



San Francisco Beacon Initiative

GATEWAY TO FITNESS



Year I Final Evaluation Report July 2006

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Executive Summary

BACKGROUND

The Gateway to Fitness program is a joint partnership of the San Francisco Beacon Initiative, Kaiser Permanente, The California Endowment and Team-Up for Youth. These organizations have come together to support a new fitness and nutrition program offered at the eight sites of the San Francisco Beacon Initiative, a citywide youth development program. The three key goals of the Gateway to Fitness program are:

1. To increase the physical activity of youth 10-15 years of age through a variety of community-based youth sports and recreation activities;
2. To provide culturally-appropriate nutrition education through hands-on food preparation and cooking classes; and
3. To foster parental support and involvement through joint activities and parent-focused events such as awards celebrations and group dinners.

EVALUATION

The Gateway to Fitness evaluation addresses both process and outcome questions through data collection methods that include: 1) Pre/Post/Follow-up Surveys; 2) Parent Interviews, 3) Participant Focus groups; and 4) Contract Management System records data.

KEY FINDINGS

Highlights of findings are presented below.

Physical Activity

- Many participants entered the program with a high level of physical activity and positive attitude towards exercise.
- The number of times participants exercised in the previous week increased from pre to posttest for strenuous, moderate and mild types of activities.
- Increases in the number of times participants exercised in the previous week were greater for the girls. The increase from pretest to posttest for strenuous exercise was statistically significant.
- On the follow-up survey over half of youth stated they were more physically active than before they started Gateway.

Healthy Eating

- Many participants entered the program with positive attitudes towards eating healthy.
- On the posttest three-quarters of youth stated that Gateway had helped them choose healthful foods to eat and prepare healthy snacks and meals.
- On the follow-up survey 42% of youth report that as a result of participating in Gateway their eating habits have improved.
- At follow-up approximately 40% of youth stated that since participating in Gateway their family was buying and eating healthier food.

Support

- The great majority of students (70%-80%) shared that their families are supportive of their efforts to eat healthy and be physically active.
- Seventy-two percent of posttest respondents made new friends at Gateway.
- Gateway helped seventy-eight percent of participants to feel better about themselves.

RECOMMENDATIONS

Program planning

1. Enrolling and serving girls

Although improvements were made from fall to spring, there are more boys than girls enrolled in Gateway. In the fall session 37% of participants were girls and in the spring it rose to 43%. The improvements in physical activity demonstrated by girls and described above make the case for additional targeted outreach and continued/expanded differentiated programming.

2. Youth participation in all components

Integral to the Gateway model are both physical fitness and nutrition components. Some sites are still struggling with youth participating in both. Staff cannot force youth to participate in all components of the program or they may choose not to attend. The challenge presented is how to make activities fun or provide incentives for participating in both components. Sites have learned that to encourage girls to participate in physical activity they must provide alternatives to team sports such as dance, tennis, and swimming. The need to pursue creative strategies continues – particularly for engaging boys in the nutritional component. Perhaps instead of trying to coerce boys to enroll in an ongoing cooking class, offer occasional themed cooking events that all youth participate in instead of their usual sports day.

3. Referrals

Converting Kaiser referrals into Gateway enrollees continues to be a challenge. Barriers include transportation and youth resistance as well as communication barriers. If the youth does not attend the school at which the Gateway program is situated it is highly unlikely they will enroll. However, there are some ways to encourage enrollment. The Sunset Neighborhood site has had a couple of youth (a referral and sibling) who started in the fall and continued to participate in the spring. This or another referral also brought in some cousins. So there can be a domino effect if they can bring in their support group. Sites also appreciated the additional contact information that the Kaiser referring nutritionist provided with referrals in the spring and felt that it helped.

4. Parent involvement and behavioral changes in family

In the fall session sites tried to get parents to attend on-site education sessions and often experienced disappointing levels of attendance. Sites may consider centering an event around the child instead - for example a performance or awards ceremony. Fitness and nutrition information can be integrated into the event. Another strategy is to increase the materials sent home: recipe books, newsletters, etc.

Introduction

Resource Development Associates has prepared the following year-end report to present the findings of the first year of the Gateway to Fitness program, a health and fitness initiative designed for youth ages 10-15 through the San Francisco Beacon Initiative.

BACKGROUND

The Gateway to Fitness program is a joint partnership of the San Francisco Beacon Initiative, Kaiser Permanente, The California Endowment and Team-Up for Youth. These organizations have come together to support a new fitness and nutrition program offered at the eight sites of the San Francisco Beacon Initiative, a citywide youth development program.¹

This Interim Evaluation Report relies on data from surveys, interviews and focus groups to measure progress toward the three key goals of the Gateway to Fitness program:

1. To increase the physical activity of youth 10-15 years of age through a variety of community-based youth sports and recreation activities;
2. To provide culturally-appropriate nutrition education through hands-on food preparation and cooking classes; and
3. To foster parental support and involvement through joint activities and parent-focused events such as awards celebrations and group dinners.

BEST PRACTICES

There are currently two programs in the San Francisco Bay Area employing best practices in fitness and nutrition for youth.

1. *Sports, Play and Active Recreation for Kids* (SPARK) provides school assessment, curricula, and staff training with the goal of increasing the quantity and improving the quality of physical activity (www.sparkpe.org). SPARK has been cited in the Surgeon General's Report on Physical Activity and Health as a "school based solution" to childhood obesity and is registered as a research-tested intervention program with the National Cancer Institute. This program is in use at the Oakland and Berkeley Unified School Districts.
2. *California Adolescent Nutrition and Fitness Program (CANFit)* is a Berkeley based non-profit organization that provides training, education and outreach to youth workers and youth on nutrition and fitness serving youth of color, 10-14 years old (www.canfit.org). CANFit has been chosen by The California Endowment to provide training to communities involved in the foundation's Healthy Eating, Active Communities Initiative.

¹ Source for background and planning information: *Gateway to Fitness Interim Progress Report, September 13, 2005* prepared by David MacGillis, OMI/Excelsior Beacon Site Director and Director of School Based Services, YMCA.

The literature on health programs for children and youth also highlights some best practice approaches to be considered when implementing a fitness program.

An article describing a sixteen-week school-based fitness/nutrition/support program for adolescent girls concludes that interventions aimed at increasing the rate of physical activity among adolescent girls might be made more effective by: 1. Developing support from friends, families and caring adults (including teachers); 2. Addressing real and perceived time constraints to engaging in physical activities; and 3. Improving girls' confidence in their ability to engage in physical activity.²

An exploratory study on overweight youth by the same author concludes with ten recommendations for school-based weight control programs.³ An effective program should:

1. Have a leader who understands the difficulties faced by overweight teens. Try to have a leader or co-leader who is or has been overweight.
2. Provide a supportive, caring, and accepting environment for participants.
3. Have discussions on non-weight related issues aimed at helping participants to feel better about themselves. Relate to participants as teens not only as overweight teens.
4. Make the program fun! Avoid sitting around too much and have lots of physical activity.
5. Offer out-of-classroom and out-of-school activities such as walking in the park, going to the YMCA as a group, playing softball, jazzercise classes, shopping together, and healthy picnics.
6. Include activities aimed at increasing nutritional knowledge and skills including food tasting, food preparation, and identification of low-cost foods.
7. Be sensitive to the social stigma associated with being overweight in program recruitment and planning.
8. Try to reduce technical barriers to participating by offering the program at convenient time, at low or no cost, and by providing transportation if necessary.
9. In program evaluation, assess improvements in self-perceptions; eating and exercise skills and behaviors; perceived social support from the group; in addition to weight loss and maintenance.
10. Involve youth in all stages of planning — prior to program implementation and throughout the program.

² Neumark-Sztainer, D. Factors associated with changes in physical activity: A cohort study of inactive adolescent girls, *Archives of Pediatric and Adolescent Medicine*, v157; p 803-10, August 2003 as quoted in Karl Miller, Changing Level so Physical Activity in Adolescent Girls; *American Family Physician*; v69(4), 2004.

³ Neumark-Sztainer, D. & Mary Story, M.. Recommendations from Overweight Youth Regarding School-Based Weight Control Programs. *The Journal of School Health*, v67, p428-33, December 1997.

PLANNING

An overview planning process resulted in specific Gateway program goals and outcomes, an evaluation design, and strategies for provider education. The following program requirements were established:

Program duration:	Two 6-9 week-sessions (Fall and Spring)
Participants per site:	20-30 youth age 11-15
Physical activity:	45 minutes of activity, 3 times a week
Nutrition education:	Culturally relevant cooking class with nutrition content, once a week.
Parent involvement:	Program orientation and nutrition workshop
Referrals:	Point person assigned to do intake on Kaiser Permanente referrals

The next phase of planning took place at the community level. Input from youth, parents and the community went into the design of a Gateway program specific to the needs and interests of participants at each Beacon Initiative site. Thus, each plan and the way it is implemented, while guided by the above program requirements, is also informed by the cultural and racial/ethnic mix of its participants as well as the existing structure of the overall host Beacon program.

The Beacon Centers received Gateway planning support from Team-Up for Youth and from Kaiser's nutritionists. A technical assistance workshop was held in the early fall.

Implementation

RECRUITMENT & KAISER REFERRALS

Recruitment of youth into the program occurred primarily at the eight Beacon Centers. Two sites enrolled all or nearly all regular Beacon participants into the program and incorporated Gateway activities into their standard programming. The rest relied on brochures developed by Kaiser Permanente and promotion by program staff to enroll youth. Beacon staff have noted that word-of-mouth, referrals from siblings and cousins, and encouraging friends to join together were helpful recruitment strategies.

Brochures were also distributed in the waiting rooms of Kaiser Permanente pediatric clinics alongside a large poster advertising the program. At least one student enrollment is known to have resulted from a Kaiser waiting room pamphlet. Kaiser Physicians were also given flyers and encouraged to refer young patients at risk of obesity. A Kaiser health educator served as the point person to assist physicians in making referrals to Gateway programs at Beacon sites.

A combined total of 46 Kaiser Permanente referrals were made to the Beacons: 27 in the fall and 19 in the spring. However, this resulted in only 11 youth actually enrolling in the program. A large number of these referrals were for ten year olds, who are generally in elementary school and ineligible for middle school programs. Communication with the family after the Kaiser referral is made was another difficulty encountered by program staff. Parents did not return repeated calls by staff attempting to follow-up on the referral. In the spring Kaiser provided additional contact information to the Beacon sites, which staff reported to find helpful.

PROGRAM LENGTH AND ROLLOUT OF COMPONENTS

Seven of the eight Beacon Initiative sites implemented their first Gateway session in Fall 2005 and the remaining site began Gateway programming in Spring 2006. Fall program rollout was more staggered than anticipated, spanning a period of six weeks. Gateway was originally envisioned as a 6-8 week program. In the fall session sites extended this up to 10 and even 12 weeks to parallel their regular sessions in timing and duration. Most of the sites implemented a 6-8 week program in the spring. Beacon ability to put all Gateway components in place simultaneously varied from site to site. Some had both fitness and cooking/nutrition pieces in place, while others had started with one component and added the other when the required staff have come on board.

ENROLLMENT AND DEMOGRAPHICS

Data on enrollment and participant demographics were obtained from the web-based Contract Management System the Beacon Centers use to document client services. A total of 263 youth from seven sites were enrolled in the Fall 2005 session and 401 enrolled in the spring, reflecting a 52% increase. This is in part due to the addition of one site in the spring. Sixty-two percent (n=162) of fall participants were also enrolled in the spring. Nearly two-thirds of participants were male in the fall session and boys continued to make up a large proportion of participants in the spring. Although the program was initially targeted to the 11-15 age group, 24% of fall participants were under the age of eleven at the beginning of the school year, though nine of the 10 year olds were in sixth grade. As a result of the demand for a program of this type at the

*Gateway to Fitness Year One Evaluation Report
July, 2006*

lower grade levels, Gateway was expanded to accept youth as young as ten years of age. The largest racial/ethnic groups served by Gateway are African-American and Asian. One site, Bayview, had the largest portion of participants of all sites.

Table 1: Enrollment and Demographics: Fall'05 & Spring'06 Sessions				
	Fall '05 (n=263)		Spring '06 (n=401)	
	<i>Number</i>	<i>Percent</i>	<i>Number</i>	<i>Percent</i>
Gender:				
Male	166	63%	227	57%
Female	97	37%	173	43%
Age (average)	11.7 yrs		11.8 yrs	
Race/ethnicity:				
African-American	94	36%	166	41%
Asian	99	38%	102	25%
Hispanic/Latino	24	9%	57	14%
Pacific Islander	19	7%	38	10%
Other/multiracial	27	10%	38	10%
Beacon site:				
Bayview	68	26%	151	38%
Chinatown	36	14%	25	6%
Community Bridges	23	9%	34	8%
OMI/Excelsior	14	5%	27	7%
Richmond	24	9%	26	6%
Sunset	57	22%	67	17%
Visitacion Valley	41	15%	35	9%
Western Addition	---	---	36	9%

Evaluation Methodology

The Gateway to Fitness evaluation addresses both process and outcome questions through a variety of data collection methods.

PROCESS EVALUATION

The process component of the evaluation provides an assessment of who the program has served, program implementation issues, and participant satisfaction levels for purposes of program improvement.

- *Participant Satisfaction:* Satisfaction items are included on a survey administered at the end of each session.

For the first session (Fall 2005) two additional sources of information were utilized.

- *Parent Interviews:* The evaluators requested that each site provide names of two parents for a brief telephone interview. Four of the sites did provide names and six interviews were completed.
- *Focus Groups:* Youth participant focus groups were also conducted by staff from six sites following a training conducted by the evaluator. Results were fed back to the program staff and a summary of the comments were provided to the evaluator.

OUTCOME EVALUATION

The outcome component of the evaluation is designed to measure the impact the program has on participants and the extent to which the program is meeting its goals and objectives. Also explored are differential outcome for participant subgroups. Sites along with support from Kaiser calculate the body mass index percentile for participants at enrollment. Though not an outcome in itself this measure is used as indicator of risk of obesity. Analysis may include comparison of outcomes based on risk.

- *Pre- and Post-tests:* Instruments to collect self-reported impressions, attitudes, and behavior are administered at the beginning of program participation and at the end of each session, to ascertain if changes have occurred.
- *Follow-up Survey:* To measure the long-term impact of the program, a six-month follow-up survey is administered to youth who participate in the fall session (Year 1 and Year 2) and are still enrolled in the Beacon in the spring.

Findings

There were a total of 155 matched pretests and posttests (78 from the fall and 77 from the spring). A participant will be represented only once in this dataset for analysis purposes. Thus if a participant takes tests in both the fall and spring we will use the assessment from the fall, their first Gateway experience. Requiring both a matched pre and posttest assures that the individual was present for the entire session. It also allows us to look at individual change. Sites were advised to administer the pretest during or just before the first week of the beginning of the Gateway session so that the assessment would not reflect learning that had already occurred. Success at this varied by site but improved in the spring session. Also included in this dataset are 33 follow-up assessments of fall participants.

ATTITUDES TOWARDS ENGAGING IN PHYSICAL ACTIVITY

One of the major goals of Gateway to Fitness is to provide youth with a variety of accessible and fun forms of physical activity. In an effort to expand the horizons of youth who are not attracted to traditional competitive sports, Gateway offered alternatives such as dance, martial arts, yoga, swimming, tennis, walking, biking, and bowling. The expectation was that in so doing attitudes towards exercise would improve. Surprisingly, the great majority of youth expressed a positive attitude towards physical activity on the pretest, leaving little room to improve at the posttest.

		Very much true	Pretty much true	A little true	Not true at all
<i>Exercise is fun for me.</i>	pre	43%	32%	17%	8%
	post	39%	35%	18%	8%
<i>I like being physically active.</i>	pre	47%	26%	22%	5%
	post	47%	32%	14%	7%
<i>I feel uncomfortable with the way my body moves.</i>	pre	9%	18%	25%	48%
	post	11%	15%	30%	44%
<i>I don't have time to exercise.</i>	pre	4%	10%	24%	62%
	post	11%	10%	22%	57%
<i>I know where to exercise.</i>	pre	43%	27%	19%	11%
	post	45%	22%	21%	12%
<i>Exercise costs too much.</i>	pre	6%	11%	15%	68%
	post	6%	5%	21%	68%
<i>I don't have the things I need to exercise.</i>	pre	16%	10%	26%	48%
	post	15%	15%	30%	40%

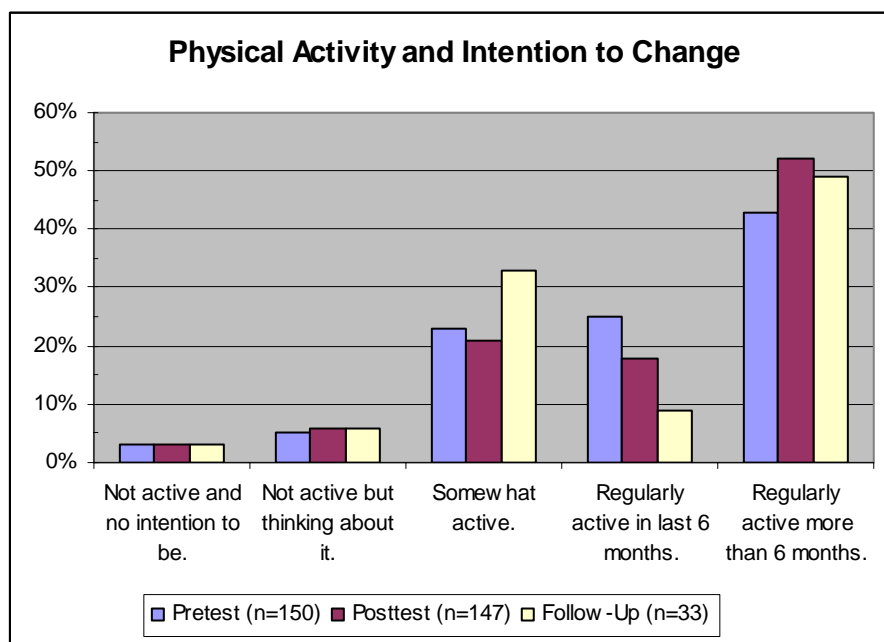
PHYSICAL ACTIVITY PRACTICES

The goal of Gateway is to increase fitness levels, particularly for those who are inactive outside of their school physical education classes. To establish their current activity level and interest to change participants were asked to select the statement that best describes them:

- “I am not physically active and do not intend to become active.”
- “I am not physically active, but I am thinking about starting.”
- “I am somewhat physically active, but not on a regular basis.”
- “I am regularly physically active but have only been so within the past six months.”
- “I am regularly physically active and have been for longer than six months.”

Self-reported baseline activity levels are high for the majority of Gateway participants. Sixty-nine percent of youth on the pretest and 70% on the posttest reported being regularly physically active in the last six months or being regularly physically active for more than six months. At follow-up this figure dropped to 58%.

CHART 1



Given this high level of physical activity and intent at the beginning of the program two findings from the follow-up survey are particularly notable.

- One-half (54%) reported that they are more active now as compared to before they started their fitness program.
- Sixty percent stated that it was “very” or “pretty much true” that they had tried a new physical activity as a result of participating in Gateway.

Recent physical activity was measured for two time periods, the first being the number of hours they exercised outside of school the previous day. Seventy-three percent of

pretest respondents reported they were active one or more hours, and on the posttest that group increased to 79%.

The second measure was the number of times in the past week they were physically active outside of school physical education classes. Physical activity was classified into three types based on the amount of work required: a) Strenuous - soccer, jogging, aerobic dancing, etc; b) Moderate – walking quickly, marital arts, dancing; and c) Mild – yoga, walking slowly, bowling. Responses were averaged and compared from pretest to posttest and results are displayed in Table 3. Youth increased their past week self-reported times of strenuous, moderate and mild exercise. This change was statistically significant for mild forms of exercise⁴.

Table 3: Times Exercised in Last Week

	Pretest		Posttest	
	Average	(std dev)	Average	std dev
Strenuous exercise in last week (n=96)	5.5	(4.1)	6.1	(3.3)
Moderate exercise in last week (n=92)	5.1	(3.9)	6.0	(4.0)
Mild exercise in last week (n=89)*	5.9	(4.5)	6.9	(5.3)

* statistically significant at p<.05

Parents interviewed at the end of the fall session praised the program and reported that their children enjoyed it very much. Most of the parents remarked that while it provided additional opportunities for fitness activities, their children and their families were somewhat active already.

FALL AND SPRING SESSION COMPARISONS OF PHYSICAL ACTIVITY

Comparisons were made of the impact of Gateway on physical activity for the fall and spring sessions. Spring participants saw greater increases in physical activity as measured by the number of times they were active in the last week. Larger gains were made for strenuous, moderate, and mild exercise from pretest to posttest.

Table 4: Times Exercised in Last Week by Session

		Pretest		Posttest	
		Average	(std dev)	Average	(std dev)
Fall'05	Strenuous exercise in last week (n=57)	5.5	(4.8)	6.0	(2.4)
	Moderate exercise in last week (n=56)	5.5	(4.3)	6.1	(3.9)
	Mild exercise in last week (n=55)	6.1	(4.50)	6.7	(5.5)
Spring'06	Strenuous exercise in last week (n=39)	5.4	(2.7)	6.4	(4.4)
	Moderate exercise in last week (n=36)*	4.4	(3.1)	6.0	(4.3)
	Mild exercise in last week (n=34)	5.6	(4.5)	7.2	(5.0)

* statistically significant at p<.05

⁴ Significance testing was performed on matched pairs of pre and posttest items. Because some respondents left either the pre or posttest items unanswered the resulting numbers for these items are lower than the total sample.

GENDER DIFFERENCES IN PHYSICAL ACTIVITY

Focus groups combined with staff observations provided evidence for differentiated programming for girls and boys. Many boys are drawn to the traditional, goal-oriented team sports. Tennis, swimming, and biking were also extremely popular. Many girls enjoy dance activities. Some staff noted that the less fit students may have been less enthusiastic about the competitive team sports.

At the pretest a greater proportion of girls than boys described themselves as not active. Chart 2 presents these findings. Table 5 demonstrates the marked shift on the posttest, with fewer girls merely thinking about being physically active and more describing themselves as being regularly active. The boys also reported an increase in activity levels, though the changes were slightly greater for the girls.

CHART 2

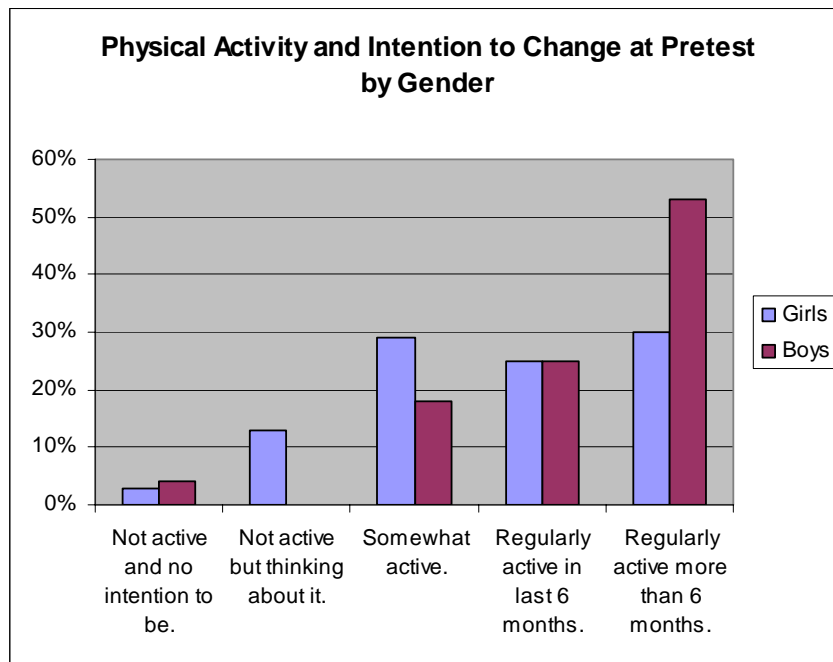


Table 5: Physical Activity and Intention to Change by Gender

		Not active and no intention to be.	Not active but thinking about it.	Somewhat active.	Regularly active in last 6 months.	Regularly active >than 6 months.
Pretest	<i>Girls</i>	3% (2)	13% (8)	29% (18)	25% (16)	30% (19)
	<i>Boys</i>	4% (3)	0% (0)	18% (15)	25% (20)	53% (43)
	Total	3% (5)	6% (8)	23% (33)	25% (36)	43% (62)
Posttest	<i>Girls</i>	3% (2)	7% (4)	29% (18)	19% (12)	42% (26)
	<i>Boys</i>	2% (2)	5% (4)	14% (11)	18% (14)	61% (48)
	Total	3% (4)	6% (8)	21% (29)	18% (26)	52% (74)

Chart 3 illustrates that girls started out and remained at lower levels than boys for previous day and past week reported actual physical activity outside of their physical education classes. However, they experienced slightly greater improvements than the boys for past week activity, which is displayed in Table 6.

CHART 3

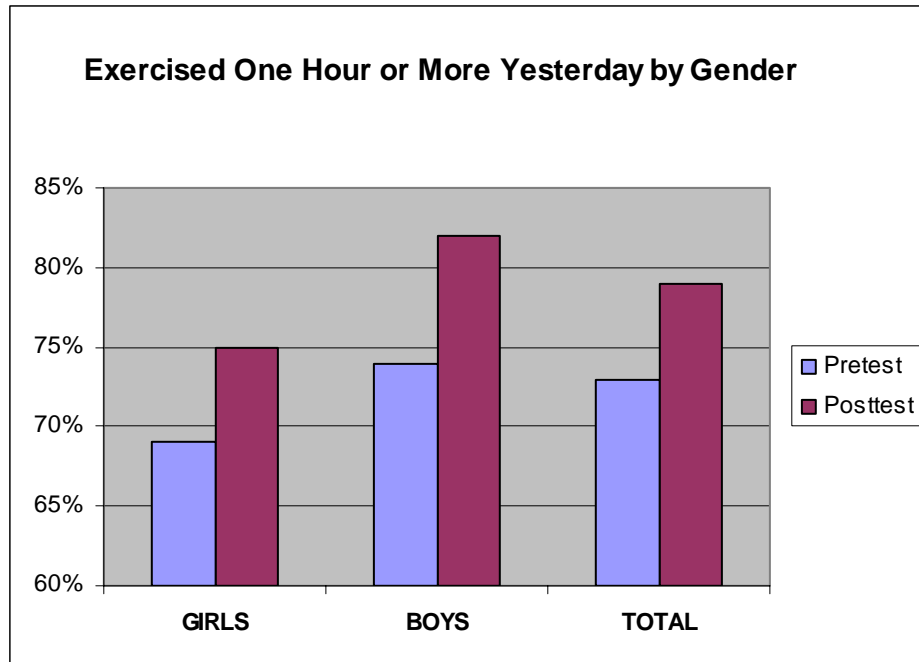


Table 6: Times Exercised in Last Week by Gender

		Pretest		Posttest	
		Average	(std dev)	Average	(std dev)
Girls	Strenuous exercise in last week (n=42)*	4.9	(3.5)	6.4	(3.8)
	Moderate exercise in last week (n=37)	4.7	(3.6)	5.3	(3.3)
	Mild exercise in last week (n=35)	5.0	(4.5)	6.2	(4.0)
Boys	Strenuous exercise in last week (n=50)	6.1	(4.5)	5.9	(3.0)
	Moderate exercise in last week (n=51)	5.4	(4.2)	6.3	(4.1)
	Mild exercise in last week (n=52)	6.4	(4.5)	7.4	(6.0)

* statistically significant at $p < .05$

PHYSICAL ACTIVITY BY BODY MASS INDEX RISK

Sites were asked to collect body mass index (BMI) percentiles and received assistance with this from Kaiser staff. The process for collecting this information improved greatly during the spring session. Of the 155 records in the dataset on which

this year-end report is based we have BMI's for 78 youth. Of those, 19 (24%) meet the 85th percentile cutoff for either being at-risk or are currently considered overweight. We have provided some physical activity comparison for the At-Risk+ group vs. Normal BMI. However, because of the small numbers caution should be taken at this point in generalizing findings.

CHART 4

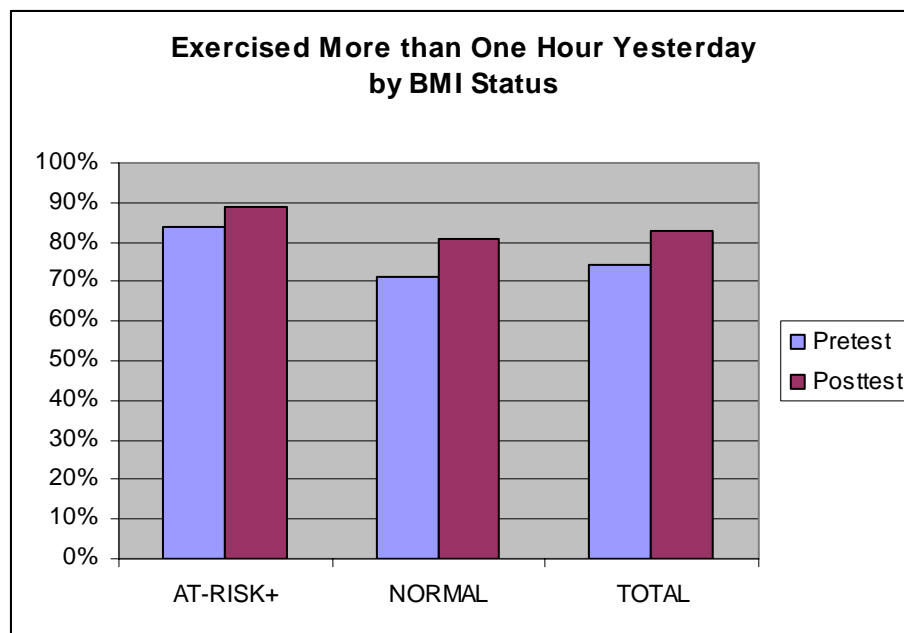


Table 7: Times Exercised in Last Week by BMI Status

		Pretest		Posttest	
		Average	(std dev)	Average	std dev
At-Risk+	Strenuous exercise in last week (n=13)	5.6	(2.4)	5.0	(2.5)
	Moderate exercise in last week (n=15)	4.2	(2.2)	5.3	(3.2)
	Mild exercise in last week (n=14)	6.9	(4.0)	8.1	(5.8)
Normal	Strenuous exercise in last week (n=47)	5.5	(3.9)	6.7	(3.7)
	Moderate exercise in last week (n=43)	4.7	(3.8)	6.5	(4.2)
	Mild exercise in last week (n=42)	5.6	(4.0)	6.6	(4.9)

GYM MEMBERSHIP

Membership and attendance at a gym was seen as a path to continued physical activity upon graduation from Gateway. Toward that end the YMCA of San Francisco offers a free youth and adult membership to each participant completing the Gateway to Fitness program. Table 8 presents the data regarding gym membership. There was little

change in actual gym membership from pretest to posttest though one-third (34%) stated on the posttest that they would “definitely” or “probably” join a gym. However, as YMCA memberships are not granted until well after the posttest is administered these figures may not accurately reflect utilization of that gift. At follow-up eight youth maintained a membership. Eight youth also confirmed that their parents attended a gym, though that may have preceded the Gateway program benefits.

Table 8: Belong to a Fitness Club		
	Percent	Number
Pretest (n=153)	34%	53
Posttest (n=149)	32%	47
Follow-up: Youth (n=33)	24%	8
Follow-up: Family (n=27)	30%	8

During focus groups conducted at the end of the fall session some of the youth stated that they were very interested in the YMCA memberships for access to swimming pools. This was seconded in the parent interviews. However, others commented that they are unlikely to go to a gym after school as that would conflict with the time they spend in their Beacon program. This is a likely explanation for at least part of the lower than expected gym membership. It was suggested by staff that high school students might be more likely to use a YMCA membership than middle school students.

Parents interviewed were very interested in adult YMCA memberships. Some said that they would like to join a gym but are hindered by the expense. However, in the fall only one of the six parents interviewed reported having received information on the availability of the free gym membership. It is incumbent on the Beacon sites to effectively communicate to parents the availability of this membership and how to access it. Perhaps a mailing directly from the YMCA to the families of program graduates would facilitate this.

FOOD SELECTION AND PREPARATION ATTITUDES AND SKILLS

The Gateway to Fitness program established a set of nutritional messages to be addressed by all of the sites. Activities reinforced these important food selection, preparation and consumption attitudes and skills. The goal is for youth to consider selecting a variety of foods and eating healthy as valued and integral to their lifestyle. Table 9 demonstrates how true the youth felt a set of statements, selected to match these core messages, were for them. Unexpectedly, the great majority of youth (70%-80%) responded positively at the pretest. There was very little change in most items at the posttest. Likely the high pretest scores left little room for movement at the posttest. There were two items for which we did see a notable shift. While 60% of participants felt the statement, “I know how to choose foods from a variety of sources”, was “very” or “pretty much true” at the pretest, 77% felt similarly at the posttest. Unfortunately the cooking classes did not counter some of the negative attitudes towards healthy foods. There was a small but observable increase in the number of youth who thought that healthy, low fat foods do not taste good (24% to 32%) and that making healthy food takes a lot of time (25% to 33%).

Table 9: Food Selection and Preparation Attitudes and Skills					
		Very much true	Pretty much true	A little true	Not true at all
<i>Eating healthy is important to me.</i>	pre	59%	28%	11%	2%
	post	60%	22%	10%	8%
<i>I know which are healthy and unhealthy foods.</i>	pre	62%	24%	9%	5%
	post	59%	26%	13%	2%
<i>I know how to make healthy snacks and meals.</i>	pre	39%	34%	22%	5%
	post	37%	35%	21%	7%
<i>I know how to choose foods from a variety of sources.</i>	pre	34%	35%	26%	5%
	post	41%	36%	18%	5%
<i>Making healthy food takes a lot of time</i>	pre	11%	14%	36%	39%
	post	12%	21%	29%	38%
<i>Healthy, low fat food do not taste good.</i>	pre	8%	16%	34%	42%
	post	12%	20%	39%	29%
<i>I know where to buy healthy foods in my neighborhood.</i>	pre	49%	27%	12%	12%
	post	48%	27%	15%	10%

Despite the results described above, when reflecting back on the value of the program, a good portion of participants felt that it did have a positive impact on their eating. Notwithstanding high pretest scores, participants did attribute to Gateway improved nutritional practices. Parents also felt that the nutrition component was an important one. One parent commented that his son “is very conscious of food now.”

- Thirty-nine percent of posttest respondents and 42% of follow-up respondents report that as a result of participating in Gateway their eating habits have improved.
- Forty-three percent of posttest respondents thought that the program helped them “a lot” in choosing healthful foods to eat and 49% felt that the program helped them to prepare healthy food.
- Three-quarters (77%) of respondents on the posttest state that after Gateway they “definitely” or “probably” plan to eat a variety of healthy foods.

FALL AND SPRING DIFFERENCES IN NUTRITION SKILLS

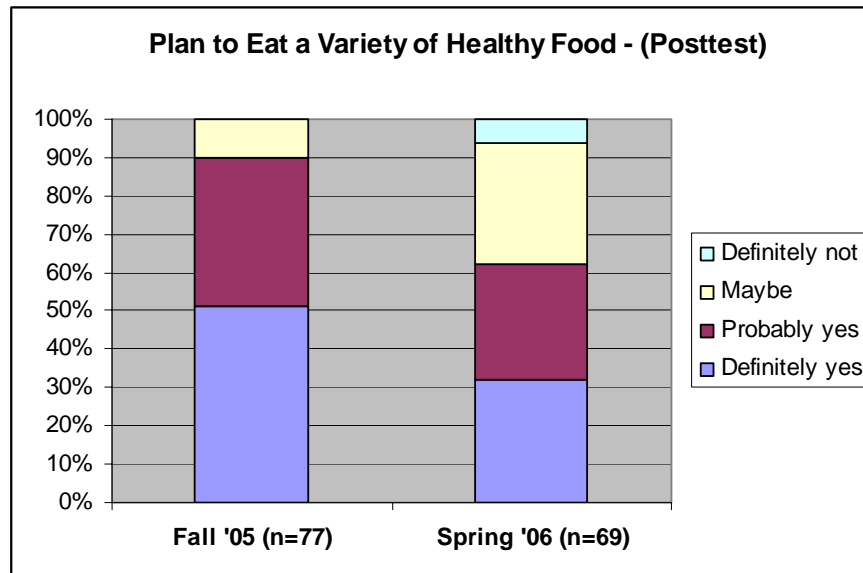
There were observed differences in responses to these items for fall and spring sessions. The youth attending the fall session had more positive responses, perhaps reflecting the greater number of weeks in the fall session. Fall respondents were more likely to feel that their Gateway program has helped them to choose healthful foods to eat and prepare healthy food for snacks and meals. The strongest difference between sessions in terms of nutrition was the intention to eat a variety of healthy foods. Ninety

percent of fall respondents compared to 62% of spring respondents indicated that they would "probably" or "definitely" carry through with this important nutrition practice.

Table 10: Choosing and Preparing Healthy Foods - Posttest					
<i>How much has your Beacon Afterschool Fitness Program helped you to . . .</i>		A lot	Some	A little	Not at all
Fall'05	Choose healthful foods to eat.	47%	34%	11%	8%
	Prepare healthy food for snacks and meals.	55%	30%	8%	7%
Spring'06	Choose healthful foods to eat.	39%	29%	21%	11%
	Prepare healthy food for snacks and meals.	42%	31%	15%	12%
Total	Choose healthful foods to eat.	43%	32%	15%	10%
	Prepare healthy food for snacks and meals.	49%	30%	12%	9%

* statistically significant at $p < .05$

CHART 5



Students shared that they liked the cooking classes and particularly enjoyed bringing the recipes home and cooking for their families. This was a consistent comment from parent interviews and participant focus groups. However, staff reported that students still wanted to eat "unhealthy" foods.

The follow-up survey resulted in findings that support the long-term impact of the program. However, it must be noted that 24 of the 33 follow-up respondents (73%) participated in both the fall and spring Gateway sessions. When asked how Gateway affected their eating habits 42% replied that they were eating "more healthy now." The

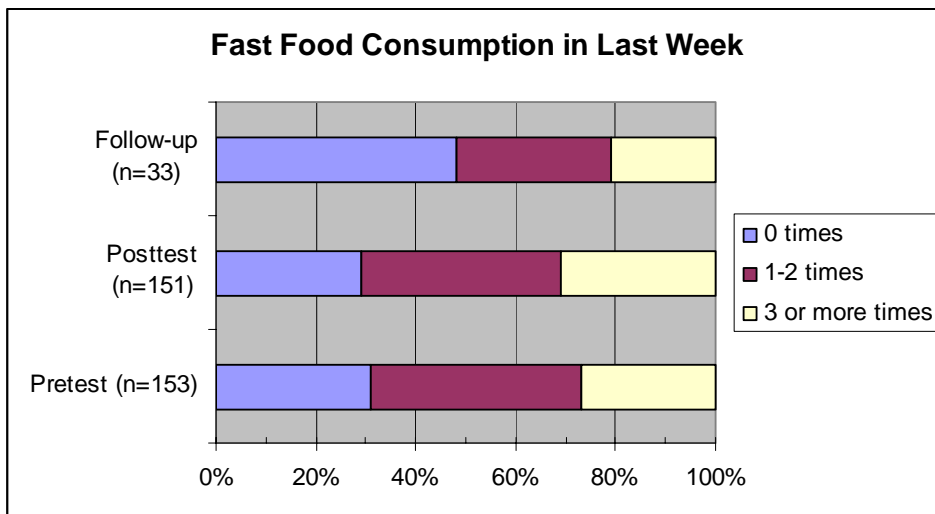
impact extended to the entire family with two-fifths of youth stating that it was “very much” or “pretty much true” that their family was purchasing and eating healthier food.

Table 11: Long-term Impact on Nutrition-Results from Follow-Up Survey (n=33)

Since participating in the Beacon Afterschool Fitness Program . . .	Very much true	Pretty much true	A little true	Not true at all
I have made food at home that I learned to make in the program.	12%	18%	27%	42%
My family has been eating healthier food.	15%	24%	33%	27%
My family has bought healthier food at the store.	21%	21%	33%	24%

Eating breakfast was purportedly one of the Gateway emphases. As the percentage of youth who report eating breakfast everyday remained the same at pre, post, and follow-up assessments at 58%, the strength of the programming around this message should be explored. Consumption of fast food is another area targeted by the Gateway program. The Kaiser curriculum recommends eating fast food no more than two times a month. As shown in Chart 6 below self-report of fast food consumption is low at baseline with 73% of pretest respondents reporting eating fast food two or fewer times in the last week. Notably, at follow-up nearly half of respondents reported not having eaten fast food in the last week

CHART 6



Gateway activities teach which unhealthy foods to avoid and which healthful foods to consume. A major theme is eating a variety of healthy foods. At the pretest and posttest assessment youth were asked to indicate the number of times in the previous day they consumed items from specific food categories. Table 12 illustrates that there was very little movement in food consumption from pre to posttest though the baseline numbers are positive.

Table 12: Food Consumption Yesterday						
<i>(recommended servings/day)</i>		0 times	1-2 times	3-4 times	5+ times	Avg
Milk, yogurt, cheese or tofu (3)	pre	19% (28)	45% (68)	19% (29)	17% (26)	2.1
	post	16% (24)	49% (75)	18% (28)	17% (26)	2.2
Fried foods (0)	pre	30% (44)	43% (64)	18% (27)	9% (14)	1.7
	post	19% (28)	49% (74)	21% (31)	11% (17)	2.0
Fruit (2)	pre	8% (12)	38% (56)	27% (40)	26% (38)	2.8
	post	7% (11)	36% (53)	39% (57)	18% (27)	2.8
Vegetables and salad (2.5)	pre	12% (17)	45% (66)	25% (37)	18% (27)	2.4
	post	16% (24)	39% (59)	31% (47)	13% (20)	2.4
Whole grain bread, pasta (5-6 all grains)	pre	14% (21)	39% (58)	26% (40)	21% (31)	2.5
	post	6% (9)	37% (56)	35% (53)	22% (34)	2.9
Lean meat, beans, nuts, fish (4-5)	pre	18% (27)	40% (60)	27% (41)	15% (22)	2.2
	post	13% (20)	42% (63)	31% (46)	13% (20)	2.5
Soda (0)	pre	30% (44)	38% (56)	19% (28)	13% (20)	1.8
	post	20% (30)	43% (65)	19% (28)	18% (28)	2.2
Juice, other sweetened drink (1)	pre	22% (32)	38% (56)	21% (30)	19% (27)	2.2
	post	22% (34)	38% (58)	20% (31)	20% (30)	2.3
Water	pre	4% (6)	18% (26)	19% (29)	59% (87)	3.9
	post	3% (5)	23% (35)	25% (37)	49% (73)	3.7

SUPPORT FOR CONTINUED PHYSICAL ACTIVITY AND HEALTHY EATING

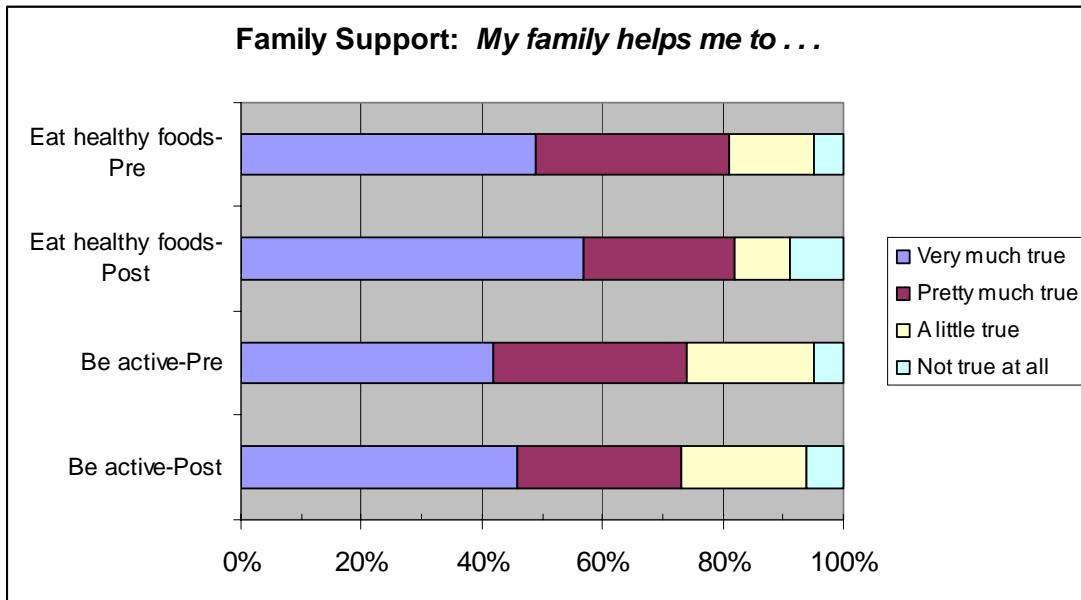
As displayed in Chart 7 the great majority of students shared that their families are supportive of their efforts to eat healthy and be physically active. A few students were able to identify some specific changes in their family's food preparation such as using less oil. Interviews with parents indicate that they are very aware and supportive of efforts of the program to improve nutrition and increase physical activity. Some of the comments from parents were as follows:

"We are trying to stay away from chips, not buying certain things (junk food) anymore."

"We have a treadmill and now the family takes turns using it."

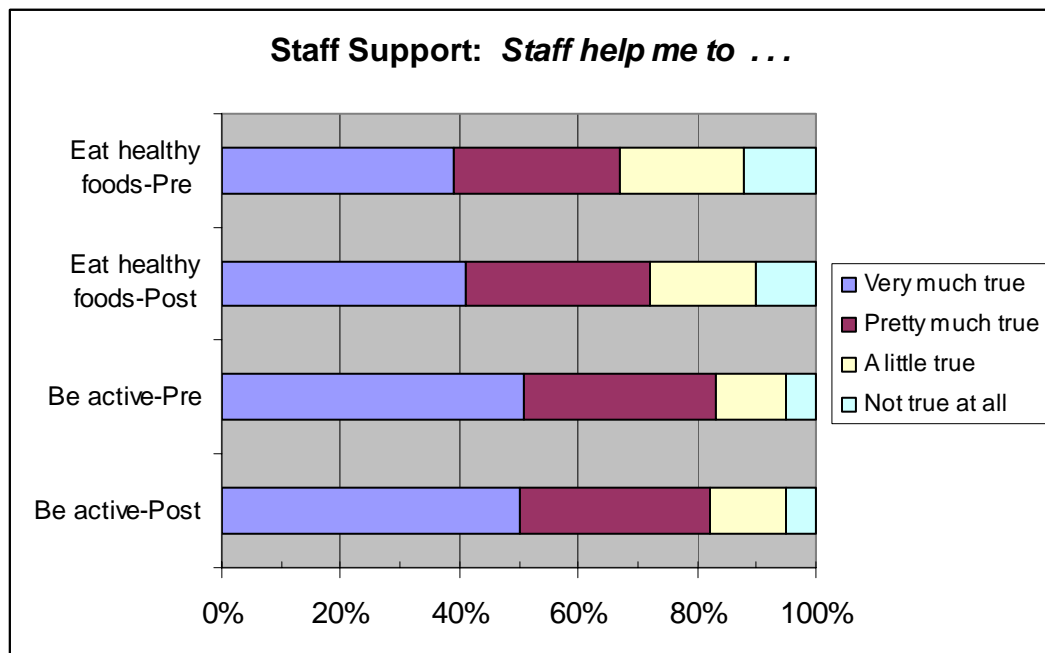
These strong indicators emerge despite the difficulties many sites had in implementing the family component of the program, which sought to foster parental support and involvement through joint activities and parent-focused events. Attendance was low in the fall for the parent education sessions.

CHART 7



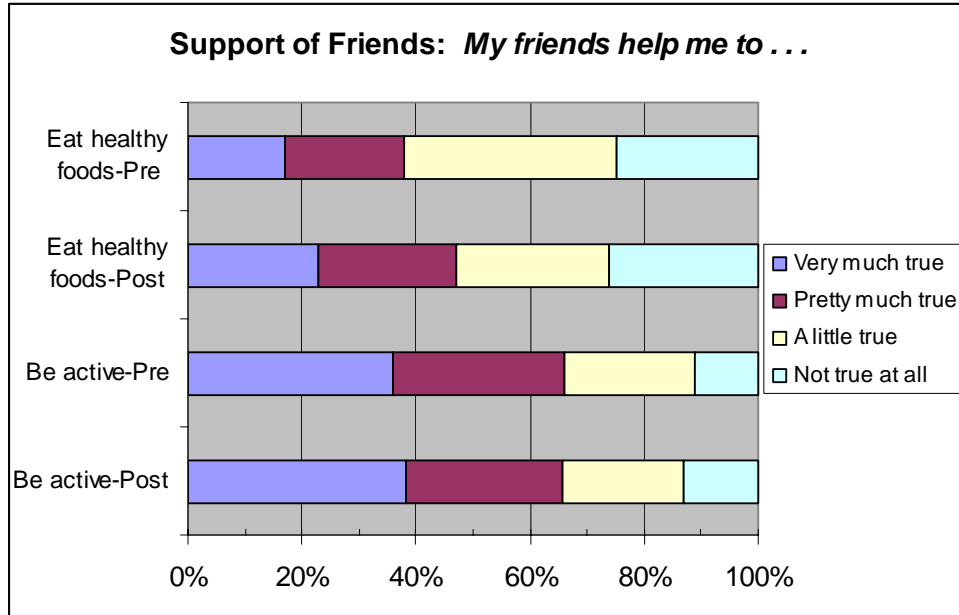
Participants also found help from Beacon staff. From the beginning youth perceived strong support from staff for fitness and nutrition goals and this was sustained during the program.

CHART 8



Support from friends was not as consistently supportive as that from family and staff. There was a small increase in support for eating healthy foods, though it remained somewhat low. Stronger was support for being physically active.

CHART 9



Two extremely important findings from the posttest point to asset building benefits of the program:

- Seventy-two percent of posttest respondents agreed "A lot" or "Some" that they had made new friends at Gateway.
- Seventy-eight percent of participants agreed "A lot" or "Some" that their Beacon Afterschool Fitness Program has helped them to feel better about themselves.

Discussion

SUMMARY OF FINDINGS

The Gateway to Fitness program provides nutrition and physical fitness programming to elementary and middle school youth in eight San Francisco Beacon afterschool sites. Many students entered the program with positive attitudes toward being physically active and eating healthy. Gateway benefits even these youth by providing opportunities to be physically active as well as offering hands-on lessons in healthy food preparation.

Selected highlights of findings are presented below.

Physical Activity

- Many participants entered the program with a high level of physical activity and positive attitude towards exercise.
- The number of times participants exercised in the previous week increased from pre to posttest for strenuous, moderate and mild types of activities.
- Increases in the number of times participants exercised in the previous week were greater for the girls. The increase from pretest to posttest for strenuous exercise was statistically significant.
- On the follow-up survey over half of youth stated they were more physically active than before they started Gateway.

Healthy Eating

- Many participants entered the program with positive attitudes towards eating healthy.
- On the posttest three-quarters of youth stated that Gateway had helped them choose healthful foods to eat and prepare healthy snacks and meals
- On the follow-up survey 42% of youth report that as a result of participating in Gateway their eating habits have improved.
- At follow-up approximately 40% of youth stated that since participating in Gateway their family was buying and eating healthier food.

Support

- The great majority of students (70%-80%) shared that their families are supportive of their efforts to eat healthy and be physically active.
- Seventy-two percent of posttest respondents made new friends at Gateway.
- Gateway helped seventy-eight percent of participants to feel better about themselves.

CHALLENGES AND RECOMMENDATIONS

Program planning

1. *Enrolling and serving girls*

Although improvements were made from fall to spring, there are more boys than girls enrolled in Gateway. In the fall session 37% of participants were girls and in the spring it rose to 43%. The improvements in physical activity demonstrated by girls and described above make the case for additional targeted outreach and continued/expanded differentiated programming.

2. *Diversify fitness level of participants*

Of the 78 participants in the data set for whom we have body mass index, 19 (24%) meet the 85th percentile cutoff for either being at-risk or are currently considered overweight. Given that many youth who participated already had some level of physical activity and/or interest in eating healthy there could be additional personalized outreach to those who are in more need of the program. Increasing enrollment of Kaiser referrals would also help diversify the participant group.

3. *Youth participation in all components*

Integral to the Gateway model are both physical fitness and nutrition components. Some sites are still struggling with youth participating in both. Staff cannot force youth to participate in all components of the program or they may chose not to attend. The challenge presented is how to make activities fun or provide incentives for participating in both components. Sites have learned that to encourage girls to participate in physical activity they must provide alternatives to team sports such as dance, tennis, and swimming. The need to pursue creative strategies continues – particularly for engaging boys in the nutritional component. Perhaps instead of trying to coerce boys to enroll in an ongoing cooking class, offer occasional themed cooking events that all youth participate in instead of their usual sports day.

4. *Referrals*

Converting Kaiser referrals into Gateway enrollees continues to be difficult. Barriers include transportation and youth resistance as well as communication barriers. If the youth does not attend the school at which the Gateway program is situated it is highly unlikely they will enroll. Some parents presented with a child who has both fitness and academic need put the academic in front of the fitness and request they work on homework. This may be happening throughout the program but has been noted for referrals because they are being closely tracked. However, there are some ways to encourage enrollment. The Sunset Neighborhood site has had a couple of youth (a referral and sibling) who started in the fall and continued to participate in the spring. This or another referral also brought in some cousins. So there can be a domino effect if they can bring in their support group. Sites also appreciated the additional contact information that the Kaiser referring nutritionist provided with referrals in the spring and felt it helped.

5. *Parent involvement and behavioral changes in family*

Youth reported on Gateway's impact on healthy food shopping and consuming for their family. In the fall session sites tried to get parents to attend on-site education sessions and often experienced disappointing levels of attendance. Sites may consider centering an event around the child instead - for example a performance or

awards ceremony. Fitness and nutrition information can be integrated into the event. Another strategy is to increase the materials sent home: recipe books, newsletters, etc.

Evaluation Issues

Below are additional evaluation issues to be addressed prior to the fall '06 session.

1. Repeat Enrollment

Well over half (62%) of youth who enrolled in the fall Gateway session re-enrolled in the spring. For some this is a choice and for others participation is integrated into the structure of the program. The implications and opportunities of repeat enrollment should be considered. Sites cannot repeat programming exactly but must offer variety each session while reinforcing the core messages. This also raises evaluation questions for next year. Are youth involved in Gateway likely to participate in the 2006-07 school year as well? Will we limit assessments to new program participants only?

2. Questionnaire Revision

a) The evaluators created the questionnaires as the program was also being designed. As a result, assumptions were made based on the program as envisioned in its ideal. It is entirely appropriate to revise the tool to match the program as it has developed in reality. If concrete changes are being made to strengthen the program (e.g. Kaiser Nutrition Curriculum) then the tools should also reflect their implementation. There are items that did not contribute to knowledge of the impact of the program that can be discarded. We will retain items that will allow us to evaluate the two-years of the program. As part of the process we will consult with Kaiser as well as the sites to determine if we are testing on the messages they are delivering.

b) For some measures students had unexpectedly high scores at the baseline assessment. Yet participants also responded that Gateway was responsible for improvements in these same areas. Response shift may be a possible explanation for this pattern and can hide program effectiveness. Response shift occurs when a participant uses a different frame of understanding about a question between the pre and post periods based on what was learned during the intervention. A way to counter response shift is to use retrospective post-then-pre design in which respondents are asked on the posttest to rate their knowledge or skill both before and after the intervention. Where appropriate the surveys will be modified to incorporate this question format.

3. Surveys not appropriate test for elementary age youth.

The surveys were designed for a middle school age comprehension level. They are not appropriate for elementary age students. We suggest that while Beacons continue to serve elementary age children with the Gateway program, they not take the surveys.

4. Survey all new participants

Program sites must make efforts to administer pre and posttest surveys to *all* middle school age participants new to Gateway. Site vary greatly with their compliance to this requirement.

5. Formative data collection

Following the Fall 2005 session RDA is not contracted to conduct a formative evaluation. Thus the evaluation will rely solely on survey data. This source, while rich in outcomes data will not be able to answer more qualitative questions of implementation. The expectations and requirements of the Gateway Planning Committee for the evaluation should be assessed.

6. Referrals

Referrals cannot be accurately tracked by way of surveys. If it is desired that the evaluator report on this aspect of the program they will need to have additional contact with staff. These check-ins are not currently part of the evaluator contract.

7. Label Groups in CMS as Gateway

Sites must have Gateway in the title of group activity so that RDA can pull the correct youth from CMS and obtain accurate enrollment and demographics. Additionally, a list of group names must be provided to RDA from each site so none are missed. Most sites are doing well with this requirement.