



***FINAL REPORT TO  
THE ROBERT WOOD JOHNSON FOUNDATION:  
HEALTHY CHILDREN HEALTHY FUTURES INITIATIVE***



September 2005 to June 2006

The  
After-School  
INSTITUTE



Report Submitted by Lori Carter and Rebkha  
Atnafou, The After-School Institute, and Jennifer  
Buher-Kane, University of Pennsylvania Center for  
Research on Youth and Social Policy—Out of School  
Time Resource Center



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## EXECUTIVE SUMMARY

Childhood obesity has reached a national epidemic and poses a great concern because obesity is a known risk factor for cardiovascular disease, diabetes and for certain cancers, especially in low-income minorities. The amount of time that children and youth spend participating in physical activities has decreased markedly over the past few decades (US Department of Health and Human Services, 1996). After-school hours provide an opportune time for children to be engaged in physical activity and to be engaged in nutrition education. The After-School Institute (TASI) ASI, with its wide network of after-school programs under Baltimore's After-School Strategy that serve thousands of children, felt compelled to address the childhood obesity epidemic by implementing a simple, well-packaged and evaluated intervention developed by Strang Cancer Prevention Center and entitled *Healthy Children Healthy Futures* (HCHF) in September 2005.

This initiative began with funds from Met Life Foundation to work with five (5) after-school programs in Baltimore City and this quickly expanded to a total of twelve sites<sup>1</sup> with Robert Wood Johnson Foundation (RWJF) funding the additional sites. One of RWJF four goal areas is to promote healthy communities and lifestyles. Specifically, this includes helping halt the rise in childhood obesity by promoting healthy eating and physical activity in schools and communities throughout the nation and this partnership with Strang, Met Life, TASI and after-school programs in Baltimore was ideal.

The goal of *Healthy Children Healthy Futures* is to create a replicable program for children and their parents to become advocates — through their schools, families and communities — for healthy eating and physical activity. The *Healthy Children Healthy Futures* project is intended for under-served youth, ages 9 to 13. The HCHF initiative has three components—education of children, parents and media literacy and animation.

The experience of implementing Health Children, Healthy Futures in Baltimore was positive and details of the process, the successes, the challenges and recommendations are in the full report that follows. In general, after-school program providers felt it was a fun and interactive environment in which they learned how to implement HCHF in their program as well as gained some background information on the importance of addressing childhood obesity. The youth were involved and excited about the curriculum during the hands-on activities such as making fruit salad or setting up video equipment. While youth initially were ambivalent in trying healthy snacks, once they tried it they enjoyed it and they understood the importance of eating healthy. The youth enjoyed the physical fitness activities. The challenges were that programs need extensive training in nutrition and physical fitness, need for flexibility in program implementation, lack of media literacy skills by youth and the program providers, parental engagement to develop and sustain healthy eating habits, and lack of or limited funding (although it did not preclude programs from participating in this study). The recommendations for future planning is to develop strategies to address the challenges, engage the capacity building intermediary (TASI) to provide on-going training and support.

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<sup>1</sup> See Attachment 1

## **BALTIMORE’S AFTER-SCHOOL STRATEGY**

Baltimore’s After-School Strategy is a multi-organizational, citywide initiative to increase the number and improve the quality of after-school programs available for Baltimore’s youth. The initiative is grounded in the theory that learning is not restricted to the school setting. Children and youth need a variety of formal and informal learning opportunities to stay engaged in their school and community and to make a safe and healthy transition through adolescence to adulthood. Programmatic efforts have been supported and strengthened by:

- The Standards for Baltimore After-School Opportunities in Youth Places – derived from standards established by the National School Age childcare Alliance and augmented by other research-based practices, Baltimore’s Standards define quality programming in the out of school hours. All programs receiving funding through the Strategy must adhere to these Standards.
- Monitoring program performance and ensuring accountability of funded after-school programs – work conducted by the strategy’s operational partner, the Family League of Baltimore City;
- Evaluating funded after-school programs and the overall After-School Strategy to ensure quality, efficiency and effectiveness; and
- Offering training and capacity building assistance to after-school providers through The After-School Institute, which the strategy founded to carry out this purpose.

## **THE AFTER-SCHOOL INSTITUTE**

### ***History***

Formerly known as B.BRAVO for Youth, The After-School Institute (TASI)<sup>2</sup> was established in 1999 as a citywide, capacity-building organization linked to the Safe and Sound Campaign’s After-School Strategy. Paralleling the City’s mission to provide a *safe, enriched and nurturing place for children and youth during the after/out-of-school hours*, The After-School Institute demonstrates ways in which this vision can be implemented while utilizing existing infrastructures as well as engaging resources outside of the city limits.

### ***Mission***

The After-School Institute builds the capacity of after-school program providers so that they can deliver high quality services in a caring, supportive environment that allows children and youth to develop civic, academic, artistic and athletic talents and skills.

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<sup>2</sup> See Appendix A

### ***Vision***

The vision of TASI is to be the premier training and technical assistance organization for after-school programs in Maryland focused on professionalizing and expanding the field by:

- Providing innovative and multiple approaches to distilling and presenting national best practices,
- Providing quality training experiences,
- Providing tailored technical assistance,
- Providing unique networking opportunities,
- Promoting effective policies,
- Engaging, convening, and supporting critical constituencies,
- Brokering and leveraging resources and monitoring program quality, and
- Establishing quality standards and promoting accountability.

## **THE NEED FOR NUTRITION AND FITNESS PROGRAM FOR YOUTH**

Childhood obesity has reached a national epidemic and poses a great concern because obesity is a known risk factor for cardiovascular disease, diabetes and for certain cancers, especially in low-income minorities. The amount of time that children and youth spend participating in physical activities has decreased markedly over the past few decades (US Department of Health and Human Services, 1996). After-school hours provide an opportune time for children to be engaged in physical activity and to be engaged in nutrition education. TASI, with its wide network of after-school programs under Baltimore's After-School Strategy that serve thousands of children, felt compelled to address the childhood obesity epidemic by implementing a simple, well-packaged and evaluated intervention entitled *Healthy Children Healthy Futures* (HCHF) this past September.

This initiative began with funds from Met Life Foundation to work with five (5) after-school programs in Baltimore City and this quickly expanded to a total of twelve sites<sup>3</sup> with Robert Wood Johnson Foundation (RWJF) funding the additional sites. One of RWJF four goal areas is to promote healthy communities and lifestyles. Specifically, this includes helping halt the rise in childhood obesity by promoting healthy eating and physical activity in schools and communities throughout the nation. According to a recent poll by RWJF and the Harvard School of Public Health, in October 2005, 92% of all Americans surveyed consider childhood obesity to be a serious national problem<sup>4</sup>.

Last summer, The After-School Corporation in New York referred Strang Cancer Prevention Center to TASI. Strang asked if we are interested in the replication of their Healthy Children Healthy Futures in Baltimore and if we would collaborate with them on this effort. TASI indicated their interest and hence the collaboration started with the

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<sup>3</sup> See Attachment 1

<sup>4</sup> [http://www.rwjf.org/files/research/Obesity\\_ResearchHighlight\\_3\\_0604.pdf](http://www.rwjf.org/files/research/Obesity_ResearchHighlight_3_0604.pdf)

Strang Cancer Prevention Center<sup>5</sup>, an affiliate of Cornell University Medical Center, to incorporate a nutrition and physical fitness program into after-school programs to prevent childhood obesity. The goal of *Healthy Children Healthy Futures* is to create a replicable program for children and their parents to become advocates — through their schools, families and communities — for healthy eating and physical activity. The *Healthy Children Healthy Futures* project is intended for under-served youth, ages 9 to 13, and was piloted in three large US cities—Los Angeles, New York City and Atlanta. In fiscal year 2006, it was being replicated in three additional cities—Baltimore, Chicago and Houston. Through collaboration with the Strang Cancer Prevention Center at Cornell University Medical Center, TASI worked to incorporate a nutrition and physical fitness program into after-school programs in an effort to prevent childhood obesity.

The HCHF initiative has three components—education of children, parents and media literacy and animation. The training provided includes a curriculum and student workbook on good nutrition, physical activity and the role of children and parents as advocates for healthy food consumption and physical fitness. Additionally, the program provides an opportunity for training on creating animation and training children to create public service announcements. In Baltimore, the program was delivered over a 20-week duration with sessions delivered two times per week. At the conclusion of the program, culminating events were held to showcase and exhibit lessons learned. These events included student prepared healthy snacks/salads at closing celebration, a student published article highlighting the importance of living a healthy lifestyle, and a family fair, which featured yoga demonstrations and recipes for healthy eating.

The replication in Baltimore focused primarily on education of children and to a lesser degree media literacy and parental awareness. Animation was optional requiring highly skilled professional in computers and access to computers. We anticipated two to three programs out of the twelve to participate in the animation project. Baltimore's replication initiative also included a process evaluation funded by Robert Wood Johnson Foundation to understand what facilitates or impedes the replication of such projects on fitness and nutrition.

## **TASI'S ORIENTATION**

In mid-September, The After-School Institute (TASI) attended a planning meeting led by Strang Cancer Prevention Center in New York City. The one-day planning meeting included an overview of Healthy Children Healthy Futures (HCHF), an in-depth look into US childhood obesity statistics over the last 2 decades, and an expert panel led by the three pilot cities (Atlanta, New York, and Los Angeles) regarding implementation successes and challenges (see Attachment B). At the planning meeting, TASI produced an implementation timeline for Baltimore.

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<sup>5</sup> See Appendix B

## **PROGRAM RECRUITMENT AND PARTICIPATION**

Through the initial funding provided by Met Life to Strang Cancer Prevention Center, TASI contracted to recruit five (5) after-school sites to implement the Healthy Children Healthy Futures (HCHF) curriculum in Baltimore. With additional funds provided by the Robert Wood Johnson Foundation, TASI was able to offer the HCHF program to seven (7) additional after-school sites. TASI staff set out to carefully recruit 12 after-school sites in Baltimore City of diverse composition (i.e. faith-based, city recreation centers, YMCAs, community-based, school-based, etc.). The recruitment notice sent out to programs provided criteria for participation and expectations. Many of the selected programs had previously indicated interest in addressing nutrition and physical fitness in the past. All programs received \$2,000 incentive half provided at the beginning of the project and the other at the end.

While the programs were deciding if they would participate in HCHF, many of them expressed apprehension because they were, at the same time, awaiting core after-school funding decisions from the City of Baltimore and were unsure of their operational status. However, after reviewing the HCHF project overview and a brief synopsis of deliverables, the 12 sites confirmed their interest and attended the 2 half day's facilitators training. In the recruitment stage, sites were instructed to send two employees: the executive director and the person who would be implementing the HCHF curriculum<sup>6</sup>.

## **TRAINING OF AFTER-SCHOOL PROGRAM PROVIDERS**

According to Strang's project overview, "Using a pilot-tested *Healthy Children Healthy Futures Tool Kit* developed with original funding from MetLife Foundation, the program (currently in Atlanta, New York City and Los Angeles) provides young people in after-school/out-of-school-time settings with the opportunity to learn about healthy eating and physical activity and to create compelling messages to encourage their peers to do the same. The Tool Kit features the "8 *Habits of Healthy Kids*" a Healthy Eating Kid Packet originally designed for tweens, ages 9-14, and a Facilitator Guide that describes carefully planned sessions for a 12-20-week program with 2-3 sessions per week. At each session, it is recommended that children receive a healthy snack (described in the guide) and participate in an "active energizer" physical activity. By the end of the program, participants will have developed a print, radio, or animation spot for peers, promoting healthy eating and physical activity. In addition, a set of take-home postcards based on the 8 *Habits of Healthy Kids* are provided for parents."

There are seven basic phases of the *Healthy Children Healthy Futures* program:

- Snacks and Physical Activity
- Getting Started
- Media Literacy
- Developing Messages

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<sup>6</sup> See Attachment 2

- Creating Media
- Recognition Celebration
- Parent and Community Participation

The young people who participate in *Healthy Children Healthy Futures* in after-school settings:

- Learn The 8 Habits of Healthy Kids and the skills to incorporate the habits into their lifestyle and environment.
- Increase their awareness and knowledge of healthy eating and physical activity concepts and issues.
- Explore current nutrition and physical activity theories, attitudes and behavioral intents.
- Work in teams to produce healthy eating and physical activity media including print ads, radio spots, and animation.
- Have their efforts and media products recognized in a meaningful way and rewarded.
- Use program resources to communicate with peers, families, and communities about healthy eating and physical activity.
- Provide parents and family members with The 8 Habits of Healthy Kids information.

Strang Cancer Prevention Center and its consultants came to Baltimore in September to deliver the training. The agenda<sup>7</sup> included a walkthrough of the curriculum and complete tool kit provided by funding from MetLife, interactive activities, an overview of the 8 habits of healthy children, and information on parent outreach and media literacy. Each site was informed of all deliverables, expectations and received a copy of the project's timeline. Although programs were requested to come with a team of staff composed of program administrator and the frontline staff for training youth, not all came as a team. For many, the administrator came alone for various reasons including the curriculum instructor has not been hired yet or it is a teacher who works in school during the day and is unavailable to come to the training. Understanding that collecting parental consents for HCHF would be necessary and easier to obtain if it came directly from them, sites were instructed to copy the form on their letterhead and begin circulating it prior to receiving the kit materials. Strang encouraged sites to contact them directly for technical assistance with HCHF implementation. In addition, programs were informed of the process evaluation that was funded by the Robert Wood Johnson Foundation.

The training began with increasing awareness of the magnitude of the problem of childhood obesity and why the reasons might be for this increase. Many in the training were surprised and even shocked by the information shared, especially progression of slides that showed states in red with high obesity rate and within a few years almost all the states were filled with red dots for high obesity. The trainers presented a demonstration comparing the difference in fat content between margarine and butter and between skim milk and cream used in coffee, and appropriate food portions. A highly

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<sup>7</sup> See Appendix C



engaging group project was the development of public service announcements using information from the curriculum. During the entire two-days of training, the trainers kept all participants highly engaged and participants left inspired and eager to start implementing the project.

When after-school funding decisions were announced in mid-September, all, but four of the participating HCHF sites were awarded funding from the City of Baltimore. Those that were not funded via City money did not drop out of the project. Instead, they used other funds they had available to continue to offer after-school services, including the HCHF project.

With the more than a month delay in funding decisions, programs were not able to start their program, and then collecting HCHF consent forms and begin implementation until much later than expected. With this unexpected challenge, TASI provided the Robert Wood Johnson Foundation and Strang Cancer Prevention Center with a status update reports detailing the delay in implementation and a modified timeline<sup>8</sup>.

Because so much time lapsed between the September training and the implementation of the HCHF project, TASI and Strang decided to schedule a booster session. In early December, Strang returned to Baltimore to provide refresher training once consents were successfully collected and pre-test were ready to be administered. Ten (10) of the 12 sites attended. The other two sites were not able to attend due to prior commitments. However, they received all refresher materials, including the agenda after the session, and were instructed to contact HCHF staff with any further questions. The HCHF process evaluator, Jennifer Buher Kane, attended this training and was able to not only schedule key interviews and site visits with HCHF sites, but also gain more insight into the implementation from the HCHF trainer. At the refresher training, sites were given the opportunity to revisit curriculum lessons, discuss barriers (i.e. collecting consent forms, recruiting parents, etc.), modify site-based timelines, and most importantly, hear from their Baltimore colleagues who had started to implement the HCHF curriculum.

In mid-February, there was an optional animation workshop that was delivered by Clifford Cohen of AnimAction, which is based in California. AnimAction was started in 1989 with a single purpose in mind – to give young people the opportunity to experience the spirit of collaboration, develop new skills, and exercise their creative freedom through the medium of animation. Due to a lack of technical literacy and equipment required for production, we anticipated that two to four programs would participate in the animation project. And in fact, two HCHF sites chose to participate and attended the animation training in teams of two—a youth and HCHF project/curriculum instructor. In TASI's mid-year update to RWJF, TASI expected between two and four sites to participate because of these requirements. Mr. Cohen instructed programs on how to create public service announcements about nutrition and obesity prevention and provided examples from around the country. While the animation videos that were shared were of a high quality, the trainer alleviated the participants concern and informed them that what was important was the process for producing the messages through animation and not the

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<sup>8</sup> See Attachment 3

sophistication of the product. YMCA at City Springs and Academy of Success sites premiered the work of the students and staff who participated in the HCHF animation training in February. Prior seeing the final media product, all of the young people were taught how animation is created through drawing exercises and timing. The young people who participated in the February training were recognized at the Academy of Success culminating event as "site animators". The YMCA @ City Springs' animation featured the lives of two figures. One figure exercised regularly. The other just sat around watching television. In the end, the one who exercised lived a long and healthy life with lots of energy. The Academy of Success' animation featured a race between junk food and healthy food. Needless to say, the healthy food won the race.

## **HIRING A PROCESS EVALUATOR**

Although the Healthy Children Healthy Futures initiative has been evaluated with positive results in children's knowledge and attitude about nutrition, an evaluation to determine key facilitation methods to ensure the proper adoption of the *Healthy Children Healthy Futures* curriculum has not been done. Therefore, TASI proposed to conduct a process evaluation to identify these key factors to facilitate or impede the successful replication of the project within a larger support system—Baltimore's After-School Strategy. These factors include site selection, training and technical assistance that results in positive outcomes.

The search to find a process evaluator led TASI to The Out-of-School Time Resource Center (OSTRC) of the University of Pennsylvania's Center for Research on Youth and Social Policy (CRYSP). TASI has years of experience exchanging information and working with OSTRC. OSTRC was responsible for evaluating TASI's Eastern Regional Conference on After-School in May 2005 and just recently at our second regional conference in May 2006. OSTRC, funded by the William Penn Foundation, its purpose is to identify, provide access to, and measure the impact of out-of-school-time resources. These resources include professional development opportunities, direct student services, physical resource centers, and formal publications. Thus, we felt OSTRC will be a perfect fit for this project. In October, TASI hired Jennifer Buher Kane, a senior research associate for the OSTRC as the lead HCHF process evaluator with funding provided by the Robert Wood Johnson Foundation. Ms. Kane worked with Nancy Peters, director of OSTRC, and under the supervision and guidance of Susan Kinnevy, Ph.D. at the School of Social Policy and Practice at the University of Pennsylvania.

## **EVALUATION PLAN AND RESULTS<sup>2</sup>**

According to Strang Cancer Prevention Center, children who participate in the *Healthy Children Healthy Futures* project will obtain:

- Knowledge, attitudes and skills to make healthier lifestyle choices regarding eating and physical activity.

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<sup>9</sup> See Appendix D

- Skills to become advocates for healthy eating and physical activity at their schools and in their communities.
- Skills to promote healthy eating and physical activity behaviors to their peers via media messaging.
- Increased technology awareness and skills through the use of animation software.
- Teamwork and interpersonal communication skills.
- Skills and knowledge that may inspire new career choices.
- Critical thinking skills, especially regarding how they explore and experience the media.
- Practice, through an interdisciplinary approach, at improving their academic performance in language arts, math, technology and media literacy.

Strang has done impact evaluation of HCHF and what Robert Wood Johnson Foundation was interested in is process evaluation to document the process for replication and to identify factors that facilitate or impede the successful replication of this project.

The OSTRC focused on the following objectives for the process evaluation:

- Provide contextual information for each step of the intervention.
- Describe the intended vs. actual implementation of the intervention, including training and curriculum implementation.
- Identify factors, which influenced the degree of success of the overall intervention.
- Recommend changes for future interventions in order to optimize results.

In addition, the OSTRC posed the following research questions, which were explored throughout the process evaluation:

- Did each step of the intervention actually operate as it was intended?
- Did key personnel receive the information and support needed to successfully implement the curriculum?
- How did key personnel react to the training provided?
- What factors influenced the success of the intervention?

The process evaluation plan included the distribution and collection of parent consent forms agreeing to have their children in the selected after-school programs to participate in this study. The consent forms were sent to programs via email to be printed on their company's letterhead. Normally, we encourage programs to administer consent forms and pre-tests as part of program registration process. However this was not possible since programs had already conducted registration at the time of initial enrollment in this study. Following the collection of the consent forms, programs were instructed to administer the pre-test with their students and then begin implementation.

*Process Measures*

	<b>I. Key personnel participated in TASI training</b>	<b>II. Key personnel implemented curriculum in program</b>	<b>III. Key personnel completed all necessary documentation (i.e., pretest, posttest from Strang)</b>	<b>IV. Key personnel received the information and support needed to successfully implement the curriculum</b>
<i>Program #1</i>	✓	✓**	✓***	✓
<i>Program #2</i>	✓	✓	✓***	✓
<i>Program #3</i>	✓	✓	✓***	✓
<i>Program #4</i>	✓	✓	✓***	✓
<i>Program #5</i>	✓	✓	✓***	✓
<i>Program #6*</i>	NA	NA	NA	NA
<i>Program #7*</i>	NA	NA	NA	NA
<i>Program #8*</i>	NA	NA	NA	NA
<i>Program #9*</i>	NA	NA	NA	NA
<i>Program #10*</i>	NA	NA	NA	NA
<i>Program #11*</i>	NA	NA	NA	NA
<i>Program #12*</i>	NA	NA	NA	NA

\* Programs 6-12 represent programs that were not be part of the intensive process evaluation (key informant interviews and participant observations). The OSTRC was not able to gather information on each of the process measures for these programs.

\*\* It is believed that Program #1 implemented the curriculum, but this was not observed. Due to staff turnover, Program #1 was not able to begin implementing HCHF until May 2006.

\*\*\*At the time this report was written, HCHF was still in progress and no posttests were collected yet. Here the checkmark signifies that all programs successfully completed pretests.

The programs interviewed are mainly community-based organizations, and run at least one program inside of a school building. These organizations have been in operation from 6 to 20 years, and serve low- to moderate-income youth. Most programs serve mainly African American students, as well as a smaller number of Caucasian and Latino youth. Staff members describe their youth as “very high risk”, having “limited exposure to positive things,” and needing “supplementary help in math, science and reading”. The majority of youth are said to come from single parent households and low-income neighborhoods. In addition to these factors, some cited that their youth frequently have adult-like responsibilities at home and lament the lack of structure in the children’s home lives: “...*having children who leave the program and go home where there’s unstructured things going on at home, that kind of take[s] away from everything that we have taught*” (#3).

The participants are all full time employees of after-school organizations in Baltimore City, Maryland. They hold high-level positions such as Executive Director, Site Director, or Program Coordinator, and most have contact with program youth on a regular basis. Most have been working with their current organization for a relatively short period of time (between 4 months and 1 year), while two have held their current positions for the last 5-6 years. In terms of experience in the after-school field in general, these individuals have either 3-5 or 15+ years of experience.

The participating programs are similar in that each provides homework help, academic enrichment, and other enrichment such as media, technology, health/fitness, basketball, stepping, board games, arts and crafts, drama, life skills, entrepreneurship, and/or cultural awareness. All programs have partnerships with higher education institutions in the area and utilize college students as volunteers or interns within the program. Most programs focus on elementary and middle school students, but one program fosters the involvement of high school youth by having them serve as assistants to staff members and incorporating their ideas/suggestions into the development of the program.

## **Training**

Overall, these goals were met and the participants had positive comments about the trainings. They were given the opportunity to become familiar with the curriculum by making media jingles, presenting role plays of specific lessons from the curriculum, reviewing examples of other videos created by youth in other states, and critiquing media advertisements. In general, they felt it was a fun and interactive environment in which they learned how to implement HCHF in their program as well as gained some background information on the importance of addressing childhood obesity. Most reported that they learned the most from the role playing activity since this reviewed individual lessons from the curriculum and previewed specific activities they could do with their kids. Previous OSTRC research suggests that both of these components (having fun and modeling activities) are essential to the success of workshops as they are linked with an increased chance that participants will apply what they learned<sup>10</sup>. Furthermore, participants were able to regurgitate some of the lessons as well as the “take home lessons” of the curriculum within the interview.

Each of the participants reported that they believed childhood obesity is a pressing and important issue facing the youth in their programs as well as the communities in which they work. One staff noted, *“For a lot of our kids in the inner-city schools, they don’t get phys ed every day like I did when I was in high school...And you get to understand that most of the kids in school did terrible because of this, you know. Some part of that is due to what they eat, because you know they eat a lot of stuff that is not really healthy for them. But then when they do go to Phys Ed in school, they have to take certain types of tests. And you have young kids who can’t do more than 5 push-ups, you know? You have*

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<sup>10</sup> OSTRC Focus Group Summary Report:  
<http://www.sp2.upenn.edu/ostrc/pdf/OSTRCCFocusGroupSummary.pdf>

*kids who can't pull their body weight up on the high bars maybe more than 3 times. That's telling you that something's not right" (#4).*

There was an expressed need for both a nutrition and fitness component within the program, and many were excited that there was a media piece as well. They agreed that kids would be interested in different aspects of HCHF and that these three areas brought out unique interests and talents of their youth. Everyone agreed that the kids would love eating food in the program, and many would enjoy making the recipes.

They also agreed that, in general, the style of teaching and the excitement portrayed by the teacher impacts the attitudes of the youth receiving the curricula. This in turn impacts this specific curriculum, as those who attended the training were not teaching HCHF themselves (with the exception of one staff member). One other organization sent the teacher to the booster training, but this teacher quit before HCHF began.

A few cited that they especially enjoyed seeing the commercials produced by youth in other cities: *"I was really excited [about HCHF] when I saw the commercials that the children did"* (#2). Many also cited that the aspect of teaching youth how to critique media ads was important to address across the board – not just for healthy eating. They also enjoyed becoming familiar with the recipes and the "8 Habits".

At the time of the interview, most participants had a clear idea of how to implement HCHF within their programs and had already taken a few introductory steps such as gathering consent forms and adding this component to the program schedule for the Winter/Spring semester. Some were still in the process of gathering consent forms, identifying a teacher for the nutrition and fitness component as well as identifying a teacher and resources (i.e., computers with enough memory and scanners for the print advertisements) to teach the animation component. Those who had already identified the nutrition and fitness teacher were in the process of translating the information to them. These individuals had differing plans of translation: some planned to review the curriculum in-depth with the teacher, while others planned to simply pass it off to the teacher as they felt confident they would be successful on their own. Interestingly some even shared this new information about healthy eating and exercise with family members such as a parent, spouse and/or child.

A few organizations expressed a strong belief that HCHF should be targeted as a community-wide effort, rather than just at the programmatic level, in order to ensure long-term success. One program even had a strategy in mind to achieve this: *"We're hoping that, you know, we are able to work with some of other funders and see who might even be willing to be put resources behind a project like this for community-wide health initiative. We are surrounded by hospitals who can bring to the table expertise...And then we find somebody and have it evaluated, see how it's going from a community-wide perspective...If we are looking to change the behaviors of this one family then you may have to change some of the systems that that the family has to interact with"* (#3).

## **Successes**

Program participation: All 12 sites recruited HCHF project remained involved with the project and even those that did not have funds to add on HCHF found other sources of funding to participate in the project

Training satisfaction and increased awareness: All training participants enjoyed the training and although they were aware of the growing problem of childhood obesity, they were clearly surprised by the extent of the problem and the urgency to address it. The participants were highly engaged throughout the training listening attentively, answering questions, working on group projects, conducting demonstrations or presentations of role-plays and PSAs they developed and posing questions.

Youth satisfaction: During observations of programs, most of the youth were attentive and respectful of the teachers. Except from a few students that were disruptive, most of the children were eager to share, raise their hands, give answers and tell stories related to healthy choices they have made in the past or could make in the future. The children displayed various responses to different parts of the lesson. The youth were involved and excited about the curriculum during the hands-on activities such as making fruit salad or setting up video equipment. Some were attentive and readily answered questions during the lecture, while others were distracted and had difficulty recalling previous lessons. Overall, the youth were restless at some points when they were not being actively engaged. In response, the teachers did not always use positive classroom management to redirect the children.

Administrator's support: The project has a high level of support from all senior administrators at each of the programs.

Flexibility: Programs were concerned by the tight timeline we presented them to implement the project. When we considered the late funding of after-school programs, and the delayed start of these programs we presented a flexible plan for implementing the project. Although boost session was not planned, we provided such training because there was a large time lapse between the September training to curriculum implementation in December. The programs appreciated this flexibility.

Healthy snacks: Children were provided healthy snacks. Children had mixed reactions when it came to tasting these nutritious foods such as "Cutie Cukes" (cucumbers and pine nuts). It was clear that for most children, this was the first time they tried the specific food that was presented. Some ventured to try the new food, some were scared to try it but took a little bite, and others refused to try the snack at all.

Program replication: The program observation for the Academy of Success YouthPlace took place on 4/7/06 during a session on Healthy Children/Healthy Futures. Academy of Success is an after-school program in Baltimore that is community-based and serves middle and high school students. The observed session provided an excellent example of how youth development principles and healthy habits can be implemented in after-school programs. The activity involved jumping rope using different methods and different skill

levels. Adult staff introduced the activities, but the activities were demonstrated and led by older youth. Everyone enthusiastically took part in the activities, from the very youngest children in the program to adult staff. While the older youth were demonstrating the activities, staff circulated among all youth to encourage them to stay focused and perform to the best of their abilities. It was a wonderful example of how healthy activities can be fun. The children were jumping over ropes and jumping rope, so they were truly exerting themselves -- and laughing and smiling the entire time. Having the older youth lead the activities put them in a leadership role that they clearly valued, and allowed younger participants to view them as role models. This activity was followed by a healthy snack of salad and milk (one the healthiest snacks observed in an after-school program), which the youth obviously enjoyed. When asked about the snack, youth were able to articulate how important it was to eat healthily, and indicated that healthy snacks are an every day feature of the program. This is just one example of successful replications observed during site visits.

### **Challenges**

Funding is an ongoing challenge for programs and programs in Baltimore are not immune to this. A few of the programs participating in HCHF did not receive funding from Baltimore's After-School Strategy and they were struggling with limited funds. However, because they found HCHF project interesting and they believed in the importance of this project, they found ways to stay involved and implement the project.

Limited literacy skills of parents and students made it difficult for them to understand homework and comprehending the legal jargon of consent forms that are necessary to allow their children to participate in the program. Consent forms are often misunderstood at first: *"You know, you can't push the parents [to fill out the consent forms] because then they'll get, 'Well I don't feel like it. You ain't going.' And that's not fair. So I try to be flexible with that so that I can get what I need. You know, and that doesn't mean that -- you still don't get some forms signed by some because there ain't nobody to check up on them. And I know I have to explain it to them, why it's important even though the information's down there. And usually when I explain that this is gonna benefit the kids, it's gonna benefit the kids, they'll sign it"* (#4).

Project start time was postponed waiting on funding decisions from Baltimore's After-School Strategy. After-School programs started operation in late September or early October and then more time was provided for start up issues to be addressed. By the time programs distributed consent forms and received all completed forms, it was November or December.

Media literacy was a difficult concept for program staff as well as for youth. Program staff had difficulty facilitating discussion and the students had difficulty answering questions. Youth are major consumers of the media all around them but they are passive consumers and do not analyze what they watch or are taught these skills.



Parental engagement is important to create a familial support for healthy nutrition and fitness. The added burden is that in many poor communities, such as many parts of Baltimore, there is a lack of grocery stores so parents buy cheap and lesser quality food items from convenience stores or fast food restaurants that permeate these communities. Participation of parents to conduct awareness sessions has been a challenge. However, some programs shared a variety of ways to peak parental engagement and they shared these strategies at the December booster session. Some examples include inviting parents to celebrations showcasing their children's work, monthly parent team meetings and the use of on-site fitness equipment. *"While we may be experiencing high level of parental involvement when we have special events and family events, I think we would agree that the level of parental responsibility is still very low. You know, it is still very low, there is a significant need to do community wide outreach to parents to help raise the awareness levels of risk in the community on many levels, and engage parents to do more."*

Knowledge level of the program participants on the issue of nutrition and fitness was limited. Some participants had a low baseline of knowledge coming into the first training. One participant mentioned that he/she did not know the difference between calories and fat. At the time of the interview, most participants had a clear idea of how to implement HCHF within their programs and had already taken a few introductory steps such as gathering consent forms and adding this component to the program schedule for the Winter/Spring semester. Some were still in the process of gathering consent forms, identifying a teacher for the nutrition and fitness component as well as identifying a teacher and resources (i.e., computers with enough memory and scanners for the print advertisements) to teach the animation component. Those who had already identified the nutrition and fitness teacher were in the process of translating the information to them. These individuals had differing plans of translation: some planned to review the curriculum in-depth with the teacher, while others planned to simply pass it off to the teacher as they felt confident they would be successful on their own. Interestingly some even shared this new information about healthy eating and exercise with family members such as a parent, spouse and/or child.

Curriculum instructor: Another difficulty seemed to be in the transfer of knowledge from the workshop participant to the teacher who would be implementing HCHF. Ideally, the teacher attends the training and thus receives information as well as experiences a positive change in attitude towards the importance of the curriculum in terms of benefiting program youth. However, in some cases the program administrator came to the training but not the curriculum instructor who is responsible for implementing the curriculum on site.

Attendance rate on a regular basis is a challenge cited by some programs that said they are competing with factors such as family obligations. This lack of regular attendance interferes with their ability to attend the program on a daily basis and complicates the measurement of student outcomes in general, as youth may not receive all elements of any given curriculum or intervention.

## **ENHANCEMENTS, ADDITIONAL SUPPORT, AND SUSTAINABILITY**

TASI has and continues to provide supplemental opportunities for nutrition education and physical activity workshops and to distribute information regarding additional resources to support health promotion in after-school hours.

### ***Trainings: Physical Fitness in After-School and Parent Engagement***

This year, TASI organized two training institutes and a regional conference that featured workshops on how to promote physical fitness and nutrition during the after-school hours. These workshop sessions were well attended and led by California-based Sports4Kids (S4K). In the fall, S4K opened a regional office in Baltimore. Recently, Sports4 Kids received a \$4.5 million grant from Robert Wood Johnson Foundation to provide games and physical activities during recess and after-school in five cities around the country, including Baltimore. In the workshops, S4K showed providers how to use components from their physical activity curriculum to meet a variety of needs and resources. These activities could be adapted to work with youth from grades K-8<sup>th</sup>, and have the flexibility to be implemented in lengths of time ranging from 5-minute breaks to 45-minute classes. Program providers appreciated how the S4K components required limited equipment and resources, which increased the potential for creating a sustainable culture of play. TASI continues to work closely with Sports4Kids to identify sites for replication.

Early in the implementation of HCHF, sites were anxious about the parent engagement component of the curriculum. The expected outcome for the parent is increased parent awareness regarding healthy eating and physical activity. In response, TASI held a training institute workshop on parent involvement, convened a network small group discussion on parent engagement best practices, and repeated a conference workshop twice on this issue.

### ***Network Meetings***

In January, TASI hosted its monthly after-school network meeting featuring TASI's director, Rebekha Atnafou, and Andrea Matsuoka of Fowler Hoffman who provided a formal presentation on "Opportunities for Health Promotion in After-School"<sup>11</sup>. A small workgroup was organized to discuss and address promoting physical health and nutrition for youth in after-school hours. Attendees received a copy of after-school and local wellness policies and a funding resource directory. TASI continues to research and identify funding opportunities and/or additional resources for providers interested in this topic via our electronic list-serve that is disseminated twice a week.

### ***Be Active Kids! Program***

Last year, the University of Maryland, in collaboration with TASI, submitted a proposal to the National Institute on Health (NIH) for funding to disseminate the Be Active Kids! curriculum project, which addresses childhood obesity. Funds were awarded. Be Active Kids! is a science-based physical activity program sponsored by NIH and the University

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<sup>11</sup> See Attachment 3.

of Maryland—College Park. This program is currently being offered for free to after-school programs through collaboration between the University and TASI. The NIH grant provides all project materials and four (4) half days of training over two years to interested after-school providers. Project materials include 90 lessons (30 minute durations) for third through fifth grade children, student science journals, and a packet of Family Science Activity Night activities. TASI has agreed to publicize and market the opportunity, assist with the recruitment of after-school programs interested in participating, and coordinate the logistics related to trainings. Being a part of Be Active Kids will provide additional resources for continuing HCHF sites.

### ***Maryland State General Assembly***

During this past legislative session, the Maryland State Senate introduced two separate bills on childhood obesity and the role of public schools in addressing this national epidemic. One bill required schools to conduct Body Mass Index measurements, diabetes and scoliosis screenings. The bill also notified parents if their child(ren) were at risk. Another bill required that parents of first, third, fifth and eighth graders receive “health report cards” along with their academic grades. Neither bill passed, but plans are underway to revise them and introduce modified versions next year.

### ***Nutrition Awareness in Baltimore City Public Schools***

Studies have shown that hungry children cannot learn. This fall, Baltimore City Public School System’s Department of Food and Nutrition Services convened partners and stakeholder to discuss and plan how to promote better eating habits in school. TASI’s director, Rebkha Atnafou, was invited to serve on this committee. As a result of the committee’s hard work, a registered dietitian performs computerized nutrient analysis to confirm that meals comply with federal school meal regulations. This past January, BCPSS offers a free Universal Breakfast Program to all students. Healthy entrée, snack and a la carte choices are offered daily.

### ***National After-School Standards***

Recently, TASI received a report entitled “Healthy Choices Afterschool: An Investigation of the Alignment of Physical Activity and Nutrition Programs/Curricula and the National Afterschool Association” prepared by the National Institute on Out of School Time (NIOST) and the National After-School Association (formerly NSACA) on various projects around the United States that are working to integrate physical activity and nutrition into the standards for after-school providers. TASI is reviewing its after-school standards<sup>12</sup> and investigating how to better integrate physical activity and nutrition education. Currently, Baltimore’s standards do include a section dedicated to safety, health and nutrition. Examples standards include, but are not limited to:

#### **Standard D-3 *The program staff tries to protect and enhance the health of youth.***

- i. Nutrition awareness is emphasized.

#### **Standard D-5 *The program serves food and drinks that meet the needs of youth.***

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<sup>12</sup> To review the Standards for Baltimore After-School Opportunities in Youth Places, please visit <http://www.afterschoolinstitute.org/tasi/aboutn/standards.aspx>

- o. Information is shared with parents about the nutritional value of foods and youth's eating habits.

TASI will distribute copies of this report to HCHF sites to give them examples of how fitness and nutrition fit strategies fit within NAA quality standards for after-school programs.

### ***Closing HCHF Debrief***

On June 21<sup>st</sup>, TASI will be hosting Strang and participating HCHF sites for an end-of-the-year debrief. This will be an opportunity for attendees to celebrate accomplishments, hear about best practices, discuss challenges, and make plans for continuation and/or expansion in the upcoming 2007 after-school year. Information collected from this meeting will be shared with all partners and funders.

## **SUMMARY**

Baltimore is off to a great start on promoting health, nutrition education and physical activity in after-school. However, the work is far from done.

In the case of the Healthy Children Healthy Futures program, much has been achieved.

To date, mid-year achievements in Baltimore included:

- Two half day trainings on the HCHF curriculum
- A half-day refresher session
- Identification of 12 after-school program sites for participation in the study
- Development and dissemination of consent forms
- Dissemination of training tool kit
- Identification of a process evaluator
- Dissemination and initial collection of pre-tests
- Completion of key informant interviews with 5 sites
- Completion of site visits to 5 sites
- Implementation of HCHF despite the lack of funding

End of the year achievements include:

- All of the original 12 sites continued to implement the curriculum
- 82% student retention in HCHF rate
- Parent involvement workshops held in January and May
- A network meeting presentation on promoting health in after-school hours
- A half-day animation training
- Three 75-minute workshops held on nutrition and physical activity after-school
- One 3-hour intensive institute held on nutrition and physical activity after-school
- Site observations completed
- Sites held parent nights and culminating events
- Programs provided healthy snacks

- Process evaluation completed
- Decision to continue to implement and expand HCHF sites in Baltimore in FY2007 (with Met Life funding)
- End-of-the-Year debrief scheduled for June 21<sup>st</sup>

## **RECOMMENDATIONS**

Each of these process measures was met for all five programs involved in the process evaluation. This evaluation showed that interviewees had an interest in this topic area, believed in the importance of this project in terms of benefiting their program youth, and were willing to integrate this curriculum into their programs. For these reasons, the OSTRC recommends that this project continue into the 2006-2007 school year.

Specifically, the OSTRC recommends the following:

- \* Train staff on HCHF curriculum in the summer.
- \* Mandate that at least 1 teacher (who will be responsible for implementing the curriculum) and 1 mid- or senior-level administrator from each program attend the training. This will ensure that the teacher obtains the information directly and that the administrative staff member is aware of the expectations and goals of the curriculum.
- \* Spend time in the training brainstorming ideas of how to engage parents in after-school programs as well as in this curriculum.
- \* Frame this as a community-wide issue. Brainstorm ways to collaborate with other agencies to invest time and/or resources in order to successfully affect long-term changes in parents and children.
- \* Continue incorporating the interactive components of the training that allow teams to explore the curriculum through small group activities.
- \* In the training, include positive teaching styles that successfully engage youth and make the topic fun and interactive.
- \* Build time into the training for participants to figure out how to successfully implement this curriculum into their programs and to garner support from administrators and other staff members.
- \* Begin implementing the program in September 2006 so that this consent form can be included with each program's initial packet.
- \* Seek to ensure that children have an optimal learning environment free of as many distractions as possible.
- \* Provide follow-up assistance. Possible options may include providing technical assistance or schedule large group meetings 2-3 times per semester for staff to share the successes and challenges they have had with this curriculum as well as to brainstorm solutions.
- \* The summer training, participating HCHF sites will receive consent forms for their students. This will allow them to include this information in their site-specific after-school registration packet
- \* Do extensive training & ongoing support

- \* Use existing system, such as TASI, to provide on-going support to programs at a local level where there is familiarity and comfort with staff
- \* Provide orientation session before final selection of programs and training to carefully review expectations

**In addition, TASI is committed to the following.**

Many accomplishments and lessons learned will guide TASI plan for continuation and expansion next year.

TASI will coordinate a summer training on the Healthy Children Healthy Futures toolkit. Just as requested this year, TASI will require that programs send the person who will be implementing the HCHF curriculum to trainings and the program director.

Recognizing that parent engagement remains a concern, TASI will schedule parent engagement workshops at training institutes/conference to help providers identify best practices and resolve challenges.

Preventing child obesity is a community-wide issue. TASI will continue to identify resources that provide a platform to maintain work on nutrition education and physical activity.

Programs will also be informed of the Be Kids! project to provide choice of fitness and nutrition intervention program

***Factors to Keep in Mind When Reviewing the Outcome Evaluation***

It also may be beneficial to take some factors into consideration when evaluating the survey results. First, multiple staff reported that children and parents have a low literacy level in general. This may affect the survey results if the respondent could not read or understand certain questions. Second, there seemed to be a low baseline of knowledge regarding healthy eating and physical fitness as well as a limited exposure to such ideas. Long-term programming may show significant gains in these two areas that may not be evident in the short term. Third, some programs had previously integrated a health curriculum into their program. These youth may have a higher baseline of knowledge than others who did not. Fourth, many staff reported that the youth attend the program inconsistently. This may affect how much knowledge was gained overall as demonstrated by the post-test results. Lastly, it seemed the teachers did not have an in-depth knowledge of the curriculum or a high level of belief in its importance. This may be due to the fact that all but one of these teachers did not personally attend the training. Many of these teachers function in this capacity only in after-school programming. That is, they are not formal education teachers and do not hold a teaching certificate. As such, their ability to understand and implement a curriculum without attending a training may be minimal. It is extremely important that these teachers are included in the training.

Overall, the implementation of Healthy Children, Healthy Futures was supported and well received. This seemed to produce a strong dedication to preventing childhood obesity in Baltimore City and to continue this work on a community-wide level. If this project continues, it appears likely that such an effort will be rewarded with positive student outcomes and increased knowledge of healthy eating, physical fitness, and media literacy.

# **Attachments**



# Attachment 1

## Baltimore Site Listing and Number of Youth Participating in HCHF Project

Organization	Site Location	# Youth participating in HCHF project (November 05)	# Youth participating in HCHF project (June 05)
YMCA of Central Maryland	Westport Academy	30	30
YMCA of Central Maryland	Dunbar Middle School	15	15
YMCA of Central Maryland	College Gardens Apartments	25	17
Franciscan Youth Center	Waverly Middle School	50	23
YMCA of Central Maryland	City Springs School	30	36
Child First Authority	George Kelson Elementary School	15	12
Baltimore City Department of Recreation & Parks	Leithwalk Recreation Center	12	14
Baltimore City Department of Recreation & Parks	Patterson Recreation Center	20	17
Academy of Success	Academy of Success	25	18
Southeast Youth Academy	Fort View Recreation Center	45	35
Holistic Life Foundation	Friends School	15	13
YMCA of Central Maryland	Diggs Johnson Middle School	15	15
<b><u>TOTAL</u></b>		297	245

**ATTACHMENT 2**  
**HCHF PROGRAM INVITATION**

-----Original Message-----

**From:** Rebkha Atnafou  
**Sent:** Friday, September 16, 2005 5:43 PM  
**Subject:** Sept 21-22 Healthy Children, Healthy Futures  
**Importance:** High

Hi, all. I have mentioned this upcoming opportunity to you all and I'm just sending a reminder. TASI was extended the opportunity to bring Healthy Children, Healthy Families to Baltimore. This national initiative's goal is to create a replicable program for middle school children and their parents to become advocates-- through their schools, families and communities-- for healthy eating and physical activity. This is a 20-week program that comes with a program kit and all needed materials on nutrition, physical fitness, creating media messages and parent advocacy. Additional information is attached.

TASI has selected your program for participation. Please select one site that has middle school students in attendance. Two representatives from after-school programs--the director and site coordinator responsible for running the sessions, are required to attend a training on Sept 21 and 22 from 9:30-1:30 here at TASI. There, they will get all of the details.

Please send confirmation of interest by 2 p.m. Monday, September 19. Thanks.  
<< File: HCHF Summary - Child and Parent Programs.doc >> (See next page)

## HEALTHY CHILDREN HEALTHY FUTURES SUMMARY

### SUMMARY

Preventive Medicine Institute/Strang Cancer Prevention Center (Strang), affiliated with The New York Presbyterian Hospital/Cornell University Medical Center and Rockefeller University, is dedicated to cancer research and prevention. Founded in 1933, it is the oldest cancer prevention institute in the country, and was a pioneer in such widely used cancer screening tests as the Pap test for cervical cancer and the sigmoidoscopy for colon cancer. Obesity long known to be a risk factor for cardiovascular disease and diabetes, is now documented as a major risk factor for certain cancers, especially among low-income, minority communities.

Strang recognizes the need to address the high obesity rates and lack of physical activity among our nation's children, especially those in urban areas. There are numerous barriers to behaviors that enhance the nutrition and fitness habits of children and their families that need to be overcome. Our goal, therefore, is to promote a replicable nationwide after-school program, Healthy Children Healthy Futures, for children to become advocates — through their schools, families and communities — for healthy eating and increased physical activity.

Young people are offered a process and a forum to advocate healthy food alternatives and physical activities for their peers primarily through media messaging. The messages, by and for children and in the format of posters, radio, and animated TV spots are reviewed by peers and then disseminated to large numbers of children through a variety of school-based and community-based networks. The parent component, based on an innovative parent-to-parent mentoring model, is the core for a series of training workshops with volunteer parents from participating school and community sites.

Strang and MetLife Foundation have joined forces and are currently implementing the Healthy Children Healthy Futures program, intended for underserved young people, ages 9-13, in several of our country's larger urban areas — Atlanta, Los Angeles and New York. Our program partners include: After-School All-Stars (The Arnold Schwarzenegger Youth Foundation) LA, New York and Atlanta, LA's Best After-School Enrichment Program, TASC (New York), 100 Black Men (Atlanta), Georgia State PTA (Atlanta), the New York City Department of Education, and Mentoring USA (New York). The first school to pilot HealthyChildrenHealthy Futures was PS 240 in Williamsburg, Brooklyn.

### CHILDREN'S COMPONENT

There are seven basic phases of the Healthy Children Healthy Futures program:

- Snacks and Physical Activity
- Getting Started
- Media Literacy
- Developing Messages
- Creating Media
- Recognition Celebration
- Parent and Community Participation

The young people who participate in Healthy Children Healthy Futures in after school settings:

- Learn The 8 Habits of Healthy Kids™ and the skills to incorporate the habits into their lifestyle and environment.
- Increase their awareness and knowledge of healthy eating and physical activity concepts and issues.

- Explore current nutrition and physical activity theories, attitudes and behavioral intents.
- Work in teams to produce healthy eating and physical activity media including print ads, radio spots, and animation.
- Have their efforts and media products recognized in a meaningful way and rewarded.
- Use program resources to communicate with peers, families, and communities about healthy eating and physical activity.
- Provide parents and family members with The 8 Habits of Healthy Kids™ information.

#### HEALTHY CHILDREN HEALTHY FUTURES OUTCOMES

It is anticipated that children will obtain:

- Knowledge, attitudes and skills to make healthier lifestyle choices regarding eating and physical activity.
- Skills to become advocates for healthy eating and physical activity at their schools and in their communities.
- Skills to promote healthy eating and physical activity behaviors to their peers via media messaging.
- Increased technology awareness and skills through the use of animation software.
- Teamwork and interpersonal communication skills.
- Skills and knowledge that may inspire new career choices.
- Critical thinking skills, especially regarding how they explore and experience the media.
- Practice, through an interdisciplinary approach, at improving their academic performance in language arts, math, technology and media literacy.

#### PARENT COMPONENT

Based on information from parent focus groups, Strang launched a parent component to the Healthy Children Healthy Futures program in the three cities—Atlanta, Los Angeles and New York City in the fall of 2003. The overarching goal of the accompanying parent component is to attain a base of 3-5 parent advocates from each after school site to support the goals and the outcomes of the 8 Habits of Healthy Kids, the framework of the HCHF children's component. These parent volunteers attend a series of training workshops that enable them to (small and large group) mentor other parents on healthy eating and physical activity. Based on a successful pilot program in 2003-2004, we anticipate that parents will provide the leadership and advocacy for healthy eating and physical activity that will be grounded in cultural diversity. Using A Parent Guide to Healthy Eating and Physical Activity, parent advocates will address parent meetings, advocate for healthy snacks at school events and identify and help to implement successful healthy eating and physical activity programs, and strategies at their respective sites. The pilot pre-and posttest survey data is currently being analyzed.

Upon the completion of the Healthy Eating, Physical Activity Parent Training Program, the parent advocates will possess the following cognitive and skill concepts and will know:

- How many fruits and vegetables to eat daily, easy ways to prepare them and the most economical way to buy them.
- Low-fat or fat-free milk is healthier for them to drink than whole milk.
- The kind of lean meats and low-fat cheeses that are the healthiest to include in their meal planning and how to prepare them.
- Which beverages are the healthiest to drink.
- Which snacks are healthiest for them to eat and how to prepare snacks for the family.
- Which whole grains and beans are healthiest and economical and ways to prepare them.

- Ways to be healthy eating role models for their children
- Ways to increase their physical activity.
- How to identify indoors and outdoor spaces in their neighborhood where they can safely engage in physical activities.

In addition they will:

- Show a willingness to participate in and/or help to organize healthy eating activities and policies in the school community.
- Show a willingness to try new foods, explore ways of preparing meals and a willingness to change some of their eating behaviors.

These outcomes are measured by pre- and post-program self-reporting parent surveys and by post-program interviews with parents.

It is anticipated that the parent advocates will reach the parent population at their school site through meetings, changes in nutrition and physical activity strategies and policies, and dissemination of program materials adapted from *A Parent's Guide to Healthy Eating and Physical Activity*.

It is also anticipated that the parent body will increase awareness and support of parent advocacy. More specifically, it is anticipated that the mothers, fathers or guardians will learn from these trained parent advocates the healthy nutrition/physical activity information and skills that are necessary to be role models for their children.

## Attachment 3

### Modified HCHF TIMELINE—November 2005

#### Fall Training Seminar

Date Sept 21-22, 2005

Location TASI (2 E. Read Street, 3rd floor)

Time(s) 9:30-1:30

#### **HCHF BOOSTER SESSION**

DATE: DECEMBER 5, 2005

LOCATION: TASI (2 EAST READ STREET)

TIME: 12-3 P.M.

#### **ANIMATION TRAINING SEMINAR - PROPOSED DATE(S)**

First Choice 3-Feb-05

Second Choice 17-Feb-05

#### **SITE VISITS - PROPOSED DATE(S)**

First Choice 2nd Week in Jan (Tues-Thurs)

Second Choice 3rd Week in Jan (Tues-Thurs)

#### **IMPLEMENTATION FOR PROGRAM**

Start Date 2<sup>nd</sup> week in December

**Proposed length of program (in weeks)** 20 weeks

Proposed number of sessions per week 2 sessions per week

Recruitment of parents (date) 2nd Week in Jan

## Attachment 4



**January After-School Network Meeting  
Tuesday, January 31, 2006  
The Forum (4210 Primrose Avenue, Baltimore 21215)**

- 8:30 a.m. – 9:00 a.m.      **Registration, Breakfast, & Networking**
- 9:00 a.m. – 9:30 a.m.  
Family Center      **Welcome & Opening:** Steve Vassor, Hampden
- Announcements**  
Faces of The Uninsured  
After-School Advocacy Day in Annapolis:  
February 20<sup>th</sup>  
The Face of Emmett Till @ Coppin State  
University: March 3<sup>rd</sup>
- Resource Providers:**  
Shake and Bake Family Fun Center  
Jewish Museum of Maryland  
Maryland Food Bank  
Baltimore Education Network (BEN)
- 9:30 a.m. – 9:40 a.m.      ***Baltimore Education Network (BEN): Parent  
Organizing Network***  
Elijah Etheridge, Baltimore Education Network
- 9:40 a.m. – 9:50 a.m.      ***Opportunities for Health Promotion in After-School***  
Rebkha Atnafou, TASI, and Andrea Matsuoka,  
Fowler Hoffman
- 9:50 a.m. – 10:05 a.m.      **Informal Networking & Visit Resource Providers**
- 10:05 a.m. – 10:45 a.m.      **Concurrent Workgroups**  
Physical Health & Nutrition for Youth  
Baltimore Education Network (BEN)  
Faces of The Uninsured
- 10:45 a.m. – 11:00 a.m.      **Evaluations & Raffle**  
11:00 a.m.      **NETWORK MEETING ENDS**

# **Appendices**



## Appendix A

# The After-School INSTITUTE

### Staff of The After-School Institute

**Rebkha Atnafou**, Director, responsible for overall management, establishing strategic linkages with local, state and national organizations and the expansion and sustainability of The Institute.

**Lori Carter**, Professional Development Coordinator, responsible for network meetings and trainings, and oversight of TASI's youth development certificate programs.

**Nicole Carter**, Office Manger, responsible for daily office operations.

**Katie McCabe**, Education Development Specialist, responsible for technical assistance around academics. (Joint staff with Safe & Sound Campaign)

**Stacey Reed**, Youth Engagement Specialist, provides technical assistance and training to increase enrollment and youth engagement in after-school programs.

**Marianne Reynolds**, Technical Assistance Coordinator, responsible for the coordination of technical assistance and materials development.

**Mayor's Office of  
Employment Development  
After-School Matters II  
Interns from Forest Park  
High School:** Tiffany Jackson,  
Shonte Jackson, Alencia Brown,  
and Mikhail Holt.

For more information, or to make contribution please contact The After-School Institute at:

2 E. Read Street, 3<sup>rd</sup> Floor  
Baltimore, MD 21202  
Phone: 410.332.7467  
[info@afterschoolinstitute.org](mailto:info@afterschoolinstitute.org)  
[www.afterschoolinstitute.org](http://www.afterschoolinstitute.org)

## OVERVIEW OF THE AFTER-SCHOOL INSTITUTE

**History:** Formerly known as B.BRAVO for Youth, The After-School Institute (TASI) was established in 1999 as a citywide, capacity-building organization linked to the Safe and Sound Campaign's After-School Strategy. Paralleling the City's mission to provide a *safe, enriched and nurturing place for children and youth during the after/out-of-school hours*, The After-School Institute demonstrates ways in which this vision can be implemented while utilizing existing infrastructures as well as engaging resources outside of the city limits.

**Mission:** The After-School Institute builds the capacity of after-school program providers so that they can deliver high quality services in a caring, supportive environment that allows children and youth to develop civic, academic, artistic and athletic talents and skills.

**Vision:** The vision of TASI is to be the premier training and technical assistance organization for after-school programs in Maryland focused on professionalizing and expanding the field by:

- providing innovative and multiple approaches to distilling and presenting national best practices,
- providing quality training experiences,
- providing tailored technical assistance,
- providing unique networking opportunities,
- promoting effective policies,
- engaging, convening, and supporting critical constituencies,
- brokering and leveraging resources and monitoring program quality, and
- establishing quality standards and promoting accountability.

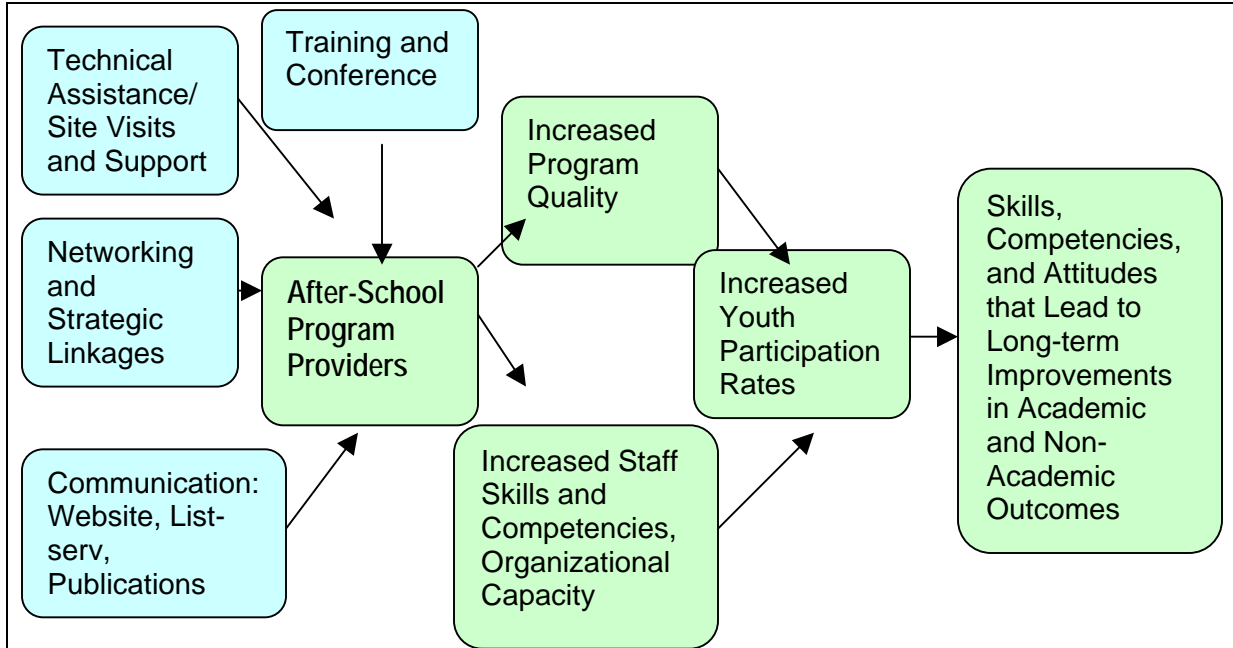


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## TASI'S THEORY OF CHANGE

TASI's mission is based on a logic model of what it and the other members of the After-School Strategy Team want to come out of the system. The diagram on the next page shows the theory of change for TASI's result oriented professional development system.

## TASI'S THEORY OF CHANGE



## FIVE CAPACITY BUILDING COMPONENTS

The After-School Institute's mission, goal and objectives are supported by five capacity building efforts:

**Network Meetings** for after-school program providers and youth workers are held the last Tuesday of every month from 9:00 to 11:00 AM. These meetings represent the “hub” of capacity building activities, inter/intra agency collaboration, network vision, mission and goal setting, dissemination of proven and promising practices to strengthen practitioner competencies and program delivery. The network meetings serve as the primary catalyst for:

- Training/Technical Assistance to individual and clusters of providers,
- Facilitation of strategic linkages and collaborations between organizations/practitioners,
- Peer support workgroups, and
- Updates on Baltimore's After-School Strategy.

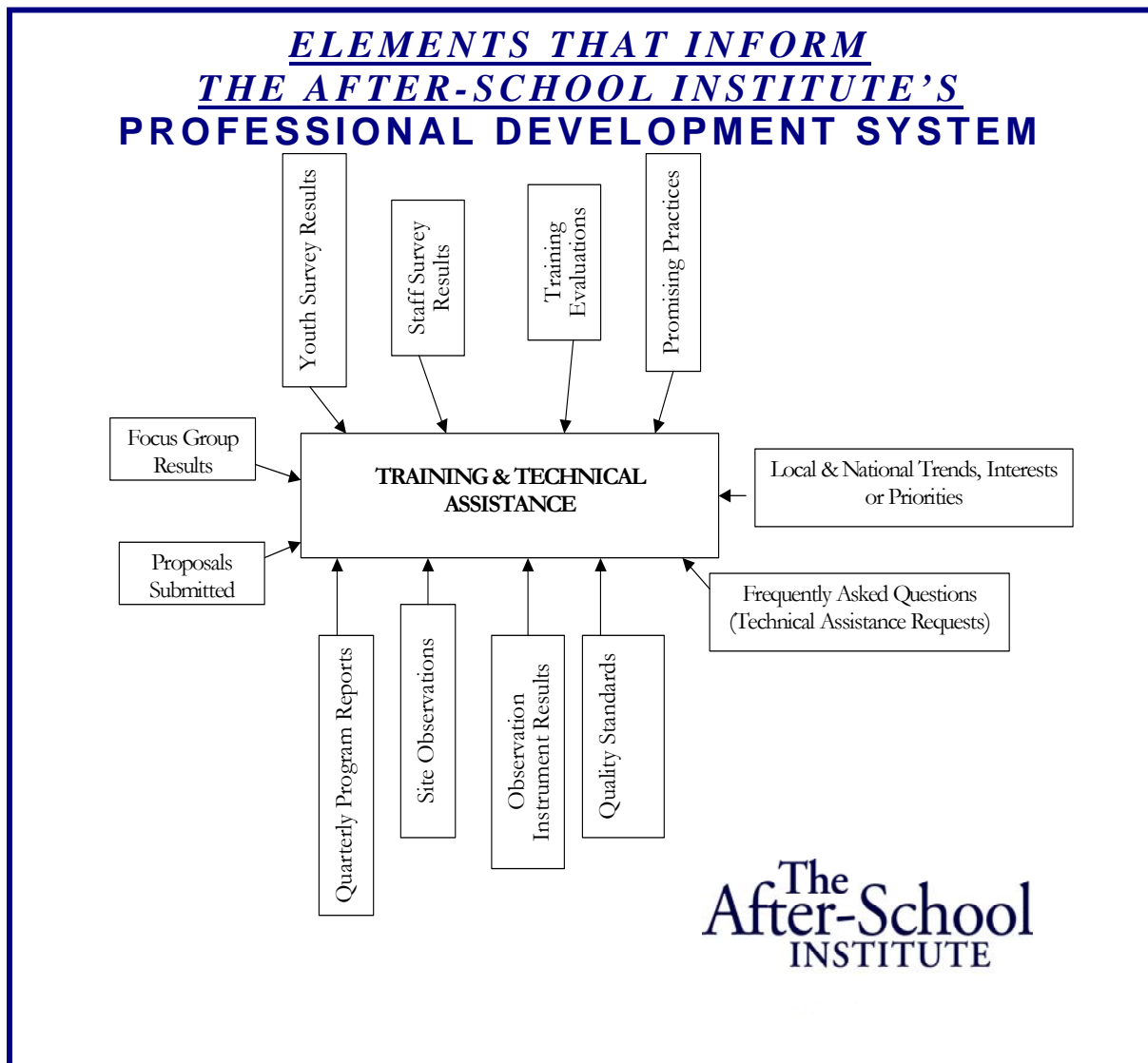
**Training and Technical Assistance** is designed to advance institutional/practitioner development. Trainings are designed to build and enhance the skills of practitioners, support the development of youth, and strengthen the community in which the organization is located. Trainings are scheduled throughout the year. Technical Assistance is the provision of extensive information and assistance to strengthen a program's capacity to deliver high quality services. The trainings and technical assistance focus on meeting the *Standards for Baltimore After-School Opportunities in YouthPlaces*, facilitating the adoption of research-based practice, and supporting other dimensions of program development. A training collaborative of practitioners representing varied disciplines (including provider and partner organizations) developed an intensive, sequential, and comprehensive multi-year process to advance *The Standards* to practice. The intent of this process is to strengthen practitioner competencies, build program capacity, and create new paradigms for practitioner/youth development through regularly scheduled trainings and an annual conference.

**Strategic Linkages and Collaborations** have been established among after-school providers resulting from network meetings, resource fairs, trainings, technical assistance, and special

events. Linkages have been forged between The After-School Institute and local, regional and national organizations to support the goal, objectives and activities of capacity building. Linkages will continue to be formed with funders, community leaders, parents/caretakers, city and state agencies, and youth.

**Site Visits** to after-school programs provide in-depth understanding of the programs and an opportunity for intensive technical assistance. TASI uses a site visit observation form that is based on the Standards and is adapted from an after-school observation instrument developed by Policy Studies Associates. Site visits include a meeting with the program coordinator, an observation of various aspects of the program, a review of the observation with the program coordinator, and a final report with recommendations. Follow-up may include targeted, site-specific trainings, distribution of resources, and linkages to best practices. Findings during site visits inform TASI's training.

**Materials Development** includes not only producing materials and identifying resources to sustain quality after-school programming, but also The After-School Institute's web site—[www.afterschoolinstitute.org](http://www.afterschoolinstitute.org). Members to The After-School Institute can access an interactive *Standards* document; *Effective Learning Principles*, a recent addition to the Standards that can help after-school programs incorporate engaging learning opportunities into their programming; *Starting A Quality After-School Program*; *How to Market Your After-School Program to Increase Recruitment, Engagement and Retention*, a tool kit contains tips and strategies for youth recruitment, engagement and retention, lessons shared by experts, and case studies; *Program Directory*, enter the zip code of the neighborhood you are in to see a list of after-school programs within that zip code within Baltimore and the state of Maryland.



## EVALUATION OF TASI CAPACITY BUILDING SYSTEM

TASI has focused its professional evaluation efforts in the past few years on a model laid out in the August 2004 issue of the Harvard Family Research Project's *Issues and Opportunities in Out-of-School Time Evaluation* briefs. The model contains four-levels, which move closer and closer towards the actual effects of staff professional development activities on youth participants in the programs. When adapted to TASI's professional development evaluation, the model looks something like this:

Evaluation Level	Data obtained by TASI
1. Reaction to the training	Feedback from providers about training needs and satisfaction (Survey questions such as: How is TASI doing?)
2. Degree of learning of information and practices from the training	Providers' knowledge of best practices (Survey questions after training such as: What did you gain? What are three messages you took away?)
3. Transfer of this knowledge into practice	Practices used by providers (Reviews of action plans developed by providers combined with follow-up site visits and reports on progress of action plans)
4. Results for key stakeholders	Positive developmental outcomes for youth and other stakeholders, such as families and communities (Annual staff and youth surveys)

In 2005, an end-of-year survey distributed to network members shows that TASI received high ratings on easy access to TASI staff, TASI staff responsiveness, strategies for youth engagement, strategies for incorporating academics in after-school enrichment programs, increasing knowledge in youth development, and increasing opportunities to learn about best practices. TASI needs to increase efforts in providing local and national resources for information, increasing knowledge in data and evaluation, providing strategies for program self-assessment, increasing opportunities to market program and increase visibility, and increasing opportunities and knowledge in advocacy. As of April 2005, over 270 after-school program providers representing 79 organizations had attended and completed TASI's Advancing Youth Development (AYD) training, an intensive 30-hour training developed by the National Training Institute at Academy for Educational Development.

According to a staff survey conducted in 2002 by an independent evaluator, 57% of the hundreds of staff serving young people in funded programs have participated personally in TASI trainings. (In prior years, 1999-2001, only 7% had participated in TASI trainings.) Of those who participated:

- 84% said the trainings helped them to design new and better activities for participants,
- 77% said the trainings helped them to better manage youth behaviors,
- 77% said the trainings helped them to meet youths' social and emotional needs, and
- 72% said the trainings helped them to communicate with parents.



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**TASI's Founding Funders: Annie E. Casey Foundation, Aaron and Lillie Strauss Foundation and Open Society Institute**

**Current funding for The After-School Institute provided by:** Major funding provided by the City of Baltimore: Mayor Martin O'Malley and Baltimore City Council. Additional funding provided by Robert Wood Johnson Foundation, Baltimore City Health Department, Maryland AIDS Administration, Strang Cancer Prevention Center, Maryland State Department of Health & Mental Hygiene, and Open Society Institute-Baltimore.

### *The After-School Institute's Network Steering Committee Members*

**Camille Burke**, The Family League of Baltimore City, Inc.

**Andy Dotterweich**, Archdioceses of Baltimore

**Sue Hayman**, Wide Angle Community Media

**Charmayne Little**, Southeast Youth Academy

**Monica Logan**, Parks & People Foundation

**Sandi McFadden**, Franciscan Youth Center

**Jennifer Rosenthal**, Chesapeake Center for Youth Development

**Jennifer Eden Smith**, Center for Summer Learning

**Val Tavai**, Community Conferencing Center

**Steve Vassor**, Hampden Family Center

## **Appendix B**

### **SUMMARY RATIONALE FOR THE HEALTHY CHILDREN HEALTHY FUTURES INITIATIVE**

The United States Surgeon General identifies overweight and obesity as a major health problem among our nation's adults and children, with the prevention of obesity as a national priority. Obesity is disproportionately higher among children of color; disparities exist in many minority populations and with low-income households. Strang Cancer Prevention Center/ Preventive Medicine Institute recognizes the need to address the high obesity rates and lack of physical activity among our nation's children, especially in our largest urban areas.

The goal of *Healthy Children Healthy Futures* is to create a replicable program for children and their parents to become advocates — through their schools, families and communities — for healthy eating and physical activity.

Using a pilot-tested *Healthy Children Healthy Futures Tool Kit* developed with original funding from MetLife Foundation, the program (currently in Atlanta, New York City and Los Angeles) provides young people in after-school/out-of-school-time settings with the opportunity to learn about healthy eating and physical activity and to create compelling messages to encourage their peers to do the same. The Tool Kit features the “*8 Habits of Healthy Kids™*,” a Healthy Eating Kid Packet originally designed for tweens, ages 9-14, and a Facilitator Guide that describes carefully planned sessions for a 12-20-week program with 2-3 sessions per week. Note: Session time can be flexible based on the type of media being developed by the participants.

At each session, it is recommended that children receive a healthy snack (described in the guide) and participate in an “active energizer” physical activity. By the end of the program, young participants will have developed a print, radio, or animation spot for peers, promoting healthy eating and physical activity. In addition, a set of take-home postcards based on the *8 Habits of Healthy Kids™* are provided for parents. There is a pre-post child-health questionnaire that can be used to determine program effectiveness.

With the involvement of parents from the pilot project in Atlanta, New York City and Los Angeles, Strang Cancer Prevention Center's *Healthy Children Healthy Futures*, created “A Parent's Guide to Healthy Eating and Physical Activity.” Besides featuring 30 revamped family favorite parent recipes from Atlanta, New York and Los Angeles, the guide also addresses nutrition basics, successful shopping and money saving strategies as well as menu planning. The book lists the *8 Habits of Healthy Kids™* and advises parents on helping their children be more physically active. A Parent Tool Kit will be available in September 2005 for parent program use.

### **Implementation Plan and Deliverables**

Facilitators will attend a 1-½ day (10 hour) training session\* on site on how to deliver the program. Workshops will include:

- The *8 Habits of Healthy Kids™*, the cornerstone of *Healthy Children Healthy Futures*
- An in-depth review of the healthy eating, physical activity and media literacy components
- Technology for creating healthy eating and physical activity print, radio and animated ads
- Evaluation process and measures
- Planning and implementation of a culminating event for children, parents and communities

\* If animation technology is not included, the training session is 6 hours (plus lunch).

In addition, follow-up technical assistance visits are offered to assist facilitators with the program activities and to assure sustainability of the Initiative.

A 50-question multiple choice survey on the knowledge, attitudes and behaviors of eating and physical activity can be administered at the beginning and end of the program.

Directors/Program Site Coordinators may be asked to attend a planning meeting in NYC prior to program implementation. Travel/Accommodations costs will be paid by the *Healthy Children Healthy Futures* program with MetLife Foundation support.

### **About Preventive Medicine Institute/Strang Cancer Prevention Center**

Preventive Medicine Institute/Strang Cancer Prevention Center, founded in 1933, is the oldest cancer prevention institute in the country. Strang is a not-for-profit 501 (c) (3) organization dedicated to research to prevent cancer and promote cure through early detection. Strang scientists are responsible for two widely used cancer prevention and early detection screening tests - the Pap test for cervical cancer and the sigmoidoscopy for colon cancer. Strang is especially committed to the prevention of cancer through educational efforts directed at the risk factors for disease such as obesity and physical inactivity. Since 1990, Strang has been affiliated with the New York Presbyterian Hospital and the Weill Medical College of Cornell University.

### **About AnimAction, Inc.**

Since 1989, AnimAction, Inc. – Awareness through Animation has successfully implemented animation workshops for thousands of students in the United States, Canada, United Kingdom, and Asia. These highly acclaimed workshops address such critical health issues as obesity, HIV/AIDS, tobacco, alcohol and drug use, and social topics of concern. They have shown promise as an effective strategy that engages youth in meaningful opportunities to develop healthy lifestyles.



*Healthy Children Healthy Futures*

<i>Activity</i>	<i>Budget</i>
1 Materials for 125 children: 25 children per site (total of 5 sites)	MetLife Foundation In Kind
2 1-2 Training Workshops to include training materials	In Kind
3 Technical Assistance: 1-2 visits (to be determined)	In Kind
4 Pre/Post Survey: 125 children	
5 Materials for Facilitators (one kit per site)	In Kind
6 Parent Kit for 125 Parents <u>A Parent's Guide to Healthy Eating and Physical Activity</u>	In Kind
7 Facilitator Time /Implementation Fees (to be completed by city)	
8 Additional Site Needs (to be completed by city): May include equipment, snacks, travel, and postage.	





**Appendix C**

**HEALTHY CHILDREN**  
**HEALTHY FUTURES**  
**(HCHF)**

National Orientation Agenda  
Training Program – Child & Parent Programs  
Baltimore, Chicago, Houston

**Day One**

<b>Time</b>	<b>Topic</b>	<b>Facilitator</b>
9:00-9:20 (20M)	Welcome/Introduction/Scope, Implementation, Evaluation of HCHF	BJ Carter
9:20-10:20 (60M)	Making Teams/Quickmercials – The 8 Habits of Healthy Kids (include nutritionist presentation for the “Why” of each habit)	Eric Gurna Jackie Newgent
10:20-10:30 (10M)	Break	
10:30-10:45 (15M)	The Supersizing of America	Jackie Newgent
10:45-11:30 (45M)	Facilitator Guide Search & Find and Teachback	Eric Gurna
11:30-12:00 (30M)	Media Literacy: Public Service Announcements	Eric Gurna
12:00-12:20 (20M)	Media Literacy: Print Ads	Eric Gurna
12:20-1:00 (40M)	Creating Media: Print Ads & Radio Spots	Eric Gurna

1:00-1:30 (30M)	Lunch
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**Day Two**

<b>Time</b>	<b>Topic</b>	<b>Facilitator</b>
9:00-9:20 (20M)	Overview of Parent Program	Eric Gurna
9:20-9:45 (25M)	Review of Parent Materials (Parent Guide & Brochures)	Jackie Newgent
9:45-10:15 (30M)	Parent Guidebook Search & Find	Jackie Newgent
10:15-10:30 (15M)	Parent Outreach (Recruitment & Survey)	BJ Carter
10:30-10:40 (10M)	Break	
10:40-11:40 (60M)	A Learning Experience at A Local Grocery Store	Jackie Newgent
11:40-12:25 (45M)	Planning Parent Workshops & Presentations	Eric Gurna
12:25-1:00	Wrap Up/Q & A/Evaluation	BJ Carter
1:00-1:30	Lunch	

## **Appendix D**

### **Revised Workplan**

*Out-of-School Time Resource Center  
Housed within the Center for Research on Youth and Social Policy,  
School of Social Policy and Practice at the University of Pennsylvania*

#### **The After-School Institute (TASI) Process Evaluation Workplan**

Strang has set forth the following objectives for the *Healthy Children Healthy Futures* training:

- 1) Participants will understand the basic program components, timeline and expectations.
- 2) Participants will experience many of the actual program activities, and will reflect and discuss their role as facilitators in the activities.
- 3) Participants will observe the strategies and skills needed to facilitate the 12-20 program sessions.
- 4) Participants will learn the knowledge and, subsequently, practice the skills needed to facilitate the activities.
- 5) Participants will learn basic skills for creating print, video, and audio media campaigns, including basic use of animation technology.
- 6) Participants will demonstrate a basic understanding and rationale for the 8 Habits of Healthy Kids.
- 7) Participants will learn how to conduct pre and post evaluation measures.
- 8) Participants will leave the training seminars motivated and inspired to return to their sites and begin implementation.

The OSTRC will then focus on the following objectives for the process evaluation:

- 1) Provide contextual information for each step of the intervention.
- 2) Describe the intended vs. actual implementation of the intervention, including training and curriculum implementation.
- 3) Identify factors, which influenced the degree of success of the overall intervention.
- 4) Recommend changes for future interventions in order to optimize results.

In addition, the OSTRC has posed the following research questions, which will be explored throughout the process evaluation:

- 1) Did each step of the intervention actually operate as it was intended?
- 2) Did key personnel receive the information and support needed to successfully implement the curriculum?
- 3) How did key personnel react to the training provided?
- 4) What factors influenced the success of the intervention?

#### **Revised Timeline:**

<b>Task</b>	<b>Date</b>
Draft Workplan for Process Evaluation	October 12 <sup>th</sup>
Receive comments from RWJ & TASI	October 19 <sup>th</sup>

Revise process evaluation plan based on RWJ & TASI's comments	October 26 <sup>th</sup>
Review training materials from TASI	October 30 <sup>th</sup>
Schedule key informant interviews and site visits	December 12 <sup>th</sup>
Review other documents as identified by TASI	November 30 <sup>th</sup>
Draft interim report	December 30 <sup>th</sup>

## **Project Summary**

*TASI is in the process of implementing the Health Children Healthy Futures project in Baltimore, which targets 12 after-school program sites. Five of these programs are fully funded through the MetLife Foundation, and seven are primarily funded through The Robert Wood Johnson Foundation. However, printed materials for all twelve sites are being funded by MetLife. This project is an intervention, which provides training to the selected after-school program sites on its curriculum, which addresses childhood obesity, nutrition and physical fitness. TASI is collaborating with Strang Cancer Prevention Center who will perform an outcome evaluation, and with the OSTRC for a process evaluation.*

### *Content of Process Evaluation*

The central components of the process evaluation will include individual site visits with 5 after-school program sites that have been identified by TASI and RWJ as participants in this program, and observation of progress debriefing meetings that will be attended by the other 7 programs identified as part of this program. In each of these settings, the OSTRC will conduct interviews, program observation and documentary review. The interviews will be scheduled with key informants such as program administrators, teachers who attended the training session, and/or other key personnel identified within this process. These will be performed by an OSTRC representative and will follow the format of the Interview Guide (see below). The program observation will consist of an OSTRC representative present during the implementation of the curriculum and recording key information as outlined in the Observation Guide (see below). The OSTRC will also review documents such as TASI's training materials, pre and posttest results from Strang, and other materials identified within this process in order to assess the entire process of the intervention. All of the above information will be qualitatively documented using field notes and audio recording (when appropriate).

Throughout this process, the OSTRC will utilize the expertise of staff at the Center for Research on Youth and Social Policy who regularly perform process evaluations, namely Dr. Susan Kinnevy (see attached resume).

### *Result of Process Evaluation*

The result of this process evaluation will be a descriptive report of the process of this intervention, the intended vs. actual ways in which the intervention was implemented, factors which influenced the degree to which this intervention was successful, and

recommendations for adjusting this process in the future in order to increase its level of success.

Essential to the success of this intervention are the following:

- 1) Key personnel will attend training(s) scheduled by TASI.
- 2) Key personnel will receive information on how to increase the successful implementation of this program and share anecdotal evidence of its implementation in progress.
- 3) Key personnel will implement the curriculum set forth in TASI’s training in the manner in which it was intended.
- 4) Program youth will receive the information from this curriculum in its entirety and demonstrate increased learning in these subject areas.

While these factors will be evaluated by Strang, the OSTRC will provide contextual information that will assist TASI and RWJ to determine reasons behind the success or failure of various aspects of this intervention. Overall, the process evaluation will provide an in-depth perspective of this intervention in its entirety.

*Process Measures*

<b>Program</b>	<b>I. Key personnel participated in TASI training</b>	<b>II. Key personnel implemented curriculum in program</b>	<b>III. Key personnel completed all necessary documentation (i.e., pretest, posttest from Strang)</b>	<b>IV. Key personnel received the information and support needed to successfully implement the curriculum</b>
<i>Program #1</i>				
<i>Program #2</i>				
<i>Program #3</i>				
<i>Program #4</i>				
<i>Program #5</i>				
<i>Program #6*</i>				
<i>Program #7*</i>				
<i>Program #8*</i>				
<i>Program #9*</i>				
<i>Program #10*</i>				
<i>Program #11*</i>				
<i>Program #12*</i>				

\* Programs 6-12 represent programs that will not be part of the intensive process evaluation (key informant interviews and participant observations). The OSTRC will make every attempt to gather information on each of the process measures for these programs.

*Interview Guide: Program Administrators/Teachers*  
*[Questions for other interviewees will vary slightly]*

- 1) Tell me about your program.
  - a. How long has this organization operated in this capacity?
  - b. Describe the youth that your program serves.
  - c. What are some challenges you face on a daily basis?
  - d. What is your position in this organization? Is it full time or part time?
  - e. How long have you been working with this program? With youth programs in general?
- 2) Did you attend the TASI training?
  - a. If so, why did you attend? (If you were required, by whom?)
  - b. If not, who from your program attended?
  - c. In your opinion, what were the strengths and weaknesses of the training?
  - d. Tell me about the training. What kinds of activities were there? Which one did you learn the most from?
  - e. What did you expect to learn from the training?
  - f. What did you actually learn (new knowledge or skills)?
  - g. Was the new information modeled for you in any way, or were you able to practice using it during the training?
  - h. Is the information something you are excited about using in your program?
  - i. Did you feel you received all the information you need to successfully implement this curriculum at the training?
- 3) What is your plan of implementation?
  - a. What barriers do you anticipate?
  - b. What support systems do you anticipate?
  - c. Do you think your administrators will support this implementation?
  - d. What about other staff members? Will they support it?
  - e. Do you think the youth will benefit from this information?
  - f. Do you think the youth will understand the importance of this information?
  - g. What do you think their reaction to this curriculum will be?
  - h. Did you share the information you learned with any of your colleagues?
- 4) Tell me your thoughts on this intervention.
  - a. How did you first hear of this intervention?
  - b. What do you know about it?
  - c. What do you first think about it?
  - d. What do you think about it now?
  - e. Do you think it will work? Why or why not?
  - f. Has your opinion of it changed over time at all?
  - g. Are you being held accountable to follow through with each step of the intervention?
- 5) Is there anything else you'd like to share?

*Observation Guide*  
(*Instructions to Observer: Record your observations, comments, thoughts, etc. in each of the following areas*)

Observing Delivery of Curriculum:

- \* Describe program
  - Describe the youth in the program.
  - Describe the teachers in the program.
- \* Describe the implementation of the curriculum.
  - Did the teacher follow the guidelines of curriculum and cover all necessary information?
  - Describe the reaction of the youth to the curriculum.
  - Does it seem like the youth benefited from the information?
  - What activities occurred?
  - Describe reactions to activities.
  - Did the youth ask any questions? If so, what were they?
  - Did they seem to understand the importance of this information?
  - Were there any points at which the youth seemed to get restless or stop paying attention?
  - Describe the attitude of the teacher towards this curriculum (seem excited about topic, was it portrayed as very important or something they have to get through in order to do something else).
  - Did the teacher face any challenges in the implementation?
  - Did it seem the teacher was well prepared to successfully implement this curriculum at the training?
  - Describe any occurrences that may have seemed strange to you.
  - Did it seem the teacher had support from administrators or other teachers in this implementation?
  - Overall, did this step of the intervention actually operate as it was intended? In what ways did it succeed and in what ways did it fail?

Observing Individual Technical Assistance Meeting or Group Progress Debriefing Meeting:

- \* Logistics
  - Who was at the meeting?
  - What topics were covered?
- \* Content
  - Did program staff share any challenges they have faced?
  - What information did the TA provider(s) share?
  - How was this information received?
  - Is it clear what the next steps are or what needs to change in order to increase success?
- \* Overall
  - Overall, did this step of the intervention actually operate as it was intended? In what ways did it succeed and in what ways did it fail?
  - Describe any occurrences that may have seemed strange to you.



- In what ways did this meeting help and/or hinder the implementation?
- Describe the accountability in place to follow through with each step of the intervention.

**Appendix E**

**HEALTHY CHILDREN, HEALTHY FUTURES/HCHF  
TRAINING PROGRAM (SEPTEMBER 2005) – CHILD & PARENT PROGRAMS**

**Baltimore**

**Day One**

<b>Time</b>	<b>Topic</b>	<b>Facilitator</b>
9:00-9:20 (10M)	Welcome/Introduction/Scope of HCHF	BJ Carter
9:20-10:10 (60)	Making Teams/Quickmercials – The 8 Habits of Healthy Kids	Eric Gurna Jackie Newgent
10:10-10:20 (10M)	Break	
10:20-11:20 (60M)	The Supersizing of America & The 8 Habits of Healthy Kids	Jackie Newgent
11:50-12:30 (40M)	Facilitator Guide Search & Find	Eric Gurna
12:30-1:00 (60M)	Media Literacy: Public Service Announcements	Eric Gurna
1:00-1:30 (30m)	Lunch	

**Day Two**

<b>Time</b>	<b>Topic</b>	<b>Facilitator</b>
9:00-9:30 (30M)	Media Literacy: Print Ads	Eric Gurna
9:30-10:15 (45)	Creating Media: Slogans & Print Ads	Eric Gurna Jackie Newgent
10:15-11:00 (45M)	Facilitator Guide Teach back	Eric Gurna
11:00-11:20 (20M)	Active Break: Search for Healthy Snacks	Jackie Newgent
11:20-11:35 (15M)	Healthy Snack Comparison	Jackie Newgent
11:35-12:30 (55M)	Parent Outreach & Education	BJ Carter
12:30-12:40 (10M)	Site Visits	Eric Gurna
12:40-1:00 (20M)	Wrap Up/Q & A/Evaluation	BJ Carter
1:00-1:30 (30m)	Lunch	



Appendix F

# Executive Summary

## Process Evaluation: Healthy Children, Healthy Futures Curriculum Implementation

Baltimore, Maryland  
2005–2006

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Prepared by:  
The Out-of-School Time Resource Center

For The After-School Institute,  
The Robert Wood Johnson Foundation,  
and MetLife Foundation

With support from:  
The William Penn Foundation

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## I. Project Background

The After-School Institute and Strang Cancer Prevention Center assisted twelve after-school programs in Baltimore City, Maryland in the implementation of a childhood obesity prevention curriculum, Healthy Children Healthy Futures. Strang implemented a pre-test to students and parents who participated in this program at each of the twelve sites to gather baseline data regarding knowledge of nutrition and fitness. In addition to this evaluation, the Robert Wood Johnson Foundation funded a process evaluation in order to document what factors impede or facilitate successful implementation of this curriculum. The Out-of-School Time Resource Center (OSTRC) performed this process evaluation, focusing on five out of the twelve sites, with these goals in mind:

- 5) Provide contextual information for each step of the intervention.
- 6) Describe the intended vs. actual implementation of the intervention, including training and curriculum implementation.
- 7) Identify factors which influenced the degree of success of the overall intervention.
- 8) Recommend changes for future interventions in order to optimize results.

The OSTRC posed the following research questions:

- 5) Did each step of the intervention actually operate as it was intended?
- 6) Did key personnel receive the information and support needed to successfully implement the curriculum?
- 7) How did key personnel react to the training provided?
- 8) What factors influenced the success of the intervention?

Originally, the twelve sites were going to receive a 2-day “start-up” training on this curriculum at the beginning of the school year and implement the program in September. Over the course of the fall semester, five of these sites were going to receive technical assistance from Strang to facilitate the implementation at the individual sites, and the other seven were going to attend large group “debriefing meetings” in which they could share their successes and challenges of the implementation. This plan was slightly modified and the implementation of the curriculum was pushed back to January 2006. The twelve sites received the 2-day “start-up” training in September 2005, and a “booster” training in December 2005. This second training replaced the technical assistance and large group “debriefing meetings”. There was also an optional training provided for these programs that addressed how to include an additional component to this curriculum: animation.

The staff who participated in this process evaluation were identified at the “booster training” in December 2005. Five out of twelve programs were randomly selected and agreed to participate in an interview as well as a classroom observation. Consent forms were reviewed, signed and collected with participants. The interviewer highlighted the fact that all responses would remain anonymous, and that in no way would any answer be connected with their name or organization.

## II. Program: Organizational Information, Youth Served and Challenges Faced

The programs interviewed are community-based and are diverse in terms of their organization: all provided at least one school-based program, most manage multiple program sites, one was associated with a faith-based organization, and one was part of a national organization. These organizations have been in operation from 6 to 20 years, and serve low- to moderate-income youth. Most programs serve mainly African American students, as well as a smaller number of Caucasian and Latino youth. Staff members describe their youth as “very high risk”, having “limited exposure to positive things,” and needing “supplementary help in math, science and reading”. The majority of youth are said to come from single parent households and low-income neighborhoods. TASI reports that 63.5% of students in the city are on free or reduced lunch program; this percentage is higher for programs associated with TASI as they are offered free of charge to parents, and serve mainly poor communities. In addition to these factors, some participants cited that their youth frequently have adult-like responsibilities at home and lament the lack of structure in the children’s home lives: “...*having children who leave the program and go home where there’s unstructured things going on at home, that kind of take[s] away from everything that we have taught*” (#3).

The participants are all full time employees of after-school organizations in Baltimore City, Maryland. They hold high-level positions such as Executive Director, Site Director, or Program Coordinator, and most have contact with program youth on a regular basis. Most have been working with their current organization for a relatively short period of time (between 4 months and 1 year), while two have held their current positions for the last 5-6 years. In terms of experience in the after-school field in general, these individuals have either 3-5 or 15+ years of experience.

The participating programs are similar in that each provides homework help, academic enrichment, and other enrichment such as media, technology, health/fitness, basketball, stepping, board games, arts and crafts, drama, life skills, entrepreneurship, and/or cultural awareness. All programs have partnerships with higher education institutions in the area and utilize college students as volunteers or interns within the program. Most programs focus on elementary and middle school students, but one program fosters the involvement of high school youth by having them serve as assistants to staff members and incorporating their ideas/suggestions into the development of the program.

### *Funding*

In general, these programs are serving youth with many pressing needs without a strong or secure financial foundation. Often programs are looking for new funding sources and many have been able to secure various partnerships with organizations to contribute in-kind donations such as food for a cooking program or fitness equipment for the youth. There is also a lack of expectations that staff have of their funding streams. As one staff commented, “*I guess another one of our challenges is funding, in a sense that we have funding, but it doesn’t arrive when they tell us it is going to. So, we expected to get*”

*[funders' name] money in September and we are still waiting on it. So, you know, you are talking about paying our service partners late, and that does not look good when we want continue to offer these programs here...And so, I mean, I am pretty much used to the – 'You gotta do it on your own if you want to get it done' type thing, and so if you're going to do anything, you need to be like totally energized and ready to get it done on your own, otherwise it's not going to happen. Because waiting around for the money and whatever else it is kind of going to leave you empty handed, and a bunch of disappointed kids" (#5).*

### ***Parental Involvement***

The challenge of increasing parental involvement was cited numerous times within the interviews. Two programs have been able to garner parental engagement in the past by inviting them to end-of-the-year activities which showcase their children's work. One organization runs monthly parent team meetings at one program site and hopes to establish a similar structure within the program site that is participating in HCHF. Another program offered parents the opportunity to use fitness equipment at the program in the evening.

### ***Literacy Skills***

Many staff members cited that both youth and parents have a low literacy level which is a challenge in multiple areas. Two important consequences of this are the inability (or unwillingness) of parents to help their children with homework, and comprehending the legal jargon of consent forms that are necessary to allow their children to participate in the program. One staff commented: *"While we may be experiencing high level of parental involvement when we have special events and family events, I think we would agree that the level of parental responsibility is still very low. You know, it is still very low, there is a significant need to do community wide outreach to parents to help raise the awareness levels of risk in the community on many levels, and engage parents to do more. But, unfortunately the obstacle there is you can only do what you know. And there is a lot of young parents in the community and there is a lot of illiterate parents in the community. So when, if I am illiterate and I get that consent form, now we've got a problem. You know, a wordy document is intimidating to me... And unfortunately if there are any concerns in the household with regards to parental responsibility, now that's even more reason why I am little hesitant in signing this consent form because somehow I think you are checking up on me, you know, so. So those are the real barriers" (#3).*

Another staff person reported that consent forms are often misunderstood at first: *"You know, you can't push the parents [to fill out the consent forms] because then they'll get, 'Well I don't feel like it. You ain't going.' And that's not fair. So I try to be flexible with that so that I can get what I need. You know, and that doesn't mean that – you still don't get some forms signed by some because there ain't nobody to check up on them. And I know I have to explain it to them, why it's important even though the information's down there. And usually when I explain that this is gonna benefit the kids, it's gonna benefit the kids, they'll sign it" (#4).*

### *Youth Attendance*

Some staff reported that their program competes with other activities and/or family obligations during after-school hours, such as the need for program youth to care for younger siblings during after-school hours. This interferes with their ability to attend the program on a daily basis and complicates the measurement of student outcomes in general, as youth may not receive all elements of any given curriculum or intervention.

### *Communication between School Staff and After-School Programs*

One staff person cited having a very positive relationship with the principal of the school in which their program is housed, but many struggle with finding ways to facilitate the logistics of a school-based program when there is a lack of communication between program and school staff. This is a common struggle faced by many school-based programs around the country as many school staff members do not fully cooperate with after-school program staff. This is increasingly difficult when there is a high staff turnover rate among school principals. One program staff noted that in the last five years, she had seen five different principals at the school. This can contribute to an unstable environment and may complicate the facilitation of solid working relationships with school staff.

### *Community Involvement*

Lastly, the five participating program staff members seemed to approach their work with a community-based mindset. That is, when speaking of their program it was common to discuss the mission of the organization or their own goals for their program from a community-based framework. This was a significant trend in the five participating programs and seemed to affect their opinions regarding HCHF. However, it should be noted that this may not be an overall trend and may not be representative of the twelve participating organizations. Rather, it may be due to the fact that each of these programs self-identified as a “community-based organization” or another unknown factor.

## **III. Staff Reactions to Training**

TASI staff members recruited each of these organizations to participate in this program. In general, the same participants from each organization attended the “start-up” training in September and the “booster” training in December. However, some new staff members were present at this second training.

The original goals for the Healthy Children Healthy Futures training were as follows:

- 9) Participants will understand the basic program components, timeline and expectations.
- 10) Participants will experience many of the actual program activities, and will reflect and discuss their role as facilitators in the activities.



- 11) Participants will observe the strategies and skills needed to facilitate the 12-20 program sessions.
- 12) Participants will learn the knowledge and, subsequently, practice the skills needed to facilitate the activities.
- 13) Participants will learn basic skills for creating print, video, and audio media campaigns, including basic use of animation technology.
- 14) Participants will demonstrate a basic understanding and rationale for the 8 Habits of Healthy Kids.
- 15) Participants will learn how to conduct pre and post evaluation measures.
- 16) Participants will leave the training seminars motivated and inspired to return to their sites and begin implementation.

### **Positive Feedback**

#### *Components of Training*

Overall, these goals were met and the participants had positive comments about the trainings. They were given the opportunity to become familiar with the curriculum in several different ways, such as:

- 1) Creating media advertisement jingles,
- 2) Presenting role plays of specific lessons from the curriculum,
- 3) Reviewing examples of other videos created by youth in other states, and
- 4) Critiquing media advertisements.

In general, they felt it was a fun and interactive environment in which they learned how to implement HCHF in their program as well as gained some background information on the importance of addressing childhood obesity. Most reported that they learned the most from the role playing activity since this reviewed individual lessons from the curriculum and previewed specific activities they could do with their kids. One said, *“We put together little jingles and you know things like that so we could really promote this to, you know how you really promote this to the children”* (#1).

The inclusion of these types of interactive activities in a training are critical to the successful implementation of the material. Previous OSTRC research suggests that both of these components (having fun and modeling activities) are essential to the success of workshops as they are linked with an increased chance that participants will apply what they learned<sup>13</sup>.

A few cited that they especially enjoyed seeing the commercials produced by youth in other cities: *“I was really excited [about HCHF] when I saw the commercials that the children did”* (#2). Another participant said, *“They [the trainers] showed us some of the media that other students had created in past programs like in L.A., and that was nice to see like what they came up with on their own”* (#5).

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<sup>13</sup> OSTRC Focus Group Summary Report:  
<http://www.sp2.upenn.edu/ostrc/pdf/OSTRCFocusGroupSummary.pdf>

Many also cited that the aspect of teaching youth how to critique media ads was important to address across the board – not just for healthy eating. One commented, *“We did like a study of advertising in the U.S. kind of looking at what people want you to focus on and you know, what are they trying to sell to you? You know that was interesting to connect that back to our program, and what our kids are kind of feeding in to”* (#5). Another noted, *“I think at one point we reviewed and assessed some ads for effectiveness, based on the message the ads was trying to get across: ‘What did you get from this ad?’ And that was actually a very interesting project and one that we probably will use across the board as we address the whole issue of media as it relates to children”* (#3).

They also enjoyed becoming familiar with the recipes and the “8 Habits”. Furthermore, participants were able to recall some of the lessons as well as the “take home lessons” of the curriculum within the interview: *“They [the trainers] passed out a lot of literature, and it talked about the 8 habits for Healthy Children Healthy Futures, the new pyramid they’re coming out with...So one of the habits is instead of you watching TV all day and video games, exercise. Instead of drinking soda, drink at least two bottles of water a day. Eat your five fruits and vegetables”* (#6).

In addition, some participants communicated that they understood the parent component of the curriculum more clearly after the booster training in December. One noted, *“Before I went to the second training I didn’t understand that there was a parent component to the child’s program and then, a separate parent component”* (#2). However, others were aware of this: *“And [in the December training] we did the parent book versus the instructor manual [that we reviewed in September]. Even though, like, most of us from the September training kept the parent manual. I had already gone through it and looked at. So, I mean but it was helpful, just kind of like a refresher course on what you are doing”* (#5).

In particular, the booster training in December seemed to serve two purposes:

- \* It helped programs understand the new timeline under which they were expected to perform, and
- \* It helped serve as a refresher for those who attended the 1<sup>st</sup> training and an introduction to those who did not.

### ***Belief in the Importance of Addressing Childhood Obesity***

Each of the participants reported that they believed childhood obesity is a pressing and important issue facing the youth in their programs as well as the communities in which they work. One staff noted, *“For a lot of our kids in the inner-city schools, they don’t get phys ed every day like I did when I was in high school...And you get to understand that most of the kids in school did terrible because of this, you know. Some part of that is due to what they eat, because you know they eat a lot of stuff that is not really healthy for them. But then when they do go to Phys Ed in school, they have to take certain types of tests. And you have young kids who can’t do more than 5 push-ups, you know? You have kids who can’t pull their body weight up on the high bars maybe more than 3 times. That’s telling you that something’s not right”* (#4).

Another staff commented, “So, it’s [childhood obesity] a huge project to address, but in the center of it we believe is the issue of educating our children and I personally believe that this lack of nutrition, this issue of obesity, this issue of depression, and these needs that exist in the home are significant contributing factors to academic failure. And we got to. If we can address these things, for one we are helping people to live a better quality of life” (#3).

## ***Program Components***

There was an expressed need for both a nutrition and fitness component within the program, and many were excited that there was a media piece as well. They agreed that kids would be interested in different aspects of HCHF and that these three areas brought out unique interests and talents of their youth. Although everyone also agreed that the kids would love eating food in the program, and many would enjoy making the recipes: *“I know that kids always like to eat – always. So they are going to be excited about the recipe part, you know, and actually making some of the recipes”* (#2).

## **Participant Suggestions for Future Trainings**

### ***Scheduling Training***

Some suggestions from participants in terms of areas of improvement for the trainings revolved around changing the time and date of the training, and to have a follow-up training where participants could brainstorm ideas of how to make HCHF successful within their respective programs. In terms of timing, participants suggested that any training should not go past 2:30pm as the participants need to be able to return to their programs by the time the children arrive.

TASI intended to host this training during the summer, but due to logistical complications had to schedule it for September. Many participants agreed that a summer training would have been ideal, since staff members would then have time to incorporate this component into their fall programming and to garner support for HCHF within their organization. Some suggested that this would also alleviate the problems that many had with gathering consent forms. Since programs typically have a packet of information signed by parents at the time of enrollment, a consent form such as this could be included in this packet. It seems that parents may question another consent form that they receive mid-year. As one participant said, *“I would have liked to have the training in the summer, to be able to train both the [high school] youth and the staff during that summer time, and have it start with the start of our program...And then, just making sure that everybody is already familiar with this, all of the materials are in. And the big thing for us is if consent forms are needed, making sure that’s part of our initial packet. Because when we do a parent orientation it is easy when you got forty parents out to get them to sign off on everything at one time”* (#3).

### ***Flexibility in Scheduling Implementation***

At the time of the interview some participants couldn’t remember some specific aspects of the training they received in September. Since programs were experiencing difficulty gathering consent forms from parents, it was agreed that participants would wait until January 2006 to implement HCHF. Although this was a necessary and beneficial adjustment, an unfortunate consequence was that some participants felt that they couldn’t meet the expectations of this program from the onset. This may have resulted in a change in attitude towards the program in general. One staff member commented: *“I was really*

*excited about it [HCHF], but after the September training, [I was] a little worried about how it was going to work, because I felt like they were giving us all these deadlines right in September and obviously nobody was able to meet those deadlines then... So, that was a little worrisome in the beginning, but now like with the, like with them being a little more lax on when we can start, and that we can start in January now and stuff, it's a lot better" (#3).*

### ***Gathering Baseline Knowledge in Training***

Also, some participants had a low baseline of knowledge coming into the first training. One participant mentioned, *"I wanted to understand about calories and what the difference was between calories and fat, and all that kind of stuff, just to make it clear. But I had to specifically go and ask the question"* (#1). Perhaps future trainings can gauge the knowledge base of participants beforehand.

### ***Follow-Up Assistance and/or On-going Training***

Some wanted more training in order to feel comfortable implementing HCHF or some sort of follow-up training. Another participant summed up the need for follow-up assistance: *"I did think the training was good as an introduction of the program. I think that as you move into the implementation of the program, there may be a need to have access to the folks who tailored the program, designed the program, so that you [could] just be free to ask questions about modification. I am always hesitant to think that we can ever create a one-size-fits-all anything. So, with that being the case, if modifications are needed then you want to be able to access to the people who created the program, so that the modifications don't take away from the intended benefits. And together I think you reach the greatest outcomes when you have both working together... What would have been helpful is to maybe have an opportunity to have that training and then give programs an idea to consider how it's going to be implemented in their individual sites. Then the follow-up training is, 'Ok, how do we help you to make this implementation a success?' Because you could do that on a site-by-site basis, but by bringing people back together everybody is hearing the different ideas about how to implement it and you benefit from the wealth of knowledge around the room. But at the same time I think sometime if you don't have that opportunity to do that, you go away thinking you can only do it this way when there's a lot of ways you can really do it"* (#3).

In the process of recruiting programs to participate in HCHF, TASI asked programs two things:

- 1) To bring more than one staff to the training in order to facilitate increased buy-in from each program, and
- 2) To have the teacher who would implement the curricula attend the training.

Unfortunately most programs were not able to follow through with these requests. This presented a few challenges. Within the interviews and observations it was clear that a main challenge seemed to be in the transfer of knowledge from the workshop participant to the teacher who would be implementing HCHF. Ideally, the teacher attends the

training and thus receives information as well as experiences a positive change in attitude towards the importance of the curriculum in terms of benefiting program youth. One staff member commented, *“Yeah, I’m really not too happy about that [that I went to the training but am not going to be teaching HCHF]. Like honestly, feel like it you did not go to the training, it is kind of pointless for you to teach it. Like, I feel like you really needed to get that information and that background”* (#5).

Oftentimes communicating the information is easier than translating excitement: *“I also feel like... that’s just the part that frustrates me the most – expressing what this program is to the other people that work here and then the person who is going to be implementing the program. Cause I’m really excited – I think it is a great program, it is going to, you know, I think the kids will be interested in it, especially the media aspect. You know, them getting actually getting to create something is always nice. But it’s a little frustrating to explain the idea or the goal of it to some other people without sitting down for two hours saying, ‘Ok, here you go, blah, blah, blah.’ you know”* (#5). Another staff member commented, *“As far as staff support, people are excited about stuff they know about, so the person who teaches it, hopefully, you know, feel like it is something that they want to learn about or they already know about and they’re excited”* (#2).

Participants also felt that, in general, the style of teaching and the excitement portrayed by the teacher impacts the attitudes of the youth receiving the curricula. This in turn impacts this specific curriculum, as those who attended the training were not teaching HCHF themselves (with the exception of one staff member). One other organization sent the teacher to the booster training, but this teacher quit before HCHF began.

This highlights a common and problematic trend in after-school programs across the nation – staff turnover. While this issue complicates many aspects of after-school programming, it also adds a level of instability to any implementation when attendance at a training is necessary to its success. While it would have been ideal for teachers to attend the training, it is possible that mid- and senior-level management staff intentionally chose to attend themselves. This may be a method used to ensure that the information is retained within the program, rather than send a teacher who may or may not be around six months later.

### ***Optional Animation Component***

In terms of the optional animation training, two programs sent staff members to this event, thus meeting TASI’s goal of 2-4 programs to participate. This goal was established with a clear understanding of the technological limitations that many urban after-school programs face. Not only are resources to implement a technology aspect into a program typically scarce, but finding qualified staff members to teach technology is difficult as well.

An OSTRC staff member also attended this training and spoke with these staff members afterwards. Both attendees felt the training was geared towards creating a “professional-level” animation rather providing an introduction to animation. However, both planned

to include animation in some way into the media component of the Healthy Children Healthy Futures curriculum.

Some participants who did not attend this optional training expressed that they would have liked to learn more about the media component before the animation training. Others felt they needed to hire a media expert to teach the animation component which seemed to present a slight barrier as some programs had not been able to locate an individual to teach it yet. One respondent said, *“The only piece I don’t feel like we focused on at all, that I felt as one of the main pieces, is like the media piece. And I guess we were limited by where we were, and the space and things like that but, I guess I feel like that wasn’t explained as well – like how to translate the manual into creating these videos, and what is our expectation for them, and things like that. So that piece, I think, could have been a little more in depth”* (#5).

#### **IV. Plan of Implementation**

At the time of the interview, most participants had a clear idea of how to implement HCHF within their programs and had already taken a few introductory steps such as gathering consent forms and adding this component to the program schedule for the Winter/Spring semester. Some were still in the process of gathering consent forms, identifying a teacher for the nutrition and fitness component as well as identifying a teacher and resources (i.e., computers with enough memory and scanners for the print advertisements) to teach the animation component. Those who had already identified the nutrition and fitness teacher were in the process of translating the information to them. These individuals had differing plans of translation: some planned to review the curriculum in-depth with the teacher, while others planned to simply pass it off to the teacher as they felt confident they would be successful on their own. Some even shared this new information about healthy eating and exercise with family members such as a parent, spouse and/or child. Although this wasn’t a primary focus of the training, it served as an added benefit.

A few organizations expressed a strong belief that HCHF should be targeted as a community-wide effort, rather than just at the programmatic level, in order to ensure long-term success. One program even had a strategy in mind to achieve this: *“We’re hoping that, you know, we are able to work with some of other funders and see who might even be willing to be put resources behind a project like this for community-wide health initiative. We are surrounded by hospitals who can bring to the table expertise...And then we find somebody and have it evaluated, see how it’s going from a community-wide perspective...If we are looking to change the behaviors of this one family then you may have to change some of the systems that that the family has to interact with”* (#3).

Overall, it seemed that due to the delay in starting up the program, staff members seemed to be waiting to take some of the concrete planning steps until after the holiday break. However, none expressed a belief that they would not be able to be prepared by that time.

### *Anticipated Youth Benefit and Reactions*

All believed that their kids would benefit from HCHF. Speaking of the concept of eating healthy foods as beneficial to youth, one staff member commented, *“I think the program will give us the opportunity to show that [eating healthy is beneficial], let them see that, understand, and hopefully when they go to the store they’ll start thinking about the four food groups when they’re picking stuff; you know some new things and food that they have never considered eating before... They don’t get that in school; they don’t get that at home”* (#4).

Although, many acknowledged that this will be a progressive change in belief that may not be evident in the short term: *“I think they will [understand the importance of this] you know, and after a while because I think for children you have to give it some time for it to catch, for them to want or see the benefit of it, or just even understand it. Just doing it the first couple of times still may not allow them to gain an understanding of the benefits or why or – none of that matters, because so many of our young people today are, are so focused on immediate gratification. You know, if I can start eating healthy now and tomorrow I wake up and I am handsome, with nice thick hair, and you know, I am stronger than I was when I went to bed and I am full of energy and I don’t yawn the whole day, then I will do it. You know that kind of thing. So, it takes a little while for them to catch on”* (#3).

When asked, “Do you think that youth will understand the importance of this information?” participants agreed that they will start to formulate ideas of its importance that hopefully will be reinforced later in life: *“Hopefully at the very least it will be an introduction and, hopefully, they will hear about it again later on in their lives. Or they will have some kind of reference you know if it does come to the point where they become a teenager and you know, if they are overweight, you know, they will know what to do even if they haven’t been doing it. So, at least they know, you know, so, so knowing to implementing – hopefully they are somewhere along that continuum”* (#2).

Also, many felt that the various components of the curriculum would interest different youth, and that some kids will get more out of some components over others (i.e., media over nutrition and fitness or vice versa). Some staff felt that the kids may even react negatively at first to the idea of eating nutritious foods, since this may be a completely new topic for them to understand. One staff commented, *“So, we have all of these children, who are, all kinds of backgrounds, all kinds of experiences, and you bring a kid in who’s been raised on Cheetos for breakfast you know? And you try to begin to expose them to the fact that well, instead of having that, they could have maybe cheerios with sliced bananas. You know what I mean? And you know that’s just not their exposure. So, you kind of like say, well this might be an option for you, or maybe you can have some grapes, you know, and some orange juice or something. You know, and so, you have a kid like who is totally unexposed to that kind of stuff who says, ‘I don’t like that stuff, I would rather have Cheetos’ you know? ‘I would rather have potato chips or something like that for breakfast’. So, you bring them into a Healthy Children, Healthy Futures program and they hate it... But it is over time that you just kind of work with them. If they*



*can just hang in there, then there may be another, another part of the curriculum they love – the media, putting together hip hop and rap... (#1).*

One program discusses decision-making on a regular basis and so feels that their youth will see the connection right away: *“They’ll understand the idea of, you know, being healthy and what it means to make healthy choices. We talk a lot about choices and decisions and you know one of our main goals here is that the students kind of guide and see what happens, in a sense that if you are making a decision to do this, how does that affect other people, how does that affect your group, how does that affect you? So, I think they’ll understand the idea that making a choice here can affect me in the future, can affect me now” (#5).*

Some had unique ideas for how to increase the success of the implementation. One program is building in incentives for the youth to complete the program as well as adding some more activities. Other staff felt that the kids would stay engaged if the teacher was able to keep it fun and interactive, or that personal relationships with staff would encourage students to give healthy eating a chance. Another program plans to focus on getting the natural leaders of the group on board so these individuals will sway the other youth. *“Plus, you know, personal relationships make a big difference, and [name of teacher] has that, he has the personal relationship with the students. So – but what has been our experience, I think [name of teacher] would agree, that there has been times where we have introduced a new training and new ideas to the children that they were in no way interested in. But because you said, ‘Hey let’s try it; don’t knock it until you try it,’ they got in and they began to see that they had some benefits, it was tailored for them, we presented it in a fun way, and an interactive way...And that is what I’ve seen often times, you know, when it comes down to children, it’s – the success of implementing new ideas and new projects depends so much, so heavily on the person leadin’ the activity, because if you are enthusiastic about it they will at least try it. If you’re not then – and they never try it – then there is no chance of getting it done” (#3).* Another staff also emphasized the importance of showing children why this is important, not just telling them it’s important. *“You know, I have always said that if you are going to educate kids don’t just give them reasons and answers, tell them why, tell them why it’s important. And I think that makes a different impression because they understand it better” (#4).*

Four of the five programs interviewed had some form of health curriculum integrated into their previous programming such as cooking, fitness, or learning about eating healthy foods. Taking this into consideration, there may be a difference in the results between these programs and those whose youth may be hearing this information for the first time.

In general, participants agreed that this will benefit their youth but noted that it may require a longer period of time before they see significant changes. Also, most felt that in order to optimize youth benefit there needs to be a greater level of community-wide support and parental engagement.

### ***Barriers to Successful Implementation***

Two main barriers to successful implementation were presented at the time of the interviews: gathering the consent forms and strategizing how to garner parent involvement in the program. This shouldn't be surprising as these two issues were also presented as some of the most serious issues facing these after-school programs in general.

Regarding the consent forms, one participant commented, *“Collecting the consent forms has been a challenge. I don't know, maybe its just like what I gotta do - that I have to just keep following up and following up...It definitely seems like that just takes a long time to collect the consent forms. So I just wanted to get that out there...they [middle school students] still don't bring stuff back like how they're supposed to”* (#2). Another staff member brought to light a different point: *“And unfortunately with consent forms, while I'm big on research and evaluation, I wish we had it earlier. And I think that the challenge for us, especially because we do some many different things with our particular program and most of our partners are trying to complete some kind of evaluation, which often times need a consent form signed, and after a while parents tend to begin to shy away”* (#3).

Although one program didn't find this to be an issue: *“The consent forms weren't as bad for us as they were for some of the other people, I don't know. We kind of have a little system...we print out a list of all of our kids, when they sign in every day, hand them the form I collect it back from the same time. We just highlight it when they return it. If something is going on we make notes and they we just follow up. I think we have, I mean our goal is 50 students to have. We have 45, probably like on a, you know, average around like 45. I mean, we got like 38 or something back”* (#5).

Engaging parents to participate and support this program was not a primary focus, but rather a secondary one. It seemed participants did not understand this, as they expressed concern on multiple levels: *“The other barrier might be really getting the parents to participate at a level that allows them to really acquire the knowledge to go back and implement it at home. Yeah, because you know, we'll be able to do it with the children. That won't be that difficult, but the parents might be another challenge”* (#3). Another staff member agreed: *“It's hard getting parents to come here to just be with their kids in the after-school program, you know. But having them come up here and do something like that [HCHF] is even harder. Now, you will get some. But you won't get all of them, no matter what you do, because they don't understand the benefits...That's always one of the hard things you know I think in most after-school programs, getting parents to take an interest in what their kids are doing. You know, I do OK but, but I'd like to do better. Because a lot of those parents who don't come are the parents of those kids who want to be involved; who want to participate. And the parents just don't show. I mean they won't even come for parent-teacher conferences. So are you, how am I supposed to get them here for something involving healthy eating? You know, and it's sad, it's really sad”* (#4).

This program highlights another typical issue in addressing childhood obesity around the country. It is difficult to change the habits of parents who buy groceries for the home:

*“You educate people so they can make educated decisions. So, hopefully that is what will happen [three second pause] but with kids if they’re not getting their parents’ support [two second pause] it’s going to be a little bit harder, unless they are very, you know, headstrong. And they decided this is what – because the parents, and the parents buy the groceries for the house. And the parents give their children spending money and allow their children to buy candy...Because they want to buy candy, and potato chips and you know, things of that nature. And the kids, they are not particularly worried about health problems like older people are” (#2).*

Overall there was an acknowledgement that kids are the best advertisers. That is, if you convince them to eat healthy they will spread the news to others (friends, family). One staff commented, *“So, I thought it was a good way to get kids interested in what they’re eating, and maybe even take that home and share that with their parents. Because they’ll probably going to be the ultimate ones who try to get their parents to change their eating habits too. That’s a hard thing” (#4).* This same staff member felt that children would enjoy sharing their new knowledge with their parents: *“So my kids get excited doing thing like that; it’s fun for them. Especially if they get to show something to their parents. They’re at that age where they like it; they love it!” (#4)*

There was also a perception that it would be difficult to encourage youth to change their eating behaviors given the lack of opportunity to purchase healthy food in their low-income neighborhoods, which is a common trend in urban areas across the country. One staff member commented, *“Our kids are very limited to the area that they live in. For example, if you drive up [name of street] where most of our kids are off of that main road, there aren’t any grocery stores. The closest grocery store is [name of store] which is blocks away. You know, and it – so you have corner stores, and you have fast food restaurants and you know, it is easy to tell our kids and our parents to make a decision to buy fresh apples instead of canned fruit in syrup or something. But if the options are not available, how else do we, like where is the community advocacy like piece of it? Because there needs to be some sort of connection to the community that kind of brings about this... I guess change or awareness of, you know, what is around and you know, what are you offered to make these choices and make these decisions? So, I guess that piece, I kind of looking for a little bit more of, you know...like how does this connect to that part, like how do we connect this back to the community versus just the students themselves? Because in the end, you know, we can do an hour and half of Healthy Children, Healthy Futures, but on that walk home there is not one healthy choice for them to make...So, it is like, what do I say to you? I can’t tell you “don’t eat,” that’s not your option, you know. And we can do what we can here with the healthy snacks and things like that, but I guess there is another component depending on what neighborhood and what area your located in to think about when you’re implementing this program...”(#5)*

This same staff member also felt that kids may not understand that healthy food does not cost more than junk food: *“Yeah, I mean, I think the money thing will be an issue. I mean, most people know that it is it is not cheaper to buy chips. You know you can get fruit for just as cheap, and you can get – you know, whatever else but...it seems cheaper*

*because you don't see the fruit. So, it's like, 'I see the 25 cent bag of chips, but I don't see the 25 cent banana.' So, 'I don't know, I don't know how to compare and contrast what prices are, and you know what healthy choices are.' So, I mean, and I think some of our kids now, 'Well my mom's not going to buy that, she is not going to cook that, she is not going to make that.' You know, and you're like, 'But you can, you know you can do that.' And so I don't know. It probably will be something that comes up and I think what we kind of talked about is just even going to grocery stores and saying, 'Look, you can buy this for the same amount. It's available here.' You know, and doing our own little community look at what the opportunities and options are for the people in this area"* (#5).

Another potential barrier that was previously cited is the lack of regular attendance of students in the programs. The participants noted that this was an issue with the program in general. If this continues, then it may impact the consistency at which the students within HCHF receive the information. For example, if a comparison between the pre and post-test may show lower gains than anticipated, then it may be partially due to inconsistent attendance in that children just did not receive all the information in the eight weeks.

### ***Support Systems***

In terms of positive support for HCHF, it seemed that the participants felt that their senior-level administrators supported HCHF (though this didn't apply to 2 programs in which the interviews were performed with Executive Directors). Whether or not frontline staff members would support it seemed less certain. All but one program (#3) did not notify any frontline staff members, except the teacher who would implement the curriculum, of the addition of HCHF to the program. Rather than proactively seeking staff support, most assumed that staff would support HCHF. In response to the question, "Do you think other staff are going to be supportive of HCHF?" one participant commented, "Well, I don't think, I don't think that they really have a choice" (#1). To this same question another staff said, "Well, I mean, once we – the program staff will support it because this is what we're going forward with, and the Director wants to do it, it's something that we made room for, and we are figuring out a way to implement it here at [program name]. So, I don't think that is going to be an issue as far as you know that goes" (#5). A third staff member responded to the following question in this way:

*Interviewer: "What kind of support do you think you will get when you try, you know, to implement this [HCHF]?"*

*#2: "You know what, I was thinking that I wasn't going to get any support. Nope I didn't think I was going to get any."*

*Interviewer: "What about from your own staff?"*

*#2: "You know what, just to give you an idea of what is probably going to happen you know, what will happen is they will get, they will get the curriculum and they'll implement it. You know we'll get the parent component curriculum and I will talk to the parents about it. So, we may get some kind of support, you know hopefully we will."*

These types of responses may simply indicate the individual styles of administration or leadership within the program. This may also reflect the extent to which the participants and their senior administrators believe this is a necessary and important addition to their program. However, previous research shows that garnering staff support on all levels (administrative and frontline) supports a successful intervention<sup>14</sup>. In future evaluations, it may be useful to consider the distinction between Program #3 (who did get staff support) and other programs, to see if this did in fact make a difference in attitudes regarding HCHF. This was not evident in the classroom observations but may impact the success of the overall intervention over time.

### **VIII. ACTUAL IMPLEMENTATION: SITE OBSERVATION**

Classroom observations were scheduled with four of the five programs in February and March 2006. Program #1 was not observed as part of the process evaluation. Due to staff turnover, they were unable to implement HCHF until May 2006 which was too late to be included with the others. Based on classroom observations, it appeared that the youth participating in HCHF were demographically similar to program youth overall.

Overall, most of the staff members displayed positive attitudes towards the curriculum and each emphasized that children do have choices when it comes to eating healthy. The staff who implemented the curriculum ranged from a nursing student intern from a local college, to a public school teacher, to an independent contractor, to a program coordinator who had been involved in the program for years. This may affect the results to a certain extent, if the participants' belief that teaching style and personal relationships impacts student outcomes is correct. It's also important to consider that most of these individuals, like many after-school staff members, are not certified teachers. Without this formal education it may be difficult for these individuals to read and implement a curriculum without attending a training.

In general, the content of the observed lessons were on track with the curriculum. Most observed lessons consisted of the following: a review from the previous lesson utilizing postcards from the curriculum, presentation of new material, presentation of a healthy snack that the children could taste-test, and a hands-on activity (i.e., video skit, media activity, physical exercise).

In terms of incorporating all of the components into the lesson (nutrition, fitness and media) most programs touched on nutrition and media, but only two programs (#3 and 5) utilized a short five-minute fitness activity during the observation. Also, only one program (#3) talked about including parents in HCHF at the time of the scheduled visit.

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<sup>14</sup> Guskey, T. (2000). *Evaluating Professional Development*. Thousand Oaks, California: Corwin Press, Inc.; Killion, J. (2002). *Assessing Impact: Evaluating Staff Development*. Oxford, Ohio: National Staff Development Council; and Kirkpatrick, D. L. (1994). *Evaluating Training Programs: The Four Levels*. San Francisco, CA: Berrett-Koehler.

While these activities and discussions were not observed during the observation, it is possible that they were incorporated in the overall implementation of the curriculum.

Programs #2 and #3 opted not to incorporate the animation component of the curriculum due to a lack of resources available to them at the program site. Although computers were present and available at both of these locations, it may have been the case though that there was not enough memory on these computers or that they did not have access to a scanner. It was not clear from the observation if Programs #4 and 5 were planning to incorporate the animation.

Overall, the teachers displayed basic knowledge of HCHF but none appeared to be well versed in the HCHF curriculum, as they did not provide in-depth information about healthy choices that the children could make or take full advantage of the resources they were given in the curriculum. Three of the four teachers made changes to the HCHF curriculum or anticipated making future changes. For the most part, these changes included the addition of internet-based resources on nutrition. This showed a dedication to communicating the importance of the topic to the children, but may have been due to a lack of familiarity with the curriculum itself considering the curriculum included multiple additional resources. These additions did not appear to negatively affect the curriculum.

### ***Youth Reactions to Curriculum***

All of the programs provided a snack to all youth upon entering the program. All of the children who participated in HCHF (except Program #2) were then given an additional healthy snack as part of the curriculum such as trail mix or healthy potato chips. Children had mixed reactions when it came to tasting these nutritious foods. Some comments were: “*You can tell it’s healthy,*” “*Ewww,*” “*That’s good,*” “*They are so nasty,*” and “*They are so good.*” It was clear that for most children, this was the first time they tried the specific food that was presented. Some ventured to try the new food, some were scared to try it but took a little bite, and others refused to try the snack at all.

During the implementation of the curriculum most of the youth were attentive and respectful of the teacher (except Program #5). For the most part children were eager to share, raise their hands, give answers and tell stories related to healthy choices they have made in the past or could make in the future.

The children displayed various responses to different parts of the lesson. The youth were involved and excited about the curriculum during the hands-on activities such as making fruit salad or setting up video equipment. Some were attentive and readily answered questions during the lecture, while others were distracted and had difficulty recalling previous lessons. Overall, the youth were restless at some points when they were not being actively engaged. In response, the teachers did not always use positive classroom management to redirect the children.

### ***Barriers***

One of the goals of the HCHF curriculum is to expose youth to media literacy skills by critiquing advertisements. On the national level, children are the target of a large portion of the advertising industry. As such, it is becoming increasingly important to teach youth how to see through the propaganda and make educated decisions. This is quite a task for this particular age group. In general, it seemed the goal of the media component was not completely understood by staff members and therefore not clearly presented to youth. For example, during a visual media demonstration in Program #3, children were asked to critique advertisements. It was clear that very few (if any) of the children understood what was being asked of them. None of the children were able to provide answers as to who the target audience was for the advertisement. This may be due to several factors. It is possible that the media advertisements chosen by the staff member were targeted at an older audience (i.e., teenagers or adults), or that this may have been the first time children were exposed to these specific critical thinking skills. Many staff reported that they were excited to delve into the topic of media literacy and that they planned on extending this topic to other aspects of critical thinking skills within their program. If program staff are successful in this integration, it is possible that larger gains in the 2<sup>nd</sup> year of this curriculum implementation will be evident, rather than the 1<sup>st</sup> year.

However, most of the children were extremely engaged in subsequent activities where they were able to participate in interactive activities. Several programs implemented activities where kids were asked to create their own media advertisement about healthy choices either on video or on paper. When youth were not engaged, it appeared to be a reflection on the behavior management skills of the teacher. For example, one teacher was a college intern/volunteer and was new to the program. It did not seem as if this individual had previous experience with this age group, as it was difficult to manage the classroom. Other teachers had similar difficulties, appearing to be the result from a lack of familiarity with managing a group of children in a structured setting.

However, the exception to this was Program #2 where the teacher was an independent contractor who teaches video production in Baltimore City schools. In this program, the overwhelming majority of the time was spent on the media component to the extent that the video production was stressed as more important than the HCHF curriculum as a whole. However, using video production engaged the children and it appeared they were able to indirectly comprehend the basic messages of HCHF. It is important to point out that this individual was a qualified instructor of media arts. She had experience teaching in the schools and was clearly able to draw on her expertise and experience during the observation. This exemplifies the opportunity for success when programs employ such individuals in the HCHF initiative.

Lastly, the environment was not always optimal for learning. There were multiple distractions in three out of the four programs including: meeting in a hot or small room; loud noises coming from outside the room; and adults playing loud computer games in the same room.

### *Support Systems*

Programs #2, 3 and 5 seemed to have received a good deal of administrative support in terms of obtaining resources and materials that were necessary to the implementation. However, Program #4 did not appear to have received as much support from senior-level administrators. Through the observation, it appeared that this program was not entirely familiar with HCHF as demonstrated by a lack of general knowledge regarding HCHF, lack of knowledge from the teachers' perspective that budget money was available to buy nutritious snacks or recipe ingredients, and a lack of portraying the importance of the curriculum to the children.

## **IX. Conclusion and Recommendations**

At the onset of this project, the OSTRC identified four key elements which would be essential to the success of this intervention:

- 5) Key personnel will attend training(s) scheduled by TASI.
- 6) Key personnel will receive information on how to increase the successful implementation of this program and share anecdotal evidence of its implementation in progress.
- 7) Key personnel will implement the curriculum set forth in TASI's training in the manner in which it was intended.
- 8) Program youth will receive the information from this curriculum in its entirety and demonstrate increased learning in these subject areas.

Each of these process measures was met for all five programs involved in the process evaluation (see table below).



### *Process Measures*

	<b>I. Key personnel participated in TASI training</b>	<b>II. Key personnel implemented curriculum in program</b>	<b>III. Key personnel completed all necessary documentation (i.e., pretest, posttest from Strang)</b>	<b>IV. Key personnel received the information and support needed to successfully implement the curriculum</b>
<i>Program #1</i>	✓	✓**	✓***	✓
<i>Program #2</i>	✓	✓	✓***	✓
<i>Program #3</i>	✓	✓	✓***	✓
<i>Program #4</i>	✓	✓	✓***	✓
<i>Program #5</i>	✓	✓	✓***	✓
<i>Program #6*</i>	N/A	N/A	N/A	N/A
<i>Program #7*</i>	N/A	N/A	N/A	N/A
<i>Program #8*</i>	N/A	N/A	N/A	N/A
<i>Program #9*</i>	N/A	N/A	N/A	N/A
<i>Program #10*</i>	N/A	N/A	N/A	N/A
<i>Program #11*</i>	N/A	N/A	N/A	N/A
<i>Program #12*</i>	N/A	N/A	N/A	N/A

\* Programs 6-12 represent programs that were not be part of the intensive process evaluation (key informant interviews and participant observations). The OSTRC was not able to gather information on each of the process measures for these programs.

\*\* It is believed that Program #1 implemented the curriculum, but this was not observed. Due to staff turnover, Program #1 was not able to begin implementing HCHF until May 2006.

\*\*\*At the time this report was written, HCHF was still in progress and no posttests were collected yet. Here the checkmark signifies that all programs successfully completed pretests.

### *Factors Contributing to Successful Implementation*

This evaluation showed that the following factors contributed to the successful implementation of Healthy Children, Healthy Futures:

- \* The original goals of this implementation set by TASI were right on target (planning training in summer, having more than 1 staff member attend the training to garner buy-in, and having the teacher who would implement the curriculum attend the training).
- \* Participants had an interest in this topic area.
- \* Participants believed in the importance of this project in terms of benefiting their program youth.
- \* Participants were willing to integrate this curriculum into their programs.
- \* Participants were committed to the after-school programs and the youth, and sought to increase the quality of life for youth in many ways.
- \* Participants learned a good amount of knowledge and skills from the interactive activities within the trainings.

- \* Participants embraced all aspects of the curriculum (fitness, nutrition, and media literacy)
- \* Participants had the support of senior-level administration to implement this curriculum.
- \* Program youth seemed to benefit from at least one of these components, depending on their areas of interest.
- \* Program youth were exposed to new ideas of fitness, nutrition, and media; many reacted positively from the beginning.

Overall, these programs serve youth with many financial, emotional, psychological, and physical needs. Many of these programs do so with limited resources, including an insecure funding stream. For these reasons, the OSTRC recommends that this project continue into the 2006-2007 school year.

### *Recommendations for Future Implementation*

Specifically, the OSTRC recommends the following:

- \* Train staff on HCHF curriculum in the summer.
- \* Mandate that at least 1 teacher (who will be responsible for implementing the curriculum) and 1 mid- or senior-level administrator from each program attend the training. This will ensure that the teacher obtains the information directly and that the administrative staff member is aware of the expectations and goals of the curriculum.
- \* Spend time in the training brainstorming ideas of how to engage parents in after-school programs as well as in this curriculum.
- \* Frame this as a community-wide issue. Brainstorm ways to collaborate with other agencies to invest time and/or resources in order to successfully affect long-term changes in parents and children.
- \* Continue incorporating the interactive components of the training that allow teams to explore the curriculum through small group activities.
- \* In the training, include positive teaching styles that successfully engage youth and make the topic fun and interactive.
- \* Build time into the training for participants to figure out how to successfully implement this curriculum into their programs and to garner support from administrators and other staff members.
- \* Begin implementing the program in September 2006 so that this consent form can be included with each program's initial packet.
- \* Seek to ensure that children have an optimal learning environment free of as many distractions as possible.
- \* Provide follow-up assistance. Possible options may include providing technical assistance or schedule large group meetings 2-3 times per semester for staff to share the successes and challenges they have had with this curriculum as well as to brainstorm solutions.

### *Factors to Keep in Mind When Reviewing the Outcome Evaluation*

It also may be beneficial to take some factors into consideration when evaluating the survey results. First, multiple staff reported that children and parents have a low literacy level in general. This may affect the survey results if the respondent could not read or understand certain questions. Second, there seemed to be a low baseline of knowledge regarding healthy eating and physical fitness as well as a limited exposure to such ideas. Long-term programming may show significant gains in these two areas that may not be evident in the short term. Third, some programs had previously integrated a health curriculum into their program. These youth may have a higher baseline of knowledge than others who did not. Fourth, many staff reported that the youth attend the program inconsistently. This may affect how much knowledge was gained overall as demonstrated by the post-test results. Lastly, it seemed the teachers did not have an in-depth knowledge of the curriculum or a high level of belief in its importance. This may be due to the fact that all but one of these teachers did not personally attend the training. Many of these teachers function in this capacity only in after-school programming. That is, they are not formal education teachers and do not hold a teaching certificate. As such, their ability to understand and implement a curriculum without attending a training may be minimal. It is extremely important that these teachers are included in the training.

Overall, the implementation of Healthy Children, Healthy Futures was supported and well received. This seemed to produce a strong dedication to preventing childhood obesity in Baltimore City and to continue this work on a community-wide level. If this project continues, it appears likely that such an effort will be rewarded with positive student outcomes and increased knowledge of healthy eating, physical fitness, and media literacy.

