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Educating parents about the epidemic our society is facing : child obesity

Jesus Narez
California State University, Monterey Bay

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Jesus Narez

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Scott Waltz

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(Blackstory)

In today's society, there are thousands of children facing many problems related to their health. One of those problems is child obesity. Child obesity is a serious problem for many children because the extra pounds they gain often start kids on a path to multiple health problems. A few of the health problems overweight children face are diabetes, high blood pressure and high cholesterol. Not to mention some kids feel ashamed of their bodies because they tend not to interact with other kids who don't suffer from obesity. When overweight children don't interact with other children most of the times it leads to affecting their social life.

Child obesity became an issue for me when I was doing my service learning hours at Marina Del Mar elementary school. When I was working on my service hours I saw a few kids in school developing child obesity and a few of them were already obese. The children that were obese started to develop some problems with their social lives. Doing my service I noticed that there were a few times when other kids called the obese children names like, fatty, jumbo among others. When the obese children heard how their peers were calling them names they did not wanted to join them for recess or lunch because they felt isolated from the normal kids. The children who were obese assume that no one wanted to play with them because they were fat and because they were not going to perform as well as the kids that were not facing the problem. For example, one time when I was going to take out the children out to recess most of them wanted to play soccer. When they got to the grass they right away started to select their own teams, when they were selecting their teams they always left the kids who were fat or overweight at the end and even some of the times they did not wanted them on their teams. The children who were not selected because of the problem they were facing with their body image started to cry and others

decided to leave the playground and do something else. Child obesity is not only seeing in school grounds but it is also seeing in our communities.

I currently work at a fast food restaurant. Most of the times when I am working I see a lot of people coming in and going out. Some of those people are small children. Those children are accompanied by their parents or sometimes they go alone. When I am taking their orders the parents always buy their children a huge amount of food for their small bodies. All the times the parents don't even buy their kids anything healthy. For example, the parents buy their kids big orders like large size meals with extra items, exceeding the calories that their children should consume. Some of the children I see at work are in the path of becoming obese and a few of them already face the problem.

Nature of the problem

Over the past few centuries child obesity has been increasing and has become an epidemic among children of all different ages and ethnic groups. Our society, community and parents need to get involved with this issue in order for there to be a change. But there is a small problem. Although many parents and community members want to help with the obesity crisis many of them do not have the information require to help the children. One of the most important influences on the issue of obesity among children are the parents. Parents should become role models for their children, but many of the parents do not realize how serious the issue of obesity is in today's society until it is too late. Parents have always brought a huge impact to their child's life by becoming role models. Hitti (2007), found evidence that suggested the eating behaviors of children and adolescents are shaped by parental feeding behaviors. Other studies have shown that parents who think that their children are overweight or at risk of becoming overweight are more likely to practice restrictive feeding behaviors. This means that if

a parent thinks there child is overweight, that child is more likely to have eating issues later on in life. Parents bring obesity into their children lives by having a lot of snacks or even food rich in saturated fat in the homes and by restaurants the children are being taken to. Parents in today's society have failed many times to distinguish when their child is on the path of becoming obese or is already obese.

There are many parents in today's society that fail to recognize when their children are at risk of becoming obese or are already obese. In an article about obesity, Hittti mentions that most parents recognize childhood obesity as a problem, but many of those parents fail to see it in their own children (2007). Due to the poor information parents have, most of the times they are unable to help their children with the epidemic we are facing in today's society. Overall, many parents don't recognize the extra weight in their own children. Doolen, Alpert and Miller found that the majority of parents, especially mothers, failed to accurately perceive the weight of there at risk for overweight child (2008). There has been a few studies investigated about parental misperception of their child's weight. Campbell, Williams, Hampton and Wake, conducted a surveyed to 324 parents of 4 year old children. They found out that 19% of the preschoolers were at risk or overweight, yet only 5% of the parents reported their child as overweight or in the path of becoming overweight (2006). Parents are the most important influencing factor when it comes to helping their children to prevent or reduce child obesity, but many parents don't see this issue until is too late for their child.

Parents are the key players in the prevention and treatment of weight related problems with their children, but many parents failed to see this issue. Crow and Golan (2004), mention that a greater proportion of the income from the family is spent on foods that are prepared outside the homes. Eating away from the homes is becoming more common in the U.S. Parent's have too

many things to do and the majority of the parents work a lot. Many of the children and the adolescent are preparing their meals and shopping for groceries themselves thus making poor food choices (Crow and Golan, 2004). A study was conducted by Framingham children's which suggested that parents who display high levels of disinherited eating may foster the development of excess body fat in their children. The authors made an interesting suggestion that this association might lead to be mediated by direct parental role modeling of unhealthy eating behaviors or by the suppression of the child's innate regulation of dietary intake (Crow and Golan, 2004).

Parents do not have an accurate perception of overweight and obesity with their own children. A study was conducted by S Alba and Wilkin (2005), which mentioned that 11 percent of children were obese and 8 percent of children were also overweight. 40 percent of the parents thought their children's weight were in the normal range. The parents on this study had a poor understanding on identifying their children's being overweight in both themselves and their children and were also less likely to detect overweight in sons rather than daughters (S Alba and Wilkin, 2005). Etelson, Brand, Patrick and Shirali mention that parents do not typically consult growth charts to determine whether a child is overweight (2003). Instead of doing this many parents notice when a child becomes overweight due to distancing or suffering from teasing in schools. Many parents also have a misperception on believing that a child's size is inherited and that the child will eventually shed excess weight with age (Brand, Patrick and Shirali, 2003).

Parents are the key role models in helping their children stay healthy, but many parents are ill educated and have poor information on the topic of obesity. Parents have poor knowledge as to when to distinguish if their children are obese or in the path of becoming obese. Also parents should educate their children to cook healthy meals, so when they are too busy to cook

the meals themselves, the children would know how to cook something healthy or make better choices when eating. Many parents also have a miss perception as to when to recognize the signs that their child is becoming obese. Parents should also become role models for their children so this epidemic can be reduced and prevent future children from becoming obese. Researchers should find ways to teach parents or give parents the necessary information for them to help their children to overcome the obesity crisis.

Groups and organizations help on reducing child obesity

Over the past few decades our society has seen an increase in child obesity. Child obesity has become a serious epidemic among children of all ages. In order to prevent this epidemic from becoming more drastic there has been a lot of groups, people, and organizations that have being fighting to reduce or prevent child obesity. In a series of studies many people have conclude that parent involvement with their child is an important element in the treatment of childhood obesity. Golan and Weizman (2001) came up with a model which suggests that it is the parent's role to offer a variety of healthy foods, planning, and assembly of meals for their children. With this model parents are taught general skills to enhance their daily practices and functions. Parents have to become the main agents of change in the child's life. The model was based from a previous data collection from different groups showing that obese children placed in a family based weight reduction program lost more weight and in the long run were consuming healthier foods (Golan and Weizman, 2001). This model helped parents induce change by becoming role models for their children on changing appropriate lifestyle behaviors, inducing environmental change, and promoting healthy habits in their children. Parents are not the only ones that could contribute to the epidemic about child obesity but also the family members could play a huge role in helping and motivating the children.

Family members could also bring a huge contribution to reduce child obesity. Families could become involved in this epidemic by bringing nutritional information home. Hoffman, Wilcox, Dunn, Leff and Power (2008) conducted a systematic review of 58 school based on nutrition education programs implemented in preschools and elementary schools. Schools based nutritional programs send information to the children's homes because parents frequently find it hard to attend school events. The information was sent via books. The books were intended for parents and children to read them together. The books were designed to provide multiple opportunities for children to response to, communicate a simple health message, and contained a variety of activities designed for the children to complete with adult assistance. At the end of each book there was a brief questionnaire for both parents and children to complete. The books were assigned as homework and they were also available in English, Spanish, and Vietnamese.

To measure the impact of the books in families, the authors created a scale of 1to 3, 1=being not at all acceptable, 2=being a little acceptable and 3=being a lot/very acceptable. When parents were ask if they enjoyed the reading the books with their child, most parents responded with a scale ranged from 2.84 to 2.91. When parents were asked how much they learned from the book they responded 2.82 to 2.91 and children responded with the same score. Parents also reported a 0.43 serving per day increased; they also reported that their children were eating 0.54 and 0.36 more servings of fruits and vegetables per day. Books are not the only way to prevent child obesity but are great tool to get child and parents awareness about the issue. Another great technique on tackling child obesity is teaching parents about the meals they should eat and cook at home.

Linneman, Hessler, Steger, Anhuynh and Joshua conducted a study to assess the accuracy of parent's report of their preschool child's fruit and vegetable intake (2004). During this study

the parents of the children were offered a meal. Participants were instructed to take as much food as they wanted for their child and themselves. After the participants were done with their meals, they were ask to leave their trays on the tables. Once the parents left an observer completed an independent plate waste evaluation. One of the observations made was that there were parents/children who did not eat the raisins in the oatmeal raisin cookies. This suggested that parents may not be as educated that eating fruits and vegetable are an important part of a well balanced meal. Another observation was that 100% fruit juice was also left on the plates. This may be due to the varying amount of fruit juice found in fruit drinks and can make it difficult for parents to remember the percentage of actual fruit juice (Linneman, Hessler, Steger, Anhuynh and Joshu, 2004). Schools with the help of parents play a huge role on reducing the epidemic we are facing with child obesity.

Schools implemented a statewide school based Body Mass Index (BMI) screening and parent notification programs. Under this program there was a self administered survey that consisted of 33 questions. The survey included mostly closed ended questions about parents opinions regarding school based height and weight screening, opinions about the BMI notification letter, and weight concerns (Kubik, Fulkerson , Story, and Rieland, 2006). Parents receive a BMI letter about the results from their children's screening. Among the survey's respondents, 78% believed it was very or somewhat important for schools to include height and weight as part of annual student health screening (Kubik, Fulkerson , Story, and Rieland, 2006). Among the parents who received the BMI letters had expressed a weight concern for their child. About 8% of the parents planned to seek medical services or make diet related changes, 27% reported plans to increase exercise or sign up their child for sports or other physical activity. Another observation was that almost 4 out of 5 parents felt it was important for schools to

include height and weight as part of the annual student health screening. Other parents wanted to receive height and weight information along with BMI information every year. Schools are not the only solutions to provide information for parents, but there are other organizations that are coming up with new programs to reduce the epidemic we are facing with child obesity.

Dr. Gerard J. Musante, founded a program to combat childhood obesity. The program is called Healthy Starts at Home (HSH). This program is an 8 week parent education program to provide parents with the tools they need to cultivate healthy lifestyles for their children. Hareyan mentions that the program would be led by a clinical psychologist and a registered dietician with extensive experience in family base weight management for children and adolescents (2007). This program would include different sections for the parents such as meal planning, nutrition, self-esteem and body image, increasing physical activity, smart snacking habits, and maintaining healthy habits (Hareyan, 2007). With the Healthy Starts at Home program each class will consist of 10-15 parents. The program will be held one evening per week for about 75 minutes.

Over the last few decades there has being an increase in child obesity. During the last past few years there have been a lot of groups, parents and organizations who are fighting to control the problem of child obesity. There have been a lot of positive things that have been done. Some of the things that have been done are; parents have been taught about healthy food choices for their children, reading books to become aware of the issue and also creating programs to help parents to properly communicate with their children on the issue of obesity and also to educate parents on this rising epidemic.

Community partner

Child obesity became a big concern for me because I realize that many parents do not have the necessary information to prevent the issue, help their own children or even understand their own children when they are in the path of becoming obese or are obese. I want to inform parent's about this issue so they could pay more attention to their children and help them as they grow older. My main focus would be to teach parents about the epidemic we are currently facing with child obesity. My community partner would be Annabel and Anna from the Healthy Start program in Salinas. I decide to teach parents about child obesity because that's what I found to be the nature of the problem that many parents have a poor understanding about what is child obesity and on ways parents could help their children.

My main focus at Healthy Start would be to educate parents about child obesity and what are the first steps parents should do to prevent this epidemic. A few of the main points I would be touching on would be, teaching parents about child obesity, the risk factors, when to know if their child is obese or is in the path of becoming, teaching parents how to measure the BMI, encouraging parents to buy healthier food and also encourage parents to teach their children how to make an easy and healthy meals. I am also going to touch on points parents don't know. Such as why is child obesity so important, present some solutions to the problem and inform the parents of why is it important to keep their children healthy.

As I had the opportunity to sit with my community partner (Annabel Rodriguez) we talk about the issue of child obesity. Both of us decide to work together on the project by giving parents lectures about the issue on child obesity. I am going to go to two or three different classes to present the information to parents/adults. In those classes I am going to be giving small lectures to parents/adults about the problem of child obesity. We also come to a plan that I should visit the classrooms more than one time. During my first meeting I am going to give the

parents a survey to find out how much information they actually know about child obesity. Should them a video clip about child obesity, teaching them how to measure the BMI and also presenting them with information of why is child obesity so important. Annabel told me that the next time we meet she wants me to have a draft of the survey I plan to do. She mentioned that she would also help me to modify the survey if I needed the help. At the second meeting I would be presenting the parents with solutions to the problem, teaching them how to read food labels, and creating different activities they could do with their children. Annabel also told me to find information about Latinos parents and what they know about child obesity, immigrant parents and their knowledge about child obesity, and also to link nutrition to learning. She wanted this extra information because the majority of the people who attend classes at the Healthy Start center are Latinos, Hispanic and immigrants.

The mutual effort would be really beneficial for both of us. It is going to be beneficial for me because in a near future I am going to become a teacher or a parent and I would know how to distinguish when a student of mine is obese or is in the path of becoming obese. It is going to be really beneficial for the parents because they are going to obtain the knowledge to help their children in the near future and hopefully pass the information they have gained to their families and friends. Also I hope that a few of the parents would use the information to help themselves from becoming obese or to reduce obesity among them.

Significance of the Project

Child obesity has become a huge issue for thousands of children. In the past few decades child obesity has become an epidemic that needs to be stop. For the significance of my project I would like to increase an awareness of child obesity among parents and adults, help parents

know when their children are at risk of being obese, the problems they face, consequences children could face when they get older, health problems, encourage parents/adults to not buy unhealthy food for their children like candies or sweet food, and encourage parents to teach their children how to prepare healthy meals. The project will make a difference beyond its own specific goals because the parents are going to be taking the knowledge gained with them to help their children or even help themselves. This project would also help the children by lowering blood pressure, fewer incidences of diabetes; increase the self-esteem among children and others. Not only is the project going to meet the specific goals but it is also going to be designed to make an impact among parents who have a poor knowledge on child obesity.

My project is unique in a sense because parents are going to obtain the information in both English and Spanish, presenting the issue to the parents with different approaches, giving parents a survey at the beginning to see how much they know about child obesity, and giving parents a post test at the end to measure how much they have learned.

Throughout my college education I have seen how children from all different ages suffer from child obesity. Some of the courses that this university offers has help me open my eyes to this issue. For example, LS298 and LS398 have helped me understand this issue by going into different classrooms and seen children becoming obese or even obese children. By doing some research I found out that many parents don't understand this epidemic because of the lack of information they have on child obesity. My goal with this project would be to educate parents from low income families so they could teach and help their children. California State University, Monterey Bay has helped me in different ways to understand the problem that many parents face of not having an education. There has been a lot of course I have taken here at CSUMB that have helped me reach my academic goals. One of the things I have learned is the

different teaching methods we could use to teach. I plan to use the teaching techniques I have learned with the parents at Alisal Healthy Start.

Assessment for your Project

The assessments I plan to do to make sure my project has work, is to create a survey to see how much information parents know about child obesity. The survey is going to be giving out to the parents the first day I go into the classrooms. The survey is going to include simple questions about child obesity. It is also going to be in two languages English and Spanish. But the parents are going to do the survey and the post test in Spanish since that's their native language. I am going to create the survey with the help of my community partner. Another thing I plan to do is to create a post test to give it to the parents at the end of my visits to measure the information parents gained with my presentations.

In order to find out if my project worked fine I am going to be collecting data from the surveys and the results from the post test. The first step would be to compare all the answers from the survey and see how much information parents know about child obesity. After collecting all the data I am going to create two lesson plans to teach the parents the information they don't know about the issue. After I create the lesson plans I am going to be teaching parents the things they don't know or are not aware off. When I finish presenting the information to the parents I am going to give them a post test about the main points I presented and the points parents did not know about. Then I am going to compare the data and see if parents learned something with the presentations I gave them and if their point of view change towards child obesity. To figure out if what I planned actually was accomplished would be talking to the parents and also with Annabel. When talking to the parents I am going to ask them a few questions about the topic on obesity and also asking them what they learned from the

presentations. Talking with Annabel, she mentioned that at the end she was going to give me her opinion about my presentations. Annabel told me that my presentation was great, that I touch on some of the most important points related to child obesity and the main issues. She also mention that I did a great job on getting most of the parents involve in the conversation about child obesity. A few of the recommendations that Annabel gave me were that for a future presentation make sure to test everything out before I do something, she also said that it would of have been nice to give the parents more examples on how to measure the BMI and to talk less to the parents.

Details, Deliverables and progress timeline

After thinking about it for a long time I have figure out what I am going to do with my project. Since my project focuses on informing parents about the epidemic we are currently facing on child obesity, my project goals are to increase the awareness of this issue to parents in the Alisal community. With the discussion I had with Annabel we both came up with an agreement that I am going to be giving small lectures to two or three of the classes she teaches. For my project, I am planning on creating different lessons to present to the parents in which they can be able to understand it. These lessons are going to include the information that parents don't know about child obesity so they could become aware of the issue. I am planning on creating these lessons for about 20 minutes to 30 minutes (when presenting my lesson plans they took more than 45minutes). This would allow the parents to learn something new and for me to not present the information all at once. For my first lesson I am going to present the parents the problems with child obesity. For example, the health problems children face, problems they face in schools among others. For the second workshop I am going to present different solutions to the problems. For example, teaching parents ways to help their children, giving parents a few

articles to read or for their children to read to them about why is it important to stay healthy, coming up with different activities parents could do with their children among others. My community partner has asked me to create a survey to take it the next time we meet along with additional information on child obesity related to Latinos, immigrants and Hispanic.

Deliverables:

- The survey in both English and Spanish(See appendix A for an example of the survey)
- The post test both in English and Spanish (See appendix B)
- The lesson plans both in English and Spanish (See appendix C)
- The power point, the English version as well as the Spanish version(See appendix D)
- The flyer in Spanish (which is not include in the essay, but it would be include in the notebook).

Time line:

- Over the next week I am going to visit my community partner. The next time I meet with Annabel she wants me to have information on immigrants education on child obesity, Latinos education on child obesity and have a draft for my survey.

- I am planning on going into the classrooms two times, to two or three different classrooms.

- The first time I go into the classrooms I am going to give the parents a survey to measure how much information they know about child obesity. Also on the first visit I am going to present the parents with the basic information on child obesity, why is it important, teach them how to measure the BMI among others.

- In my second workshop I will present different solutions to the problem, help parents create different activities to do with their children, teaching them how to read food labels and more. Also in the second workshop I am going to give the parents a small post test to see how much did parents actually learned and what was beneficial from the two different workshops.

- After doing all this I am going to set up a meeting with Annabel to discuss my project and to see how it work out and if it actually help some parents.

Results summary:

Presenting my project on child obesity was really interesting but at the same time it was kind of hard. It was interesting because some of the parents were not aware of the issue on child obesity, other parents knew what was it about and a few of them recognize child obesity as being a problem but they had a hard time distinguishing it among their children. For the assessment tools I gave the parents a survey the first time I went. The survey is under appendix A in both English and Spanish. The survey includes simple questions for the parents/students to answer about the issue on child obesity. The intention of the survey was for me to figure out what information did parents knew about child obesity. I created the survey really simple for the parents because there were a lot of parents that had a really hard time reading and writing. Other parents did not had this issue. Even a few of the times I had to answer the questions for the parents because they did not knew how to write/read or they were just starting to learn how to write. It was also a big challenge because a few of the parents did not understand the questions so I had to give them some examples and short explanations.

Another issue I had with the survey was that there were some students that did not had any children. For the students that did not had any children I told them they could write about their nephews, brothers, sisters or any family member. One of the things I love the most about giving out the survey to the parents/students was that I saw a lot of interesting responses to a few of the questions. Some of the parents even made me laugh because they were telling me all their personal information about their health, which I thought it was great because I got to learn something about their lives. The survey was only the beginning of my assessment tools. The next tool I used to find out what information did parents knew about child obesity was giving the parents a post test at the end of my visit.

When I was creating the post test I had a lot of things in mind I wanted to include, but at the same time I needed to limit myself. Creating the post test was not easy because I wanted to include the questions that would help me to find out what I parents learned, things they like about both of the workshops, things they would suggest me to do, and things I could do in a near future to improve my presentations/workshops. I also had problems because I had to keep in consideration that when I gave the parents the survey it contained 11 questions and many parents took a long time to answer the questions and others had a hard time answering the questions. So for the post test I decide to include only five simple questions. See appendix C for the post test in English and Spanish. When I pass out the post test to the parents they were really happy and enthusiasm on completing it. I was amaze on how much information did the parents actually learned. The majority of the parents learned a lot and even some of the parents learned how to calculate the BMI. One of the parents told me that he learned different activities on how he was able to help his child. Other interesting things I found out by doing the post test was that many of the students/parents love my presentation and they even ask me that if I could of present them with different issues and helping them create different solutions to the problem. A few of the parents told me that it would of being nice to create a small book for them. They told me that it would of being nice because in the book they could be learning different things like reading, writing and getting inform about child obesity.

One of the things I would like to create to improve my presentations/workshops for the future would be to create a workbook for the parents. This was one of the recommendations that a few of the parents suggested. They mention that it would of have been really good if I had created something for them to read, write, color and learn from it. If in a near future I decide to work on this type of project I would create a workbook for the parents. In the workbook I would

include, small lectures, coloring pages, writing sections, activities parents could do with their children and giving parents some solutions or suggestions about how to improve the lives of their children or even the parents/students lives. The small lectures would of being nice because parents would learn how to read, the writing sections would help parents on their writing skills, include some math problems to help parents with their math skills, the coloring pages would be also fun for the parents because the first day I walk into the class there were a few parents coloring and they seem to enjoy it a lot. The most important things I would include in the book would be giving the parents suggestions on how to improve their child's lives, teaching parents simple activities they could do with their children and also providing parents with some of the solutions to the issue on child obesity.

Working on this project was something really interesting, but at the same time it was really hard. I learned a lot of things by working on this project especially form my own community. I found out that most of the parents had some type of information that was related to child obesity, some parents were not aware of the issue and the few parents that knew about the issue fail to recognize the problem on their own children. I also learned that it was really hard to present my project to the parents. It was hard because when I was giving the survey or post test to the parents there were a few of the parents that did not knew how to read and write. So I had to write and read the questions for some of the parents.

Another issue was when I was teaching the parents how to measure the BMI. This was a bigger issue because some parents were barely learning how to add and subtract and other parents were already in advance algebra. For this issue I just pair up the parents with one another. I put the parents that were learning how to add and subtract with the parents that were more advance. This came up to be a really good idea because the parents were working together,

they were teaching each other and they were getting to know each other even more. I also gave the parents my own example and we went over the answers on the board. When I was going over the answers I ask for some volunteers to work on the problems. Going over the answers was good because I found out that some of the parents figure out how to calculate the BMI. Another thing that I learned was on how to make sure that every parent/student was involve in the discussions we had. It was hard at the beginning because some parents/students were shy and others were not. But as soon as they saw and heard that other parents/students were giving their own examples, explanations and opinions the shy parents/students got involve in the discussions making the discussion more interesting.

The Healthy Start center and the classroom that I worked with were great because they did help me a lot, especially Annabel. Annabel was a huge help because she help me in every single thing I had trouble with. For example, she gave me some advice on how to make my presentation even better, she help me to create my survey and one of the things I like the most about her was that for about a month and half we were setting meetings to talk about my progress. When working on the classroom I also received a lot of great help from other people. One of the other persons that helped me a lot was Ms. Anna. Ms. Anna is the teacher from one of the classrooms I presented my project. She also gave me some really interesting suggesting on how to make my presentation better. For example, she was the one who told me to make sure to include different examples for parents about measuring the BMI. She said that this would be really interesting for parents to learn because they were also going to show their math skills. The Healthy Start center, Annabel and Anna were great on helping me with my capstone project not to mention that the parents/students were also really helpful on making my capstone project a success.

Appendix A

Child obesity survey for parents 2009 (English version)

1. What's your relationship with the child?

2. What is the age of the child?

3. Does the family has a history of obesity?

4. Do you feel your child is overweight? And if he/she is overweight, what do you think is the reason for being overweight?
    - The child's diet
    - The lack of physical activity in the house
    - Genetics
    - The time the child spends with the family (doing more activities together, example: a trip to the park)
    - The lack of information on what type of food the child should eat, including the amount of calories they should consume in a daily basic
    - Other

5. Do you reward your child using food? If yes, what type of food do you use?

6. In your family, how many times do you usually go out to eat fast food? If your answer is yes, what type of food does your family usually consumes?
7. How many times of the week does your child practices some sore of physical activity? (example: go on a walk, play outside the house, being involve in a type of sports)

8. What do you think is the problem with child obesity?
9. What are the some of the consequences that you believe are related to child obesity?
10. Does your child suffer from low self-esteem? If yes, why?

11. Has your child face any bullying in school because of her/his weight?

Appendix A cont.

2009: Cuestionario en la obesidad entre los niños/as (Spanish versión)

1. Cuál es su relación con el niño/a?

2. Qué edad tiene su niño/a?

3. En la familia, hay una historia de obesidad?

4. Siente que su hijo/a esta pasado de peso? Y si lo está cual piensa que es la razón?
    - Su dieta (lo que el niño/a come)
    - No hay suficiente actividad física
    - Genéticos
    - Falta de compartir más tiempo con la familia (hacer actividades juntos, ejemplo: un paseo al parque)
    - Falta de información sobre cómo alimentar a du hijo/a?
    - Otro
5. Recompensa a su hijo/a usando comida, por un buen trabajo/comportamiento con comidas especiales? Si es así que tipos de comida usa?

6. En su familia, cuantas veces a la semana salen a comer comida rápida? Si repuesta es si, qué tipo de comida es la que comen?

7. Cuantas veces a la semana sale con su hijo/a hacer actividades físicas? (ejemplo: ir a caminar, jugar en su casa, hacer deportes)

8. Qué piensa usted que es el problema con la obesidad?

9. Cuáles son las consecuencias que usted piensa que están relacionadas con la obesidad?

10. Su hijo/a sufre de un auto estima bajo? Si es así, por qué?

11. Alguna vez su hijo/a a sido burlado por su peso?

Appendix B

Post test on child obesity (English version)

1. What impact did the presentation had on you?

2. What did you like about the presentation?

3. What did you not like from the presentation?

4. What did you knew about child obesity before the presentation?

5. On a scale from 1 to 10, 1 being the worse and 10 the best. How would you rate this presentation?

Appendix B Cont.

Examen Final (Spanish version)

1. Cual fue el impacto que esta presentación causo en su vida?

2. Que fue lo que más le gusto de esta presentación?

3. Que fue lo que no le gusto sobre la presentación? O como podre mejorar la presentación en el futuro?

4. Que sabía usted sobre la obesidad infantil antes de la presentación?

5. En una escala del 1 al 10, 1 siendo el peor y 10 el mejor. Cómo calificaría esta presentación?

Appendix C

Child obesity (20-30min) Part #1

Objective:

- The students (parents) are going to learn about child obesity, the problems cause by obesity, how to measure the BMI and to give their opinion of what they think is child obesity or how it relates to them and their families.

Goals:

- The students are going to learn about what causes child obesity and why is child obesity has become an epidemic and a huge health concern
- The students are going to discus among each other about their opinions about child obesity, discus with each other, give their own opinions and learn how to measure the BMI

Materials:

The materials for this part of the section are as follows:

- Video clip from youtube on the obesity of Latin people
- Paper
- Pen or pencil

Procedures:

1. Pass the survey to the parents about child obesity (5 minutes)

2. Ask the parents questions about what they know about child obesity (3-5minutes)

3. Show the parents a video about obesity: (http://www.youtube.com/watch?v=I-JUPPTl8yE&feature=player_embedded): (*Contacto Latino: Child obesity* video) (10minutes). After the video is done I am going to ask the parents to discuss the video. I would ask question to the parents to get them involve and also to know what they think about the video. (5 minutes)

4. Present the problems that are related to child obesity (5 minutes)
    - Health problems
    - Problems the children face in school, community, with their peers, ect.

5. Teach the parents how to measure the BMI of their children
    - 18% or less (consider underweight)
    - 19% to 24% (is consider normal)

- 25% to 30% (is consider overweight)
- 31% or higher (is consider obese)

How to measure the BMI

- Multiply the weight in pounds by 0.45 (Kg)
- Multiply the height in inches by 0.025(M)
- Get the square root of step number 2
- Divide the answer from step number one with the answer from step number three
  My example:
  Weight: 147 X 0.45= 66.15Kg
  Height: 68 X 0.025= 1.7m
  Square root: 2.89
  Answer: 66.15/2.89=22.89

Second part: Present some solutions so parents could help their children

Objective: The students/parents are going to learn different solutions that they could implement or use to help their children to maintain a proper weight

Goals:

- The goals for the second part are that the students/parents are going to learn different ways to help their children to maintain a healthy weight
- The solutions for this part are going to be presented with a poster or a power point

Materials:

- Poster/power point with pictures and short explanations about healthy foods and foods children should not eat
- Different activities to get the parents involve
- Paper
- Pencil or pen
- Some information to pass out to the parents

Procedures:

1. Create a poster with images of healthy foods and non healthy foods or show the parents a power point about some food that it is healthy for the children and the food that is not healthy (10 minutes)
   - In the poster I am going to include pictures and activities for the parents to do with their children
   - I would also include some short explanations about why the foods in the poster/power point are healthy not healthy
2. Present different solutions to the epidemic on child obesity (10 minutes)

Appendix C cont. (Lesson plans, Spanish version)

Información sobre la obesidad en los niños/as (20-30minutos) Parte 1

Objetivos:

- Los estudiantes van a saber sobre la obesidad en los niños/as, los problemas que causa la obesidad, como medir la IMC y dar su opinión de lo que ellos/as piensan sobre el tema.

Metas:

- Los estudiantes van a aprender de que cause la obesidad y por que la obesidad es un tema muy serio en esta época.
- Los estudiantes van a discutir lo que ellos piensan que es la obesidad, discutir entre ellos, dar su opinión y saber cómo medir la IMC

Materiales:

Los materiales para esta parte de la presentación son:

- Video sobre la obesidad en la comunidad Latina
- Papel
- Lápiz o pluma

Procedimientos:

1. Pasar el cuestionario a los padres sobre la obesidad (5 minutos)

2. Hacer preguntas a los padres sobre que piensan que es la obesidad. (3-5minutos)

3. Presentar el tema de la obesidad en los niños/as:
    - Mostrar un video sobre la obesidad en niños/as latinos/as (http://www.youtube.com/watch?v=I-JUPPTl8yE&feature=player_embedded): (*Contacto Latino: Child obesity* video) (10 minutos)

    - Después de que se termine el video: Discutir el video con los padres. Hacerle preguntas a los padres sobre el video. (Involucrar a todos los padres para que puedan dar su opinión sobre el video) (5 minutos)

4. Presentar los problemas relacionados a la obesidad: (5minutos)
    - Problemas de salud
    - Problemas que pasan los niños/as en la escuela

5. Ensenarle a los padres como medir la obesidad: (5minutos)
    - 18% y menos (bajos de peso)

- 19% al 24% normal
- 25% al 30% sobre peso
- 31%+ obeso

a. Multiplicar el peso en libras por 0.45(Kg)
b. Multiplicar el tamaño en pulgadas por 0.025(M)
c. Sacar la raíz cuadrada del paso numero 2 (multiplicar la respuesta dos veces por si misma)
d. Dividir la respuesta del paso numero uno con la respuesta del paso numero 3

Mi ejemplo:
Peso: 147X0.45= 66.15 kg
Tamaño: 68 X 0.025= 1.7 m
Raíz cuadrada: 2.89
Resultado: 66.15/2.89= 22.89
Un pie es 12in

Parte 2: Presentar las posible soluciones para ayudar a los ninos/as

- Al comenzar la segunda parte: preguntarle a los padres/adultos que fue lo que aprendieron el primer dia.

Objetivos:

- Los estudiantes van a aprender varias soluciones que pueden usar para ayudar a sus ninos/as a mantener un peso ideal.

Metas:

- Las metas para esta segunda parte son en que los estudiantes/padres van a aprender diferentes maneras de como poder ayudar a sus hijos/as a mantener un peso ideal.

- Las soluciones para esta parte seran presentadas con un power point

Materiales:

- Power point con imagenes y explicaciones de las comidas saludables y comidas no saludables
- Diferentes actividades para que los padres/adultos puedan hacer con sus hijos/as

- Pluma y papel

Procedimientos:

1. Crear un poster con clasificaciones de comidas saludables y no saludables (myfoodpyramid.org) o mostrar un powerpoint sobre comida saludable y no saludable (10minutos)
    - En el poster se va a incluir fotos, actividades, ect.
    - Pequeñas explicaciones sobre porque la comida es saludable o no es saludable

2. Presentar diferentes soluciones al problema (10minutos)
    - Hacer ejercicio
    - Comer más saludable
    - No darle comida chátara a sus hijos/as
    - Motivar a los niños/as
    - Ensenarle a los niños/as hacer su propia comida saludable
    - Hacerle preguntas a los adultos de cosas que están asiendo para ayudar a sus hijos? Y si están funcionando?

3. Pasar actividades para que los niños/as les puedan leer a sus padres

4. Preguntas y respuestas (5minutos)

Appendix D

Power point

Child obesity

Jesus Narez
California State University Monterey Bay
December 7, 2009
LS 400

Latino Food Pyramid

- A 7-day Healthy Latino Meal Plan
- A bilingual Latino Lifestyle Calendar
- English and Spanish

Fruits and Vegetables

- One third of the plate should be made up of fruit and vegetables
- Fresh and frozen vegetables count
- One portion is 80g or a handful

Bread, other cereals and potatoes

- One third of the plate should be made up of this food groups
- Examples: all types of bread, crackers, breakfast cereals, oats, pasta, noodles, rice, potatoes, and yams
- Wholemeal or whole grain

Meat, Fish and alternatives

- Examples of foods in this group are:

1. Meat
2. Poultry
3. Eggs
4. Beans
5. Peas
6. Lentils
7. Nuts
8. Seeds
9. Soya bean

Milk and Dairy products

- Eat three portions from this group daily
- A portion is 1/3 pint of milk
- A small carton of yogurt or a piece of cheese the size of a small matchbox

Appendix D Cont.

Fatty and sugary foods

- Examples:

1. Butter
2. Margarine
3. Cream
4. Cooking oils and fats
5. Mayonnaise
6. Cakes
7. Biscuits
8. Puddings
9. Pastries
10. Crisps
11. Ice-cream
12. Sweets
13. Sugar
14. Jam and non diet fizzy drinks

Unhealthy foods

1. Pizza
2. Cheese
3. Cake
4. Soda
5. Hotdogs
6. Ice-cream
7. Candies

Candy

- To much excessive candy is not good for the children

Fast food

- Fast food is never good for children
- Parents should only give fast food to their children once every week
- It contains a lot of calories, trans fat, saturated fat and sugar

Teaching parents how to read food labels

- How to read a label
- What is healthy
- What is not healthy

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Appendix D Cont.

Power point (Spanish version)

Obesidad infantil

Jesús Narez
California Statal Monterey Bay
LS 400
Diciembre 8, 2009

Granos

- Consuma al menos 3 onzas de cereales, panes, galletas, arroz o pasta
- Busque la palabra "integral" antes del nombre del cereal en la lista de ingredientes

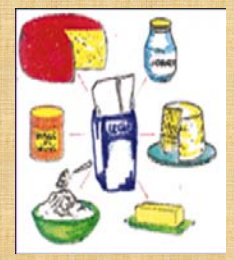
Verduras y frutas

- Consuma mas verduras naranja
- Consuma mas frijoles y guisantes
- Consuma frutas variadas
- Elija frutas frescas, enlatadas o secas
- No tome mucha cantidad de jugo de frutas

Aceites

- Trate de que la mayor parte de su fuente de grasas provenga del pescado, las nueces y los aceites vegetales
- Limite el consumo de grasas solidas como la manteca, la margarina en barra, la mantequilla y la grasa

Productos lácteos



- Consiga productos descremados o reducidos en grasa
- En caso de que no consuma o no pueda consumir leche, elija productos sin lactosa u otras fuentes de calcio

Carnes y frijoles

- Elija carnes y aves de bajo contenido graso o magras
- Cocínelas al horno, a la parrilla o a la plancha
- Varié sus opciones con mas pescado, guisantes, frijoles, frutos secos y semillas

Appendix D Cont.

Power point (Spanish version)

Comidas no saludables

- Pizza
- Hamburgesas
- Dulces
- Nieve
- Comida chatarra
- Pastel
- Ect.

Comida chatarra

- La comida chatarra nunca es buena para los niños/as
- La comida chatarra contiene muchas cosas que no son saludables para los niños/as

Ingredientes en la comida

- Que es saludable?
- Que tipo de comida no es saludable?
- Cuantos porciones tiene la comida?

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