ADVANCED ORGANIZER

History

Methodology

Results
  Trainers  Providers  Parents  Children

Future Implications
More than 65 percent of adults are overweight or obese. ¹

Over one in four 2-5 yrs olds are overweight or at risk.²

In response, Be Active Kids® (BAK) was created.

Train-the-trainer model.

assess the effects of training and use of the BAK curriculum.
METHODOLOGY

Evaluation Duration:
• Took place from December 2005 to June 2007

Trainers:
• Recruited from train-the-trainer session
• 67 trainers completed pre-post training survey
• 23 of the 67 trainers completed follow-up survey

Providers:
• 309 child care providers trained
• 271 pre-training survey & 209 post-training survey
• 128 providers agreed to complete 10-week follow-up survey
• Control group: 600 (450 & 150) solicited, 98/69 completed

Parents & Children
• 11 BAK centers (18 classrooms) & 11 control centers (19 classrooms)
• 110 BAK children & their parents
• 97 control children & their parents
**METHODOLOGY**

**Trainer & Provider Assessment**
- Knowledge
- Attitudes
- Self-efficacy

**Child Care Provider Assessment**
- Diet
- Physical activity habits
- Barriers

**Parents & Children Assessment**
- Knowledge
- Attitudes
- Behavior
**METHODOLOGY**

**Statistical Analysis**

- **SPSS** – version 15.0
- **Descriptive statistics** – mean, range, and standard deviation
- **Paired T-tests** – BAK vs. Control
- **ANCOVA**
- **F-test**
- **Fisher’s exact test (two tail)**
- **Pearson $X^2$ tests**
RESULTS

Trainners

- Overall, the train-the-trainer model is effective
- Training was well-received by participants.
- Trainers’ knowledge, self-efficacy, and some attitudes about PA, nutrition, and food safety increased significantly.
- Trainers’ knowledge of preschool children's nutrition and physical activity also increased significantly.
- Trainers attitudes improved significantly from pre- to post-training
- Trainer knowledge, attitudes and self-efficacy scores were maintained at follow-up (after having their first provider training).
- Confidence in their overall teaching skills and ability to teach specific content areas improved significantly.
RESULTS

Providers

- **Significant improvement** in knowledge, self-efficacy and attitude scores after being trained on curriculum.
- **Significant improvement** in knowledge of preschool children's nutrition, physical activity by the end of BAK training workshop.
- No significant improvements were shown for control providers.
- No significant improvements for BAK or control providers with respect to diet or level of PA.
- **Providers behaviors related to diet and PA were poor** (throughout the evaluation).
- Greatest barrier for BAK providers was whether children would pay attention to the lessons on these topics.
RESULTS

Parents

• BAK curriculum *may* have a positive affect on parents’ knowledge and attitudes.

• No significant increases in behavior scores.

• Both control and BAK parents’ diets were significantly correlated with their children’s diets.
  
  • Frequency of soda consumption, sugar sweetened beverage consumption, intake of potato chips, milk consumption, fruit serving per day and vegetable serving per day.

• Less than half of BAK parents received the newsletter.
RESULTS

Children

- There is a link between BAK curriculum and improving children’s knowledge scores around nutrition and PA.
- Significant improvement in the number of BAK children who drank skim or low-fat milk (no improvement among control children).
- Significant increase of BAK children who had 3 or more serving of vegetables (similar finding for control).
- Increase in the number of children who had no sugar sweetened beverages daily (control only).
- No significant changes in PA among both groups.
- Significant improvement for BAK children with respect to television viewing.
- No significant improvements for BAK children’s ability to answer food safety questions.
FUTURE IMPLICATIONS

• Main recommendation from providers was the development and addition of a provider health component.
• Improve communication and dissemination of BAK information and materials.
• Improve focus on physical activity (inside and outside).
• Re-evaluate implementation of food safety component.
• Improve ongoing evaluation for both trainers and providers.
REFERENCES
