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Childhood Obesity in Low-Income Dallas Neighborhoods

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Big iDeas at SMU
<http://www.smu.edu/bigideas/>

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1. Title of Project: Childhood Obesity in Low-Income Dallas Neighborhoods

2. List of Student Participants

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Year of Study: Senior, graduating May 2008

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Year of Study: Senior, graduating May 2008

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Year of Study: Sophomore, graduating May 2010

3. Faculty Cooperator: Bruce Levy
Senior Lecturer, General Studies
Director, Center for Inter-Community Experience

4. Statement of the problem or issue, proposed methodology, and rationale.

Problem

Childhood obesity stands at the forefront of problems in the city of Dallas. The research and statistics attest to the problem. Pre-existing studies demonstrate that proper nutrition and regular exercise are necessary to prevent obesity. The real problem lies in the fact that the children and parents in our community are not properly educated on the importance of diet and exercise. Studies reveal a correlation between low income and high obesity. It is apparent that the families in low income communities do not always have the time or the means to provide nutritious meals for their children. Fast food and boxed meals are replacing lean proteins and fresh fruits and vegetables as a quick and easy alternative. Children in low-income communities lack proper environments for physical activity. Whether it is the lack of exercise in after-school programs or unsafe neighborhood environments, children are prevented from playing outside. Parents themselves set a poor example if they do not exercise regularly and eat healthy foods. The multitude of causes contributing to childhood obesity is enough to force us to show concern about the wellbeing of our city.

According to the Center for Disease Control, the number of obese students Dallas rose from 14.9 percent in 1999 to 21 percent in 2005. Obesity levels are on the rise and there appears to be little resistance to them slowing. Children are becoming more overweight due to an imbalance between their daily caloric intake and the calories burned in physical activity, metabolism, and normal growth. Several factors can contribute to this imbalance including genetics, behavioral factors, and environmental factors. Some of the risks associated with obesity include the increased risk for heart disease, high cholesterol, type II diabetes, asthma, sleep apnea, depression, and social discrimination. Once the patterns of unhealthy lifestyles are established, children are 80 percent more likely to be overweight by age 25 (CDC). For the welfare of our country, we should be educating those rising up to be our future leaders. So, why not start in our own community?

It is no secret that Americans are overall more obese than any other nationality in the world. Over 32 percent of Americans are now considered obese, more than twice the percentage 25 years ago, and 66 percent are overweight. Our nation is becoming increasingly unhealthy and we are turning a blind eye to the fact that the health issues are self-imposed. In reality, the current political debates should concern *prevention* of unhealthy lifestyles and the *promotion* of nutritional and physical education.

To combat this problem, we propose a pilot program that will be readily reproducible throughout the city. We will build upon longstanding ties and a tradition of trust that has

been cultivated between SMU's Center for Inter-Community Experience (ICE) and the low-income neighborhoods of East Dallas.

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Proposed Methodology

In order to combat this problem, we will reach out to the underserved and underprivileged communities in proximity to SMU. Direct contact and communication with these communities is the only feasible method of outreach because they typically lack the resources and education that they need to help overcome this barrier; a problem their middle class and upper class counterparts have the means to overcome.

To overcome this problem in Dallas we will collaborate with existing community organizations whose mission is to address obesity. We have established ties with the American Diabetes Association and the YMCA, both of which have national campaigns and programs already in place to combat childhood obesity. We have met with representatives from both organizations and they have partnered with us to provide resources and guidance. This includes an eight-week educational plan as well as a directed fitness program provided by the YMCA. In addition, we have created a collaborative partnership with the Dallas Area Obesity Coalition. The advocacy manager of Children's Medical Center-Dallas, who has a Master of Public Health, has agreed to serve as our external advisor. We will use the organizations as a platform for guidance in the progress of our project, for resources on our subject matter, and for tools and connections with our target community.

In addition, we will implement our program in a DISD elementary school within our target community to establish a direct connection with the families and children we hope to reach. We will focus our initial attention on Robert E. Lee Elementary School, with which the ICE Center has had a long partnership, mentoring and tutoring at risk children. By piloting our program within an elementary school, we will have an established method on how to directly communicate with our participants. We will focus our pilot program on 20 families that meet our pre-determined criteria. Each family must have at least one or more children that are currently considered clinically obese by accepted medical standards; face at least one social barrier such as low income, a lack of education, reduced access to current health information and medical treatment and language or cultural barriers. In addition to families meeting these criteria, each participating family will voluntarily agree to be a part of our program.

The first phase of our project will be to test participants on their knowledge of healthy practices and current lifestyles including activity levels, eating habit, and perceptions of obesity. At that point, educational plans will be constructed and implemented. Our plan will include health and nutritional education for the parents and children. All educational materials will be geared at an elementary level of comprehension to ensure that both parents and children are able to use them. We will meet weekly with the parents and children in the schools. In addition, the families will go to the YMCA three times a week to meet with the wellness representative and engage in physical activity as a family.

Rationale

This project will have a lasting effect on the way these children view eating and their future health. It will also change the negative habits the parents learned when they were young. By targeting underserved communities, we are leveling the playing field by providing the same knowledge and resources that parents and children in higher-income areas benefit from. The only way to prevent a major health crisis is through increased educational programs that make people re-think their perceptions of food and exercise.

5. Proposed Timeline:

February:

- Continue researching Dallas childhood obesity statistics (studies of the local Dallas population are available from the Center of Disease Control)
- Identify the 20 participating families through or partnership with Robert E. Lee Elementary School
- Obtain educational materials from the American Diabetes Association and determine how to implement the program with our target families
- Establish contact between families and the YMCA
- Finalize our program schedule, education plans, and fitness activities.

March & April:

- Direct weekly education programs.
- Record the progress of our participants, weekly.
- Meet with the YMCA representative for regular update status of participants.
- Meet with partnering organizations regularly to discuss the progress of the project.
- Continue seek guidance and critique of both our external and internal advisors routinely.
- Conduct workshops in conjunction with local supermarkets to educate our participants in shopping strategies.
- Provide a healthy cooking seminar that includes supplies for families to reproduce healthful meal at home.

May: ☐

- Evaluate the progress of our participants through post-assessments.
- Evaluate the effectiveness of our study.
- Determine what parts of our program would have to be revised for further implementation of our program in other areas.
- Decide the next possible steps of our program.

6. Anticipated Budget¹ Complete in detail the following:

Supplies (food, cookbooks, etc.)	\$2,500
Educational Materials- classroom tools	\$1,500
Travel- gas expenses	\$500
Copying or printing expenses	\$5,00
Total anticipated budget:	\$5,000
Person responsible for funds:	Leanne Hamilton
Signature of person responsible for funds:	

¹ The budget is subject to SMU policies relating to grant expenditures—thus, for instance, purchase of computer or video equipment requires specific justification and a statement of how the items will be used, and these funds may not be used for purchase of phones.