What is the goal?
Community Problem/need

Obesity rates among children in Webb County

Statistics on the number of children who are obese and the change over time of obesity rates; Research on why childhood obesity is detrimental.

Specific Intervention

Shape Up curriculum delivered 2 times/week for 60 minutes for 12 weeks; healthy eating lessons and physical activity opportunities

Intended Outcome

Children consume more healthy foods and are involved in more exercise (as measured by a survey)

Evidence: Research on effective healthy eating and physical activity interventions. Research on design, frequency, duration of education and physical activity.

DOCUMENTING COMMUNITY NEED

• Scope

  o National Survey of Children and Health found childhood obesity in State X increased 23% between 2011 and 2017 – the 2nd fastest rate of increase in US (2010). CDC data show nearly one-third of children and teens are obese or overweight in Webb County (2017).
DOCUMENTING COMMUNITY NEED

• Significance
  o Obese children are likely to become obese adults
  o Links between childhood obesity and early onset of cardiovascular disease, and Type II diabetes
  o Webb County rising in state and national averages for cardiovascular disease
  o Long term health care costs rising

• Causes: Diet, sedentary lifestyle

IDENTIFYING THE INTENDED OUTCOME

• Increased knowledge of what is “healthy food”
• More frequent choice of healthy foods to eat
• More frequent involvement in physical activity or exercise
• Improved physical condition
INTERVENTION

• Design: National service participants implement the Shape Up curriculum with economically disadvantaged urban girls ages 14-16 to increase physical activity (30 minutes/session) and educate them on healthy eating

• Frequency: twice a week, afterschool

• Intensity: 30 minutes per session

• Duration: 12 weeks
### Visual Description of the Program

<table>
<thead>
<tr>
<th>Inputs (What we invest)</th>
<th>Activities (What we do)</th>
<th>Outcomes – Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What do you have and what do you need to make #1, 2 and 3 happen?</strong></td>
<td><strong>What activities must be undertaken to make the changes in #1 and #2 happen?</strong></td>
<td><strong>Short-term</strong></td>
</tr>
<tr>
<td>AmeriCorps members</td>
<td>Identify and establish agreement with afterschool site</td>
<td>Improve weight status of participants</td>
</tr>
<tr>
<td>Volunteers</td>
<td>Recruit participants for program</td>
<td>Maintain physical activity involvement among participants</td>
</tr>
<tr>
<td>Shape Up curriculum</td>
<td>Train AmeriCorps members on the Shape Up curriculum</td>
<td>Maintain healthy food choices among participants</td>
</tr>
<tr>
<td>Participants (girls aged 14-16)</td>
<td>Develop schedule of program</td>
<td></td>
</tr>
<tr>
<td>Afterschool program and program space</td>
<td>Deliver curriculum, 2 times per week for 60 minutes each over 12 weeks</td>
<td></td>
</tr>
</tbody>
</table>

**Long-term**

- Increase the opportunities available to participants to be physically active
- Increase participant involvement in physical activity/exercise
- Increase the healthy food choices that participants make
- Increase participant knowledge about how to choose healthy food
- Improve weight status of participants
- Maintain physical activity involvement among participants
- Maintain healthy food choices among participants
PERFORMANCE MEASURES

- Output: H4A - Number of individuals served

  AND

- Outcome: H17 – Number of individuals with increased health knowledge

  OR

- Outcome: H18: Number of individuals reporting a change in behavior or intent to change behavior to improve their health

  OR

- Outcome: H19: Number of individuals with improved health
EVIDENCE TIER

- Moderate – Propose to replicate an evidence-based program with fidelity AND:
  - At least one randomized control study or quasi-experimental evaluation of the intervention is attached
  - Evaluations found positive results
  - Evaluations were conducted by an external organization
  - Described how the intervention studied and the applicant’s approach are the same
  - Described how the intervention will be replicated with fidelity to the program model
Abood, Black, and Coster (2015) evaluated the school-based nutrition education, *Present and Prevent*. This commercially available teen obesity prevention program was presented in two 30-minute time slots each week for 12 weeks. The intervention outcomes intended to increase intervention participants’ nutrition knowledge, attitudes, and behavioral intentions. **The evaluator worked for an external evaluation consulting firm and were not part of the program team.**

The **evaluation design was experimental, with random assignment at the school level.** Seven schools were randomly assigned as experimental, and 7 as delayed-treatment. The experimental group included 551 teens, and the delayed treatment group included 329 teens. Students completed the pretests two weeks prior to the implementation of the program and completed the posttest on the last day of the program.

Matched-pairs and 2-sample *t*-tests were used respectively to assess within-group and between-group changes. At post-test, participants demonstrated statistically significant improvements in knowledge (*p < .001*); intention to maintain a healthy body weight because of importance to friends (*p < .001*); and intention to eat fewer fried foods, eat fewer sweets, look more at food labels, and limit TV watching (all *p < .001*). **Present and Prevent made a positive impact on nutrition knowledge and behavioral intentions.**