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Building Healthy Communities Evaluation Report 2009

Prepared for:
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Executive Summary

Introduction

Through a program called Building Healthy Communities (BHC), kids learn about the epidemic of childhood obesity within the context of their own communities. They investigate the factors that promote or discourage healthy behaviors, then devise ways they can combat the epidemic and lead healthier lives. The program operates at after-school programs in New York City, New Jersey and Philadelphia. In its commitment to continuous evaluation of its structure, priorities and initiatives, The After-School Corporation commissioned an evaluation of the BHC program.

The aim of this evaluation was to understand the impact of the BHC program curriculum on the health awareness and knowledge of youth involved in the program as well as the effectiveness of the BHC program. Where an issue is emerging, or there is incongruence amongst participants as to The After-School Corporation's purpose, recommendations for addressing are suggested. However, it is the direct quotes and shared understandings of the BHC program participants that appear throughout the report that highlight the information required to direct future strategic planning exercises of The After-School Corporation.

Methodology

The evaluation was guided by a process evaluation. A process evaluation documents and analyzes the early developments of program implementation by measuring program outputs and processes. We were able to create a process database the BHC program staff could use to document processes related to delivery of health related information and programs of the youth enrolled in the program.

There were six steps involved in evaluating the objectives of the evaluation:

- Step 1: BHC Document Review
- Step 2: Semi-structured interviews with key stakeholders (N=6)
- Step 3: Youth Focus Groups (N=61)
- Step 4: BHC Director Input
- Step 5: Research Analysis
- Step 6: Evaluation Report

Demographic Information (Survey and Qualitative)

The BHC program is based in three Northeastern states, Pennsylvania, New Jersey, and New York. The total number of participants was 2512 in grades K-8 in 2009. Information collected about the program for this report was collected through qualitative and quantitative methods. Quantitative information was collected through a survey administered by TASC in June 2009 to participants 4th grade and up. A total of N=605 youth participated in this survey.

Ten sites were randomly selected for the qualitative component of the survey. During each site visit a predetermined number of youth and staff were selected for focus groups and individual guided interviews. Interviews were completed with N=6 staff and N=61 youth participated in one-hour focus groups.

Key Findings and Discussion

Objective 1: The extent to which BHC has achieved its objectives related to improvements in participating students' health-related attitudes and behaviors

The primary goal of the BHC program was to empower students to learn about preventing obesity through healthy eating and exercise, however, a secondary issue emerged across all sites, living healthy. Overall, the BHC was successful in positively impacting the ability for youth to modify behaviors and attitudes about health.

The majority of youth (87%) interviewed in grades 3-8 had a direct understanding of what they ate and "put in their mouths" and how this related to being a healthy person. Youth of all ages were able to identify a number of foods and activities that were healthy and unhealthy and give clear meaning of why these foods should be classified into one of these two categories. These young people also reported in surveys eating less junk food, watching less television, and being more willing to try new healthy foods than before participating in the program.

The majority of the older youth (94%) in grades 6-8 were aware of the types of diseases and side effects of unhealthy eating such as diabetes, strokes, headaches, and stomachaches and the impact obesity has on one's body.

All older youth (grades 6-8) who were interviewed were able to articulate what it meant to be healthy and unhealthy in relationship to the amount and types of food eaten and frequency of activity. The majority of the youth at the K-1 level equated healthy with eating "good" foods and not littering. Older youth (grades 5-8) were able to discuss healthy in terms of how one keeps their homes, their community and bodies. They were able to talk positively about the benefits of being healthy and use more appropriate language to use when referring to overweight and obese people.

Other key findings reported under this theme that emerged were:

Focus on the issue of childhood obesity and health
A number of staff highlighted the need for the BHC program to continue addressing the focus on nutrition and physical fitness as a holistic approach to tackling childhood obesity.

Retention of BHC information
The BHC program was challenged with finding ways to continue to encourage the youth participants to eat healthy and maintain healthy lifestyles after students returned home. Youth commented on how they enjoyed learning the content, but it was sometimes difficult to communicate the message to parents and caregivers.

Tangible outcomes and model behaviors
87 percent of staff respondents felt that over the next five years, the BHC program needed to expand to reach more youth in urban areas. Furthermore, some respondents wanted to focus on achieving more tangible outcomes such as youth councils which encourage youth voice in the organization and structure of the program, and in realizing these outcomes felt the curricula should be tailored to fit the needs of the diverse youth they were serving.

Learning by doing
97 percent of youth respondents indicated that their involvement in the BHC program impacted how they learned about health issues—mainly because they were learning while doing. The ability to be engaged in a service project helped reinforce concepts and required them to think about how they would achieve successful service learning projects by using the knowledge and content learned in the BHC program sessions.

Objective 2: The extent to which BHC has achieved its objectives related to improving students' civic engagement

The majority (73%) of the older youth (ages 13-15) understood the importance of taking their "healthy" message to their immediate communities and trying to change the behaviors of their peers and family. Youth at all sites, regardless of age or grade, created materials such as healthy campaign slogans, buttons, newsletters, and messages for parents, caregivers and other community members (both home and school community) in order to "get the message out about eating healthy".

97 percent of the BHC program youth respondents (ages 13-15) felt that their involvement in the program impacted how they engaged in the community. Many participants (97%) regardless of age or grade had positive experiences working in their communities and engaging in projects that allowed them to give back and help others.

Both youth and adult respondents discussed the themes of *giving back and being engaged*--key terms that are critical to successful civic engagement programs. Youth interviewed in focus groups commented that they were being good citizens by being healthy because it helped them to "*have clean and healthy communities*". Interviewed staff commented on the

need for youth to be civically tied to their community and the need for young people to realize that they can give back, even if it started off with small projects. The act of being civically engaged taught valuable lessons and reinforced concepts and content being taught in the sessions.

Service learning as a central function
Youth respondents in grades 7 and 8 indicated that their involvement in the BHC program was impacted by their ability to work with their peers and friends on "activities where they learned important information" and to work on activities with the community. All interviewed staff had a clear understanding of the definition of service learning and its importance in the context of teaching and reiterating key points about healthy living and a healthy lifestyle.

Civic responsibility and engagement
Based on results from the TASC survey youth had positive feelings about being civically connected to their communities as a result of the BHC program.

Objective 3: The major factors that facilitate and impede the BHC program's ability to achieve its desired objectives.

A number of methods were used by staff and coordinators to facilitate the BHC's program objectives. For example, staff attended trainings and met each week after BHC program sessions to strategize program efforts and future lesson plans. Staff also discussed how they used various communication methods to advertise the BHC program with parents and community members.

Program delivery and implementation was facilitated by the staff's effort to work together to achieve a common goal. Staff worked with one another to keep open lines of communication to discuss project and program ideas, challenges they were facing (with students or colleagues) and program successes. These techniques provided an open work environment which helped to facilitate a more open and nurturing work environment for everyone.

Other key findings reported under this theme that emerged were:

Curriculum delivery – more than just what is on paper
78 percent of staff respondents indicated that their success in implementing the BHC program was not just about using the curriculum, but also giving the youth other experiences to reinforce concepts and key terms. They commented this "*is what is important [in] helping the youth make the connection between the content and their actions".*

Training and effective facilitation– making the connection
The BHC program provided training for staff several times throughout the program year. The purpose of these trainings was designed to support the development of quality teaching and to provide a support system for all coordinators. Evidence suggests that the

training provided staff opportunities to not only learn how to implement the BHC program curriculum, but also techniques on how to effectively and creatively engage youth in the classroom and how to assist youth in making the connection that healthy living is important to everyone's well-being.

Staying Connected
Although there was a resource website open to all sites, only 15 of the 52 sites used the technology. A survey of the 15 sites that participated in the blog project revealed how participants and staff actively stayed connected through technology such as the BHC website and blog space.

Enhancing personal/professional capacity
92 percent of staff respondents indicated that their involvement with the BHC program increased their personal knowledge and awareness of health issues, in turn making them more motivated to want to be examples for the youth participants. In addition, 35 percent reported that BHC program involvement had made a positive impact on their personal lives and helped change unhealthy behaviors.

Service learning enhances capacity and encourages practice changes
Service learning projects provided an avenue for youth to work collaboratively with others to not only work and give back to the community, but also to learn valuable skills on how to plan and implement projects. Students learned as much from the service as from the health content.

Conclusion

This report highlights the current strengths and weaknesses of the BHC program after only three years of active operation. Examination of the BHC program effectiveness provides an inclusive and meaningful snapshot of the program's current positioning amongst the communities and youth it strives to effect change in. Nearly 87% of students across all sites reported gains in knowledge, awareness and positive behaviors around healthy eating and living. The elements of a structured curriculum coupled with quality learning environments, trained staff, and community interaction and engagement seem to have been key components which positively impacted these outcomes. However, in informing the ongoing direction of the BHC program, evaluation recommendations have been put forward that highlight areas where adjustment may have a positive and significant impact on TASC fully realizing its goal of providing high quality afterschool programming for youth in the area of childhood obesity.

Recommendations

Expanding the program to reach more youth
The program needs to expand its efforts to reach more youth in urban areas. Several staff commented on the impact of the program on their youth participants and stated that this is

a program that is needed for many urban youth. Many live in situations that perpetuate unhealthy eating and behaviors, therefore need this program which not only teaches valuable content, but also keeps them positively engaged in their community—in essence, teaching them how to make a difference. The ability for youth to know how to make healthy decisions about foods eaten and exercise is critical to youth being an integral part of the fight against obesity.

Maintaining a technology component

Aspects of the BHC program website and blog site need to remain active. The small minority of the staff who did use the technology felt it assisted in creating connections and engaging youth. Youth and staff live in a technology driven world and tools such as the website and blog can help reinforce behaviors and attitudes by allowing individuals to have virtual conversations and contact with peers and others who are

Continuous training

If this program continues, BHC program staff must continue to receive training that encourages them to engage youth in learning the content through experiential experiences. Furthermore, they must continue to model healthy behaviors in the BHC program settings and understand the impact of their behaviors and attitudes on the learning environment of the program and the participants.

Curriculum development

The BHC program must continue to develop experiential (hands on learning) based curriculum that challenges critical thinking and decision making skills of participants while teaching important health concepts and themes.

Parental involvement

Despite efforts to engage youth in service learning activities, some sites were met with resistance from parents about their child's participation in certain activities. Although the issue did arise at some sites, it was not a salient issue across all sites. A parental component must be added to the BHC program in order to facilitate the behavior and attitude changes of youth and to help reiterate the healthy living benefits of the program. Parental involvement is critical to the adoption and retention of BHC behaviors post program activities. Adding a parental component would also prove beneficial in the planning and implementation of service learning activities. By including their voices in the projects, they would see the benefits of the program and perhaps not be so resistant to their child's participation in the program. Because parents influence the majority of the food choices in the home, they must be aware of what their children are learning so they can help reinforce what they are learning in the BHC program.

Overview of the Evaluation

Purpose and scope of the evaluation

In its commitment to continuous evaluation of its structure, priorities and initiatives, TASC commissioned an evaluation of the Building Healthy Communities afterschool program.

Objective 1: The extent to which BHC has achieved its objectives related to improvements in participating students' health-related attitudes and behaviors

Objective 2: The extent to which BHC has achieved its objectives related to improving students' civic engagement

Objective 3: The major factors that facilitate and impede the BHC program's ability to achieve its desired objectives.

The aim of this evaluation was to take into consideration the current work and impact of the BHC program in order to produce an overarching picture of how the program is positioned in an effort to inform its ongoing direction.

Evaluation Goal

The goal of this study was to conduct a mixed methods analyses of the Building Healthy Communities programs across three states with particular attention to the differential motivations, civic, and health outcomes for program participants. Understanding service learning programs such as BHC has the ability to inform policy makers and educators who develop quality health based programs for children and adolescents, as well as inform the public about health attitudes and behaviors of young people. The quality components and strategies found within the BHC program positions this afterschool model to serve as a quality benchmark for other afterschool programs targeted towards improving the health and well being of young people, especially those in urban afterschool programs and communities.

Background

Research has consistently documented that when youth exposure to healthy experiences and adults is increased via schools, community based institutions, and other social connections (Kahne & Middaugh, 2006; Scales & Roehlkepartain, 2004a), they display higher levels of engagement. Other evidence supports that youth-led service-learning projects has beneficial effects for youth from low-income backgrounds (Scales & Roehlkepartain, 2004b) including opportunities to develop relationships with peers and adults, to connect to religious and other traditions, and to learn about institutions and systems (Webster& Belue, 2008; Youniss, McLellan & Yates, 1997). Given the benefits of

service learning for youth development, recent trends are disconcerting insofar as they point to a growing class divide in civic participation (National Conference on Citizenship, 2006).

Evaluating the BHC program

In order to undertake a valid evaluation of this program, an understanding of the relational quality of the BHC program's ability to be effective in afterschool based settings was necessary. Four critical elements identified from the process evaluation emerged to meet this goal. The four elements were:

- Youth-focused;
- Recognition of all youth and their communities;
- Support and value of all youth workers; and
- Focus on the meaning and behaviors of healthy living.

All these elements take into consideration the initiative of the BHC program, and an understanding that quality afterschool programming can be a positive component to the overall development of youth. Proponents of health programs for youth describe the benefits it has for youth, as well as their families. Changing attitudes and practice, changing how youth view healthy behaviors, developing collaborative approaches to teaching content, and emphasizing the importance of relationships are necessary to addressing childhood obesity.

Research Design

Youth-led service-learning programs provide concrete institutional opportunities for youth to connect with other individuals, organizations, and institutions in one's community. In various ways these programs place youth in a position of responsibility for others in the community. The combination of practicing various life skills (communication, self and organizational management, team work, goal setting, inter group understanding, etc.) in the context of serving and benefiting a community or a common good should result both in a sense of efficacy and awareness that one has something important to contribute. Such opportunities may be especially valuable for youth involved in afterschool programs insofar as far too many of their experiences (including some educational and training programs) send messages that they are "at risk", are lacking skills and need training before they will have anything to contribute to their communities. In contrast, combining youth led service experiences in afterschool settings is likely to be a more effective model for positive youth engagement and healthy choices. If young people are going to become fully participating citizens, they need to feel that they matter, that their voices and opinions count. We outlined research questions which would address, key variables, and analytic strategies we planned to use in the mixed methods analyses. We looked at the impact of BHC program on the civic, behavioral, and health outcomes for the sample of youth. We wanted to understand variety in the BHC program experience as well as variety in the choices and experiences within and among ethnicities, geographic locations, and gender.

Analyses of these groups revealed ways that youngsters are utilizing their new knowledge to make healthy choices.

Methodology

In evaluating the program, the investigator was guided by the process evaluation, interviews, and focus groups. This framework gives direction as to the most efficient source for retrieval of the required information. The evaluation was conducted over a five month period January 2009- May 2009.

Overall evaluation Matrix for the BHC Objectives	Archival BHC data	Youth Interviews	Site interviews	Process Evaluation (surveys)	Observations
Achieved its objectives related to improvements in participating students' health-related attitudes and behaviors	X	X	X	X	X
Extent to which BHC has achieved its objectives related to improving students' civic engagement	X	X		X	X
Factors that facilitate and impede the BHC program's ability to achieve its desired objectives.	X		X	X	

Table 1. BHC Evaluation Matrix

There were six steps involved in evaluating the project objectives:

Step 1: Document Review

Following a review of the literature focusing on afterschool programs and healthy obesity programs, the first step of the evaluation process involved a thorough document review of program files, curricula, past reviews, and other BHC program documentation from inception to January 2009. To enable an effective document review, a matrix was developed to ensure that each of the activity/process/outcome indicators were correlated with the overall study objectives. The matrix also enabled some of the data to be quantified. (See Table 1 for a copy of the Document Matrix.)

Step 2: Participant Survey

The second component of the evaluation was the evaluation of a questionnaire given to the BHC program participants by TASC in June 2009.

The data collected by the questionnaire provided insight into learning and information gained from the program. The questionnaire also addressed many of the activities/processes/outcome indicators related to civic engagement and healthy behaviors, information that could not be obtained through the archival data.

Step 3: Semi-structured Interviews with Key Stakeholders

Items recorded during the document review assisted in determining which BHC program sites to visit and interview. Individuals at these sites would give a better understanding of the context of program. Three BHC sites in each state, representing various demographic groups, ages, and geographic locations were visited between March 18 and May 15 2009 using a pre-determined interview schedule. Each of the face-to-face interviews was recorded using a digital recorder for later transcription by the investigator and notes were taken from the focus groups interviews through active listening and reflection. (See Appendix A for a copy of the Interview Schedule.)

Step 4: Youth Focus Groups

To ensure that the opinions and reflections of the youth that participated in the BHC were heard, three focus groups were conducted in each state. The focus group questions were designed to yield similar information to that collected by the questionnaire mentioned above. Twenty five (25) BHC youth program participants participated in the focus groups in Philadelphia, twelve (12) in New York, and twenty-four (24) in New Jersey.

Step 5: Director Input

The fifth step of the evaluation process involved an informal meeting with the Director of the BHC to: a) gain a global understanding of the Building Healthy Communities program, and b) to assist the investigator to clarify or obtain a context for responses gained and results found through the methods above.

Step 6: Investigator Analysis

The final step of the evaluation process involved the investigator synthesizing the findings from the five separate data sources outlined above in order to report an inclusive and meaningful discussion on the BHC program. One of the most important outcomes of this synthesis was the resultant congruence in the findings amongst the five data sources. This congruence in the sentiments of the BHC program participants and staff across the various data sources can be considered validation of the evaluation process and results.

Key Findings and Recommendations

Objective 1

The extent to which BHC has achieved its objectives related to improvements in participating students' health-related attitudes and behaviors

Defining healthy and healthy eating

The primary goal of the BHC program was to empower students to learn about preventing obesity through healthy eating and exercise, however, a secondary issue emerged, living healthy. Through focus groups and interviews, youth learned that being healthy involved a lifestyle change as echoed in the sample of comments below:

- Don't eat a lot of junk food, exercise, eat fruit not junk, eat vegetables, eat the food groups at every meal every day, playing basketball or jumping rope, soccer, baseball, drink plenty of mile, 100% juice (100% juice – grape or apple juice without a lot of sugar, not 100% not as healthy), soda is not healthy [2nd grade student]
- If we don't take care of our communities we will have healthy bodies with ugly communities…. so healthy communities = healthy bodies [4th grade student]
- Energy, strong bones, not being sick, impacts future [5th grade student]
- Not being healthy may determine illness and effects mobility [7th grade student]
- You can spend time with friends if you are healthy [2nd grade student]
- Exercise even if you don't feel like it- it is good for you [6th grade student]
- Pick up trash and keep your community clean- you can't be healthy on the inside if you are not healthy on the outside [4th grade student]

> *Showing children that there is an alternate way of living [this is what we want do to in this program]. What we find the most shocking is that these families don't have the option to be healthy. We are working on a book to show alternatives of where they can go to buy healthier options. In the program, we disguise what children are learning by making it fun. Helping communities and families. Going to camps, on hikes. Exposure to alternatives. To get them to think differently. Its teaching them about healthy foods and physical activity, building a garden.*
> *~ BHC Staff Youth Worker*

Youth responses from the survey suggested that they were more inclined to try new healthier foods as a result of being in this program. 84 percent agreed that they would want to try new foods that were healthy while 86 percent agreed that as a result of this program they think it is more important to eat healthy foods.

As a result of this program, 70% of youth eat less junk food than before.

Awareness of Health Concepts and Impact on Life Sills

The program content, lessons and activities in which youth engaged in during the BHC program, showed positive results on impacting not only their knowledge and awareness about healthy living and physical fitness, but also on life skills important to overall youth development.

Building Healthy Communities teaches life skills for all youth

Results showed that all youth who participated in the Building Healthy Communities program (grades 4 and up) gained exportable skills that could be used to make key decisions about healthy living.

For example:

- 65 percent agreed that they are now able to speak in front of groups of people
- 78 percent agreed that as a result of this program they are now able to find information needed to solve problems
- 86 percent of the youth felt what they learned in school will be important for their future
- 79 percent responded that they knew where to find information to solve problems
- 70 percent agreed they were able to lead group projects
- 78 percent can think of solutions if they have a problem

I like what we do in the program because I feel like I am making good choices and helping my community….but I am able to help make decisions that other people will see for the rest of my life.

~5th grade BHC Youth Participant

I know what I should and should not be eating…I can say [because of me coming to this program and participating in the activities] I eat healthy…when I go to the store with my mom I

can help her make good food choices—this helps me and my family [be healthy] ~ 6th grade BHC Youth Participant

I like all the new foods we have learned about in this program… I learned about new fruits and vegetables and what it means to eat them. ~ 5th grade BHC Youth Participant

Building healthy communities engages youth to think and act about exercise

As a result of an additional learning component added to the curriculum in 2008, BHC program youth participants gained a greater appreciation of the value and importance of exercise.

For example when youth were surveyed about their thoughts about exercise:

- 78 percent agreed that they talked more to my friends, family, and other people at home about exercise
- 81 percent agreed that they know more about why it is important to exercise
- 81 percent agree that they exercise more than before being in the program

As a result of this program nearly 53% of the youth participants spent less time watching television

Awareness about being unhealthy and overweight

Building Healthy Communities reduces negative language about being overweight

Youth who participated in the BHC program were able to talk positively about the benefits of being healthy and were able to make use of more appropriate language to use when referring to overweight and obese individuals and people who had chronic health diseases.

- 85 percent of students who participated in the focus groups responded with words such as overweight and heavy to describe obese people rather than use inappropriate words.
- Students in all focus groups corrected each other if their peers used inappropriate language or words to describe overweight individuals.
- When shown pictures of overweight people who had on exercise clothing and asked to determine if they were healthy or unhealthy, 100 percent of the participants in the focus groups said they were "getting healthy" because they were trying to do something about their weight by exercising.

> *I had to check the language I was using in front of the students because I found myself referring to "big" people as fat and sloppy and noticed that the kids picked up on that language….but when I started to change the way I referred to [overweight individuals] I found the youth changed their language and attitudes in our lessons and activities.*
>
> *~BHC Staff Youth Worker*

The retention of BHC information

Both staff and youth participants at all visited program sites discussed the need to have activities that involved parents learning the same material as what was being taught in the BHC sessions. An older group of students (grade 8) commented that it was difficult to practice healthy behaviors if those around you are "*not with the program*" or "*questioning your motives to be healthy*". Some participants talked about their parents questioning the motives of the program and making time to cook healthy. One 8th grade participant stated, "*my mother is always telling me to eat what is in the kitchen, but when I go in there, I don't find the things we are learning about in the BHC program…and when I say something about it, she says….I don't have time to make all that stuff….if she knew what we were doing and realize that it does not take that much effort to prepare these foods the maybe she would see it is ok [to prepare healthy foods*]".

Tangible outcomes and model behaviors

87 percent of staff respondents felt that over the next five years, the BHC program needed to expand to reach more youth in urban areas. As stated by one staff member, "*we are losing kids daily to this obesity fight and if we do not do something about it we are going to be in bigger trouble*". Furthermore, some staff respondents wanted to focus on achieving more tangible outcomes from the BHC program projects, and in realizing these outcomes felt the curriculum needed to be tailored to fit the needs of the diverse youth they were serving. For example, some of the staff respondents stated that they would like to see the curriculum translated into Spanish. Having it translated into the common language many kids use at home with parents and friends would help with the rate of adoption of information. However, the vast majority reported that it is *"having the conversation"*, or "*modeling the appropriate behavior"* that enables the communication of the BHC's program vision and mission to bring about change.

Learning by doing

97 percent of youth respondents indicated that their involvement in the BHC program impacted how they learned about issues—mainly because they were learning about healthy issues while participating in related activities. The ability to be engaged in a service project helped reinforce concepts and required youth to think about how they would make the service projects successful by using the knowledge and content learned in the BHC program sessions.

The youth commented that they liked that they were "*able to use what they know to help others*" and to "*show others that they were making a difference*".

The learning by doing model was a successful technique that most staff used to reinforce concepts and definitely to help model healthy behaviors. For example:

- Youth did not just learn new recipes, they actually made food or beverages during BHC program sessions.
- Youth grew foods such as vegetables and herbs in BHC program gardens which helped them see the results of hard work and patience as well as learn the cycle of ground to table. Many urban youth are unaware of how food is grown, prepared and processed before it reaches their table, which has been shown to have an impact on youth making more healthy food choices.
- Youth learned how to read actual restaurant menus for nutritional content instead of just being told- this is what it is and you should eat it because it is healthy.
- Staff changed unhealthy eating behaviors and began to bring in healthier lunches and snacks to model better behaviors.

Connecting content to activities proved a successful strategy for youth to learn healthy content, attitudes and behaviors.

Understanding health problems

Youth who participated in the BHC program were able to correlate that unhealthy living and eating led to a number of health problems, many of which they were familiar with due to family members who suffered from Type II Diabetes, but as a result of BHC content gained greater understanding of what caused many of these chronic diseases.

When asked during the focus group sessions, what is the biggest health problem young people face, across all focus groups participants responded with the following answers:

- Being fat/overweight
- Heart attack, stroke, obese, seizures,
- High blood pressure, take too much medicine because of obesity and weight
- Eating unhealthy – people get sick have trouble breathing, cause of weight and fat around heart.
- Diabetes – people lose legs, take insulin if too high
- General sickness

These responses prompt the need for further conversations around the need to understand how these chronic diseases affect the body and more specifically how they impact young people.

Objective 2

The extent to which BHC has achieved its objectives related to improving students' civic engagement

Community Service and Engagement with the Greater Community

Building Healthy Communities sites worked with community partners to increase awareness and knowledge of participants.

BHC program sites reported overall high satisfaction with the program when community partners were involved. Staff (100%) as well as students (87%) reported a number of positive benefits in working with individuals from the community to achieve their service learning projects. Benefits included:

- Learning more about the resources in one's own community
- Creating partnerships with locals (and local officials) to address the obesity problem
- Learning how to create a plan of action to get "a job done"
- Understanding the roles of different community members and how they can work to help the community
- Working collaboratively with parents and others in the community to address a much needed problem
- Helping young people understand that they have a number of resources at their "fingertips" and working with them to understand how to tap into this rich network to solve community problems

Service Learning Activities

Service learning- a teaching pedagogy that blends academic content with real life experiences is at the core of the BHC program. This enriching activity has a number of positive effects on the learning of the youth participant, while also creating a number of benefits for the community and others involved in the program. All BHC sites were required to incorporate this component in the overall program, however, how it was implemented and carried out varied from site to site.

- Sites that incorporated the views and opinions of youth from the initial planning stages of the project had the highest rates of success and community involvement.
- Staff who empowered youth with the ability to make key decisions about the service learning project had greater success in the students staying engaged.
- 97 percent of the youth reported that they "owned" their projects when they had the ability to make decisions, provide valuable input, use their skills, and work with their peers.
- Sites where youth were not involved in the decision making process had less success in youth following through with activities that were assigned to them and they had far less participation from community partners.

- Staff who used age appropriate techniques to engage youth in the service learning experience showed the highest level of success and involvement. Youth at these sites reported that they were supposed to "get the community involved because it was the right thing to do" and they wanted to "help the community stay and be safe".

The following chart reflects the pieces that coordinators incorporated into their classes for high quality service learning projects.

Figure 1. Components of High Quality Service Learning BHC Projects

Examples of high quality service learning projects at sites:

- A community health fair where youth contacted local restaurants (community support) to develop healthy food stations where they could educate community members about healthy foods and making healthy choices—youth used cognitive thinking skills to develop the menu items, develop caloric content, and performance measures for testing (high order thinking) the knowledge of the adults and community members who came to the station. Youth also helped decide on other (youth voice) games and activities based on the knowledge they gained in the BHC sessions and what they felt would be "fun" activities.

- Kindergarten and first grade youth developed a DVD healthy cooking show to distribute to community members (both the school and greater community). Students worked with the staff (youth voice) to make a timeline to develop and

recruit community assistance, program content, and decide on recipes (achievable timeline and youth voice) to showcase as well as how they would deliver some of their lines for the show. Students read scripts developed by the staff because of their ages, but they had the ability to improvise during certain times based on the particular and how *they* felt the content should be delivered (youth voice).

Service learning played a role in community connection and student learning

Youth who worked with community partners to create service learning programs reported higher rates of communicating with their parents and other adults about the BHC program and why it was important to eat healthy and have a clean community.

BHC program staff and youth participants that worked with both community partners and parents on service learning projects reported the highest level of engagement and knowledge of healthy living, healthy eating, and benefits to not only themselves, but the larger society.

> *We worked with community partners who saw the importance of this program [BHC]. When we needed resources, materials and other information to support our service learning projects, we did not have to look very far. ~7th grade BHC Youth Participant*

> *The community has stepped right in to help…..they have been able to provide us with guest speakers who have come in and taught lessons…the resources they have provided are valuable to our kids in this program…..we know that without this partner/resource our program would not be able to give the kids the extras. ~BHC Staff*

Civic Responsibility and Engagement

Based on results from the TASC survey youth had positive feelings about being civically connected to their communities as a result of the BHC program. For example:

- 75 percent of youth responded that they can think of solutions if they have a problem.
- 81 percent know what to do to make the community a better place.

- 76 percent feel that they can make a difference in their community.
- 78 percent feel that students their age can do things to make the world better.
- 69 percent would volunteer in their community again.

Responses from youth participants during the focus groups supported these results.

- 97 percent were excited about working in and with their community.
- 28 percent had not volunteered before, but because of this program, they learned more about things they could do to help others in their community.
- 78 percent thought that giving back was something they had learned about in other school or club programs.

I had always heard about service through church, but I was never a part of it….I…thought this is something I could do…I could get involved if everyone else was doing it.
~ 6th grade BHC Youth Participant

People are always telling us that we can't do, but we can. The stuff we are learning about….eating healthy and exercising is important…we can easily tell others about this, especially in our communities….people need this information because we see wrappers and trash all over the place. I think if we put our minds to it we could take this message and teach others and show them what we are doing [in the BHC program]- that we actually doing something to help to help our communities—telling our families and friends that what you put in your mouth does impact your health…. I like that we are working in my community because it makes all this seem more real.
~ 8th grade BHC Youth Participant

Objective 3

The major factors that facilitate and impede the BHC program's ability to achieve its desired objectives

Quality Learning Environments and Relationships

In order for young children and adolescents to learn, they need stable relationships with trusted adults and learning environments that stimulate exploration and creativity.

Based on observations at each site, the findings reinforce that high quality staff-youth interactions correlate strongly with the BHC program learning environment.

Program design

The BHC program incorporated key essential elements that led to high teaching and learning for youth participants. Various activities incorporated in the sessions encouraged interactive learning. A few of these included round robin circles and reflection circles. A range of other research based and relevant materials was used by staff to complement the curriculum and to help them engage the youth in meaningful discussions about health and exercise such as fact sheets developed by Cooperative Extension systems and health fact sheets from USDA. These strategies used by the staff proved to be successful in not only in the implementation of the material, but also the retention of material by the participants.

Classroom accountability

BHC staff that created teaching environments where they created goals and objectives, lesson plans, supplemental curriculum, and dates for completion showed higher rates of student achievement and learning. Environments that incorporated student input, community resources and partners and parental involvement showed the greatest levels of student retention and involvement.

When I prepare my lessons, I think about how I can get these kids to learn the material. I spend time preparing by gathering material that is for this age group [kindergarten and first] and then add to this notebook so that I can always have something else to pull from when teaching lessons. ~ BHC Staff

I like the activities we do…they are fun and make us think about making healthy choices and having a healthy

community……sometimes I go home and discuss with my parents what I am doing because it is important.
~4th grade BHC Youth Participant

The kids need to be challenged in what they are doing at all times….they can get bored easily, but I use real life examples such as taking the menu from McDonalds and have kids create a healthy dinner menu based on the information learned in the BHC class. ~ BHC Staff

Quality staff and curriculum

Quality staff and volunteers help keep children engaged, promote positive development, and work to create learning experiences both in school and in the community. Several sites had staff able to combine these elements effortlessly. Results showed that students were able to make cognitive statements about being healthy, how it related to their lives at home and school, and how they could promote awareness to friends and peers.

The study also found that the BHC program sites that had staff who were experienced youth workers had higher rates of success with engaging youth and incorporating youth voice into projects and programs. These program sites showed higher rates of youth involvement in the classroom and had students who pushed the envelope of learning-asking probing questions, creating learning situations in the classroom and self guided learning. These learning experiences were not observed in other classrooms where staff was not experienced or who did not challenge students' learning experience.

Staff training and development

All BHC program staff were expected to attend three trainings throughout the course of an academic year (September to June). Staff who participated in the BHC program sponsored training as well as other trainings provided by local offices exhibited more confidence, control and knowledge of the BHC program content. These staff also made better use of community partners and resources and students had a better connection with the health content and their community.

Virtual community connections

Youth and staff live in a technology driven world and tools such as websites and blogs can help reinforce behaviors and attitudes. These tools allow individuals to have virtual conversations and contact with peers and others who are engaging in similar activities and content.

Although the virtual space was helpful, most of the after-school programs were not outfitted to give kids access to the internet. Those that did have access and noted that the BHC program blog site enabled staff and students to stay connected with other sites in their own state as well as others. According to a survey by Center for Technology and School Change, Columbia University, 76% of the respondents (10) reported that they had access to the internet at their site. The majority of the staff (60%) responded that they had a generally positive view of the social networking site and 50% (5) felt the site was an opportunity to support interaction between sites and students. Students were able to log on to a kid friendly space that was password protected to share what they were doing with other BHC participants. This virtual space allowed all youth the opportunity to share what they were doing at their sites so others could learn from them or just share in their progress.

For example:

- Youth posted a number of healthy snack, beverage, lunch and dinner recipes – many of which they had created and eaten during their BHC program time.
- Staff posted session ideas for other coordinators and volunteers and provided practical suggestions on how to keep kids engaged and interested in program content.
- BHC program administration posted useful information that coordinators could use to enhance the learning at BHC program sites such as news articles about nutrition and health.

Staff commented that the BHC program website was an excellent way to keep in touch with other coordinators and to observe the variety and range of projects which were being incorporated across all states. They also commented that "*students enjoyed the time being on the computer*" and even if they were not old enough to type, the ability to get on the computer and practice typing skills assisted in hand/eye motor coordination which was important for their overall growth and development. Although many of the staff respondents (31%) used the site to maintain blogs or check other blogs and to help youth stay engaged by building relationships with peers (73%) and communicating with other peers about health related issues (90%), they rarely used it to share educational activities (52%) or to access the BHC blogging teacher resource center (60%).

BHC small class size

It has been shown through extensive research that small class sizes can facilitate a more nurturing environment for participants and can assist in them observing their own progress. The benefits of small class sizes are enhanced when youth are incorporated into age and grade appropriate activities even if there is a mixed age/grade setting. Small class sizes also make it possible for the staff to work more closely with each youth which in turn can lead to a better learning environment.

- BHC program sites (7) with low staff to student ratio had students who stayed engaged throughout the entire 45-60 minute class session.

- BHC program sites which incorporated the use of one lead staff person who taught the lesson along with 1-2 volunteers had the highest rates of student engagement during class lessons.
- Sites where staff instituted good classroom management were able to move through lessons with less down time and behavior problems with youth.

Quality curriculum

A quality research-based curriculum guides a facilitator to provide learning activities that help every child develop and learn. The BHC program curriculum was successful in included a number of content appropriate activities that were developmentally suitable for program participants. Curriculum included both carefully planned environments and activities in the classroom, such as health bingo and tag time, as well as unplanned and spontaneous learning activities, such as learning about fast food restaurants by conducting walks in the community to see where they were located in relation to their school or homes or reviewing menus from restaurant chain stores. Regardless of what activity was used, BHC curriculum affected student learning by creating an environment of pushing the envelope and assisting youth to think about health from a holistic perspective (not only what one eats, but also how they care for and live in their communities).

Examples of quality learning were exemplified by the following examples:

- Staff used a range of activities that facilitated cognitive learning and student engagement.
- Sites that used small group activities instead of one large classroom assignment had students who responded more positively to program content.
- Staff who created lesson plans that included real life examples had better success with keeping youth engaged.
- Sites that had students of 2 or more grade levels in a class that used age and grade appropriate material and teaching styles were more successful in keeping youth engaged and interested in learning the material.
- Staff who brought in outside speakers to supplement the lesson reported higher rates of student retention and learning.
- Learning activities that allowed youth to make choices about certain segments of the daily lesson showed higher rates of class success and student learning.

Program Benefits

Overall benefits of the BHC program

Increased nutritional and health knowledge and skills
Youth participants were introduced to content and information that helped them make informed decisions about living a healthier lifestyle (e.g. making quality food choices, understanding nutritional values and how this impacts one's body, the benefits of exercise). The program also increased the likelihood that youth would change attitudes and behaviors related to healthy food choices.

Improved peer interactions
The BHC program created an environment for students to learn content and skills through activities which encouraged them to work collaboratively with peers, thereby, reinforcing positive interactions. Students participated in a number of activities at BHC sites that enabled them to work with others (in some cases youth who were ethnically or racially different from themselves). It is these instances where students learned how to communicate more effectively (if they were working on group projects) or learned active listening (if they were engaged in group feedbacks or reporting exercises). Skills such as listening, communicating and decision making all have a positive impact on a youth's ability to work with others.

Proved essential to healthy choices and activities of youth
The ability for youth to participate in a program such as BHC not only taught health content, but through service learning activities, helped reinforce learning and skill development. The program strengthened youth participant's commitment and attitude toward healthy eating and living through experiential activities and active learning while leading participants to take control of their health through exercise and healthy decisions.

Increased health based conversations
The BHC program started children on the path to healthy living and helped youth to begin conversations about healthy eating and exercise with peers and parents. Youth commented that it was through this program that they could have more meaningful conversations with their parents about what to purchase when they went to the supermarket and could explain why they should purchase fresh produce and vegetables over high-fat items. They youth felt empowered that they had this knowledge and they were able to teach their parents concepts that would make a difference in all of their lives. They were also able to use constructive language around the concepts of body image and health.

Developed opportunities for collaborative work with the community
The BHC program enabled youth to work with community members to produce positive outcomes for the community while reinforcing healthy concepts and content. It also created opportunities for community members to provide resources and support for the

program activities and allow youth to see the valuable resources which exist within their own communities.

Connected youth to the greater obesity challenge

The current design of the program empowered youth to become part of the national obesity conversation. Through their activities and program content they learned how to make key decisions about this chronic disease, which will ultimately have an impact on how they approach their own health. It also helped to raise awareness among youth populations on how to properly address this issue given their own community resources, knowledge and opinions.

Recommendations

Expanding the Program to Reach More Youth
The program needs to expand its efforts to reach more youth in urban areas. Several staff commented on the impact of the program on their youth participants and stated that this is a program that is needed for many urban youth. Many live in situations that perpetuate unhealthy eating and behaviors, therefore need this program which not only teaches valuable content, but also keeps them positively engaged in their community—in essence, teaching them how to make a difference.

Parental Involvement
Despite efforts to engage youth in service learning activities, some sites were met with resistance from parents about their child's participation in certain activities, however this was not a theme that emerged across the majority of the sites. Perhaps if parents were involved in components of the planning and implementation of the service learning activities, they would see the benefits and not be so resistant to their child's participation. Although this point was raised, it was an issue raised at very few sites. Parental involvement is also critical to the adoption and retention of BHC behaviors post program activities. In order for youth to retain their learned knowledge and changed behaviors and attitudes, a parental component should be added to the program. Parents influence many of the food choices in the home, but according to the participants, their purchases contradict much of what they are learning in the BHC program.

Maintain a Technology Component
Some aspect of the BHC program website and blog site needs to remain in contact. Although staff did not use all components of the blog site, they felt it assisted in creating connections and engaging youth. Technology has the ability to keep youth connected and expand their current ideas and beliefs. This tool has the ability to be a resource for not only the participants, but also the staff. If structured correctly, the technology piece has the ability to enhance participant learning by providing them with other outlets that challenge thinking and provide with them with other education learning outlets.

Continuous Training and Support
BHC program staff must continue to receive training that encourages them to engage youth in learning the content through experiential experiences. Experiential and active learning is a critical piece to this program being fully embraced by youth. Furthermore, staff must continue to model healthy behaviors in the BHC program settings and understand the impact of their behaviors and attitudes on the learning environment of the program. All of which can be reinforced through state and central trainings.

Curriculum Development
The BHC program must continue to develop experiential based curriculum that challenges students while teaching important health concepts and themes. The current curriculum should be adjusted to meet the needs of the diverse youth served in the program. In order to accommodate the large Spanish speaking population of youth and families, the

curriculum should be translated and made available to sites that serve predominately Spanish speaking communities. Language specific curriculum will help facilitate the adoption of behaviors and content with both youth and family at higher rates because youth and parents who may not be native English speakers are then able to both fully engage in the content of the program. Curriculum should also continue to be developed to challenge critical thinking skills of youth and to meet the cognitive, spatial and visual learning needs of youth. Content must continue to be both age and grade appropriate and provide staff with flexibility in their ability to implement.

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Appendix A

Site visit schedule

Pennsylvania Site Visits (*March 18-20*)	**Estimated # of Participants**
Grays Ferry Beacon	30
EducationWorks Learning Center	20
Emlen Elementary	20
Taggart Elementary	25

New Jersey Sites (*Week of April 13-17*)	**# of Participants**
Boys and Girls Club of Newark	30
Jewish Renaissance Foundation	40
YMCA of Essex and West Hudson	30

New York Sites (*Week of May 11-15*)	**# of Participants**
Learning through an Expanded Arts Program, Inc.	60
Harlem Dowling West Side Center for Children & Family	30
Alianza Dominicana	30

Appendix B

Research Questions

Objective 1: To what extent has the BHC achieved its objectives related to improvements in participating students' health-related attitudes and behaviors.

Objective 2: To what extent has the BHC has achieved its objectives related to improving students' civic engagement.

Objective 3: What are the major factors that facilitate and impede the BHC program's ability to achieve its desired objectives?

Timeline

Month	**Activities**
December 2008	Begin developing instruments and set up shell for database
	Create interview protocol and questionnaires
	Begin review of BHC archival information
	Develop site visit schedule
	Begin inputting archival data (program sites, attendance information, etc.) in the database
January- March, 2009	Conduct first wave of process evaluations (civic behaviors) and interviews conducted with youth
	Begin running frequency data from archival information
	Begin/complete analysis of first wave of interviews
	Complete second wave of process evaluations (healthy behaviors) and interviews conducted with youth and completion of surveys
	Continue with Site visits (observations)
April-June, 2009	Begin collapsing frequency data from archival information and collected information from surveys
	Complete analysis of second wave of interviews
	Conduct third wave of process evaluations and interviews with site coordinators
	Continue with site visits (observations)
July-September, 2009	Begin final analysis of both qualitative and quantitative data and write final report