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An Asset-Based Community Initiative to Reduce Television Viewing in New York State

Ida R. Baker, MA⁺, Barbara A. Dennison, MD⁺,^{*}, Penny S. Boyer, MSRN[‡], Kathleen F. Sellers, PhD^{RN}⁺, Theresa J. Russo, PhD, CFLE[†], and Nancy A. Sherwood, PhD.[‡]

+ *Research Institute, The Mary Imogene Bassett Hospital, Cooperstown, NY*

* *Currently with NY State Department of Health, Albany, NY*

Hartwick College, Oneonta, NY

‡ *State University, College at Oneonta, Oneonta, New York*

‡ *State University, College at Cobleskill, Cobleskill, NY*

Abstract

Background—Childhood obesity is an epidemic. Addressing this problem will require the input of many sectors and change in many behaviors. The “community” must be part of the solution, and the solution must be constructed on existing assets that lend strength to positive environmental change.

Objective—To catalyze an established asset-based community partnership to support efforts to reduce television viewing time by developing and providing alternative activities as part of a broader, 3-year study to reduce childhood obesity among preschool-aged children in rural, upstate New York.

Method—Asset mapping was utilized to compile an inventory of individual and community strengths upon which a partnership could be established. Facilitated focus group sessions were conducted to better understand childcare environmental policies and practices, and to guide changes conducive to health and fitness. Planning meetings and targeted outreach brought key stakeholders together for a community-participatory initiative to support positive environmental change.

Results—The partnership planned and initiated an array of after-school and weekend community activities for preschool-aged children and their families in the weeks preceding, during, and following a designated “TV Turn-off” week in April, 2004 and March, 2005.

Conclusion—Methods of asset-based community development are an effective way to engage community participation in public health initiatives.

Keywords

asset-based community development; alternative activities to television viewing; community outreach; community action; consumer participation; childhood obesity

Corresponding Author: Ida R. Baker, M.A., Bassett Research Institute, One Atwell Road, Cooperstown, NY 13326, Phone: 607-547-3045, Fax: 607-547-6861, E-mail: ida.baker@bassett.org

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Introduction

The current childhood obesity epidemic has many causes and contributing factors; however, the association between television viewing and obesity is one of the strongest and most consistent (Dietz et al., 1985; Gortmaker et al., 1996; Dennison et al., 2002). Interventions to reduce viewing time among children have shown decreases in obesity measures (Robinson, 1999; Gortmaker, et al., 1999). Because sedentary television viewing displaces physically active behaviors and activities that may be more educationally valuable to children (Hagborg, 1995), potential benefits are best realized if viewing is limited both in time and in content (Razel, 2001). Furthermore, in 2001, an estimated 60% of children aged 0–6 received non-parental childcare on a regular basis (Mulligan et al., 2005). Preschool and day care providers control the environment, including opportunities for physical activity, and act as role models when children are in their care (Birch et al., 1998; Campbell et al., 2001). They must be included in interventions that address television-viewing time for this age group.

In 2001, the American Academy of Pediatrics recommended that “children’s total media time [be limited] to no more than 1 to 2 hours of quality programming per day,” and that any “television viewing for children younger than 2 years” be discouraged (American Academy of Pediatrics: Children, Adolescents, and Television, 2001). The committee also recommended that “more interactive activities that will promote proper brain development, such as talking, playing, singing and reading together” and “alternative entertainment for children including reading, athletics, hobbies, and creative play” be encouraged. In a study by Spinks et al. (2006), primary and preschool-aged children who did not comply with electronic media recommendations were at greater risk of developing overweight. This study suggests alternative leisure time activities should be promoted. Another study found that children preferred alternative activities to television viewing but had difficulty communicating this need (Kennedy et al., 2002).

According to a recent national survey, more than 60% of U.S. children, aged 6 months to 6 years, watch television every day, and about 40% of 2 to 6-year-old children spend 2 or more hours per day with screen media (Rideout & Hamel, 2006). When parents impose rules on television viewing time, children spend less time watching. However, most parents have not heard of the recommendation by the American Academy of Pediatrics to limit children’s use of screen media (Rideout, 2004), and few parents limit the amount of time that their children view television or other media (Kennedy et al., 2002).

The initiative described in this paper was a component of a television reduction intervention undertaken as part of a broader, 3-year study addressing childhood obesity. In 2001, the Surgeon General’s Call to Action plan to intervene in the overweight and obesity epidemic endorsed the partnering of families, communities, local health care systems, schools, and other public and private interests (Surgeon General, 2001). The broader study, *Rural Community Partnership to Promote Fitness by Age 5*, utilized methods of asset-based community development (Kretzmann et al., 1993) to build such a partnership. This methodology focuses on assets or strengths that are present in the community, as opposed to deficiencies, to find solutions to problems. Relationship building between the community members, particularly key stakeholders and organizations, is paramount. The interdependence that develops has the power to accomplish a specific, shared goal. The community, then, is used as the tool to build health (McKnight, 1994). For this study, key community partners shared a concern for (e.g. early childhood educators) or had a connection with (e.g. childcare providers) young children in the community. This shared value would catalyze them to pursue the partnership’s common goal: improving the health of young children. It would do this generally as the partnership pursued action plans for all the domains of the broader study (Sellers et al., 2005) and it would do this specifically for a community component in support of the broader study’s television

reduction intervention. This component was a community initiative to offer alternative activities to television viewing during ‘TV Turn-off’ week. Our hypothesis for the initiative had two veins, the first of which was supported by findings that children, aged 7 to 10 years, report in focus groups that they prefer alternative activities to television viewing (Kennedy et al., 2002). That is, a favorable local environment of alternative activities would bolster the television reduction intervention undertaken for the broader study. Second, the established, asset-based partnership would take ownership of an action plan initially conceptualized during focus groups for the broader study (Sellers et al, 2005) to initiate a positive environmental change. They would thereby demonstrate that an asset-based community partnership lends strength to an intervention that addresses childhood obesity.

Methods

The targeted community for the initiative was a local public school district located in a low- to middle-income, rural county in Upstate New York. The population in the county was predominantly non-Hispanic white (NYS Data Center, Empire State Development, School District Data, 2000), with a relatively low- to moderate- education level (US Census Bureau: State & County Quick Facts, retrieved 8/05). This project was approved by the Institutional Review Board of the Mary Imogene Bassett Hospital. As individual-level data were not obtained for community activities, consent of individual participants in the community activities was not required nor obtained.

The process of *asset mapping* was utilized to compile an inventory of individual and community strengths upon which a partnership could be established generally for the broader study and specifically for the supportive, community-participatory initiative. Asset mapping builds social capital to catalyze change by focusing on strengths (what a community has) as opposed to deficiencies (what a community needs). In a rare example of its use, Pan et al. (2005) built on the framework of asset mapping proposed by Kretzmann & McKnight (1993). The process was initiated by first identifying the strengths or assets of the research team that were beneficial to improving the social and physical environment of the community to improve the health of young children. These strengths included: knowledge about the childhood obesity epidemic at the global, national, state, and local level; knowledge of obesity risk factors; knowledge of the link between television viewing and other negative health effects besides obesity; an identified position in the community as innovators and opinion leaders; facilitation skills; some concrete resources such as time and money; and successful experience within the community conducting previous childcare-focused interventions (Dennison et al. 2004). The next step was to map or develop an inventory of the individual and collective community assets of *key stakeholders*. This inventory included *individuals* such as community child day care providers and early childhood educators, *associations* such as the County Sheriff’s Explorer’s Post and the Central School Gymnastics Club, and *institutions* such as the local community branch of the State University of New York, the community central school, Head Start and other childcare centers, and the local pediatric primary care facility. Faith-based organizations, ecumenical associations, and other community and business leaders were also included. Finally, an evaluation of the community’s *physical assets* was undertaken to ascertain availability of and access to local physical settings and venues that would be suitable to promote alternative activities in lieu of television viewing.

Childcare providers and educators, healthcare providers, and other community leaders were invited by the research team to attend facilitated planning meetings. Facilitators were mindful of the principle asset that participants, particularly childcare providers and early childhood educators, brought to the sessions: front-line expertise. The goal for the researchers was to support the partnership as ideas for activities were conceptualized, planned, and initiated. While the principal reason for decreasing the amount of time preschool-aged children spend

watching television was presented as a reduction in childhood obesity, other negative effects of television viewing were also reviewed to engage community involvement. These included links with violence, poor dietary habits, and adverse psychosocial behaviors (Roberts et al., 1999; Borzekowski et al., 2001; Halford et al., 2004). The current expert recommendations to limit children's television and other media use were also discussed.

The idea that the community could do something positive that might benefit children's health by reducing their exposure to television and other media really galvanized the community partnership. They conceptualized that increasing the availability of alternative activities to television viewing on weekends (particularly Saturday morning) and weekday evenings during the designated 'TV Turn-off' week would facilitate other efforts in childcare centers and pediatric practices to reduce children's TV/media use. Participants engaged in a discussion during the planning meetings that yielded a rich flow of ideas and suggestions. They also completed anticipatory sign-up forms indicating a commitment to sponsor, plan and/or implement activities during a 2-month period leading up to, during, and following 'TV Turn-off' week. Additional efforts by the research team to reach out to key stakeholders in the community led to buy-in from Head Start administrative staff and faith-based groups; and word-of-mouth endorsement by the partnership for the community initiative prompted other local organizations and individuals to get involved. The research team facilitated communication among partners as venues were secured and a calendar of events was created. The ensuing community-institutional relationship effectively placed participant partners at the hub of environmental change and kept the research team right where they wanted to be - on the fringe. As such, the partnership was the independent variable for this community initiative and the activities were the dependent variable.

Results

Childcare staff, administrators, and directors from 10 local child care homes or facilities, representing approximately half of the licensed child day care homes or facilities in the targeted school district participated in the community initiative to develop and provide alternative activities to television viewing. These childcare homes or facilities collectively served, on average, 276 preschool-age children each school year (approximately 30–40% of the estimated 3- to 5-year-old children in the school district). Participants from other community institutions included administrative staff and faculty from the regional central school and local college, library staff, and youth bureau staff. Staff and members of the local primary healthcare facility and local businesses, as well as social and ecumenical associations, also participated; and students at various levels of education, including elementary, high school, and college, assisted with activities. Table 1 demonstrates the breadth of the individual, associational, and institutional contributions to the community-participatory initiative.

Planning meetings, targeted outreach, and local endorsement of the evolving partnership brought key participants together to collectively support efforts to provide safe, fun, and/or educational activities for preschoolers as alternatives to television viewing. Key stakeholders in the partnership networked within the community to involve others, and together they planned and provided 40 different after-school and weekend activities (Table 2) in 11 different venues for preschool-aged children and their families. Further networking by research staff resulted in additional individuals and businesses outside of the local community donating stuffed toys for open gym 'animal hunts', and secured the involvement of a Puppet Troop. The partnership planned indoor and/or outdoor activities for the community initiative with the seasonal elements of the northeast in mind, and were attentive to the daily rest/sleep needs of typical preschool-aged children as well as the work schedules of parents when determining appropriate start/finish times.

The research team had minimal involvement in the actual running of the community-based activities and primarily provided technical assistance to community partners. The activities were promoted by ensuring timely notice to parents via existing community channels—the central school newsletter, childcare center newsletters, local newspapers, and church bulletins. A detailed ‘TV Turn-off’ week calendar of events was sent home with preschoolers in attendance at local childcare centers, and advertised in local papers. The calendar was also widely distributed by faith-based partners, healthcare providers, youth associations, and the community library. Additionally, ads were placed in the local paper to promote evening story-telling at the library and Saturday open gym sessions at Head Start. Promotional materials were funded by the research grant, and nominal fees were paid to the storyteller, to a musician, and to a clown. For the most part, however, community partners provided the venues and donated the expertise, time, and materials needed for the fun-filled activities they planned and executed.

No individual level data for community activity participation or comprehensive measures of child participation or attendance at the activities were obtained for the community component of the television reduction intervention during the first year. The participation of preschool-aged children in community activities during the second year was measured with sign-in sheets and yielded a median attendance of 26 children per night for 6 nights. Participation in the 6 Saturday morning open gyms and the 6 evening story-telling sessions was similarly measured, yielding a median attendance of 12 and 13 preschool-aged children, respectively. Finally, questionnaires and partnership debriefing sessions yielded anecdotal feedback that childcare providers instituted or changed media-viewing policies and practices at their centers, the library sustained evening story telling sessions, and increased numbers of parents registered children for physical activity programs (dance, soccer, gymnastics).

Discussion

The initiative described in this paper is an example of asset-based community development in action. Existing community assets were identified; like-minded individuals, associations, and organizations were brought together; awareness of the childhood obesity epidemic and what could be done about it was increased; and the partnership was catalyzed to pursue a common goal. When partners endorsed and promoted this cause by word-of-mouth, a heightened sense of community resulted and more like-minded individuals, associations, and organizations stepped forward. The initiative, therefore, strengthened the partnership and increased the community’s potential to accomplish the task, thereby demonstrating that a community’s assets can be successfully tapped to construct a solution that lends strength to positive environmental change.

This use of asset-based community development methodology to galvanize a community to support efforts to reduce childhood obesity by providing an array of alternative activities to television viewing is unique. All of the activities were conceptualized, planned, and executed by community partners. Some of the activities were geared for physical activity, some provided intellectual stimulation, and others tapped creativity. Furthermore, all were held in public venues. While the need for the activities to be open and available for all of the community was fundamental to the partnership, it presented a substantial limitation in that the total number of children from the intervention cohort of the broader study who participated in the activities is unknown. The initiative also lacks outcome data that would allow it to stand on its own as far as impact or reach, or that would reveal its contribution to the broader study’s television reduction intervention because it is not a measure of television-viewing time, weight reduction, or increased physical activity. Lastly, because the study community was rural, relatively small, and primarily caucasian, the breadth of involvement among community individuals, associations, and organizations cannot be generalized. Future studies may consider these limitations.

Conclusion

This initiative to plan and provide alternative activities to television viewing was a community solution to the problem of childhood overweight and obesity. It was a local, internally focused remedy constructed on assets and reflecting the community's hope for a better future. Due to limited outcome measures, the initiative did not conclusively show that the favorable local environment of alternative activities bolstered the television reduction intervention undertaken for the broader study. However, the asset-based partnership did take ownership of an action plan for positive environmental change and thereby demonstrated that an asset-based community partnership can lend strength to an intervention that addresses childhood obesity. Interventions aimed at finding a solution to this major health problem will have a greater impact when asset-based community partnerships are fully utilized and actively engaged.

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Table 1

A sample of Individual, Associational, and Institutional Contributions to the Community-Participatory Initiative in Rural, Upstate New York during a Designated 'TV Turn-off' Week in April, 2004 and March, 2005

Leaders/Instructors/Volunteers	Contributions
Childcare Providers, Administrators, Teachers & Assistants	Arts/Crafts/Movement Activities, Story Telling, & the Parade Banner
<u>Local branch – SUNY^a</u>	
President	Tractor Ride & Barn Tour Initiation
Animal and Plant Science Administrators, Educators, & Students	Educational Tours
Early Childhood Division Administrators & Educators	Planning & Materials
Director of Community Outreach	Campus Activities
Athletic Director	Family Swimming
Karate Instructor & Team Members	Interactive Karate
<u>Regional Central School</u>	
Gymnastics Coach & Team Members	Interactive Gymnastics
Asst. Director of Athletics & Interact Students ^b	Open Gym Activities
Varsity Club Supervisor & Students	Movement Activities
Kindergarten Teacher	Arts & Crafts
Soccer Coach & Club Members	Soccer ^b
Dance Instructors & Students	Irish Dancing ^b
Musical Instrumentalist/Entrepreneur	Instrument Demonstration ^b
Musician/Composer/Educator	Concert ^b
Troop Leaders & Boy Scouts of America	Trout Fishing, Sled Riding
Students for Environmental Action Coalition	Parade Float
County Deputy Sheriff & Explorers	Bike/Trike & Helmet Safety
Middle & Elementary School Students	Assistance with Activities
Puppet Troop Leader & Troop Members	Puppet Show ^b

^aState University of New York

^bHigh School Exploratory Experience in Health & Community Service

^bInteractive

Table 2

Activities provided by the Community Partnership in Rural, Upstate New York during a Designated ‘TV Turn-off’ Week in April, 2004 and March, 2005

Educational	Arts & Crafts
Interactive Puppet Show Story Telling ^d Open House at College Farm Hydroponic Garden Tour Binocular Bird Finding Petting Zoo Bike/Trike/Helmet Safety	Textures Play Dough Snowflakes Button Art Shamrock Pins Cloud Dough 3-Corner Hats Beaded Bookmarks Ice Cube Painting Kids in a Bubble Hot Air Ping Pong Face Painting Salt Art Straw Necklaces Daisies & Butterflies
Movement/Sports	Music/Dancing
Open Gym ^b Rock Wall Climbing “Kids in Motion” Exercise Snow Slide Polar Express Train Snow Snake Sleigh rides Obstacle Courses Trout Fishing Swimming Parade	Interactive Clown Show Participatory Irish Step Dancing Introduction to Musical Instrument Participatory Children’s Musical Concert
Community Sports/Clubs/Lessons	
Introduction to Karate Introduction to Soccer Introduction to Gymnastics	

^a Four evening story-telling sessions were offered at the local library in the weeks leading up to and including ‘TV Turn-off’ week in April 2004, and six sessions were offered in the weeks leading up to, during, and after ‘TV Turn-off’ week in March 2005.

^b Six open gym sessions were offered at Head Start on Saturday mornings in the weeks leading up to, during, and after ‘TV Turn-off’ week in March 2005.