

# Engaging Community Partners to Promote Healthy Behaviours in Young Children

Pamela S. Moores, BN, MN, RN<sup>1,2</sup>

## ABSTRACT

**Objective:** To evaluate the implementation of a health promotion initiative that encourages healthy eating and physical activity in young children.

**Participants:** The program targets children aged three to eight years of age who attend preschool programs and primary school. Potential program facilitators include public health nurses, staff and volunteers with family resource centres, childcare centres, and preschool/after-school programs.

**Setting:** Communities within the Western Regional Health Authority in western Newfoundland.

**Intervention:** "Children Aiming to Choose Health" (CATCH) is a resource kit that was developed for use in various community settings. The kit contains activities and resources that promote healthy behaviours. Workshops educated approximately 100 individuals on how to use the resource kit in their centre or school. Forty-five resource kits were disseminated at the workshops which were then used over the next few months. A two-stage evaluation was conducted: 1) workshop feedback and 2) follow-up surveys and focus groups.

**Outcomes:** Overall, 99% of workshop participants were satisfied with the workshop and felt prepared to use the kit. The follow-up survey and three focus groups identified strengths, challenges and suggestions for improvement. Strengths indicated the tool was a valuable resource, was user-friendly and provided a variety of health promotion activities. Challenges included the need for better access to kits and time constraints. A few suggestions for improvements were to include more information to send home to parents and develop activities on reducing screen time.

**Conclusion:** The evaluation demonstrated that the CATCH resource kit could be an effective health promotion resource for community partners to convey healthy messages to young children.

**Key words:** Health promotion; childhood obesity; healthy eating; active living; evaluation

La traduction du résumé se trouve à la fin de l'article.

*Can J Public Health* 2010;101(5):369-73.

Childhood overweight and obesity have reached alarmingly high rates in Canada.<sup>1-4</sup> Recent estimates suggest that 36% of children and youth in Newfoundland and Labrador (NL) are overweight or obese.<sup>4</sup> One study reported that one in four NL preschool children are overweight or obese, and another demonstrated that the prevalence of overweight and obesity among cohorts of school-aged children increased from 1984 to 1997.<sup>5,6</sup> Overweight and obese children are significantly more likely to develop cardiovascular disease, type 2 diabetes, osteoporosis, disordered eating, hypertension and mental health issues.<sup>7-10</sup> In addition, there is strong evidence that childhood obesity persists into adulthood. The odds of remaining overweight increase with age, with as many as 85% of obese adolescents keeping their weight status through to adulthood.<sup>11-13</sup>

Current evidence suggests that many diet and exercise interventions aimed at preventing obesity in children are not effective in preventing weight gain, but can be effective in promoting a healthy diet and increased physical activity levels. A review of 22 physical activity and dietary behaviour change interventions determined there was not enough evidence to indicate that any one particular program can prevent childhood obesity. However, it was concluded that strategies targeting diet and physical activity behaviour change, in combination with psychosocial support and environmental change, might be beneficial.<sup>14</sup> Interventions targeting behaviour change may be more effective in preschool and young school-aged children.<sup>15,16</sup> Approaches that create supportive school

environments have shown to be beneficial.<sup>17-20</sup> Given this background information, a program aimed at improving healthy behaviours in young NL children is worth consideration.

The purpose of this article is to describe the evaluation of an innovative approach to increase community capacity to deliver healthy messages to children in western NL. Western Health is one of four regional health authorities within the province that provide care to approximately 83,000 people.

## INTERVENTION

### Children aiming to choose health

Healthy lifestyle behaviours are essential components in the growth and development of children. Habits formed in early childhood are the foundation for the continuation of these behaviours in adult-

#### Author Affiliations

1. Western Regional School of Nursing, Corner Brook, NL

2. Western Regional Health Authority, Corner Brook, NL

**Correspondence and reprint requests:** Pamela Moores, P.O. Box 2005, Corner Brook, NL A2H 6J7, Tel: 709-637-5000, ext. 5586, Fax 709-637-5161, E-mail: pmoores@swgc.mun.ca

**Acknowledgements:** Marie Gilbert, RN, BN, Parent & Child Health Coordinator and Lesley French, RD, Regional Nutritionist were instrumental in resource development and workshop delivery of this initiative. We thank Heather Taylor, MN, Director of Health Promotion and Primary Health Care Program, Population Health Branch, Western Health for funding costs associated with resource development and workshop delivery; Dr. Jeff Vallance at Athabasca University for guidance and support during the evaluation process as a requirement for course work; and Dr. Jean Miller at Athabasca University for reviews of this manuscript and helpful recommendations.

**Conflict of Interest:** None to declare.

**Figure 1.** CATCH Resource Kit



hood. Creating optimal environments, which promote healthy lifestyles in homes, childcare settings, schools and communities, is critical in supporting the health and well-being of young children. One intervention developed by Western Health, “Children Aiming to Choose Health” (CATCH), targets children by promoting healthy messages in various community settings through the use of a resource kit.

The resource kit contains activities that promote behaviour change around healthy eating and physical activity. The aim is to foster supportive environments by making the resource available to Western Health staff (i.e., public health nurses) and other community partners who work with young children. Community partners include individuals who work in childcare centres, family resource centres, and preschool/after-school programs. The resource targets children ages three to eight years attending preschool programs and primary school.

Forty-five resource kits were developed by the Regional Nutritionist and two Parent and Child Health Coordinators. The number of kits was based on funding that was secured for this project. The resource kit consists of a facilitator’s guide, and a selection of resources ready to deliver the program (Figure 1, Tables 1 and 2). Several components of the kit are original creations while others utilize existing resources that promote healthy eating, active living or both. Through active participation, children have many opportunities to be physically active and explore new concepts on healthy eating. The resource is flexible, allowing for it to be delivered alone or built into another program on a daily, weekly or monthly basis.




*Education of Facilitators*

Resource kits were disseminated to potential facilitators at training workshops during fall 2008. Approximately 100 individuals attended one of five workshops which provided guidance on how to use the resource within their community setting. These half-day workshops were led by the program consultants who developed the resource. They were conducted in various geographical areas throughout the health region and scheduled to accommodate participants’ availability. Participants included public health nurses, family resource centre staff, childcare centre staff, preschool program staff and YMCA program staff. Program managers and con-

**Table 1.** CATCH Resource Kit Components

- Bag with CATCH logo
- Fruit- and vegetable-shaped beanbags
- Tabletop pocket holder and food picture cards
- Food puppets (seven representing the four food groups)
- “Moving & Growing: Physical Activities for Twos, Threes and Fours”<sup>25</sup> and “Moving & Growing: Physical Activities for Fives and Sixes”<sup>26</sup>
- Nutrition toss ball
- Children’s music CD
- BusyBodies: Creative food and play ideas for your preschooler<sup>27</sup>
- CATCH-itivity toss floor game and action cards
- Facilitators Guide
  - CATCH-itivity sessions are structured activities that can be completed within 30 minutes.
  - CATCH-O-Drama is a fun, interactive puppet show script that can be performed by facilitators, helpers and older children. Incorporates *Eating Well with Canada’s Food Guide*<sup>28</sup> and introduces characters from the four food groups. Engages the audience by having them actively participate in the journey through the rainbow of healthy eating.
  - CATCH-Y-Games are a variety of indoor/outdoor games that can stimulate children to move around and be active.
  - Resources to support the facilitator include: parent handouts (letter, tips), several resources from Health Canada.<sup>29-32</sup>

**Table 2.** Key Messages Can Be Found Throughout the Guide Highlighted by Symbols

-  • Injury prevention reminds facilitators to ensure safety when engaging children in physical activity.
-  • Inclusion provides the facilitator with useful tips to adapt various activities to accommodate children of varying abilities.
-  • Active living and healthy eating offer highlighted key messages that can be reinforced.

sultants were also invited to gain support in promoting the program.

*Delivery*

Strong linkages exist between Western Health staff and several community partners who work with young children. This supports a collaborative approach to health promotion. It was evident through the strong attendance at the workshops that partners were engaged and interested in promoting healthy habits among children. Once kits were disseminated, it was up to the facilitators to incorporate its use in their programs. Because the numbers of kits were limited, some areas were asked to share the resource, i.e., childcare centres located in the same community.

**EVALUATION**

A process evaluation can provide useful feedback during the developmental phase of a program as it focuses on strengths and weaknesses and seeks necessary changes for improvement.<sup>21</sup> Quantitative data were obtained through workshop feedback surveys (fall 2008) and facilitator follow-up surveys (winter 2009). Workshop feedback assessed the level of satisfaction and whether participants felt adequately prepared to use the resource. Participants were also asked to suggest ways they might use the resource. The follow-up survey asked facilitators how much they have used the resource kit since workshop delivery and to rate the items in the resource kit. They were asked to share any challenges in delivering the program and to suggest ways to overcome them. Finally, facilitators were asked whether they had noticed any positive changes in children’s behaviours since introducing the resource kit. Qualitative data were gathered through a series of three focus groups

**Table 3.** Participants' Perceptions of the CATCH Workshop

Today's Workshop...	Not at All n (%)	Somewhat n (%)	Quite a Bit n (%)	A Great Deal n (%)
1. Provided me with new information	0 (0%)	8 (8%)	33 (35%)	54(57%)
2. Stretched my thinking	1 (1%)	9 (9%)	37 (39%)	48 (51%)
3. Motivated me to do more health promotion	1 (1%)	6 (6%)	28 (30%)	60 (63%)
4. Provided me with useful ideas that I can apply	0 (0%)	4 (4%)	25(26%)	66 (70%)
5. Was worth my time	1 (1%)	5 (5%)	14 (15%)	75 (79%)

Possible Uses for the CATCH Resource Kit	# Responses
Include in regular programs at the Family Resource Centres	10
Structured stand-alone program at the Family Resource Centres	2
School health program (health promotion session/events)	8
KinderStart Program*	3
Nutrition month activities	3
Preschool Groups	9
Other groups (i.e., Brownies)	4
Use within our childcare centres	11

\* KinderStart is a school transition program offered in the year prior to Kindergarten entry. The program consists of 5-10 one-hour orientation sessions organized and promoted at the school level for children and their parents/caregivers (Department of Education, Government of Newfoundland & Labrador).<sup>33</sup>

**Table 4.** Perceived Usefulness of Items in the CATCH Resource Kit

Item	Mean Response M (SD)	N	Least Useful		Most Useful	
			1/2 n (%)	3 n (%)	4/5 n (%)	4/5 n (%)
Facilitator's Guide	4.8 (.44)	25	0 (0%)	0 (0%)	25 (100%)	
Bean Bags	4.2 (.66)	24	3 (12.5%)	3 (12.5%)	16 (66.7%)	
BusyBodies	4.0 (.83)	23	1 (4.3%)	5 (21.7%)	17 (73.9%)	
Floor Game	3.9 (1.0)	24	3 (12.5%)	5 (20.8%)	16 (66.7%)	
Food Puppets	4.0 (.96)	25	3 (12%)	2 (8%)	20 (80%)	
Moving & Growing 2's, 3's & 4's	4.1 (.88)	24	1 (4.2%)	5 (20.8%)	18 (75%)	
Moving & Growing 5's & 6's	3.8 (.92)	22	1 (4.5%)	6 (27.3%)	15 (68.2%)	
Music CD	4.0 (1.1)	24	3 (12.5%)	4 (16.7%)	17 (70.9%)	
Toss Ball	4.4 (.51)	25	0 (0%)	0 (0%)	25 (100%)	
Table Top	4.4 (.70)	24	0 (0%)	2 (8.3%)	22 (91.7%)	

conducted by the author that further explored strengths and challenges while delivering the program. Focus group size averaged four participants. Ethics approval was obtained from Western Health and Athabasca University as the evaluation was a component of the author's graduate studies.

**RESULTS**

**The facilitator's perspective**

Results indicated that, overall, participants (99%) felt the workshop provided new, useful information and motivated them to do more health promotion. One hundred percent indicated they felt prepared to use the kit and it will be useful in their programs. Almost half of the participants (49%) indicated they hope to use the resource as soon as possible. Table 3 provides a summary of participants' responses.

A total of 40 follow-up surveys were returned out of 87 that were mailed out (46%). It should be noted that 13 of the 100 workshop participants were not sent surveys as they were not in a position to use the kit (i.e., manager). Feedback indicated that 45% of individuals who responded had used the resource. Reasons cited for not using the resource right away included not enough time due to workload or waiting to borrow a kit. Others noted they had no opportunity at present or had changed job responsibilities. Some participants indicated they planned to use the resource soon, with 10% indicating they planned to use it during nutrition month, 5% had a program planned at their centre, and another 7.5% stated they planned to use it soon however did not specify when.

Table 4 provides a summary of the participants' perceptions of resource kit items that were ranked from least to most useful. Individual items were rated between 3.8 and 4.8 out of a possible 5.

Participants indicated the resource kit was a valuable tool to supplement their programs. The kit was reported to be user-friendly and provided a variety of activities all in one bag; not having to gather more materials was considered a timesaver.

Seventy percent of respondents reported they were providing more information and or activities on healthy eating and active living since receiving the resource kit. Forty-four percent noticed positive changes in children since the resource kit was introduced in their setting. Facilitator comments included, "Children tend to talk about healthy foods more", "Children are bringing in healthier snacks" and "Parents tell me children are trying more vegetables at home."

Challenges experienced in using the resource revealed that some activities were too advanced for younger children and that groups with wide age ranges were difficult to accommodate. It was noted that because not all groups received their own kit, waiting to borrow one was frustrating. Suggestions for improvements included increasing the number of kits, developing more handouts for parents to reinforce healthy messages and providing more information on reducing screen time (i.e., TV, video games). Another recommendation was to add more activities for the food puppets, such as a simpler interactive story for younger children. Stickers or other promotional giveaways to help reinforce messages were also suggested.

**DISCUSSION**

The evaluation provided valuable information on the CATCH program that was both timely and cost efficient. Providing feedback on a new program early in its development gives the program consultants ample opportunity to make changes to enhance program use and facilitator satisfaction. An important strength of the pro-

gram is the potential reach of this resource to include community partners outside of Western Health. Although there are many obstacles, community-based programs can provide numerous strategic advantages for health promotion efforts, one of which is community engagement.<sup>22</sup> Engaging both facilitators and children in the promotion of healthy messages through the CATCH kit is an example of such a strategy. In fact, promising results have emerged from obesity-prevention studies with wider community engagement that demonstrate that community-based interventions can be effective.<sup>23</sup>

Conducting workshops helps to ensure information regarding new resources is communicated. The evaluation, much like the program roll-out, was an inclusive process that sought feedback from all individuals involved. As health promotion practice and programs are shaped by principles such as partnerships, participation and equity, it is important to apply an evaluation lens to these components.<sup>24</sup>

There are also limitations that warrant discussion. Caution must also be used when using percentages and numbers that are very small. Fewer than half of individuals who returned the survey had actually used the resource kit. A low response rate from the follow-up survey may be attributed to a limited uptake of the resource initially. There was a delay in workshop delivery, resulting in a shorter time span between the workshop and evaluation. Allowing more time to elapse would have given facilitators more opportunity to use the resource.

Public health nurses spend much of the fall delivering school immunization programs and therefore health promotion activities occur later in winter and spring. Consequently it was not surprising that a low number of nurses indicated they had used the resource. Had the survey been implemented later in the school year, there might have been more reported use of the kit. It should be noted that at the time of writing of this article, discussions with several community partners had indicated that there was increased use of the resource. Examples include: school-wide puppet shows during nutrition month, CATCH sessions offered as part of standard programs at family resource centres, a summer literacy program, YMCA preschool and afterschool programs and ongoing activities at childcare centres.

Next steps for this resource include making recommended changes and further evaluation of kit distribution to determine options for increased access and usage. Currently, the production of more kits is being explored from a provincial capacity. Given the data presented, there are avenues for future research and programming. A study to test the effectiveness of the kit in changing behaviours in physical activity or healthy eating in children would garner valuable information. A comparison of children who have used the kit for a specified period of time to those who have not used it would provide the basis of an experimental study that could yield information on these outcomes. Measuring the effectiveness of health promotion strategies is essential in determining whether Western Health should continue to fund and support similar approaches.

## CONCLUSION

This article reviews the process involved in the delivery and evaluation of a health promotion initiative in the community. The literature supports strategies that target behaviour change in young

children through psychosocial support and environmental change. The CATCH resource kit has the potential to convey healthy messages to many children and their families in hopes that it will improve their health. Results demonstrated that engaging community partners in sharing the responsibility of delivering healthy messages to young children can expand the reach of health promotion efforts. Ongoing support and monitoring is necessary to ensure community partners and staff have the capacity to aid in the delivery of these health promotion efforts.

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Received: January 27, 2010  
 Accepted: May 9, 2010

## RÉSUMÉ

**Objectifs :** Évaluer la mise en œuvre d'une initiative de promotion de la santé qui encourage la saine alimentation et l'activité physique chez les jeunes enfants.

**Participants :** Le programme cible les enfants de 3 à 8 ans fréquentant le jardin d'enfants et l'école primaire. Il peut être animé par des infirmières de santé publique ou par le personnel et les bénévoles de centres de ressources familiales, de centres de la petite enfance et de programmes préscolaires/parascolaires.

**Lieu :** Collectivités de la Western Regional Health Authority (Ouest de Terre-Neuve).

**Intervention :** *Children Aiming to Choose Health (CATCH)* est une trousse documentaire à l'usage de divers milieux communautaires. Elle propose des activités et des ressources favorisant les comportements sains. Lors d'ateliers, une centaine de personnes ont appris à l'utiliser dans leur centre ou leur école. Quarante-cinq trousse ont été distribuées durant les ateliers et ont servi au cours des mois suivants. L'évaluation s'est faite en deux temps : 1) appréciation des ateliers et 2) questionnaires de suivi et groupes de discussion.

**Résultats :** Globalement, 99 % des participants étaient satisfaits des ateliers et se sentaient prêts à utiliser la trousse. Le questionnaire de suivi et les trois groupes de discussion ont cerné des forces et des faiblesses et suggéré des améliorations. Les forces : la trousse est utile, conviviale et propose un éventail d'activités de promotion de la santé. Les faiblesses : l'accès limité aux trousse et le manque de temps. Quelques suggestions : inclure plus d'information pour les parents et créer des activités pour réduire le temps passé devant l'écran.

**Conclusion :** La trousse CATCH peut être une bonne ressource de promotion de la santé pour les partenaires communautaires qui veulent transmettre des messages-santé aux jeunes enfants.

**Mots clés :** promotion de la santé; obésité de l'enfance; alimentation saine; vie active; évaluation

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