



Growing F.A.S.T. (Fun, Active, Strong, Team) Program (2014-2015)

Executive Summary:

The Growing F.A.S.T. pilot, fall and summer programs targeted the problem of obesity in Nevada, specifically in a group of children (6 to 12 years old) in areas of Las Vegas, Nevada where the population is at high-risk for obesity and other chronic medical conditions. The adult volunteers were trained to provide an evidence-based education program on healthy eating in conjunction with an evidence-based program for physical activity. A total of 85 children enrolled, 23 in the Pilot program, 37 in the fall program, and 25 in the summer program. Multiple community partners collaborated, specifically:

- iDo (Improving Diabetes and Obesity Outcomes), a Nevada 501c3 not-for-profit organization
- Rosie’s Wish, a local non-profit dedicated to helping children with diabetes
- Boys and Girls Clubs of Southern Nevada
- Amerigroup, a Nevada Managed Medicaid insurance program
- HealthInsight, a private not-for-profit organization dedicated to the transformation of the healthcare system
- “A Nu Day, A Nu Way” and “B & A Entertainment Services, Inc.”, part of a partnership of Nevada 501c3 not-for-profit youth and family services organizations

The Growing F.A.S.T. programs provided youth with access to structured health education and opportunities for physical activity using interventions proven effective to reduce risks of chronic diseases such as diabetes and heart disease by promoting healthy food choices and life-long exercise. Results of the Post-Course Survey (“Going for Your Goals: Nutrition/Exercise Plan”) demonstrated that the participants completing the programs plan to incorporate healthy food and physical activity into their daily lives.

Program Background and Significance:

According to the CDC¹ childhood obesity has more than doubled in children and quadrupled in adolescents in the past 30 years. Unfortunately Clark County youth have not escaped this epidemic. Analysis of the 2013 Youth Risk Behavior Survey (YRBS) data showed that 14.4% of Clark County students were overweight and 13.9% were obese. Only 44.5% of Clark County students engaged in physical activity for at least 60 minutes per day on five or more days of the past seven days (2013 YRBS). Only 16.5% of Clark County students ate fruits and vegetables five or more times per day during the past seven days (2013 YRBS). Obese youth are more likely to have risk factors for cardiovascular disease such as high cholesterol or high blood pressure and are more likely to have prediabetes.¹ Children and adolescents who are obese are likely to be obese as adults and are therefore more at risk for chronic diseases and other associated conditions.¹

¹ Childhood Obesity Facts, <http://www.cdc.gov/healthyyouth/obesity/facts.htm> (Accessed June 2014)

The iDo Charter outlines iDo’s goal to “Promote, track, and continually improve results of diabetes screening, prevention, and control interventions for Nevadans with, or at high risk for, diabetes and obesity through effective collaborations among private employers, payers, health care providers, educators, and community stakeholders, respecting the cultural diversity of our community.” The Growing F.A.S.T program was designed to address the needs identified by the data presented above using the framework of multi-sector collaboration described in the iDo Charter.

Program Design:

iDo collaborated with Rosie’s Wish, a local non-profit dedicated to helping children with diabetes; Boys and Girls Clubs of Southern Nevada; Amerigroup, a Nevada Managed Medicaid insurance program; HealthInsight, a private not-for-profit organization dedicated to the transformation of our healthcare system, and “A Nu Day, A Nu Way” and “B & A Entertainment Services, Inc.”, part of a partnership of Nevada 501c3 not-for-profit youth and family services organizations, to create a structured program to educate youth about healthy nutrition and provide opportunities for regular physical activity in a safe environment. Volunteer staff from Rosie’s Wish and the Boys and Girls Clubs of Southern Nevada were trained and certified to teach children healthy nutrition using the Healthy Interactions Conversation Map. They held six sessions for each program at three Boys and Girls Club of Southern Nevada campuses. The pilot program was held at the Agassi Martin Luther King campus (Zip Code 89106), the fall program at the Las Vegas Downtown campus (Zip Code 89101), and the summer program at the Kish campus in Henderson (Zip Code 89015). The children were also enrolled in the Boys and Girls Club’s Triple Play Program, ensuring access to a safe environment for regular physical activity for one year. Program evaluation included pre and post surveys and biometric data collection.

The program focused on children 6 – 12 years of age and their parents or guardians. The children enrolled belonged to one of two groups; a.) uninsured, or b.) members of Amerigroup’s Nevada Managed Medicaid insurance program. Residents of Zip codes 89106, 89101, and 89015 have median family incomes lower than the Nevada median. Most area children are eligible to receive the Federal school free lunch program and more than 85% are African-American or Hispanic. Also, the population has a high risk for acquiring chronic diseases such as cardiometabolic syndrome, obesity and diabetes.

The goal of the program was to test a collaborative that allowed youth to have access to health education and opportunities for physical activity. The program used interventions proven effective to reduce risks of chronic diseases such as diabetes and heart disease by promoting healthy food choices and life-long exercise.

The program included participation incentives, structured healthy food education activities (classroom), structured physical activity and behavior lifestyle change activities that encouraged the participants to incorporate healthy food and exercise into their daily living throughout their lives.

Program Details:

1. Enrollment and Orientation Session for children and parent or guardian
 - a. Introduction
 - b. Completed Initial Survey (adult and children)
 - c. Completed Biometric Testing (Height, Weight, Blood Pressure, Body Mass Index)
 - d. Distributed backpacks to each participating child
2. Six classes using the Healthy Interactions Conversation Map (inclusive of Enrollment/Orientation and Graduation Ceremony sessions)
3. Daily participation in the Boys and Girls Clubs of Las Vegas “Triple Play Program”

4. Graduation Ceremony
 - a. Children completed Post-Course Survey
 - b. Graduation certificates and healthy food incentive baskets distributed

HEALTHY KIDS AND THE KEYS TO GOOD HEALTH Conversation Map® Facilitator Guide

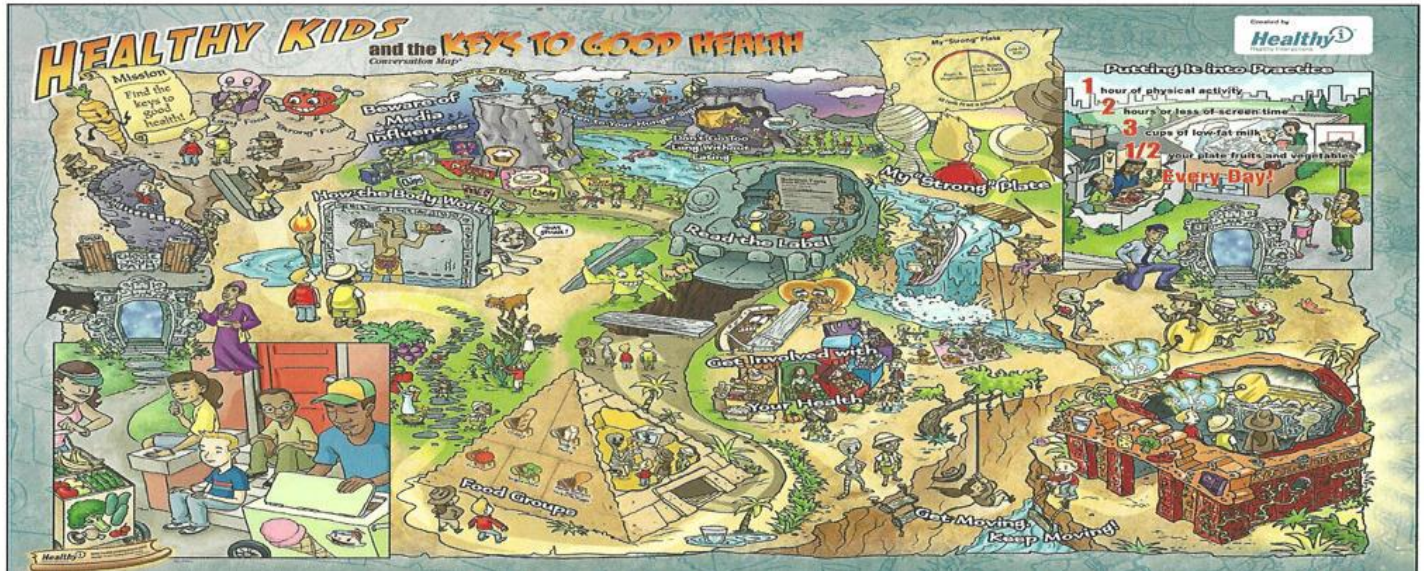


Figure 1 – Conversation Map, the foundation for classes

Participation Incentives:

1. Backpacks – 85
2. Water bottles – 85
3. Three Square food baskets – One for each family (See Appendix D for requested items.)
4. Healthy snacks for each participant at each class
5. Specialty items for each participant at each class

Program Adult Volunteers:

1. Improving Diabetes and Obesity Outcomes, Inc. (iDo) – 5
2. Rosie’s Wish and “A Nu Day, A Nu Way” (Instructors) – 5
3. Boys & Girls Club – 12
4. Amerigroup – 4
5. Parents – 2

Funding:

1. iDo disbursed a \$2,500 CVS Grant and a \$7,310 Marlon foundation Grant to pay for:
 - a. Healthy Interactions Conversation MAP purchase and instructor training
 - b. Classroom instruction
 - c. Boys & Girls Clubs tuition

- d. Supplies
 - e. Nutrition supplements
 - f. Healthy food baskets
 - g. Transportation
 - h. Survey analysis
2. Donated services:
- a. Dietician consultation – Southern Nevada Health District (value=\$500)
 - b. Healthy Interactions Conversation MAP instructor – iDo (value=\$2,500)
 - c. Healthy Interactions Conversation MAP teachers and assistants uncompensated time– Rosie’s Wish and “A Nu Day, A Nu Way” (value=\$5,000)
 - d. Parent and children surveys (creation, administration) – iDo (value=\$2,500)
 - e. Biometric testing – Medical Scientific Resources of Nevada (value=\$2,500)
 - f. Backpacks and specialty items – Amerigroup (value=\$10,500)
 - g. Water bottles – Rosie’s Wish (value=\$900)
 - h. Marketing brochures – Boys & Girls Clubs of Las Vegas (value=\$900)
 - i. Healthy Interactions Conversation MAP trainer training - Merck Pharmaceuticals

Body Mass Index-Baseline: 82 Children measured

- 1. Normal for age – 60 (73%)
- 2. Underweight for age – BMI less than 10th percentile – 2 (2%)
- 3. Overweight for age – BMI greater than 95th percentile - 20 (24%)

Neck Circumference-Baseline: 82 Children measured

- 1. Normal for age – 58 (71%)
- 2. Neck Circumference greater than 95th percentile for age – 24 (29%)

Survey Summaries:

- 1. Nutrition and Exercise Survey (Initial) Ages 6-12 years – 85 total surveys completed, 53 boys and 32 girls (See Appendix A for a detailed summary.)
- 2. Nutrition and Exercise Survey (Initial) Parent or Guardian – 47 Surveys Completed (See Appendix B for a detailed summary.)
- 3. Post Course, Ages 6-12 years – “Going for Your Goals: Nutrition/Exercise Plan” – 65 Plans completed (See Appendix C for a detailed summary.)



Figure 2 – Children completed surveys with assistance from adult volunteers

Lessons Learned from Pilot Program:

Enrollment sheets should be available in both English and Spanish and will be for future programs.

Difficulties with obtaining parental consents during the Pilot program was resolved by giving out the forms at least one week prior to the beginning of the Fall program to ensure staff has a significant amount of time to follow up with the parents.

Efforts to involve grocery stores (i.e., Smith’s, Vons, Trader Joes, Wal-Mart, and locally owned markets) in providing healthy snacks and food baskets were unsuccessful despite managers’ willingness to participate in the project. Corporate policies on allowable charitable amounts per year, charitable certificate item restrictions, and the submission process for requests deterred involvement.



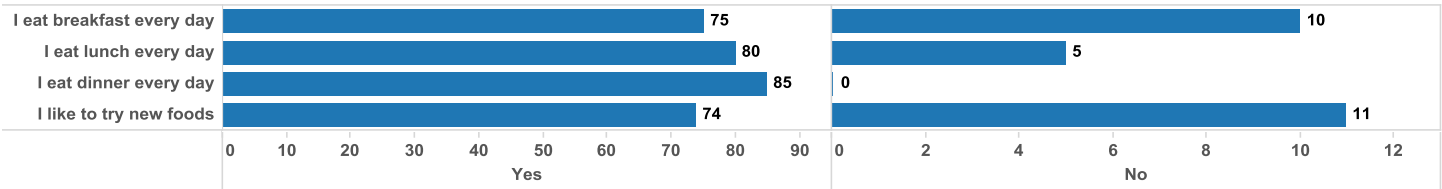
Figure 3 – Participants in the Pilot Program with their certificates at the Graduation Ceremony

Appendix A

Results of Nutrition and Exercise Survey (Initial), Ages 6-12 years (85 total surveys completed, 53 boys and 32 girls)

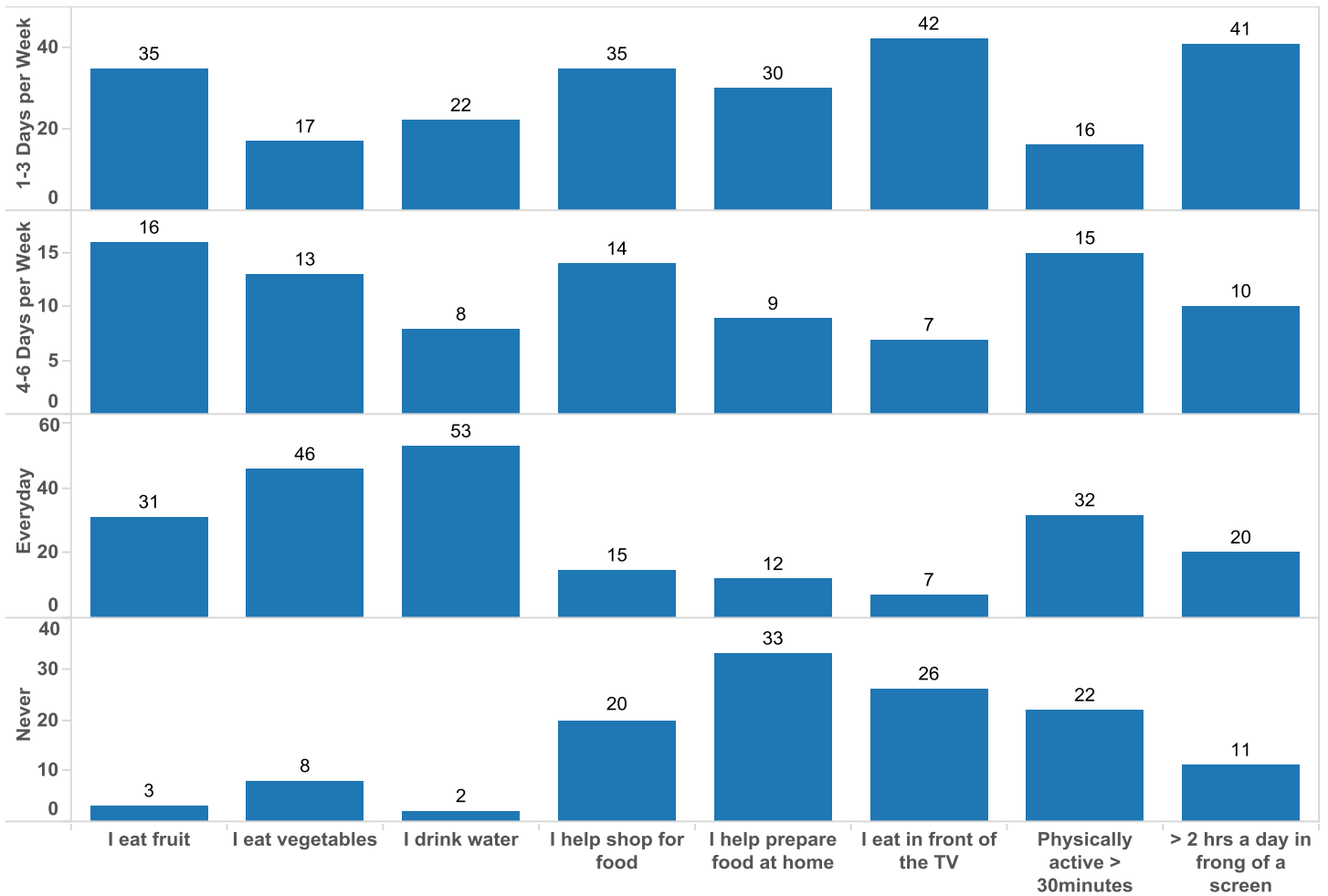
Results from the initial and post course surveys are presented below. Children were asked whether or not they consumed breakfast, lunch and dinner every day, as well as whether or not they were receptive to trying new foods. The results are displayed in the graphic below.

Frequency of Food Consumption and Willingness to try New Foods



Physical activity and a healthy diet are key approaches to healthier individuals. Children were polled on the frequency in which they consume fruits, vegetables and water – as well as their participation in food preparation activities. Additionally, the children were asked about their frequency of physical activity. The results are displayed below.

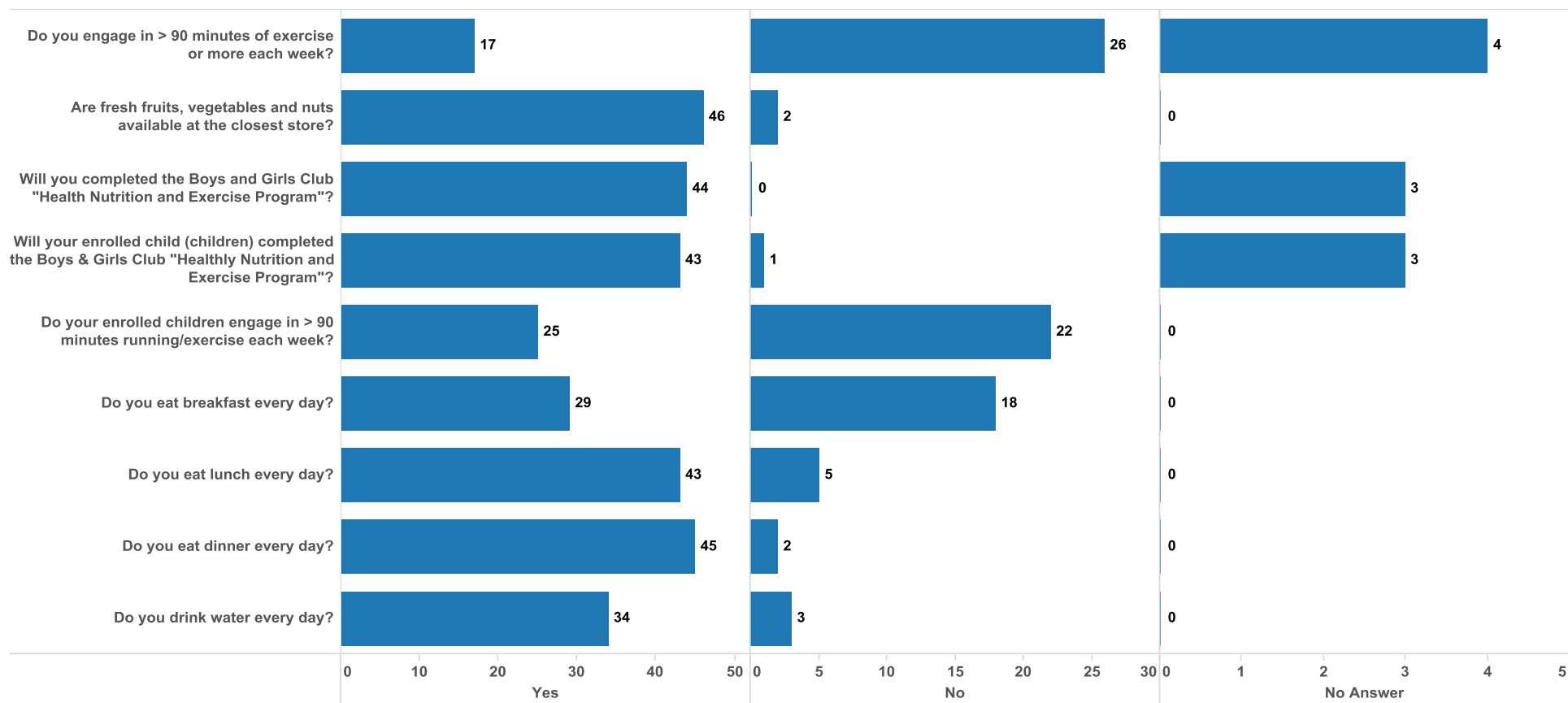
Frequency of Responses Related to Behaviors



The results show a variety of responses. Most notably, over 62% of the respondents answered in the affirmative that they consume water daily, 54% consume vegetables daily and 36% eat fruit every day. Only thirty-eight percent of children are physically active for at least 30 minutes per day and twenty-four percent of respondents report they engage in at least 2 hours of screen (TV, iPad, etc.) time per day.

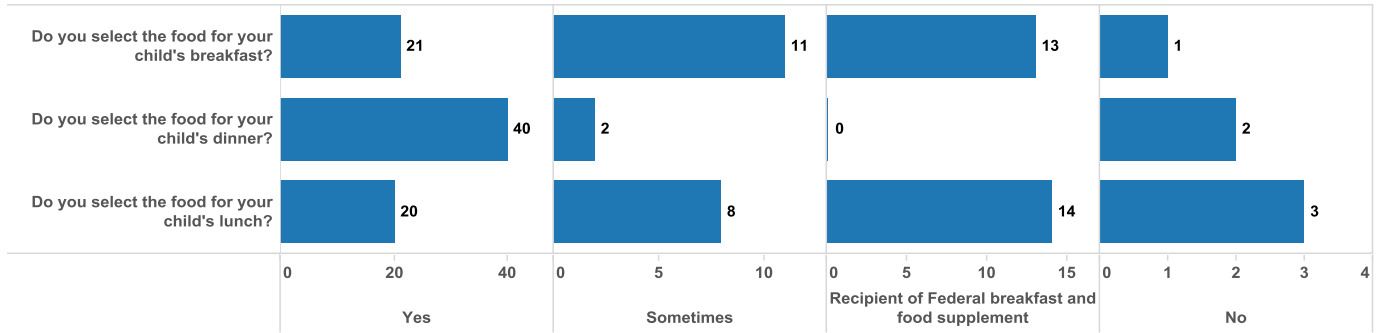
Appendix B

Results of Nutrition and Exercise Survey (Initial) Parent or Guardian (47 Surveys Completed)



Parents/Guardians of the children whom completed the surveys were asked questions that pertained to their physical activity and diet, as well as their willingness and interest in completing the “Health Nutrition and Exercise Program.” Forty-seven surveys were completed. Only 62% of the parents/guardians ate breakfast every day; although over 90% ate lunch, dinner, and consumed water every day. Responses indicated that 60% of the parents/guardians do not engage in at least 90 minutes of physical activity per week, 5% did not answer.

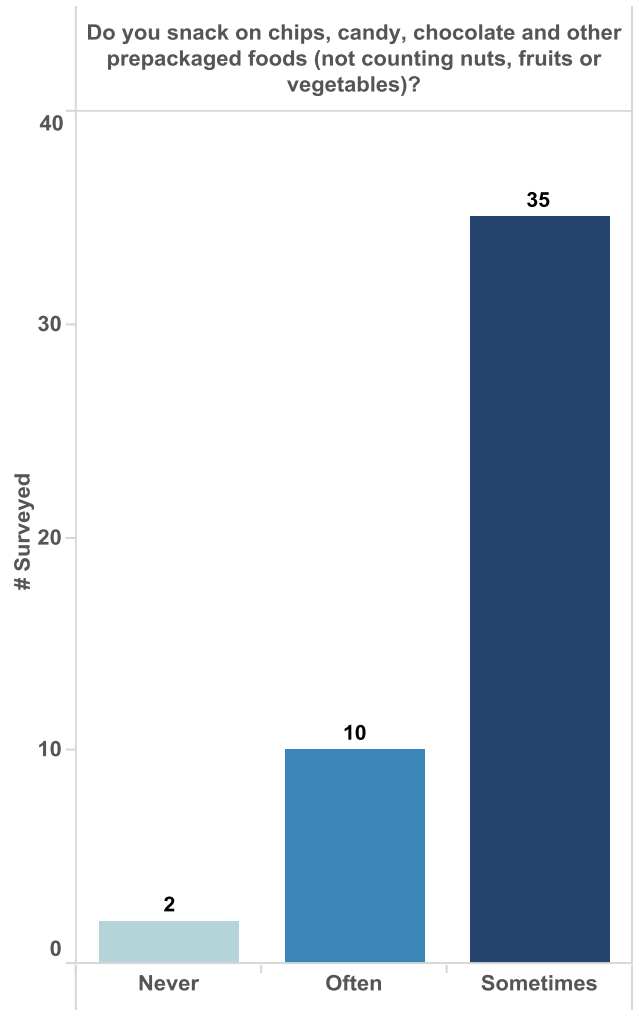
Parent/Guardian Responses: Selection of Child's Meals



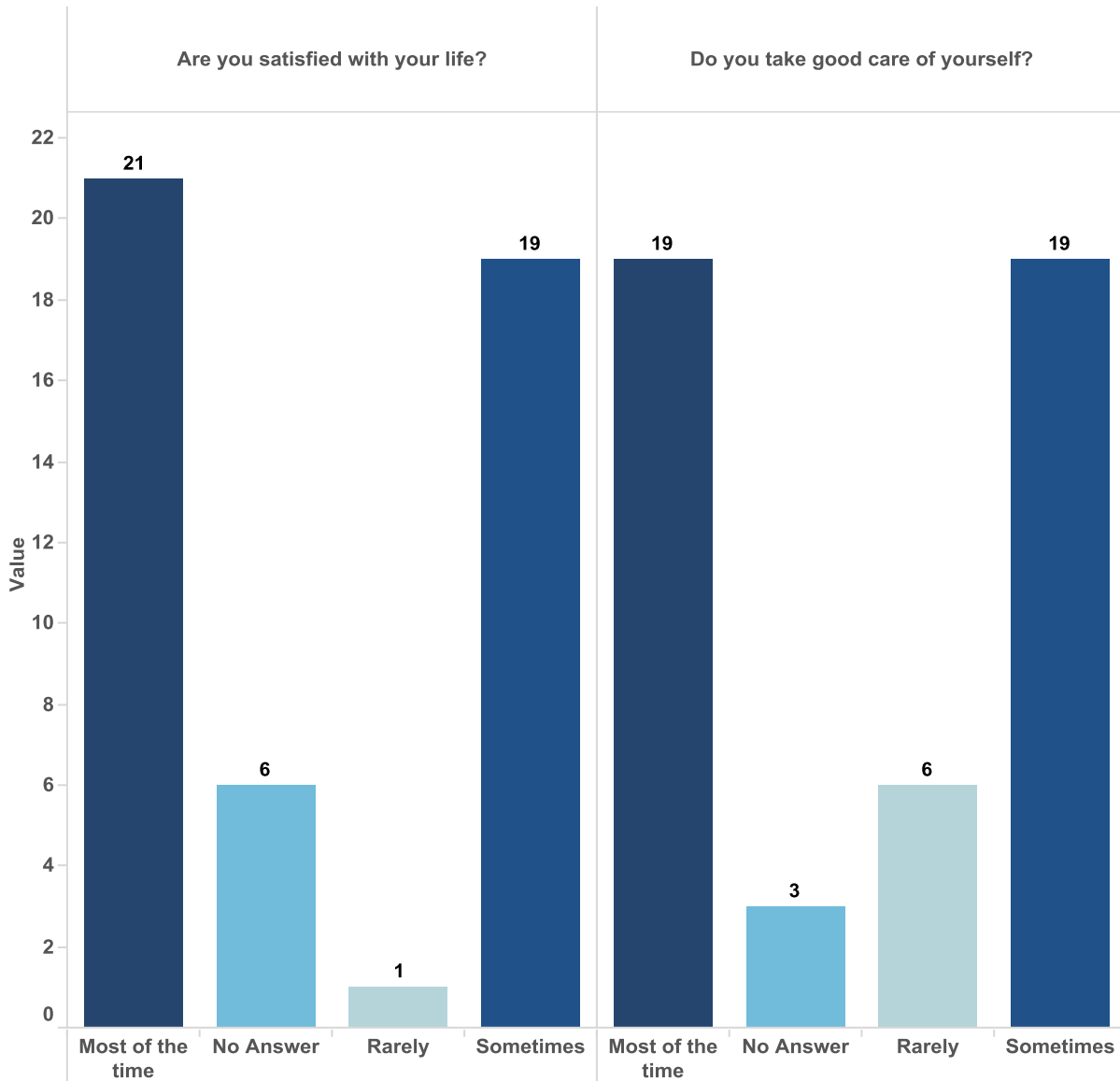
Parents/Guardians were also asked if they selected the foods that the children would consume for breakfast, lunch and dinner. Thirteen of the 47 respondents (28%) were recipients of the Federal Breakfast and Food Supplement and fourteen of the respondents (30%) were recipients of the Federal Lunch and Food Supplement. Most parents/guardians answered that they were in fact the ones that would select the foods that the children would consume for dinner.

Parent/Guardian Snack Habits

Survey questions included inquiries regarding the snacking habits of each parent/guardian. It was specifically, asked whether or not each parent/guardian consumed chips, candy, chocolate and/or other packaged foods as a snack. Of the 47 surveys completed, 35 (74%) responded that they would sometimes consume these snacks while 10 (21%) responded that they would often consume these types of snacks.



Parent/Guardian Self-Assessment



Parents/Guardians were asked two questions regarding their relative satisfaction with their lives and if they take good care of themselves. Responses are shown in the graphic above.

Approximately 45% of respondents were satisfied with their lives “most of the time”, 13% did not reply and 40% are sometimes satisfied with their lives. Similarly, 40% of respondents each report they take good care of themselves most of the time and sometimes, 6% did not respond, 13% rarely and 40% sometimes take good care of themselves.

Appendix C

Results of Post Course Survey, Ages 6-12 years – “Going for Your Goals: Nutrition/Exercise Plan” (65 Plans completed)

A post course survey was given to each child, with 65 responding. Some of the questions were aimed at assessing each child’s plan for physical activity, healthy snacking and consumption of new fruits and vegetables. A variety of responses was received and can be seen in the table below.

I will do the following physical activities	I will pack a "strong" food snack such as	I will avoid eating foods like	I will try a new fruit such as	I will try a new vegetable such as
Hopping	Bananas	Candy	Cherries	Brussels Sprouts
Jogging	Broccoli	Chips	Grapes	Carrots
Jump Rope	Carrots	Cookies	Kiwi	Celery
Jumping	Corn	Cotton Candy	Mangoes	Corn
Jumping Jacks	Grapes	Cupcakes	Oranges	Greens
Play Basketball	Green beans	Gum	Peaches	Lettuce
Play Soccer	Pears	Ice cream	Pears	Lima Beans
Playing	Salads	Pizza	Pineapple	Mushrooms
Pull Ups	Tomatoes	Soda	Plums	Peas
Push Ups	Nuts	Sugar	Star fruit	Radishes
Riding my Bike		Donuts	Strawberries	Salad
Running		Fritos	Tangerines	Squash
Sit-Ups			Tomatoes	Tomatoes
Skipping			Watermelon	Water Cress
Walking			Nectarines	Cauliflower
Baseball			Bananas	
Hop Walls			Cantaloupe	
Play Tag				
Play Football				
Dodgeball				

Appendix D

Recommended Healthy Food Items (Southern Nevada Health District):

The following is a list of food items requested from Three Square on behalf of the iDo Coalition working with the Boys and Girls Club of Southern Nevada on a healthy foods project. iDo requested food packages to distribute to families completing the program. The following list is just a guideline of food items that could be used to encourage participants to make home cooked meals for their families.

Lean Proteins	Vegetables (fresh, frozen, canned/low sodium)	Fruits (fresh, frozen, canned/low sodium, light syrup or in its own juice)	Low Fat Dairy	Whole Grains (Item should have whole as first ingredient)	Other
Chicken	Dark Green Lettuce/Leafy Greens	Berries	Milk (skim, nonfat or 1%)	Brown Rice	Low sodium chicken/vegetable broth
Fish	Onions(variety)	Apples	Cheese(low fat or made with 2% milk varieties)	Quinoa	Canola Oil
Pork Loin/Pork Roast	Celery	Mandarin oranges (light syrup or in its own juice)	Butter (unsalted) or low fat margarine	Whole Wheat Bread	Olive Oil
Ground Beef (less than 15% fat or if higher fat, then customer can rinse with warm water after cooking to reduce fat) ²	Zucchini/Squash	Pears (light syrup or in its own juice)	Sour Cream (light or low fat)	Whole Wheat Tortillas	Vinegar (Cider or Balsamic)
Ground Turkey	Potatoes	Bananas	Yogurt (light or nonfat)	Whole Wheat Pasta	Cooking Spray
Canned Tuna in water	Cauliflower	Fruit Cocktail (light syrup or in its own juice)	Feta Cheese	Whole Grain Cereal (rice, oats, wheat, etc)	
Canned Salmon	Tomatoes	Peaches (light syrup or in its own juice)		Oats	
Tofu (Vegetarian)	Spinach	Lemons			
Low Fat Refried Beans	Garlic	Limes			
Canned Beans (all varieties, low sodium or if not available, customer can rinse canned beans to remove 41% of sodium) ³	Avocados	Melons			
Peanut Butter	Sweet Potatoes	100% fruit juice no sugar added			
Eggs	Jalapeño Peppers	Dried Fruit			
Nuts	Bell Peppers	Mangoes (light syrup or in its own juice)			

² http://www.foodsafety.wisc.edu/assets/pdf_files/reducing%20fat%20in%20ground%20beef.pdf

³ <http://www.todaysdietitian.com/newarchives/011110p62.shtml>

