandum of Understanding** between Temple University and one or more community organizations in the network for the purpose of developing a CBPR agenda on health disparities in obesity for this population.

□ Children with functional limitations in physical activity are approximately 2.3 times more likely to be overweight than children without such limitations (Minihan, Fitch and Must, 2007). Heightened risk factors include medication use, unhealthy diets, mobility limitations, family stressors associated with the financial strain of having a child with developmental disabilities, and lack in many schools of specialized resources to tailor nutritional or physical activity-related interventions.

Project partnership structure



"Umbrella" organization re children: Capital Area Intermediate Unit

Two advocacy organizations:

UCP of Central Pennsylvania

ARC of Cumberland County

Two county agencies:

Dauphin County I/DD

Cumberland-Perry Counties I/DD

One academic affiliate:

Temple University Center for Obesity Research and Education (CORE)

□ Identifying key stakeholders

The project partners were tasked with identifying members for the Advisory Board, approximately 3-4 from each partner.

Advisory Board included the Medical Director of the Commonwealth's Office of Developmental Programs

County and Commonwealth representatives

James Richards - Cumberland County IDD

Susan Carbaugh - Cumberland County IDD, Director Joy Hafer - Dauphin County IDD

Shirley Keith-Knox - Dauphin County IDD, Director Jill Morrow-Gorton - Medical Director, PA Office of Developmental Programs

□ Advocacy agency staff

Cindy Adams - Arc of Cumberland County

Winnie Black - Arc of Dauphin/Lebanon Counties

Barry Claypool - UCP Central PA

Deb Eslinger - UCP Central PA

Vincent Gurreri - Arc of Cumberland County, Director

Barb Jumper - Arc of Dauphin/Lebanon Counties,

Director

Kathy Seiderer - UCP Central PA

Lucy Zander - Arc of Cumberland County

□ Community volunteers and family members

Brian Keefer Bill Schultz Fran Shade

- * Maggie Barbush
- * Abby Zonarich
- * Elizabeth Zonarich
- * Students age 11 18



□ Educators and therapists

Donald Dupes - High school teacher

Elaine Karl - High school teacher

Suzanne Knouse - Elementary school teacher

Cheryl Park - Capital Area Intermediate Unit

Amy Swartz - Early intervention director

Kathy Zonarich - Physical therapist



□ Consultants

Myles Faith, PhD - Associate Professor of Nutrition, University of North Carolina

Aviva Must, PhD - Professor and Dean, Tufts University Public Health and Professional Degree Programs

Ronald Williams, MD – Internist and Pediatrician, Penn State Hershey Medical Center

□ Ready Set Go for Health website





□ Assessing the community's priorities



☐ At Community Forums

☐ Most successfully, using a questionnaire distributed by the CAIU and other project partners to parents. The survey was available on the internet (SurveyMonkey) as well as in hard copy.

- **□** Results from family surveys:
- □ 150 valid responses from the 3-county area
- □ 40% of the children were overweight
- □ 80% of the children had intellectual disabilities
- □ 30% of the children had physical disabilities
- □ 48% of the children were girls

Importance of & satisfaction w/ health promotion Parents' ratings of **nutrition and diet opportunities** Parent buy affordable fresh fruit and vegetables: Definitely **important: 83%** Definitely satisfied: 40% Child learn about healthy food choices and amounts: Definitely **important: 72%** Definitely satisfied: 44% Parent learn about healthy food choices and amounts: Definitely **important: 70%** Definitely satisfied: 56% Parent improve shop/food prep to help w/ healthy weight: Definitely satisfied: 52% Definitely **important: 64%** Parent learn how much child should weigh: Definitely **important: 62%** Definitely satisfied: 59% Child learn about how much he or she should weigh: Definitely **important: 59%** Definitely satisfied: 46%

- **■** Importance of & satisfaction w/ health promotion
- □ Parents' ratings of physical activity opportunities
- □ Affordable individual or group exercise for child:
 - Definitely **important: 67%*** Definitely **satisfied: 19%**
- □ Child learn about kind and amount of physical activity:
 - Definitely important: 59% Definitely satisfied: 20%
- □ Parent learn about kind and amount of physical activity:
 - Definitely **important: 59%** Definitely **satisfied: 31%**
- □ Affordable team sports for child:

Definitely **important: 54%** Definitely **satisfied: 24%**

^{*}Significantly more important if child was underweight (16% of sample) or overweight/obese (36% of sample). Interest in improving phys. act. was less if child was underweight (58% said "yes") than normal/overweight/obese (82% said "yes").

□ Major challenge: Involving families in forums Although - we tried various formats, days and times, seasons, venues, child care and refreshments were provided and advertised, expert speakers were presenters, health fair format was featured, events were advertised well in advance and distributed through many channels to the community.



□ Partnership evaluation

- •Written quantitative evaluations and reflection time after each Board meeting
- Community Forum written evaluations
- Annual reports to County agencies
- RO3 proposal progress

□ Future directions

- □ MOU draft is circulating
- Proposal is under revision
- □ New plans for involving families are under consideration



□ Questions, comments?

