Summit on the Science of Eliminating Health Disparities

Abstracts

November 2012
Preventing obesity among African and Caribbean Immigrant and Refugee Children in Philadelphia: a multi-sectoral effort to measure effectiveness [Science/Practice]

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Preventing obesity among African and Caribbean Immigrant and Refugee Children in Philadelphia: a multi-sectoral effort to measure effectiveness [Science/Practice]

Format: Oral with Option for Poster Presentation

Background: African and Caribbean immigrant and refugee (ACIR) children and families in the U.S. are at increased risk for overweight and obesity due to cultural conceptions of attractive body size, traditional cooking methods, and increased accessibility at reduced cost of foods such as oils and meats in comparison to their countries of origin. Community health care organizations (CHCOs) serving ACIR families play a critical role in childhood obesity prevention, but often lack the in-house capacity to evaluate program outcomes. Demonstrating effectiveness is crucial for long-term sustainability.

Methods: The African Family Health Organization (AFAHO), a grassroots organization serving ACIR families in Philadelphia PA is implementing a childhood obesity prevention program. Through a program to build evaluation capacity funded by the Johnson & Johnson Community Health Care Program, with technical support from the Johns Hopkins School of Public Health, AFAHO has increased their in-house capacity in monitoring and evaluation. After an eight month pilot phase, the project staff successfully designed and implemented an evaluation plan. During the following 20 month implementation phase, program staff gained expertise to analyze and present their program’s outcomes. AFAHO used pre and post-test surveys to assess the intervention’s effectiveness.

Results: Results show that among the 77 participants, there were improvements in key indicators. For example, 19.7% knew at least two healthy drinks at baseline, while 74.2% knew this at follow-up; and 41.9% reported engaging in at least two physical activities over the weekend at baseline, while 67.7% reported this at follow-up.

We will discuss ways to optimize partnerships between CHCOs and academic institutions to build CHCOs’ in-house evaluation capacity.
Promoting Health Equity Through a Multi-Sector Collaboration to Prevent Childhood Obesity in an Under-Served Urban Community

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Background: In 2012, Wayne County (Detroit and inner suburbs) ranked 81st of 82 Michigan counties in health outcomes related to excess morbidity and premature mortality. Joy-Southfield Community Development Corporation (JSCDC) combines resources of a free clinic and community development corporation to promote health equity through comprehensive targeting of health determinants. JSCDC developed a multi-level approach to address increasing childhood obesity rates in Detroit. Activities include legislative advocacy, economic development, enhanced recreational facilities, community gardens, a farmer’s market, and school- and community-based health promotion. With funding from the Johnson and Johnson Community Health Care Program, JSCDC began providing Healthy Eating, Activity & Learning (HEAL) workshops to teach youth and their caregivers about healthy eating and physical activity. To evaluate this program, JSCDC formed a community-academic partnership with the Johns Hopkins School of Public Health (JHSPH).

Methodology: JSCDC and JHSPH personnel worked together to create a conceptual framework, goals, objectives and indicators to guide the evaluation, and a custom database to manage and analyze data. Pre and post surveys track changes in participants’ knowledge, attitudes and behaviors. HEAL participants’ engagement in other components of the multi-level initiative is also tracked.

Results: Thirty-seven families participated in the HEAL pilot; nearly 90 percent were African-American. Lessons learned in the pilot have informed ongoing HEAL workshops, including curriculum and recruitment/retention methods. By fall of 2012, 150 families are expected to participate. Pilot results indicate improvements in nutrition and physical activity knowledge. JSCDC staff have learned new evaluation skills and increased their capacity to track program implementation and outcomes.

Discussion: Results will provide valuable information about the process and outcomes of a family educational program nested within a multi-level childhood obesity prevention strategy. Community-academic partnerships are a sustainable way to optimize program evaluation, improve program effectiveness and guide allocation of limited resources to address health disparities.
A community-academic partnership demonstrates its effectiveness at driving efforts to combat childhood obesity and promote healthier lifestyles among children and caregivers in Detroit, Michigan

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**Background:** Detroit is the fifth most obese city in the United States. United Health Organization (UHO) is a community out-reach non-profit organization serving Brightmoor, a low-socioeconomic community in Detroit with a large population of children at-risk for obesity. In partnership with the Detroit Leadership Academy, the Johns Hopkins Bloomberg School of Public Health, and the Johnson & Johnson Community HealthCare program, UHO has implemented Project Learn, Eat, Activity and Play (LEAP), a childhood obesity prevention program.

**Methods:** Project LEAP is an 8-week program designed to educate children and caregivers on healthy nutrition and physical activity practices, increase their access to fresh food, and provide instruction on healthy meal preparation. Using a collaborative and participatory approach, questionnaires and databases were created to evaluate the program's effectiveness. An 8-month pilot of the program was conducted in two classes and the curriculum was revised before scaling up to the entire school for a two-year implementation phase.

**Results:** The program reached 147 children and 13 caregivers. Identification of healthy snack and drink options increased by 5% from baseline to follow-up. Number of healthy snacks consumed increased by 12% and the number of children participating in multiple daily physical activities increased by 6%.

**Conclusions:** Preventative programs, such as Project LEAP, can increase knowledge and behavior of healthy nutrition and physical activity practices. Evaluation of these programs is essential for identifying feasible policy changes to prevent childhood obesity. Collaborations between the community, academic institutions and community-based organizations can promote long-term program sustainability by enhancing in-house monitoring and evaluation capacity.
Community-based Philadelphia organization and academic institution partner to prevent obesity in a predominantly Latino grade school.

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**Background:** Almost half (45.9%) of Latino children 4 – 17 years old in Southeastern Pennsylvania are at-risk for obesity. To address this problem, Congreso de Latinos Unidos, with technical support from the Johns Hopkins Bloomberg School of Public Health and funding from the Johnson & Johnson Community Healthcare Program, implemented a nutrition and physical activity intervention among 3rd-5th grade students at the Pan American Academy Charter School.

**Methods:** After an 8 month pilot, the CATCH (Coordinated Approach to Child Health) program curriculum was adapted for local use. Johns Hopkins trained local staff in evaluation design, implementation, use of a conceptual framework, database creation, and data analysis.

**Results:** Congreso staff used improved evaluation skills to assess progress of 118 3rd–5th grade students participating in the first 9-week implementation, 116 completed surveys at both the beginning and end of the cycle. Among these children: 87% were of Hispanic origin; with only 18% living in households with annual income greater than $25,000. A mean comparison test of paired data revealed significant improvements in participants’ ability to identify healthy meals (p = .0118), healthy snacks (p = .0005), healthy fast food options, (p = .0001), and healthy drinks (p = .0001). Moreover, participants improved their knowledge of physical activity options in their local environment (p = .0001), recommended amount of exercise needed per week (p = .0007), and benefits of exercise (p = .0001). Mean scores for the number of times a child exercised per week did not significantly improve.

**Conclusion:** Partnerships between community organizations and academic institutions can be very beneficial for establishing strong monitoring and evaluation practices in community interventions. Community specific school-based nutrition and exercise programs, can lead to positive outcomes in predominantly Latino communities.
Academy of Nutrition and Dietetics

FNCE Abstracts

October 2012
Bronx Health REACH Obesity Prevention Program: Using a School-based Program to Promote Healthy Lifestyles Among Children

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Nearly 40% of elementary school students in South Bronx, NY are considered overweight or obese. While school administrators recognize the health challenges facing their students, they often lack the resources necessary to enact change. Bronx Health REACH (BHR) implemented the BHR Obesity Prevention Program for elementary school children with technical assistance from Johns Hopkins University and funding from the Johnson & Johnson Community Health Program.

BHR adapted the Bienestar/NEEMA Health Program curriculum, an evidence-based diabetes prevention program informed by the Social Cognitive Theory, to focus on healthy eating and nutrition knowledge. The result is a 7-week long classroom-based program centered on increasing students’ knowledge of healthy eating, increasing self-efficacy related to food choices, and improving healthy eating behaviors. Using a train-the-trainer model, teachers are taught nutrition concepts, how to use the program curriculum, and the importance of modeling healthy eating behaviors for students. This is followed by classroom program implementation.

During the 8-month formative phase, the program was pilot-tested, evaluation tools were created, and a data storage and analysis system was developed. Through this process, BHR and academic partners worked together to evaluate the program prior to expanding it.

The program has enrolled 360 children since its start. Preliminary results indicate improved nutrition knowledge and increased self-efficacy related to making healthy food choices.

Integrating nutrition education into classroom instruction is a promising tool for reducing childhood obesity. Providing teachers with nutrition education training and incorporating a personal relevance to their own health behaviors improves role-modeling behaviors.
Gaining Skills to Measure the Effectiveness of Obesity Prevention Interventions Among Children In Underserved Populations: Challenges and Lessons Learned From Eight Community-Academic Partnerships in Four States

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With one in three American Children estimated to be either overweight or obese especially among low income minority populations, community health care organizations (CHCOs) across the country are implementing obesity prevention programs. CHCOs play a vital role in the prevention of childhood obesity through collaborations with main caregivers, schools and the community, but often lack the in-house capacity to evaluate their program’s outcomes. Being able to demonstrate effectiveness is key for these programs long-term sustainability. An innovative initiative that partners CHCOs and academia with funding from the Johnson & Johnson Community Health Care Program is helping bridge this evaluation gap.

Since October 2010, eight CHCOs in four States, implementing obesity prevention programs among children 6-12 years of age, are receiving technical assistance from the Johns Hopkins Bloomberg School of Public Health to increase their in-house evaluation capacity. This is accomplished by pairing graduate students (guided and supervised by a faculty member) with each CHCO and the use of participatory methods adapted to meet the specific needs of individual organizations. After 2 ½ years, the CHCO program staff is able to design an evaluation plan including, the development of goals, SMART objectives, selection of key indicators, creation of a conceptual framework, data collection tools, database and data analysis needed to measure the effectiveness of their childhood obesity interventions. Creative solutions to challenges regarding: selection of key indicators, timely data collection and time pressures experienced by program staff (service vs. evaluation) as well as those related to geographical distance will be shared.
Preventing Childhood Obesity in Latino Children in Northern Philadelphia: A Multifaceted Program Involving After-school Physical Activity, Nutrition Education and Workshops with Caregivers

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Abstract:
Hispanic/Latino children are at a high risk for being overweight or obese and this trend has been increasing over the past few decades. The F.U.N. (families understanding nutrition) and Fit through Play provides a multi-faceted approach to improving healthy lifestyles at a predominately Hispanic/Latino afterschool program. Our program focused on providing education and training to both students (ages 5-12) and their families. Students received a six week nutrition education program during their afterschool classes. These students and their families were also invited to participate in a four week program that provided nutrition education for parents, nutrition activities for children, as well as exercise and cooking classes for the families.

The exercises focused on activities families could participate in together at home to increase their activity levels. A healthy meal was prepared with the families in the cooking class and they were provided with the ingredients and recipe to make the meal again at home.

Upon completion of the program each family received all of the materials used in the program. Families also had access to a Registered Dietitian for free nutrition counseling. The participant’s knowledge, attitude, and behavior changes were monitored and evaluated throughout the program.

Objectives:
• Increase participation of children and their caregivers in after school activities that promote healthy eating and increased physical activity
• Enhance families consumption of healthy snacks
• Increase the amount of time children spend on daily physical activities
260136 Preventing childhood obesity in Latino children in northern Philadelphia: A multifaceted program involving after-school physical activity, nutrition education, and workshops with caregivers

Monday, October 29, 2012


Background: The prevalence of obesity is high among Latino children. The objective of project F.U.N. (Families Understanding Nutrition) and Fit through Play is to prevent childhood obesity among Latinos (ages 5-12) through a comprehensive intervention program. A community/academic partnership was developed between “A Better Start” from the Albert Einstein Health Network, the ASPIRA School, and the Johns Hopkins/Johnson & Johnson Community Healthcare Scholars program to perform this intervention and develop community-based capacity in monitoring and evaluating.

Methods: During an eight month pilot phase, children completed six weeks of after-school activities involving nutrition education and physical activity along with parent-child workshops. To evaluate the project’s effectiveness, a conceptual framework was utilized to identify measurable indicators in surveys and a data management system was developed.

Results: There is a high burden of childhood obesity in this community as approximately half of the children were classified as “overweight” or “at risk for overweight”. Initial findings suggest significant improvements in indicators involving the children’s nutritional knowledge after program implementation. Additionally, “A Better Start” has developed a proficiency in monitoring and evaluation skills. Further improvements in children’s knowledge and behavior are expected during the project’s twenty month implementation phase.

Conclusions: This program, involving an at-risk group of Latino children in Philadelphia, aims to prevent childhood obesity. The evaluation of this multifaceted obesity prevention program identifies its successful components and can improve its future effectiveness and long-term sustainability. Partnerships between academic institutions and community-based organizations can advance the ability to monitor and evaluate community based programs.

Learning Areas:

Conduct evaluation related to programs, research, and other areas of practice
Implementation of health education strategies, interventions and programs
Planning of health education strategies, interventions, and programs
Program planning

Learning Objectives:
1. Evaluate the effectiveness of a multifaceted childhood obesity intervention among Latinos – identifying successful components. 2. Illustrate the benefits of community-based organizations developing in-house evaluation methods including use of a conceptual framework, data management, and analytical tools. 3. Describe the advantages and the challenges in academic-community based partnerships
Preventing childhood obesity by promoting healthy lifestyles among children and their caregivers in the Osborn community in Detroit: A community-academic partnership

Sunday, October 28, 2012

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Background: Childhood obesity is of particular concern among areas of high poverty, high minority population, and limited food access, such as the Osborn community in Detroit, MI, where most residents live closer to a fast food restaurant than a supermarket. The Youth Connection (TYC), a grassroots organization, recently launched a program to promote healthy lifestyle and prevent obesity among children 6-12 years old and their caregivers. TYC and Johns Hopkins School of Public Health (JHSPH), with funding support from the Johnson & Johnson Community Healthcare Program, formed a community-academic partnership to evaluate this initiative. Methods: Over an 8 month pilot phase and using a participatory approach, the TYC staff increased their skills to design and implement their program's monitoring and evaluation based on a conceptual framework. A data management system was also created using the CDC's Epi Info software. During the following 20 month implementation phase, staff will analyze and present the program's outcomes. Results: The I2D2 program (increase fruit/vegetable intake and physical activity; decrease screen time and sugary drinks) enrolled 49 children and 27 caregivers during the pilot, and expects to 350 children and their caregivers in the implementation phase. Preliminary results show improved nutrition and physical activity knowledge among both groups. TYC staff has gained valuable program monitoring and evaluation skills. Conclusion: Partnerships between community-based organizations and academic institutions provide a unique opportunity to increase the sustainable in-house capacity for program evaluation and a better understanding of key components of childhood obesity prevention within Osborn.

Learning Areas:
Administer health education strategies, interventions and programs
Conduct evaluation related to programs, research, and other areas of practice
Implementation of health education strategies, interventions and programs
Planning of health education strategies, interventions, and programs
Program planning

Learning Objectives:
1. Assess conceptual frameworks in community-based program evaluation efforts. 2. Describe the benefits and challenges of a community-academic partnership. 3. Obtain publicly available software for data management and analysis.

Keywords: Child Health, Obesity

Presenting author's disclosure statement:
Qualified on the content I am responsible for because: I am the Johns Hopkins Bloomberg School of Public Health student collaborator tasked with providing training and technical assistance to the Youth Connection staff.
**Promoting healthy lifestyles among children to prevent or reduce overweight and obesity in the South Bronx, New York: Using a pilot program to assess the effectiveness of a school-based intervention**

**Tuesday, October 30, 2012 : 3:30 PM**

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Nearly 40% of elementary school students in the South Bronx, NY are considered overweight or obese. While school administrators recognize the health challenges facing their students, they often lack the resources necessary to enact change. Bronx Health REACH (BHR) implemented the BHR Obesity Prevention Program for elementary school children with technical assistance from Johns Hopkins University and funding from the Johnson & Johnson Community Health Program. This classroom-based program focuses on increasing students' knowledge of healthy eating, increasing self-efficacy related to food choices, and improving healthy eating behaviors. Using a train-the-trainer model, teachers are taught nutrition education along with the program curriculum, followed by classroom program implementation.

BHR adapted the Bienestar/NEEMA Health Program, an evidence-based diabetes prevention program informed by the Social Cognitive Theory, to focus on healthy eating and nutrition. During the 8-month formative phase, the program was pilot tested, assessment tools to evaluate effectiveness were created, and a data management system using EpiInfo for data storage and analysis was developed. Through this process, BHR and academic partners worked together to evaluate the program prior to expanding it. The BHR Obesity Prevention Program has enrolled 360 children since its start. Preliminary results indicate improved nutrition knowledge and increased self-efficacy related to making healthy food choices.

Schools play a critical role in obesity prevention; and training teachers is key to implementing effective healthy eating and nutrition education programs. A partnership to build in-house capacity for program monitoring and evaluation fosters an organization's ability to make evidence-based decisions regarding program components.

**Learning Areas:**

Implementation of health education strategies, interventions and programs  
Planning of health education strategies, interventions, and programs  
Program planning

**Learning Objectives:**

Explain the role school-based programs can play when working to address the obesity epidemic. Explain the way in which a train-the-trainer model helps build capacity for a school to run a sustainable nutrition education program. Discuss the importance of a formative phase for program development and implementation. Identify available, free-of-cost, software for data management and analysis

**Keywords:** School-Based Programs, Obesity

**Presenting author's disclosure statement:**

Qualified on the content I am responsible for because: I am the Johns Hopkins Bloomberg School of Public Health student collaborator tasked with providing training and technical assistance to Bronx Health REACH.
263362 Promoting healthy lifestyles for the prevention of overweight and obesity among African American 6th grade students in Memphis, TN: A community-academic partnership

Tuesday, October 30, 2012

Michelle Taylor, MD, MS, Department of Population, Family, and Reproductive Health, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD Nichole Saulsberry-Scarboro, PhD, Memphis Academy of Science and Engineering, Memphis, TN Cameron Cooley, MS, Memphis Academy of Science and Engineering, Memphis, TN Fannie Fonseca-Becker, DrPH, J&J Community HealthCare Scholars Program, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD

Background: According to the 2009 Youth Risk Behavior Surveillance System, 17% of Memphis high school students were obese (BMI > 95TH percentile for height, weight, and gender). Because of the significant health crisis childhood obesity poses in the Memphis area, the Memphis Academy of Science and Engineering (MASE) designed and implemented the MASE Obesity Prevention Program with technical assistance from the Johns Hopkins Bloomberg School of Public Health and funding from the Johnson and Johnson Community Health Care Program. This program, for MASE’s 6th grade students and their caregivers, has a goal to promote healthy lifestyles for the prevention of overweight and obesity, through nutritional education and physical activity.

Methods: Using a collaborative approach, the MASE team and academic partners helped to enhance the in-house capacity of MASE in monitoring and evaluation by designing the program based on a conceptual framework that informed targeted program goals, objectives, interventions and outcomes. In addition, a data management system was developed using Epi Info. An eight-month pilot phase has been followed by a 20-month implementation phase using revised curriculum, data collection tools and database.

Results: Since its beginning, the MASE program has enrolled 102 students. Preliminary results show improved nutrition and physical activity knowledge. In addition, the program has spawned a creative use of space and time for the intervention activities that has increased MASE’s capacity beyond just monitoring and evaluation. Conclusion: In-house capacity building provides a powerful vehicle for program sustainability, and is achievable through effective community-academic partnerships.

Learning Areas:

Conduct evaluation related to programs, research, and other areas of practice
Implementation of health education strategies, interventions and programs
Planning of health education strategies, interventions, and programs
Program planning
Public health or related research

Learning Objectives:
1) Discuss the advantage of using a conceptual framework as a tool for program evaluation in community-based organizations. 2) Describe two creative in-house capacity building strategies related to limited space and time within a school-based program. 3) Describe the benefits and challenges of participating in community-academic partnerships.

Presenting author’s disclosure statement:
Childhood obesity affects disproportionally low income minority populations including Latino children. Obese children are at higher risk of becoming obese adults and to develop related chronic conditions such as diabetes and cardiovascular diseases. Community health care organizations (CHCO) serving Latinos can play a vital role in the prevention of obesity among Latino children through collaborations with schools, main caregivers and the community, but often lack the in-house capacity to evaluate their program’s outcomes. Being able to demonstrate effectiveness is crucial for these program’s long-term sustainability. An innovate program that partners CHCOs and academia with funding from the Johnson & Johnson Community Health Care Program, is helping bridge this evaluation gap.

Methods: CHCOs implementing childhood obesity prevention programs and doctoral students (guided and supervised by a faculty member) are paired for a period of 2 ½ years to improve the CHCOs capacity in evaluation. This is accomplished through participatory methodologies specifically developed to provide a standardized approach that can be adapted to the needs of individual CHCOs. Results: At the end of the 2 ½ years, CHCO program staff is able to design an evaluation plan to measure the childhood obesity prevention intervention, including goals, SMART objectives and identify and organize into a conceptual framework the key indicators needed to measure their program’s outcomes. The staff also gained the skills necessary for the development of data collection tools, database creation as well as data entry and analysis. The staff also gains skills to present data in a clear and concise manner.

Conclusions: CHCO/academic partnerships are effective in increasing the monitoring and evaluation capacity of community health care organizations implementing childhood obesity prevention initiatives.

Learning Areas:
Chronic disease management and prevention
Conduct evaluation related to programs, research, and other areas of practice

Learning Objectives:
At the conclusion of the session, the participants in this session will be able to: 1. List three components necessary for successful community/academic partnerships that aim to improve in-house capacity in the design and implementation for the evaluation of programs aiming to prevent obesity among Latino children. 2. Describe the steps necessary to increase in-house capacity for program monitoring and evaluation. 3. Identify two major challenges that CHCOs working on the prevention of childhood obesity programs face during the implementation of an evaluation plan.

Keywords: Child Health Promotion, Obesity

Presenting author’s disclosure statement:
Building capacity to measure effectiveness of a healthy lifestyles promotion program among middle school students on the Navajo Reservation: An Indian Health Service-academic partnership

Tuesday, November 9, 2010

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Background: Childhood obesity is a major health problem on the Navajo reservation, as 42% of school-aged children are “at-risk of overweight” or “overweight”. With funding from the Johnson & Johnson Community Health Care Program, the Northern Navajo Medical Center initiated the Tse Bit’ Ai (TBA) wellness program for junior high school students, focusing on promoting healthy lifestyle practices including physical activity and good nutrition.

Methods: Using a participatory approach, members of the IHS Physical Therapy department and academic partners collaborated to design and implement program monitoring and evaluation procedures based on a conceptual framework of program objectives, interventions, and targeted outcomes. Drawing on this framework, the IHS partners created assessment tools to evaluate program effectiveness and built a data management system using Epi Info software.

Results: The TBA wellness program has enrolled over 75 students since its inception. Preliminary results show improved nutrition and physical activity knowledge. The TBA wellness program staff has gained valuable skills in the process of monitoring and evaluation.

Conclusions: Partnerships between Indian Health Service departments and academic institutions foster the in-house capacity for program evaluation, including increasing the ability of departments to make evidence based decisions regarding their program strategies.

Learning Areas:
Conduct evaluation related to programs, research, and other areas of practice
Implementation of health education strategies, interventions and programs
Planning of health education strategies, interventions, and programs
Program planning
Public health or related research

Learning Objectives:
1. Describe how an Indian Health Service-academic partnership can improve a department’s in-house capacity for program evaluation. 2. Describe the steps necessary to increase in-house capacity for monitoring and evaluation of a wellness program for children.

Keywords: Community Health Programs, Evaluation

Presenting author's disclosure statement:

Qualified on the content I am responsible for because: I am a graduate public health student who has successfully completed several courses in biostatistics. I have also taken part in the Johnson & Johnson Scholars Program training on assisting community organizations to build capacity for monitoring and evaluation.

Any relevant financial relationships? No

I agree to comply with the American Public Health Association Conflict of Interest and Commercial Support Guidelines, and to disclose to the participants any off-label or experimental uses of a commercial product or service discussed in my presentation.

See more of: Promoting Healthy Children Through School, Parent, and Community Involvement
See more of: Community Health Planning and Policy Development
Building healthier lifestyles piece by piece: A community-academic partnership to strengthen monitoring and evaluation capacity along the Mississippi Gulf Coast

Monday, November 8, 2010

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Background: Gulf Coast Health Educators (GCHE) was founded to meet the health education needs of underserved Gulf Coast residents by promoting healthy lifestyles, teaching diabetes self-management skills, and increasing community awareness. With funding from the Johnson & Johnson Community Healthcare Program, GCHE has been able to monitor program outcomes that demonstrate the effectiveness of health education in the prevention and treatment of chronic disease. Methods: Using a collaborative approach, the Johns Hopkins Bloomberg School of Public Health worked with GCHE staff to build their in-house capacity in monitoring and evaluation. Results: After two years of a community-academic collaboration, GCHE has gained valuable skills in the development and implementation of their monitoring and evaluation plans including: design of a conceptual framework with SMART objectives and appropriate indicators, database creation, data analysis, and dissemination. Preliminary results demonstrate the effectiveness of the Diabetes program in teaching 174 participants self-management skills such as meal planning, glucose monitoring, and proper foot care. Additionally, 333 adults participating in the Healthy Lifestyles Program learned skills to improve their health with the goal of preventing chronic diseases. Conclusion: Partnerships between community-based organizations and academic institutions provide a unique opportunity to increase their sustainable in-house capacity for program evaluation. These partnerships also provide an enhanced understanding of key factors essential for improving the access to and quality of medical services, as well as overall health promotion of underserved populations living along the Mississippi Gulf Coast.

Learning Areas:
Chronic disease management and prevention
Public health or related education

Learning Objectives:
1. Assess conceptual frameworks in community-based program evaluation efforts. 2. Describe the benefits and challenges of engaging in academic-community partnerships. 3. Identify publicly available software for data management and analysis.

Keywords: Chronic Diseases, Community Health

Presenting author's disclosure statement:

Qualified on the content I am responsible for because: I am the Johns Hopkins Bloomberg School of Public Health student collaborator tasked with providing training and technical assistance to the Gulf Coast Health Educators staff.

Any relevant financial relationships? No

I agree to comply with the American Public Health Association Conflict of Interest and Commercial Support Guidelines, and to disclose to the participants any off-label or experimental uses of a commercial product or service discussed in my presentation.

See more of: Town and gown: Community-academic partnerships
See more of: Public Health Education and Health Promotion
APHA Abstracts

2009
Increasing access to care, and promoting healthy lifestyles by a reopened clinic on the Navajo Reservation: A community-academic partnership improves monitoring and evaluation for long-term sustainability

**Tuesday, November 10, 2009: 5:00 PM**

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**Background:** The Navajo Lutheran Mission (NLM) is located in a designated Medically Underserved Area (MUA) within the Navajo Nation. With funding from the Johnson & Johnson Community HealthCare Program, the NLM has reopened a health care clinic which has been closed for a decade. With the newly added capacity to provide regular medical care and wellness programs comes the need to evaluate the services provided.

**Methods:** Through a participatory approach, the Johns Hopkins Bloomberg School of Public Health (JHSPH) has trained NLM staff to design and conduct an evaluation program using a conceptual framework of activities and intended outcomes. Based on this framework, the partners created measures of program implementation and effectiveness, in addition to a data management system using Epi Info.

**Results:** Halfway through a two-year collaboration, the NLM’s capacity to conduct program evaluation and use the results to make programmatic improvements has increased. This was achieved through the utilization of specific evaluation skills, including creation of a conceptual framework of program activities, development of appropriate indicators to measure effectiveness, and data collection, management and analysis.

**Conclusion:** Partnerships between community organizations and academic institutions provide a valuable opportunity to increase the sustainable in-house capacity for program evaluation and to provide increased understanding of key determinants essential for improving the access to and quality of medical services for Navajos living in MUAs.

**Learning Objectives:**
1. Describe the benefits of using a conceptual framework as a basis for program evaluation.  
2. List three challenges arising in participatory research.  
3. Obtain publicly available software and support materials for data management, analysis, and presentation.

**Presenting author's disclosure statement:**

**Qualified on the content I am responsible for because:** I am the student collaborator on the project. I am responsible for providing training and technical assistance to the staff of the Navajo Lutheran Mission Clinic.

**Any relevant financial relationships?** No

I agree to comply with the American Public Health Association Conflict of Interest and Commercial Support Guidelines, and to disclose to the participants any off-label or experimental uses of a commercial product or service discussed in my presentation.

See more of: Culturally Relevant Approaches to Reducing Health Disparities  
See more of: Community Health Planning and Policy Development
Monday, November 9, 2009

**Tianjing Li, Dr**, Department of Epidemiology, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD

Jeff Haddox, President & CEO, Sight Savers America, Pelham, AL

Lisa Maher, Director, Sight Savers America, Pelham, AL

Fannie Fonseca-Becker, DrPH, Director, J&J Community HealthCare Scholars Program, and Sr. Research Associate, Bloomberg School of Public Health, Johns Hopkins University, Baltimore, MD

**Background:**

A comprehensive and timely vision health program for young children is crucial to their educational development. With funding from the Johnson & Johnson Community Health Care Program, the Sight Savers America (formerly the Sight Savers of Alabama) expands eye care services, including screening for vision problems, comprehensive follow-up and treatment, to 6th grade children in Alabama's Black Belt region. Along with this growth comes the need to evaluate the quality and effectiveness of services provided.

**Methods:**

Through a participatory approach, the community and academic partners refined project goals, objectives, indicators, and conceptual framework. Based on the conceptual framework, the project staff created measures of program implementation and effectiveness, as well as a data management system. They collected, analyzed, and reported data for program monitoring and evaluation using EPI Info.

**Results:**

After two years of community-academic collaboration, the Sight Savers America has used the conceptual framework and indicators to perform program evaluation. Using the newly developed database, they assessed and disseminated its implementation and effectiveness. The project also utilized the evaluation skills in a separate setting. The ability to monitor and evaluate the program’s process and effectiveness, as well as the partnership established have helped the organization to obtain additional funding, and to expand its operations to neighboring states.

**Conclusions:**

Program evaluation helps this community-based program to monitor their progress and effectiveness. A participatory approach between community organizations and academic institutions can increase a program's sustainability.

**Learning Objectives:**

List three components for a successful community-academic partnership working to improve in-house capacity in the design and implementation of program evaluation. Describe the steps necessary to increase in-house capacity for a community children’s vision health program monitoring and evaluation. Identify two major challenges that a community based children’s vision health program face in the implementation of an evaluation plan.

**Keywords:** Community Health Programs, Evaluation

**Presenting author’s disclosure statement:**

Qualified on the content I am responsible for because: I have planned and coordinated the endeavors discussed in this abstract and presentation.

Any relevant financial relationships? No

I agree to comply with the American Public Health Association Conflict of Interest and Commercial Support Guidelines, and to disclose to the participants any off-label or experimental uses of a commercial product or service discussed in my presentation.
Door-to-door outreach in New Orleans: A community-academic partnership expands in-house capacity to monitor and evaluate the Health Care For All program in Katrina’s aftermath

Monday, November 9, 2009

Bridget Kathleen Ambrose, MPH, Department of Epidemiology, Johns Hopkins University, Baltimore, MD
Luanne S. Francis, Bsc, MPH, Health Care For All, Kingsley House, New Orleans, LA
Fannie Fonseca-Becker, DrPH, MPH, Department of Health, Behavior and Society, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD

Background: The Kingsley House Health Care For All (HCFA) Program, through its Walker/Talker outreach model has connected New Orleans families in need with access to healthcare and social service programs. The HCFA facilitates applications for Food Stamps, Medicaid and SCHIP, as well as providing referrals to local social services. The HCFA Program has recently extended its services and implemented home-based health and nutrition education sessions, utilizing social networks and peer education to increase knowledge and influence behavioral change regarding nutrition and exercise. This expansion provides an opportunity for a joint partnership in monitoring and evaluating the HCFA program.

Methods: HCFA program evaluation was jointly conceived by the HCFA staff and J&J Community HealthCare Scholars Program. A conceptual framework was developed, identifying intended outcomes and informing the development of project goals, objectives and indicators. In addition, a data management system was developed. HCFA staff received bi-annual trainings in evaluation design, database creation, analysis and data reporting.

Results: HCFA resulted in over 1,000 successful applicants to assistance programs, up more than 20% from the preceding year. Preliminary results show improved nutrition knowledge and increased self-efficacy in preparing healthy meals among program participants. Proficiency in monitoring and evaluation methods was realized by Kingsley House staff.

Conclusion: Expanding in-house capacity in evaluation methods promotes the sustainability of organizations addressing critical gaps in healthcare access, and expands the skill sets of community healthcare workers.

Learning Objectives:
- Describe the benefits of expanding capacity in evaluation methods for Community-Based Participatory Projects.

Keywords: Community Health, Evaluation

Presenting author’s disclosure statement:

Qualified on the content I am responsible for because: I have been actively involved in the evaluation process of the Health Care for All Program
Any relevant financial relationships? No

I agree to comply with the American Public Health Association Conflict of Interest and Commercial Support Guidelines, and to disclose to the participants any off-label or experimental uses of a commercial product or service discussed in my presentation.

See more of: Healthy and Prepared Communities: Poster Session
See more of: Community Health Planning and Policy Development
Building capacity in the evaluation of an integrative program to improve knowledge, access to care, and healthy behaviors among underserved African American populations at risk for diabetes and cardiovascular diseases in rural South Carolina: A community-academic partnership

Tuesday, November 10, 2009: 1:50 PM

Maria C. Au, MMS, MPH, Department of International Health, Johns Hopkins School of Public Health, Baltimore, MD
Joseph Washington, SharedCare, Myrtle Beach, SC
Andy Anderson, Cedar Branch Missionary Baptist Church, Loris, SC
Fannie Fonseca-Becker, DrPH, MPH, Department of Health, Behavior and Society, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD

Background: SharedCare, a community-based organization which provides access to care for the uninsured, created an integrative health program with local churches to provide basic diabetic and cardiovascular disease care and educational programs to address the growing medical needs in the rural, underserved populations in Horry County, South Carolina. With funding from the Johnson & Johnson Community HealthCare Program, SharedCare, the Horry County Cedar Branch Community, and the Johns Hopkins School of Public Health formed a community-academic partnership to evaluate this integrative community program.

Methods: Using a hands-on, participatory approach, the community and academic partners collaboratively designed and implemented the program evaluation using a conceptual framework of program activities and intended outcomes. Based on this framework, the partners created measures for evaluating program implementation and effectiveness, in addition to building a data management system using Epi Info software.

Results: While the need for quality health care and access to care remains in the rural areas of South Carolina, this integrative approach to program implementation has narrowed the service gap in the targeted population. After one year of collaboration, both SharedCare and the Horry County Cedar Branch Community have developed their in-house capacity to design and conduct evaluations, and gained valuable skills in the analysis and interpretation of the program results.

Conclusion: Partnerships between community-based organizations and academic institutions in integrative health programs provide a unique platform for multiple stakeholders in the community to increase their sustainable in-house capacity for program evaluation and their ability to make evidence-based decisions in program strategies.

Learning Objectives:
At the conclusion of this session the participants will be able to: Describe how a community-academic partnership can improve in-house capacity in program evaluation for an integrative rural faith based program. List three benefits of using a conceptual framework in evaluation training.

Keywords: Evaluation, Community Participation

Presenting author’s disclosure statement:
Qualified on the content I am responsible for because: I am currently a second year public health doctoral student specializing in health systems in lower and middle income countries. Prior to receiving a master degree in public health (MPH), I worked as a family practice physician assistant for two and a half years in the underserved Latino population. I am currently serving as a Johnson & Johnson Community Healthcare Scholar for the community-based health program in Loris, South Carolina to build in-house capacity for community organizations in the design and implementation of evaluation plans. I am also involved as a research associate for the M&E component of a multi-country results-based health financing program for the World Bank.

Any relevant financial relationships? No

I agree to comply with the American Public Health Association Conflict of Interest and Commercial Support Guidelines, and to disclose to the participants any off-label or experimental uses of a commercial product or service discussed in my presentation.

See more of: Leading Collaborative Community Health Efforts
See more of: Community Health Planning and Policy Development
206886 Promoting healthy lifestyles for chronic disease prevention among Hispanic farmworking families along the US-Mexico border: A community-academic partnership

Tuesday, November 10, 2009

Rachana Sikka, MA, MPH, Department of Health, Behavior and Society, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD
Emma Torres, BSW, Campesinos Sin Fronteras, Somerton, AZ
Ana Martinez, MSW, Campesinos Sin Fronteras, Somerton, AZ
Fannie Fonseca-Becker, DrPH, Director, J&J Community HealthCare Scholars Program, and Sr. Research Associate, Bloomberg School of Public Health, Johns Hopkins University, Baltimore, MD

Background: Hispanic farmworkers face severe socioeconomic disadvantages and have one of the highest burdens of chronic disease in the United States. The goal of the Campesinos Sin Fronteras (CSF), a non-profit, grassroots organization, is to serve Hispanic farmworkers and their families in Yuma County, Arizona. The organization's Familias Sanas Initiative aims to prevent chronic disease and childhood obesity through health education, outreach and referral to appropriate services. With funding support from the Johnson & Johnson Community Health Care Program, the CSF and the Johns Hopkins School of Public Health designed and implemented an evaluation of the Familias Sanas Project.

Methods: The community and academic partners collaboratively designed the CSF Program evaluation plan using a conceptual framework of program activities and intended outcomes. Based on this framework, the partners created measures by which to evaluate program implementation and effectiveness. They also built a data management system using EpiInfo for data collection and analysis.

Results: As a result of the partnership, the CSF project's capacity to conduct program evaluation has increased by utilizing specific evaluation skills. These include creating conceptual frameworks of program activities and developing appropriate indicators to measure program effectiveness, as well as collecting, managing and analyzing data.

Conclusions: Partnerships between community-based organizations and academic institutions provide a valuable opportunity to increase the sustainable in-house capacity for program evaluation. These partnerships also enhance understanding of factors critical to promoting the health of Hispanic farmworking families along the U.S.-Mexico border.

Learning Objectives:
- Identify the ways in which a conceptual framework is a valuable tool for program evaluation in community-based organizations
- Apply conceptual frameworks in community-based program evaluation efforts
- Describe the benefits and challenges of engaging in academic-community partnerships
- Obtain publicly available software for data management and analysis

Keywords: Chronic Diseases, Latino Health

Presenting author's disclosure statement:

Qualified on the content I am responsible for because: I am a student at the Johns Hopkins Bloomberg School of Public Health, in the Johnson and Johnson Community Health Scholars Program. I am a student scholar who has been matched with Campesinos Sin Fronteras to help provide technical assistance in various areas of program evaluation.

Any relevant financial relationships? No

I agree to comply with the American Public Health Association Conflict of Interest and Commercial Support Guidelines, and to disclose to the participants any off-label or experimental uses of a commercial product or service discussed in my presentation.

See more of: Prevention of chronic diseases in Latino communities
See more of: Latino Caucus
184013  Sustaining quality health care for Latinos through capacity building in evaluation: Lessons learned from 17 community/academic partnership in 14 states

Tuesday, October 28, 2008: 3:06 PM

Fannie Fonseca-Becker, DrPH, MPH, Johns Hopkins Bloomberg School of Public Health, Johns Hopkins University, Baltimore, MD

Background:
Community health care organizations (CHCOs) serving US Latinos, the largest, fastest growing, medically underserved minority population, often lack the in-house capacity needed to evaluate their programs' outcomes. Having the in-house capacity for designing, conducting and presenting evaluation results can be a determining factor in a CHCO's long-term sustainability in this era of increased competition for limited funding. An innovative program that partners CHCOs and academia, with funding support from the Johnson & Johnson Community HealthCare Program, is helping bridge this evaluation gap by translating knowledge into practice.

Methods:
CHCOs and doctoral students (guided and supervised by a faculty member) are paired for a period of two years to improve the CHCOs' capacity in evaluation. In-house capacity is built using evaluation methodologies specifically developed to provide a standardized approach that can also be adapted to the needs of individual CHCOs.

Results:
At the end of a two-year period, CHCO program staff is able to create appropriate goals, SMART objectives, identify and organize into a conceptual framework those key variables needed to measure their program's outcomes. CHCO staff also learned how to develop data collection tools, create databases, and enter and analyze data using EPI-INFO, an user-friendly, free software created by the CDC. The staff also gained skills for presenting data in a clear, concise manner. In addition, the doctoral students developed their skills in translating knowledge into practice in an easy-to-understand, culturally appropriate and scientifically sound manner.

Conclusions:
CHCO/academic partnerships are effective in increasing the monitoring and evaluation capacity of community health care organizations providing care to Latinos across the country.

Learning Objectives:
At the conclusion of the session, the participant in this session will be able to: 1. List three components necessary for successful community/academic partnerships that aim to improve in-house capacity in the design and implementation of evaluation of programs serving Latinos. 2. Describe the steps necessary to increase in-house capacity for program monitoring and evaluation. 3. Identify two major challenges that CHCOs providing care to the Latino population face in the implementation of an evaluation plan.

Keywords: Community Health Centers, Evaluation
Background: The Columbus AIDS Task Force (CATF), a community-based organization that provides comprehensive care services, educational programs and HIV testing to underserved populations in central Ohio, launched its Latino Outreach Program in 2006 to address the needs of the growing Latino population, comprised of many recent immigrants whose primary language is Spanish. As part of this initiative, CATF and the Johns Hopkins School of Public Health, with funding support from the Johnson & Johnson Community Health Care Program, formed a community-academic partnership to evaluate the Latino Outreach Program. Methods: Using a hands-on, participatory approach, the community and academic partners designed the evaluation plan using a conceptual framework of program activities and intended outcomes. Based on this framework, the partners created measures for evaluating program implementation and effectiveness, and built a data management and reporting system using Epi Info software. Results: While language barriers, cultural norms, and the presence of misinformation and stigma surrounding HIV provide challenges to the implementation and evaluation of the Latino Outreach Program, these challenges have been met through culturally sensitive, confidential programming and creative, adaptive methods for tracking program success. After two years of collaboration, CATF has developed its in-house capacity to conduct evaluations, increasing its ability to make evidence-based decisions about program strategies. Conclusions: The synergy stemming from partnerships between community organizations and academic institutions aids in the construction of programs that bridge cultural divides in a respectful, client-centered manner while still allowing for thorough data collection that feeds into future evidence-based program improvements.

**Learning Objectives:**
At the end of the presentation, participants will be able to: 1) Identify 3 ways in which conceptual frameworks are valuable tools for program evaluation. 2) Discuss challenges stemming from cultural and language barriers and possible solutions. 3) Describe how a community-academic partnership can benefit both organizations and academic partners.

**Keywords:** Community-Based Partnership, Evaluation

**Presenting author’s disclosure statement:**

**Qualified on the content I am responsible for because:** I was integrally involved in the research presented in the abstract and I have no conflicts of interest.

**Any relevant financial relationships?** No

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Building capacity to evaluate a unique program for maltreated children in Mississippi: A community-academic partnership

Monday, October 27, 2008: 12:30 PM

Jennifer S. Mendel, Department of Health Policy and Management, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD
Elizabeth Hocker, JD, Executive Director, Children's Justice Center, Jackson, MS
Fannie Fonseca-Becker, DrPH, Director, J&J Community HealthCare Scholars Program, Bloomberg School of Public Health, Johns Hopkins University, Baltimore, MD

Background: The Child Abuse Referral and Examination (CARE) clinic at Children's Justice Center (CJC) in Jackson, MS is the only community-based organization providing non-traumatic, child-friendly forensic medical assessment and health care to victims of child abuse and neglect in the state of Mississippi. With funding from the Johnson & Johnson Community HealthCare Program, CJC has opened 2 satellite CARE clinics in remote areas of the state with the aim of increasing access to CJC's services. With this expansion comes the need to evaluate access to and quality of the services provided.

Methods: Through a participatory approach, the Johns Hopkins Bloomberg School of Public Health (JHSPH) has trained CJC staff to design and conduct a program evaluation using a conceptual framework of activities and intended outcomes. Based on this framework, the partners created measures of program implementation and effectiveness, in addition to a data management system using Epi Info for data collection and analysis.

Results: After two years of collaboration, the CJC's capacity to conduct program evaluation and use the results to make programmatic improvements has increased. This was achieved through the utilization of specific evaluation skills, including creation of conceptual frameworks of program activities, development of appropriate indicators to measure effectiveness, and data collection, management and analysis.

Conclusion: Partnerships between community organizations and academic institutions provide a valuable opportunity to increase the sustainable in-house capacity for program evaluation and to provide increased understanding of key determinates essential for improving the access to and quality of medical services for maltreated children.

Learning Objectives:
At the conclusion of the session, the participants will be able to: Describe the benefits of using a conceptual framework as a basis for program evaluation. List three challenges arising in participatory research. Obtain publicly available software for data management, analysis and presentation.

Presenting author's disclosure statement:
Qualified on the content I am responsible for because: I have planned and coordinated the endeavors discussed in this abstract and presentation.
Any relevant financial relationships? No

I agree to comply with the American Public Health Association Conflict of Interest and Commercial Support Guidelines, and to disclose to the participants any off-label or experimental uses of a commercial product or service discussed in my presentation.
APHA Abstracts

2007
Abstract #150055

Is moving health prevention to the mountain an effective intervention to increase access to care for exceptional remote communities in Northern Arkansas? A community-academic partnership helps answer that question

Marguerite Baty, MSN, MPH, RN, Johns Hopkins University School of Nursing, 525 N. Wolfe Street, Baltimore, MD 21205
Fannie Fonseca-Becker, DrPH, Director, J&J Community HealthCare Scholars Program, Bloomberg School of Public Health, Johns Hopkins University, 111 Market Place, Suite 310, Baltimore, MD 21202, and Sara Bates, Community Wellness, Ozark Mountain Health Network, 2500 Hwy 65S, Clinton, AR 72031.

Background: The Ozark Mountain Health Network (OMHN), a network of providers, health educators, and pharmacists in Searcy and VanBuren counties of Arkansas, launched the Reach Out and Connect (ROAC) program to improve health awareness of the medically underserved in these counties. Health screenings and education on cholesterol, diabetes, and high blood pressure are delivered to exceptionally remote communities. As part of this initiative, the OMHN and the Johns Hopkins School of Public Health, with funding support from the Johnson & Johnson Community Health Care Program, formed a community-academic partnership to develop a program evaluation of the ROAC Project. Methods: The community and academic partners collaboratively designed the ROAC Program evaluation plan using a conceptual framework of program activities and intended outcomes. Based on this framework, the partners created measures by which to evaluate program implementation and effectiveness and built a data management system using EpiInfo for data collection and analysis. The methods emphasize a hands-on, participatory approach. Results: As a result of the partnership, the ROAC project’s capacity to conduct program evaluation has increased by utilizing specific evaluation skills that included creating conceptual frameworks of program activities, developing appropriate indicators to measure program effectiveness, in addition to data collection, management and analysis. Conclusions: Partnerships between community organizations and academic institutions provide a valuable opportunity to increase the sustainable in-house capacity for program evaluation and to provide increased understanding of key determinates essential for improving the health and health awareness among the people in these remote and medically underserved communities.

Learning Objectives:

- Identify three ways in which a conceptual framework is a valuable tool for program evaluation
- Discuss how community-academic partnerships lay the foundation for in-house capacity building in program evaluation
- Apply conceptual frameworks in program evaluation for community-based health care organizations

Keywords: Evaluation, Community-Based Partnership

Presenting author’s disclosure statement:

Any relevant financial relationships? No
Any institutionally-contracted trials related to this submission?

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Audio (mp3) recording
Slides (pdf) or Handout
Multimedia recording

Reducing Disparities: Issues in Rural Healthcare
The 135th APHA Annual Meeting & Exposition (November 3-7, 2007) of APHA
Abstract 

Working to Effectively Meet the Health Needs of North West Arkansas' Uninsured: The Case of a Community-Academic Partnership

Pammie Gabrielle Renee Crawford, MPhil, SM, International Health, Health Systems Division/Department of Health Information Systems, Johns Hopkins University Bloomberg School of Public Health/Johns Hopkins University School of Medicine, 615. N. Wolfe Street, Baltimore, MD 21205,

George Benjamin, MD, Director, St. Francis Clinic of Siloam Springs, 304 S. Maxwell Street, Siloam Springs, AR 72761, and Fannie Fonseca-Becker, DrPH, Director, J&J Community HealthCare Scholars Program, Bloomberg School of Public Health, Johns Hopkins University

Background: St. Francis Clinic of Siloam Springs is a community-based organization (CBO) providing free health care services to uninsured and medically underserved population in Northwest Arkansas. The CBO services address Arkansas' high prevalence of obesity, diabetes, and chronic illnesses. A community-academic partnership between St. Francis Clinic and Johns Hopkins School of Public Health, funded by Johnson & Johnson's Community Health Care Program, is increasing the CBO's capacity to evaluate program effectiveness.

Methods: The partners worked collaboratively in designing the project evaluation, desired outcomes, conceptual framework, data collection instruments/analysis, and presentation. CBO staff were trained in using EpiInfo. The methods emphasize a hands-on, participatory approach. Partners developed compatible goals and timelines ensuring a clear commitment to the project and feasible implementation.

Results: During the collaboration, CBO staff learned: use of the conceptual framework for program evaluation, data management, basic statistical analysis and interpretation of the results to measure program effectiveness. The academic partner gained an understanding of special monitoring and evaluation needs of CBO programs. The CBO's capacity to conduct program evaluation increased through the partnership and utilization of evaluation skills.

Conclusions: CBO-Academic partnerships provide valuable opportunities to increase sustainable in-house capacity for program monitoring and evaluation. Collaborative partnering is a mutual learning process: academic partners gain hands-on experience while the CBOs achieve built-in capacity for long term sustainability. This specific partnership also provided increased understanding of key determinates essential for the reduction of cardiovascular disease.

Learning Objectives:

- Identify the roles/contributions of the CBOs and academic institutions in planning, management, monitoring and evaluation of the community health programs.
- Describe mutual benefits of CBO-academic partnerships, including strengthening in-house capacity
- Describe the value of using a conceptual framework as a tool for CBO program evaluation
- Identify publicly available software for data management, analysis and presentation

Keywords: Minority Health, Underserved Populations

Presenting author's disclosure statement:

Any relevant financial relationships? No
Any institutionally-contracted trials related to this submission?

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Current Issues in Public Health: Poster Session

The 135th APHA Annual Meeting & Exposition (November 3-7, 2007) of APHA
Abstract #135782

Meeting the needs of Los Angeles County’s HIV-positive Asian Pacific Islanders through intensive case-management: Does it work? One community-academic partnership is helping to answer that question

Sufia Dadabhai, MHS1, Jury Candelario2, John Caranto2, Nick Truong2, and Fannie Fonseca-Becker, DrPH3. (1) Department of Epidemiology, Johns Hopkins Bloomberg School of Public Health, 307 Wyman Park Drive, Baltimore, MD 21211, 2023092119, sdadabha@jhsph.edu, (2) Asian Pacific AIDS Intervention Team, 605 W. Olympic Boulevard, Suite 610, Los Angeles, CA 90015, (3) Director, J&J Community HealthCare Scholars Program, Bloomberg School of Public Health, Johns Hopkins University, 111 Market Place, Suite 310, Baltimore, MD 21202

Background: While knowledge of the HIV/AIDS epidemic in the US may be widespread, its impacts on certain groups, including the Asian Pacific Islander (API) community, are seldom recognized. The Department of HHS believes that working through community-based organizations is the best way to serve APIs with HIV/AIDS. Many face serious language, immigration, cultural, and financial barriers to health care. The Asian Pacific AIDS Intervention Team (APAIT) is working to improve opportunities for high-acuity, HIV+ APIs to live healthy, self-sufficient, and comfortable lives by increasing access to public services, encouraging risk-reduction behaviors, and fostering support systems. As the case management program grows, so does the need to measure its effects on the quality of life of its clients. Methods: A community-academic partnership, with funding from the Johnson & Johnson Community Health Care Program, has been established to train staff to design and conduct a program evaluation, including the development of a conceptual framework, survey design, data base creation, analysis, and presentation. The methods emphasize a hands-on, participatory approach. Results: After two years of collaboration, APAIT will have developed its in-house capacity to implement an evaluation based in theory and practice, increasing its ability to measure effectiveness and make programmatic improvements. Conclusion: Community-based organizations are critical to caring for APIs with HIV. They depend on demonstrating impact in order to sustain themselves and grow. Community-academic partnerships are a promising way to empower organizations to meet their evaluation needs and satisfy stakeholder expectations, while providing an invaluable field experience for academic partners.

Learning Objectives: At the conclusion of the session, the participants will be able to

- List three ways in which a conceptual framework is a valuable tool for program evaluation.
- Describe how a community-academic partnership can benefit both organizations and academic partners.
- Discuss challenges of the participatory evaluation process and possible solutions.
Abstract #129377

Participatory evaluation of a cardiovascular disease risk prevention program for medically underserved Hispanics in Washington, DC: A community-academic partnership

Craig M. Martinez, MPH, Department of Population and Family Health Sciences, Johns Hopkins School of Public Health, 615. N. Wolfe Street, Room W4510, Baltimore, MD 21205, 410-456-3715, crmartin@jhsph.edu, Anna Maria Izquierdo-Porrera, MD, Spanish Catholic Centers, 1618 Monroe Street, Washington, DC 20010, and Fannie Fonseca-Becker, DrPH, Director, J&J Community HealthCare Scholars Program, and Sr. Research Associate, Bloomberg School of Public Health, Johns Hopkins University, 111 Market Place, Suite 310, Baltimore, MD 21202.

Background: The Spanish Catholic Center, a faith-based health and service agency in Washington DC, launched the Hispanic Education and Awareness of Risk for Thrombosis (HEART) Project in 2005 to screen and reduce cardiovascular risk factors among medically underserved Hispanics. As part of this initiative, the Spanish Catholic Center and the Johns Hopkins School of Public Health, with funding support from the Johnson & Johnson Community Health Care Program, formed a community-academic partnership to develop a program evaluation of the HEART Project.

Methods: The community and academic partners worked collaboratively to design the HEART Program evaluation plan using a conceptual framework of program activities and impacts. Based on this framework, the partners created measures of program implementation and effectiveness, in addition to a data management system using Epi Info for data collection and analysis.

Results: As a result of the partnership, the HEART project's capacity to conduct program evaluation has increased through the utilization of specific evaluation skills that included creating conceptual frameworks of program activities, developing appropriate indicators to measure program effectiveness, in addition to data collection, management and analysis.

Conclusions: Partnerships between community organizations and academic institutions provide a valuable opportunity to increase the sustainable in-house capacity for program evaluation and to provide increased understanding of key determinates essential for the reduction of cardiovascular disease among medically underserved Hispanics.

Learning Objectives: At the conclusion of the session, the participants will be able to

- Describe how community-academic partnerships can strengthen in-house capacity in program evaluation.
- Apply conceptual frameworks in program evaluation for community-based health care organizations.
- Identify publicly available software for data management, analysis and presentation.
**Family Resources Initiative Project: A community-academic partnership for improving perinatal health services in a minority community in the Ironbound section of Newark, NJ**

Ling Shi, MHS, Department of Population and Family Health Sciences, Johns Hopkins Bloomberg School of Public Health, Johns Hopkins University, 615 North Wolfe Street, Room W4510, Baltimore, MD 21205, 443-255-5385, lshi3@jhsph.edu, Amy Covas, RN, BSN, Family Care Center, Saint James Hospital, 228 Lafayette Street, Newark, NJ 07105, and Fannie Fonseca-Becker, DrPH, Director, J&J Community HealthCare Scholars Program, and Sr. Research Associate, Bloomberg School of Public Health, Johns Hopkins University, 111 Market Place, Suite 310, Baltimore, MD 21202.

**Background:** The Saint James Hospital Family Care Center is a community-based organization that provides comprehensive perinatal health care services to predominantly Brazilian, Portuguese and African American residents of the Iron Bound Section of Newark, New Jersey. The Family Resources Initiative Project was launched in 2004 to provide poor and uninsured women with nutritional and social work counseling, health education and referral services. A community-academic partnership between the Family Care Center and Johns Hopkins School of Public Health, with funding support from the Johnson & Johnson Community Health Care Program, resulted in community-based organization's increased capacity in program monitoring and evaluation. Methods: The community and academic partners worked collaboratively in designing the project evaluation plan, including the desired outcomes, the conceptual framework and data collection instruments. Compatible goals and timelines were developed to ensure clear commitment to the project from the partners. The project staff were trained by the academic partner to use EPI INFO for database creation, data entry, analysis and presentation. Results: During the two years of collaboration, the community-based organization's staff learned the use of the conceptual framework for program evaluation, data management, basic statistical analysis and interpretation of the results. At the same time, the academic partner gained an understanding of the special monitoring and evaluation needs of community-based programs. Conclusion: A collaborative partnership between the community organizations and academic institutions is a mutual learning process, in which the academic partners gain the hands-on experience while the community-based organizations achieve the built-in capacity for long term sustainability.

**Learning Objectives:**

At the conclusion of the session, the participants in this session will be able to

- Identify the roles and contributions of the community-based organizations and the academic institutions in the planning, management, monitoring and evaluation of the community health programs.
- List the specific benefits of community-academic partnerships to both the community-based organizations and the academic institutions.
- Recognize the processes and challenges in building successful partnerships as well as the strategies and solutions for the challenges.
APHA Abstracts

2005
Increasing long-term sustainability by building in-house capacity in evaluation: Lessons learned from 22 community/academic partnerships in 12 states

Fannie Fonseca-Becker, DrPH, Director, J&J Community HealthCare Scholars Program, Johns Hopkins Bloomberg School of Public Health, 111 Market Place, Suite 310, Baltimore, MD 21202

Background: Community health care organizations (CHCOs) serving medically underserved populations often lack the in-house capacity needed to evaluate their programs' outcomes. Having the in-house capacity for designing, conducting and presenting evaluation results can be a determining factor in a CHCO's long-term sustainability in this era of increased competition for limited funding. An innovate program that partners CHCOs and academia, with funding support from the Johnson & Johnson Community HealthCare Program, is helping bridge this evaluation gap by translating knowledge into practice.

Methods: CHCOs and doctoral students (guided and supervised by a faculty member) are paired for a period of two years to improve the CHCOs' capacity in monitoring and evaluation. In-house capacity is built using an evaluation methodology specifically developed to provide a standardized approach that can also be adapted to the needs of individual CHCOs.

Results: At the end of a two-year period, CHCO program staff is able to identify and organize into a conceptual framework those key variables needed to measure their program's outcomes. The CHCO staff has also learned how to develop data collection tools, create a database, and enter and analyze data into easy-to-use, free software, such as EPI INFO. The staff also developed skills for presenting data in a clear and concise manner. In addition, the doctoral students developed their skills in translating knowledge into practice in an easy-to-understand, culturally appropriate and scientifically sound manner.

Conclusions: CHCO/academic partnerships are effective in increasing the monitoring and evaluation capacity of organizations providing care to medically underserved populations.

Learning Objectives: At the conclusion of the session, the participants will be able to:
1. List three components necessary for successful community/academic partnerships that aim to improve in-house capacity in the design and implementation of program evaluation.

2. Describe the steps necessary to increase in-house capacity for program monitoring and evaluation.

3. Identify two major challenges that CHCOs face in the implementation of an evaluation plan.
Building capacity to evaluate a youth obesity prevention program in rural Georgia: A community/academic partnership

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Background: The prevalence of overweight and obesity has reached epidemic proportions in the United States. Children are increasingly affected by overweight and obesity, highlighting the need to intervene in youth when dietary and physical activity habits are being established. Ellaville Primary Medical Center has implemented an after school program for elementary school children that aims to reduce risk factors for cardiovascular disease through exercise and nutrition education. As the organization becomes increasingly involved in implementing community-based programs, there is an increased need for assessing the effectiveness of these interventions.

Methods: Through a participatory approach, the organization will use a conceptual framework to identify key indicators and develop data collection instruments. In-house capacity in evaluation will be acquired through training of program staff in the use of EPI INFO for data management, analysis and presentation.

Results: After two years of collaboration, the organization’s long term sustainability will have increased through the use of specific evaluation skills including the use of a conceptual framework for program evaluation, the development of data collection instruments, and the use of EPI INFO for data management, analysis and presentation.

Conclusion: Partnerships between community health care organizations and academic institutions are a promising means of building in-house capacity to measure program effectiveness in preventing childhood obesity.

Learning Objectives: At the conclusion of the session, the participants will be able to:

1. Describe the benefits of using a conceptual framework as a basis for program evaluation.
2. List three challenges arising in participatory research.

3. Obtain publicly available software for data management, analysis and presentation.
Does the elimination of the transportation barrier improve use of preventive health care among underserved populations in Alabama? A community-academic partnership is helping one non-profit organization answer that question

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Background: Lack of transportation to health care has been cited as a major contributor to health disparities in the US, as it disproportionately affects poor, rural and disabled populations. Kid One Transport, an innovative community-based organization (CBO) in Alabama, is working to alleviate this barrier to care by providing underserved Alabamians with free transportation to non-emergency medical and preventive care. As the organization grows, there is an increasing need for evidence of the impact the program has on the use of preventive care by the population served. A community-academic partnership has been created to build the organization’s in-house capacity in program evaluation.

Methods: The CBO and the academic partner used input from various stakeholders to identify desired health outcomes of the program. Over a period of two years, the academic partner will train key program staff in evaluation methodology to measure those outcomes. Tools to be introduced include the use of conceptual frameworks, survey design and implementation, data base creation and basic statistical analysis.

Results: At the end of the two year collaborative program, the non-profit will have developed its in-house capacity to design and implement sound program evaluation.

Conclusion: The growth and sustainability of programs such as Kid One depend on the ability of the organization to provide evidence of increased use of preventive health care services. A community-academic partnership is a mutually beneficial solution, providing experience to the academic partner while
empowering the CBO to conduct program evaluation that is adaptive and responsive to the needs of its stakeholders.

**Learning Objectives:** At the conclusion of this session, the participant (learner) will be able to:

1. Identify the steps necessary for successful in-house capacity building for monitoring and evaluation.

2. Describe the importance of stakeholder input in program evaluations.

3. List the benefits of community-academic partnerships to both the community-based organizations and the academic partners.
Building the in-house capacity of a community health care program in evaluating a modified DOT HIV medication management program among homeless drug users living with HIV

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Background: The Tenderloin AIDS Resource Center (TARC) is a community-based organization that provides HIV/AIDS services to residents of the Tenderloin district of San Francisco; many are in poverty, are drug users, sex workers, and/or homeless. The goal of the two-year Directly Observed Therapy (DOT) HIV Medication Management Program is to promote access to HIV antiretroviral therapy medications among homeless and low-income individuals with HIV, particularly those who have substance abuse and mental health issues. Although TARC has a solid electronic infrastructure for the collection of monitoring data, the staff needed to increase their program evaluation skills to assess the effect of the DOT project activities.

Methods: Through a community-academic partnership, key project staff were trained to design and implement the DOT project evaluation plan, including the development of a conceptual framework.

Results: TARC staff (both administrative and health care providers) learned how to create and use a conceptual framework to facilitate program evaluation. The staff also learned how to design and implement a program evaluation. Additionally, the staff improved their skills in results presentation.

Conclusion: In-house capacity was improved through a community-academic partnership whereby staff members at all levels in the community-based organization were able to have a say in their own evaluation and at the same time be comfortable with the process. This capacity-building approach can be applied to similar community health care programs serving vulnerable and hard-to-reach populations in other urban centers around the country.

Learning Objectives: At the conclusion of this session the participants will be able to:
1. Describe how a community-academic partnership can improve in-house capacity in program evaluation.

2. List three benefits of using a conceptual framework in evaluation training.
Title: A school-based ecological approach using nutrition education to prevent obesity in the South Bronx

The people in the South Bronx experience environmental, social, and behavioral challenges to healthy eating. Forty percent of elementary school students are overweight or obese and 80% of adolescents report eating fewer than 5 servings of fruits and vegetables per day. Though some school administrators recognize the health challenges facing their students, they often lack the resources necessary to enact change. In partnership with the Johnson and Johnson Community Health Care Program at Johns Hopkins, the Social and Health Research Center (SAHRC) in San Antonio, Texas, and members of the Bronx Health REACH (BHR) Coalition including the New York State Department of Health (NYSDOH), New York City Department of Education (NYCDOE), and Cornell University Cooperative Extension (CUCE), BHR has developed and piloted a school-based Obesity Prevention Program. This program is aimed at improving students’ knowledge, self-efficacy, and healthy eating behaviors. BHR is using the socio-ecological model to guide its interventions at the individual, interpersonal, organizational, community and policy levels.

Over the past six years, the NYSDOH and the Centers for Disease Control and Prevention have funded BHR to work with school wellness councils, adopting and implementing school nutrition and physical activity policies at the school, district, and citywide levels. Through a comprehensive assessment using the CDC School Health Index tool, it was evident that school wellness policies were not enough to improve students’ health behaviors. As a result, BHR’s program works at an individual level to influence behavior by collaborating with NYCDOE administrators and elementary school teachers to schedule time to teach a seven-week nutrition curriculum that incorporates physical activity. The curriculum was adapted from the Bienestar/NEEMA Health Program, an evidence-based diabetes prevention curriculum developed by SAHRC. At the interpersonal level, the program offers a series of 10 free nutrition education/cooking workshops to parents at participating schools through a partnership with CUCE. In addition, school teachers must receive a five-hour training on the program that incorporates sound nutrition and physical activity information. The goal is for teachers as key influencers to model healthy behaviors and buy into the program. BHR also works at the organizational level with Office of School Food staff to offer children the opportunity to sample healthier food in the cafeterias. BHR will add a social marketing campaign to encourage students, their parents, and school staff to consume more fruits and vegetables from local food vendors to address the community level. Lastly, BHR is working with SAHRC to adapt their curriculum for other grade levels to focus on obesity prevention, and will advocate for a citywide policy which mandates nutrition education during the school day, starting in elementary school. This ecological approach reaches multiple audiences in the schools and surrounding community and can be replicated by other school districts nationwide.

Elements of this intervention were piloted and evaluated at an elementary school in two third grade classes (n=35 students), with encouraging results. Data was analyzed using the CDC’s EpiInfo software. In the post-survey, 77% of children felt very confident they could choose water over a sugary beverage at the next meal, compared to 58% in the pre-survey, and 70% of children reported drinking less sugary drinks (once in a while or never in the past month) in the post-survey compared to 62% in the pre-survey. Analysis of the survey data also showed some significant differences by sex. At the pre-test, 45% of females and 7% of males could list two benefits of consuming fruits and vegetables compared to 81% and 62% respectively at the post-test. BHR is expanding the program to three additional schools in Fall 2011 and will collect data from 6 and 12 month follow-ups.