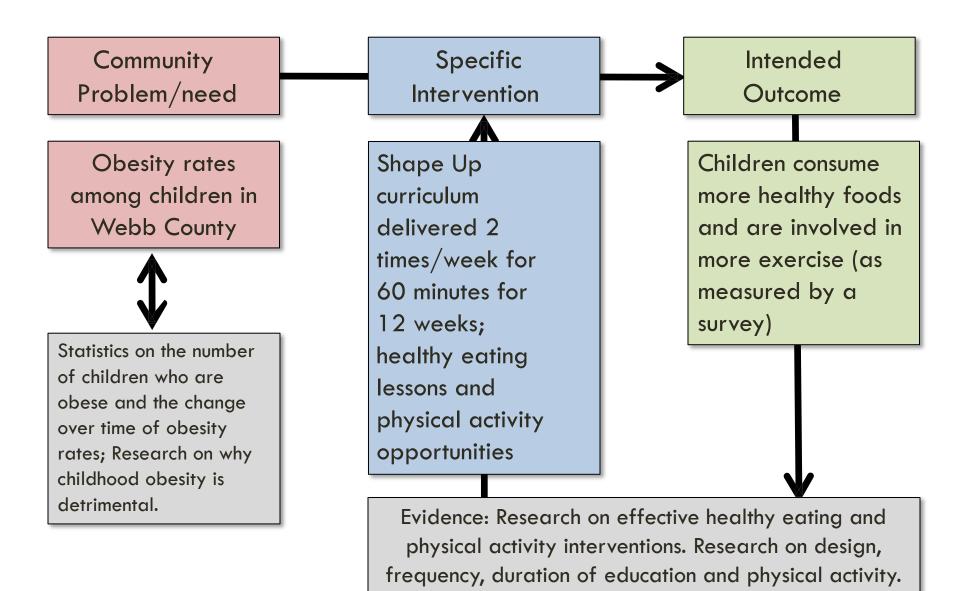
## EXEMPLAR What is the goal?



# DOCUMENTING COMMUNITY NEED

#### Scope

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
  - Obese children are likely to become obese adults
  - Links between childhood obesity and early onset of cardiovascular disease, and Type II diabetes
  - Webb County rising in state and national averages for cardiovascular disease
  - Long term health care costs rising
- Causes: Diet, sedentary lifestyle

### INTENDED OUTCOMES

- 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



n Education and Human Services

	4	
	Inputs (What we invest)	
	What do you have and what	
١	do you need to make #1, 2	

and 3 happen?

**AmeriCorps** members

Volunteers

Shape Up curriculum

Participants (girls aged 14-16)

Afterschool program and program space

Activities (What we do) What activities must be undertaken to

make the changes in #1 and #2 happen?

Identify and establish agreement with afterschool site

Recruit participants for program

Train AmeriCorps members on the Shape Up curriculum

Develop schedule of program

Deliver curriculum, 2 times per week for 60 minutes each over 12 weeks

Outcomes Impact		
Short-term	Long-term	
What will the people/agencies you serve know, think or do differently from what they do now?	If you really got it right, what will be different in 10 years?	

Increase participant knowledge about how to choose healthy food

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

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

#### <u>OR</u>

 Outcome: H19: 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

# EVIDENCE QUALITY — STUDY SUMMARY

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.