

PROGRAM UPDATE

Northern California Center For Well Being: Raising Healthy Active Kids Program

This report provides program history and a summary of accomplishments for NCCWB's Raising Healthy Active Kids (RHAK) program.

METHODS

Evaluators from LaFrance Associates, LLC (LFA) analyzed data from progress reports submitted to First 5 Sonoma County as well as the following:

- **Staff Interviews** – Evaluators conducted in-person interviews with First 5 Sonoma County's Program and Evaluation Manager, RHAK's Program Manager and its Bilingual Health Educator, and NCCWB's Executive Director. Through these interviews, the evaluators gathered information on the program's evolution, major challenges and recent successes.
- **Site Visit Observation** – Evaluators observed a training taking place at NCCWB (March 2007), noting the content, format, and atmosphere present during the course session. Prior to the class, evaluators conducted a focus group with 4 current students.
- **Document Review** – Evaluators reviewed grant objectives, progress reports, meeting notes, outreach materials, and other relevant documents.

PROGRAM DESCRIPTION

The ultimate goal of RHAK is to enhance the knowledge, skills, and resources of families with children ages 0-5 to help them bring up healthy, active children. The program does this by training Promotores de Salud¹ and other community outreach workers to disseminate practical, culturally appropriate information about nutrition and physical activity. The program seeks to increase young families' knowledge regarding anemia and childhood obesity, and foster changes in these families' diet and physical activity practices through either direct contact by the outreach workers or indirect contact via service providers, neighbors, and friends who have been educated by the outreach workers). The program's goal is to reach a minimum of 3000 families and to assist the community in reaching Healthy People 2010 benchmarks related to childhood obesity which are to reduce the proportion of children aged 6 to 11 and youths aged 12 to 19 who are overweight or obese to 5 percent.

The following tables illustrate how the Raising Healthy Active Kids program links to First 5 Sonoma County's strategic plan elements and provide administrative information for the program.

Links to First 5 Sonoma County Strategic Plan Elements		Administrative Information	
Goal Area	Health and Healthy Development	Funding Period	April 2006 – March 2011
Priority Outcome	Children will be well-nourished and physically active	Funding Amount	\$250,000.00
Pathway to Results Indicator	1) Children have better nutrition 2) Children increase their physical activity levels 3) Fewer children have iron deficiency	Contractor	Northern California Center for Well-Being

¹ The Promotores are community members trained by St. Joseph Health system to conduct a variety of health education outreach within their communities and neighborhoods.

**PROGRAM UPDATE:
Raising Healthy Active Kids Program, 2006-2007**

	Contract Expectations	Number Completed	Anticipated Completion By June 30, 2008
Class Series	8 per year 40 total	4 <i>(2 Six Month Series; 2 Six Week Series)</i>	4 <i>Additional Six Week Series</i>
Promotores Trained	60 per year 300 total	13	32 <i>Additional promotores trained</i>
Families Reached	600 per year 3000 total	951	Unknown
Funding	\$250,000	\$85,945.05	\$95,748.80

PROGRAM HISTORY

Raising Healthy Active Kids (RHAK) was built upon extensive planning conducted by the Sonoma County Family Activity and Nutrition Task Force (FANTF) and officially launched in April 2006 with a grant from First 5 Sonoma County. Several organizations involved with FANTF agreed to serve on a planning committee to help guide program development by reviewing the curriculum and implementation plan for training Promotores de Salud. Ultimately, 27 health experts and nonprofit professionals were invited to participate in the planning and provide feedback to program staff. This committee, termed the “Expert Team” by the project, met a total of five times between April 2006 and April 2007.

In June, 2006, NCCWB hired a program manager (0.2 FTE) and a Bilingual Health Educator (0.5 FTE) to implement the project. These two staff then engaged in a lengthy process of developing, reviewing, and piloting the training curriculum.

In April, 2007, two parallel sessions of the course began. One session was open to any community members, while another session was offered specifically for Promotores and others with prior health training. Progress reports indicate that a total of 24 community members and eight Promotores attended the first three sessions of the course.

In August, 2007, the class was interrupted when the Bilingual Health Educator became ill, and was further disrupted a month later when the program manager left her position. A substitute NCCWB nutritionist successfully completed the initial series and eight students received their certificates of completion.² Attendance throughout these sessions was erratic, and the total number of students had fallen from 32 to 10 by the final session (October 2007). Due to staffing capacity, only one session was held of the fifth and sixth classes.

In November, a replacement program manager came on board and immediately began a hiring process to fill the Bilingual Health Educator position. It is worth noting that this position requires a rare combination of skills: professional expertise in health and nutrition issues, experience doing

² In the first two series, certificates of completion required having attended at least five of six classes. Now, certificates of completion require having attended all six classes.

PROGRAM UPDATE: Raising Healthy Active Kids Program, 2006-2007

community education and outreach, fluency in Spanish and English, and cultural sensitivity to issues facing low-income families in Sonoma county. NCCWB was able to fill the position quickly with a professional dietitian from Argentina who had recently relocated to the area. She brought extensive experience in two key areas for the program: curriculum development (having worked with the city government and the university on nutrition and community nutrition education) and community health education. Although she was highly qualified to address weaknesses in the Raising Healthy Active Kids curriculum, she also faced challenges as a newcomer to Sonoma County. The prior Bilingual Health Educator was a local resident and therefore known to the community before her tenure at NCCWB. This was an advantage in recruiting students for the initial courses. As a new resident, the new Health Educator would have to build fresh community ties and establish a reputation in Sonoma County.

The Bilingual Health Educator engaged in aggressive outreach activities while simultaneously revamping the course curriculum. Since joining the team, she has reached out to 49 organizations in the community to establish personal contacts and inform them about RHAK. Of the organizations she spoke with, 20 expressed interest in hosting a class or having their staff and clients attend.

The newly re-vamped RHAK curriculum now includes interactive teaching tools (such as bingo, flashcards, a traffic light activity), and streamlined informational content. The coursework focuses on topics critically important to obesity and anemia prevention by spending more time on breastfeeding and less time on body mass index (BMI) and oral health. The course also shows promise for concretely influencing parenting habits by providing real-world examples and practical suggestions. For instance, in the session on nutrition, students are shown ziplock baggies with scoops of shortening to represent the fat content of a typical pizza or hamburger. They are then instructed on how to find healthy foods amongst the supermarket selection. The combination of memorable visual aids with practical suggestions is an entertaining and effective teaching strategy. The course curriculum now meets the needs of diverse students, preparing them with practical information and pedagogical strategy to teach their community about childhood obesity and anemia.

In addition to these curriculum changes, courses are now offered once weekly and the series completes after six weeks. Students who are not able to attend every class can make up them up in the following series in order to earn their certificate. This new schedule has reduced student attrition.

EVALUATION UPDATE

Promotores who graduated in the first session of RHAK were inconsistent in tracking their activities in the community for a variety of reasons. Some Promotores did not understand the necessity of tracking their contacts. Others found that it was awkward or infeasible to collect detailed information from people who they addressed in a large group setting or in brief, informal conversations. For instance, one Promotor who works at the local food pantry does short 15-minute lectures on nutrition and healthy habits while parents wait for food boxes. In this setting, it is not feasible to precisely tally the number of 0-5 year old children who are indirectly affected by the lecture. To address these challenges, LFA redesigned the Promotores contact tracking sheet. The bilingual health educator has also emphasized to new students the importance of diligently using this form. After the form is piloted, any additional modifications will be considered.

A second change in the evaluation plan relates to LFA's original intent to do follow-up interviews with parents. Promotores disseminate information to their communities in a variety of ways. Some

PROGRAM UPDATE: Raising Healthy Active Kids Program, 2006-2007

give short lectures to people gathered in waiting areas. Others have informal conversations with neighbors and friends. Still others teach to children directly in childcare settings. These “light touch” interventions do not lend themselves to informative follow-up interviews. Community members may not remember the brief encounter or may feel uncomfortable signing consent forms after a brief interaction. Furthermore, sensitivity to immigration issues is a concern when asking for personal information after having only short and limited interactions and trust has not yet been established.

Due to these challenges, parent interviews, which were originally intended to assess the impact of Promotores teaching activities in the community, are on hold. They will not be considered until after the Interim Evaluation (to be conducted after completion of at least two fully attended classes of Promotores) first assesses how the RHAK course impacts Promotores themselves in terms of whether students in the course learn key information about obesity and anemia prevention, and how they attempt to disseminate knowledge into the community.

To test how much her students have learned, the Bilingual Health Educator has made additions to the final exam to make it more challenging and tailored to the new curriculum. A similar exam was administered before and after the 2007 sessions. A comparison of student results at pre-test and post-test is shown in the Appendix. These results reveal that students gave more accurate answers after taking the course. However, since many students dropped out, it is not possible to know whether average improvements are due to selection bias.³

Lastly, the evaluation has moved away from the use of individual class evaluation forms. These forms have been helpful in refining the content and pedagogical techniques used in individual class sessions, but they are repetitive and unnecessary for ongoing evaluation. They will be replaced by a single course evaluation form for students to complete at the end of the series.

In summary, the changes made to the evaluation forms include the following:

1. Refinement of the Promotor Contact Tracking tool
2. Elimination of parental consent forms (due to “hold” on plan to interview parents for evaluation)
3. Development of a more challenging curriculum test
4. Replacement of class evaluation forms (which students fill out at the end of each individual class session) with a course evaluation form (to be completed once at the end of the series)

CONCLUSIONS AND NEXT STEPS

The RHAK program encountered several challenges during its first year of operation but since has successfully overcome them. Staff turnover delayed the program in meeting goals outlined in the grant application, but today the new Health Educator appears to be effectively implementing an innovative course curriculum. At the site visit, evaluators had the opportunity to interview and observe four highly engaged students in the class. Each student enthusiastically discussed how they were disseminating health information to their students, clients, colleagues, and friends.

³ Fourteen of the original students never took the post-test because they were not present on the last day. Perhaps students who were more informed from the outset were more likely to stay in the course to completion. Student attrition also makes it difficult to draw conclusions about possible weaknesses in the curriculum. For instance, students appear to have scored worse after taking the RHAK course on questions 8 and 11. This could be the fault of the course or the fault of the test, but it could also be because there was a different pool of students answering at post-test.

**PROGRAM UPDATE:
Raising Healthy Active Kids Program, 2006-2007**

Recruitment for the classes is also going well. There are 28 students anticipated for 5 upcoming sessions of the course. Through aggressive community outreach and her flexibility to offer the course in offsite locations, the Health Educator overcame initial challenges recruiting students for the class.

LFA will report on program outcomes after several sessions of the course are completed and data on Promotores activities are available.

APPENDIX

NCCWB Cultivating Healthy and Active Kids PRE and POST Test Results

Question	Pre (n=24)			Post (n=10)		
	Correct	Incorrect	No Answer	Correct	Incorrect	No Answer
1. Which of these is not the role of a Nutrition and Physical Activity Promotor?	63%	29%	8%	100%	0%	0%
2. Which of these is not a consequence of iron-deficiency anemia?	29%	71%	0%	100%	0%	0%
3. Which of these is not an iron-rich food?	54%	42%	4%	80%	10%	10%
4. Which of these is not a basic principle of good nutrition?	50%	46%	4%	100%	0%	0%
5. A group at high risk of iron-deficiency is Mexican-Americans.	67%	33%	0%	80%	20%	0%
6. Anemia has no long-term effects even when it lasts more than 6 months.	100%	0%	0%	100%	0%	0%
7. Too much milk can crowd out iron-rich foods and lead to anemia.	63%	33%	4%	100%	0%	0%
8. A two-year old should drink 1 % or skim milk.	54%	46%	0%	40%	60%	0%
9. Preschoolers respond to parents when parents are respectful and helpful	67%	25%	8%	80%	0%	20%
10. Preschoolers should decide how much of offered food to eat.	38%	63%	0%	80%	20%	0%

Question	Pre (n=24)			Post (n=10)		
	Correct	Incorrect	No Answer	Correct	Incorrect	No Answer
11. Parents of preschoolers should decide what foods to offer.	100%	0%	0%	90%	10%	0%
12. If a child turns a food down twice, the parent should stop offering it.	71%	29%	0%	70%	30%	0%
13. An overindulgent parenting style may lead to obesity or anemia in the child.	79%	8%	13%	100%	0%	0%
14. Nutritional information from advertisement is reliable.	67%	17%	17%	100%	0%	0%
15. For toddlers and preschoolers, play is considered exercise.	79%	17%	4%	100%	0%	0%
16. Toddlers and preschoolers should have about 60 minutes of play a day.	75%	17%	8%	0%	80%	20%
17. Which of the below is not a way a parent can encourage her infant to eat well?	29%	54%	17%	70%	30%	0%
18. Which of the following is not a strategy for helping a toddler eat well?	63%	29%	8%	100%	0%	0%
19. Which of the following parenting styles is most likely to lead to a child enjoying a variety of foods?	67%	25%	8%	90%	10%	0%
20. Which of these is not a healthy habit?	92%	0%	8%	100%	0%	0%