We Can! Progress Report: Curriculum Implementations by the Intensive Sites

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Contents

Executive Summary

This report summarizes an initial assessment of the National Institute of Health's ***We Can!*** program as it was implemented in fourteen Intensive Community Sites around the country. Selected in 2005 to implement ***We Can!*** programming for fourteen months, Sites were asked to run evidence-based curricula with parents and youth and to submit follow-up information on the curricula implementations to NHLBI. Through these implementations, Sites affected significant positive outcomes across a variety of measures related to ***We Can!*** behavioral objectives. This report details initial assessment findings, in the hopes of providing a platform for program refinement and a more rigorous evaluation in the future.

Program Background

We Can! (**W**ays to **E**nhance **C**hildren's **A**ctivity & **N**utrition) provides activities and programs that encourage improved nutritional choices, increased physical activity, and reduced screen time in youth ages 8–13. Developed by NHLBI, and promoted in collaboration with the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), the National Institute of Child Health and Human Development (NICHD), and the National Cancer Institute (NCI); ***We Can!*** is unique among existing youth obesity-prevention initiatives in its focus on programs and activities for parents and families as a primary group for influencing youth audiences.

We Can! has three core program elements. Community outreach encourages organizations around the country to provide local evidence-based programming to parents and youth. National media and messaging targets key constituencies with messages that announce ***We Can!*** and motivate youth and their parents or primary caregivers to take individual and community action to maintain a healthy weight. Strategic partnership development encourages collaboration with other national organizations, including health professional associations, corporations and the media to provide parents and caregivers with up-to-date information on the prevention of overweight in children.

As part of community outreach, 14 Intensive Community Sites were selected in 2005 to implement ***We Can!*** programming in their communities for at least one year. Sites were provided with program materials, a two-day orientation session, ongoing technical assistance and assessment tools. In exchange, Sites were asked to implement youth curricula provided by NHLBI with at least three different groups of youth; implement a new parent curriculum developed by NHLBI with at least three different groups of parents/caregivers; and conduct three community events designed to promote ***We Can!*** messaging with youth, parents/primary caregivers of youth, and other influencers of youth. Sites were asked to collect and submit information on the curricula implementations to NHLBI for initial assessment purposes.

Intensive sites were offered one parent/adult curriculum and three youth curricula to select from. The offering for adults, ***We Can!*** *Energize our Families: Curriculum for Parents & Caregivers,* is a six-lesson curriculum, designed by NHLBI for ***We Can!*** to meet a need for curricula for parents and caregivers on overweight and obesity prevention. Designed to address the basics of maintaining a healthy weight, NHLBI chose to pilot the curriculum through the Intensive Sites.

Three youth curricula targeting ***We Can!*** behavioral objectives were selected for use in communities. These offerings include:

- *CATCH Kids Club:* An easy-to-use, physical activity and nutrition education program for elementary school-aged children (grades K–5) in after school or summer-care settings, CATCH uses a coordinated approach to help children adopt healthier dietary and physical activity behaviors by positively influencing the health environments of recreation programs, schools, and homes. CATCH Kids Club was developed based on successful elements of the CATCH (Child and Adolescent Trial for Cardiovascular Health) Research Trial, a program successful in improving students' self-reported eating and physical activity behaviors.
- *Media-Smart Youth: Eat, Think, and Be Active!* This 10-lesson curriculum funded by the National Institute for Child Health and Human Development (NICHD) focuses on helping young people ages 11 to 13 understand the connections between media and health. The program uses nutrition and physical activity examples to help youths learn about these connections and build their media analysis skills. Media-Smart Youth was piloted over two years in seven community organizations and reviewed by NIH and USDA against federal nutritional guidelines. The program is now being rigorously evaluated using an experimental research design across control and treatment settings.
- *S.M.A.R.T.* Developed by child health and behavior researchers, Student Media Awareness to Reduce Television (S.M.A.R.T.) is a 3rd or 4th grade classroom curriculum designed to motivate children to reduce screen time. The S.M.A.R.T. curriculum was successfully tested with 11 elementary schools with over 1000 children in the San Francisco Bay Area, and has been shown to be effective at reducing children's TV, videotape, and video game usage, together with reducing obesity and weight gain.

Summary of Curricula Implementation Assessment Results

As noted above, Intensive Sites were asked to submit curricula assessment data to NHLBI for analysis. Quantitative data were collected by each Intensive Site using instruments designed specifically for each curriculum. Questionnaires were then mailed to NHLBI for analysis. All quantitative data analyses were performed using SPSS software. Statistical significance was determined using an alpha level of .05 or less.

Data assessment relies exclusively on self-report data from respondents. No data was collected based on direct observation. Additionally, limitations of the program precluded formal oversight over implementation and data collection. Instead, sites were provided with general guidelines and a brief overview of each curriculum for implementation. Given the flexibility of implementation, sites varied in how, where, how often and by whom curricula were implemented. Finally, ***We Can!*** objectives were not the only focus for each youth curriculum. Only questions and measures relevant to ***We Can!*** were assessed. Given the breadth of scope per curriculum, and the narrowing of measurement for ***We Can!*** programmatic purposes, the curricula may have had other effects not reported here.

A top-line summary of results per curriculum is presented below. See the remainder of the report for a more detailed presentation of analysis methodology and results per program.

Parent Curriculum

Program staff analyzed surveys from 174 adults (87% female, 13% male) representing nine Intensive Sites to evaluate the effectiveness of the Parent Curriculum. Among parent curriculum participants, 73% were Caucasian, 15% African American, 3% Asian, and 1% American Indian; 22% were Hispanic. About a third (32%) lived in households with one adult; the remainder (68%) lived in households with two or more adults. The majority had at least some college education (66%); 22% had a high school education; and 11% had less than a high school education. The ages of participants ranged from 15 to 80; the mean age was 36.

In all, 15 measures relevant to ***We Can!*** objectives were assessed, incorporating measures related to energy balance, portion size, healthy eating, physical activity, and screen time. Data analysis revealed statistically significant increases in accordance with ***We Can!*** objectives in 12 of the 15 measures. All 12 increases, measuring improvements from pre- to post-test among all respondents, are outlined below:

- *Energy Balance Knowledge:* The Parent Curriculum increased adults' understanding of energy balance and how to use energy balance to maintain a healthy weight.
- *Energy Balance Attitudes:* Agreement that calories consumed could easily be balanced with an increase in physical activity. Adults also increased their rating that maintaining energy balance was important.
- *Portion Size Attitudes:* Adults rated reducing high-fat portions more important after participating in the curriculum.
- *Portion Size Behaviors:* Parents made more attempts to limit high-fat portions and to monitor portion sizes after participating in the curriculum.
- *Healthy Eating Attitudes:* Parents' agreement that choosing a diet low in added sugar and fat and that features plenty of fruits and vegetables is important increased from pre- to post-test.
- *Healthy Eating Behaviors:* Parents expressed an increased perceived ability to determine healthy eating habits of their family members, an increased intent to make sure that healthy snacks are easily available for their families, and an increased attention to setting rules on food and eating that the family tries to follow.
- *Healthy Food Behaviors:* Parents reported reading the Nutrition Facts label more often and limiting foods high in fat and added sugar more frequently after participating in the curriculum.
- *Physical Activity Knowledge:* Parents' knowledge of how much physical activity they and their children should engage in increased as did their understanding that multiple short periods of physical activity were just as effective as a single long period.
- *Physical Activity Attitudes:* Parents reported an increased sense of being able to be physically active with their family.
- *Physical Activity Behaviors:* Parents reported an increased perception that they play a role in encouraging physical activity in their family. Parents also reported an increase in planning and engaging in physical activity.
- *Screen Time Attitudes:* Parents were more likely to agree that too much TV could be unhealthy for their children, that alternatives to watching TV were important, and that there were many other ways to spend time together as a family than watching TV.
- *Screen Time Behaviors:* More parents said they limited screen time in their home after participating in the Parent Curriculum.

CATCH Kids Club
Program staff analyzed surveys from 357 youth (58% female, 42% male) ages 8 to 14 and in grades two to eight to evaluate the effectiveness of the CATCH Kids Club curriculum. Data supplied by eleven Intensive Sites were analyzed. Among the participants, 43% were Caucasian, 37% African American, 5% Asian, 1% American Indian, and 6% Hispanic. Nearly a third were in the third (31%) grade, another third in fourth grade (32%), 24% in fifth grade, and 8% in grades 6 to 8. The ages of participants ranged from 8 to 14; the mean age was 9.

In all, 14 measures relevant to ***We Can!*** objectives were assessed, incorporating measures related to healthy eating, physical activity and screen time. Data analysis revealed statistically significant increases in of eight of these 14 measures in accordance with ***We Can!*** objectives. All eight increases, measuring improvements from pre- to post-test among all respondents, are outlined below:

- *Food Knowledge:* Knowledge of healthier food choices.
- *Food Attitudes: Self-Efficacy:* Youths said they were more likely to make healthy food choices.
- *Food Attitudes: Intention to Reduce Fat:* Youths reported being more likely to select lower-fat foods.
- *Food Attitudes: Intention to Drink Skim Milk:* Youths reported being more likely to pick low-fat or skim milk to drink instead of whole milk
- *Healthy Eating Behaviors: Eating Fruits and Vegetables:* Youths reported eating more healthy foods such as beans, fruits, 100% fruit juice and vegetables.
- *Healthy Eating Behaviors: Reading Labels:* Youths read nutrition labels on food packages more often
- *Physical Activity Attitudes:* Youths said they were more likely to be physically active.
- *Screen Time Behavior: Weekday TV Viewing:* Youths spent less time watching TV shows or videos during the week.

Media-Smart Youth
Program staff analyzed surveys from 74 youth (45% male, 55% female) representing five Intensive Sites to evaluate the effectiveness of the Media-Smart Youth curriculum. Among the participants, 77% were Caucasian, 9% Asian, 5% African American, and 1% Hispanic. Children in grades five to eight participated; 16% were in the fifth grade, 38% in sixth, 24% in seventh, and 20% in eighth. The ages of participants ranged from 10 to 15; the mean age was 12.

In all, four measures relevant to ***We Can!*** objectives were assessed, incorporating measures related to healthy eating and physical activity. Data analysis revealed statistically significant increases in two of these four measures. Both increases, measuring improvements from pre- to post-test among all respondents, are outlined below:

- *Physical Activity Knowledge:* Youths increased their knowledge of physical activity including how much exercise a person should get and what behaviors are considered physical activities.

- *Physical Activity Attitudes:* Youths reported increased intention to be physically active for at least an hour a day, to be physically active more frequently, and to do more weight-bearing activities during the next month.

It is important to note that MSY curricula is designed to increase media literacy skills. A full scale evaluation of MSY, currently being conducted by NICHD, presents a more accurate assessment of the program.

Student Media Awareness to Reduce Television

Program staff analyzed surveys from 39 youth (62% female, 38% male) representing two Intensive Sites to evaluate the effectiveness of the S.M.A.R.T. Curriculum (a third site implementing S.M.A.R.T. did not provide data to analyze). Among the participants, 79% were Caucasian, 13% African American, and 3% Hispanic (see S.M.A.R.T. Curriculum Demographic Characteristics). Students reported they were in grades two to seven; 8% were in second grade, 53% in third, 18% in fourth, 10% in fifth, 8% in sixth and 3% in seventh. The ages of participants ranged from 8 to 13; the mean age was nine.

Two measures relevant to ***We Can!*** objectives were assessed, incorporating measures of reduced screen time and increased physical activity. Data analysis revealed a statistically significant decrease in screen time. The reduction in screen time from pre- to post-test among all respondents, is outlined below:

- *Screen Time Behaviors:* Youth media consumption fell from 39 hours at pre-test to 31 hours at post-test.

It is important to note that the S.M.A.R.T. was designed by Stanford University to affect a variety of measures beyond the scope of ***We Can!***, including aggression, academic achievement, depressive symptoms, and anxiety. This report does not provide a comprehensive evaluation of the program. For a full scale evaluation of S.M.A.R.T. and more accurate assessment of the program alone, please contact the Stanford University Prevention Research Center.

Introduction

Program Background

NHLBI is congressionally mandated to plan, conduct, foster, and support an integrated and coordinated program of basic research, clinical, and epidemiological studies for the prevention, diagnosis, and treatment of diseases of the heart, lungs, and blood vessels, and sleep disorders. Given the association of obesity with health consequences, including hypertension, high blood cholesterol, metabolic syndrome, and CVD, NHLBI has a stake in addressing the epidemic. Its notable competencies in research and education enable the Institute to make a valuable contribution toward the solution of childhood obesity.

Recognizing the severity and complexity of domestic overweight and obesity, NHLBI launched the Obesity Education Initiative (OEI) in January 1991. The overall purpose of the initiative is to help reduce the prevalence of overweight, obesity, and physical inactivity, in order to lower the risk of, and overall morbidity and mortality from, coronary heart disease. In addition, by reducing the prevalence of overweight and obesity, OEI also will help prevent or improve other diseases and conditions such as type 2 diabetes and sleep apnea.

OEI adopted a high-risk strategy and a population-based strategy for educating professionals and the public about the relationship of overweight and physical inactivity with cardiovascular disease and pulmonary disorders. The high-risk approach targets individuals who are experiencing, or who are at high risk for, adverse health effects and medical complications associated with overweight and obesity.

We Can! (**W**ays to **E**nhance **C**hildren's **A**ctivity & **N**utrition)—represents a core component of OEI's population-based strategy. Developed by NHLBI, and promoted in collaboration with the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), the National Institute of Child Health and Human Development (NICHD), and the National Cancer Institute (NCI); ***We Can!*** is intended to extend the success of Hearts N' Parks, NHLBI's three year community-based collaboration with the National Recreation and Park Association. ***We Can!*** provides activities and programs that encourage improved nutritional choices, increased physical activity, and reduced screen time in youth ages 8–13. ***We Can!*** is unique among existing youth obesity-prevention initiatives in its focus on programs and activities for parents and families as a primary group for influencing youth audiences.

We Can! was designed based on a Strategy Development Workshop, convened in February 2004, with leading researchers, public health experts, nutritionists and dieticians, youth marketing experts, and community center representatives from around the country; a review of the science-based literature on obesity prevention; an environmental scan to review other agency work on overweight and obesity; and an assessment of Hearts N' Parks. The program's strategic plan was reviewed collaboratively by NIDDK, NICHD and NCI, and presented to select members of the NIH Obesity Research Task Force for feedback. The program was continually refined and contributed to by all four collaborating NIH Institutes throughout the life of the project.

The initiative has three core program components:

- *Community Outreach*: ***We Can!*** is collaborating with 14 Intensive Community Sites around the country to take an active role in creating healthier hometown environments that promote a healthy weight. Sites comprise parks and recreation departments, State and county public health departments, hospitals and health care systems, and schools and universities. These Sites participated in an orientation training and received materials and resources to implement and assess ***We Can!*** curricula and programs. Curricula implementations covered four programs (described in the ***We Can!*** Curricula and General Programmatic Requirements section below): ***We Can!*** *Energize our Families: Curriculum for Parents and Caregivers; CATCH Kids Club; Media-Smart Youth; and Student Media Awareness to Reduce Television (S.M.A.R.T.)*. Intensive Community Sites received technical assistance to support local partnership and media outreach. In addition, 112 General Community Sites have committed to use and distribute ***We Can!*** program materials. ***We Can!*** enables an unlimited number of General Community Sites to receive online access to all materials, including the program poster, its parent handbook in both English and Spanish, community action toolkit and parents curriculum, local press releases, and other useful ***We Can!*** tools. Through NIH cross-Institute collaboration in ***We Can!***, sites are also provided with materials from NIDDK, NICHD and NCI. Materials include NIDDK Weight-Control Information Network booklets on healthy eating and physical activity across the lifespan, NICHD Milk Matters brochures and posters, and NCI Body and Soul faith-based materials for healthy eating and living. Using these materials, additional community sites extend the reach of ***We Can!*** messages and NIH science throughout the country.

- *National Media and Messages*: National promotion targets key constituencies with messages that announce ***We Can!*** and motivate youth and their parents or primary caregivers to take individual and community action to maintain a healthy weight. Messages engage the public in recognizing both individual and environmental factors that influence their attempts to achieve and maintain a healthy weight, and ultimately reduce their risk of heart disease. Toward these ends, ***We Can!*** offers English and Spanish materials, such as radio and print public service advertisements, a parent handbook, and a Parent-oriented consumer Web site (http://wecan.nhlbi.nih.gov). Printed copies of ***We Can!*** resources are available by calling a toll-free telephone number of 1-866-35 We Can.

- *Partnership Development*: Providing an umbrella theme, materials, and support, ***We Can!*** works together with other national organizations, including health professional associations, corporations and the media to provide parents and caregivers with up-to-date information on the prevention of overweight in children. Organizations collaborating with ***We Can!*** tailor their programs and promotions to include ***We Can!*** materials, messages, and activities.

We Can! develops resources and messages for these three platforms that encourage youth to:

- Choose a sufficient amount of a variety of fruits and vegetables per day.
- Decrease consumption of high-fat foods and energy-dense foods that are low in nutrient value.
- Enjoy small portions at home and at restaurants.
- Substitute water, fat-free milk, or lowfat milk for sweetened beverages.
- Engage in at least 60 minutes of moderate physical activity on most—preferably all—days of the week.
- Reduce sedentary activity by limiting screen time to no more than 2 hours per day.

To support youth in this program, ***We Can!*** encourages parents and primary caregivers to:

- Increase the availability and accessibility of healthy foods in the home.
- Limit the availability and accessibility in the home of sweetened beverages, high-fat foods, and energy-dense foods with low nutrient value.
- Enjoy small portions at home and at restaurants.
- Support and enable family physical activity.
- Support and enable reduced screen time.

We Can! Intensive and General Community Sites

A strong evidence base supports the feasibility of work in community settings to encourage physical activity and changes in nutritional behaviors. Acknowledging the strength of this evidence, the IOM has recommended that "local governments, public health agencies, schools, and community organizations… collaboratively develop and promote programs that encourage healthful eating behaviors and regular physical activity, particularly for populations at high risk of childhood obesity." The IOM went on to suggest that "community coalitions should be formed to facilitate and promote cross-cutting programs and community-wide efforts."

This community-based approach is particularly relevant for ***We Can!***, given the successful history of NHLBI's community-based efforts through Hearts N' Parks. The success of Hearts N' Parks – its lessons learned and the many relationships between program and community stakeholders throughout the country – offers invaluable information and opportunities to leverage existing resources in the intensification of community-based programming. This was a primary recommendation made by participants in the February 2004 Strategy Development Workshop.

Accordingly, ***We Can!*** works to intensify NHLBI population-based efforts in a series of communities throughout the country. Materials adapted from tested interventions are provided to community organizations for incorporation into existing youth programming. These community organizations are expected to leverage and expand existing community relationships with civic leaders, educational institutions, and health care professionals in order to extend the reach and improve the quality of their programming efforts.

The program was designed to accommodate two levels of community-based programming, Intensive Community Sites and General Community Sites. Fourteen Intensive Community Sites were selected in February 2005 to provide feedback for program development, to pilot a newly developed curriculum for parents and caregivers, and to assess programmatic components and implementation for future refinement. Data results in this report outline an initial assessment of their performance using specific programmatic curricula (described below) with parents and youth.

A General Community Site level of programming was developed to supplement outreach through the Intensive Sites, with the understanding that a number of communities throughout the country would be interested in adopting an evidence-based overweight and obesity prevention program targeting families and youth. Promotion of the General Site program has been made available through national partner organizations and through NHLBI communication channels and other Institute partners (e.g., the Web site and Health Information Network). Communities can obtain program information from the ***We Can!*** Web site, including a Community Action Guide for support in planning and implementing ***We Can!*** programming, and other materials downloadable for free. Any community organization currently conducting, or interested in offering, overweight and obesity prevention programming to parents or youth, can become a General Community Site by conducting any one of the following three program components: one ***We Can!*** community outreach event; one ***We Can!*** recommended curriculum for youth; or one ***We Can!*** *Energize our Families: Curriculum for Parents and Caregivers*. To date, 112 community organizations have adopted the program as General Sites, covering a wide-variety of settings from hospitals and health systems to schools, universities, extension programs, health departments and park and recreation programs.

The fourteen Intensive Community Sites were selected in February 2005 from among existing Hearts N' Parks sites, and other interested community coalitions already engaged in obesity prevention (See Table 1 for a listing of ***We Can!*** Intensive Sites). The sites committed to a 14-month period (May 2005 to June 2006) to implement the program and conduct initial assessments to help NHLBI further refine the program. Easy-to-use resources and tools to support community activities were developed and disseminated to each Intensive Site. An orientation was conducted to provide participants with program overview, to help them understand assessment tools and reporting, and to facilitate information exchange between the sites and the Institute. Ongoing technical assistance was provided to the sites.

Table 1: Listing of *We Can!* Intensive Sites

Name	Lead Organization
Alabama	Alabama Department of Public Health (State site)
Benton County	Benton County Healthy Weight and Lifestyle Coalition
Boston	Boston Public Health Commission
Gary	Gary Youth Services Bureau and Park Recreation
LCHAY	Lane Coalition for Healthy Active Youth
Montgomery County	Montgomery County Recreation Department
Pittsfield	Hillcrest Campus of Berkshire Medical Center, Operation Better Start
Roswell/Athens	Roswell Recreation and Parks Department (State site)
Scott & White	The Children's Hospital at Scott & White
South Bend	South Bend Parks and Recreation Department
Southern Nevada	University of Nevada Las Vegas (UNLV)

Name	Lead Organization
	Department of Nutrition Sciences (State site)
Springfield	Springfield-Greene County Park Board
Tamarac	City of Tamarac Parks and Recreation Department
University of Michigan	Project Healthy Schools: A Community-University Collaborative

NHLBI chose Intensive Sites against the following criteria. In order to be selected the Sites had to:

1. Operate with an existing infrastructure to support and sustain the ***We Can!*** program and reach its target audiences.
2. Demonstrate experience working with, and an ability to reach, diverse, multicultural audiences.
3. Demonstrate a readiness to take on the project during the specified period of performance and to provide appropriate levels of staff support and resources.
4. Demonstrate experience and community infrastructure to address obesity, physical activity, and nutrition with 8- to 13-year-old youth, and their parents/adult caregivers.
5. Provide reach to high risk audiences that reflect the national epidemiological data on overweight and obesity.
6. Provide staff to assess program effectiveness.

A "Letter of Invitation," announcing the opportunity to serve as an NHLBI ***We Can!*** Intensive Community Site was drafted. The announcement included pertinent information about the selection criteria, expectations of the sites, time commitment, and participation directions. It also provided a point of contact for ***We Can!*** NHLBI and supporting contractor staff coordinated the selection process to identify qualified sites through collaborations with the contacts referenced in the screening process. A mix of sites was selected to reflect a range of locations at particularly high risk for overweight and obesity, with reach to a diverse group of audiences, in both urban and rural settings. Candidate sites were also selected based on related experience and proven capabilities of supporting programs of similar size and scope.

Selected sites represented a range of obesity prevalence. Four operated in states with greater than or equal to 25% obesity prevalence in adults; seven in states with prevalence between 20% and 24%; and three in states with prevalence between 15% and 19%. Sites were selected to reach a range of audiences, varying by socioeconomic and ethnic/racial status. Several examples are detailed below:

- *The Alabama Department of Public Health*, a Statewide Site, targeted a State that had the highest obesity prevalence rate of any State in the country. Through proposed statewide programming, targeted ***We Can!*** interventions had the opportunity to reach five of the poorest 100 counties in America, areas that are primarily African American. Populations of relatively low educational level could also be reached. Across the State only 19% of those graduating from high school attain a college BS degree or higher.
- *The Hillcrest Campus of Berkshire Medical Center*, in Pittsfield, Massachusetts, had reach to an area that received a federal medically underserved designation because of issues related to the financial accessibility of primary care services. The number of

residents with incomes at or below 200% of the poverty limit was 14% higher than the statewide average; per capita income was approximately 17% below the state average.

- *The Boston Public Health Commission*, in Boston, Massachusetts, specifically targeted areas within the city of Boston that are 65% African-American, 25% Latino and 5% Asian; 75% of families in those areas received public assistance. These neighborhoods maintained the highest rate of residents living below 200% of the federal poverty line in Boston.
- *The Lane Coalition for Healthy Active Youth (LCHAY)*, in Eugene, Oregon, was designated in 2003 as an "Economically Distressed Area" by the Oregon Department of Economic and Community Development. At the time of their acceptance as a *We Can!* Intensive Site, unemployment was 18% above the state average and 31% above the national average; per capita income was 6% below the state average and 10% below the national average. Programming was targeted to work in large part through the county Boys and Girls Club. Eighty percent of the 1,400 students the Boys and Girls Club regularly serves are at or below the Federal Poverty Level.

We Can! Curricula and General Programmatic Requirements

The general and intensive sites were offered one parent/adult curriculum and three youth curricula to select from. The offering for adults, ***We Can!*** *Energize our Families: Curriculum for Parents & Caregivers*, is a six-lesson curriculum, designed by NHLBI for ***We Can!*** to meet a need for curricula for parents and caregivers on overweight and obesity prevention. Designed to address the basics of maintaining a healthy weight through ***We Can!*** behavioral objectives, NHLBI chose to pilot the curriculum through the Intensive Sites.

The parents curriculum is intended to serve as one of ***We Can!***'s components addressing IOM recommendations to target the home setting. Resources, content and activities were developed based on review of existing resources, including: the *Coordinated Approach to Child Health* curriculum; Centers for Disease Control and Prevention statistics on adult overweight and obesity prevalence, together with tools for calculating BMI in youth; Henry J. Kaiser Foundation statistics described in *Generation M: Media in the Lives of 8-18 Year Olds*; the Indian Health Service *Honoring the Gift of Heart Health* curriculum; the NHLBI *Portion Distortion* exercise; the NHLBI-funded *Dietary Intervention Study in Children* and *Portion Distortion* exercise; NIDDK Weight-Control Information Network publications on *Healthy Eating and Physical Activity Across Your Lifespan*; Stanford University's *S.M.A.R.T.* curriculum; the University of Memphis *Girls health Enrichment Multi-site Studies*; the U.S. Department of Agriculture *2005 Dietary Guidelines for Americans*, *Power of Choice* curriculum, and nutrient data laboratory; the U.S. Food and Drug Administration guide *How to Understand and Use the Nutrition Facts Label*; and the U.S. Department of Health and Human Services *SmallStep.gov* Web site;

We Can! *Energize our Families* includes lessons that teach participants essential skills to help families make healthful food choices and become more physically active. At the end of each lesson, participants are encouraged to put into practice new nutrition and physical activity behaviors with their families over the course of the following week. Participants provide feedback to the group about their experiences trying the new activities. A consumer-friendly

publication, “Families Finding the Balance: A Parent Handbook,” was also developed to reinforce the concepts that comprise the curriculum.

Three evidence-based youth curricula targeting ***We Can!*** behavioral objectives were selected for use in communities. These offerings include:

- *CATCH Kids Club* An easy-to-use, physical activity and nutrition education program for elementary school-aged children (grades K–5) in after school or summer-care settings, CATCH uses a coordinated approach to help children adopt healthier dietary and physical activity behaviors by positively influencing the health environments of recreation programs, schools, and homes. It consists of three programmatic components: (a) curriculum, (b) physical activity, and (c) snack. The field-tested materials include the CATCH Kids Club Activity Box that contains activities for after school and community-based programs and a binder with nutrition activities and snack recipes. These materials and resources are designed for easy integration into existing youth programs. CATCH Kids Club was developed based on successful elements of the CATCH (Child and Adolescent Trial for Cardiovascular Health) Research Trial, a program successful in improving students’ self-reported eating and physical activity behaviors.

- *S.M.A.R.T.* Developed by child health and behavior researchers, Student Media Awareness to Reduce Television (S.M.A.R.T.) is a 3rd or 4th grade classroom curriculum designed to motivate children to reduce screen time. Studies have shown that reducing time spent watching television and playing video games can result in lower prevalence of childhood obesity as well as less aggression in children. The S.M.A.R.T. curriculum was successfully tested with 11 elementary schools with over 1000 children in the San Francisco Bay Area, and has been shown to be effective at reducing children’s TV, videotape, and video game usage, together with reducing obesity and weight gain. The curriculum is intended to be used over the course of the school year and includes all the lesson plans and tools needed to implement the program.

- *Media-Smart Youth: Eat, Think, and Be Active!* This 10-lesson curriculum funded by the National Institute for Child Health and Human Development (NICHD) focuses on helping young people ages 11 to 13 understand the connections between media and health. The program uses nutrition and physical activity examples to help youths learn about these connections and build their media analysis skills. Through a combination of learning formats, including brainstorming, small- and large-group discussions, games, and creative productions, the activities create discussion and encourage problem solving and critical thinking. Each of the 10 lessons includes a Snack Break and an Action Break that reflects the nutrition and physical activity content of the curriculum and provides a hands-on way to experience these concepts. The curriculum concludes with a Big Production—an opportunity for participants to apply their new skills to create a media project designed to motivate other young people to take action for better health. Media-Smart Youth was piloted over two years in seven community organizations and reviewed by NIH and USDA against federal nutritional guidelines. The program is now being rigorously evaluated using an experimental research design across control and treatment settings.

Based on the backdrop of the core curricula options, each Intensive Site was required to complete the following programmatic elements:

- Attend a two day orientation for all sites to meet other Intensive Community Sites; clearly articulate program parameters; participate in brief overviews of materials, messaging and curricula; and discuss communication channels for ongoing implementation.
- Implement youth curricula provided by NHLBI to at least three different groups of youth (ages eight to thirteen) with a minimum of 15 participants per group.
- Implement the parent curriculum with at least three different groups of parents/caregivers with a minimum of 15 participants per group.
- Conduct three community events designed to promote HWI messaging with youth ages eight to thirteen, parents/primary caregivers of youth ages eight to thirteen, and other influencers of youth ages eight to thirteen.
- Collect and submit assessment and tracking data to NHLBI for analysis and reports.

In exchange for meeting these program requirements, NIH provided the Intensive Sites with the following:

Materials

- Curricula and other materials for youth and parents.
- Reproducible factsheets and tipsheets in English and Spanish.
- A PowerPoint presentation with talking points for sites to use in community outreach.
- Press releases and print public service announcements that can be adapted for use by local media.
- CD-Rom of all materials for local branding, tailoring, and reproduction.
- A Parent Handbook, in English and Spanish, to reinforce healthy behaviors at home.
- A Program Poster to promote *We Can!*
- A Web site for use by communities, partners, clinicians, parents and primary caregivers with downloadable program materials.

Training & Technical Assistance

- Funding to attend the two-day orientation and training event held in April, 2005, with travel provided for one staff person per site to attend.
- Technical assistance to help communities develop and implement specific programming activities.
- Ongoing technical assistance to all sites through regular conference calls designed to provide sites with status updates and help them to share experiences and learn from one another.

Assessment Tools and Analysis

- Assessment tools for measuring program success.
- Analysis and reports of the data submitted by sites.

Sites were provided with an introductory level of guidance for curricula implementation. In addition to the April 2005 orientation meeting, where they received brief introductions to each

curriculum, sites also received recommended guidelines outlining the duration, participant age range, and activity type for each *We Can!* youth curriculum (See Appendix A for Intensive Community Site Curricula Implementation Requirements). While curricula overviews and general guidelines were provided to each site, sites were not given in-depth curricula trainings, and neither implementation nor data collection were monitored for integrity. Given these implicit constraints, the level of success indicated by initial assessment data reported below is particularly promising.

Methodology

Data Collection

Quantitative data were collected by each site using instruments designed specifically for each curriculum. These pre- and post-test questionaires were prepared by the original curriculum developers to assess whether its learning objectives were met (See Appendix B for copies of these questionnaires). These paper and pencil self-report instruments were intended to be completed during the first and last session of each curriculum implementation.

Intensive Site staff received instructions (via a written sheet and during curricula-specific conference calls) on distributing and collecting the questionnaires, as well as when and how to submit the completed questionnaires to AED for data entry and analysis (See Appendix C for Parent and Youth Curriculum Evaluation Instructions for Facilitators). To collect the richest data possible, each participant was to be assigned a unique identification number by the Intensive Site implementor at pre-test. At post-test each individual was to complete the questionnaire a second time using his or her identification number; the identification number would then be used to match the pre-test to the post-test. This approach was developed to provide the flexibility to analyze the data using either a within-subjects or between-subjects methodology. In addition, it was intended to ensure that participants' privacy was maintained as unique identifying information was not collected on the questionnaires.

AED project staff made regular contact with Intensive Site personnel about questionnaire administration and reviewed each questionnaire upon submission to verify the match between pre- and post-tests. Based on feedback from the Intensive Sites and review of the questionnaires as they were received at AED's offices, it became clear that these procedures were not strictly adhered to. In some cases, Intensive Sites administered the pre-test over multiple class meetings. In other cases, individual pre- and post-tests were not appropriately matched. For example, although the ID number used at pre-test and post-test would match, the demographic information for the respondent was not consistent: a pre-test with demographic information indicating a 10 year old African-American boy had completed it would be matched to a post-test indicating completion by a 9 year old Caucasian. In many cases, respondents completed only a pre-test or post-test; thus, no matched comparison was possible. When the match between pre-test and post-test was in question, AED staff opted to not include these questionnaires in data analysis. Thus, this report only reflects results from those pre-test and post-test questionnaires which appeared to be accurately matched.

AED staff maintained a record of all questionnaires as they were received, oversaw data entry and performed quality control checks to ensure data entry was accurate.

Data Analysis

Qualitative data were categorized to identify key patterns and themes, using established analytic procedures (Coffey & Atkinson, 1996; Patton, 1990).

All quantitative data analyses were performed using SPSS software and statistical significance was determined using an alpha level of .05 or less. To analyze the Parent, CATCH, and MSY curricula, the difference between an individual's pre- and post-test score on each survey item was calculated. The difference scores of related items were then summed across all the reporting intensive sites to create testable constructs. A *t* test of the mean difference was used to assess whether a significant increase or decrease in self-reported knowledge, attitude, or behavior had occurred. To determine the impact of demographic factors such as child's age or gender, one-way analysis of variance (ANOVA) was computed on the difference scores.

To analyze the S.M.A.R.T. Curriculum, the mean pre- and post-test score on each survey item was calculated. The mean scores of related items were then summed across the two reporting Intensive Sites to create testable constructs. A one-way ANOVA was used to assess whether there was a significant difference between pre- and post-test mean scores. ANOVA was also used to determine if demographic factors such as age, gender or grade level had a significant impact on pre- and post-test mean scores.

As noted above, each ***We Can!*** curriculum included a specific questionnaire developed by its creators and often included questions and/or constructs not relevant to ***We Can!*** Only questionnaire items and constructs relevant to ***We Can!*** objectives were assessed (see Appendix D for a description of ***We Can!*** constructs by curriculum) Results not relevant to ***We Can!*** are excluded in these analyses.

Limitations

There are a number of limitations with the study methodology that should be noted. First, data assessment relies exclusively on self-report data from respondents. No data was collected based on direct observation.

Second, strict control over sites in terms of implementation and data collection were not maintained. Sites were provided with general guidelines and a brief overview of each curriculum for implementation. However, in-depth trainings were not provided. Implementation itself was not monitored by project staff. The Integrity of data collection was also not monitored by program staff.

Third, given the flexibility of implementation, sites varied in how, where, how often and by whom curricula were implemented. Curricula were not always implemented with their intended audience; e.g. some children older or younger than a curriculum was intended to reach participated. Although data from children under age 8 were excluded from analysis, it is possible

that their participation impacted the curricula's effectiveness with children old enough to participate.

Fourth, ***We Can!*** objectives were not the key focus for each youth curriculum. Instead, youth curricula were selected because they were evidence-based programs that had demonstrated effectiveness in achieving objectives relevant to ***We Can!*** That is to say, they targeted a variety of objectives outside of the scope of ***We Can!*** (i.e. youth violence reduction in the case of S.M.A.R.T.). Thus, while each curriculum targeted a subset of specific ***We Can!*** behavioral objectives, they were not developed to explicitly target those objectives only.

Fifth, only questions and constructs relevant to ***We Can!*** were assessed. Each curriculum's pre- and post-instruments evaluated a number of questions and constructs that were originally intended for measurement by curriculum developers. As such, these questions and constructs generally reached beyond the scope of those intended for measurement by ***We Can!*** In other words, instruments generally evaluated a number of indicators outside the scope of ***We Can!'s*** behavioral objectives for youth and parents. Only those questions and constructs immediately relevant to ***We Can!*** were assessed.

Finally, given the breadth of scope per curriculum, and the narrowing of measurement for ***We Can!*** programmatic purposes, the curricula may have had other effects not reported here.

As noted above, while these limitations include implicit programmatic constraints, the level of success indicated by initial assessment data reported below is particularly promising. While sites were not trained in-depth on curricula, while the integrity of implementation and data collection was not monitored, and while curricula were not strictly developed to advance ***We Can!*** behavioral objectives in a coordinated way, sites still managed to affect significant positive outcomes across a variety of constructs and measures in each curriculum. The remainder of this report outlines these initial assessment findings, in the hopes of providing a platform for program refinement and a more rigorous evaluation in the future.

Results

Parent Curriculum

To evaluate the effectiveness of the Parent Curriculum surveys from 174 adults (87% female, 13% male) representing nine Intensive Sites (Alabama Department of Public Health (Alabama); Project Healthy Schools; Boston Public Health Commission, Boston Steps (Boston); Gary Youth Services Bureau and Park Recreation (Gary); Montgomery County Department of Recreation (Montgomery County); Lane Coalition for Healthy Active Youth (LCHAY); Operation Better Start; South Bend Parks and Recreation Department (South Bend); and Scott & White Memorial Hospital and Clinic (Scott & White)) were analyzed. Among the participants, 73% were Caucasian, 15% African American, 3% Asian, and 1% American Indian; 22% were Hispanic (see Parent Curriculum Demographic Characteristics). Over a third (38%) lived in households with one adult; the remainder (62%) lived in households with two or more adults. The majority had at least some college education (66%), 22% had a high school education, and 11% had less than a high school education. The ages of participants ranged from 15 to 80; the mean age was 36.

Parent Curriculum Demographic Characteristics

Characteristics	% (n)	Characteristics	% (n)	Characteristics	% (n)
Gender		**Age**		**Adults in Household**	
Males	13 (23)	Under 18	1 (2)	1	38 (66)
Females	87 (151)	18-25	22 (35)	2 or more	62 (108)
Race		26-35	29 (46)	**Education Level**	
African American	15 (24)	36-45	30 (48)	Less than high school	11 (20)
American Indian	1 (2)	46-55	13 (20)	High school graduate	22 (39)
Asian	3 (4)	55+	5 (8)	Some college	37 (64)
Caucasian	73 (113)	**Ethnicity**		College degree	17 (29)
Other	8 (12)	Hispanic	22 (37)	Some graduate school	6 (11)
		Non-Hispanic	78 (133)	Graduate Degree	6 (11)

N = 174

In all, 15 constructs relevant to ***We Can!*** objectives related to energy balance, portion size, healthy eating, physical activity, and screen time were assessed. As noted in the Summary of Parent Curriculum Findings below, data analysis revealed statistically significant increases in accordance with ***We Can!*** objectives in 12 of the 15 constructs. As a result of completing the Parent Curriculum, parents increased their knowledge of energy balance and developed more favorable attitudes toward adopting its principles. Parents also reported more favorable attitudes and behaviors toward limiting portion sizes, making healthy foods more available, and being able to influence the food choices of their family. Parents' knowledge, attitude, and behaviors toward engaging in physical activity and attitudes and behavior about replacing TV time with exercise also improved.

For each tested construct, a description of the tested items, the *t* test findings, and analysis of any demographic differences (parent gender, race, age [under age 35 compared to 35 or older],

ethnicity, household size [households with one adults compared to households with two or more adults]) are presented below.

Summary of Parent Curriculum Findings

Measure	Pre-Test Mean	Post-Test Mean	Mean Difference	Percent Change	t Value	df	p
Energy Balance Knowledge	2.19	2.38	.19	9%	2.94*	164	<.05
Energy Balance Attitudes	7.04	7.70	.63	9%	4.49*	162	<.05
Portion Size Knowledge	2.05	2.02	.01	1%	.93	156	.09
Portion Size Attitudes	4.01	4.36	.35	9%	4.09*	171	<.05
Portion Size Behaviors	7.01	7.69	.71	10%	4.09*	171	<.05
Healthy Eating Knowledge	2.79	2.80	.04	0%	.77	165	.44
Healthy Eating Attitudes	12.08	12.73	.63	5%	2.65*	165	<.05
Healthy Eating Behaviors	20.82	21.93	1.18	5%	5.09*	161	<.05
Healthy Food Behaviors	10.03	11.30	1.32	13%	6.70*	163	<.05
Physical Activity Knowledge	2.40	2.56	.14	7%	2.25*	162	<.05
Physical Activity Attitudes	22.12	23.62	1.46	7%	5.00*	155	<.05
Physical Activity Behaviors	18.62	20.05	1.45	8%	5.43*	154	<.05
Screen Time Knowledge	2.55	2.53	-.01	0%	-.95	151	.92
Screen Time Attitudes	12.91	13.30	.40	3%	2.14*	149	<.05
Screen Time Behaviors	13.73	14.65	.37	7%	4.68*	146	<.05

***Statistically significant finding**

Energy Balance Knowledge

To assess knowledge of the principles of energy balance respondents were asked to answer "true" or "false" to three questions asking whether healthy weight can be maintained by making sure that food intake (energy in) equals physical activity (energy out) on most days (true is the correct response); an effective way of losing weight is to burn more energy than you take in (true is the correct response); and being more active on one day can not help balance extra calories consumed on another day (false is the correct response).

Correct answers were scored as one and incorrect answers as zero; the maximum possible score was three. A *t* test of the mean difference found that knowledge of energy balance significantly increased from pre- (mean = 2.19) to post-test (mean = 2.38) among all respondents (t (164 df) = 2.94, $p < .05$). The Parent Curriculum increased adults' understanding of energy balance and how to use energy balance to maintain a healthy weight.

Demographic differences

No significant effects due to demographic factors were detected.

Energy Balance Attitudes

To assess attitudes related to energy balance, respondents were asked to indicate agreement or importance using a scale where "1" equaled "strongly disagree" or "very unimportant" and "5" equaled "strongly agree" or "very important" on two questions asking whether balancing calories with moderate levels of physical activity is easy to do and balancing what is eaten (energy in)

with physical activity (energy out) is important. The maximum possible score was 10 and minimum two.

A *t* test of the mean difference found that energy balance attitudes significantly increased from pre- (mean = 7.04) to post-test (mean = 7.70) among all respondents (*t* (162 df) = 4.49, p < .05). Agreement that calories could easily be balanced with physical activity increased, and adults also increased their rating that maintaining energy balance was important.

Demographic differences
Ethnicity had a significant effect on change in energy balance attitudes from pre- to post-test: Non-Hispanics reported greater attitude change than Hispanics (see Mean Energy Balance Attitudes by Ethnicity). No other significant effects due to demographic differences were detected.

Mean Energy Balance Attitudes by Ethnicity

Measure	Pre-Test Mean	Post-Test Mean	Mean Difference	Percent Change
Ethnicity				
Non-Hispanic	6.80	7.63	.80	12%
Hispanic	7.72	7.83	.11	1%

Portion Size Knowledge
To assess knowledge of portion sizes, respondents were asked to respond "true" or "false" to three questions asking whether a serving size is the total amount of food a person is served or chooses to eat at one time while a portion size is a standard amount of food (false is the correct response); portion sizes of food have remained the same over the years (false is the correct response); and when a person eats larger portions, more physical activity will not prevent him/her from gaining weight (false is the correct response).

Correct answers were scored as one and incorrect answers as zero; the maximum possible score was three. A *t* test of the mean difference found no significant change in knowledge of portion size from pre-test (mean = 2.05) to post-test (mean = 2.02) among all respondents (*t* (156 df) = .93, p = .09). There was a slight but statistically insignificant decrease in knowledge of portion sizes.

Demographic differences
No significant effects due to demographic factors were detected.

Portion Size Attitudes
To assess attitudes about portion size, respondents were asked to indicate importance using a scale where "1" equaled very unimportant and "5" equaled very important on a question asking whether they agreed that reducing the portion sizes of foods high in fat is important. The maximum possible score was five.

A *t* test of the mean difference found that portion size attitudes significantly increased from pre- (mean = 4.01) to post-test (mean = 4.36) among all respondents (*t* (171 df) = 4.09, p < .05). Adults rated reducing high-fat portions more important after participating in the curriculum.

Demographic differences
No significant effects due to demographic factors were detected.

Portion Size Behaviors
To assess behaviors related to portion size, respondents were asked to indicate agreement using a scale where "1" equaled "strongly disagree" and "5" equaled "strongly agree" on two questions asking whether parents try to keep portions small when foods are high in fat and whether they monitor the portion size of food served to their family.

The maximum possible score was 10 and the minimum two. A *t* test of the mean difference found that portion size behaviors significantly increased from pre- (mean = 7.01) to post-test (mean = 7.69) among all respondents (t (171 df) = 4.09, $p < .05$). Parents made more attempts to limit high-fat portions and to monitor portion sizes.

Demographic differences
Age had a significant effect on behaviors related to limiting and monitoring portion size from pre- to post-test; those 35 or older reported greater increases in these behaviors than did those under age 35 (see Mean Portion Size Behaviors by Age).

Mean Portion Size Behaviors by Age

Measure	Pre-Test Mean	Post-Test Mean	Mean Difference	Percent Change
Age				
Under 35	7.18	7.52	.34	5%
35 or older	6.86	7.99	1.13	16%

Healthy Eating Knowledge
To assess knowledge related to healthy eating, respondents were asked to respond "true" or "false" to three questions asking whether fried foods and baked goods should be eaten only occasionally (true is the correct response); baking, broiling, boiling, or microwaving are unhealthy ways to cook (false is the correct response); and removing the skin from poultry is a good way to reduce the fat (true is the correct response).

Correct answers were scored as one and incorrect answers as zero; the maximum possible score was three. A *t* test of the mean difference found no significant change in knowledge of healthy eating from pre- (mean = 2.79) to post-test (mean = 2.80) among all respondents (t (165 df) = .77, $p = .44$). Knowledge about healthy eating was not changed; however, 80% of respondents reported knowing this information at pre-test.

Demographic differences
Number of adults in the household had a significant effect on knowledge related to healthy eating. Participants living in a household with two or more adults experienced a greater increase in knowledge than those in households with one adult (see Mean Healthy Eating Knowledge by Adults in Household). No other significant effects due to demographic differences were detected.

Mean Healthy Eating Knowledge by Adults in Household

Measure	Pre-Test Mean	Post-Test Mean	Mean Difference	Percent Change
Adults in Household				
One adult	2.79	2.65	-.14	5%
Two or more adults	2.78	2.89	.11	4%

Healthy Eating Attitudes

To assess attitudes about healthy eating, respondents were asked to indicate whether choosing a diet without a lot of added sugar, that is low in fat, and features plenty of fruits and vegetables is important using a scale where "1" equaled "very unimportant" and "5" equaled "very important" on three questions; the maximum possible score was 15 and the minimum three.

A *t* test of the mean difference found that healthy eating attitudes significantly increased from pre- (mean = 12.08) to post-test (mean = 12.73) among all respondents (t (165 df) = 2.65, $p < .05$). Parents' agreement that choosing a diet low in added sugar and fat and that features plenty of fruits and vegetables is important increased from pre- to post-test.

Demographic differences

Ethnicity had a significant effect on magnitude of attitude change from pre- to post-test. The attitudes of Non-Hispanics became more positive (increasing by approximately 8%) while those of Hispanics became less positive (decreasing by approximately 5%). However, by the completion of the Parent Curriculum both had the same attitude toward healthy eating (see Mean Healthy Eating Attitudes by Ethnicity). No other significant effects due to demographic differences were detected.

Mean Healthy Eating Attitudes by Ethnicity

Measure	Pre-Test Mean	Post-Test Mean	Mean Difference	Percent Change
Ethnicity				
Non-Hispanic	11.71	12.69	.98	8%
Hispanic	13.29	12.65	-.64	5%

Healthy Eating Behaviors

To assess behaviors related to healthy eating, respondents were asked to indicate agreement using a scale where "1" equaled strongly disagree and "5" equaled strongly agree on five questions.

- I play an important role in determining what my child/children eat.
- If I eat well, there is a good chance my family will follow my example.
- I often make sure that healthy snacks are easily available for my family.
- In my family, we have set some rules on food and eating that we try to follow.
- In my family, we try to make sure that vegetables and fruits are often readily available at home.

The maximum possible score was 25 and the minimum five. A *t* test of the mean difference found that healthy eating behaviors significantly increased from pre- (mean = 20.82) to post-test (mean = 21.93) among all respondents (t (161 df) = 5.09, $p < .05$). Parents expressed greater

agreement on all issues including an increased perceived ability to determine healthy eating behaviors of their family members.

Demographic differences
Education level had a significant effect on behavior change from pre- to post-test; those with at least some college education reported the greatest change in healthy eating behaviors (see Mean Healthy Eating Behaviors by Education Level). No other significant effects due to demographic differences were detected.

Mean Healthy Eating Behaviors by Education Level

Measure	Pre-Test Mean	Post-Test Mean	Mean Difference	Percent Change
Education Level				
Less than high school	21.42	21.00	-.42	2%
High school graduate	21.03	21.61	.58	3%
Some college	20.90	22.83	1.12	9%
College graduate	20.36	22.55	2.19	11%
Some graduate school	21.89	22.60	.79	3%
Graduate degree	18.91	21.70	2.79	15%

Healthy Food Behaviors
To assess behaviors related to making healthy food choices, respondents were asked to indicate agreement using a scale where "1" equaled "strongly disagree" and "5" equaled "strongly agree" on three questions assessing whether parents use the nutrition facts label, and whether they try to limit availability of foods high in fat, and/or added sugar.

The maximum possible score was 15 and the minimum three. A *t* test of the mean difference found that behaviors to limit food that has low-nutrient value significantly increased from pre- (mean = 10.03) to post-test (mean = 11.30) among all respondents (t (163 df) = 6.70, $p < .05$). Parents reported reading the Nutrition Facts label more often and limiting foods high in fat and added sugar more frequently.

Demographic differences
Education level had a significant effect on behavior change from pre- to post-test. Those who had graduated from college had one of the lowest scores at pre-test and reported the most change in behavior from pre- to post-test (see Mean Healthy Food Behaviors by Education Level). No other significant effects due to demographic differences were detected.

Mean Healthy Food Behaviors by Education Level

Measure	Pre-Test Mean	Post-Test Mean	Mean Difference	Percent Change
Education Level				
Less than high school	9.26	10.50	1.22	13%
High school graduate	10.49	10.89	.51	4%
Some college	10.00	11.11	1.11	11%
College graduate	9.37	12.18	2.78	30%
Some graduate school	11.27	12.73	1.45	13%
Graduate degree	10.45	11.50	1.50	10%

Physical Activity Knowledge
To assess knowledge related to physical activity, respondents were asked to respond "true" or "false" to three questions asking whether health experts say that children should spend at least one hour each day in moderate to vigorous intensity physical activity (true is the correct response); multiple short periods of exercise (e.g., four 10-minute periods) are not as beneficial as a single long period (e.g., 40 minutes) in terms of healthy weight maintenance (false is the correct response); it may be adequate for adults to spend just 30 minutes each day engaged in moderate physical activity to be physically fit (true is the correct response).

Correct answers were scored as one and incorrect answers as zero; the maximum possible score was three. A *t* test of the mean difference found that knowledge of physical activity significantly increased from pre- (mean = 2.40) to post-test (mean = 2.56) among all respondents (t (162 df) = 2.25, $p < .05$). Parents' knowledge of how much physical activity they and their children should engage in increased as did their understanding that multiple short periods of physical activity were just as effective as a single long period.

Demographic differences
No significant effects due to demographic factors were detected.

Physical Activity Attitudes
To assess attitudes related to physical activity, respondents were asked to indicate likelihood or agreement using a 5-point scale on six questions. Three questions asked how likely parents were to say (scale anchored with "very unlikely" and "very likely"):

- I just can't seem to get my family started on being more physically active.
- There is not a safe or convenient place for my family to be physically active.
- There is not enough time in the day to find time to be physically active.

Three questions asked how much parents agreed with each of the following (scale anchored with "strongly agree" and "strongly disagree"):

- Being physically active can be a good way for my family to spend time together.
- I can think of several ways (other than weight control and the physical health benefits) that my family and/or I can benefit from being physically active.
- I can find creative ways to be physically active.

All items were scored such that higher scores indicated an increased perception of one's ability to be physically active. A *t* test of the mean difference found that exercise attitudes significantly increased from pre- (mean = 22.12) to post-test (mean = 23.62) among all respondents (t (155 df) = 5.00, $p < .05$). Parents reported an increased sense of being able to be physically active with their family.

Demographic differences
No significant effects due to demographic factors were detected.

Physical Activity Behaviors
To assess behaviors related to physical activity, respondents were asked to indicate agreement using a scale where "1" equaled "strongly disagree" and "5" equaled "strongly agree" on five questions.

- I play an important role in determining how much physical activity my child/children get.
- If I am physically active, there is a good chance my family will follow my example.
- I often plan physically active outings for my family.
- Whenever I can, I walk or bike places instead of driving.
- I use the stairs instead of the elevator when I can.

The maximum score was 25 and the minimum five. A *t* test of the mean difference found that physical activity behaviors significantly increased from pre- (mean = 18.62) to post-test (mean = 20.05) among all respondents (t (154 df) = 5.43, $p < .05$). Parents reported an increased perception that they play a role in encouraging physical activity by their family. Parents also reported an increase in planning and engaging in physical activity.

Demographic differences
Parents who reported living in a household with two or more adults reported greater increase in behaviors related to physical activity compared to those in households with one adult (see Mean Physical Activity Behaviors by Adults in Household).

Mean Physical Activity Behaviors by Adults in Household

Measure	Pre-Test Mean	Post-Test Mean	Mean Difference	Percent Change
Adults in Household				
One adult	19.28	19.67	.39	2%
Two or more adults	18.22	20.29	2.07	11%

Screen Time Knowledge
To assess knowledge related to screen time, respondents were asked to respond "true" or "false" to three questions asking whether children who do not have a television in their bedrooms spend as much time watching TV as children who do have them in their bedrooms (false is the correct response); people tend to eat less when they spend a lot of time watching TV (false is the correct response); studies show that children in homes where rules on watching TV are enforced spend less time watching TV than children in homes where such rules are not enforced (true is the correct response).

Correct answers were scored as one and incorrect answers as zero; the maximum possible score was three. The difference between the pre- and post-test score on each survey item was calculated and a sum of their totals computed. A *t* test of the mean difference found no statistically significant change in screen time knowledge from pre- (mean = 2.55) to post-test (mean = 2.53) among all respondents (t (151 df) = -.95, $p = .92$). Over 60% of parents reported already knowing these facts about screen time at pre-test.

Demographic differences
No significant effects due to demographic factors were detected.

Screen Time Attitudes
To assess attitudes related to screen time, respondents were asked to indicate agreement using a scale where "1" equaled "strongly disagree" and "5" equaled "strongly agree" on three questions.

- Spending too much time watching TV or playing video games could be bad for my child/children's health.
- It is important to me to find alternatives to watching TV for my family.
- There are several other ways that my family can spend time together besides watching TV.

The maximum possible score was 15 and the minimum three. A *t* test of the mean difference found that screen time attitudes significantly increased from pre- (mean = 12.91) to post-test (mean = 13.30) among all respondents (t (149 df) = 2.14, $p < .05$). Parents were more likely to agree that too much TV could be unhealthy for their children, that alternatives to watching TV were important, and that there were many other ways to spend time together as a family than watching TV.

Demographic differences
No significant effects due to demographic factors were detected.

Screen Time Behaviors
To assess behaviors related to screen time, respondents were asked to indicate agreement using a scale where "1" equaled "strongly disagree" and "5" equaled "strongly agree" on four questions.

- I enforce rules on screen time in my family's home.
- More often than not, my family and I do not watch TV during meal times.
- I watch less than 2 hours of TV each day.
- I limit my child's total time spent each day on TV, DVD/video recordings, computer games, and recreational computer use.

The maximum possible score was 20 and the minimum was four. A *t* test of the mean difference found that screen time behaviors significantly increased from pre- (mean = 13.73) to post-test (mean = 14.65) among all respondents (t (146 df) = 4.68, $p < .05$). More parents said they limited screen time in their home after participating in the Parent Curriculum.

Demographic differences
Gender had a significant effect on change in screen time behavior from pre- to post-test. Men reported the greatest change in screen time behavior. Overall, however, women were more likely to already engage in these behaviors (see Mean Screen Time Behaviors by Gender). No other significant effects due to demographic differences were detected.

Mean Screen Time Behaviors by Gender

Measure	Pre-Test Mean	Post-Test Mean	Mean Difference	Percent Change
Gender				
Male	12.41	13.86	1.45	12%
Female	13.94	14.77	.83	6%

Parent Curriculum Evaluation by Site

Among the nine sites that provided analyzable data for the Parent Curriculum, six sites—Alabama Department of Public Health; Boston Public Health Commission, Boston Steps; LCHAY; Operation Better Start; South Bend Parks and Recreation Department; and Scott & White Memorial Hospital and Clinic—had statistically significant changes in knowledge, attitudes and behaviors relevant to ***We Can!*** objectives (see Parent Curriculum Results by Site and Measure). LCHAY had significant effects aligned with ***We Can!*** objectives on 10 of 15 measures; Scott & White had nine significant effects; South Bend seven; and Operation Better Start five. Alabama and Boston had one significant effect each. Overall 135 measures were tested; 33 had statistically significant findings supporting ***We Can!*** objectives (see Appendix E for Parent Curriculum results by Site).

One measure—Healthy Food Behaviors—had significant effects in five sites; three measures—Healthy Eating Behaviors, Physical Activity Attitudes, and Physical Activity Behaviors—had significant effects in four sites; two measures—Energy Balance Attitudes and Portion Size Behaviors—demonstrated effects in three sites. Energy Balance Knowledge, Healthy Eating Attitudes, Physical Activity Knowledge, and Screen Time Behaviors had effects in two sites each; Portion Size Attitudes and Screen Time Attitudes had significant effects in one site.

Parent Curriculum Results by Site and Measure

	Sites									
	Alabama	**Boston**	**Gary**	**LCHAY**	**Montgomery County**	**Operation Better Start**	**Project Healthy Schools**	**Scott & White**	**South Bend**	**Total Significant Effects by Measure**
Surveys Analyzed	8	22	5	45	13	44	2	24	11	
Measure										
Energy Balance Knowledge	✓			✓	✓	✓	✓	✓	✓	2
Energy Balance Attitudes	✓	✓	✓	✓		✓		✓	✓	3
Portion Size Knowledge					✓		✓	✓	✓	0
Portion Size Attitudes	✓	✓	✓	✓		✓	✓	✓	✓	1
Portion Size Behaviors	✓	✓	✓	✓	✓	✓		✓	✓	3
Healthy Eating Knowledge		✓	✓	✓				✓		0
Healthy Eating Attitudes	✓	✓	✓	✓		✓		✓	✓	2
Healthy Eating Behaviors		✓	✓	✓	✓	✓	✓	✓	✓	4
Healthy Food Behaviors	✓	✓	✓	✓		✓	✓	✓	✓	5
Physical Activity Knowledge	✓	✓	✓	✓		✓		✓	✓	2
Physical Activity Attitudes		✓	✓	✓		✓		✓	✓	4
Physical Activity Behaviors	✓		✓	✓	✓	✓		✓	✓	4
Screen Time Knowledge			✓		✓	✓		✓	✓	0
Screen Time Attitudes	✓		✓		✓			✓	✓	1
Screen Time Behaviors	✓	✓	✓	✓	✓	✓		✓		2
Total Significant Effects by Site*	1	1	0	10	0	5	0	9	7	33

* ✓ indicates support for ***We Can!*** objectives; ✓ indicates statistically significant support for ***We Can!*** objectives

Youth Curricula

All 14 Intensive Sites implemented the youth curricula including 11 sites that implemented CATCH, six that implemented MSY, and two that implemented S.M.A.R.T.

CATCH Kids Club Curriculum

To evaluate the effectiveness of the CATCH Curriculum surveys from 357 youth (58% female, 42% male) ages 8 to 14 and in grades two to eight were analyzed. Data supplied by eleven Intensive Sites (Alabama Department of Public Health (Alabama), Gary Youth Services Bureau and Park Recreation (Gary), Lane Coalition for Healthy Active Youth (LCHAY), Montgomery County Department of Recreation (Montgomery County), Operation Better Start, Project Healthy Schools, Roswell Recreation and Park Department, South Bend Parks and Recreation Department (South Bend), Southern Nevada Team, Springfield-Greene County Parks and Recreation (Springfield-Greene), and Scott & White Memorial Hospital and Clinic (Scott & White)) were analyzed. Among the participants, 43% were Caucasian, 37% African American, 5% Asian, 1% American Indian, and 6% Hispanic. (see CATCH Curriculum Demographic Characteristics). Nearly a third were in the third (31%) grade, another third in fourth grade (32%), 24% in fifth grade, and 8% in grades 6 to 8. The ages of participants ranged from 8 to 14; the mean age was 9.

In all, 14 constructs relevant to ***We Can!*** objectives related to healthy eating, physical activity and screen time were assessed.

CATCH Curriculum Demographic Characteristics

Characteristics	% (n)	Characteristics	% (n)	Characteristics	% (n)
Gender		**Grade**		**Age**	
Males	42 (150)	Second	5 (19)	8	28 (100)
Females	58 (205)	Third	31(109)	9	31 (110)
Race		Fourth	32 (114)	10	24 (84)
African American	37 (129)	Fifth	24 (84)	11	11(41)
American Indian	1 (4)	Sixth	5 (18)	12	4 (12)
Asian	5 (16)	Seventh	2 (6)	13	1 (4)
Caucasian	43 (151)	Eighth	1 (5)	14	1 (3)
Hispanic	6 (20)				
Other	8 (31)				

N = 357

As noted in the CATCH Summary of Findings below, data analysis revealed statistically significant increases in eight of these 14 constructs in accordance with ***We Can!*** objectives.

For each tested construct, a description of the tested items, the *t* test findings and analysis of any demographic differences (child gender, race, age, and grade level), are presented below.

CATCH Summary of Findings

Measure	Pre-Test Mean	Post-Test Mean	Mean Difference	% Change	t Value	df	p
Food Knowledge	18.23	18.98	.80	4%	4.01*	309	< .05
Food Attitudes: Self-Efficacy	14.86	15.79	1.01	7%	4.79*	310	< .05
Food Attitudes: Intentions to Reduce Fat	10.13	11.10	1.00	10%	7.07*	273	< .05
Food Attitudes: Intentions to Drink Skim Milk	1.35	1.49	.15	11%	4.55*	324	< .05
Healthy Eating Behaviors: Reducing Fat	1.38	1.30	-.08	-6%	-.95	338	.35
Healthy Eating Behaviors: Eating Fiber	2.03	2.08	.08	4%	1.14	330	.26
Healthy Eating Behaviors: Eating Fruits and Vegetables	9.39	9.95	.62	7%	3.99*	302	< .05
Healthy Eating Behaviors: Reading Labels	.89	.99	.10	11%	2.55*	348	< .05
Physical Activity Attitudes	6.54	6.85	.26	4%	2.41*	330	< .05
Physical Activity Behavior	.85	.84	-.02	-2%	.69	343	.49
Screen Time Behaviors: Weekday TV Viewing	4.61	4.26	-.34	-7%	-3.14*	336	< .05
Screen Time Behaviors: Weekend TV Viewing	4.67	4.39	-.11	-2%	-.87	342	.39
Screen Time Behaviors: Weekday Video Gaming	1.53	1.41	-.11	-7%	-1.41	348	.16
Screen Time Behaviors: Weekend Video Gaming	1.58	1.52	-.05	-3%	-.72	345	.47

***Statistically significant finding**

Food Knowledge

To assess food knowledge, respondents were asked to answer a series of questions; correct answers were scored as two and incorrect answers as one. The maximum possible score was 22 and the minimum 11. The questions included (the correct answer is noted in parentheses or is underlined):

- How many total servings of fruits and vegetables should you eat each day? (5)
- Which is better for you: Whole wheat bread or white bread?
- Which is better for you: Broiled beef or broiled fish?
- Which is better for you: Cereal or eggs and bacon?
- Which is better for you: Beef or beans?
- Which is better for you: Chicken or regular hamburger?
- Which is better for you: Regular milk or low-fat/skim milk?
- Which is better for you: Frozen yogurt or ice cream?
- Which is better for you: Green salad or French fries?

- Which is better for you: French fries or baked potato?
- Which is better for you: 100% fruit juice or fruit punch?

A *t* test of the mean difference found that food knowledge significantly increased from pre- (mean = 18.23) to post-test (mean = 18.98) among all respondents (*t* (309 df) = 4.01, $p < .05$). Knowledge of healthier food choices increased as a result of CATCH participation.

Demographic differences
No significant effects due to demographic factors were detected.

Food Attitudes: Self-Efficacy
To assess self-efficacy with respect to healthy food choices, respondents were asked to indicate their likelihood of making healthier food selections using a scale where "1" equaled "not likely" and "3" equaled "very likely" on eight questions. The choices were:

- low-fat or skim milk instead of regular white milk
- high-fiber cereal instead of a donut
- fresh fruit instead of a candy bar
- taking the skin off of chicken (and not eat the skin)
- frozen yogurt instead of ice cream
- baked potato instead of French fries
- drink fruit juice instead of a soft drink (a soda pop)
- grilled chicken sandwich at a fast food restaurant instead of a hamburger

The maximum possible score was 24 and the minimum was eight. A *t* test of the mean difference found that food attitudes: self-efficacy significantly increased from pre- (mean = 14.86) to post-test (mean = 15.79) among all respondents (*t* (310 df) = 4.79, $p < .05$). Youths were more likely to report making healthy food choices after completing CATCH.

Demographic Differences
Respondent age had a significant impact on food attitudes: self-efficacy (F (6 between groups df, 307 total df) = 2.18, $p < .05$): children 11 and 12 years of age reported the greatest improvement in being more likely to make healthy food choices after participating in CATCH (See Mean Food Attitudes: Self-Efficacy by Age of Child below). No other significant effects due to demographic differences were detected.

Mean Food Attitudes: Self-Efficacy by Age of Child

Age of Child	Pre-Test Mean	Post-Test Mean	Mean difference	Percent Change
8	14.62	15.78	1.65	8%
9	15.38	15.87	.35	3%
10	14.96	15.31	.31	2%
11	14.29	16.33	2.10	14%
12	14.25	16.91	2.09	19%
13	16.00	16.00	-.33	0%
14	12.67	13.67	1.00	8%

Food Attitudes: Intentions to Reduce Fat

To assess food intentions to reduce intake of foods high in fat, respondents were asked to identify one of two foods that they would pick if they had to choose just one. The seven choices were (lower fat food choice is underlined):

- If you were at the movies, would you pick buttered or unbuttered popcorn as a snack?
- Would you eat a candy bar or fruit for a snack?
- If you were going to eat a piece of chicken would you eat it with the skin on or skin off?
- Would you ask for frozen yogurt or ice cream?
- Would you choose French fries or baked potato to cook if you were going to help make dinner at home?
- If you were going to eat cooked vegetables would you eat them with or without butter?
- If you were going to eat at a fast food restaurant would you order a hamburger or grilled chicken sandwich?

Selections of the lower fat choice were scored as two and higher-fat choices as one; the maximum possible score was 14. A *t* test of the mean difference found that food intentions with respect to reducing fat significantly increased from pre- (mean = 10.13) to post-test (mean = 11.10) among all respondents (t (273 df) = 7.07, $p < .05$). Youths reported being more likely to select lower-fat foods due to CATCH participation.

Demographic differences

No significant effects due to demographic factors were detected.

Food Attitudes: Intentions to Drink Skim Milk

To assess food intentions with respect to milk, respondents were asked whether they would pick whole milk, or low-fat or skim milk.

Selection of low-fat or skim milk was scored as two and whole milk as a one. A *t* test of the mean difference found that food intentions with respect to drinking low-fat milk significantly increased from pre- (mean = 1.35) to post-test (mean = 1.49) among all respondents (t (324 df) = 4.55, $p < .05$). Youths were more likely to pick low-fat or skim milk to drink instead of whole milk upon completion of CATCH.

Demographic differences

No significant effects due to demographic factors were detected.

Healthy Eating Behaviors: Reducing Fat

To assess behaviors related to reducing the intake of high-fat and energy-dense foods, respondents were asked to indicate how many servings of French fries/potato chips or sweets (sweet rolls, donuts, cookies, brownies, pies, or cakes) they had eaten on the day before. Responses ranged from "I didn't eat any" (scored as "zero") to "I ate it 3 or more times" (scored as "three").

The maximum possible score was six. A *t* test of the mean difference found that intake of these high-fat and energy-dense foods did not demonstrate statistically significant change from pre- (mean = 1.38) to post-test (mean = 1.30) among all respondents (*t* (338 df) = -.95, p = .35). The consumption of high-fat and energy-dense foods was not impacted by CATCH participation.

Demographic Differences

Participant age had a significant impact on consumption of higher-fat foods (F(6 between df, 335 total df) = 2.45, p < .05). Children aged 12 tended to decrease consumption of high-fat/energy-dense foods (see Mean Healthy Eating Behaviors: Reducing Fat by Age of Child) from pre- to post-test. No other significant effects due to demographic differences were detected.

Mean Healthy Eating Behaviors: Reducing Fat by Age of Child

Age of Child	Pre-Test Mean	Post-Test Mean	Mean Difference	Percent Change
8	1.16	1.36	.20	17%
9	1.35	1.04	-.31	23%
10	1.23	1.26	.03	2%
11	1.73	1.73	.00	0%
12	3.09	1.50	-1.59	51%
13	1.33	2.25	.92	69%
14	1.33	.67	-.66	50%

Healthy Eating Behaviors: Eating Fiber

To assess behaviors regarding the intake of foods high in fiber, respondents were asked to indicate how often they ate high-fiber cereal or whole wheat bread using a scale ranging from "Almost always or always" (scored as "two") to "Almost never or never" (scored as "zero"). The maximum possible score was 4.

A *t* test of the mean difference found that reported intake of high-fiber cereal and whole wheat bread demonstrated no statistically significant change from pre- (mean = 2.03) to post-test (mean = 2.08) among all respondents (*t* (330 df) = 1.14, p = .26). The consumption of high-fiber cereal and whole wheat bread was not impacted by CATCH participation.

Demographic differences

No significant effects due to demographic factors were detected.

Healthy Eating Behaviors: Eating Fruits and Vegetables
To assess the intake of fruits and vegetables, respondents were asked to indicate how many servings of vegetables, beans, fruit, and fruit juice they had eaten the day before using a scale ranging from "I didn't eat any" (scored as "zero") to "I ate it 3 or more times" (scored as "three").

Respondents were also asked to indicate the frequency of eating healthy foods, drinking 100% fruit juice, eating fruit for lunch, and eating vegetables for dinner using a scale ranging from "Always" or "All of the time" (scored as two) to "No" or "Almost never or never" (scored as zero). The maximum possible score was 20.

A *t* test of the mean difference found that intake of fruits and vegetables significantly increased from pre- (mean = 9.39) to post-test (mean = 9.95) among all respondents (t (302 df) = 3.99, $p < .05$). Youth reported eating more healthy foods such as beans, fruits, fruit juices and vegetables upon completing CATCH.

Demographic differences
No significant effects due to demographic factors were detected.

Healthy Eating Behaviors: Reading Labels
To assess frequency of reading nutrition fact labels, respondents were asked how often they do so using a scale ranging from "Almost always or always" (scored as "two") to "Almost never or never" (scored as "zero") on one question.

A *t* test of the mean difference found that label reading significantly increased from pre- (mean = .89) to post-test (mean = .99) among all respondents (t (348 df) = 2.55, $p < .05$). Youths read labels more often based on CATCH participation.

Demographic differences
No significant effects due to demographic factors were detected.

Physical Activity Attitudes
To assess attitudes related to physical activity, respondents were asked to indicate how likely they were to engage in physical activity using a scale where "1" equaled "not likely" and "3" equaled "very likely" on four questions:

- How likely are you to be physically active 3-5 times a week?
- How likely are you to exercise and keep moving for most of the time in your after school program?
- How likely are you to run or bike 3-5 times a week?
- How likely are you to keep up a steady pace without stopping for 15-20 minutes when you are physically active?

The maximum possible score was 12 and the minimum was four. A *t* test of the mean difference found that self-efficacy for physical activity significantly increased from pre- (mean = 6.54) to post-test (mean = 6.85) among all respondents (*t* (330 df) = 2.41, $p < .05$). Youths were more likely to report being physically active after completing CATCH.

Demographic differences
No significant effects due to demographic factors were detected.

Physical Activity Behaviors
To assess physical activity behavior, respondents were asked whether they engaged in moderate physical activity (i.e., exercise or sports that made their heart beat fast for at least 20 minutes) the day before. A "Yes" response was scored as "1" and a "No" response as "0"; the maximum score was one.

A *t* test of the mean difference found that no statistically significant impact on physical activity behaviors from pre- (mean = .85) to post-test (mean = .84) occurred (*t* (343 df) = .69, $p = .49$). Self-reports of participation in moderate physical activity did not change from pre- to post-test. However, approximately 85% of youths reported engaging in moderate physical activity at both pre- and post-test.

Demographic differences
No significant effects due to demographic factors were detected.

Screen Time Behaviors: Weekday TV Viewing
To assess screen time behaviors in terms of weekday television viewing, respondents were asked how many hours of television or videos they watched on the typical weekday as well as how many TV shows or videos. Response options for both questions began with "I don't watch TV or videos" (scored as "zero") to "More than 4 hours a day" (scored as "four") or "3 or more TV shows/videos" (scored as "three"). The maximum score was seven.

A *t* test of the mean difference found that self-reports of weekday television viewing significantly decreased from pre- (mean = 4.61) to post-test (mean = 4.26) among all respondents (*t* (336 df) = -3.14, $p < .05$). Youths reported watching less TV or videos during the week after completing CATCH.

Demographic differences
No significant effects due to demographic factors were detected.

Screen Time Behaviors: Weekend TV Viewing
To assess screen time behaviors in terms of weekend television viewing, respondents were asked how many hours of TV or videos they watched on a typical Saturday or Sunday. Response options for both questions began with "I don't watch TV or videos" (scored as "zero") to "More than 4 hours a day" (scored as "four") or "3 or more TV shows/videos" (scored as "three"). The maximum score was seven.

A *t* test of the mean difference found no significant impact on weekend TV or video viewing from pre- (mean = 4.67) to post-test (mean = 4.39) among all respondents (*t* (342 df) = -.87, p = .39). Youths reported no change in TV or video viewing during the weekend.

Demographic differences
No significant effects due to demographic factors were detected.

Screen Time Behaviors: Weekday Video Gaming
To assess video game playing on weekdays, respondents were asked how many hours per day they typically play video games or arcade games or surf the Internet (recreational computer use) using a scale ranging from "I don't play video games or use the computer" (scored as a "zero") to "More than 4 hours a day" (scored as a "four") using a single question.

A *t* test of the mean difference found no statistically significant impact on reports of weekday video game playing or recreational computer use from pre- (mean = 1.53) to post-test (mean = 1.41) among all respondents (*t* (348 df) = -1.41, p = .16). Time spent playing video games and surfing the Internet were unchanged. On average, youths spent 1.5 hours per weekday at pre- and post-test.

Demographic differences
No significant effects due to demographic factors were detected.

Screen Time Behaviors: Weekend Video Gaming
To assess video game playing and recreational computer use on the weekend, respondents were asked how many hours per day they typically play video games or arcade games, or surf the Internet using a scale ranging from "I don't play video games or use the computer" (scored as a "zero") to "More than 4 hours a day" (scored as a "four") using a single question.

A *t* test of the mean difference found no statistically significant impact on reports of weekend video game playing and recreational computer use from pre- (mean = 1.58) to post-test (mean = 1.52) among all respondents (*t* (345 df) = -.72, p = .47). Reports of video game playing and Internet surfing on the weekend indicated no change in behavior; youth averaged 1.5 hours per weekend day at pre- and post-test.

Demographic differences
No significant effects due to demographic factors were detected.

CATCH Curriculum Evaluation by Site and Measure

Among the 11 sites that implemented the CATCH Curriculum, nine sites—(Alabama Department of Public Health (Alabama); Gary Youth Services Bureau and Park Recreation (Gary); Lane Coalition for Healthy Active Youth (LCHAY); Operation Better Start; Project Healthy Schools; Roswell Recreation and Parks Department; Southern Nevada Team; South Bend Parks and Recreation Department (South Bend); and Springfield-Greene County Parks and Recreation (Springfield-Greene))—had statistically significant changes in knowledge, attitudes, and behaviors relevant to ***We Can!*** objectives (see CATCH Curriculum Results by Site and Measure). Gary had significant effects aligned with ***We Can!*** objectives on 11 of 14 measures; Springfield-Greene had six significant effects. Operation Better Start and Southern Nevada Team had four significant effects each. The remaining sites had no more than three significant effects. Overall 154 measures were tested; 34 had significant findings (see Appendix F for CATCH Curriculum results by Site).

One measure—Healthy Eating Behaviors: Eating Fruits and Vegetables—had significant effects across five sites. Three measures—Food Attitudes: Self-Efficacy, Food Attitudes: Intentions to Reduce Fat, and Food Attitudes: Intentions to Drink Skim Milk—had significant effects in four sites; two measures—Food Knowledge and Screen Time Behaviors: Weekday TV Viewing—demonstrated effects in three sites. Food Knowledge, Healthy Eating Behaviors: Eating Fiber, Healthy Eating Behaviors: Reading Labels, Physical Activity Attitudes, and Screen Time Behaviors: Weekend Video Gaming had effects in two sites each; Healthy Eating Behaviors: Reducing Fat, Screen Time Behaviors: Weekend TV Viewing, and Screen Time Behaviors: Weekday Video Gaming had significant effects in one site. Physical Activity Behavior had no significant effects.

CATCH Results by Site and Measure

	Sites											
	Alabama	**Gary**	**LCHAY**	**Montgomery County**	**Operation Better Start**	**Project Healthy Schools**	**Roswell**	**Scott & White**	**South Bend**	**Southern Nevada**	**Springfield-Greene**	**Total Significant Effects by Measure**
Surveys Analyzed	34	32	39	23	33	18	54	12	41	47	24	
Measure												
Food Knowledge	✓	✓	✓	✓	✓		✓	✓	✓		✓	3
Food Attitudes												
Self-Efficacy	✓	✓	✓		✓	✓		✓	✓	✓	✓	4
Intentions to Reduce Fat	✓	✓	✓	✓			✓	✓	✓	✓	✓	4
Intentions to Drink Skim Milk	✓	✓	✓		✓	✓			✓	✓	✓	4
Healthy Eating Behaviors												
Reducing Fat			✓		✓	✓		✓		✓		1
Eating Fiber	✓	✓	✓	✓			✓		✓			2
Eating Fruits and Vegetables	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		5
Reading Labels		✓			✓		✓	✓	✓	✓	✓	2
Physical Activity Attitudes	✓	✓	✓	✓	✓	✓				✓	✓	2
Physical Activity Behaviors			✓		✓		✓	✓	✓			0
Screen Time Behaviors												
Weekday TV Viewing	✓	✓		✓			✓		✓	✓	✓	3
Weekend TV Viewing		✓		✓	✓		✓	✓	✓		✓	1
Weekday Video Gaming	✓	✓					✓	✓	✓	✓	✓	1
Weekend Video Gaming	✓	✓	✓	✓				✓	✓	✓		2
Total Significant Effects by Site*	2	11	1	0	4	1	2	0	3	4	6	34

* ✓ indicates support for ***We Can!*** objectives; ✓ indicates statistically significant support for ***We Can!*** objectives

Media-Smart Youth Curriculum

To evaluate the effectiveness of the Media-Smart Youth curriculum, surveys from 74 youth (45% male, 55% female) representing five Intensive Sites (Benton County Healthy Weight and Lifestyle Coalition (Benton County), LCHAY, Roswell Recreation and Parks Department (Roswell), Southern Nevada Team, and Springfield-Greene County Park and Recreation) were analyzed. Among the participants, 77% were Caucasian, 5% African American, 1% Asian, and 1% Hispanic (see MSY Curriculum Demographic Characteristics). Children in grades five to eight participated; 16% were in the fifth grade, 38% in sixth, 24% in seventh, and 20% in eighth. The ages of participants ranged from 10 to 15; the mean age was 12.

MSY Curriculum Demographic Characteristics

Characteristics	% n	Characteristics	% n	Characteristics	% n
Gender		**Grade**		**Age**	
Males	45 (33)	Fifth	16 (12)	10	7 (5)
Females	55 (40)	Sixth	38 (28)	11	30 (22)
Race		Seventh	24 (18)	12	34 (25)
African American	5 (4)	Eighth	20 (15)	13	15 (11)
Asian	1 (7)			14	11 (8)
Caucasian	77 (57)			15	1 (1)
Hispanic	1 (1)				
Other	4 (3)				

N = 74

In all, four constructs relevant to ***We Can!*** objectives of healthy eating and physical activity were assessed. As noted in the MSY Summary of Findings below, data analysis revealed statistically significant increases in two of these four constructs (physical activity knowledge and attitudes) relevant to ***We Can!*** objectives. For each tested construct, a description of the tested items, the *t* test findings and analysis of any demographic differences (child gender, race, age, and grade level), are presented below.

It is important to note that MSY curricula is designed to increase media literacy skills. A full scale evaluation of MSY, conducted by NICHD, presents a more accurate assessment of the program.

MSY Summary of Findings

Measure	Pre-Test Mean	Post-Test Mean	Mean Difference	Percent Change	t Value	df	p
Nutrition Knowledge	12.96	12.66	-.27	-2%	-.70	44	.49
Food Attitudes	23.76	25.94	1.87	8%	1.72	59	.09
Physical Activity Knowledge	4.87	5.29	.42	9%	1.98*	67	<.05
Physical Activity Attitudes	11.10	12.11	1.12	10%	2.49*	65	<.05

***Statistically significant finding**

Nutrition Knowledge

To assess nutrition knowledge, respondents were asked to select one response from among four choices on six questions related to bone strength, fruits and vegetable consumption, calcium, reduced sugar, reduced fat, and whole grains (correct responses are underlined):

> To make bones stronger the choices were to eat foods with less added sugar and do weight-bearing activities, <u>eat foods high in calcium and do weight-bearing activities</u>, eat whole-grain foods and do stretches to be more flexible, or eat fruits and vegetables and get enough sleep
>
> To include fruits and vegetables in daily eating; the choices were <u>eat a banana with breakfast</u>, drink milk with dinner, <u>have a glass of 100 percent fruit juice</u>, and have a turkey sandwich on whole-grain bread.
>
> To add calcium to one's diet, the choices were to eat <u>yogurt</u>, <u>spinach</u>, carrots, and peanut butter.
>
> To assess knowledge about limiting added sugar the choices were to <u>have plain cereal instead of frosted cereal for breakfast</u>, <u>drink 100 percent fruit juice instead of fruit punch</u>, have jelly beans at snack time instead of ice cream, and <u>split a candy bar with a friend instead of eating the whole thing</u>.
>
> To assess knowledge of ways to reduce fat the choices were to <u>remove the skin before eating chicken</u>, drink whole milk instead of skim milk, <u>choose a small order of French fries instead of a large order of French fries</u>, put butter on toast instead of jam or jelly.
>
> To assess knowledge about whole grains, the choices were <u>oatmeal</u>, white rice, wheat bread, and <u>popcorn</u>.

Selection of correct responses were scored as one. A score of one was also made when respondents did <u>not</u> select incorrect responses; all other selections were scored as zero. The maximum possible score was 21 and the minimum zero. A *t* test of the mean difference found no statistically significant change in nutrition knowledge from pre- (mean = 12.96) to post-test (mean = 12.66) among respondents (t (44 df) = -.70, p = .49).

Demographic differences

No significant effects due to demographic factors were detected.

Food Attitudes

To assess intentions toward eating healthier foods, respondents were asked to indicate their intention to eat more vegetables, fruits, whole-grain foods, and foods with calcium; decrease their consumption of high-fat and added-sugar snacks; and read nutrition facts label on snacks in the next month using a scale where "1" equaled "Strongly Disagree" and "5" equaled "Strongly Agree" on seven items. The maximum possible score was 35 and the minimum seven.

A *t* test of the mean difference found no statistically significant change in food attitude from pre- (mean = 23.76) to post-test (mean = 25.94) among all respondents (*t* (59 df) = 1.72, p = .09).

Demographic Differences
No significant effects due to demographic factors were detected.

Physical Activity Knowledge
To assess physical activity knowledge, respondents were asked seven questions. One question asked them to indicate from among four choices (15, 30, 45, and 60 minutes) how long for each day young people should be physically active (60 minutes is the correct answer). Another question asked respondents to select up to four actions they believed were physical activities (walking, carrying groceries, climbing stairs, playing soccer - all are physical activities). Two True/False questions asked if physical activity is anything that gets your body moving (true is the correct response) or if riding a bike is a weight-bearing activity (false is the correct response). Each correct response was scored as one and incorrect responses as a zero.

A *t* test of the mean difference found that physical activity knowledge significantly increased from pre- (mean = 4.87) to post-test (mean = 5.29) among all respondents (*t* (67 df) = 1.98, p < .05). Youth increased their knowledge of how long they should be physically active, what activities are considered physical activities.

Demographic differences
No significant effects due to demographic factors were detected.

Physical Activity Attitudes
To assess physical activity attitudes, respondents were asked to indicate their intention to be physically active during the next month using a scale where "1" equaled "Strongly Disagree" and "5" equaled "Strongly Agree" on three items. The maximum possible score was 15 and the minimum three.

- I intend to be physically active for at least an hour a day during the next month
- I intend to be more physically active during the next month
- I intend to do more weight-bearing activities during the next month

A *t* test of the mean difference found that physical activity intentions significantly increased from pre- (mean = 11.10) to post-test (mean = 12.11) among all respondents (*t* (65 df) = 2.49, p < .05). Youths reported increased intention to be physically active for at least an hour a day, to be physically active more frequently, and to do more weight-bearing activities during the next month.

Demographic differences
No significant effects due to demographic factors were detected.

Media Smart Youth Curriculum Evaluation by Site

Among the five sites that provided data for the MSY Curriculum, one site—Roswell Recreation and Parks Department—had statistically significant changes in knowledge and attitudes relevant to ***We Can!*** objectives (see MSY Curriculum Results by Site and Measure). Roswell had significant effects aligned with ***We Can!*** objectives on two of four measures. In total, two significant effects were found among the 20 measures analyzed (see Appendix G for MSY Curriculum results by Site).

Physical Activity Knowledge and Food Attitudes had significant effects at one site.

Media-Smart Youth Results by Site and Measure

	Site					
	Benton County	**LCHAY**	**Roswell**	**Southern Nevada**	**Springfield-Greene**	**Total Significant Effects by Measure**
Surveys Analyzed	31	3	7	17	18	
Measure						
Nutrition Knowledge		✓			✓	0
Food Attitudes		✓	✓	✓	✓	1
Physical Activity Knowledge		✓	✓	✓	✓	1
Physical Activity Attitudes	✓	✓	✓		✓	0
Total Significant Effects by Site*	0	0	2	0	0	2

* ✓ indicates support for ***We Can!*** objectives; ✓ indicates statistically significant support for ***We Can!*** objectives

S.M.A.R.T. Curriculum

To evaluate the effectiveness of the S.M.A.R.T. Curriculum, surveys from 38 youth (61% female, 39% male) representing two Intensive Sites (Operation Better Start and Scott & White Memorial Hospital and Clinic) were analyzed (the third site implementing S.M.A.R.T. did not provide data to analyze). Among the participants, 79% were Caucasian, 13% African American, and 3% Hispanic. (see S.M.A.R.T. Curriculum Demographic Characteristics). Students reported they were in grades two to seven; 8% were in second grade, 53% in third, 18% in fourth, 10% in fifth, 8% in sixth and 3% in seventh. The ages of participants ranged from 8 to 13; the mean age was nine.

S.M.A.R.T. Curriculum Demographic Characteristics

Characteristics	% (n)	Characteristics	% (n)	Characteristics	% (n)
Gender		**Grade**		**Age**	
Males	39 (15)	Second	8 (3)	8	53 (20)
Females	61 (23	Third	53 (20)	9	10 (4)
Race		Fourth	18 (7)	10	24 (9)
African American	13 (5)	Fifth	10 (4)	11	5 (2)
American Indian	(0)	Sixth	8 (3)	12	5 (2)
Asian	(0)	Seventh	3 (1)	13	3 (1)
Caucasian	79 (30)				
Hispanic	3 (1)				
Other	5 (1)				
N=38					

Two constructs relevant to ***We Can!*** objectives of reduced screen time and increased physical activity were assessed. Data analysis revealed a statistically significant decrease in screen time; youths reported watching over eight fewer hours of media at post-test than at pre-test (see S.M.A.R.T. Summary Findings below).

Each tested construct is described below, as are findings based on analysis of variance (ANOVA). Demographic differences related to child gender, race, age, and grade level were also assessed; significant effects were found.

S.M.A.R.T. Summary Findings

Physical Activity Behaviors	9.00	8.51	-.49	5%	.125	1	72	.72
Screen Time Behaviors	39.22	30.61	-8.61	22%	6.90*	1	67	<.05

***Statistically significant finding**

Physical Activity Behaviors
To assess physical activity behaviors, respondents were asked to indicate how much time the day before (both before and after school) and on the last Saturday they had spent playing outside. Response options ranged from "none" to "6 hours or more;" the maximum possible score was 18. ANOVA demonstrated no significant change (F (1 between groups df, 72 total df) = .13; p = .72) in physical activity from pre- to post-test.

Screen Time Behaviors
To assess behaviors related to screen time, respondents were asked to indicate how much time the previous day (both before and after school) and on the last Saturday they had spent watching TV, movies, videos or DVDs, and playing video or computer games. Response options ranged from "none" (scored as zero) to "6 hours or more" (scored as nine). The maximum possible score was 108. ANOVA demonstrated a significant decrease (F (1 between groups df, 67 total df) = 6.90; $p < .05$) in media usage. Youth media consumption fell from 39 hours at pre-test to 31 hours at post-test.

S.M.A.R.T. Curriculum Evaluation by Site

Among the two sites that provided data to analyze for the S.M.A.R.T. Curriculum, one site—Operation Better Start—had statistically significant changes on one measure: Screen Time Behaviors. Overall, four measures were tested; this was the only significant finding (see Appendix H for S.M.A.R.T. Curriculum results by Site).

S.M.A.R.T. Results by Site

	Sites		
	Operation Better Start	**Scott & White**	**Total Significant Effects by Measure**
Surveys Analyzed	Pre-Test n = 16; Post-Test n = 15	Pre-Test n = 22; Post-Test n = 20	
Measure			
Physical Activity Behaviors	✓		0
Screen Time Behaviors	✓	✓	1
Total Significant Effects by Site*	1	0	

* ✓ indicates support for ***We Can!*** objectives; ✓ indicates statistically significant support for ***We Can!*** objectives

Appendix A:
Intensive Community Site Curricula Implementation Requirements

Intensive Community Site Curricula Implementation Requirements

Youth Curricula Requirement:
Implement and evaluate 3 youth curricula implementations

The implementation requirements below outline the duration, participant age range, and activity type for each ***We Can!*** youth curriculum (CATCH Kids Club, Media-Smart Youth, and S.M.A.R.T.). Please note that the implementation requirements below apply ONLY to those implementations you wish to submit in fulfillment of the ***We Can!*** Intensive Site youth curricula requirement. Additional implementations of any of the three curricula are strongly encouraged. However, additional implementations do not have to adhere to the requirements specified below.

Regardless of the curricula you choose to use, we require a minimum of 45 completed Pre- and Post-Questionnaire sets. We understand that participation will not be evenly distributed between your three implementations.

All Pre-Questionnaires should be administered at the beginning of the first session. If a participant misses the first session, administer the Pre-Questionnaire at the beginning of the second session. If a student misses the first two classes, do not administer the Pre-Questionnaire with him/her.

Please only send Pre- and Post-Questionnaires for those implementations that meet the requirements below.

CATCH Kids Club

Participant Age Range: Eight to thirteen year olds

Requirements:

1. Complete three 30 minute physical activity sessions on three separate days per week using activities from the Activity Box. Do not substitute new activities for those found in the Activity Box.

2. Complete 1 nutrition lesson from the CATCH Kids Club binder per week for a minimum of 8 weeks. Complete at least one nutrition activity on fruits and vegetables, one nutrition activity on dairy, and one nutrition activity on fiber.

3. Activities listed above must be implemented over a minimum of 8 weeks.

Media-Smart Youth

Participant Age Range: Eleven to thirteen year olds

Requirements:

1. Complete Activity A, B, and C for all 10 lessons and complete the *Big Production*.

2. If sessions are pressed for time, you can shorten or eliminate the Snack Breaks and/or Action Breaks though we do not recommend doing so for the benefit of the youth.

3. The *Big Production* activity can take place in a single day, over several days, or several weeks and does not require the participation of a media partner, though one is recommended if possible.

4. We recommend no fewer than eight registered students per implementation. The maximum size for any group of registered students is 20. The ideal registered group size is 15 participants.

5. There is no minimum time allotment for implementation of this curriculum.

S.M.A.R.T.

Participant Age Range: Eight to ten year olds (3^{rd} and 4^{th} grade students)

Requirements:

1. At a minimum, complete lessons 1-8 in sequential order, starting with lesson 1 and ending with lesson 8 (which includes "TV Turn Off" Week).

2. The curriculum distributed by mail to Intensive sites implementing S.M.A.R.T. in June 2005 must be implemented with youth in 3^{rd}-4^{th} grade. Sites that received a copy of the curriculum that was adapted and field tested for the 5^{th} – 8^{th} grades may use this version, but must note on their Pre- and Post-Questionnaires that this version was used, instead of the version for youth in the 3^{rd}-4^{th} grades.

3. There is no minimum time allotment for implementation of this curriculum. Feel free to group lessons together during implementation. For example, you can run lessons 1 and 2 together; or lessons 1, 2 and 3 together. However, you must still cover lessons 1-8 (at a minimum) in sequential order.

Adult Curricula Requirement:

Implement and evaluate 3 adult curricula implementations

The implementation requirements below outline the duration and participant age range for the curriculum, *Energize our Families: Curriculum for Parents and Caregivers.* Please note that the implementation requirements below apply ONLY to those implementations you wish to submit in fulfillment of the ***We Can!*** Intensive Site adult curricula requirement. Additional implementations of the three curricula are strongly encouraged. However, additional implementations do not have to adhere to the requirements specified below.

We require a minimum of 45 completed Pre- and Post-Questionnaire sets. We understand that participation will not be evenly distributed between your three implementations.

All Pre-Questionnaires should be administered at the beginning of the first session. If a participant misses the first session, administer the Pre-Questionnaire at the beginning of the second session. If a student misses the first two classes, do not administer the Pre-Questionnaire with him/her.

Please only send Pre- and Post-Questionnaires for those implementations that meet the requirements below.

Energize our Families: Curriculum for Parents and Caregivers

Parrticipants Criteria: Parents or caregivers of youth, eight to thirteen years of age.

Requirements:

1. Complete all six lessons within 8 weeks in sequential order starting with lesson 1 and ending with lesson 6.

2. We understand that requiring that parents attend 6 separate sessions may be difficult. Feel free to group lessons together to lower the number of sessions if that will increase participation. However, you must still cover all of the content in the curriculum. For example, you can run lessons 1 and 2 together; or lessons 1, 2 and 3 together.

Appendix B: Curriculum Questionnaires

Appendix B1: Parent Curriculum Questionnaire

Tell Us What You Think!

Dear Parent/Guardian,

Thank you for taking the ***We Can!*** Parent class. Please tell us what you think.

Please fill out this form completely. It takes approximately 10 minutes to fill out. Your answers will be combined with those of parents, guardians and care givers across the country.

This is not a test and you will not be graded for right or wrong answers. It is important that we understand ***your opinions***.

Your answers will be kept confidential and will not be shared with other parents in the class. To make your answers anonymous, we do not ask for your name on the form.

Thank you for your help. If you have any questions, please feel free to talk to your instructor.

ID Number: _____ (obtain this number from the instructor)

Today's Date: _____

Please tell us a little about yourself by answering the next series of questions.

1. Your gender: (Check one box)

	Female
	Male

2. I am _____ years old.

3a. Are you Spanish/Hispanic/Latino? (Check one box)

	No
	Yes

3b. Are you... (Check one box)

	American Indian or Alaska Native
	Asian or Pacific Islander
	Black or African American
	White
	Other. Write in:_____

4. What is your highest level of education? (Check one box)

	Less than High School
	High School Graduate
	Some college

	College Degree
	Some Graduate School
	Graduate Degree

5a. How many adults ages 18 and above, including yourself, are in your family household? _____

5b. How many children under the age of 18 are in your family household? _____

6. Please indicate whether you think the following statements are true or false by circling T or F after each one.

	True	False
a. Research shows that children 8 to 13 years of age often say that their parents are their primary role models.	T	F
b. Children 8 to 13 often end up doing the opposite of what their parents do.	T	F
c. Parents are less effective than teachers in influencing the health related behaviors of their children.	T	F

7. Please indicate how much you agree with each of the following statements. *(Circle one on each line)*

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. I play an important role in determining what my child/children eat.	1	2	3	4	5
b. I play an important role in determining how much physical activity my child/children get.	1	2	3	4	5
c. If I eat well, there is a good chance my family will follow my example.	1	2	3	4	5
d. If I am physically active, there is a good chance my family will follow my example.	1	2	3	4	5
e. I often make sure that healthy snacks are easily available for my family.	1	2	3	4	5
f. I often choose healthy foods for myself.	1	2	3	4	5
g. I try to be physically active most days.	1	2	3	4	5
h. I often plan physically active outings for my family.	1	2	3	4	5
i. In my family, we have set some rules on foods and eating that we try to follow.	1	2	3	4	5

8. Please indicate whether you think the following statements are true or false by circling T or F after each one.

	True	False
a. You can maintain a healthy weight just by making sure that food intake (energy in) equals physical activity (energy out) on most days.	T	F
b. One effective way of losing weight is to burn more energy than you take in.	T	F
c. Being more active on one day can not help balance extra calories consumed on another day.	T	F
d. A serving size is the total amount of food a person is served or chooses to eat at one time while a portion size is a standard amount of food.	T	F
e. Portion sizes of food have remained the same over the years.	T	F
f. When a person eats larger portions, more physical activity will not prevent him/her from gaining weight.	T	F

9. Please indicate how much you agree with each of the following statements. ***(Circle one on each line)***

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	
a. Balancing the calories that I get from eating with moderate levels of physical activity is easy to do.	1	2	3	4	5	
b. When eating foods that are high in fat, I try to keep the portions small.	1	2	3	4	5	I do not eat foods high in fat
c. I often monitor the portion size of food served to my family.	1	2	3	4	5	
d. When shopping for food, I use the Nutrition Facts Label to make my choices.	1	2	3	4	5	

10. Please indicate whether you think the following statements are true or false by circling T or F after each one.

	True	False
a. Fried foods and baked goods should only be eaten occasionally.	T	F
b. Baking, broiling, boiling or microwaving are unhealthy ways to cook.	T	F
c. Removing the skin from poultry is a good way to reduce the fat.	T	F

11. How important is each of the following choices <u>in your family's diet</u>? *(Circle one on each line)*

	Very Unimportant	Of little importance	Neither Important nor Unimportant	Important	Very Important
a. Reducing the portion size of foods high in fat.	1	2	3	4	5
b. Balancing what we eat (energy in) with physical activity (energy out)	1	2	3	4	5
c. Choosing a diet without a lot of added sugar.	1	2	3	4	5
e. Choosing a diet low in fat.	1	2	3	4	5
f. Choosing a diet with plenty of fruits and vegetables.	1	2	3	4	5

12. Please indicate how much you agree with each of the following statements. *(Circle one on each line)*

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. In my family, we try to make sure that foods high in fat are <u>not</u> easily available at home.	1	2	3	4	5
b. In my family, we try to make sure that foods with added sugar are <u>not</u> easily available at home.	1	2	3	4	5
c. In my family, we try to make sure that vegetables and fruits are often readily available at home.	1	2	3	4	5

13. Please indicate whether you think the following statements are true or false by circling T or F after each one. ***(Circle one on each line)***

	True	False
a. Health experts say that children should spend at least one hour each day in moderate to vigorous intensity physical activity.	T	F
b. Multiple short periods of exercise (e.g. four 10 minute periods) are not as beneficial as a single long period (e.g. 40 minutes) in terms of healthy weight maintenance.	T	F
c. It may be adequate for adults to spend just 30 minutes each day engaged in moderate physical activity to be physically fit.	T	F

14. How likely are you to say each of the following statements? ***(Circle one on each line)***

	Very unlikely	Unlikely	Neither Likely nor Unlikely	Likely	Very Likely
b. I just can't seem to get my family started on being more physically active.	1	2	3	4	5
b. There is not a safe or convenient place for my family to be physically active.	1	2	3	4	5
c. There is not enough time in the day to find time to be physically active.	1	2	3	4	5

15. How much do you agree with each of the following statements? ***(Circle one on each line)***

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. Being physically active can be a good way for my family to spend time together.	1	2	3	4	5
b. I can think of several ways (other than weight control and the physical health benefits) that my family and/or I can benefit from being physically active.	1	2	3	4	5
c. I can find creative ways to be physically active.	1	2	3	4	5
d. Whenever I can, I walk or bike places instead of driving.	1	2	3	4	5
e. I use the stairs instead of the elevator when I can.	1	2	3	4	5

16. Please indicate whether you think the following statements are true or false by circling T or F after each one.

	True	False
a. Children who do not have television in their bedrooms spend as much time watching television as children who do have them in their bedrooms.	T	F
b. People tend to eat less when they spend a lot of time watching TV.	T	F
c. Studies show that children in homes where rules on watching TV are enforced spend less time watching TV than children in homes where such rules are not enforced.	T	F

17. How much do you agree with each of the following statements? ***(Circle one on each line)***

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. Spending too much time watching TV or playing video games could be bad for my child/children's health.	1	2	3	4	5
b. It is important to me to find alternatives to watching TV for my family.	1	2	3	4	5
c. There are several other ways that my family can spend time together besides watching TV.	1	2	3	4	5
d. I enforce rules on screen time (watching TV, using a home computer for recreation, or playing video or electronic games) in my family's home.	1	2	3	4	5
e. More often than not, my family and I do not watch TV during meal times.	1	2	3	4	5
f. I watch less than 2 hours of TV each day.	1	2	3	4	5
g. I limit my child's total time spent each day on TV, DVD/video, computer game and recreational computer use.	1	2	3	4	5

Appendix B2: CATCH Kids Club Curriculum Questionnaire

CATCH KIDS CLUB
AFTER-SCHOOL STUDENT QUESTIONNAIRE

The following questions ask about foods and meals you eat, and what you know about nutrition and physical activity. **This is not a test.** We want to learn about what kids your age eat and know about nutrition and about physical activity.

The answers you give will be kept private. No one will ever know what you say unless you tell them. Your name will never be used.

Please be as honest as you can.

You will receive a password to write down. Please write the password here:

I - Password: _____

CATCH KIDS CLUB
AFTER-SCHOOL STUDENT QUESTIONNAIRE

1. What grade are you in? _____

2. How old are you? _____ years old

3. Are you a boy or a girl?

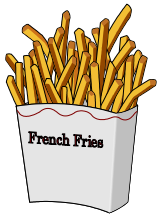
- ☐ **Boy**
- ☐ **Girl**

4. How do you describe yourself?

- ☐ **White**
- ☐ **Black or African American**
- ☐ **Hispanic or Latino**
- ☐ **Asian or Pacific Islander**
- ☐ **American Indian or Alaskan Native**
- ☐ **Other**

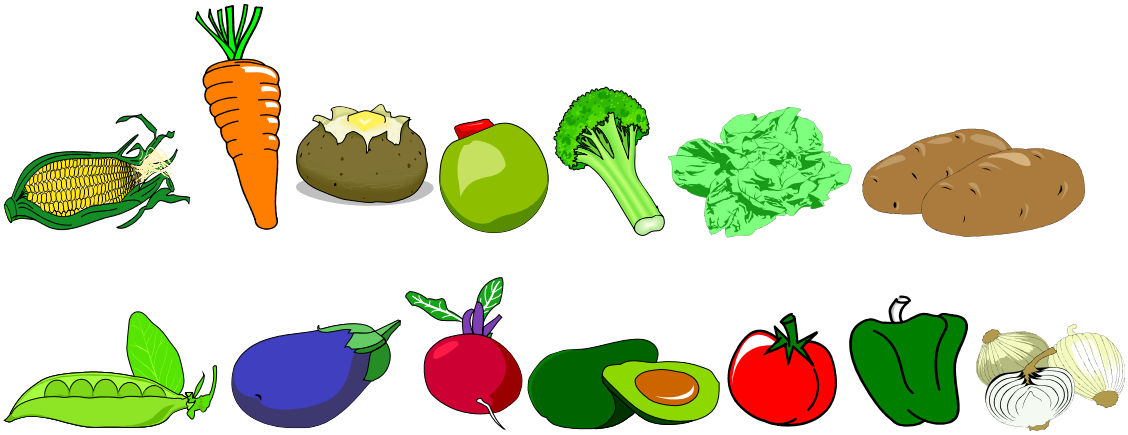
INSTRUCTIONS: Please <u>CIRCLE</u> your answer.

5. Yesterday, did you eat French fries or chips?
Chips are potato chips, tortilla chips, cheetos, corn chips, or other snack chips.



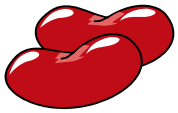
a. No, I didn't eat any French fries or chips yesterday.
b. Yes, I ate French fries or chips **1 time** yesterday.
c. Yes, I ate French fries or chips **2 times** yesterday.
d. Yes, I ate French fries or chips **3 or more times** yesterday.

6. Yesterday, did you eat any vegetables?
***Vegetables* are salads; boiled, baked and mashed potatoes; and all cooked and uncooked vegetables.**
<u>Do not count</u> French fries or chips.



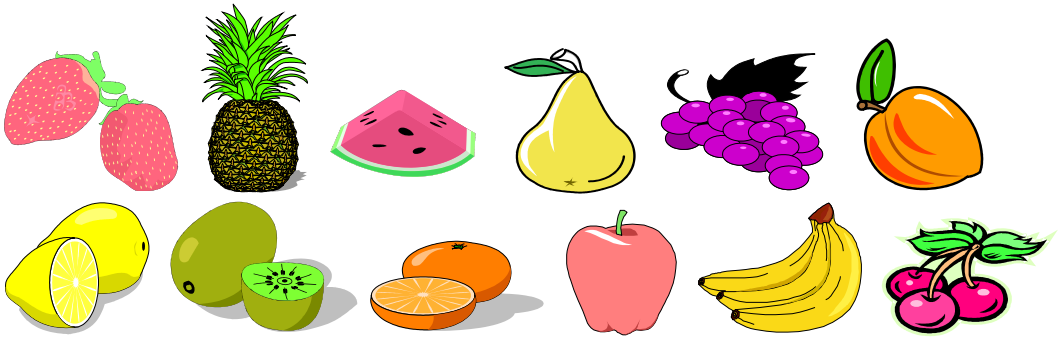
a. No, I didn't eat any vegetables yesterday.
b. Yes, I ate vegetables **1 time** yesterday.
c. Yes, I ate vegetables **2 times** yesterday.
d. Yes, I ate vegetables **3 or more times** yesterday.

7. Yesterday, did you eat beans such as pinto beans, baked beans, kidney beans, refried beans, or pork and beans?
<u>Do not count</u> green beans.



a. No, I didn't eat any beans yesterday.
b. Yes, I ate beans **1 time** yesterday.
c. Yes, I ate beans **2 times** yesterday.
d. Yes, I ate beans **3 or more times** yesterday.

8. Yesterday, did you eat fruit?
<u>Do not count</u> fruit juice.



a. No, I didn't eat any fruit yesterday.
b. Yes, I ate fruit **1 time** yesterday.
c. Yes, I ate fruit **2 times** yesterday.
a. Yes, I ate fruit **3 or more times** yesterday.

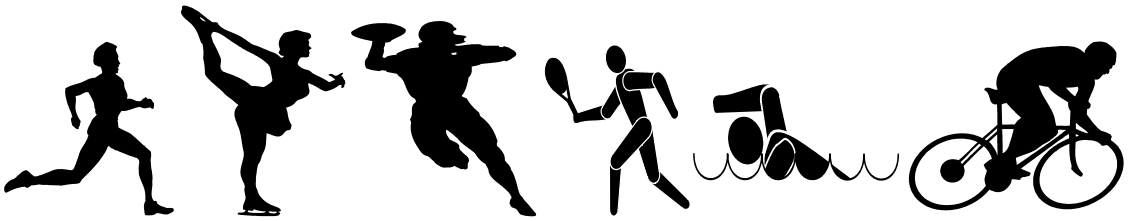
9. Yesterday, did you drink fruit juice?
<u>Fruit juice</u> is a drink, which is 100% juice, like orange juice, apple juice, or grape juice.
<u>Do</u> <u>not</u> <u>count</u> punch, kool-aid, sports drinks, and other fruit-flavored drinks.

a. No, I didn't drink any fruit juice yesterday.
b. Yes, I drank fruit juice **1 time** yesterday.
c. Yes, I drank fruit juice **2 times** yesterday.
d. Yes, I drank fruit juice **3 or more times** yesterday.

10. Yesterday, did you eat sweet rolls, doughnuts, cookies, brownies, pies, or cake?

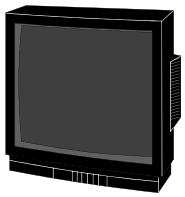
a. No, I didn't eat any of the foods listed above yesterday.
b. Yes, I ate one of these foods **1 time** yesterday.
c. Yes, I ate one of these foods **2 times** yesterday.
d. Yes, I ate one of these foods **3 or more times** yesterday.

11. Yesterday, did you exercise or participate in sports activities that made your heart beat fast and made you breathe hard for at least 20 minutes. (For example: basketball, jogging, skating, fast dancing, swimming laps, tennis, fast bicycling, or aerobics)?



a. YES
b. NO

12. During the week, how many hours <u>per day</u> do you <u>usually</u> spend watching TV shows or videos?

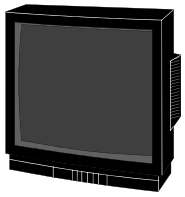


a. I don't watch TV or videos
b. Less than 1 hour a day
c. 1-2 hours a day
d. 3-4 hours a day
e. More than 4 hours a day

13. During the week, how many TV shows or videos do you <u>usually</u> watch each day?

a. I don't watch TV or videos
b. 1
c. 2
d. 3 or more

14. During the weekend, how many hours <u>per day</u> do you <u>usually</u> spend watching TV shows or videos?

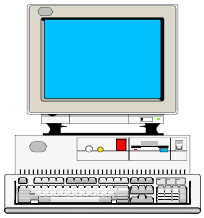


a. I don't watch TV or videos
b. Less than 1 hour a day
c. 1-2 hours a day
d. 3-4 hours a day
e. More than 4 hours a day

15. During the weekend, how many TV shows or videos do you <u>usually</u> watch each day?

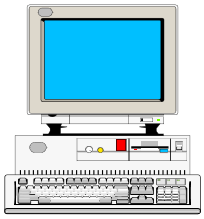
a. I don't watch TV or videos
b. 1
c. 2
d. 3 or more

16. During the week, how many hours <u>per day</u> do you <u>usually</u> play video games like Nintendo, Sega, games at the arcade, or use the computer to surf the Internet?



a. I don't play video games or use the computer
b. Less than 1 hour a day
c. 1-2 hours a day
d. 3-4 hours a day
e. More than 4 hours a day

17. During the weekend, how many hours <u>per day</u> do you <u>usually</u> play video games like Nintendo, Sega, games at the arcade, or use the computer to surf the Internet?



a. I don't play video games or use the computer
b. Less than 1 hour a day
c. 1-2 hours a day
d. 3-4 hours a day
e. More than 4 hours a day

18. Do you ever read the nutrition labels on food packages?

a. Almost always or always
b. Sometimes
c. Almost never or never

19. How many total servings of fruits and vegetables should you eat each day.

a. At least 2
b. At least 5
c. At least 9
d. At least 10
e. I don't know

20. The foods that I eat and drink now are healthy.

a. Yes, all of the time
b. Yes, sometimes
c. No

21. Do you ever eat high fiber cereal?

a. Almost always or always
b. Sometimes
c. Almost never or never

22. Do you ever eat whole wheat bread?

a. Almost always or always
b. Sometimes
c. Almost never or never

23. Do you ever drink 100% fruit juice?

a. Almost always or always
b. Sometimes
c. Almost never or never

24. Do you ever eat fruit for lunch?

a. Almost always or always
b. Sometimes
c. Almost never or never

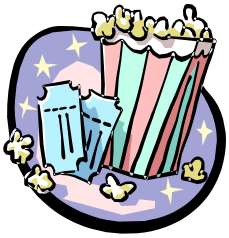
25. Do you ever eat vegetables for dinner?

a. Almost always or always
b. Sometimes
c. Almost never or never

INSTRUCTIONS: Please CIRCLE one of the two foods that you would pick if you had to choose just one.

26. If you were at the movies, which one would you pick as a snack?

a. popcorn with butter



b. popcorn without butter

27. Which would you pick to drink?

a. regular milk

b. low fat or skim milk

28. Which food would you eat for a snack?

a. candy bar

b. fresh fruit

29. Which would you do if you were going to eat a piece of chicken?

a. leave on the skin

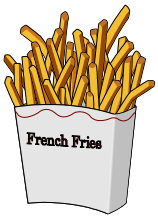
b. take off the skin and not eat the skin

30. Which food would you ask for?

a. frozen yogurt

b. ice cream

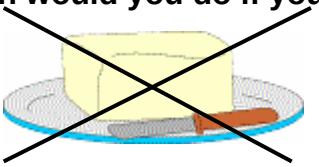
31. Which would you choose to cook if you were going to help make dinner at home?



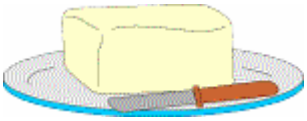
a. French fries

b. baked potato

32. Which would you do if you were going to eat cooked vegetables?



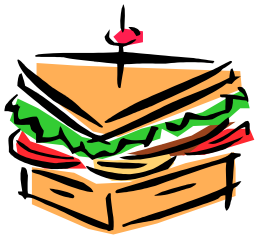
a. eat <u>without</u> butter



b. add butter

33. Which would you order if you were going to eat at a fast food restaurant?

a. a regular hamburger



b. a grilled chicken sandwich

INSTRUCTIONS: The questions in this section ask how likely you are to eat some of the foods below. Please answer by circling either NOT LIKELY, LIKELY or VERY LIKELY for each question.

34. How likely are you to drink low fat or skim milk instead of regular white milk?

a. Not likely
b. Likely
c. Very likely

35. How likely are you to eat high fiber cereal instead of a donut?

a. Not likely
b. Likely
c. Very likely

36. How likely are you to eat fresh fruit instead of a candy bar?

a. Not likely
b. Likely
c. Very likely

37. How likely are you to take the skin off of chicken (and not eat the skin)?

a. Not likely
b. Likely
c. Very likely

38. How likely are you to ask for frozen yogurt instead of ice cream?

a. Not likely
b. Likely
c. Very likely

39. How likely are you to eat a baked potato instead of French fries?

a. Not likely
b. Likely
c. Very likely

40. How likely are you to drink fruit juice instead of a soft drink (a soda pop)?

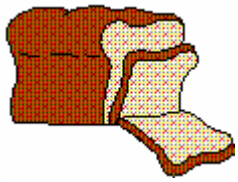
a. Not likely
b. Likely
c. Very likely

41. How likely are you to order a grilled chicken sandwich at a fast food restaurant instead of ordering a hamburger?

a. Not likely
b. Likely
c. Very likely

INSTRUCTIONS: Please <u>CIRCLE ONE</u> of the two foods that you think is better for your health.

42.



a. whole wheat bread

b. white bread

43.

a. broiled beef

b. broiled fish

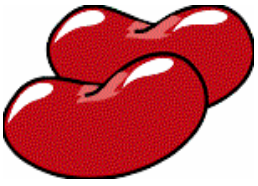
44.

a. cereal

b. eggs and bacon

45.

a. beef



b. beans

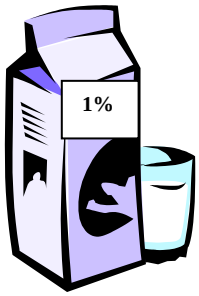
46.

a. chicken

b. regular hamburger

47.

a. regular milk



b. low fat or skim milk

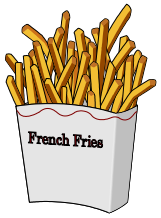
48.

a. frozen yogurt

b. ice cream

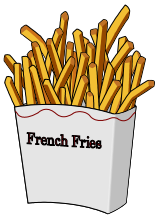
49.

a. green salad



b. French fries

50.

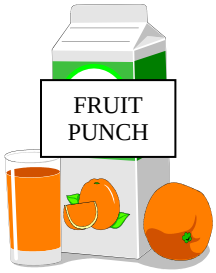


a. French fries

b. baked potato

51.

a. 100% fruit juice



b. fruit punch

INSTRUCTIONS: The questions in this section ask how likely you are to be physically active or eat certain foods. Please answer by circling either NOT LIKELY, LIKELY or VERY LIKELY for each question.

52. How likely are you to be physically active 3-5 times a week?

a. Not likely
b. Likely
c. Very likely

53. How likely you to exercise and keep moving for most of the time in your after school program?

a. Not likely
b. Likely
c. Very likely

54. How likely are you to run or bike 3-5 times a week?

a. Not likely
b. Likely
c. Very likely

55. How likely are you to keep up a steady pace without stopping for 15-20 minutes when you are physically active?

a. Not likely
b. Likely
c. Very likely

Thank you for your help!

Appendix B3: Media-Smart Youth Curriculum Questionnaire

MEDIA SMART YOUTH
STUDENT QUESTIONNAIRE

The following questions ask about physical activity, nutrition and the media. **This is not a test.** We want to learn about what kids your age eat and know about nutrition and about physical activity and the media.

The answers you give will be kept private. No one will ever know what you say unless you tell them. Your name will never be used.

Please be as honest as you can.

You will receive a password to write down. Please write the password here:

Password: _____

OMB Number: 0925-0532*
Expiration Date: 10/31/2007

MEDIA SMART YOUTH STUDENT QUESTIONNAIRE

About You

1. What grade are you in? _____

2. How old are you? _____ years old

Are you a boy or a girl?

3. ☐ Boy
4. ☐ Girl

5. How do you describe yourself?

☐ White
☐ Black or African American
☐ Hispanic or Latino
☐ Asian or Pacific Islander
☐ American Indian or Alaskan Native
☐ Other

Instructions

The next questions ask about **physical activity**, **nutrition,** and the **media**. Your answers will help us in developing programs for youth your age. There may be some questions with words that you don't understand or have not learned about yet. In that case, just make your best guess and choose that answer. You will not
be graded on these questions. We hope you find this activity interesting!

Physical Activity

6. Young people should be physically active for at least _____ minutes each day. (Check only one option.)
   __ 15
   __ 30
   __ 45
   __ 60

7. Check **all** the actions that you think are physical activities:

   __ Walking
   __ Carrying groceries
   __ Climbing stairs
   __ Playing soccer

Instructions for Question 8 & 9: Circle **True** or **False** for each statement below.

8. Physical activity is anything that gets your body moving.	TRUE	FALSE
9. Riding a bike is a weight-bearing activity.	TRUE	FALSE

10. Taking your pulse during or after physical activity can tell you _____. Please check one.

    ___ how strong your muscles are.
    ___ how hard your body is working.
    ___ how flexible your body is.
    ___ how many minutes a day you should be active.

Instructions for Questions 11 – 13: The next three questions ask for your opinions about activities. There is not a right or wrong answer. For each question, mark (X) the box which tells how you feel. The lighter the box, the more you disagree with the sentence. The darker the box, the more you agree with the sentence.

	Strongly Disagree				Strongly Agree
11. I intend to be physically active for at least an hour a day during the next month.					
12. I intend to be more physically active during the next month.					
13. I intend to do more weight-bearing activities during the next month.					

14. What can you do to help make your bones stronger? Check one.
    - __ Eat foods with less added sugar and do weight-bearing activities
    - __ Eat foods high in calcium and do weight-bearing activities
    - __ Eat whole grains and do stretches to be more flexible
    - __ Eat fruits and vegetables and get enough sleep

Nutrition

15. Check **all** the ways to include **fruits and vegetables** in daily eating:

    - __ Eat a banana with breakfast.
    - __ Drink milk with dinner.
    - __ Have a glass of 100% fruit juice.
    - __ Have a turkey sandwich on whole grain bread.

16. Check **all** the foods that are sources of calcium.

    - __ Yogurt
    - __ Spinach
    - __ Carrots
    - __ Peanut Butter

17. Check **all** the ways that you can reduce **added sugar** in your daily eating:

__ Have plain cereal instead of frosted cereal for breakfast.
__ Drink 100% fruit juice instead of fruit punch.
__ Have jelly beans at snack time instead of ice cream.
__ Split a candy bar with a friend instead of eating the whole thing.

18. Check **all** the ways that you can reduce fat in your daily eating.

__ Remove the skin before eating chicken.
__ Drink whole milk instead of skim milk.
__ Choose a small order of French fries instead of a large order of French fries.
__ Put butter on your toast instead of jam or jelly.

19. Check **all** the types of whole grains:

__ Oatmeal
__ White rice
__ Wheat bread
__ Popcorn

Instructions for Questions 20 – 26: The next seven questions ask for your opinions about the foods that you eat. There is not a right or wrong answer. For each question, mark (X) the box which tells how you feel. The lighter the box, the more you disagree with the sentence. The darker the box, the more you agree with the sentence.

	Strongly Disagree				Strongly Agree
20. I intend to eat more vegetables during the next month.					
21. I intend to eat more fruit during the next month.					
22. I intend to eat less high-fat snack foods during the next month.					
23. I intend to eat more whole grain foods during the next month.					
24. I intend to eat or drink more foods with calcium during the next month.					
25. I intend to read the food label when I eat packaged snack foods during the next month.					
26. I intend to eat less snack foods with added sugar during the next month.					

Media

27. Check **all** the ways a person might see or hear advertisements:

__ Signs on the outside and inside of buses
__ Previews before movies and video rentals
__ Logos on t-shirts
__ Shopping bags

Instructions for Questions 28 – 32: Please **fill in the letter** of the Media Concept next to the correct definition that **matches**.

Media Concept	**Definition**
28. **a)** Point of View	___ The way a person looks at an event or situation, or the perspective from which something is considered.
29. **b)** Techniques	___ The company or organization that pays for a media product such as an ad.
30. **c)** Target Audience	___ The specific process by which a task is completed; the methods used by a media product to attract your attention.
31. **d)** Sponsor	___ The reason a media product is created, for example to persuade.
32. **e)** Purpose	___ A specific group of people that a media producer, a company, or a program, is trying to reach. The members of this group usually have something in common.

33. Check **all** of the things you think media can do.

__ Give you information
__ Entertain you
__ Persuade you to do or buy something

34. Check **all** of the reasons why you think it is important to know the sponsor of a message.

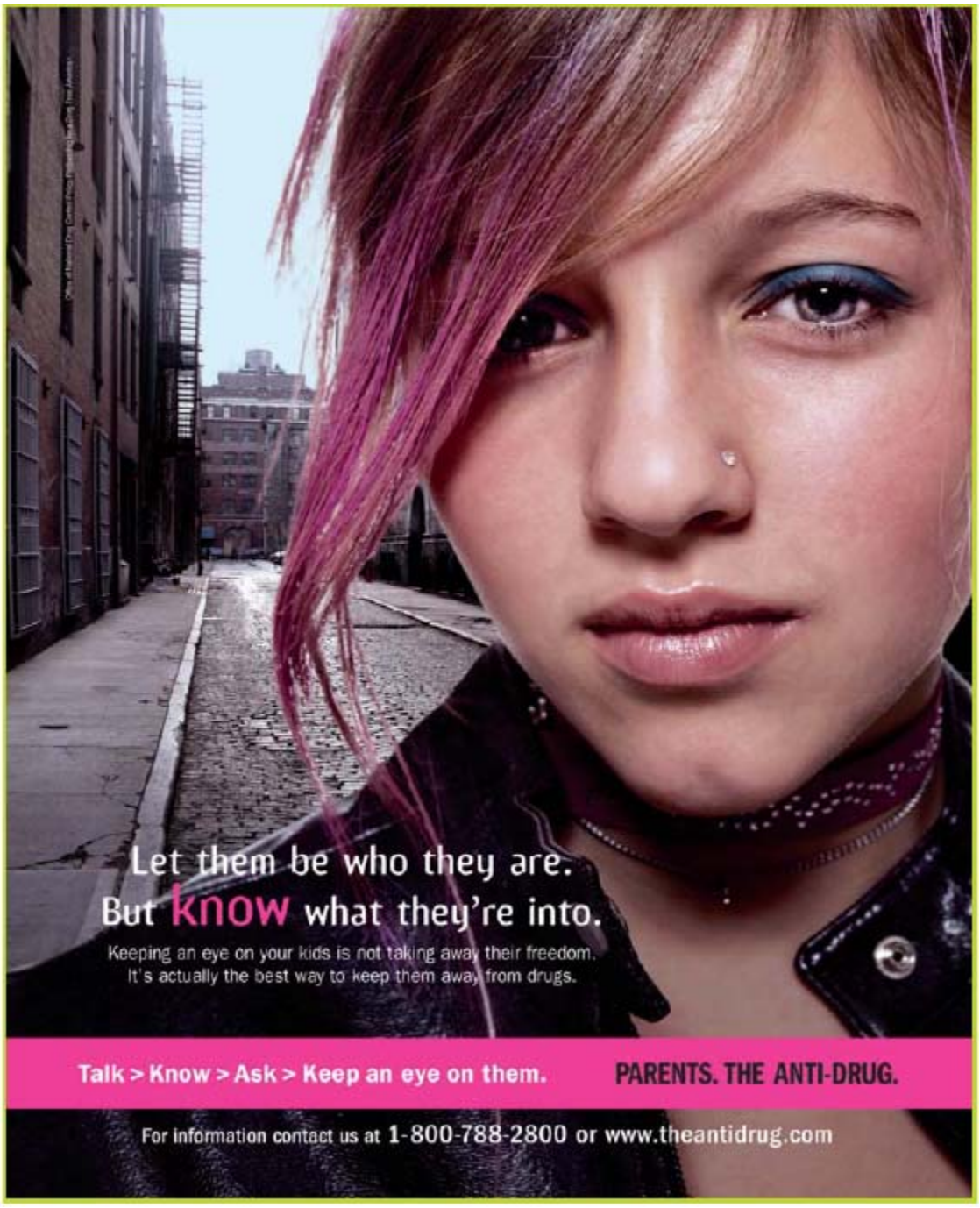
__To understand the point of view of the message
__To help you identify the audience
__To help you understand why you are being asked to take a certain action
__To help you form an opinion about the message

35. Check **all** the things that you think are examples of media.

__ Magazines
__ Internet
__ Logo on a shoe or t-shirt
__ Billboards

Instructions for Question 36 & 37: Circle **True** or **False** for each statement below.

36. Media can influence people's food choices.	TRUE	FALSE
37. Media can influence the amount of physical activity a person gets.	TRUE	FALSE


Let them be who they are.
But know what they're into.
Keeping an eye on your kids is not taking away their freedom.
It's actually the best way to keep them away from drugs.
Talk > Know > Ask > Keep an eye on them.
PARENTS. THE ANTI-DRUG.
For information contact us at 1-800-788-2800 or www.theantidrug.com

Please answer the following about the ad on page 8.

38. Who is the audience for this ad? (Check one)
___a. Parents
___b. Drug users
___c. Youth
___d. Punks

39. What is the purpose of this ad? (Check one)
___a. To inform parents on the signs of drug use
___b. To inform young people about drugs
___c. To persuade parents to talk with their kids
___d. To persuade youth to talk to their parents

40. What is the message in this ad? (Check one)
___a. Be cool
___b. Don't take drugs
___c. It's important to know what your kids are doing
___d. Young people with nose rings don't take drugs

41. Thinking about the purpose of the ad, what important information is missing from this ad? (Check one)
___a. How to talk with your kids
___b. Information about the best way to keep your kids from taking drugs
___c. A phone number to call for more information
___d. Names of places where youth can hang out

42. What techniques are used to attract your attention in this ad? (Check one)
___a. No message
___b. A celebrity
___c. An empty street in the background
___d. A girl with her friends

WHY WE USE BOOSTER SEATS.

REASON #235 TO USE BOOSTER SEATS: HER SMILE.

Sometimes, it's as easy to protect your children as it is to love them. When your child outgrows his or her safety seat, use a booster seat until your child is at least eight years old or is over 4-feet 9-inches tall. Seat belts alone are made for adults. A booster seat raises a child up so the seat belt fits, preventing the child from being thrown from the car in a crash. To learn more, go to *www.buckleupamerica.org.*

Parents protecting children with child safety seats.

NHTSA
People Saving People

Please answer the following questions about the ad on page 10:

43. Who is the author or sponsor of this ad? (Check one)
___a. Companies that sell booster seats
___b. Parents
___c. NHTSA
___d. Companies that sell cars

44. Who is the audience for this ad? (Check one)
___a. Parents
___b. Children
___c. Adults who own cars
___d. Companies that sell cars

45. What is the purpose of this ad? (Check one)
___a. To inform parents about how booster seats are made
___b. To persuade parents to use booster seats
___c. To make us laugh
___d. To persuade parents to take pictures of their children

46. Thinking about the purpose of the ad, what important information is missing from this ad? (Check one)
___a. Where to buy booster seats
___b. A good reason to use booster seats
___c. A Web site to go to for more information about booster seats
___d. How booster seats work


© 2000 National Crime Prevention Council
VOLUNTEER
Ad Council
What do you want to be labeled as?
Get involved.
800-722-teens
weprevent.org
CRIME

Please answer the following questions about the ad on page 12:

47. Who is the sponsor of this ad? (Check one)

__a. Shoe company
__b. Parents
__c. Youth
__d. Ad Council

48. What is the message in this ad? (Check one)

__a. Skateboarding is dangerous
__b. Volunteering is hard work
__c. Being physically active is important
__d. Volunteering is cool

49. What techniques are used to attract your attention in this ad? (Check one)

__a. Very few words
__b. A celebrity
__c. Picture of a big shoe
__d. Both A and C

Appendix B4: S.M.A.R.T. Curriculum Questionnaire

SMART
STUDENT QUESTIONNAIRE

The following questions ask about TV, video games and computers you may have at home, and how you spend your time. **This is not a test.** We want to learn about what kids your age do and how they spend their time.

The answers you give will be kept private. No one will ever know what you say unless you tell them. Your name will never be used.

Please be as honest as you can.

You will receive a password to write down. Please write the password here:

Password: _____

SMART
STUDENT QUESTIONNAIRE

SECTION 1:

1. What grade are you in? _____

2. How old are you? _____ years old

3. Are you a boy or a girl?

- ☐ Boy
- ☐ Girl

4. How do you describe yourself?

- ☐ White
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Asian or Pacific Islander
- ☐ American Indian or Alaskan Native
- ☐ Other

SECTION 2:

1. How many TVs do you have in your home? ☐

2. How many of these TVs are hooked up to a VCR or DVD player? ☐

3. Is there a TV in your bedroom? 1. Yes 2. No

4. Do you have any game players that hook up to the TVs?

   1. Yes; how many? ☐ video game players

   2. No

5. Do you have a game player that does NOT hook up to a TV, like a Game Boy?

   1. Yes 2. No

6. Is there a computer in your home that you use?

   1. Yes 2. No

SECTION 3:

1. How often do YOU eat breakfast in a room with the TV turned on?

- ☐ 1 Everyday
- ☐ 2 A lot of days
- ☐ 3 A few days
- ☐ 4 Never

2. How often do YOU eat dinner in a room with the TV turned on?

- ☐ 1 Everyday
- ☐ 2 A lot of days
- ☐ 3 A few days
- ☐ 4 Never

SECTION 4:

WHEN YOU ARE IN A ROOM WITH THE TV TURNED ON
(Including TVs turned on to watch videos or play video games)...

1. How often are you eating or drinking something (NOT including meals)?

None of the time	A little of the time	A lot of the time	All of the time
☐ 1	☐ 2	☐ 3	☐ 4

2. How often are you doing something else like reading or doing homework, playing a game, doing arts and crafts or playing with a brother, a sister or a friend?

None of the time	A little of the time	A lot of the time	All of the time
☐ 1	☐ 2	☐ 3	☐ 4

3. How often are you watching TV with your parents or other adults?

None of the time	A little of the time	A lot of the time	All of the time
☐ 1	☐ 2	☐ 3	☐ 4

4. How often are you watching TV alone? (with no one else in the same room.)

None of the time	A little of the time	A lot of the time	All of the time
☐ 1	☐ 2	☐ 3	☐ 4

_____

_____

SECTION 5:

YESTERDAY
How much time did you spend...

Before School
(from when you woke up until the start of school)

		none	15 minutes or less	30 minutes	1 hour	2 hours	3 hours	4 hours	5 hours	6 hours or more
1.	Watching television (not including videos on a VCR or DVD player)	☐	☐	☐	☐	☐	☐	☐	☐	☐
2.	Watching movies/videos on a VCR or DVD player	☐	☐	☐	☐	☐	☐	☐	☐	☐
3.	Playing video games (like Nintendo or Sega, not including games on a computer)	☐	☐	☐	☐	☐	☐	☐	☐	☐
4.	Playing on a computer (not including homework)	☐	☐	☐	☐	☐	☐	☐	☐	☐
5.	Doing homework (including reading a book or magazine for school or working on a computer)	☐	☐	☐	☐	☐	☐	☐	☐	☐
6.	Reading a book or magazine NOT for school (including comic books)	☐	☐	☐	☐	☐	☐	☐	☐	☐

YESTERDAY
How much time did you spend...

Before School
(from when you woke up until the start of school)

		none	15 minutes or less	30 minutes	1 hour	2 hours	3 hours	4 hours	5 hours	6 hours or more
7.	Listening to music on tapes,CDs or the radio,	☐	☐	☐	☐	☐	☐	☐	☐	☐
8.	Playing a musical instrument	☐	☐	☐	☐	☐	☐	☐	☐	☐
9.	Doing artwork or crafts (like drawing, painting or making things)	☐	☐	☐	☐	☐	☐	☐	☐	☐
10.	Playing quiet games indoors (like playing with toys, puzzles or board games)	☐	☐	☐	☐	☐	☐	☐	☐	☐
11.	Playing outside	☐	☐	☐	☐	☐	☐	☐	☐	☐
12.	At classes or clubs (like Brownies, Cub Scouts, religious school or Judo classes)	☐	☐	☐	☐	☐	☐	☐	☐	☐

YESTERDAY
How much time did you spend...

After School
(from the end of school until you went to bed)

		none	15 minutes or less	30 minutes	1 hour	2 hours	3 hours	4 hours	5 hours	6 hours or more
1.	Watching television (not including on a VCR or DVD player)	☐	☐	☐	☐	☐	☐	☐	☐	☐
2.	Watching movies/videos on a VCR or DVD player	☐	☐	☐	☐	☐	☐	☐	☐	☐
3.	Playing video games (like Nintendo or Sega, not including games on a computer)	☐	☐	☐	☐	☐	☐	☐	☐	☐
4.	Playing on a computer (not including homework)	☐	☐	☐	☐	☐	☐	☐	☐	☐
5.	Doing homework (including reading a book or magazine for school or working on a computer)	☐	☐	☐	☐	☐	☐	☐	☐	☐
6.	Reading a book or magazine NOT for school (including comic books)	☐	☐	☐	☐	☐	☐	☐	☐	☐

YESTERDAY
How much time did you spend...

After School
(from the end of school until you went to bed)

		none	15 minutes or less	30 minutes	1 hour	2 hours	3 hours	4 hours	5 hours	6 hours or more
7.	Listening to music on tapes, CDs or the radio,	☐	☐	☐	☐	☐	☐	☐	☐	☐
8.	Playing a musical instrument	☐	☐	☐	☐	☐	☐	☐	☐	☐
9.	Doing artwork or crafts (like drawing, painting or making things)	☐	☐	☐	☐	☐	☐	☐	☐	☐
10.	Playing quiet games indoors (like playing with toys, puzzles or board games)	☐	☐	☐	☐	☐	☐	☐	☐	☐
11.	Playing outside	☐	☐	☐	☐	☐	☐	☐	☐	☐
12.	At classes or clubs (like Brownies, Cub Scouts, religious school or Judo classes)	☐	☐	☐	☐	☐	☐	☐	☐	☐

LAST SATURDAY — All Day Long

How much time did you spend...

		none	15 minutes or less	30 minutes	1 hour	2 hours	3 hours	4 hours	5 hours	6 hours or more
1.	Watching television (not including videos on a VCR or DVD player)	☐	☐	☐	☐	☐	☐	☐	☐	☐
2.	Watching movies or videos on a VCR or DVD player	☐	☐	☐	☐	☐	☐	☐	☐	☐
3.	Playing video games (like Nintendo or Sega, not including games on a computer)	☐	☐	☐	☐	☐	☐	☐	☐	☐
4.	Playing on a computer (not including homework)	☐	☐	☐	☐	☐	☐	☐	☐	☐
5.	Doing homework (including reading a book or magazine for school or working on a computer)	☐	☐	☐	☐	☐	☐	☐	☐	☐
6.	Reading a book or magazine NOT for school (including comic books)	☐	☐	☐	☐	☐	☐	☐	☐	☐

LAST SATURDAY
How much time did you spend...

All Day Long

		none	15 minutes or less	30 minutes	1 hour	2 hours	3 hours	4 hours	5 hours	6 hours or more
7.	Listening to music on tapes, CDs or the radio	☐	☐	☐	☐	☐	☐	☐	☐	☐
8.	Playing a musical instrument	☐	☐	☐	☐	☐	☐	☐	☐	☐
9.	Doing artwork or crafts (like drawing, painting or making things)	☐	☐	☐	☐	☐	☐	☐	☐	☐
10.	Playing quiet games indoors (like playing with toys, puzzles or board games)	☐	☐	☐	☐	☐	☐	☐	☐	☐
11.	Playing outside	☐	☐	☐	☐	☐	☐	☐	☐	☐
12.	At classes or clubs (like Brownies, Cub Scouts, religious school or Judo classes)	☐	☐	☐	☐	☐	☐	☐	☐	☐

Thank you for your help!

Appendix C: Curriculum Evaluation Instructions for Facilitators

We Can! Parent Curriculum Evaluation
Instructions for Facilitators

This document provides instructions for facilitators to evaluate ***We Can!*** parent curriculum implementations. Please follow these instructions for each ***We Can!*** parent curriculum you run and evaluate.

There is one questionnaire for the parent curriculum. It is used as both a Pre- and Post-Questionnaire. Parent program participants should fill out a questionnaire on the first day of class (this will be the Pre-Questionnaire), and again on the last day of class (this will be the Post-Questionnaire).

We ask that the parent program participants **not** write their names on the questionnaire so as to protect the confidentiality of their answers. However, in order to match parents' answers from before they took the program to their answers after they took the program, we would like you to provide them with a unique ID number.

1. Use the ***We Can!*** Parent Curriculum ID Table on the next page to assign each class participant a unique ID number.
2. During the first class, provide each participant with their ID number privately and ask them to write their ID number on their copy of the Pre-Questionnaire. It may be easiest to do this while participants are filling out the questionnaire or when they hand it in.
3. Keep the list of ID numbers and names in a safe place for the duration of the class.
4. At the last class, provide each student with the same ID number and ask them to write it on their copy of the Post-Questionnaire.
5. Destroy the ***We Can!*** Parent Curriculum ID Table after you administer the Post-Test. Do not send the Table to AED.

To each parent participant, hand out one questionnaire. Please tell the parents the following:

- The questionnaire is designed to evaluate the curricula—not them.
- They will not be graded for right or wrong answers—so they should answer as honestly as possible.
- They should only write their ID number on their test—not their name.
- Other participants in the class will not see their answers.
- It should take about 10 minutes to fill out.

After the participants finish filling out either the Pre- or Post Questionnaire:

1. Collect all the questionnaires. Be sure each parent has written their ID number on their questionnaire.
2. Fill out the ***We Can!*** Questionnaire Program Information Form on page 3 of this document.
3. Seal all completed questionnaires together with the ***We Can!*** Questionnaire Program Information Form in an envelope.
4. Send each set of Pre- and Post-Questionnaires to Ann Bellenger at AED immediately after they are filled out. Please use the address below:

    Ann Bellenger
    Academy for Educational Development
    Center for Health Communication
    1825 Connecticut Ave., NW
    Washington, DC 20009-5721

Please send the completed questionnaires to AED **immediately** after they have been completed. Do not wait until the last class when both the Pre- and Post-Questionnaires have been completed.

We Can! Parent Curriculum ID Table

Remember:

- Do not send this list with ID numbers and names to AED.
- Keep this list of ID numbers and names until you administer the Post-Questionnaire at the last class.
- Destroy this list after you administer the Post-Test Questionnaire.
- Please use the following protocol for assigning ID numbers to each student:

  [INTENSIVE SITE INITIALS]-[CURRICULUM INITIALS]-[LOCATION NAME]-[IMPLEMENTATION NUMBER]-[PARTICIPANT NUMBER]

  For example, if the Scott & White (SW) Intensive Community Site was implementing the Parents Curriculum (PC) for the third time in the Wilson Park Recreation Center (WPRC), they would use the following set of passwords:

  SW-PC-WPRC-3-001
  SW-PC-WPRC-3-002
  SW-PC-WPRC-3-003

ID Number	Name	ID Number	Name

We Can! Questionnaire
Program Information Form

We Can! Community Site Name: _____

Site Contact Name and Telephone Number:_____

Are these Parent Questionnaires:_____

Name of Site for Implementation (i.e. Wilson Park Recreation Center):_____

Implementation Number per Location: (i.e. first implementation, second implementation):_____

Dates of Implementation:_____

Are these Pre-Questionnaires or Post-Questionnaires:_____

Number of Questionnaires Included:_____

Date Questionnaires Mailed to AED:_____

We Can! Youth Curriculum Evaluation
Instructions for Facilitators

This document provides instructions for facilitators to evaluate ***We Can!*** youth curricula implementations. Please follow these instructions for each ***We Can!*** youth curricula you run and evaluate.

There is a separate questionnaire for each curriculum: one for CATCH Kids Club, one for Media Smart Youth, and one for SMART. An identical curricula-specific questionnaire is used as both a Pre- and Post-Questionnaire. Students should fill out a questionnaire on the first day of class (this will be the Pre-Questionnaire), and again on the last day of class (this will be the Post-Questionnaire).

We ask that the students **not** write their names on the questionnaire so as to protect the confidentiality of their answers. However, in order to match students' answers from before they took the program to their answers after they took the program, we would like you to provide them with a unique password.

6. Use the ***We Can!*** Youth Curriculum Password Table on the next page to assign each class participant a unique password.
7. During the first class, provide each student with their password privately and ask them to write their password on their copy of the Pre-Questionnaire. It may be easiest to do this while students are filling out the questionnaire or when they hand it in.
8. Keep the list of passwords and names in a safe place for the duration of the class.
9. At the last class, provide each student with the same password and ask them to write it on their copy of the Post-Questionnaire.
10. Destroy the ***We Can!*** Youth Curriculum Password Table after you administer the Post-Test. Do not send the Table to AED.

To each student, hand out one questionnaire. Please tell the students the following:

- The questionnaire is designed to evaluate the curricula—not them.
- They will not be graded for right or wrong answers—so they should answer as honestly as possible.
- They should only write their password on their test—not their name.
- Other students in the class will not see their answers.
- It should take about 15-20 minutes to fill out.

After the students finish filling out either the Pre- or Post Questionnaire:

5. Collect all the questionnaires. Be sure each child has written their password on their questionnaire.
6. Fill out the ***We Can!*** Questionnaire Program Information Form on page 3 of this document.
7. Seal all completed questionnaires together with the ***We Can!*** Questionnaire Program Information Form in an envelope.
8. Send each set of Pre- and Post-Questionnaires to Ann Bellenger at AED immediately after they are filled out. Please use the address below:

    Ann Bellenger
    Academy for Educational Development
    Center for Health Communication
    1825 Connecticut Ave., NW
    Washington, DC 20009-5721

Please send the completed questionnaires to AED **immediately** after they have been completed. Do not wait until the last class when both the Pre- and Post-Questionnaires have been completed.

We Can! Youth Curriculum Password Table

Remember:

- Do not send this list with passwords and names to AED.
- Keep this list of passwords and names until you administer the Post-Questionnaire at the last class.
- Destroy this list after you administer the Post-Test Questionnaire.
- Please use the following protocol for assigning passwords to each student:

  [INTENSIVE SITE INITIALS]-[CURRICULUM INITIALS]-[LOCATION INITIALS]-[IMPLEMENTATION NUMBER]-[STUDENT NUMBER]

  For example, if the South Bend (SB) Intensive Community Site was implementing CATCH Kids Club (CKC) for the second time in Charles Black Middle School (CBMS), they would use the following set of passwords:

  SB-CKC-CBMS-2-001
  SB-CKC-CBMS-2-002
  SB-CKC-CBMS-2-003

Password	Name	Password	Name

We Can! Questionnaire
Program Information Form

We Can! Community Site Name: _____

Site Contact Name and Telephone Number:_____

Name of Curriculum (CATCH, SMART, or MSY):_____ _____

Name of Site for Implementation (i.e. Charles Black Middleschool):_____

Implementation Number per Location: (i.e. first implementation, second implementation):_____

Dates of Implementation:_____ _____

Are these Pre-Questionnaires or Post-Questionnaires:_____

Number of Questionnaires Included:_____

Date Questionnaires Mailed to AED:_____

Appendix D: *We Can!* **Constructs by Curriculum**

We Can! Constructs by Curriculum

Parent Curriculum

Name of construct/measure	Questionnaire items used to create construct/measure	Construct/measure assesses changes in . . .
Energy balance knowledge	8a: You can maintain a healthy weight just by making sure that food intake (energy in) equals physical activity (energy out) on most days 8b: One effective way of losing weight is to burn more energy than you take in 8c: Being more active on one day can not help balance extra calories consumed on another day	Knowledge of the principles of energy balance such as ways to maintain a healthy weight
Energy balance attitudes	9a: Balancing the calories that I get from eating with moderate levels of physical activity is easy to do 11b: Balancing what we eat (energy in) with physical activity (energy out) [is important]	Attitudes toward energy balance including the perceived ease and importance of engaging in energy balance
Portion size knowledge	8d: A serving size is the total amount of food a person is served or chooses to eat at one time while a portion size is a standard amount of food 8e: Portion sizes of food have remained the same over the years 8f: When a person eats larger portions, more physical activity will not prevent him/her from gaining weight	Knowledge of portion sizes including the difference between a portion and serving size, and how portion sizes have changed
Portion sizes attitudes	11a: Reducing the portion sizes of foods high in fat [is important]	Attitudes toward the perceived importance of reducing portions of higher fat foods
Healthy eating knowledge	10a: Fried foods and baked goods should only be eaten occasionally 10b: Baking, broiling, boiling or microwaving are unhealthy ways to cook 10c: Removing the skin from poultry is a good way to reduce the fat	Knowledge about healthier eating including how preparation or serving method has an effect on food
Healthy eating attitudes	11c: Choosing a diet without a lot of added sugar [is important] 11d: Choosing a diet low in fat [is important] 11e: Choosing a diet with plenty of fruits and vegetables [is important]	Attitudes toward healthy eating including the perceived importance of choosing a diet higher in fruits and vegetables and lower in fat and sugar
Healthy eating behaviors	7a: I play an important role in determining what my child/children eat 7c: If I eat well, there is a good chance my family will follow my example 7d: I often make sure that healthy snacks are easily available for my family 7i: In my family, we have set some rules on food and eating that we try to follow 12c: In my family, we try to make sure that vegetables and fruits are often readily available at home	Healthy eating behaviors including acting as a role model, making healthier foods more available and setting rules about food and eating in one's family

Parent Curricula (continued)

Name of construct/measure	Questionnaire items used to create construct/measure	Construct/measure assesses changes in . . .
Healthy food behaviors	9d: When shopping for food, I use the Nutrition Facts Label to make my choices 12a: In my family, we try to make sure that foods high in fat are not easily available at home 12b: In my family, we try to make sure that foods with added sugar are not easily available at home	Healthy food behaviors such as reading nutrition labels and ensuring that foods high in fat and sugar are not easily available at home
Portion size behaviors	9b: When eating foods that are high in fat, I try to keep the portions small 9c: I often monitor the portion size of food served to my family	Portion size behaviors including controlling and monitoring portion sizes of foods
Physical activity knowledge	13a: Health experts say that children should spend at least one hour each day in moderate to vigorous intensity physical activity 13b: Multiple short periods of exercise (e.g. four 10 minute periods) are not as beneficial as a single long period (e.g. 40 minutes) in terms of healthy weight maintenance 13c: It may be adequate for adults to spend just 30 minutes each day engaged in moderate physical activity to be physically fit	Knowledge of physical activity principles including how much exercise children and adults should engage in
Physical activity attitudes	14a: I just can't seem to get my family started on being more physically active 14b: There is not a safe or convenient place for my family to be physically active 14c: There is not enough time in the day to find time to be physically active 15a: Being physically active can be a good way for my family to spend time together 15b: I can think of several ways (other than weight control and the physical health benefits) that my family and/or I can benefit from being physically active 15c: I can find creative ways to be physically active	Physical activity attitudes related to perceived ease of overcoming barriers to engaging in physical activity
Physical activity behaviors	7b: I play an important role in determining how much physical activity my child/children get 7d: If I am physically active, there is a good chance my family will follow my example 7h: I often plan physically active outings for my family 15d: Whenever I can, I walk or bike places instead of driving 15e: I use the stairs instead of the elevator when I can	Physical activity behaviors including encouraging and participating in physical activity personally or with one's family
Screen time knowledge	16a: Children who do not have television in their bedrooms spend as much time watching television as children who do have them in their bedrooms 16b: People tend to eat less when they spend a lot of time watching TV 16c: Studies show that children in homes where rules on watching TV are enforced spend less time watching TV than children in homes where such rules are not enforced	Knowledge of the effects of screen time including the impact of watching TV on children and adults
Screen time attitudes	17. Spending too much time watching TV or playing video games could be bad for my child/children's health 17b: It is important to me to find alternatives to watching TV for my family 15c: There are several other ways that my family can spend time together besides watching TV	Attitudes toward watching TV including perceived importance of limiting or reducing time watching TV

Parent Curricula (continued)

Name of construct/measure	Questionnaire items used to create construct/measure	Construct/measure assesses changes in . . .
Screen time behaviors	17d: I enforce rules on screen time in my family's home 17e: More often than not, my family and I do not watch TV during meal times 17f: I watch less than 2 hours of TV each day 17g: I limit my child's total time spent each day on TV, DVD/video, computer game and recreational computer use	Screen time behaviors that support and enable reduced screen time
Demographics	Gender, age, ethnicity, education level, adults in household, children under 18 in household	

Catch Kids Club Curriculum

Name of construct/measure	Questionnaire items used to create construct/measure	Construct/measure assesses changes in . . .
Foods knowledge	19. How many total servings of fruits and vegetables should you eat each day? 42. Which is better for you: whole wheat bread or white bread 43. Which is better for you: broiled beef or broiled fish 44. Which is better for you: cereal or eggs and bacon 45. Which is better for you: beef or beans 46. Which is better for you: chicken or regular hamburger 47. Which is better for you: regular milk or low fat/skim milk 48 Which is better for you: frozen yogurt or ice cream 49. Which is better for you: green salad or French fries 50. Which is better for you: French fries or baked potato 51. Which is better for you: 100% fruit juice or fruit punch	Knowledge of healthier foods such as being able to identify better food choices
Food attitudes: self-efficacy	34. How likely are you to drink low fat or skim milk instead of regular white milk? 35. How likely are you to eat high fiber cereal instead of a donut? 36. How likely are you to eat fresh fruit instead of a candy bar? 37. How likely are you to take the skin off of chicken (and not eat the skin)? 38. How likely are you to ask for frozen yogurt instead of ice cream? 39. How likely are you to eat a baked potato instead of French fries? 40. How likely are you to drink fruit juice instead of a soft drink (a soda pop)? 41. How likely are you to order a grilled chicken sandwich at a fast food restaurant instead of ordering a hamburger?	Attitudes toward healthier eating habits including likelihood of choosing healthier foods
Food attitudes: intentions to reduce fat	26. If you were at the movies, would you pick buttered or unbuttered popcorn as a snack? 28. Would you eat a candy bar or fruit for a snack? 29. If you were going to eat a piece of chicken would you eat it with the skin on or off? 30. Would you ask for frozen yogurt or ice cream? 31. Would you choose French fries or baked potato to cook if you were going to help make dinner at home? 32. If you were going to eat cooked vegetables would you eat them with or without butter? 33. If you were going to eat at a fast food restaurant would you order a hamburger or grilled chicken sandwich?	Attitudes toward healthier foods including intentions to reduce intake of higher-fat foods
Food attitudes: intentions to drink skim milk	27. Would you pick whole milk or low-fat/skim milk to drink?	Attitudes toward healthier food; specifically the intention to drink lower fat milk
Healthy eating behaviors: reducing fat	5: Yesterday, did you eat French fries or chips? 10. Yesterday, did you eat sweet rolls, doughnuts, cookies, brownies, pies or cake?	Healthier eating behaviors such as limiting intake of high-fat and energy-dense foods

Catch Kids Club Curriculum (continued)

Name of construct/measure	Questionnaire items used to create construct/measure	Construct/measure assesses changes in . . .
Healthy eating behaviors: eating fiber	21. Do you ever eat high fiber cereal? 22. Do you ever eat whole wheat bread?	Healthier eating behaviors such as intake of higher-fiber foods
Healthy eating behaviors: eating fruits and vegetables	6. Yesterday, did you eat any vegetables? 7. Yesterday did you eat beans? 8. Yesterday, did you eat fruit? 9. Yesterday, did you drink fruit juice? 20. The foods that I eat and drink now are healthy. 23. Do you ever drink 100% fruit juice? 24. Do you ever eat fruit for lunch? 25. Do you ever eat vegetables for dinner?	Healthier eating behaviors related to intake of beans, fruits and vegetables
Healthy eating behaviors: reading labels	18. Do you ever read the nutrition labels on food packages?	Healthier eating behaviors; specifically reading nutrition labels
Physical activity attitudes	52. How likely are you to be physically active 3-5 times a week? 53. How likely are you to exercise and keep moving for most of the time in your after school program? 54. How likely are you to run or bike 3-5 times a week? 55. How likely are you to keep up a steady pace without stopping for 15-20 minutes when you are physically active?	Attitudes toward physical activity such as likelihood of engaging in physically active behavior
Physical activity behavior	11. Yesterday, did you exercise or participate in sports activities that made your heart beat fast for at least 20 minutes?	Physical activity behavior; specifically engaging in physical activity the day before
Screening time behavior: weekday TV viewing	12. During the week, how many hours per day do you usually spend watching TV shows or videos? 13. During the week, how many TV shows or videos do you usually watch each day?	Screen time behaviors related to watching TV or videos during the week
Screening time behavior: weekend TV viewing	14. During the weekend, how many hours per day do you usually spend watching TV shows or videos? 15. During the weekend, how many TV shows or videos do you usually watch each day?	Screen time behaviors related to watching TV or videos on the weekend
Screening time behavior: weekday video gaming	16. During the week, how many hours per day do you usually play video games like Nintendo, Sega, games at the arcade or use the computer to surf the Internet?	Screen time behaviors related to playing video games and surfing the Internet during the week
Screening time behavior: weekend video gaming	17. During the weekend, how many hours per day do you usually play video games like Nintendo, Sega, games at the arcade or use the computer to surf the Internet?	Screen time behaviors related to playing video games and surfing the Internet on the weekend
Demographics	Gender, Grade, Age, Ethnicity	

Media Smart Youth Curriculum

Name of construct/measure	Questionnaire items used to create construct/measure	Construct/measure assesses changes in . . .
Name of construct/measure	**Questionnaire items used to create construct/measure**	**Construct/measure assesses changes in . . .**
Nutrition knowledge	14. What can you do to help make your bones stronger? 15. Check all the ways to include fruits and vegetables in daily eating 16. Check all the foods that are sources of calcium 17. Check all the ways that you can reduce added sugar in your daily eating 18. Check all the ways that you can reduce fat in your daily eating 19. Check all the types of whole-grain foods	Knowledge of nutrition principles such as which foods strengthen bones and ways to decrease sugar and fat in one's diet
Food attitudes	20: I intend to eat more vegetables during the next month 21: I intend to eat more fruit during the next month 22: I intend to eat fewer high-fat snack foods during the next month 23: I intend to eat more whole-grain foods during the next month 24: I intend to eat or drink more foods with calcium during the next month 25: I intend to read the Nutrition Facts label when I eat packaged snack foods during the next month 26: I intend to eat fewer snack foods with added sugar during the next month	Attitudes toward healthier foods such as intentions to make healthier food choices and read nutrition labels
Physical activity knowledge	6: Young people should be physically active for at least (x) minutes each day 7: Check all the actions that you think are physical activities 8: Physical activity is anything that gets your body moving 9: Riding a bike is a weight-bearing activity 10: Taking your pulse during or after physical activity can tell you (how hard your body is working)	Knowledge of physical activity such as how much exercise a person should get and what behaviors are considered physical activity
Physical activity attitudes	11. I intend to be physically active for at least an hour a day during the next month 12. I intend to be more physically active during the next month 13. I intend to do more weight-bearing activities during the next month	Attitudes toward physical activity such as intentions to take part in physically active behaviors
Demographics	Gender, Grade, Age, Ethnicity	

SMART Curriculum

Name of construct/measure	Questionnaire items used to create construct/measure	Construct/measure assesses changes in . . .
Name of construct/measure	**Questionnaire items used to create construct/measure**	**Construct/measure assesses changes in . . .**
Physical activity behaviors	5.11/6.11/7.11 Yesterday before school /after school/last Saturday how much time did you spend playing outside	Physical activity behaviors related to time spent playing outdoors
Screen time behaviors	5.1/6.1/7.1 Yesterday before school /after school/last Saturday how much time did you spend watching TV? 5.2/6.2/7.2 Yesterday before school /after school/last Saturday how much time did you spend watching movies/videos on a VCR or DVD player? 5.3/6.3/7.3 Yesterday before school /after school/last Saturday how much time did you spend playing video games? 5.4/6.4/7.4 Yesterday before school /after school/last Saturday how much time did you spend playing on a computer?	Screen time behaviors including time spent watching TV and movies/videos/DVDs and playing on a computer
Demographics	Gender, Grade, Age, Ethnicity	

Appendix E: Parent Curriculum Results by Site

Alabama Department of Public Health

Parent Curriculum Demographic Characteristics

Characteristics	% (n)	Characteristics	% (n)	Characteristics	% (n)
Gender		**Age**		**Adults in Household**	
Females	100 (8)	18-25	25 (2)	1	38 (3)
		26-35	25 (2)	2 or more	63 (5)
Race		36-45	25 (2)	**Education Level**	
African American	38 (3)	46-55	13 (1)	Less than high school	13 (1)
Caucasian	50 (4)	**Ethnicity**		High school graduate	38 (3)
Other	13 (1)	Hispanic	13 (1)	Some college	38 (3)
		Non-Hispanic	88 (7)	College degree	13 (1)

N = 8

Summary of Parent Curriculum Findings

Measure	Pre-Test Mean	Post-Test Mean	Mean Difference	Percent Change	t Value	df	p
Energy Balance Knowledge	1.88	2.13	.25	13%	.55	7	.60
Energy Balance Attitudes	7.50	9.00	1.29	17%	1.59	6	.16
Portion Size Knowledge	1.88	1.63	-.25	-13%	-.61	7	.56
Portion Size Attitudes	3.75	4.75	1.00	27%	2.00	7	.09
Portion Size Behaviors	7.50	8.38	.88	12%	2.20	7	.06
Healthy Eating Knowledge	3.00	2.63	-.38	-13%	-1.43	7	.20
Healthy Eating Attitudes	12.25	12.50	.25	2%	.45	7	.67
Healthy Eating Behaviors	22.50	21.75	-.75	-3%	-1.11	7	.30
Healthy Food Behaviors	9.63	11.63	2.00	21%	2.57*	7	< .05
Physical Activity Knowledge	2.38	2.63	.25	11%	1.00	7	.35
Physical Activity Attitudes	23.25	22.75	-.50	-2%	-.27	7	.80
Physical Activity Behaviors	20.63	21.63	1.00	5%	.74	7	.48
Screen Time Knowledge	2.50	2.25	-.25	-10%	-.68	7	.52
Screen Time Attitudes	13.63	13.88	.25	2%	.51	7	.63
Screen Time Behaviors	14.25	16.50	.38	3%	2.05	7	.08

***Statistically significant finding**

Boston Public Health Commission, Boston Steps

Parent Curriculum Demographic Characteristics

Characteristics	% (n)	Characteristics	% (n)	Characteristics	% (n)
Gender		**Age**		**Adults in Household**	
Males	18 (4)	Under 18	9 (2)	1	77 (17)
Females	82 (18)	18-25	41 (9)	2 or more	23 (5)
Race		26-35	23 (5)	**Education Level**	
African American	46 (10)	36-45	14 (3)	Less than high school	27 (6)
Caucasian	18 (4)	46-55	5 (1)	High school graduate	32 (7)
Other	18 (4)	**Ethnicity**		Some college	36 (8)
		Hispanic	36 (8)	College degree	5 (1)
		Non-Hispanic	56 (12)		

N = 22

Summary of Parent Curriculum Findings

Measure	Pre-Test Mean	Post-Test Mean	Mean Difference	Percent Change	t Value	df	p
Energy Balance Knowledge	2.20	2.19	.00	0%	.00	18	1.00
Energy Balance Attitudes	7.25	7.65	.21	3%	.41	18	.69
Portion Size Knowledge	1.88	1.76	.00	0%	.00	14	1.00
Portion Size Attitudes	4.00	4.29	.29	7%	1.00	19	.33
Portion Size Behaviors	6.62	6.86	.30	5%	.53	20	.61
Healthy Eating Knowledge	2.63	2.59	.11	4%	.81	18	.43
Healthy Eating Attitudes	11.95	12.50	.42	4%	.40	18	.70
Healthy Eating Behaviors	20.95	20.68	.17	1%	.17	17	.87
Healthy Food Behaviors	9.26	10.25	1.11	12%	1.47	17	.16
Physical Activity Knowledge	2.29	2.38	-.10	4%	.53	19	.61
Physical Activity Attitudes	22.68	23.95	1.89	8%	2.42*	17	< .05
Physical Activity Behaviors	20.00	20.00	.00	0%	.00	18	1.00
Screen Time Knowledge	2.32	2.14	-.06	-3%	-.27	17	.79
Screen Time Attitudes	12.58	12.62	-.05	0%	-.11	18	.91
Screen Time Behaviors	14.40	13.95	.05	3%	.24	18	.82

***Statistically significant finding**

Gary Youth Services Bureau and Park Recreation

Parent Curriculum Demographic Characteristics

Characteristics	% (n)	Characteristics	% (n)	Characteristics	% (n)
Gender		**Age**		**Adults in Household**	
Males	20 (1)	18-25	20 (1)	1	40 (2)
Females	80 (4)	26-35	60 (3)	2 or more	60 (3)
Race		**Ethnicity**		**Education Level**	
African American	100 (5)	Non-Hispanic	100 (5)	High school graduate	20 (1)
				Some college	60 (3)
				College degree	20 (1)

N = 5

Summary of Parent Curriculum Findings

Measure	Pre-Test Mean	Post-Test Mean	Mean Difference	Percent Change	t Value	df	p
Energy Balance Knowledge	2.40	2.20	-.20	-8%	-1.00	4	.37
Energy Balance Attitudes	6.60	8.00	1.40	21%	1.06	4	.35
Portion Size Knowledge	1.40	1.20	-.20	-14%	-.41	4	.70
Portion Size Attitudes	3.80	4.40	.60	16%	1.50	4	.21
Portion Size Behaviors	5.60	7.60	2.00	36%	1.22	4	.29
Healthy Eating Knowledge	2.00	2.80	.80	40%	1.21	4	.29
Healthy Eating Attitudes	10.60	12.60	2.00	19%	1.91	4	.13
Healthy Eating Behaviors	19.20	21.80	2.60	14%	1.29	4	.27
Healthy Food Behaviors	9.80	12.60	2.80	29%	1.79	4	.15
Physical Activity Knowledge	1.80	2.50	.50	28%	.78	3	.50
Physical Activity Attitudes	18.60	24.50	5.25	28%	1.40	3	.26
Physical Activity Behaviors	17.40	20.40	3.00	17%	1.20	4	.30
Screen Time Knowledge	1.40	2.40	1.00	71%	1.12	4	.33
Screen Time Attitudes	8.80	12.00	3.20	36%	2.19	4	.09
Screen Time Behaviors	9.80	13.80	1.20	12%	1.81	4	.15

Lane Coalition for Healthy Active Youth (LCHAY)

Parent Curriculum Demographic Characteristics

Characteristics	% (n)	Characteristics	% (n)	Characteristics	% (n)
Gender		**Age**		**Adults in Household**	
Males	16 (7)	18-25	20 (9)	1	40 (18)
Females	84 (38)	26-35	36 (16)	2 or more	60 (27)
Race		36-45	27 (12)	**Education Level**	
American Indian	4 (2)	46-55	9 (4)	Less than high school	7 (3)
Asian	2 (1)	55+	4 (2)	High school graduate	18 (8)
Caucasian	73 (33)			Some college	56 (25)
		Ethnicity		College degree	13 (6)
		Hispanic	22 (10)	Some graduate school	4 (2)
		Non-Hispanic	78 (35)	Graduate Degree	2 (1)

N = 45

Summary of Parent Curriculum Findings

Measure	Pre-Test Mean	Post-Test Mean	Mean Difference	Percent Change	t Value	df	p
Energy Balance Knowledge	2.27	2.31	.05	2%	.37	43	.71
Energy Balance Attitudes	6.49	7.42	.93	14%	3.06*	44	< .05
Portion Size Knowledge	2.21	2.14	-.05	-2%	-.33	38	.74
Portion Size Attitudes	3.67	4.27	.60	16%	2.97*	44	< .05
Portion Size Behaviors	6.70	7.75	1.02	15%	3.52*	42	< .05
Healthy Eating Knowledge	2.82	2.96	.14	5%	1.96	43	.06
Healthy Eating Attitudes	11.25	12.47	1.16	10%	2.01*	43	.05
Healthy Eating Behaviors	20.79	22.49	1.60	8%	3.88*	42	< .05
Healthy Food Behaviors	9.30	11.22	1.88	20%	4.44*	42	< .05
Physical Activity Knowledge	2.43	2.75	.27	11%	2.05*	40	< .05
Physical Activity Attitudes	22.00	24.60	2.62	12%	4.76*	41	< .05
Physical Activity Behaviors	17.37	19.75	2.42	14%	4.56*	42	< .05
Screen Time Knowledge	2.79	2.58	-.21	-8%	-2.04*	41	< .05
Screen Time Attitudes	13.07	13.64	.57	4%	1.69	41	.10
Screen Time Behaviors	12.86	14.36	.49	4%	3.10*	42	< .05

***Statistically significant finding**

Montgomery County Department of Recreation

Parent Curriculum Demographic Characteristics

Characteristics	% (n)	Characteristics	% (n)	Characteristics	% (n)
Gender		**Age**		**Adults in Household**	
Males	31 (4)	26-35	15 (2)	1	31 (4)
Females	69 (9)	36-45	31 (4)	2 or more	69 (9)
Race		46-55	23 (3)	**Education Level**	
African American	8 (1)	55+	8 (1)	High school graduate	39 (5)
Asian	15 (2)			Some college	39 (5)
Caucasian	23 (3)	**Ethnicity**		College degree	23 (2)
		Hispanic	85 (11)		
		Non-Hispanic	15 (2)		

N = 13

Summary of Parent Curriculum Findings

Measure	Pre-Test Mean	Post-Test Mean	Mean Difference	Percent Change	t Value	df	p
Energy Balance Knowledge	2.23	2.67	.50	22%	1.92	11	.08
Energy Balance Attitudes	8.38	7.92	-.46	-5%	-1.00	12	.34
Portion Size Knowledge	1.92	2.08	.17	9%	.52	11	.62
Portion Size Attitudes	4.77	4.69	-.08	2%	-1.00	12	.34
Portion Size Behaviors	7.77	8.15	.38	5%	.49	12	.63
Healthy Eating Knowledge	2.67	2.69	.00	0%	.00	11	1.00
Healthy Eating Attitudes	14.15	12.85	-1.31	-9%	-1.71	12	.11
Healthy Eating Behaviors	22.42	22.62	.33	2%	.65	11	.53
Healthy Food Behaviors	11.54	10.77	-.77	-7%	-1.00	12	.34
Physical Activity Knowledge	2.62	2.62	.00	0%	.00	12	1.00
Physical Activity Attitudes	24.45	23.85	-1.09	4%	-.88	10	.40
Physical Activity Behaviors	21.18	20.58	.20	1%	.21	9	.84
Screen Time Knowledge	2.31	2.38	.08	3%	.27	12	.79
Screen Time Attitudes	12.46	12.92	.46	4%	.34	12	.74
Screen Time Behaviors	14.85	15.85	.69	5%	1.56	12	.15

Operation Better Start

Parent Curriculum Demographic Characteristics

Characteristics	% (n)	Characteristics	% (n)	Characteristics	% (n)
Gender		**Age**		**Adults in Household**	
Males	9 (4)	18-25	30 (13)	1	30 (13)
Females	91 (40)	26-35	18 (8)	2 or more	70 (31)
Race		36-45	16 (7)	**Education Level**	
Asian	2 (1)	46-55	11 (5)	Less than high school	16 (7)
Caucasian	87 (39)	55+	11 (5)	High school graduate	23 (10)
Other	2 (1)			Some college	21 (9)
		Ethnicity		College degree	18 (8)
		Hispanic	5 (2)	Some graduate school	14 (6)
		Non-Hispanic	93 (41)	Graduate Degree	9 (4)

N = 44

Summary of Parent Curriculum Findings

Measure	Pre-Test Mean	Post-Test Mean	Mean Difference	Percent Change	t Value	df	p
Energy Balance Knowledge	2.00	2.28	.27	14%	2.31*	40	< .05
Energy Balance Attitudes	7.10	7.66	.55	8%	3.30*	37	< .05
Portion Size Knowledge	1.98	1.89	-.07	-4%	-.50	41	.62
Portion Size Attitudes	4.20	4.35	.16	4%	1.23	43	.23
Portion Size Behaviors	7.44	7.60	.22	3%	1.30	40	.20
Healthy Eating Knowledge	2.86	2.71	-.12	-5%	-1.22	40	.23
Healthy Eating Attitudes	12.40	12.81	.46	4%	1.27	40	.21
Healthy Eating Behaviors	20.46	21.33	1.00	5%	1.99*	38	.05
Healthy Food Behaviors	10.60	11.32	.83	8%	3.51*	40	< .05
Physical Activity Knowledge	2.43	2.47	.05	2%	.39	40	.70
Physical Activity Attitudes	22.54	22.98	.22	1%	.51	36	.62
Physical Activity Behaviors	18.76	19.66	.50	3%	2.02*	33	.05
Screen Time Knowledge	2.54	2.60	.05	2%	.39	39	.70
Screen Time Attitudes	13.21	13.20	-.11	-1%	-.55	36	.59
Screen Time Behaviors	14.03	14.74	.09	1%	1.36	33	.18

***Statistically significant finding**

Project Healthy Schools

Parent Curriculum Demographic Characteristics

Characteristics	% (n)	Characteristics	% (n)	Characteristics	% (n)
Gender		**Age**		**Adults in Household**	
Females	100 (2)	26-35	100 (2)	2 or more	100 (2)
Race		**Ethnicity**		**Education Level**	
Caucasian	100 (2)	Hispanic	100 (2)	Some college	50 (1)
				Some graduate school	50 (1)

N = 2

Summary of Parent Curriculum Findings

Measure	Pre-Test Mean	Post-Test Mean	Mean Difference	Percent Change	t Value	df	p
Energy Balance Knowledge	2.00	3.00	1.00	50%	1.00	1	.50
Energy Balance Attitudes	6.50	7.50	1.00	15%	a		
Portion Size Knowledge	2.00	2.50	.50	25%	1.00	1	.50
Portion Size Attitudes	4.00	4.50	.50	13%	1.00	1	.50
Portion Size Behaviors	6.00	8.00	2.00	33%	a		
Healthy Eating Knowledge	3.00	3.00	.00	0%	a		
Healthy Eating Attitudes	14.00	13.50	-.50	-4%	-1.00	1	.50
Healthy Eating Behaviors	20.50	22.00	1.50	7%	1.00	1	.50
Healthy Food Behaviors	9.00	11.00	2.00	22%	.67	1	.63
Physical Activity Knowledge	2.50	3.00	.00	0%	b		
Physical Activity Attitudes	22.50	18.00	-1.00	-4%	b		
Physical Activity Behaviors	19.00	15.00	-1.00	-5%	b		
Screen Time Knowledge	2.50	3.00	.00	0%	b		
Screen Time Attitudes	14.00	12.00	-1.00	-7%	b		
Screen Time Behaviors	14.00	10.00	.00	0%	b		

a = t value cannot be computed because the standard deviation is 0.

b = t value cannot be computed because the sum of caseweights in less than or equal to 1.

Scott & White Memorial Hospital and Clinic

Parent Curriculum Demographic Characteristics

Characteristics	% (n)	Characteristics	% (n)	Characteristics	% (n)
Gender		**Age**		**Adults in Household**	
Males	4 (1)	18-25	4 (1)	1	29 (7)
Females	96 (23)	26-35	38 (9)	2 or more	71 (17)
Race		36-45	46 (11)	**Education Level**	
African American	17 (4)	46-55	13 (3)	Less than high school	13 (3)
Caucasian	75 (18)			High school graduate	13 (3)
				Some college	33 (8)
		Ethnicity		College degree	29 (7)
		Hispanic	21 (5)	Some graduate school	4 (1)
		Non-Hispanic	79 (19)	Graduate Degree	8 (2)

N = 24

Summary of Parent Curriculum Findings

Measure	Pre-Test Mean	Post-Test Mean	Mean Difference	Percent Change	t Value	df	p
Energy Balance Knowledge	2.39	2.63	.22	9%	1.42	22	.17
Energy Balance Attitudes	7.22	7.96	.74	10%	2.83*	22	< .05
Portion Size Knowledge	2.21	2.42	.21	10%	2.01	23	.06
Portion Size Attitudes	4.13	4.17	.04	1%	.25	23	.80
Portion Size Behaviors	7.04	7.71	.67	10%	2.38*	23	< .05
Healthy Eating Knowledge	2.79	2.88	.08	3%	1.00	23	.33
Healthy Eating Attitudes	12.39	13.21	.83	7%	2.55*	22	< .05
Healthy Eating Behaviors	20.25	22.29	2.04	10%	4.44*	23	< .05
Healthy Food Behaviors	10.42	11.74	1.30	12%	3.15*	22	< .05
Physical Activity Knowledge	2.38	2.46	.08	3%	.49	23	.63
Physical Activity Attitudes	21.46	22.96	1.50	7%	2.74*	23	< .05
Physical Activity Behaviors	17.88	20.46	2.58	14%	3.83*	23	< .05
Screen Time Knowledge	2.70	2.79	.09	3%	.81	22	.43
Screen Time Attitudes	13.09	13.63	.61	5%	2.13*	22	.05
Screen Time Behaviors	13.17	14.70	.50	4%	3.17*	21	< .05

***Statistically significant finding**

South Bend Parks and Recreation Department

Parent Curriculum Demographic Characteristics

Characteristics	% (n)	Characteristics	% (n)	Characteristics	% (n)
Gender		**Age**		**Adults in Household**	
Males	18 (2)	36-45	18 (2)	1	18 (2)
Females	82 (9)	46-55	55 (6)	2 or more	82 (9)
Race		55+	27 (3)	**Education Level**	
African American	9 (1)			High school graduate	18 (2)
Caucasian	91 (10)			Some college	18 (2)
				College degree	18 (2)
		Ethnicity		Some graduate school	9 (1)
		Non-Hispanic	91 (10)	Graduate Degree	36 (4)

N = 11

Summary of Parent Curriculum Findings

Measure	Pre-Test Mean	Post-Test Mean	Mean Difference	Percent Change	t Value	df	p
Energy Balance Knowledge	2.27	2.73	.45	20%	2.89*	10	< .05
Energy Balance Attitudes	6.64	7.27	.64	10%	.96	10	.36
Portion Size Knowledge	2.27	2.30	.10	4%	.43	9	.68
Portion Size Attitudes	3.82	4.64	.82	21%	1.70	10	.12
Portion Size Behaviors	6.82	8.36	1.55	23%	3.56*	10	< .05
Healthy Eating Knowledge	2.91	2.91	.00	0%	.00	10	1.00
Healthy Eating Attitudes	11.55	12.82	1.27	11%	1.69	10	.12
Healthy Eating Behaviors	21.09	22.64	1.55	7%	2.32*	10	< .05
Healthy Food Behaviors	10.00	12.45	2.45	25%	3.55*	10	< .05
Physical Activity Knowledge	2.45	2.64	.18	7%	1.00*	10	< .05
Physical Activity Attitudes	20.00	23.27	3.27	16%	3.40*	10	< .05
Physical Activity Behaviors	18.73	20.36	1.64	9%	2.63*	10	< .05
Screen Time Knowledge	2.60	3.00	.50	19%	1.00	1	.50
Screen Time Attitudes	13.09	15.00	2.00	15%	1.00	1	.50
Screen Time Behaviors	16.09	15.00	.00	0%	.00	1	1.00

***Statistically significant finding**

Appendix F: CATCH Curriculum Results by Site

Alabama Department of Public Health

CATCH Curriculum Demographic Characteristics

Characteristics	% (n)	Characteristics	% (n)	Characteristics	% (n)
Gender		**Grade**		**Age**	
Males	53 (18)	Third	27 (9)	8	3 (1)
Females	47 (16)	Fourth	35 (12)	9	32 (11)
Race		Fifth	38 (13)	10	24 (8)
African American	94 (32)			11	32 (11)
Other	3 (1)			12	9 (3)

N = 34

CATCH Summary of Findings

Measure	Pre-Test Mean	Post-Test Mean	Mean Difference	% Change	t Value	df	p
Food Knowledge	20.56	20.81	.63	3%	.75	29	.46
Food Attitudes: Self-Efficacy	15.47	16.32	.61	4%	.97	30	.34
Food Attitudes: Intentions to Reduce Fat	10.00	11.16	1.30	13%	2.55*	26	< .05
Food Attitudes: Intentions to Drink Skim Milk	1.53	1.58	.06	4%	.63	30	.54
Healthy Eating Behaviors: Reducing Fat	2.48	1.34	-.93	-38%	-2.42*	28	< .05
Healthy Eating Behaviors: Eating Fiber	2.15	2.25	.19	9%	.80	31	.43
Healthy Eating Behaviors: Eating Fruits and Vegetables	11.82	12.07	.26	2%	.43	26	.67
Healthy Eating Behaviors: Reading Labels	1.06	.94	-.12	-11%	-.89	33	.38
Physical Activity Attitudes	6.59	7.10	.40	6%	1.42	29	.17
Physical Activity Behavior	.88	.91	-.03	-3%	-.57	32	.57
Screen Time Behaviors: Weekday TV Viewing	5.65	5.03	-.67	-12%	-1.68	32	.10
Screen Time Behaviors: Weekend TV Viewing	5.15	4.88	.18	3%	.46	32	.65
Screen Time Behaviors: Weekday Video Gaming	2.30	1.91	-.38	-17%	-1.13	31	.27
Screen Time Behaviors: Weekend Video Gaming	2.09	1.53	-.55	-26%	-2.13*	30	< .05

***Statistically significant finding**

Gary Youth Services Bureau and Park Recreation

CATCH Curriculum Demographic Characteristics

Characteristics	% (n)		Characteristics	% (n)		Characteristics	% (n)
Gender			**Grade**			**Age**	
Males	47 (15)		Second	13 (4)		8	22 (7)
Females	53 (17)		Third	22 (7)		9	25 (8)
Race			Fourth	31 (10)		10	31 (10)
African American	97 (31)		Fifth	19 (6)		11	13 (4)
Caucasian	3 (1)		Sixth	9 (3)		12	6 (2)
			Seventh	6 (2)		13	3 (1)

N = 32

CATCH Summary of Findings

Measure	Pre-Test Mean	Post-Test Mean	Mean Difference	% Change	t Value	df	p
Food Knowledge	20.97	24.22	3.06	15%	2.34*	30	< .05
Food Attitudes: Self-Efficacy	15.00	17.63	2.63	18%	4.26*	31	< .05
Food Attitudes: Intentions to Reduce Fat	10.86	13.19	2.36	22%	4.27*	27	< .05
Food Attitudes: Intentions to Drink Skim Milk	1.31	1.66	.34	26%	3.57*	31	< .05
Healthy Eating Behaviors: Reducing Fat	1.91	1.28	-.63	-33%	-2.92*	31	< .05
Healthy Eating Behaviors: Eating Fiber	1.94	2.25	.31	16%	2.99*	31	< .05
Healthy Eating Behaviors: Eating Fruits and Vegetables	8.91	10.70	1.77	20%	4.51*	29	< .05
Healthy Eating Behaviors: Reading Labels	.94	1.25	.31	33%	3.30*	31	< .05
Physical Activity Attitudes	6.10	7.09	.97	16%	3.99*	29	< .05
Physical Activity Behavior	.78	.94	-.16	-21%	-1.97	31	.06
Screen Time Behaviors: Weekday TV Viewing	5.59	4.91	-.69	-12%	-4.03*	31	< .05
Screen Time Behaviors: Weekend TV Viewing	5.13	4.53	-.68	-13%	-2.53*	30	< .05
Screen Time Behaviors: Weekday Video Gaming	1.81	1.56	-.25	-14%	-2.49*	31	< .05
Screen Time Behaviors: Weekend Video Gaming	1.75	1.69	.06	3%	-.63	31	.54

***Statistically significant finding**

Lane Coalition of Healthy Active Youth (LCHAY)

CATCH Curriculum Demographic Characteristics

Characteristics	% (n)	Characteristics	% (n)	Characteristics	% (n)
Gender		**Grade**		**Age**	
Males	44 (17)	Third	41 (16)	8	39 (15)
Females	56 (22)	Fourth	41 (16)	9	41 (16)
Race		Fifth	18 (7)	10	18 (7)
African American	10 (4)			11	3 (1)
American Indian	3 (1)				
Asian	3 (1)				
Caucasian	72 (28)				
Hispanic	3 (1)				
Other	8 (3)				

N = 39

CATCH Summary of Findings

Measure	Pre-Test Mean	Post-Test Mean	Mean Difference	% Change	t Value	df	p
Food Knowledge	20.44	21.45	1.32	6%	1.62	30	.12
Food Attitudes: Self-Efficacy	15.59	15.11	.32	2%	.38	30	.71
Food Attitudes: Intentions to Reduce Fat	10.73	10.91	.33	3%	.74	26	.47
Food Attitudes: Intentions to Drink Skim Milk	1.35	1.55	.22	16%	2.47*	35	< .05
Healthy Eating Behaviors: Reducing Fat	.95	1.05	.05	5%	.20	36	.85
Healthy Eating Behaviors: Eating Fiber	2.08	2.39	.31	15%	1.51	35	.14
Healthy Eating Behaviors: Eating Fruits and Vegetables	9.91	10.27	.12	1%	.22	33	.83
Healthy Eating Behaviors: Reading Labels	1.03	.95	-.03	-3%	-.22	36	.83
Physical Activity Attitudes	6.26	6.87	.53	8%	1.45	37	.16
Physical Activity Behavior	.84	.74	.11	13%	1.28	37	.21
Screen Time Behaviors: Weekday TV Viewing	3.76	3.81	.03	1%	.08	35	.94
Screen Time Behaviors: Weekend TV Viewing	3.95	3.92	.11	3%	.26	35	.80
Screen Time Behaviors: Weekday Video Gaming	1.11	1.36	.29	26%	1.10	37	.28
Screen Time Behaviors: Weekend Video Gaming	1.29	1.23	-.03	-2%	-.12	37	.91

***Statistically significant finding**

Montgomery County Department of Recreation

CATCH Curriculum Demographic Characteristics

Characteristics	% (n)	Characteristics	% (n)	Characteristics	% (n)
Gender		**Grade**		**Age**	
Males	30 (7)	Second	4 (1)	8	22 (5)
Females	65 (15)	Third	9 (2)	9	39 (9)
Race		Fourth	48 (11)	10	17 (4)
African American	30 (7)	Fifth	22 (5)	11	13 (3)
Asian	17 (4)	Sixth	9 (2)	12	4 (1)
Caucasian	9 (2)	Seventh	4 (1)		
Hispanic	9 (2)				
Other	26 (6)				

N = 23

CATCH Summary of Findings

Measure	Pre-Test Mean	Post-Test Mean	Mean Difference	% Change	t Value	df	p
Food Knowledge	23.80	24.11	.38	2%	.39	12	.71
Food Attitudes: Self-Efficacy	16.06	15.50	-.08	0%	-.10	12	.92
Food Attitudes: Intentions to Reduce Fat	10.87	11.47	.43	4%	1.00	13	.34
Food Attitudes: Intentions to Drink Skim Milk	1.61	1.55	.00	0%	.00	16	1.00
Healthy Eating Behaviors: Reducing Fat	1.25	1.04	-.25	-20%	-.62	19	.54
Healthy Eating Behaviors: Eating Fiber	2.06	2.14	.20	10%	.64	14	.53
Healthy Eating Behaviors: Eating Fruits and Vegetables	11.35	11.16	.07	1%	.09	13	.93
Healthy Eating Behaviors: Reading Labels	1.50	1.43	-.05	-3%	-.33	19	.75
Physical Activity Attitudes	6.56	6.91	.41	6%	.91	16	.38
Physical Activity Behavior	.75	.83	-.10	13%	-1.00	19	.33
Screen Time Behaviors: Weekday TV Viewing	3.79	3.91	-.17	4%	-.40	17	.70
Screen Time Behaviors: Weekend TV Viewing	4.48	3.86	-.60	-13%	-1.29	19	.21
Screen Time Behaviors: Weekday Video Gaming	1.05	1.09	.00	0%	.00	20	1.00
Screen Time Behaviors: Weekend Video Gaming	1.29	1.05	-.16	-12%	-.45	18	.66

Operation Better Start

CATCH Curriculum Demographic Characteristics

Characteristics	% (n)	Characteristics	% (n)	Characteristics	% (n)
Gender		**Grade**		**Age**	
Males	36 (12)	Second	21 (7)	8	36 (12)
Females	64 (21)	Third	33 (11)	9	21 (7)
Race		Fourth	21 (7)	10	30 (10)
African American	12 (4)	Fifth	24 (8)	11	9 (13)
Caucasian	85 (28)			13	3 (1)
Hispanic	3 (1)				

N = 33

CATCH Summary of Findings

Measure	Pre-Test Mean	Post-Test Mean	Mean Difference	% Change	t Value	df	p
Food Knowledge	22.13	20.67	-1.68	-8%	-2.02*	27	.05
Food Attitudes: Self-Efficacy	14.32	14.52	.45	3%	.58	28	.57
Food Attitudes: Intentions to Reduce Fat	9.48	9.39	-.13	-1%	-.40	30	.70
Food Attitudes: Intentions to Drink Skim Milk	1.24	1.29	.03	2%	.27	30	.79
Healthy Eating Behaviors: Reducing Fat	.65	1.45	.74	114%	2.92*	30	< .05
Healthy Eating Behaviors: Eating Fiber	1.85	1.76	-.09	-5%	-.32	32	.75
Healthy Eating Behaviors: Eating Fruits and Vegetables	9.24	10.19	1.03	11%	2.61*	31	< .05
Healthy Eating Behaviors: Reading Labels	.58	.94	.36	62%	2.43*	32	< .05
Physical Activity Attitudes	6.79	7.06	.21	3%	.54	27	.59
Physical Activity Behavior	.85	.85	.00	0%	.00	32	1.00
Screen Time Behaviors: Weekday TV Viewing	4.09	4.27	.25	6%	.66	31	.51
Screen Time Behaviors: Weekend TV Viewing	4.55	4.27	-.18	-4%	-.44	32	.66
Screen Time Behaviors: Weekday Video Gaming	1.48	1.59	.09	6%	.26	31	.80
Screen Time Behaviors: Weekend Video Gaming	1.42	1.58	.15	11%	.46	32	.65

***Statistically significant finding**

Project Healthy Schools

CATCH Curriculum Demographic Characteristics

Characteristics	% (n)	Characteristics	% (n)	Characteristics	% (n)
Gender		**Grade**		**Age**	
Males	39 (7)	Second	11 (2)	8	83 (15)
Females	61 (11)	Third	72 (13)	9	11 (2)
Race		Fourth	17 (3)	10	6 (1)
African American	17 (3)				
American Indian	6 (1)				
Caucasian	44 (8)				
Hispanic	11 (2)				
Other	22 (4)				

N = 18

CATCH Summary of Findings

Measure	Pre-Test Mean	Post-Test Mean	Mean Difference	% Change	t Value	df	p
Food Knowledge	21.13	21.19	.00	0%	.00	14	1.00
Food Attitudes: Self-Efficacy	14.71	15.24	.53	4%	.66	16	.52
Food Attitudes: Intentions to Reduce Fat	10.73	10.69	-.08	1%	-.17	11	.87
Food Attitudes: Intentions to Drink Skim Milk	1.27	1.56	.33	26%	2.09	14	.06
Healthy Eating Behaviors: Reducing Fat	1.06	1.78	.50	47%	1.26	15	.23
Healthy Eating Behaviors: Eating Fiber	2.19	2.06	-.13	6%	-.52	15	.61
Healthy Eating Behaviors: Eating Fruits and Vegetables	9.86	10.44	1.23	12%	2.17*	12	.05
Healthy Eating Behaviors: Reading Labels	.82	.72	-.12	-15%	-1.00	16	.33
Physical Activity Attitudes	6.78	7.19	.50	7%	1.20	15	.25
Physical Activity Behavior	.59	.72	-.12	20%	-.62	16	.54
Screen Time Behaviors: Weekday TV Viewing	3.50	4.17	.50	14%	1.33	15	.20
Screen Time Behaviors: Weekend TV Viewing	3.65	4.56	1.18	32%	1.77	16	.10
Screen Time Behaviors: Weekday Video Gaming	1.33	1.67	.33	25%	1.19	17	.25
Screen Time Behaviors: Weekend Video Gaming	1.67	1.83	.17	10%	.64	17	.53

***Statistically significant finding**

Roswell Recreation and Parks Department

CATCH Curriculum Demographic Characteristics

Characteristics	% (n)	Characteristics	% (n)	Characteristics	% (n)
Gender		**Grade**		**Age**	
Males	48 (26)	Third	37 (20)	8	35 (19)
Females	52 (28)	Fourth	41 (22)	9	39 (21)
Race		Fifth	22 (12)	10	26 (14)
African American	37 (20)				
Asian	13 (7)				
Caucasian	33 (18)				
Hispanic	7 (4)				
Other	9 (5)				

N = 54

CATCH Summary of Findings

Measure	Pre-Test Mean	Post-Test Mean	Mean Difference	% Change	t Value	df	p
Food Knowledge	21.00	21.87	.86	4%	1.33	50	.19
Food Attitudes: Self-Efficacy	15.65	15.55	-.06	0%	-1.35	47	.89
Food Attitudes: Intentions to Reduce Fat	10.28	11.17	1.08	11%	3.16*	39	< .05
Food Attitudes: Intentions to Drink Skim Milk	1.58	1.40	-.16	10%	-2.07*	48	< .05
Healthy Eating Behaviors: Reducing Fat	1.13	.96	-.17	15%	-8.94	51	.38
Healthy Eating Behaviors: Eating Fiber	2.11	2.08	.04	2%	.24	48	.81
Healthy Eating Behaviors: Eating Fruits and Vegetables	8.59	9.33	.98	11%	2.89*	42	< .05
Healthy Eating Behaviors: Reading Labels	.91	.93	.02	2%	.18	53	.86
Physical Activity Attitudes	6.82	6.62	-.17	-2%	-.64	52	.53
Physical Activity Behavior	.87	.83	.04	5%	.57	52	.57
Screen Time Behaviors: Weekday TV Viewing	4.30	4.02	-.20	-5%	-.73	49	.47
Screen Time Behaviors: Weekend TV Viewing	4.98	4.62	-.16	-3%	-.48	50	.63
Screen Time Behaviors: Weekday Video Gaming	1.31	1.19	-.13	-10%	-.81	52	.42
Screen Time Behaviors: Weekend Video Gaming	1.50	1.77	.23	15%	1.19	51	.24

***Statistically significant finding**

Scott & White Memorial Hospital and Clinic

CATCH Curriculum Demographic Characteristics

Characteristics	% (n)	Characteristics	% (n)	Characteristics	% (n)
Gender		**Grade**		**Age**	
Males	50 (6)	Third	8 (1)	8	8 (1)
Females	50 (6)	Fourth	17 (2)	9	17 (2)
Race		Fifth	25 (3)	10	17 (2)
African American	17 (2)	Sixth	8 (1)	11	17 (2)
Caucasian	42 (5)	Seventh	8 (1)	13	17 (2)
Hispanic	42 (5)	Eighth	33 (4)	14	25 (3)

N = 12

CATCH Summary of Findings

Measure	Pre-Test Mean	Post-Test Mean	Mean Difference	% Change	t Value	df	p
Food Knowledge	17.09	19.25	2.36	14%	1.48	10	.17
Food Attitudes: Self-Efficacy	14.58	14.90	.50	3%	.34		.74
Food Attitudes: Intentions to Reduce Fat	9.27	9.83	.64	7%	1.30	10	.22
Food Attitudes: Intentions to Drink Skim Milk	1.08	1.08	.00	0 %	.00	11	1.00
Healthy Eating Behaviors: Reducing Fat	1.08	1.33	.25	23%	.61	11	.56
Healthy Eating Behaviors: Eating Fiber	2.17	1.92	-.25	-12%	-.54	11	.60
Healthy Eating Behaviors: Eating Fruits and Vegetables	9.64	10.42	.45	5%	.50	10	.63
Healthy Eating Behaviors: Reading Labels	.75	1.00	.27	36%	1.40	10	.19
Physical Activity Attitudes	6.64	6.25	-.55	-8%	-.88	10	.40
Physical Activity Behavior	.91	.82	.09	10%	.56	10	.59
Screen Time Behaviors: Weekday TV Viewing	4.42	4.92	.50	11%	.90	11	.39
Screen Time Behaviors: Weekend TV Viewing	4.25	4.00	-.25	-6%	-.51	11	.62
Screen Time Behaviors: Weekday Video Gaming	1.42	1.25	-.17	-12%	-.48	11	.64
Screen Time Behaviors: Weekend Video Gaming	1.75	1.58	-.17	-10%	-.30	11	.77

South Bend Parks and Recreation Department

CATCH Curriculum Demographic Characteristics

Characteristics	% (n)	Characteristics	% (n)	Characteristics	% (n)
Gender		**Grade**		**Age**	
Males	37 (15)	Second	7 (3)	8	24 (10)
Females	63 (26)	Third	20 (8)	9	22 (9)
Race		Fourth	24 (10)	10	10 (4)
African American	46 (19)	Fifth	12 (5)	11	29 (12)
American Indian	2 (1)	Sixth	29 (12)	12	15 (6)
Caucasian	44 (18)	Seventh	5 (2)		
Hispanic	2 (1)	Eighth	2 (1)		
Other	5 (2)				

N = 41

CATCH Summary of Findings

Measure	Pre-Test Mean	Post-Test Mean	Mean Difference	% Change	t Value	df	p
Food Knowledge	21.00	21.23	.33	2%	.40	38	.69
Food Attitudes: Self-Efficacy	13.50	14.79	1.24	9%	2.38*	36	< .05
Food Attitudes: Intentions to Reduce Fat	9.38	9.83	.42	4%	1.95	32	.06
Food Attitudes: Intentions to Drink Skim Milk	1.27	1.33	.05	4%	.63	38	.53
Healthy Eating Behaviors: Reducing Fat	2.08	1.78	-.36	-17%	-1.27	38	.21
Healthy Eating Behaviors: Eating Fiber	1.70	2.10	.40	24%	2.16*	39	< .05
Healthy Eating Behaviors: Eating Fruits and Vegetables	8.75	8.83	.25	3%	.61	35	.54
Healthy Eating Behaviors: Reading Labels	.68	.85	.17	25%	1.64	40	.11
Physical Activity Attitudes	7.27	6.58	-.68	-9%	-1.93	40	.06
Physical Activity Behavior	.93	.88	.05	5%	.81	39	.42
Screen Time Behaviors: Weekday TV Viewing	5.24	4.49	-.76	-15%	-2.56*	40	< .05
Screen Time Behaviors: Weekend TV Viewing	5.45	4.95	-.20	-4%	-.56	39	.58
Screen Time Behaviors: Weekday Video Gaming	1.70	1.32	-.35	-21%	-1.40	39	.17
Screen Time Behaviors: Weekend Video Gaming	1.70	1.56	-.10	-6%	-.41	39	.68

***Statistically significant finding**

Southern Nevada Team

CATCH Curriculum Demographic Characteristics

Characteristics	% (n)	Characteristics	% (n)	Characteristics	% (n)
Gender		**Grade**		**Age**	
Males	34 (16)	Second	4 (2)	8	28 (13)
Females	64 (30)	Third	32 (15)	9	30 (14)
Race		Fourth	21 (10)	10	38 (18)
African American	6 (3)	Fifth	40 (19)	11	2 (1)
Asian	6 (3)				
Caucasian	62 (29)				
Hispanic	6 (3)				
Other	15 (7)				

N = 47

CATCH Summary of Findings

Measure	Pre-Test Mean	Post-Test Mean	Mean Difference	% Change	t Value	df	p
Food Knowledge	20.10	20.33	-.11	0%	-.12	36	.90
Food Attitudes: Self-Efficacy	13.84	15.19	1.05	8%	2.35*	39	< .05
Food Attitudes: Intentions to Reduce Fat	10.31	10.82	.22	2%	.56	26	.58
Food Attitudes: Intentions to Drink Skim Milk	1.21	1.39	.18	15%	2.21*	38	< .05
Healthy Eating Behaviors: Reducing Fat	1.02	1.40	.38	37%	1.59	46	.12
Healthy Eating Behaviors: Eating Fiber	2.13	2.07	-.05	-2%	-.25	41	.80
Healthy Eating Behaviors: Eating Fruits and Vegetables	8.27	9.39	1.20	15%	2.53*	39	< .05
Healthy Eating Behaviors: Reading Labels	.89	1.00	.09	10%	.73	45	.47
Physical Activity Attitudes	6.20	6.68	.40	6%	1.57	42	.12
Physical Activity Behavior	.87	.87	.00	0%	.00	42	1.00
Screen Time Behaviors: Weekday TV Viewing	4.59	4.07	-.42	-9%	-1.38	42	.18
Screen Time Behaviors: Weekend TV Viewing	4.17	4.22	.17	4%	.46	45	.65
Screen Time Behaviors: Weekday Video Gaming	1.55	1.28	-.28	-18%	-1.57	46	.12
Screen Time Behaviors: Weekend Video Gaming	1.60	1.28	-.32	-20%	-2.09*	46	< .05

***Statistically significant finding**

Springfield-Greene County Park and Recreation

CATCH Curriculum Demographic Characteristics

Characteristics	% (n)	Characteristics	% (n)	Characteristics	% (n)
Gender		**Grade**		**Age**	
Males	46 (11)	Third	29 (7)	8	8 (2)
Females	54 (13)	Fourth	46 (11)	9	46 (11)
Race		Fifth	25 (6)	10	25 (6)
African American	17 (4)			11	17 (4)
American Indian	4 (1)				
Asian	4 (1)				
Caucasian	58 (14)				
Hispanic	4 (1)				
Other	13 (3)				

N = 24

CATCH Summary of Findings

Measure	Pre-Test Mean	Post-Test Mean	Mean Difference	% Change	t Value	df	p
Food Knowledge	19.13	23.63	4.50	24%	3.72*	23	< .05
Food Attitudes: Self-Efficacy	15.48	19.33	3.87	25%	4.72*	22	< .05
Food Attitudes: Intentions to Reduce Fat	9.67	13.54	3.88	40%	12.10*	23	< .05
Food Attitudes: Intentions to Drink Skim Milk	1.17	2.00	.83	71%	10.72*	23	< .05
Healthy Eating Behaviors: Reducing Fat	1.42	1.08	-.33	-23%	-.92	23	.37
Healthy Eating Behaviors: Eating Fiber	2.17	1.67	-.50	-23%	-1.63	23	.12
Healthy Eating Behaviors: Eating Fruits and Vegetables	9.43	8.08	-1.30	-14%	-2.42*	22	< .05
Healthy Eating Behaviors: Reading Labels	.67	.92	.25	37%	1.66	23	.11
Physical Activity Attitudes	5.83	7.13	1.29	22%	2.78*	23	< .05
Physical Activity Behavior	1.00	.79	-.21	-27%	-2.46*	23	< .05
Screen Time Behaviors: Weekday TV Viewing	4.92	3.54	1.38	28%	-2.62*	23	< .05
Screen Time Behaviors: Weekend TV Viewing	4.88	3.79	-.71	-15%	-1.73	23	.10
Screen Time Behaviors: Weekday Video Gaming	1.63	1.50	-.13	-8%	-.31	23	.76
Screen Time Behaviors: Weekend Video Gaming	1.42	1.63	.21	15%	.59	23	.56

***Statistically significant finding**

Appendix G: MSY Curriculum Results by Site

Benton County Healthy Weight and Lifestyle Coalition

MSY Curriculum Demographic Characteristics

Characteristics	% n	Characteristics	% n	Characteristics	% n
Gender		**Grade**		**Age**	
Males	65 (20)	Sixth	32 (10)	11	10 (3)
Females	36 (11)	Seventh	29 (9)	12	29 (9)
Race		Eighth	39 (12)	13	29 (9)
Asian	3 (1)			14	26 (8)
Caucasian	94 (29)			15	3 (1)
Other	3 (1)				

N = 31

MSY Summary of Findings

Measure	Pre-Test Mean	Post-Test Mean	Mean Difference	Percent Change	t Value	df	p
Nutrition Knowledge	16.15	15.80	-.09	1%	-.17	22	.87
Food Attitudes	24.20	22.96	-1.40	6%	-1.27	24	.22
Physical Activity Knowledge	6.57	6.47	-.10	-2%	-.29	28	.78
Physical Activity Attitudes	11.34	11.87	.52	1%	.99	28	.33

Lane Coalition for Healthy Active Youth (LCHAY)

MSY Curriculum Demographic Characteristics

Characteristics	% n	Characteristics	% n	Characteristics	% n
Gender		**Grade**		**Age**	
Males	67 (2)	Fifth	33 (1)	10	33 (1)
Females	33 (1)	Sixth	33 (1)	11	33 (1)
Race		Seventh	33 (1)	12	33 (1)
Caucasian	100 (3)				

N = 3

MSY Summary of Findings

Measure	Pre-Test Mean	Post-Test Mean	Mean Difference	Percent Change	t Value	df	p
Nutrition Knowledge	14.00	16.33	2.33	17%	1.94	2	.19
Food Attitudes	18.67	31.00	12.33	66%	3.21	2	.09
Physical Activity Knowledge	4.67	6.67	2.00	43%	3.46	2	.07
Physical Activity Attitudes	8.33	14.00	5.67	68%	2.08	2	.17

Roswell Recreation and Parks Department

MSY Curriculum Demographic Characteristics

Characteristics	% n	Characteristics	% n	Characteristics	% n
Gender		**Grade**		**Age**	
Males	14 (1)	Seventh	86 (6)	11	14 (1)
Females	86 (6)	Eighth	14 (1)	12	86 (6)
Race					
African American	29 (2)				
Asian	14 (1)				
Caucasian	57 (4)				

N = 7

MSY Summary of Findings

Measure	Pre-Test Mean	Post-Test Mean	Mean Difference	Percent Change	t Value	df	p
Nutrition Knowledge	14.50	13.33	-1.17	-8%	-.78	5	.47
Food Attitudes	25.57	34.71	9.14	36%	2.45*	6	< .05
Physical Activity Knowledge	4.57	6.67	2.00	44%	5.48*	5	< .05
Physical Activity Attitudes	11.43	14.67	3.67	32%	2.35	5	.07

***Statistically significant finding**

Southern Nevada Team

MSY Curriculum Demographic Characteristics

Characteristics	% n	Characteristics	% n	Characteristics	% n
Gender		**Grade**		**Age**	
Males	21 (3)	Sixth	71 (10)	10	7 (1)
Females	79 (11)	Seventh	14 (2)	11	64 (9)
Race		Eighth	14 (2)	12	14 (2)
African American	7 (1)			13	14 (2)
Caucasian	64 (9)				
Hispanic	7 (1)				
Other	14 (2)				

N = 14

MSY Summary of Findings

Measure	Pre-Test Mean	Post-Test Mean	Mean Difference	Percent Change	t Value	df	p
Nutrition Knowledge	14.08	13.64	-1.10	-8%	-.86	9	.40
Food Attitudes	25.07	25.08	.67	3%	.30	11	.77
Physical Activity Knowledge	6.38	6.43	.00	0%	.00	12	1.00
Physical Activity Attitudes	11.36	11.00	-.62	3%	-.74	12	.47

Springfield-Greene County Park and Recreation

MSY Curriculum Demographic Characteristics

Characteristics	% n	Characteristics	% n	Characteristics	% n
Gender		**Grade**		**Age**	
Males	39 (7)	Fifth	61 (11)	10	17 (3)
Females	61 (11)	Sixth	39 (7)	11	44 (8)
Race				12	39 (7)
African American	6 (1)				
Asian	28 (5)				
Caucasian	67 (12)				

N = 18

MSY Summary of Findings

Measure	Pre-Test Mean	Post-Test Mean	Mean Difference	Percent Change	t Value	df	p
Nutrition Knowledge	12.91	12.71	.33	3%	.38	2	.74
Food Attitudes	22.38	27.71	3.58	16%	1.26	11	.23
Physical Activity Knowledge	4.13	4.56	.11	3%	.17	8	.87
Physical Activity Attitudes	10.65	12.25	1.87	18%	1.67	14	.12

Appendix H: S.M.A.R.T. Curriculum Results by Site

Operation Better Start

S.M.A.R.T. Curriculum Demographic Characteristics

Characteristics	% (n)	Characteristics	% (n)	Characteristics	% (n)
Gender		**Grade**		**Age**	
Males	44 (7)	Third	100 (16)	8	94 (15)
Females	56 (9)			9	6 (1)
Race					
African American	6 (1)				
Caucasian	94 (15)				

N= 16

S.M.A.R.T. Summary Findings

Measure	Pre-Test Mean	Post-Test Mean	Mean Difference	Percent Change	t Value	df	p
Physical Activity Behaviors	6.19	6.87	.53	9%	.34	14	.74
Screen Time Behaviors	31.92	23.63	-7.83	-25%	-2.35*	11	< .05

***Statistically significant finding**

Scott & White Memorial Hospital and Clinic

S.M.A.R.T. Curriculum Demographic Characteristics

Characteristics	% (n)		Characteristics	% (n)		Characteristics	% (n)
Gender			**Grade**			**Age**	
Males	36 (8)		First	9 (2)		8	23 (5)
Females	64 (14)		Second	18 (4)		9	14 (3)
Race			Third	32 (7)		10	41 (9)
African American	18 (4)		Fourth	32 (7)		11	9 (2)
Caucasian	68 (15)		Fifth	18 (4)		12	9 (2)
Hispanic	5 (1)		Sixth	14 (3)		13	5 (1)
Other	5 (1)		Seventh	5 (1)			

N= 22

S.M.A.R.T. Summary Findings

Measure	Pre-Test Mean	Post-Test Mean	Mean Difference	Percent Change	t Value	df	p
Physical Activity Behaviors	11.05	9.75	-.80	-7%	-.80	19	.43
Screen Time Behaviors	43.60	36.20	-6.00	14%	-1.63	17	.12

***Statistically significant finding**