

Center for Weight and Health
Pediatric Obesity in the 21st Century: A Research Symposium on Prevention
October 17, 1999 Symposium Summary

Presented by the Center for Weight and Health
College of Natural Resources, University of California, Berkeley

Center for Health and Weight: This was the first annual symposium presented by the new Center for Weight and Health. Co-Director Sharon Fleming, Ph.D. explained the purpose and goals of the new Center, and introduced Center Co-directors Pat Crawford, DrPH and Joanne Ikeda, MS, RD and Center Steering Committee members who were present.

Symposium Goal: The goal of the symposium was to improve the understanding of the complex, multifactorial nature of the increasing prevalence of pediatric obesity and to promote collaborative and multidisciplinary prevention research efforts.

Participants: A total of 126 people attended the Symposium including faculty, researchers and program staff from Bay Area universities, the California Department of Public Health, several county Cooperative Extension offices, and a variety of community-based organizations providing health and/or educational services to diverse youth. (Symposium packets included a participant list.)

Sponsors: Financial sponsors for the symposium were International Life Sciences Institute (ILSI); Kellogg Corporation; and USDA's Team Nutrition.

The Agenda: A brief overview of the problem of increasing prevalence of pediatric obesity was followed by remarks from two community advocates. Then, speakers addressed research on genetics, eating patterns, physical activity and community diversity issues. After a brief speaker panel to frame the issues in collaboration, facilitators then led five breakout sessions. At the end of the day, each group reported on potential research topics they identified; potential collaboration partners; barriers to collaboration and initial strategies to overcome them. Additional details of these sessions are included in this summary.

Evaluation and Next Steps: Overall evaluation of the Symposium was very positive, and the Center received a number of suggestions for future activities, including:

- Make this Symposium an annual event
- Allow for a poster session or individuals to give talks and updates on their own research
- Put sheets up on the wall for people to sign up to work on research and other projects
- The Center should receive grants and should be a clearing house to give out grants
- Create a list serve of the people involved and who attended this meeting
- The Center should identify priorities

AGENDA

Morning Research Presentations The morning speakers reviewed critical literature to assist participants in understanding the complex nature of the problem of pediatric obesity, and the need for collaboration in the development of new research projects.

- Dr. Jeffrey Friedman addressed the overall nature of strong genetic contribution to development of body size; research on the OB gene; and applications for Leptin use.

- Dr. Leann Birch reviewed research on development of food preferences in infants and children, eating patterns developed in childhood, the detrimental effects of imposed restrained eating, and the growing trend of weight preoccupation in children.
- Dr. James Sallis reviewed current cultural shifts creating a more sedentary population overall, with special attention to the current lack of access to routine physical activity among school children.
- Dr. Sheila Parker addressed the need to understand cultural differences when assessing health issues and the critical importance of community involvement when developing research questions and eventual interventions.

Afternoon Sessions: Advocating and Supporting Collaboration Efforts

A speakers' panel with Drs. Sallis, Parker and Birch started off the afternoon to encourage collaboration efforts and point out barriers to collaboration. A summary of their comments follows:

- we need to create a better environment for our children--not just for dealing with obesity, but for overall health benefits of healthy eating and activity;
- more work is needed on parent-child interactions across racial and cultural groups since white middle class people are not representative of all communities; what parents do matters; parents and other community members must be involved in developing the research questions--is it relevant? Does it make sense? Is it needed?
- the most important thing about collaboration is to do it! Reach out to people from other disciplines and work with them. None of us has all the answers, nor should we think that we do. Collaborators can include many disciplines, including basic sciences and applied research; nutrition, physical education, public health, statistics, epidemiology, family medicine, pediatrics, etc.
- sometimes institutional barriers make collaboration difficult--physical separation of labs and staff; targeted funding streams. But the new Center could provide linkages to overcome some of these barriers.
- make sure that collaborators can look across issues, disciplines and cultures--including anthropologists can be very helpful; all research disciplines have their own "culture" and while some are not currently geared to collaboration, they can learn.
- individual researcher focus is often on taking credit and getting recognized. Collaborators need to discuss how to share credit; making group decisions on study design and study questions; making sure that your collaborators get credit within their departments; co-PI or getting share of overhead costs and making sure that there is some equity. Collaboration is not that "they" are giving you input, but that you are all making joint decisions. There is much to learn from each other.
- have to build in, up front, the time to build collaboration relationships. Is this realistic? What are work style differences, i.e., "finish" orientation vs. discussing process?; time frame issues. Really goes against standard academic culture, but it is what is needed.

Break Out Sessions and Reports

Five breakout groups then discussed the following topics: ideas for potential collaborative research; potential collaboration partners; barriers to collaboration and strategies to overcome barriers. Many ideas were generated; the following is a compilation of issues discussed.

A. Ideas for collaborative grant topics

1. Study describing the interface between malnutrition/hunger and obesity--cycle of poverty; the

- relationship between food access and obesity. (3 groups mentioned)
2. Look at pre-school physical activity levels.
 3. The effect of obesity in various kinds of after-school programs; can we examine the effect of the change in welfare reform?
 4. Investigate food in day care and child care and day-care settings (be sure to include very young children).
 5. Compare the effectiveness of various models of obesity intervention.
 6. Marketing research - how can we market healthy foods? Include communication research.
 7. What are the results of the Teen campaign in Project Lean? Look at another model for the Food Guide Pyramid; impact of media on health promotion?
 8. What are the educational effects of school/community garden projects?
 9. Develop Chinese-American model of childhood obesity prevention. (no models exist because obesity prevalence is lower in this group, but rates are increasing).
 10. The effect of dietary interventions on leptin during puberty.
 11. Study the effects of food on growth and development including food that includes pesticides, food preparation and other factors.
 12. Brain chemistry--how food affects mood and eating patterns.
 13. Look at intervention at the policy and environmental level--bike lanes, city parks
 14. Look at broader issues--academic performance; violence and behavior.
 15. Motivate change of behavior--what works for different ages, cultures and ethnicities; involve communities from ground up; involve youth in leadership role.
 16. Increase knowledge of medical providers; can we examine HMO interventions for obesity at a policy level?
 17. Looking at "junk food" on campus; vending machines; grass roots campaign--media literacy/critical thinking skills; getting the right people at the table; student leadership.
 18. Looking at resilience among fat children--how are they coping?; how does discrimination affect health?
 19. Wellness focused research-- reinforcing positive community physical activity for whole family; parenting skills; motivational techniques for parents; role modeling.

B. Who are potential members of our collaborative research team?

Public and private universities

Basic science people; applied researchers--all disciplines

Marketing/PR people, media professionals

Parenting experts; parents; PTA; kids, youth organizations, student body organizations; Head Start
"Real community people"

Urban planners, business sector; Unions

Social workers; mental health representatives; community organizations serving families

State and local political representatives

Churches; faith based groups

Recreation departments; sports activity leagues/associations; YMCA, fitness clubs; sporting goods manufacturers

State Dept. of Education; school districts, school food service

Drug companies; Funding representatives--private and public

State and local Health Departments, MCH branch, CHDP, Mental Health, social services, WIC

Health care providers and professional organizations; Kaiser, private HMOs,

Insurance Co.,

Prop 10 committees, local and state
American Heart Association; Cancer Prevention Groups
Food industry, McDonald's, Taco Bell
Professional facilitators; mediators

C. Potential problems with collaborative studies & possible solutions

1. Problem: Everyone has their own agenda
Solution: all should agree on the vision and something should be in it for everyone
2. Problem: It may be a financial sacrifice to work with low income.
Solution: Try to get funding from other sources
3. Problem: Collaborative work may take longer and thus be more expensive
Solution: Document importance of long term studies to get support
4. Problem: Collaborative studies may more often necessitate designs with control groups. There may be ethical problems in not providing the intervention
Solution: Use different interventions in different communities. Possibly use wait-lists for control groups, i.e. earlier control groups become intervention groups later in process.
5. Problem: Important to use community task forces but there are costs associated with this process.
Solution: If you have community leaders on the task force, they may be able to assist in raising money.
6. Problem: Government funded collaborative studies may require genomic component, but this is expensive.
Solution: Link into surveillance studies which are on-going and costs will be lower eg: WIC; Perinatal or CHDP; BRFSS; Healthy kids survey; Adolescent family life; link with other on-going research studies such as NGHS; Maternal/infant survey; etc.
7. Problem: Lack of education on this issue among administrators, lawmakers and policy makers contributes to lack of funding.
Solution: Widespread education on this topic must be done at every level.

The following were identified by groups as keys to successful collaboration:

1. Administration views this as a high priority and is supportive of the time and resources it takes to collaborate.
2. We all need to learn active listening and learning; take time to build relationships with collaborators.
3. Communicate beyond our professional discipline; read each other's journals.
4. Need to value knowledge of partners and stimulate appropriate integration of skills-determine skills unique to each partner, value and recognize unique strengths and contributions, be clear from the start that each partner plays a unique role, give credit to all partners.
5. Involve target group at every phase; multi-cultural perspectives must be considered; working families and pressures they face!
6. Clear written agreements; realistic time lines; professional facilitators.
7. Realize and recognize that several approaches may work; consider culture and value differences as strengths in addressing the problem.