

PROJECT IDENTIFICATION

Project Title: Healthy Tomorrows for New Britain Teens

Project Number: H17MC07857

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Total Amount of Grant Awarded: \$ \$246,508

FINAL REPORT AND ABSTRACT

Narrative:

PURPOSE OF PROJECT AND RELATIONSHIP TO SSA TITLE V MATERNAL AND CHILD HEALTH (MCH) PROGRAMS:

Project Purpose:

The purpose of Healthy Tomorrows for New Britain Teens (HTT) was to plan, implement, evaluate, disseminate, and sustain a multi-component health promotion intervention designed to prevent or reduce obesity among adolescent females by reducing barriers and reinforcing facilitators of healthy eating and physical activity (HEPA). HTT accomplished its purpose through a comprehensive approach emphasizing behavioral change and leadership development combined with policy initiatives to create a healthier environment (where the healthy choice is the easy choice). The motto of HTT (“look good, feel good, do good”) reflected our multiple, interrelated aims.

Needs and Problems Addressed:

Our target population consisted of teen girls (Grades 9-12) in New Britain High School, Connecticut’s second largest high school (enrollment 2,759: 2009-2010, CT Dept. of Education). Over the past five years, the school has become more racially/ethnically diverse: 73.1% of students are minorities (compared to 64% in 2005): 53.3% are Latinos (predominately Puerto Rican); 17.7% are Black; and 2.1% are Asian. Some indicators of need have increased or remained constant. The percentage of students qualifying for free or reduced lunch has increased from 42.2% (2005) to 69% (2009-2010). School failure remains an urgent problem: the annual dropout rate has risen from 4.1% in 2006-07 to 7.6% in 2008-2009. On a positive note, the percentage of 10th graders able to pass a state physical

activity test increased to 38.1% compared to 18.8% in 2006. Although the percentage is still low, the increase, while it cannot be directly associated with HTT, may reflect greater out-of-school options for physical activity (which HTT promoted) as well as greater community-wide awareness of the problem of low engagement in PA and its link to the obesity epidemic.

The teen pregnancy rate remains at epidemic levels and disproportionately affects the city’s minority, particularly Latina, teens. The overall teen pregnancy rate is 14.5% (2009, N = 152 births), twice that of the state (6.8%). Latina teens account for 74% (N=113), Blacks and other minority groups for 15%, and Whites for 11% of teen births.

Teen pregnancy, academic challenges, a growing poverty rate in the city (18.7%, CERC 2011) and other socioeconomic conditions create barriers to healthy eating and physical activity. These barriers were outlined in our original proposal (October 2006) and confirmed by a Spring 2008 survey of 528 NBHS ninth graders conducted by our evaluation partner, the University of Connecticut. The survey found, among all students, 34% were overweight or obese (20% BMI > 85th < 95th percentile, 14% BMI > 95th percentile, with BMI calculated based on self-reported height and weight). Among females, there were significant racial/ethnic disparities, with Latina teens most at risk for obesity:

	Black	Latina	White
Overweight > 85 th %	41%	37%	28%
Obese > 95 th %	8%	18%	0%

Similar disparities also appeared with regard to patterns of physical activity, healthy/unhealthy eating behaviors, and nutritional knowledge. The following findings from the survey helped us plan our program activities in Years 2 through 5 of the project:

Engagement in physical activity:

Latinas were more likely to lack access to physical activity and exercise than either their Black or White peers. Over half (53%) of Latinas failed physical education (PE) in 9th grade (the only year PE is required at NBHS) compared to 45% of African American/Black girls and 20% of Whites. Among Latinas, 21% reported that they never dressed for PE (a primary reason for gym failure) vs. only 6% of White and 9% of Black teen girls. Only a third of Latinas reported any involvement in recreational teams or sports compared to 51% of White and 46% of Black females. Latinas were also significantly less likely to engage in daily physical activity than their peers. On average, Latinas reported 2.8 days during the past week when they were active for at least 30 minutes compared to 3.8 days for White and 3.5 days for Black teens.

Eating behaviors and nutrition knowledge:

All adolescents showed limited nutritional knowledge with inaccuracies most evidence in adolescents of color. Breakfast-skipping, a pattern associated with being overweight or obese, was common among all teen girls, with African-Americans at greater risk than their peers (4.7 days per week vs. 4.0 days for Latina teens and 3.6 days for Whites). They were also most likely to eat at fast food restaurants (almost half reported eating fast food a “couple of times a week” compared to only one in five Latina or White females).

Based on these findings, the U-Conn evaluators recommended that our interventions be geared to promoting greater physical activity and healthier eating behaviors among all teens in the program, but with a greater emphasis on increasing physical activity for Latinas.

Relationship to Title V MCH Program:

HTT benefited from a strong relationship to the Title V program during the five year project period. In 2006, Lisa Davis, RN, BSN, MBA, was the Title V Maternal and Child Health director and section chief of the Family Health Section (FHS) for the State of Connecticut Department of Public Health. She strongly supported our initial application and assigned Donna Heins, RN, MPH, director of the School and Adolescent Health Unit, to provide input into the development of the program and ensure its alignment with the state's 2005 Adolescent Health Strategic Plan, particularly its goals related to youth leadership development and obesity prevention. Throughout the project period, HTT interventions were designed to contribute to the state's strategic priorities for adolescent health, specifically:

- Promote positive communication between adults and adolescents in family, school, community and health care settings
- Promote regular and ongoing adolescent participation in community service
- Identify interventions to increase the number of adolescents who participate in after-school activities that may include positive youth development in physical activity/sports programs
- Provide information and access to healthy nutritional options for adolescents and their families.

After our grant was awarded, Ms. Heins served actively on the project Advisory Board for three years, acting as a liaison to MCH and the Department of Health, sharing her expertise in youth asset development, and linking our program to state and national resources and evidence-based program models. In 2009, Lisa Davis was promoted to Deputy Commissioner of DPH and Ms. Heins moved to

the Department of Education, as Coordinated School Health Consultant. Rosa Biaggi, MPH, MPA, became Title V Director and served on the Advisory Board. She was especially interested in our work with Latino (predominantly Puerto Rican) teens and families. (Ms. Heins remained supportive of our program, recommending the HTT team and two teen leaders as presenters at a statewide symposium on physical activity and nutrition in 2011. See Dissemination for details).

Relationship to state/local AAP chapter(s):

The Hezekiah Beardsley Connecticut Chapter of the American Academy of Pediatrics was an important initial supporter of the Healthy Tomorrows for Teens application. The group has remained engaged through updates at chapter and executive council meetings, poster presentations at CT AAP sponsored conferences, and through the project's pediatric lead, Dr. Robert Dudley, taking on the role of Chapter CATCH facilitator. The New Britain General pediatric business group (26 local pediatricians) was involved in initial surveys of perceptions of teens and their engagement with medical homes, as well as acting as an ongoing source of referrals to the program. Poster presentations and discussions of community based participatory research methodologies were also conducted at two Community Health Center annual staff meetings (85 providers including pediatricians, family practitioners, internists, and APRNs). As a result, Healthy Tomorrows and CATCH have received extensive coverage at the state level, culminating in successful CATCH planning and residency grant applications and a Rome visiting professorship in the past cycle year. HTT methodologies have also spread to local providers, including adoption of elements of Photovoice by Connecticut Children's Medical Center Endocrinology Department and Dr. Madhu Mathur in Stamford, CT.

GOALS AND OBJECTIVES:

CHC achieved and exceeded the goals and objectives that were set for HTT. The original goals were to address both the individual and environmental dimensions of risk by 1) promoting and sustaining behaviors that prevent obesity and promote lifelong health and 2) empowering girls to mentor their peers and advocate for a school environment where healthy choices are available. We achieved these goals by implementing culturally and developmentally appropriate interventions that met a set of core objectives. While the specific objectives and related activities changed over the five-year period as we incorporated lessons learned from listening to the voices of our teen participants, their parents, and our partners, our three program components and core strategies remained constant. These were:

- a) one-on-one nutritional counseling and support from a registered dietitian (RD) who was also a certified diabetes educator (CDE) for obese or overweight girls identified through the school-based health center or through outreach within the school
- b) small group activities and special events to educate and engage girls in healthy eating/activity and connect them with positive adults role models
- c) leadership/youth development initiatives to empower a core group of girls (and their parents) to become advocates/ambassadors for policy changes to create an environment where options for healthy eating and physical activity are more available.

These goals and objectives relate to Item #1 because a) they were designed to achieve the purpose of the project (i.e., reducing the risk of obesity among adolescent girls, particularly in the Latina community of New Britain) by b) addressing the barriers identified through our own surveys and focus groups and confirmed by national research (specifically, the lack of access to options for healthy

food and physical activity experienced to a disproportionate degree by low-income, minority teens).

While our goals and three-tiered approach remained constant, our annual objectives and the specific interventions designed to achieve them were guided and as need adjusted in accordance with the following principles:

- Offer a flexible portfolio of activities that respond to the preferences of program participants.
Throughout the project period, we listened to the voices of our teens, adding and in some cases deleting or modifying programs based on our ongoing evaluation of their effectiveness.
- Build, strengthen, and expand multi-sectoral partnerships. A critical factor in our success was the multi-level support of a core group of local partners from multiple sectors: education (New Britain High School, the Consolidated School District of New Britain), youth development (YWCA of New Britain) and grassroots social services (Spanish Speaking Center). The leaders of each organization (high school principal, executive directors of YWCA and Spanish Speaking Center) served on the Advisory Board. In addition many other members of these and other partner organizations (from frontline, outreach staff to program managers and executives) contributed to the implementation, evaluation, and dissemination of the project.
- Help make the healthy choice the easy choice (focus on policy and environmental change).
While HTT offered multiple opportunities for educating and supporting teens in making better individual choices for eating and exercise (through one-on-one nutritional counseling and small group activities), we recognized that knowledge and information alone cannot sustain behavior change in an obesogenic environment where few healthy options are available. Low-income and minority communities, where obesity rates are highest, often have the fewest

affordable options for healthy eating and exercise and a greater availability of heavily marketed unhealthy choices. While an emphasis on policy and environmental was a focus from the start of our project, it intensified over the five years as we added policy and advocacy-focused interventions (in particular Photovoice) and shared our work at national conferences, such as the Weight of the Nation, where policy change was a central message of the agenda.

METHODOLOGY:

Activities can be categorized into the three program components:

- **Promoting individual behavior change through access to nutrition and physical activity resources**

Nutrition Resources

Over the five-year period, HTT's Registered Dietitian (Paula Leibovitz) provided one-on-one nutritional counseling at CHC's school-based health center to teens referred by the center's nurse practitioner for help with a variety of problems, including overweight/obesity, diabetes, pregnancy, or eating-related disorders. Rather than utilize traditional methods of nutrition counseling, the RD encouraged students to self identify issues/habits that might contribute to their overweight/obesity and to set achievable self-management goals. Paula also served as a liaison to NBHS faculty (including culinary and physical education teachers), social workers, and other staff, informing them of HTT programs and services. These contacts led to opportunities to present nutrition information to teens enrolled in the school's program for pregnant and parenting teens.

Fitness Resources

The support of the YWCA was a great asset to HTT. While the Y was a strong supporter of the initial application, the collaboration deepened significantly over the course of the five years and has been fully sustained since the close of the grant. Early discussions with the YWCA's executive director uncovered a key mission "fit" between HTT recruitment goals and the Y's need to attract older teens, since there was a dramatic falling off in membership after middle

school. HTT agreed to offer free Y memberships (\$20 annually paid by the grant) as an incentive to join HTT and the Y in turn waived its program and facility fees (approximately \$100 per year applied toward the match). In addition the fitness coordinator provided orientation and personal coaching to HTT participants.

- **Group activities to reinforce healthy behaviors, promote bonding, and provide positive adult role modeling and peer mentoring.**

Over the course of the project, HTT organized a wide variety of group activities, ranging from an open mic session (Year 2), after school “club” meetings, yoga/zumba classes, and “cook-offs” (sometimes following a fitness class) with healthy snacks or meals prepared in the Y’s kitchen by the RD, college mentors, or AmeriCorps members. These informal activities served as “teachable” moments to discuss nutrition-related topics (food preparation, portion sizes, label reading, etc.) along with a number of other issues of concern (e.g., contraception, goal-setting, dating, bullying, etc.). They also promoted bonding with peers, older (college-age) teens, and adult role models and encouraged girls to take a leadership role in planning group activities. In addition, many special events and field trips were organized, including participation in annual breast cancer walks, visits to the art museum and a local farm, trips to Wesleyan and University of Connecticut, and hikes in parks.

Peer Mentoring

Many of the group activities were facilitated or co-facilitated by young adult mentors recruited from Wesleyan University in Middletown, CT, and by AmeriCorps members employed by CHC. An extremely important asset of the program was our collaboration with Wesleyan

Office of Community Partnership, which linked us to volunteers, paid work study students, and students enrolled in a service-learning course, Health of Communities, who were precepted by the HTT project director. In Years 4 and 5, two AmeriCorps members were assigned each year to support the program and plan group activities. (See Section 8 for information on how AmeriCorps is helping to sustain HTT activities.)

Food Smart and Fit

Food Smart and Fit (FSF) is a six-session curriculum that had been developed and implemented for adult women at CHC health clinics by HTT RD Paula Leibovitz. Initially, we planned to make these annual workshops our primary group intervention. However, based on feedback from teens and partners, and the difficulty of engaging older teens in a non-credit afterschool workshop, we modified our approach to emphasize the more flexible approach to small group activity described above, with elements of FSF integrated into these activities wherever appropriate. Later we were able to include an adapted version of FSF as a component of the new Physical Education Credit Recovery Course (Fit for Life) described under Results.

Office on Women's Health Grant-Funded Group Projects

Five grants from the Office on Women's Health Region 1 (OWH) allowed HTT to engage teens as leaders in planning and implementing innovative group projects. These projects taught teens important risk reduction and health promotion skills along with leadership training and were (for some participants) an opportunity to fulfill the community service requirement at NBHS (see below). The grants, ranging from \$2,500 to \$4,000, were for three projects celebrating National Women's and Girls' HIV/AIDS Awareness Day in March: a skit in 2009 exploring

healthy relationships in the age of Internet dating (2009); a YouTube video that wove important risk reduction information into the message that “every 32 seconds a woman is diagnosed with HIV”(2010), and a health fair at the high school (2011). Marwan Haddad MD, medical director of CHC’s HIV/AIDS early intervention program, and members of his team served as advisors of these projects. In summer 2011, we received an OWH grant directed at reducing disparities in the prevalence of depression among minorities. Our project used Photovoice to explore the theme of stress in Latina teens’ lives. A fifth grant was awarded in Fall 2011 and conducted after the grant ended (see Section 8, sustainability).

- **Leadership development/Teens as Advocates for Policy Change:**

Leadership training:

In Year 1, HTT focused on providing leadership training and career building opportunities (visits to University of Connecticut, lunch and learn with CHC medical staff, etc.). In year 2, HTT invited five teens who were strongly committed to the program to become “Ambassadors,” leaders in recruiting their peers and planning project activities. However, due to competing school, family, and employment pressures, and the undefined nature of the “ambassador” role, we decided to drop this intervention and pursue other approaches.

Community service projects:

In Year 2, the NBHS guidance department agreed to make HTT project work “count” toward satisfying the 20 hours of community service that each student must fulfill in order to graduate.

Advocacy for Policy Change/Photovoice:

Neither the Ambassadors program nor community service projects engaged teens in policy change, a goal of the project and increasingly a focus of obesity prevention efforts nationwide. In July 2009, we obtained the resources needed to move in this direction by securing a two-year grant of \$75,000 under RWJF's Salud-America! program (one of 20 awarded nationwide). Our project, a *Mid-Course Evaluation of Healthy Tomorrows*, was designed to explore through focus groups and Photovoice (PV) workshops the barriers to physical activity among Latina teens, share findings with our partners, and use them to improve Latinas' access to resources for physical activity, especially through policy change.

PV was introduced to the Healthy Tomorrows portfolio in summer 2009 with a group of five Latina teens recruited by a new partner, Human Resources Agency (HRA), for their Summer Youth Employment and Learning Program (SYELP). (SYELP participants receive \$1,000 for a six week summer assignment.) The teens' job was to serve as youth researchers and policy advocates using PV. The goals of the HTT Photovoice projects were to:

- Engage Latina teens and parents in assessing healthy and unhealthy influences on eating and physical activity in their communities using photography
- Engage teens and parents in dialogue with medical providers and policymakers over an action agenda based on photos
- Implement policy changes in partnership with education, government and afterschool programs

Using disposable cameras, girls took photos answering three “framing questions” (What helps or prevents me from being healthy in my community, and what makes me happy/sad, or causes me stress). Girls first chose six of their own photos that best answered the framing questions and wrote personal reflections on them. Then, they divided into two groups and collectively chose six photos that best answered the questions and told a “story”. Next, the whole group chose six photos that told their collective story about change, organizing it around action themes, leading to policy change. Finally, the group presented their findings to policymakers and other community audiences.

(See Section 5, and 8-10 for more information on the results of the PV projects.)

EVALUATION:

Qualitative and quantitative data were gathered to measure the following:

Program engagement:

Indicators of engagement included: # of YWCA memberships; utilization of fitness facilities (monitored by YWCA swipe card system); # of nutrition counseling sessions; attendance at group meetings, workshops. In year 5, a key indicator was the number of teens enrolled in and completing the PE credit recovery program (attainment of course credit).

Change in nutrition/physical activity knowledge, behavior, attitude and motivation:

A pre and post survey was administered to participants in the PE Credit Recovery course to measure their knowledge, behavior, attitudes on enrollment and upon completion of the course. (See attachment 1 for copy of survey.)

Leadership/advocacy skills:

These were measured through completion of PV project, attendance and participation in dialogues, and presentation skills at public meetings

Effectiveness of Community Partnership:

This was measured by participation in Advisory Board meeting, joint planning, grant submissions, in-kind staff and facility resources provided, and recruitment/referral of participants by partners.

Sustainability:

Grant applications submitted/accepted; commitment by partners to continue program activities after grant terminated.

Our evaluation was greatly assisted by AAP consultant, Holly Ruch-Ross, who helped with the development of a logic model (see attachment 2) and with the assessment of the community collaboration and partnership component of the project.

RESULTS/OUTCOMES (INTENDED & UNINTENDED).

- **HTT increased adolescent girls' access to information and resources for healthier eating and physical activity.**
 - **Nutrition counseling** was provided to approximately 150 teens as a mechanism to foster healthier eating and lifestyle changes. The majority of girls were obese/overweight (BMI range Yr 1: 28-44) and often presented with a variety of other conditions, such as diabetes, pregnancy, or emotional problems.
 - **YWCA memberships** were provided to an average of 40 teens per year in Years 2-5 of the program, enabling them to access fitness facilities after school and on weekends and participate in group classes (e.g. yoga and zumba). Teens received individual coaching from the Y's fitness director.
- **16 HTT participants fulfilled their high school community service requirement by completing health related projects (minimum 20 hours of service).** Two teens conducted Photovoice projects, six participated in the Office on Women's Health HIV/AIDS project, and the remainder participated in a variety of service projects at the YWCA.
- **Between 2009 and 2011, 27 Latina teens and six adults increased their leadership and advocacy skills through participation in Photovoice workshops.** Six workshops were held over the two-year period (three were with teens alone, three with parent/daughter dyads) with support from the RWJF Salud-America! (SA) grant. Participants took 700+ photographs of New Britain answering framing questions on barriers/facilitators of healthy eating and physical activity and the role of stress. PV enabled participants to:

- Identify, present, and discuss with peers and facilitators barriers and facilitators to healthy eating and physical activity in multiple settings (home, school, and community).
 - Use photos to define an action agenda and build momentum for collective action.
 - Dialogue with providers and policymakers to define policy initiatives and advocate for a healthier environment .
- **Photovoice was a catalyst for a comprehensive policy change initiative to reopen pools and refurbish parks in predominantly Latino neighborhoods in New Britain.** In 2010 the Summer Youth Employment and Learning Program (SYELP) team (six Latina teens) conducted a Photovoice project that resulted in the following policy actions:
 - In July 2010, teens toured six New Britain parks, taking pictures documenting the condition of parks and pools in Latino neighborhoods compared to more affluent areas where pools remained open. RWJF's SA national program office provided an assessment tool (Physical Activity Resource Assessment/PARA) that they used to rate the features, amenities, and barriers they observed in the parks. CHC's urban planning expert prepared a map to support the teens' conclusions by showing the disparity in the locations of the closed and open pools and the distance that residents of less affluent neighborhoods would have to travel to access the pools that remained open.
 - In July 2010, teens met with the Superintendent of the City Park and Recreation Department who reviewed the reasons for the pools' closure and the process for presenting a petition to the City Common Council for reopening the pools.
 - In July-August 2010, teens prepared a petition and collected over 200 signatures from

residents of their neighborhoods requesting that the pools be reopened.

- In September 2010, two teens presented their petition, map, and Photovoice findings at a meeting of the New Britain Common Council asking the mayor and council members to re-open the pools. The presentation was covered by the local press and SA in an article in their national newsletter. A DVD of the teens presentation is available and can be access on the SA! website (see Section 6)
- In May 2011, teens made a presentation on the pool project at a statewide conference, *Healthy Connections: 2nd Annual Symposium on Physical Activity and Nutrition*.
- In June 2012, HTT staff met with the newly elected Mayor of New Britain to discuss follow up of the pool project and other HTT activities (see Section 8: Sustainability)
- **Photovoice was used by community partners in a collaborative response to the city's problems.**
 - HTT helped the YWCA and O.I.C. (Opportunities Industrialization Center) of New Britain use Photovoice in a mentoring program that paired 8th graders and high school youth. The goal was to ease the transition from middle to high school, improve school bonding and reduce the risk of dropout. The teens prepared a Photovoice project and skit that they presented at a United Way awards ceremony in May 2010.
 - In September 2011, 40 staff from the YWCA, New Britain Park and Recreation Department, OIC, CHC and other youth-serving agencies participated in a Photovoice training session. The session was sponsored by the New Britain

Youth Network. Several participants expressed interest in a community-wide Photovoice project.

- **Collaboration among partners (NBHS, CHC, and YWCA) led to system change: approval of the Physical Education Credit Recovery course (“Fit for Life”).** This out-of-school option for PE integrates key components of the HTT fitness and nutrition portfolio into the high school curriculum. The need for such an option was confirmed by data from the 2008 9th grade survey showing a high rate of PE failure among teen girls, particularly Latinas. Ongoing discussions and the trust relationship that developed among the partners over the course of the project led to the following outcomes:

- In November 2010, NBHS principal and PE Director approved HTT’s proposal for the PE Credit Recovery Program (“Fit for Life”) giving students who failed PE credit for participating in a fitness, nutrition and leadership training curriculum at the YWCA.
- In January 2011, the assistant superintendent of the school district agreed to modify the bus route to support the course. The school district’s transportation contractor added a minivan to transport teens to the YWCA after school on a daily basis.
- January 2011, the director of guidance identified approximately 19 girls who qualified for the course. 16 enrolled and 10 completed the course in Spring 2011.
- In Fall 2011, the course was replicated; 16 students enrolled and were

participating in the fitness, nutrition, and leadership activities when the grant closed.

- In January 2012, CHC Sr. Vice President, site director of the New Britain Health Center, executive director of the YWCA, and NBHS principal agreed to continue the course option on a permanent basis.
- In January-February 2012, approximately 20 students enrolled in the third replication of the class. (See attachment 3 for copy of course description.)
- **Girls who completed the PE Credit Recovery course increased their level of physical activity.** The following outcomes are evidence that the course is an important option for adolescent girls, particularly Latinas. Of nine teens responding to a post-course survey in June 2011:
 - 66% reported that they engaged in moderately intensive physical activity 5 or more days per week (compared to 21% of girls at baseline: Jan. 2011)
 - 66% of girls said they did something like walking or dancing to make PA part of their daily routine on 5 or more days/week (compared to 14% at baseline)
 - All girls reported that Fit for Life was a better option for them than PE in school. Reasons cited most often for their preference were: opportunity to work out on their own schedule (78%), have more options for exercise, such as fitness equipment or walking (66%); benefit from other health-related activities, such peer mentors, Food Smart & Fit workshop (66%)

PUBLICATIONS/PRODUCTS:

Articles and Briefs

Dudley R and Hannay J. “A Family-Centered Program to Promote Wellness for Latino Children.”

Salud America! The RWJF Research Network to Prevent Obesity Among Latino Children, August 2011. Research Brief. Available [online](#). (Audience: Academic, policymakers)

Hannay J, Dudley R and Milan S. “Using Photovoice and Focus Groups to Assess Barriers to Physical Activity and Promote Policy Change in a Community-based Obesity Prevention Program for Latina Teens.” *American Journal of Preventive Medicine*, 2012. Under review. (Academic, researchers)

Presentations

Benitez M, Burgos R, Hannay J, Dudley R and Jakobowski R. Panel presentation “Making a Difference: A Teen Campaign for a Healthier New Britain,” at Healthy ConnecCTions, Second Annual Physical Activity and Nutrition Symposium, May 10, 2011. (Policymakers, educators, families)

Dudley R. “Using Photovoice to Assess Need and Build Community Partnerships for Change in the Fight Against Childhood Obesity in an Inner City Environment.” Presentation at Future of Pediatrics Conference, Concurrent Session: A6. Child Health Happens in the Community - Working with Community Partners, July 29, 2011, Chicago. (Physicians, health providers, policymakers)

Dudley R and Hannay J. “Using Photovoice to Engage Latina Teens in Research and Advocacy for a Healthier New Britain, CT” a podium presentation at the March 2010 NICHQ conference in Atlanta. (Available at: http://www.nichq.org/conferences_training/annual_forum_2010/ObesityCongress.html)

(Physicians, health providers, policymakers)

Dudley R and Hannay J. “Building Healthy Communities at The Community Health Center, Inc. The

Interface Between Patients and Neighbors: Healthy Tomorrows, Recess Rocks,” a panel presentation at CHC’s 5th Annual Weitzman Symposium (www.chc1.com/About/WeitzmanCenter.html). (Physicians, health providers)

Dudley R and Leibovitz P. “Use of focus groups to develop an adolescent and community-driven obesity prevention program in an urban, multi-ethnic high school.” *National Initiative for Children’s Healthcare Quality (NICHQ) 8th Annual Forum*, March 9-12, 2009, Grapevine, TX. (Physicians, health providers, policymakers)

Dudley R. “Using Focus Groups To Develop An Adolescent And Community-Driven Obesity Prevention Program In An Urban, Multi-Ethnic High School” *Future of Pediatrics*, February 27 – March 1, 2009, Anaheim, CA. (Physicians, health providers, policymakers)

Dudley R. “Using Photovoice to Engage Latina Teens in Research and Advocacy for a Healthier New Britain: Preliminary Findings and Lessons Learned.” Poster presentation at *Salud-America! Summit*, San Antonio, September 9, 2009. (Physicians, researchers)

Dudley R. “Data on the HTT survey as it related to ethnic differences in body perception and views on medical homes.” poster presentation *Future of Pediatrics*, February 27 – March 1, 2009, Anaheim, CA.

Hannay J. “Pilot Investigator Results: Mid-Course Evaluation of Healthy Tomorrows.” Presentation at the 2nd Annual *Salud-America* Scientific Summit, San Antonio, September 22-24, 2010. Proceedings available [online](http://www.salud-america.org/sites/www.salud-america.org/files/upload/2ndSummitReport.pdf). (<http://www.salud-america.org/sites/www.salud-america.org/files/upload/2ndSummitReport.pdf>) (Physicians, researchers)

Hannay J, Dudley R and Leibovitz P. “Using Photovoice to Engage Latina Teens and Parents in an Obesity Prevention Program.” Poster Presentation. Weight of the Nation Conference, May 7 – 9, 2012,

Washington DC. (Academics, physicians, health providers, researchers, policymakers)

Hannay J, Dudley R and Leibovitz P. “Using Photovoice to Engage Latina Teens and Parents in an Obesity Prevention Program.” Poster Presentation. Future of Pediatrics Conference, July 29, 2011, Chicago. (researchers, physicians)

Newspaper articles

Craven J. “Students Spread Word on HIV,” *The New Britain Herald*, March 9, 2009. (public)

Craven J. “Teens ask to reopen 3 pools,” *The New Britain Herald*, Sept 9, 2010. (public)

Velasquez L. “Parents, researchers focus on health of Latina girls,” *The New Britain Herald*, June 24, 2010. (public)

Newsletters and Brochures

“Grantee Corner: Meet Salud-America! Grantee Robert Dudley.” Article on Healthy Tomorrows and Photovoice in *Salud-America! Newsletter*, Winter 2009-2010. Available online <http://www.salud-america.org/Files/Newsletter/SAWinter09-10.pdf> (health professionals, policymakers)

“Latina Teen Advocates Present at State Conference,” News Brief in the Salud-America! Newsletter, Vol. 3, Issue 4, Spring, 2010- 2011. Available [online](http://www.salud-america.org/sites/www.salud-america.org/files/upload/SA!E-NSpring2011.pdf) (<http://www.salud-america.org/sites/www.salud-america.org/files/upload/SA!E-NSpring2011.pdf>) (health professionals, policymakers)

“Latina Teens urge city hall to reopen pools, boost activity options,” in the Salud America! newsletter (Fall/Winter 2010), (available [online](#)). (health professionals, policymakers)

“Look Good, Feel Good, Do Good”/Healthy Tomorrows Brochure. 500 program brochures, Summer 2009.

Photovoice Posters. 28 printed. Summer 2011.

Webinars

Dudley R and Leibovitz P. “Use of focus groups to develop an adolescent and community-driven obesity prevention program in an urban, multi-ethnic high school.” *NICHQ Obesity Q-Call Webinar*. November 12, 2009. 50 people registered for call. (health professionals)

Videos

“Latina Teens urge city hall to reopen pool.” Youtube video. 218 views (07/11/11) (public)

AAP Community Pediatrics Healthy Tomorrows Partnership for Children Program: What is HTPCP? 2011. Medical professionals, funders, public

Surveys

Milan S. “*Salud America!* Summary of Focus Groups 10/1/09 – 4/30/10.” University of Connecticut.

Milan S. “Survey of New Britain High School 9th Graders: Physical Activity, Eating and Use of Medical Home.” May 2008 (health professionals)

DISSEMINATION UTILIZATION OF RESULTS:

As the list of products and publications in Section 6 indicates, HTT achieved its goal of wide local, state, and national dissemination of project information, findings and lessons learned. The Robert Wood Johnson Salud-America! research grant (Mid-course Evaluation of HTT) was instrumental in widening the reach of our dissemination by giving us multiple opportunities to share focus group and PV findings with academic researchers at national conferences (e.g., NICHQ and Weight of the Nation), as well as three summits sponsored by Salud-America!, and several RWJF-sponsored meetings and conferences. In addition to presenting our research findings, we shared programmatic information about the Healthy Tomorrows program itself. In addition at each of these conferences, we gained valuable information (particularly with regard to resources on policy change strategies around the country) that we integrated into our local project and shared with community partners. For example, we met with the Mayor of New Britain to discuss our Weight of the Nation poster presentation on HTT and Photovoice and share strategies for policy change that we learned at the conference. Our experience implementing the two complementary Healthy Tomorrows and RWJF grants has demonstrated the benefits that can be derived from bridging the gap that often separates service delivery and research oriented projects.

The theoretical framework for the HTT project is community-based participatory research (CBPR) which emphasizes the role of community residents as co-researchers, with valuable knowledge and expertise to share on their lives, families, and communities. Therefore, a central goal of our dissemination strategy was to ensure that the voices of our teens and their parents were heard locally and statewide. Photovoice was an ideal CBPR methodology for accomplishing this goal, since

presentations of photos and action agendas to the community and policymakers is a requirement of the PV curriculum. Community organizations were highly receptive to both the Photovoice format and having youth as presenters. Multiple local presentations were made to the New Britain Common Council (pool petition), United Way Annual Awards meeting, and Advisory Committees and Boards of SSC, CHC, and HTT. In addition smaller, less formal, but very effective presentations were made to individual policymakers (Assistant Superintendent of New Britain Consolidated School District and Superintendent of Parks and Recreation). In May 2011, two teens from the 2010 SYELP Photovoice team were invited to be lead speakers at HealthyConneCTions, the 2nd Annual Physical Activity and Nutrition Symposium. They presented the results of the pool project to an audience of over 200 educators, health care professionals, and policy leaders (including the directors of the Departments of Education and Health). Their co-panelists were the HTT program director (Hannay), medical advisor (Dudley), and the assistant superintendant of the New Britain School District. HTT was selected for the presentation by our former Advisory Board member, Donna Heins, who in 2011 was Coordinated School Health Consultant for the CT Department of Education.

The Office on Women's Health grants provided another opportunity for teens to disseminate their work. In March of 2009, they presented a skit on healthy relationships to celebrate National Women's and Girls' HIV/AIDS Awareness Day. Later that spring, they reprised the skit for the OWH Region I Medical Director and audience of CHC medical staff.

FUTURE PLANS/SUSTAINABILITY:

The groundwork for long term sustainability of HTT's most successful program components was laid at the inception of the project, through the establishment of a strong, enduring coalition of core partners (YWCA, NBHS, Spanish Speaking Center, and University of Connecticut, and the Hezekiah Beardsley Connecticut Chapter of the American Academy of Pediatrics). CHC continues to work with these and additional partners (Wesleyan, City of New Britain, Human Research Agency, E.C. Goodwin Vocational Technical High School, Department of Public Health, and others) to maintain core program activities (nutritional counseling, the PE Credit Recovery Course, Photovoice) and launch new initiatives. Our comprehensive sustainability plan had five interrelated components: policy/advocacy for a healthier environment (with an emphasis on youth as leaders and advocates for change); partnership building; dissemination; evaluation and grant seeking. During the grant period, we conducted activities in all five areas. We used preliminary results from focus groups and our 9th grade survey to successfully apply for the RWJF Salud-America! grant. The findings about barriers and facilitators of healthy eating and physical activity were used to strengthen our program in its last three years, as well as prepare for longer-term sustainability by providing data that can be incorporated into future grant applications.

The following core components of the HTT program have been sustained since the close of the grant in February 2012 and will be maintained or expanded in the future:

- AmeriCorps members assigned to NBHS: An all-day retreat was held in May 2011 attended by HTT staff, the director of CHC's AmeriCorps program, and two AmeriCorps members who had worked on HTT in Year 4. Participants discussed a strategy for ongoing use of AmeriCorps

members as liaisons between CHC and the high school and as peer mentors for teens and reviewed a job description. Later in Year 5, CHC administration agreed to the ongoing assignment of AmeriCorp member(s) in the high school, based at the school-based health center, with supervision from CHC-New Britain's Family Wellness Center director. The long term goal is to establish a strong linkage between teens in the high school and the services of CHC's medical home, including a new teen clinic.

- PE Credit Recovery Program (Fit for Life): In year 5, several planning meetings were held with the administration of CHC , YWCA, and the high school to confirm the commitment of all partners to continue offering the PE Credit Recovery course as a community-based option for teens who fail PE in school. CHC agreed to provide in-kind commitment of staff and resources, such as YWCA memberships; the YWCA will continue to be the facility site and provide coaching support; and NBHS would continue to refer students into the program. In January and February 2012, the director of guidance referred approximately 20 girls who had failed PE to the HTT course; HTT staff conducted orientations for the new students. After the close of the grant, the course has been continuing under the leadership of the CHC Family Wellness Center director and the YWCA Fitness Director. Plans are to hold a 4th course in Fall of 2012.
- Photovoice: From March through May 2012, HTT program director held a Photovoice workshop for eight parents and teens with partial support from an Office on Women's Health Region 1 grant to celebrate National Women's Health Week (May 14-19). The mother/daughter teams took photos of what helped/hindered them from maintaining healthy diets and exercising regularly and what made them feel safe/unsafe in their city. The teams wrote reflections on

their photos, selected six that represented the common themes of the groups, and presented them at a celebration of women's health week on 5/19 at the YWCA (including zumba class). Ideas for follow-up action included holding an Open Streets event to continue the conversation about how to achieve a healthy, safe community.

- Policy initiative/pool project: In June 2012, Drs. Hannay and Dudley met with New Britain mayor Timothy O'Brien and his Chief of Staff. Discussion focused on the Mayor's plans for reopening of one of the two pools that were the focus of the teens' petition and, more generally, on how the City can work in closer partnership with CHC to continue the work begun under HTT. Of particular interest was the use of Photovoice to engage community residents in policy change. The recently elected Mayor has established a Community Development Committee and will hire a new staff member to head up policy initiatives. He indicated that Drs. Hannay and Dudley will be invited to participate in the Committee.

Ongoing efforts to disseminate program findings and lessons learned also contribute to long-term sustainability by increasing the regional/national visibility of successful HTT program components, and allowing the project team to network with other researchers, medical providers, and health professionals. The following are recent dissemination activities:

- Weight of the Nation conference: HTT director and medical advisor presented a poster "Using Photovoice to Engage Latina Teens and Parents in an Obesity Prevention Program" at the WON conference in Washington DC on 5/7/12. The poster's impact was not confined to the WON conference: it was displayed at the OWH National Women's Health Week celebration on

5/19 and carried by a group of Latinos from the Spanish Speaking Center in the New Britain Memorial Day parade.

- Submission of article to *American Journal of Preventive Medicine*. “Using Photovoice and Focus Groups to Assess Barriers to Physical Activity and Promote Policy Change in a Community-based Obesity Prevention Program for Latina Teens” (co-authors Hannay J, Dudley R and Milan S) is currently under review for a special supplement of AJPM, highlighting the work of Salud-America! grantees. The article discusses HTT and findings from Photovoice and focus groups for our mid-course evaluation.
- On August 1, 2012, Dr. Hannay will participate in a Community Collaboration webinar sponsored by the AAP.

Grant submissions support long term sustainability by securing funding to continue successful project components as well as to launch new program building on findings and lessons learned from HTT.

Grant proposals that have been submitted or are in the planning stages include:

- Training Community Health Workers in Photovoice: In January 2012, CHC submitted an application for a Strategic Champions grant, under the Community Health Worker (CHW) Health Disparities Initiative led by the National Heart, Lung, and Blood Institute (NHLBI).. CHC’s application proposed training a corps of CHWs who would use Photovoice to act as change agents and advocates for policy change as well as providing information, counseling and assistance to reduce the risk of cardiovascular disease within the Latino community.

Although the project was not funded, it initiated a new partnership with Central Connecticut State University.

- Using Photovoice in clinical settings to enhance medical providers' ability to counsel and treat patients on obesity-related risks and health conditions. This project arose from discussion at an RWJF SA! summit with Charlotte Pratt, PhD, RD a member of the SA! National Advisory Committee and Program Director, Division of Cardiovascular Sciences, Prevention and Population Sciences Program, NHLBI. Dr. Pratt was interested in Dr. Dudley's ideas for use of PV in clinical settings and has explored opportunities for funding a pilot project with NIH support. We will continue to explore these avenues in the future.

ANNOTATION

Healthy Tomorrows for New Britain Teens (HTT) was a five-year obesity prevention/leadership development intervention, sponsored by the Community Health Center, Inc., for adolescent girls (predominately Latina/Puerto Rican) enrolled in New Britain High School, Connecticut's second largest public high school. Surveys and focus groups (conducted with support from the University of Connecticut and a grant from the Robert Wood Johnson Foundation Salud-America! program) confirmed that the target population was at high risk for overweight/obesity and had limited access to sources of healthy eating and physical activity. Using the framework of community-based participatory research, HTT addressed both individual and environmental risks for obesity by 1) fostering behaviors that promote healthy eating and physical activity; and 2) empowering girls to advocate for a healthier school and community through policy change. Activities included: one-on-one nutritional counseling; free memberships to the YWCA; workshops and special events organized by college mentors and AmeriCorps members; and Photovoice, an intervention that uses photography to assess risk factors in the environment, define an agenda for change, and engage teens in dialogue with policymakers to promote policy/environmental change. HTT 1) increased teens access to information and resources for healthy eating and physical activity; 2) used Photovoice to increase leadership skills and launch a policy initiative to reopen pools in predominately Latino neighborhoods; 3) created an option for girls to earn physical education credit for an out-of-school fitness and nutrition course held at the YWCA; and 4) established an ongoing partnership between the high school, YWCA, Spanish Speaking Center, and Community Health Center, Inc. that will maintain and expand key program components.

KEY WORDS

Adolescents; Latinas; physical activity; nutrition; obesity; policy; Photovoice; partnerships;
environment; leadership; advocacy

ABSTRACT OF FINAL REPORT

PROJECT IDENTIFICATION

Project Title: Healthy Tomorrows for New Britain Teens

Project Number: H17MC07857

Project Director: Jayme Hannay MPH, PhD

Grantee Organization: Community Health Center, Inc.

Address: 85 Lafayette St., New Britain, CT 060501

Phone Number: 413-565-9964

E-mail Address: hannayj@chc1.com

Home Page: www.chc1.com

Project Period: 3/1/2007-2/29/2012

Total Amount of Grant Awarded: \$246,508

PROJECT PURPOSE:

The purpose of Healthy Tomorrows for New Britain Teens (HTT) was to plan, implement, evaluate, disseminate, and sustain a multi-component health promotion intervention designed to prevent or reduce obesity among adolescent females by reducing barriers and reinforcing facilitators of healthy eating and physical activity (PA). Teen pregnancy, academic challenges, a growing poverty rate in New Britain (18.7%, 2009) and other socioeconomic conditions create barriers to healthy eating and physical activity. A Spring 2008 survey of 528 New Britain high school ninth graders conducted by the University of Connecticut found that 34% of students were overweight or obese with significant racial/ethnic disparities. Latina teens were most at risk for obesity (18% of Latina vs. 8% of black and 0% of White teens). Similar disparities also appeared with regard to patterns of physical activity, healthy/unhealthy eating behaviors, and nutritional knowledge. Latinas were more likely to lack access to physical activity and exercise than either their Black or White peers. Over half (53%) of Latinas failed physical education (PE) in 9th grade (the only year PE is required at NBHS) compared to 45% of African American girls and 20% of White girls. Among Latinas, 21% reported that they never dressed for PE (a primary reason for gym failure) vs. only 6% of White and 9% of Black teens.

GOALS AND OBJECTIVES:

The original goals were to address both the individual and environmental dimensions of risk by 1) promoting and sustaining behaviors that prevent obesity and promote lifelong health and 2) empowering girls to mentor their peers and advocate for a school environment where healthy choices is the easy choice. To achieve these goals, the following core objectives were implemented: a) Promote healthy behaviors; b) small group activities and special events to engage girls in healthy eating/activity and connect them with positive adults role models; and c) leadership/youth development initiatives focused on healthy eating/activity to empower a core group of girls (and their parents) to become advocates/ambassadors for policy changes to create a healthier environment within their school and community.

METHODOLOGY:

Activities to support individual behavior change included nutritional counseling and support from a registered dietitian and access to fitness resources through free memberships to the YWCA. A wide variety of group activities and special events offered group bonding and support for healthy lifestyles. Co-facilitated by HTT staff, college age peer mentors from Wesleyan, and AmeriCorps members, activities included exercise classes at the YWCA, cook-offs, breast cancer walks, and workshops on healthy relationships. Photovoice was introduced into the HTT “portfolio” in 2009 as a leadership and advocacy training intervention. The goals of the HTT Photovoice projects were to a) Engage Latino teens and parents in assessing healthy and unhealthy influences on eating and physical activity in their communities using photography; b) engage teens and parents in dialogue with medical providers and policymakers over an action agenda based on photos; c) Implement policy changes in partnership with education, government and afterschool programs.

EVALUATION:

Qualitative and quantitative data were gathered to measure program engagement (e.g. number of YWCA memberships and nutrition counseling sessions; utilization of fitness facilities; program attendance); 2) change in nutrition/physical activity knowledge, behavior, attitude and motivation measured by pre and post survey; 3) Leadership/advocacy skills, measured through completion of PV project, attendance and participation in dialogues, and presentation skills at public meetings; 4) effectiveness of collaboration measured by partner engagement in planning and evaluation activities (such as submission of joint proposals); and 5) sustainability measured by funding and partner commitment to support continuation of program components.

RESULTS/OUTCOMES (INTENDED/UNINTENDED):

Over the five-year project period, HTT worked with a core group of multi-sectoral partners (including two New Britain High Schools, YWCA, Spanish Speaking Center, Wesleyan University and others) to achieve the following results 1) increased adolescent girls' access to information and resources for healthier eating and physical activity by providing nutrition counseling and free YWCA memberships; 2) enabled 16 HTT participants to fulfill their high school community service requirement by completing health related projects (minimum 20 hours of service); 3) increased leadership and advocacy skills among 27 Latina teens and six adults who participated in six Photovoice workshops from 2010-2012; 4) launched a comprehensive policy change initiative to reopen pools and refurbish parks in predominantly Latino neighborhoods in New Britain. For a 2010 Photovoice project teens used photography to assess conditions in New Britain parks and documented deterioration in two parks where pools had been closed; they gathered over 100 signatures on a petition asking that pool be reopened and presented it to the Mayor and Common Council 5) in 2011 launched a new out-of-school physical education course as a collaboration between CHC, NBHS, and the YWCA. The PE Credit Recovery Course ("Fit for Life") allows teens who have failed PE to recover credit by completing a 60-hour curriculum that combines exercise at the YWCA, nutrition education, and leadership development.

PUBLICATIONS/PRODUCTS:

Publications include an article on Photovoice and focus group findings (under review by the American Journal of Preventive Medicine), a brief (available at: <http://www.salud-america.org/sites/www.salud-america.org/files/upload/Dudley.pdf>); numerous presentations at national and regional conferences (including Weight of the Nation, NICHQ, Future of Pediatrics, RWJF Salud-America! summits); articles in newsletters and local media; and many formal and informal local presentations of Photovoice results by Latina teens and parents. Photovoice produced many valuable products that have been displayed and utilized by teens and parents to initiate an ongoing conversation about how to create a healthier environment. Products include photograph, posters, and albums containing photos and reflections written by participants.

DISSEMINATION/UTILIZATION OF RESULTS:

HTT achieved its goal of wide local, state, and national dissemination of project information, findings and lessons learned through the articles and formal and informal presentations noted above. Consistent with the theoretical framework of community-based participatory research, a central goal of HTT's dissemination strategy was to ensure that the voices of teens and their parents were heard locally and statewide. Photovoice was an ideal CBPR methodology for accomplishing this goal. Community organizations were highly receptive to both the Photovoice format and having youth advocates as presenters. Multiple local presentations were made and, in May 2011, two teens from the 2010 SYELP Photovoice team were invited to be lead speakers at HealthyConneCTions, the 2nd Annual Physical Activity and Nutrition Symposium.

FUTURE PLANS/SUSTAINABILITY:

Successful components of the HTT project will be continued with strong in-kind and financial support from core partners (CHC, YWCA, and NBHS). These components include: PE Credit Recovery Course (a new group of teens enrolled in the Spring 2012 course); AmeriCorps member(s) as liaison between CHC and NBHS (with an emphasis on linking teens to a teen-oriented medical home at CHC); Photovoice (a workshop was conducted in Spring 2012 with support from Office on Women's Health); nutritional counseling for teens will be continued at CHC and at the school-based health center. Grants have been submitted or are in the planning stages for new initiatives that build on HTT, including use of Photovoice in clinical settings to improve treatment outcomes for obese/overweight patients and in training programs for community health workers. Discussions are underway with the city's newly elected mayor regarding reopening pools and using Photovoice and other HTT strategies to engage more residents in policy change.

FIT FOR LIFE (PE Credit Recovery Program)
PRE/POST SURVEY

Name: _____

Date: _____

*We want “Fit for Life” to help you look good, feel good, and do your best now and in the future. To help us make this program better, we need your ideas so we are asking you to answer some questions about exercise and eating. **THANK YOU** for taking this survey!*

Instructions: Circle the number on the scale that most closely resembles how you feel.

1. It is important to me to be physically active.

1	2	3	4	5
Not at all important				Very Important

2. It is important to me to eat healthy.

1	2	3	4	5
Not at all important				Very Important

3. It is easy for me to set realistic goals to be physically active.

1	2	3	4
Not True at All	Hardly True	Moderately True	Exactly True

4. It is easy for me to set realistic goals to eat healthy.

1	2	3	4
Not True at All	Hardly True	Moderately True	Exactly True

12. Which of the following are you trying to do with your weight?

Lose weight

Gain weight

Stay the same weight

I am not trying to do anything about my weight

The following questions ask about your exercise habits, what kinds of activities you like and where you go to be active.

13. On how many of the past seven days did were you physically active for a total 30 minutes (Add up all the time you spend in any kind of physical activity that increases your heart rate and makes you breathe hard some of the time)

None of the last seven days

1 of the last seven days

2 of the last seven days

3 of the last seven days

4 of the last seven days

5 of the last seven days

6 of the last seven days

7 of the last seven days

14. On how many of the past 7 (seven) days did you do something to make physical activity part of your daily routine? Examples, dancing for fun, parking your car further away, by walking to work/school instead of taking the bus, by taking the stairs instead of taking the elevator, etc)

None of the last seven days

1 of the last seven days

2 of the last seven days

3 of the last seven days

4 of the last seven days

5 of the last seven days

6 of the last seven days

7 of the last seven days

15. On an average WEEKDAY, how many hours do you watch TV?

I do not watch TV on an average WEEKDAY

less than 1 hour per day

1 hour per day

2 hours per day

3 hours per day

4 hours per day

5 or more hours per day

Don't know

16. On an average WEEKEND day, how many hours do you watch TV?

I do not watch TV on an average WEEKEND day

less than 1 hour per day

1 hour per day

2 hours per day

3 hours per day

4 hours per day

5 or more hours per day

Don't know

17. In an average month, how often do you go for long walks, hikes or bike rides?

Not at all

1-2 times a month

About 1 time a week

2-3 times a week

3 or more times a week

18. Check off your three favorites physical activities

baseball/softball
basketball
biking
dancing
hiking
running
swimming
soccer
tennis
yoga
other

19. What would make it easier for teens to be more physically active?

transportation
a place, or space to play, exercise (**a teen center**)
encouragement from adults
more time
more money (for memberships in clubs, etc.)
equipment
rewards/prizes
better parks
friends to exercise with
other

20. Would you be willing to help if a group of teens in your neighborhood or New Britain was working to make it easier or more fun to be physically active?

yes
no
maybe

21. Did you like gym/PE classes at New Britain High?

yes
no

22. Which of the following best describes your participation in PE class?

- Participated fully
- I always got dressed for PE and participated sometimes
- I sometimes got dressed for PE and other times I didn't
- I never got dressed for PE

23. What were your reasons for not participating?

- didn't like changing clothes
- didn't like getting sweaty and not looking good afterwards
- didn't like exercising with boys
- Boring activities
- Didn't like team sports
- Medical issues
- Didn't feel like it
- other

24. Did you take gym in summer school?

- yes
- no

25. Do you have a membership to the YWCA or another gym?

- yes, the YWCA
- yes, another fitness club or gym
What is the name of the fitness club or gym _____
- no

26. Is there a park in your neighborhood?

- yes
- no
- If yes, please name the park _____

27. If you have a park in your neighborhood, do you go there to exercise?

- yes, often
- sometimes
- Never go

28. If you go only sometimes or never, what keeps you from going?

- Not safe (gangs, drugs)
- Unattractive, dirty, graffiti
- No exercise facilities (courts, running tracks, trail)
- Nothing for teens to do
- Pool is closed
- Park is always empty
- Too far from my home; no transportation
- Parents won't let me go
- Other

29. if a group of teens got together to fix up a park in your neighborhood, would you be willing to help out?

- yes
- no
- maybe

30. Do you go to other parks in New Britain (not in your neighborhood)?

- yes
- No

If yes, which park(s) _____

The following questions ask about your eating habits, what kinds of foods you like and where you eat your meals.

31. During the past 7 days, how many mornings did you eat breakfast?

- ___ I did not eat breakfast during the past 7 days
- ___ 1 to 2 mornings
- ___ 3 to 4 mornings
- ___ 5 mornings
- ___ 6 mornings
- ___ 7 mornings (i.e. everyday)

32. During the past 7 days, how many times did you eat **fruit**? (Do **not** count fruit juice.)

- I did not eat fruit during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 or more times per day

33. During the past 7 days, how many times did you eat **green salad**?

- I did not eat green salad during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 or more times per day

34. During the past 7 days, how many times did you drink a can, bottle, or glass of soda, such as Coke, Pepsi, or Sprite? (Do **not** include diet soda.)

- I did not drink soda or pop during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 or more times per day

35. During the past 7 days, how many times did you drink a can, bottle or glass of a drink such as Snapple, Fruit Punch, Sweetened Iced Tea or Lemonade? (Do not include Crystal Light or diet iced tea or lemonade.)

- I did not drink a can, bottle or glass of a drink such as Snapple, Fruit Punch, Sweetened Iced Tea or Lemonade during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 or more times per day

36. What is a good way to eat in moderation at a restaurant?

- a. order a salad as your meal
- b. share a meal with someone
- c. skip dessert
- d. drink an extra glass of juice with your meal
- e. a, b, and c
- all of the above
- I don't know

37. Which of these fast food restaurants are near your home?

- MacDonald's
- Subway
- Taco Bell
- Burger King
- Pizza Hut
- Wendy's
- Other fast food restaurant _____

38. Which of the following statements do you agree with?

- There are **too many** fast food restaurants near my home.
- There are **not enough** fast food restaurants near my home.
- The number of fast food restaurants near my home is **about right**.

39. On how many of the past 7 (seven) days did you eat at a fast food restaurant with friends or family?

- None** of the last seven days
- 1** of the last seven days
- 2** of the last seven days
- 3** of the last seven days
- 4** of the last seven days
- 5** of the last seven days
- 6** of the last seven days
- 7** of the last seven days

40. On how many of the past 7 (seven) days did you eat dinner at home your family?

None of the last seven days

1 of the last seven days

2 of the last seven days

3 of the last seven days

4 of the last seven days

5 of the last seven days

6 of the last seven days

7 of the last seven days

41. Have you ever bought fruits and vegetables from a farmer's market?

Yes .

No

42. Have you ever been to Urban Oaks?

Yes .

No

Never heard of Urban Oaks

42. Do you participate in other after school programs?

yes

no

If yes, please list the activities (sports, clubs, or other programs at the high school, in the community and/or at a place of worship)

43. What is the most important goal you would like to achieve by taking Fit for Life?

THANK YOU!

Attachment 2: Logic model

Logic Model: Healthy Tomorrows for New Britain Teens: Look Good, Feel Good, Do Good!
Mid Course Evaluation and Planning Tool : December 2009

Resources	Portfolio of HT Activities	Outputs	Short & Long-term Outcomes	Impact (by 2015)
<p>Programs & Funding: HT Salud America CHC-NB Photovoice Grants under consideration</p> <p>Partners: YWCA NBHS Spanish Speaking Center U-Conn/Wesleyan HRA DPH</p> <p>Coalitions: NB Youth Network Graduation Odyssey</p> <p>Resources: Parks/museum Bus system Other agencies TA: MCH/AAP/ RWJF</p>	<p>Ongoing: Nutritional counseling YWCA memberships Small group club meetings (Wesleyan peer mentors & RD workshops) Community Service projects Special events Advisory Board Planning/sustainability</p> <p>Salud America Focus groups w/ teens and parents</p> <p>New: Photovoice (CHC) Community collaboration on PV Faculty/PE collaborations YAB AmeriCorps after school meetings Partnerships building</p>	<p>Program: Increase in: # of HT members # of YWCA memberships # of girls who complete community service projects # of girls receiving 1-1 counseling from RD # of PV projects/participants</p> <p>Research: Knowledge gain/sharing (e.g., focus group results) Dissemination</p> <p>Partnerships New advisory board members (city) Collaborative programming (PV) Community Forums Parent involvement</p>	<p>Knowledge/attitude change: Nutrition/PA Research skills (PV) Community service</p> <p>Behavior change: Frequency/intensity of exercise Leadership skills Nutrition changes (soda)</p> <p>Community service projects (PV)</p> <p>Environmental/policy Teen center (joint use) Collocation (clinic at Y) Trails/complete streets Access/use of parks Transportation improvement Neighborhood improvement— dumpster removal, etc. Safety issues Sustainability</p>	<p>Health impact: Decrease in % of teens in NB who are obese/overweight Disparities between minority/white teens reduced Decrease in Latina/AA teen pregnancy rate</p> <p>Quality of Life: Improvement in academic success-lower dropout rate Youth Leadership / community participation increased Policy changes (school, transportation) Improvement in built environment Economic growth (downtown business)</p>

FIT FOR LIFE: PE Credit Recovery Program
Offered by the Community Health Center and YWCA of New Britain
February 2012– June 2012

Welcome to Fit for Life! *Fit for Life* is a partnership between the YWCA of New Britain, the Community Health Center of New Britain and New Britain High School. By taking this program, you will be able to recover PE credit that is required for you to graduate. Even more important, *Fit for Life* is designed to help you ***look good, feel good and do good!*** now and throughout your adult life.

Fit for Life consists of three interrelated components. If you participate actively in these, you will be able to complete the required 60 hours of exercise and activities (they’re really fun!) that you need to meet your PE requirement. CHC staff are here to help you with these activities and make sure you complete them.

You will have lots of opportunities to ***set your own goals*** and make your own choices about the activities and foods that will make you and your community ***Fit for Life!***

- 1) **Individual exercise program.** You will all become members of the YWCA (one-year free memberships paid by CHC) and will have access to the fitness facilities, exercise equipment and fitness classes (as approved by the YWCA). CHC and YWCA staff will help you develop an individualized exercise program tailored to your needs/objectives for lifelong wellness. You will keep an exercise log of your activities and will receive a membership card (swipe card) to let us know when you are using the gym.
- 2) **Group exercise and health education sessions.** These sessions will include group fitness programs (such as yoga) offered by the YWCA as well as fun and informative activities led by CHC AmeriCorps members and other CHC staff.
- 3) **Food Smart and Fit workshop.** This workshop will be led by a registered dietician and will combine advice about food with exercise sessions led by the YWCA’s fitness instructor (Val Rodino).

You are responsible for maintaining a log (or journal) of all hours completed in all 3 phases of the program. The log will be submitted to your guidance counselor upon completion of the 60 hours. You must complete this log in order to get credit for your participation in *Fit for Life*.

Attachment 4: Analysis of Post-Survey Results: PE Credit Recovery Course