



SCHOOL-BASED STRATEGIES:

TO PREVENT CHILDHOOD OBESITY AND DIABETES



Follow the Leader

Introductions

- **Ninfa Delgado, Vice President of Programs**

Riverside Community Health Foundation

- **Stephanie Smith, Director of Health Education**

Riverside Community Health Foundation

Objectives

- To discuss the fundamental program structure for successful health collaboration between school and community agencies.
- Recognize that a behavior change component is vital to success obesity prevention programs.
- Identify the impact of quality curriculum to reassure the continuance of implementation by the families.

Background

- Partnership Development
 - Riverside County Office of Education – Head Start/Early Head Start Programs – Division of Children and Family Services
 - Riverside Community Health Foundation
 - Kaiser Permanente

Background

Shared Goals

Riverside Community Health Foundation

- Fill a need in the community with increasing rates of obesity and diabetes with a fast growing Latino population
- Need to start with very young children
- Had launched the Riverside Community Diabetes Collaborative

Mission: To strengthen community programs and services for the prevention and management of diabetes in the city of Riverside.

Vision: Through a collaborative effort, we will enhance Riverside City's capacity to effectively decrease the onset of new diabetes cases and the long-term complications of the disease

Background

Riverside County Office of Education

- Was launching *I Am Moving, I Am Learning*
- Seeking programs/services for parents of population
- A part of the Riverside Community Diabetes Collaborative
- If successful could be implemented at regional level in cities of Beaumont, Perris, Murrieta, and Corona in Riverside County

Program Development

Curriculum Development

- Participant Handbook
- Participant Toolkit
- Instructors Handbook

Incentives

- Pedometers, Water Bottles, Health Books, Nutrition Placemats

Screenings

- Supplies

Instructor Training

- Use of Promotoras

Funding

- Pilot program funding received from Kaiser Permanente - \$10,000
- Riverside Community Health Foundation to continue to seek funding through grants and own funds

Follow the Leader:

Guiding Families to Healthy Living

- **Program Description:** The Follow the Leader (FTL) program was developed in conjunction with Head Start's "I am Moving I am Learning" (IMIL) curriculum.
 - IMIL educates and motivates pre-school aged children to become physically active.
 - 1) Increasing the quantity of time spent in moderate to vigorous physical activity during daily routines to meet national guidelines for physical activity.
 - 2) Improve the quality of structured movements experiences intentionally facilitated by adults.
 - 3) Promote healthy nutrition choices everyday.

Follow the Leader:

Guiding Families to Healthy Living

- FTL educates parents on the principals of nutrition and physical fitness taught in IMIL.
 - Why FTL was developed
 - 1 in 3 Americans born in 2000 will develop diabetes sometime during their lifetime – CDC 2006
 - Type 2 Diabetes being found in younger people and even diagnosed among children and teens
 - Progression from prediabetes to diabetes can be prevented or delayed
 - In Riverside County 15.6 percent of children aged 12-17 years were overweight or obese – CHIS 2003
 - RCOE Head Start had 204 children enrolled at their sites prior to implementation of Pilot program. Of those enrolled, 51 were over the 95% percentile weight for stature
 - Weight and measures are completed twice a year – Fall and Spring. Findings between Fall and Spring sessions, resulted in eleven of those children dropping below the 95% percentile.

Follow the Leader:

Guiding Families to Healthy Living

- Use of CHW's (*Promotoras*)
 - Employed at RCHF since 2005
 - Strengthened community ties
 - Established trust
 - Community understanding
- Behavior Modification Model used for curriculum
- Pilot (5week) and Initial Program (6-week)
 - Pilot implemented at 2-Head Start sites, and initial program at 4-Head Start sites

Significance

- The FTL program exemplifies a unique collaboration between a Non-Profit Organization and a County Agency

- Increased Knowledge
 - ▣ Parent (the leader of the family)
 - ▣ Child (pre-school age child)

- Behavior Change
 - ▣ Impacts the behavior in the children along with the parent simultaneously.

Methodology

□ Quantitative:

- Pre/Post Surveys were conducted to measure areas of child/adult nutrition, obesity, chronic disease, exercise, and target heart rate.

□ Qualitative:

- Focus Groups were conducted to measure the importance and need of programming.
- 6-Month Follow-up was conducted to measure impact

Results of Quantitative Methodology

- **Pre/Post Surveys** – 61 participants were asked knowledge-based and behavioral/lifestyle questions.
 - **Demographics:**
 - 50% of attendees were ages 29-38
 - 90% Female
 - 2-3 children under the age of 5 years old
 - 85 % of participants were receiving diabetes education for the 1st time

Results of Quantitative Methodology

- **Statistically Significant Findings**
 - Knowledge: Target Heart Rate (37%), Child Nutrition (13%), and Exercise (39%)
 - Behavior Change: Weekly Exercise (60%) and the Consumption of Fruits and Vegetables by Child (11%)

Results of Qualitative Methodology

□ Focus Groups Findings

□ Strengths

- Participant toolkit was extremely useful in the learning process
- Screenings were fundamental to relating how chronic disease topics were relevant to personal life; many followed up with physician for care
- Significant decrease in eating fast food, soda, and controlled portions
- Weight loss and increase in water intake

□ Weaknesses

- Increase length of class
- Additional methods to remind participants of classes would be useful

Results of Qualitative Methodology

□ 6-Month Follow-Up

■ Knowledge

- Information shared with extended family members
- Ability to compare junk foods with healthier foods

■ Behavior Change

- Increase in water intake, reduction in soda intake
- Increase in exercise (walking); Families exercising together
- Healthier food choices – more vegetables
- Changes in cooking ingredients and methods
- Weight loss in parents and children
- Increase of regular doctor visits, however lack of insurance is still a barrier

Recommendations

- When developing partnerships think of opportunities for expansion, don't focus on limited scope of work, but growth potential.
- Develop structured timelines for program (built-in checks and balances for communication) for all partners.
- Funding for reproducing materials and growth.
- MOU's – Clearly identify roles and responsibilities of each partner.
- Partner with organizations which will support each agencies goals.
- Choose partners that can assist in having an already captive audience, this will decrease some barriers.
 - Childcare
 - Transportation
 - Language
 - Cultural Appropriate Materials