Tackling Childhood Obesity: A Case Study in Maternal and Child Health Leadership

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TACKLING CHILDHOOD OBESITY:
A CASE STUDY IN MATERNAL AND CHILD HEALTH LEADERSHIP

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INSTRUCTOR GUIDANCE

The following case is designed to help practicing professionals and trainees in public maternal and child health (MCH) efforts think strategically about how to address difficult issues related to leadership, developing a shared vision, and shaping and supporting teams. The case study centers on the issue of childhood obesity, a high-profile public health issue, but one that does not lend itself to straightforward approaches or answers. Moreover, designing comprehensive approaches to combating childhood obesity requires public health systems to integrate their efforts with other systems that may have different organizational cultures, protocols, and perspectives.

As often happens in the real working world, the protagonist of this case study, Gloria Browning, must step in after the fact—in this case, a disastrous first meeting—and try to understand and reconcile diverse opinions, approaches and territories. Although the reasons for the failure of the first meeting are relatively clear, the steps necessary to make the second meeting productive and successful are less so. Gloria must decide how to lead the team and make strategic decisions. She must decide what she needs to do and what tasks she should assign to others, so that all the team members have ownership of the final approach, even if it is not the one they would have initially taken. Gloria must also decide how to use the data from her program, the data available from other team members, and the data she needs to collect from this project to her best advantage in order to develop a shared strategic vision. Gloria will need to carefully consider her approach to engaging members of the group, including the language she uses to frame the tasks before them. She will have to be strategic and realistic in determining how to assess the team's progress.

LEARNING OBJECTIVES

As a result of this exercise, participants will be able to:

1) Break a complex task into component steps and, for each step, identify potential barriers to change.
2) Understand how the process undertaken to bring about change may affect the results (e.g., who is involved, how they are engaged, and how they are held accountable for their roles). Or, put another way; understand that organizational arrangements often shape outcomes.
3) Apply leadership principles in the formation of a collaborative group process, by:
   - using data strategically,
   - addressing the context for collaboration,
   - creating energy around a shared vision,
   - maintaining momentum toward change, and
   - articulating the framework and strategies for change to policy and funding decision makers.

List of Characters (as they appear in the case):

Character	Role
Gloria Browning	Incoming Director of Community Health Section
Helen Fielding	Outgoing Director of Community Health Section
Thad Miller	Governor
George Livingston	Education Commissioner
Ray Johnson	Superintendent, Central City School System
Donald Harris	Chairman, State School Boards Association
Sharon Cresser	President, State Association of PTA's
Bill Lyons	Chair, State Chapter of AAP
Anna Alva	Child Nutrition Section Chief, Department of Health
Suzanne Childs	Child Nutrition Section Chief, Department of Education
Sandra Ivey	Assistant to the Education Commissioner

CASE STUDY: TACKLING CHILDHOOD OBESITY

Background

Ever since the 2001 release of former Surgeon General David Satcher's groundbreaking report, "The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity," the pressure on states and communities to address obesity has steadily increased. Obesity in childhood has reached epidemic proportions, and brings with it a variety of chronic health problems that strain Medicaid budgets. In 2002, nine million American children were overweight, triple the number in 1980. The Centers for Disease Control and Prevention warns that one in three American children born in 2000 will become diabetic unless they improve their diets and start exercising more.

Many of the approaches to reducing childhood obesity center around creating healthier school environments. For example, the Child Nutrition Act of 2004 required that every U.S. school district participating in the National School Lunch and/or Breakfast Program develop and implement a local wellness policy by the start of the 2006-2007 school year. The intent of this mandate is to protect and improve child health through adequate levels of physical activity and good nutrition throughout the school day. Among the approaches that states have taken to address childhood obesity are the following: 1) strengthening nutrition standards for school (e.g. prohibiting sale of certain foods or beverages at school, limiting access to vending machines, encouraging consumption of fruits and vegetables); 2) mandating assessment and reporting of elementary school student's BMI (body mass index); 3) requiring nutrition content information for school foods; and 4) requiring more physical education, activity and/or recess at schools.[1] But wide scale reform is difficult and requires significant support from the education sector. As a recent report from the Action for Healthy Kids Initiative notes, "Principals are concerned about student health, nutrition and physical activity, but they are neither encouraged nor rewarded for taking action in these areas given the numerous school priorities they face."[2]

Introduction

This case study takes place in a mid-size Southern state and is meant to represent one state's attempt to address childhood obesity in the face of financial, legislative and bureaucratic challenges. Among the strengths of this state are steady economic growth in a few metropolitan areas, a solid public university system, and the election of a popular governor. At the same time, the state is facing a number of challenges: unwelcome publicity because of its childhood obesity rank, schools in rural areas faced with a large migrant population, and urban school districts faced with large numbers of children whose working parents are living near or below poverty line. The Medicaid budget has increased 30% in five years, forcing cuts in other programs.

To date, the state's attempts to address childhood obesity have been scattered and largely unsuccessful. State legislators representing districts where the University and state capital are located recently attempted, unsuccessfully, to mandate assessment and reporting of elementary school students' BMI. Rural legislators are particularly resistant, feeling that the reporting would reflect poorly on the families in their communities without offering real assistance. At the local level, a variety of modestly-funded, sparsely-staffed get-fit/ healthful eating programs are targeted towards grade schoolers in select urban school districts, but rarely are tailored to reach Latino families or other immigrants.

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[1] Winterfeld, Amy. Childhood Obesity: Legislative Approaches and the Evidence Base to Date. NCSL *Healthy Lifestyles*, July 2006.

[2] Action for Healthy Kids. Taking Action for Healthy Kids: A Report on the Healthy Schools Summit and the Action for Healthy Kids Initiative. 2004.

The Case

Gloria Browing has been Director of the Division of Children's Health in the Family and Community Health Section of a Health Department in a mid-size Southern state for five years. Trained as a social worker, she has a reputation as a hard worker, creative thinker, and supportive leader with particular skill in collecting, interpreting and using data to improve programs. In one month, she will assume the position of Director of the Community Health Section when Dr. Helen Fielding, a pediatrician and well-known public health advocate, retires after 30 years of service in the department. Dr. Fielding has a high profile in the public health community in the state and a very close working relationship with the State Chapter of the American Academy of Pediatrics (AAP). She is known for her strong views and her relentless determination in budget and legislative matters. Dr. Fielding has been a vocal but not always tactful advocate for the issue of childhood obesity, stating, "Our schools, our families, our parents are failing our children."

As is the case nationwide, childhood obesity is a high profile issue in the state. Recent national figures rank the state in the top twenty percent of states in the number of children classified as clinically obese. Governor Thad Miller is particularly concerned about the unflattering statistic, not to mention the pressure the problem is putting on the Medicaid budget. He wants the Health Department to develop a results-oriented plan that he can tout at an upcoming meeting of the National Governor's Association where he serves on the Health Task Force.

The first challenge facing Gloria will be responding to a Request for Proposal (RFP) from the U.S. Department of Health and Human Services' Maternal and Child Health Bureau for approximately $100,000 in grant funding to address the issue of childhood obesity. The application is due in 2 months, shortly after Dr. Fielding retires. Among the requirements in the grant application is an action plan for collaboration between the Departments of Health and Education, with sign offs on the final plan from the state chapter of the AAP and the state PTA. Since the grant requires that the intervention activities take place in the school setting, the buy-in of the Education Department is particularly critical. Specifically, the grant application guidance requires that the action plan describe how the state will evaluate proposed activities, show the extent to which expected results are achieved, and include the process and outcome measures that the state will use to monitor and evaluate the project (including data from both the Behavioral Risk Family Surveillance System and the school food program).

The Players

EDUCATION: Meaningful collaboration with the Department of Education represents a challenge because of various political and historical factors. For one, the state commissioner of Education is an elected, not appointed, position. While the current state commissioner of Education, George Livingston, and Governor Miller are in the same political party, they are not close colleagues. Livingston's brother narrowly lost to Miller in the run-off primary last year. Still, neither man wants to have the state rank at the bottom of any public health evaluation.

At the state and local levels, Commissioner Livingston and the city and county school superintendents are under intense pressure to meet the goals set by the No Child Left Behind legislation. Six school districts in the state have particularly high numbers of schools that have not met the Federal No Child Left Behind requirements—three urban and three rural, all with large numbers of immigrant children and children living in poverty. These superintendents are pressed to find new ways to inject more information and instruction into an already packed school day. Effective instruction is challenged by a transient and ever changing student population, many of whom speak English as a second language. Recess is often sacrificed for test preparation.

As health officials have noted, these are the very school districts with the highest projected numbers of children who are obese or at-risk of becoming obese, and, therefore, their support is crucial. While

many districts qualify for federal funding to provide breakfast to students, the offerings are not always healthy. School health programs are limited and restricted mostly to routine screenings and to ensuring that children with special health care needs have a documented school health plan. The health department has little history of collaboration with local schools. School superintendents and principals, while aware of the problem, are simply too overwhelmed by current pressures to add more to a jam-packed day.

Ray Johnson, superintendent for the largest urban school district in the state, Central City, has been particularly vocal in his frustration: "We are concerned about our kids' health, and especially kids coming in with no breakfast, but tell me, when we are constantly threatened with children leaving schools that don't meet the standards, where is the money and the time to address yet another problem?"

Donald Harris, Chairman of the State School Boards Association, chairs a school board in the western, more rural part of the state, and is skeptical of approaches that only shed unflattering light on school districts while offering little real help. His major concern is raising test scores, not nutrition. Indeed, while most school boards must approve wellness policies and major interventions, they are mixed on where they stand on the issue of childhood obesity. Some, particularly in more affluent districts, regard the issue as a top priority, but others are overwhelmed with other challenges like funding and decaying schools.

Sharon Cresser, whose three children attend highly regarded public schools in the more affluent Greendale County, leads the State PTA. Ms. Crasser is highly supportive of efforts to address childhood obesity, across all school systems, but thinks the solution is in voluntary pre/after-school sports programs, and is hesitant to measure BMI or put additional responsibilities on parents.

THE MEDICAL COMMUNITY: The state chapter of the American Academy of Pediatrics (AAP) has enjoyed a close working relationship with Dr. Fielding and the Division of Community and Family Health, collaborating on a variety of issues including child health insurance, Medicaid reimbursement, and health standards for child care facilities. The collaboration, however, primarily has been high-level and closed-door, often involving just Dr. Fielding and the AAP chapter chair. The new chair of the state chapter, Bill Lyons, is enthusiastic, but he has yet to work on a long-term initiative. He is concerned about the lack of evidence-based practice approaches to address childhood obesity.

NUTRITIONISTS IN PUBLIC HEALTH: Nearly all the local health departments have nutritionists on staff, but they work primarily with the mothers and young children who qualify for the WIC program. They have little additional time to devote to school nutrition and have few connections with school nutrition staff. Some of the more affluent school districts, including Greendale County, have hired child nutrition consultants to help with nutrition education and occasional screening and referrals for eating disorders, but their influence is limited. Anna Alva is director of child nutrition services for the Community Health Section, with primary oversight of the WIC program. With a background as Director of the WIC program for Central City, she has a strong nutrition background and significant experience in dealing with high-risk populations, but little contact with her colleagues in the Department of Education, particularly Suzanne Childs, who is Section Chief for Child Nutrition Services.

SCHOOLS OF PUBLIC HEALTH: Eastern State University, located in the state capital, started a School of Public Health program three years ago affiliated with its well-known medical school. The school, while still in the growing stages, has managed to attract Mary Owens, a well-known nutritionist from Boston, whose work has primarily focused on adults. Ms. Owens conducted pioneering research in the Boston area but has yet to connect with the local and sate health community on any significant projects. Her brusque, "know-more style," has not helped. But, recently, she has become intrigued with the issue of student obesity and has mellowed somewhat.

The First Meeting

Dr. Helen Fielding, the retiring section Director, planned and led the initial planning meeting two weeks ago. As incoming Section Director, Gloria Browning attended but did not help plan the hastily and loosely formed agenda. The goal of the meeting was to agree on a basic strategy to address childhood obesity in the state. Unfortunately, the invitations were sent out only 8 days ahead of time, and participants did not receive an agenda until they attended the meeting. The agenda itself included only four items: 1) introductions of participants, 2) description of the grant requirements, 3) discussion of the problem, and 4) next steps.

Due to the last minute notice, the Education Department was able only to send the Commissioner's deputy, Sandra Ivey; the Section Chief for Child Nutrition Services, Suzanne Childs, was participating in long-planned site visits with regional staff. Luckily, Superintendent Ray Johnson, invited by the Education Department, was able to attend at the last minute. Other participants included State AAP Chapter Chair Bill Lyons, Anna Alva, Director of Child Nutrition Services in the Health Department, Sharon Cresser with the State PTA, and Mary Owens from the University. Donald Harris, Chair of the State School Boards, was unable to attend.

After initial introductions and a brief discussion of the grant requirements and deadlines, Mary Owens made a brief presentation on the problem of obesity, using adult data. After the presentation, AAP Chair Bill Lyons decried the lack of evidence-based practices for tackling childhood obesity, leading to an unproductive discussion about both the causes of childhood obesity (parental behavior, TV and video games, reduction in physical activity, school lunches and vending machines, the fast food industry, media messages) and strategies to address the issue. Lyons raised State PTA President Sharon Cresser's ire when he said that "weight control is the parent's, not the pediatrician's, responsibility" and that he doesn't see a role for doctors beyond noting BMI during well-child visits. Anna Alva acknowledged the problems but said she cannot commit her nutritionists to more time beyond the WIC program.

Dr. Fielding insisted that stricter nutritional standards for school and more physical education time are the best solutions. Fielding blamed the Education Department for not funding school breakfast programs throughout the state, angering Sandra Ivey, who was skeptical about how $100,000 spread across the state could allow schools to do much of anything. Central City Superintendent Ray Johnson said schools simply don't have the energy or the facilities to add yet another program. Because of the lack of time to prepare for the meeting, neither the Health Department nor the Education Department had a sense of what is currently going on in the state or if any model programs already exist. The meeting ran one hour over schedule and concluded with a whimper as the various participants begged off for other appointments and gave only lukewarm commitments to attend another meeting.

What Next?

Shortly after Gloria returned to her office, she received a call from Sandra Ivey, who threatened to pull out of the collaboration. Ivey said she felt blind-sided by the meeting, which "appeared to be simply an opportunity to make it look like educators don't care about children's health." Gloria apologized to Sandra and insisted that the next meeting would be better.

After hanging up, Gloria put her head in her hands and tried to brainstorm about her next steps. The next meeting is slated to take place in a month, which only leaves about three weeks after that to write and submit the application and gather letters of support. Participants must agree on an approach at this next meeting if the state wants to pursue the funding, which the Governor is insisting they do. Gloria Browning's leadership—and job—are on the line.

Discussion Questions and Group Exercises

The discussion questions and group exercises that follow are intended to help participants connect the scenario to their own experience and to reinforce the concepts explored in specific modules of the MCH Leadership series. Although the exercises are tailored to correspond to specific modules, they also may be used as a stand-alone instrument with the case study.

MODULE 1

General Discussion Questions:

1) Is this a familiar scenario?
2) Were the goals of the first meeting met?
3) What could have been done before and during the first meeting to ensure greater progress at the meeting?
4) What challenges might you face in gaining the full participation of all key players, particularly after the first meeting?
5) What other challenges or barriers might you face?
6) Critique the leadership characteristics of the players according to the qualities discussed in module 1.

Case Study Exercise #1

Draft a memo or letter setting the stage for the second meeting of this initiative and inviting participants to collaborate.

As you draft the memo, consider the following questions:

- Who was missing from the first meeting? Are there key stakeholders who should be brought in now?
- How can you persuade the participants that they will benefit from participation in the collaboration (e.g. help them understand "what's in it for them")?
- How can you encourage invitees to think about the strengths and resources—not necessarily money—that they can bring to the table?
- What specific phone calls need to be made, in addition to the memo?
- Are there specific ways you can engage key participants prior to the meeting (e.g. asking them to gather or analyze specific data that will be used in the meeting)?

MODULE 2

CASE STUDY EXERCISE #2::

Role play the second meeting as the group develops a shared vision. Assign group members different roles (e.g. nutrition, education, public health).

After the role play, answer the following questions:

- What struck you about this process?
- How was it similar or dissimilar to your own professional experiences? Would this process succeed in your own work setting?
- What leadership skills did you (or would you, in real life) draw on?
- What will need to happen in order to make progress toward the vision or to meet expectations about results?
- What do you think will happen now?

MODULE 3

CASE STUDY EXERCISE #3:

Draft an agenda and general plan for the second meeting. Include an outline of the data, information, and materials that will be provided in advance or during the meeting, and how they will be used. Create a plan for organizing participants to get the work done (e.g., team member tasks and roles, timelines, team structures).

As you plan for the meeting, answer the following questions:

- What are the specific challenges you will face in creating an effective working environment for this group?
- What are some strategies that can be applied?
- What specific outcomes should be expected from this meeting? What kind of follow up will be required to move the proposal forward?
- Where do you expect to face the greatest resistance? How can you overcome this resistance?
- How much should you cite the Governor's desire? How can you seek his endorsement early?
- Where do you expect to find the greatest support? How can you use this for the best advantage?
- What additional preparation (beyond what's described in the case study) would be helpful before this second meeting?

APPENDIX 1: LEADERSHIP CHARACTERISTICS AND COMPETENCIES

The MCH Leadership Development series highlights a number of leadership skills and competencies:

- Building shared vision,
- team building,
- embracing change,
- collaboration,
- communication, and
- political knowledge and finesse.

The Module 1 mini-lecture, "Tapping Into Your Leadership Potential," observes that leaders are:

- passionate,
- self-reflective,
- willing to share power, successes and failures,
- willing to operate in an uncertain environment, and
- focused on the big picture.

You may have identified other leadership qualities, skills, and competencies that might come into play in this case study. You also may wish to refer to the leadership competencies outlined by other organizations and agencies:

1) The Maternal and Child Health Bureau's Draft MCH Leadership Competencies, available online at *http://leadership.mchtraining.net*.

2) The leadership qualities and competencies outlined by CityMatCH in *Urban Women's Health Brief*, September 2005, Issue Brief No. 3, pages 4-5. Available online at *http://webmedia.unmc.edu/community/citymatch/HealthBrief/UWHBrief3.pdf*.

3) The Public Health Leadership Competency Framework, available online at *http://www.heartlandcenters.slu.edu/nln/about/framework.pdf*.