CALL TO ACTION

A Community’s Plan to Combat Childhood Obesity
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July 4, 2011

Dear friends,

As Mayor of The City of Hialeah, I am very excited to present to you the Call to Action of our Hialeah Healthy Families (HHF) initiative, a community-wide plan to address childhood obesity within Hialeah. Similar to most communities around the country the rates of obesity in Hialeah are rising, with recent statistics showing 46% of children in Hialeah as overweight and 27% as obese. Compared to the national average of 32%, Hialeah has a higher percentage of children who are overweight. Clearly, this is a concern for our children’s health that cannot go unattended.

Childhood obesity is a health issue with multiple causes and therefore the solutions need to be addressed by all sectors of the community. We formed an advisory committee and several working groups that tackled obesity from different perspectives including health, nutrition, fitness, and early childhood, amongst others. The City of Hialeah is proud to take the lead on this initiative and will continue to coordinate with other key agencies and organizations to fight this growing epidemic.

I would like to thank the Blue Cross & Blue Shield of Florida Foundation for their support and guidance. In collaboration with the Foundation, a number of mini-grants will be awarded this year to organizations that are determined with us to diminish the childhood obesity rate in Hialeah. Hialeah Healthy Families is a great undertaking of which we must all be a part. WE NEED YOUR SUPPORT to combat childhood obesity in the City of Hialeah. TOGETHER we can make our community a truly healthy place to live, work and play. The result will represent a remarkable step forward for the health of our children and our families.

Sincerely,

Carlos Hernandez, Mayor
City of Hialeah
First, it is important to note the leadership of the City of Hialeah Mayor in supporting this initiative, as well as the Blue Cross Blue Shield of Florida Foundation and the Blue Foundation for a Healthy Florida’s Embrace a Healthy Florida, which provided funding for the first phase of this project, to develop the Call to Action. There are many individuals who contributed to this process, as indicated below.

A SPECIAL THANKS TO
Mayor Carlos Hernandez, City of Hialeah
Council President Isis García-Martínez, City of Hialeah
Council Vice President Luis Gonzalez, City of Hialeah
Councilman Jose F. Caragol, City of Hialeah
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Councilwoman Katharine E. E. Fernandez, City of Hialeah
Councilman Paul B. Hernandez, City of Hialeah
Councilman Jose Yedra, City of Hialeah
Perla Tabares Hartman, District 4, Chairman, The School Board of Miami-Dade County
State Senator Rene Garcia
Miami-Dade County Public Schools
The Children’s Trust
Miami-Dade County Department of Health

as well as to Focus group participants
Staff of the City of Hialeah Parks and Recreation Department
Parents at Rainbow Children’s Academy
Parents of participants in Slade Park’s Creative Learning & Play Program
Parents of participants in Jose Marti Middle School’s Young Leaders with Character Program
Parents of participants in the City of Hialeah Educational Academy’s Young Leaders with Character Program

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The U.S. Centers for Disease Control and Prevention (CDC) has declared that obesity in the United States has reached epidemic proportions. The percentage of obese children and adolescents has more than tripled in the past 30 years. The prevalence of obesity among children aged six to 11 years increased from 6.5 percent in 1980 to 19.6 percent in 2008, and the prevalence of obesity among adolescents aged 12 to 19 years increased from 5 percent to 18.1 percent (1). When the number of children classified as overweight (BMI-for-age between the 85th percentile and 94th percentile) is combined with the number who are obese (greater than or equal to the 95th percentile for BMI), the rate rises to one child out of every three who is either overweight or obese. In addition, obesity rates are even higher in ethnic minority African-American and Hispanic children and also increasing in incidence (2). Obesity in childhood is associated with a high risk of continued obesity into adolescence and adulthood (3).

These escalating obesity rates in children and adolescents are of enormous public health significance. The impact of childhood obesity on children’s physical health includes increased risk for pre-diabetes (i.e. impaired glucose tolerance), heart disease and diabetes, as well as bone and joint problems, and sleep apnea (4, 5). Obesity is one of the risk factors for metabolic syndrome and type 2 diabetes, two health conditions that have also increased dramatically in children in recent years (6). Overweight children experience psychological consequences as well. These children are at greater risk for social and emotional problems, including low self-esteem, increased stress and anxiety, particularly from being victimized through bullying and stigmatization (4).

The costs attributable to these preventable health conditions are substantial, constitute a significant burden to public health and the health care system, and can be expected to create an even greater burden in the future if an effective public health response is not provided for this generation of children. Given that overweight in childhood is associated with high risk of continued overweight in adulthood, it has become clear that prevention efforts must begin in childhood.
Studies of the determinants of obesity in children have shown there is a relationship between child and parental obesity that can be explained by genetic (7) and environmental/behavioral factors (8). Specific behavioral factors related to obesity involve consumption of high fat diets and physical inactivity (9). Research has demonstrated the important role of television viewing as an etiologic factor in childhood obesity (10), presumably through its influence on diet and physical activity (11) and promotion of sedentary lifestyles. Familial aggregation of physical activity (12) and eating habits (13) has been observed, suggesting that families must be considered in efforts to prevent and treat obesity in children.

There are numerous promising practices and entry points to address childhood obesity. A number of studies have examined the effects of broad-based school health education interventions targeting a variety of cardiovascular risk behaviors and shown improved dietary intake and physical activity, but the weakest effects of these school-based interventions have been on obesity (14). However, the school site, because of its accessibility to the community, is a good place for health promotion programming and delivery of family-based weight control programs (15). Family-based approaches at the school site hold particular promise for interventions with lower-income children, whose families may otherwise not have access to a health care team. It has already been demonstrated to be feasible and effective in a family-based cardiovascular risk reduction education program for Mexican-American youths (16). Newer school-based health promotion programs have focused on reducing obesity (17). For example, Planet Health (18) focused specifically on reducing obesity and added intervention components that targeted reducing sedentary behaviors. This intervention was successful at reducing obesity in girls, and decreasing television influenced the reduction in obesity. Another school-based study focused only on reducing television viewing and demonstrated a reduction in obesity (19). The reduction of sedentary behavior is clearly an integral component of weight loss programs (20). The results of a recent school-based obesity prevention program utilizing changes in nutrition and physical activity as well as lifestyle educational curricula showed reduced BMI and blood pressure and improved academic performance among low-income school children (21, 22). For overweight children, research has demonstrated family-based behavioral intervention to be effective (8).
Demographics

Incorporated in 1925, the City of Hialeah is a full-service municipal government serving over 240,000 residents making it the fifth largest city in the State of Florida. The second largest city in Miami-Dade County, over 95 percent of the city’s residents are Hispanic making Hialeah a diverse yet unified place to live. The majority of Hialeah’s residents are foreign born, with most emigrating from Latin America (72 percent).

A little more than half of the residents are married (55 percent) and have at least a high school degree (50 percent). The estimated median income is $29,600. The majority (81 percent) of residents live in a family household, which is comprised of approximately three individuals. The current unemployment rate is approximately 15 percent, higher than the state average of 10 percent.

Residents include 55,000 children age 18 or younger. It is estimated that 19.7 percent of families in Hialeah with children under 18 years of age are below the poverty level, approximately 35 percent of children in Hialeah are living in single-parent homes, and 83 percent of Hialeah children in grades K-8 are in the free/reduced lunch program as shown in 2011 data from Miami-Dade County Public Schools. Participation by children in Hialeah is quite high, given that 70 percent of children in Miami-Dade County participate in this same program.

In 2009, US food spending was assessed, with money spent on restaurants and groceries examined. Interestingly, families in Hialeah spend 69 percent of their food budget on groceries – the highest rate in the U.S. Although this partly reflects the lower income of many families, it also suggests that families in Hialeah are likely to shop at the local grocer rather than eat inexpensive fast food.

Overall, a higher percentage of Hispanics tend to be overweight in comparison to the general population (National Diabetes Statistics, 2007). Results from the National Health and Nutrition Examination Survey (2003-2004) reveal that approximately 18 percent of children ages 6 to 17 are overweight. Similar to most communities around the country the rates of obesity in Hialeah are rising. Recent data (September 2009), gathered from 131 local elementary, middle and high schools (1st, 3rd, 6th, and 9th grades) revealed that 46 percent of children in Hialeah are overweight or obese, with 27 percent of those being obese. This is very consistent with statistics from Miami-Dade County, where 42 percent and 23 percent of children are reportedly overweight and obese, respectively.

Data from a Women Infants and Children (WIC) clinic in Hialeah revealed that of 2,598 children two to five years of age, 35 percent were overweight and 20 percent were obese. These latter numbers are greater than what is expected given the national averages. With the support of the City Mayor, community stakeholders have determined these rates are unacceptable and have pledged to take action against childhood obesity in the City of Hialeah.

Given the demographics of Hialeah, programs for children and families must be designed for Hispanics, taking into account the variability that exists among Hispanics with regard to language, food preferences and customs, as well as take into account the needs of low income families.
Assets

The City of Hialeah has many community assets including over 15 parks with recreation facilities, a gymnasium and seven aquatic centers that serve as safe areas where youth can participate in sports and exercise activities. The parks total over 135 acres and have 23 baseball fields, batting cages, 15 mixed use fields, a soccer field, a track, an exercise walking trail, 37 basketball courts, 26 tennis courts, two hockey courts and 14 tot lots, most of which are fully accessible for persons with disabilities. Five community police substations keep each sector of the city safe, and police monitor all parks constantly. Furthermore, the City of Hialeah has annexed over 100 acres of land, which is currently under design and will provide resources, schools and parks to accommodate more activities, as well as allow more youth to benefit from physical activities.

These play-spaces are in close proximity to schools providing further access to exercise facilities for Hialeah youth. In total, Hialeah has 16 elementary schools, eight middle and K-8 schools, five high schools and 15 private schools serving over 42,000 school-age children. Most schools are within a 20-minute walking distance for neighborhood children. There is also a strong crossing guard program at Hialeah schools to improve safety and encourage children and parents to walk to and from school, parks or an afterschool program. Sidewalks are found throughout 90 percent of the city.

Additional assets include 110 child care centers and preschools for working families. Four hospitals/medical centers are located within Hialeah, increasing the opportunity to foster a message of health and healthy lifestyle. In the heart of the city is historic Hialeah Park, “The World’s Most Beautiful Race Course,” with over 200 acres of tropical landscapes and picturesque architecture. Newly reopened, there are plans for a new entertainment complex and many family-centered community events. The City of Hialeah is itself building a large new Events Center at Milander Park, which will be able to host gatherings of up to 1,000 people.

Access to healthy food is quite varied. There are 18 large grocery stores and numerous neighborhood markets or bodegas, “Farm Stores,” and convenience stores. Towards the north, at the Opa Locka Hialeah Flea Market there is a farmers market open seven days a week, 365 days a year from 6am – 6pm, offering local and exotic fruits, vegetables, herbs, and spices. There are over 50 sellers on location in a 200,000 square foot property providing the public with many different varieties of produce including hard-to-find items such as ethnic fruits and vegetables from the Caribbean and Latin America. In southeast Hialeah there is a beautiful city-owned Farmers Market adjacent to the Tri-Rail station. It is has great potential for additional use. Roaming the city neighborhoods are vianderos, or street vendors in small open trucks selling fresh fruits and vegetables as well as basic staples such as bread and rice.

Prior to the Embrace a Healthy Florida initiative, the City of Hialeah had begun to develop programs to facilitate proper nutrition and adequate physical activity among its youth. Examples include the Short Chef Supper Club, which is an 8-week curriculum on healthy food choices and food preparation culminating in a dinner party given by children for their families; collaboration with the medical community to host voluntary comprehensive childhood obesity research, whereby obesity prevention programs are designed for this Hispanic community; and nutrition and physical education programming through the community parks, including the Fit Kids Summer Camp.
Community Engagement

In 2010, the City of Hialeah pledged to build upon a coalition of community partners to change organizational practices, mobilize neighborhoods and communities, and influence policy to address the causes of childhood obesity.

Collaborative partnerships were pursued in seven areas:

1. **PUBLIC HEALTH**
   with the aim of developing strategic, culturally appropriate, and financially viable programs to provide access to healthy foods for low income children.

2. **EARLY CARE AND EDUCATION**
   with the goal of assessing, modifying, and improving school policy planning to support and increase access to healthier food and physical activity.

3. **TRANSPORTATION**
   to develop a system that provides the community with options for travel, including mass transit, walking, and bicycling.

4. **COMMUNITY PLANNING**
   assess and modify community planning and design to support increased physical activity.

5. **PARKS AND RECREATION**
   with the aim of ensuring safe and quality programs for recreation near every neighborhood.

6. **SCHOOL AND AFTERSCHOOL**
   with the aim of supporting and increasing access to healthy foods and physical activity and educational health programming.

7. **MEDICAL COMMUNITY**
   work with the medical community and health care providers to support prevention education and weight management programs.

This effort resulted in coordination among public, corporate, and media partners in Hialeah working together in developing a comprehensive strategy to combat childhood obesity by raising awareness of programs that support a healthy lifestyle and increasing access to healthy food and physical activity. In total, 100 community partners contributed to the plan. The names of those who contributed to this plan and the participating partners and agencies are listed on the Acknowledgements page.

Advisory Committee

The Hialeah Healthy Families initiative, supported by the Blue Cross and Blue Shield of Florida Foundation began with the formation of an advisory committee and four working groups in January 2011. New members that had potential influence on childhood obesity were continually invited by members of the advisory committee. In addition, a team of three University of Miami Miller School of Medicine pediatric psychologists with clinical and research expertise in pediatric obesity were invited to serve as consultants. This group was responsible for providing direction to the advisory committee and working groups, as well as the development of the action plan and finalizing recommendations.

The Hialeah Healthy Families initiative has the goal of preventing and reducing childhood obesity within the City of Hialeah. The first step was to convene a diverse group of community partners from municipal, county, state, and federal government; civic and public agency members; and healthcare, nutrition and fitness professionals with expertise in early childhood education, pediatrics, health and nutrition, recreation, behavioral change, community outreach, and environmental and community planning. The role of the Advisory Committee was to guide the development of the ideas, resulting in this Call to Action. Over the course of monthly meetings, the 37 members of the Advisory Committee (see Acknowledgements) led and oversaw the identification of current programming aimed at children’s health promotion and identified areas of continued need in the community. In addition, ideas generated during working group sessions were further explored during Advisory Committee meetings in order to prioritize the plan for action and allow members to provide their expertise and specific relevant recommendations for the children and families of Hialeah. Meetings were held at key locations in the community in order to highlight the assets of the city. These included City Hall, Hialeah Police Headquarters, Education and Community Services Department, and Citrus Health Network’s new Maternal & Child Health Center.
Working Groups

Four working groups (see Acknowledgments) were created to address specific areas of interest to the City of Hialeah. Monthly meetings of key stakeholders and community agencies were held to inform the development of a comprehensive plan to prevent childhood obesity and encourage a healthy lifestyle among the Hialeah community. During each meeting working group members refined the recommendations that were considered priorities.

**HEALTH, NUTRITION AND FITNESS WORKING GROUP**

Members of this working group examined best practices to foster lifestyle changes with proper nutrition and fitness. For example, this group examined how to increase children’s and families’ access to healthy food choices, explored the feasibility of community gardens and nutrition education curricula for schools, and discussed increased opportunities for fitness at parks, recreation centers, schools, and private sector locations (e.g., martial arts, yoga, dance studios).

**MARKETING & COMMUNITY OUTREACH WORKING GROUP**

Members worked to identify partners in industry and community groups to create opportunities for increasing awareness of healthy food and exercise options and the importance of proper nutrition and physical activity. This working group collaborated with other working groups to develop promotional materials and ensure that the outreach strategy and activities are targeted, appropriate and engaging for the local community.

**EARLY CHILDHOOD & EDUCATION WORKING GROUP**

Working group members identified nutrition and fitness education programming for parents and children and areas of need in the community. This group strategized how to increase nutrition and fitness education programming at early childhood centers, community centers (e.g., libraries), parks and schools. The members of this group also examined how to further engage parents.

**DATA & EVALUATION WORKING GROUP**

Members developed and reviewed data collection and evaluation tools, identified ongoing data collection efforts in the community, and guided an asset mapping GIS project. This group also conducted community surveys and focus groups to collect specific information from various groups of parents and educators on their understanding of childhood obesity, and the strengths and weaknesses of local efforts and environment in facilitating a healthy lifestyle.

*...met with ideas to lower the childhood obesity rate in Hialeah.*
The Hialeah Healthy Families initiative has been guided by Social-Ecological Theory, as well as a framework for collaborative public health action. This theory recognizes the inter-relationships between individuals and their environment, and notes that individual behavior is influenced by the social environment, including not only family members, but also community norms and values, regulations and policies. This approach is very relevant to the development and maintenance of healthy lifestyle behaviors. Barriers to healthy behaviors affect many individuals within communities, and as barriers are reduced, sustainable behavior change becomes more possible. In designing programming to promote healthy lifestyles for individual children, it is important to enlist a variety of approaches at all levels of the model: interpersonal family and peers, organizational, community, and public policy.
Collaborative partnerships can leverage resources and mobilize communities for effective action in addressing obesity in children. The Institute of Medicine (23) developed a framework for guiding collaborative public health action in communities, as shown below, with five phases:

1) ASSESSING, PRIORITIZING, AND PLANNING
2) IMPLEMENTING TARGETED ACTION AND PREVENTATIVE INTERVENTIONS
3) COMMUNITY AND SYSTEM CHANGE
4) ACHIEVING CHANGE IN BEHAVIOR AND RISK FACTORS
5) IMPROVING POPULATION-LEVEL OUTCOMES RELATED TO CHILD OBESITY

Over the past six months, Working Groups and the Advisory Committee (Acknowledgements) have essentially worked to assess, prioritize and plan a community-wide program. The implementation of specific programs will be the result of this Call to Action. One of the major goals of the Hialeah Healthy Families initiative is to create environments that make healthy behaviors more likely to occur. This will often require changes in policies at the organizational level. We recognize the need for continued monitoring, over time, not only of healthy behaviors in our target population, but also risk factors, to assure that the community initiative is moving in the right direction. Ultimately, we intend to monitor population-level outcomes, such as the prevalence of obesity among children in Hialeah.
In addition to brainstorming ideas through the committee meetings and collating existing data sets, we felt it was important to collect some preliminary data from current residents of the City of Hialeah. As a result, we conducted four focus groups and acquired a series of photographic data from key areas in the city, as well as GIS mapping of city assets. Our research efforts helped guide and determine the four target areas for the Call to Action. Below is a summary of our results:

**RECREATIONAL PROGRAMMING**
- Structured programming was identified as a strength of the department. There are 13 programs (including sports, swimming and performing arts) that are well attended. Most teams are capped at 13 children and enrollment is typically full early during the registration period. As a result, many programs have waiting lists. Programs are offered at a low cost and therefore are accessible to most families. Parks and recreation leadership has made efforts to reach out to more children. For example, they are working on a virtual reality sport program to attract children who are less athletic and transfer them to more active programming.
- The areas for improvement identified by the staff included increasing enrollment caps for current programs, offering programming between sport seasons, reaching out to girls to participate more in sports, increasing advertising efforts, improving the description of programs on the City’s website, and including online registration options for parents.
- Specific program recommendations identified by the staff included: offering additional sport programming such as individualized sports (e.g., karate) and conditioning/drill programs for less athletic children, and expanding the age range of available programs to include younger children (younger than age 6).

**LEISURE RECREATION AT THE PARKS AND AQUATIC CENTERS**
- Many children use the facilities even if they are not enrolled in an active program, but that does not necessarily translate into children being “active” while at the centers.
- One idea for improvement offered by the staff was to host health fairs at the parks to educate parents, especially to offer information on the benefits of programming and the importance of nutrition in combination with physical activity. Other staff members highlighted the importance of reinstating programs that have been successful in the past rather than reinventing new ones.

**CHILDREN’S NUTRITIONAL INTAKE WHILE AT THE RECREATION CENTERS**
- Parks have vending machines and some have concession stands that are frequently used by children. There is also a free lunch program offered through some parks programs.
- Staff recognized the importance of improving the types of food choices available to children through the concessions and vending machines, even if this means renegotiating with vending machine contractors to offer healthier choices. Some attempts have been made to offer healthier options in the parks but often children continue to choose unhealthy foods and the need for education and parent support was highly emphasized.
WHO ARE THE CARETAKERS RESPONSIBLE FOR DIETARY AND PHYSICAL ACTIVITY HABITS OF CHILDREN?

• Parents of the youngest and oldest children reported that mothers were mostly in charge of food purchasing and parenting.
• While the elementary aged group also reported that mothers were mostly in charge of buying food for families, there was more diversity as to which caregivers prepared meals including grandparents and fathers (especially when mothers were employed).
• All groups agreed that child care/school settings also had a majority of the responsibility for their children’s daily nutritional intake.

WHAT IS THE LEVEL OF PARENTAL KNOWLEDGE REGARDING DIETARY AND PHYSICAL ACTIVITY OF CHILDREN?

• All caretakers reported having discussed weight at the pediatrician’s well child visit. Most were familiar with growth charts and some with BMI indices. Most caretakers agreed there was insufficient time to devote to weight management during physicians’ visits and they often left the visit not knowing where to start even when they were told their child was overweight.
• Other sources of information regarding children’s weight included: school, television programs and the Internet.
• Most families were open to more information regarding childhood obesity, especially in reference to nutrition.
• Caretakers estimated that between 50-80 percent of children are overweight.

WHAT IS THE LEVEL OF CONCERN REGARDING DIETARY AND PHYSICAL ACTIVITY OF CHILDREN?

• Parents reported that they are concerned about their child’s health in general, including their weight status.
• Some endorsed cultural beliefs of “gorilito (chubby) is healthier” or children will “grow into” their bodies, but most acknowledged that medical professionals did not agree with these beliefs.
• Many caretakers reported worrying about their child being too thin, anemic, or having low hemoglobin levels. In the majority of cases these worries were not confirmed by medical professionals.

WHAT IS THE INTEREST IN NEW PROGRAMMING REGARDING DIETARY AND PHYSICAL ACTIVITY OF CHILDREN?

• Mothers of young children were interested in more physical activity programs for their children, especially programs that were low cost or offered during the school day. Mothers noted that programs for young children (below age six) are often not available. They were open to any time, any day or any programming because they were so interested in this idea. Other ideas for programming included having nutrition and family-based programs.
• Caretakers of elementary school aged children were interested in nutrition plans for children, especially in reference to what to eat after school and at dinner. Portion control was also of interest. Programming ideas consisted of television shows that capture young children’s attention while still delivering a message, an overload of social media regarding healthy lifestyles, and incorporating more physical activity in the school day. Caretakers also wanted health information delivered through the school system. They were only interested in weekend activities if the activities were family-oriented.
• Mothers of middle school aged children stated they would like to see nutrition education as part of the school curriculum and programs for teaching parents about nutrition and what foods are healthy for children. They had a special interest in programming for overweight children and their parents that would be held during the week days. Cost of programming and scheduling were also concerns.
HIALEAH HEALTHY FAMILIES: CALL TO ACTION

NEXT STEPS ● ● ●

Due to the efforts of a dedicated group of professionals who served on the Advisory Committee and Working Groups, four targets were identified as the priorities for change in efforts to promote healthy lifestyles for children in the City of Hialeah. These areas are:

- Environment
- School Involvement
- Family Engagement
- Social Marketing and Community Outreach

In collaboration with community members and key city stakeholders, these areas were chosen as most likely to make an impact on childhood obesity both at the prevention and intervention level. Please note that some of the strategies and recommendations detailed below overlap across the target areas. There is a summary list of all identified strategies for future funding opportunities in Appendix A.

Environment

Environmental changes encompass various dimensions of daily life. The built environment, or the man-made structures that we live in and that surround us, has been found to directly affect the rates of obesity. We recognize the importance of healthy food options being available to residents of Hialeah, the value of walkability in the city, and the messages and culture being promoted throughout city buildings and facilities. Many examples of potential areas of improvement related to the environment were discussed by the Working Groups. The following are possible Environment Strategies identified for this Call to Action:

- Enhance and expand current active living or sports programming being offered. This may include incorporation of health fairs, healthy lifestyle groups for families, conditioning and individualized sports
- Increase fitness and active living programming for underserved or unreached populations throughout the city, such as for young children six and under, for girls, for children with disabilities, or for family groups or mixed-aged groups
- Increase access to healthy foods in vending machines and concessions through the parks, schools, and other community areas
- Provide public transportation to the flea market and other locations to expand access to healthy food
- Explore the potential for an active farmers market in the city
- Plan and develop community gardens
- Partner with grocery stores, farmers markets, bodegas (neighborhood markets) and vianderos (street vendors) to increase access to healthy food
- Increase health awareness through the display of information regarding healthy eating and activity in common areas such as physicians’ offices, child care centers, schools, grocery stores, malls and libraries
- Increase education programming and materials available throughout the community on healthy eating, active living and on the long-term health implications of being overweight or obese, especially for children.

SUCCESS STORY:

Changes to school vending machines have begun across Miami-Dade County Public Schools with an emphasis on offering nutritious alternatives to sodas and candy. The vending machines operated by the school district’s Department of Food and Nutrition will contain selections such as sugar-free juices, fresh fruit and vegetables, and organic snacks and milk instead of the less healthy choices typically offered in these machines. The new machines are already available at Hialeah Senior High School, Hialeah Miami Lakes Senior High School, and Westland Senior High School.
School Involvement

Because almost all children attend school and spend a significant portion of their day at school, or in a child care center if they are younger, schools and child care centers are an optimal place for health education programming. Children eat one to two meals each day at school and have many opportunities to learn about healthy lifestyles. Through the schools and centers, parents may also be linked to their children’s education about healthy lifestyles. For example, through the Health Connect program funded by the Children’s Trust, 12 schools in Hialeah are having their students’ BMI measured and feedback letters are being sent home to parents explaining the results of the data. Similarly, a program funded through the Center for Disease Control is collecting BMI data on all childcare centers in Miami-Dade County, including more than 150 in Hialeah. Schools and child care centers are essential partners in a community-wide program to prevent child obesity. The Working Groups felt that continued involvement of schools was essential for the Hialeah Healthy Families initiative to be successful. They also acknowledged that child care center involvement in proven strategies can be a key to early intervention to prevent obesity. The following are possible School and Child Care Center Involvement Strategies identified for this Call to Action:

- Enhance and expand BMI screening
- Integrate nutrition education with academic curriculum
- Increase opportunities for physical activity during school day
- Expand organized walking and biking to and from school
- Develop in-school PSAs, art, etc., to promote healthy lifestyles
- Develop strategies to improve children’s healthy choices in what they eat during the school day
- Develop child care center programs for parents
- Increase healthy food offerings in schools and child care centers
- Provide parents guidance on how to increase healthy food options and active living activities in the home.

SUCCESS STORY:

There are several outstanding examples of school programming to promote children’s health. For example, the Principal of Hialeah Elementary obtained a grant allowing fresh fruits and vegetables to be brought to school several days each week for children to have healthy snacks and try new foods. One of the teachers at Mae M. Walters Elementary organized an afterschool club focused on improving diet and fitness and found improvements in children’s BMI. Another example is the “Walking School Bus” program established in Hialeah, which has resulted in many children increasing their daily physical activity.
Family Engagement

Research studies have shown that many parents do not have accurate perceptions of their child’s weight status and fail to recognize them as overweight. Further, they fail to recognize the potential adverse health consequences associated with obesity in children. It is therefore critical to engage parents in health promotion efforts, beginning with the recognition that childhood obesity is a very significant health issue, and their own child may be at risk. Once this is appreciated, parents may be more motivated to make healthy lifestyle changes for the entire family and access services in the community to assist with weight control. The Working Groups felt it was important to engage parents through multiple settings, including the childcare centers for young children, the schools, the primary care health care system, as well as through the media. The following are possible Family Engagement Strategies for this Call to Action:

- Improve parental notification regarding BMI screening at school
- Improve parent education and understanding of the importance of healthy weight and nutrition in well-child visits or in any consultation with a health care provider
- Utilize schools, PTA’s, and after school programs to educate or to help parents foster healthy family lifestyles
- Reduce screen time and fast food consumption
- Disseminate resources in community for treatment and improve access to family treatment programs
- Develop or expand continuing education programming for primary care health professionals to more effectively work with parents regarding obesity prevention and treatment
- Work with adult centers to have seniors mentor children on gardening and learning about fruits and vegetables.

SUCCESS STORY:

In the summer of 2009, “Short Chef” Ray Newlands joined the City of Hialeah as a nutrition instructor for children in Kindergarten through 8th grade who are participating in the City’s Creative Learning & Play (CL&P) summer camp. He visited each summer camp to provide an introduction to healthy foods and introduce new tastes to participating children. Over 300 children had the opportunity to learn from this fun and engaging “Short Chef” that summer. From the food pyramid and learning how to make healthy eating choices to delicious, nutritious recipes, these children experienced it all. As part of the course, the children took a field trip to Whole Foods Market where they toured the store, learned about organic foods, participated in food tasting and made a fresh tropical salad for their lunch. Whole Foods donated free gift bags for the children loaded with healthy snacks and coupons. It was, by far, the favorite summer activity of the children and staff. “Short Chef” has made a significant contribution to the children in both the afterschool and summer programs. The Education and Community Services Department is delighted to have hosted “Short Chef” in its out of school programs and plans to have “Short Chef” back to teach kids more about healthy eating choices this summer.
**SUCCESS STORY:**

Safe Routes to Schools (SRTS) is a program funded across schools in Hialeah to promote walking and bicycling to school by making pedestrian routes safer and more appealing. The goal of the program is to encourage a healthy and active lifestyle from an early age. The Florida Department of Transportation has hired regional coordinators to work on health issues, including Walking School Buses, a group of children walking to school with one or more adults. Parents can volunteer to lead the groups. Through this initiative, parents will learn traffic safety skills, how to map safe routes and how to organize the walking school bus. The number of students walking to school has dropped considerably. The U.S. Department of Transportation reports that in 1969, about half of all schoolchildren walked or bicycled to or from school, and 87 percent of those living within one mile of school walked or bicycled. Today, fewer than 15 percent of children use active modes of transportation. We are hopeful that the number of children walking to school will increase over the coming years through the efforts of programs like the SRTS.

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**Social Marketing and Community Outreach**

To create behavioral changes necessary to combat childhood obesity, messages about healthy lifestyles should be prominent in the environment; for social norms to begin to change, the message should be pervasive. One method shown to be effective in achieving this is social marketing. In the same way that advertisers have successfully created a perceived need and marketed products to consumers, it is possible for healthy lifestyles to be marketed to the community. Indeed, research has shown even preschool age children can develop certain product preferences and be “branded” at an early age. The Working Groups felt strongly that a comprehensive campaign to reach the community with engaging messages about obesity prevention and promotion of healthy lifestyles for families is needed to effectively address obesity in children. The following are possible Social Marketing and Community Outreach Strategies for this Call to Action:

- Develop a common obesity prevention message in English and Spanish to be delivered to children, parents, teachers and grandparents, focusing on healthy lifestyles -- importance of healthy food choices, increased physical activity and reduced screen time
- Develop or conduct Public Service Announcements (PSAs) in English and Spanish promoting obesity prevention messages, health education and local programming
- Utilize health fairs as an avenue to provide education on nutrition and exercise to children and families and strengthen relationship between health service providers and families
- Develop and implement plan for widespread distribution of information (electronic, social media, materials, ads and/or flyers) educating children and families about childhood obesity, the medical consequences and the importance of prevention and treatment; community efforts to combat childhood obesity; and how to cook healthy Hispanic meals. Ensure that all materials are available in English and Spanish
- Partner with local vendors (supermarkets, farmers markets, bodegas (neighborhood markets) and vianderos (street vendors)) to promote healthy foods and recipes
- Partner with nutritionists and chefs to promote healthy food choices, healthy cooking strategies, portion control or nutrition information through educational demonstrations
- Magnify existing efforts of various community agencies by collaborating and promoting each other’s events, programming, and obesity prevention and treatment efforts.
CALL TO ACTION
STRATEGIC IMPLEMENTATION
OF SUCCESSFUL PROGRAMMING

Obesity has increased dramatically in children throughout the United States over the past 30 years. The prevalence of overweight and obesity in children in Hialeah is very high: recent data indicate 46 percent of school age children in Hialeah are overweight. In response to this urgent public health concern, the City Mayor and community stakeholders determined these rates are unacceptable and pledged to take action against childhood obesity in the City of Hialeah. The *Hialeah Healthy Families* Initiative, supported by Blue Cross and the Blue Shield of Florida Foundation’s Embrace a Healthy Florida initiative, began with the formation of an advisory board and four working groups in January 2011, with meetings of these groups beginning in March 2011. The four working groups included Early Childhood and Education; Health, Nutrition, and Fitness; Data and Evaluation; and Marketing and Community Outreach. The advisory board led and oversaw the identification of current programming aimed at children’s health promotion and identified areas of continued need in the community. Members of the working groups examined strategies to foster lifestyle changes with proper nutrition and fitness, nutrition education and fitness programming for parents and children, opportunities for increasing awareness of healthy food and exercise options, and data and evaluation tools. Informed by social ecological theory, a collaborative public health action plan, and the research evidence based on child obesity prevention and treatment, four target areas were identified to focus the Hialeah Healthy Families Initiative. These areas are: Environment, School Involvement, Parent Engagement, and Social Marketing and Community Outreach. Using a combination of the current assets of the City of Hialeah and the areas of need identified, these four targets will guide the creation of specific programs geared towards the overall goal of addressing the current rates of obesity in children of Hialeah, and preventing obesity by promoting healthy lifestyles in children as well as their parents.

This Call to Action must lead to all of us working together to tackle the growing problem of childhood obesity in our community. Responsibility for creating and sustaining change must be shared and owned by City of Hialeah officials; leaders; policymakers; healthcare providers; healthcare systems; schools and child care centers; community advocates; community, youth and faith-based organizations; corporate and business partners; and parents and families.

Many of you will wish to answer this Call to fight childhood obesity. Our children’s health is at stake. Future funding may be awarded to non-profit and governmental agencies that implement one or more of these strategies outlined in Appendix A of this Call to join with Hialeah Healthy Families and work to prevent childhood obesity.
REFERENCES

The following are possible **Environment Strategies** identified for this Call to Action:

- Enhance and expand current active living or sports programming being offered. This may include incorporation of health fairs, healthy lifestyle groups for families, conditioning and individualized sports
- Increase fitness and active living programming for underserved or unreached populations throughout the city, such as for young children six and under, for girls, for children with disabilities, or for family groups or mixed-aged groups
- Increase access to healthy foods in vending machines and concessions through the parks, schools, and other community areas
- Provide public transportation to the flea market and other locations to expand access to healthy food
- Explore the potential for an active farmers market in the city
- Plan and develop community gardens
- Partner with grocery stores, farmers markets, bodegas (neighborhood markets) and vianderos (street vendors) to increase access to healthy food
- Increase health awareness through the display of information regarding healthy eating and activity in common areas such as physicians’ offices, childcare centers, schools, grocery stores, malls and libraries
- Increase education programming and materials available throughout the community on healthy eating, active living and the long-term health implications of being overweight or obese, especially for children.

The following are possible **School Involvement Strategies** identified for this Call to Action. Child care centers are also key in implementation of early intervention strategies to prevent childhood obesity.

- Enhance and expand BMI screening
- Integrate nutrition education with academic curriculum
- Increase opportunities for physical activity during school day
- Expand organized walking and biking to and from school
- Develop in-school PSAs, art, etc., to promote healthy lifestyles
- Develop strategies to improve children’s healthy choices in what they eat during the school day
- Develop child care center programs for parents
- Increase healthy food offerings in schools and child care centers
- Provide parents guidance on how to increase healthy food and active living activities in the home.
The following are possible **Family Engagement Strategies** for this Call to Action:

- Improve parental notification regarding BMI screening at school
- Improve parent education and understanding of the importance of healthy weight and nutrition in well-child visits or in any consultation with a health care provider
- Utilize schools, PTAs and afterschool programs to educate or to help parents foster healthy family lifestyles
- Reduce screen time and fast food consumption
- Disseminate resources in the community for treatment and improve access to family treatment programs
- Develop or expand continuing education programming for primary care health professionals to more effectively work with parents regarding obesity prevention and treatment
- Work with adult centers to have seniors mentor children on gardening and learning about fruits and vegetables.

The following are possible **Social Marketing and Community Outreach Strategies** for this Call to Action:

- Develop a common obesity prevention message in English and Spanish to be delivered to children, parents, teachers and grandparents, focusing on healthy lifestyles - importance of healthy food choices, increased physical activity and reduced screen time
- Develop or conduct Public Service Announcements (PSAs) in English and Spanish promoting obesity prevention message, health education and local programming
- Utilize health fairs as an avenue to provide education on nutrition and exercise to children and families and strengthen relationship between health service providers and families
- Develop and implement plan for widespread distribution of information (electronic, social media, materials, ads and/or flyers) educating children and families about childhood obesity, the medical consequences and the importance of prevention and treatment; community efforts to combat childhood obesity; and how to cook healthy Hispanic meals. Ensure that all materials are available in English and Spanish
- Partner with local vendors (supermarkets, farmers markets, bodegas (neighborhood markets) and vianderos (street vendors)) to promote healthy foods and recipes
- Partner with nutritionists and chefs to promote healthy food choices, healthy cooking strategies, portion control, or nutrition information through educational demonstrations
- Magnify existing efforts of various community agencies by collaborating and promoting each other’s events, programming and obesity prevention and treatment efforts.
A special thanks to the Blue Cross and Blue Shield of Florida Foundation for providing funding for this Call to Action.

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