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Perceptions' on the Impact of Families for Health After-school Program

Kathryn Lane

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Abstract

Introduction Studies show that parents send their children to afterschool programs as a form of supervision while they are at work, but studies also stress the importance in the parental role in a child's ability to retain the skills and concepts that are learning within these programs. So what if there was an afterschool program where parents attended and participated with the children, would this have an effect on the impact of the program? Families for Health is an afterschool program designed to bring Families together while teaching key concepts that lead to a healthy lifestyle, focusing on physical activity and nutrition. This study examines the participant's perceptions on the impact of this afterschool program. **Methodology** The administrative staff who facilitated the program within their schools were interviewed afterwards. There were three total participants. Not only were their demographics noted, but their thoughts and perceptions on the impact of the program. These transcriptions from interviews were then analyzed and various themes and subthemes emerged using the Grounded Theory Approach. **Results** The themes and subthemes that emerged were the need, positive outcomes such as engagement and impact, positive attributes such as unique and easy and the challenges such as participation. **Discussion** Recent literature supports these findings. There is much room for future growth and limitations that occurred within study to be addressed. **Conclusion** Study interviewees believe the program is addressing a need within this community and leaving a positive impact on participants.

Introduction

Families' for Health is an afterschool program designed to bring families together to be physically active. It is based in lower income areas such as Roxbury and Mattapan in Boston and Lawrence, Mass. The program teaches families on key concepts and skills necessary to lead healthy lifestyles with a focus on physical activity and nutrition, and emphasizes the importance of the family member participating as well. The administrative staff who help facilitate the program within their school were examined. Family and faculty members will be there participating in the program with the children and not only dropping them off and picking them up. They can see exactly what children are learning and how they are participating. They can also learn themselves and take-home some strategies implemented on how to live a healthy lifestyle. The faculties' attitudes after attending the program can portray the need for a health afterschool program in this area and the importance of the families' involvement. The purpose of this research is to study the perceptions of faculty members who facilitated and participate in the Families for Health afterschool program, located in Boston and Lawrence, Ma.

Obesity in Children

The United States is currently suffering from an epidemic of childhood obesity (Institute of Medicine, 2012). Children are developing habits and lifestyle skills that will subject them to a lifetime of chronic disease. These habits are learned mostly through observation and/or exposure. This epidemic in children is significant because the skills developed in childhood impact the rest of one's life, creating a future that looks primarily obese and disease-ridden for the population. Almost one- third of children in America are obese or overweight (Institute of Medicine, 2012). It is estimated that the generation of children today, will be the first in history not to outlive their parents. (Institute of Medicine, 2012). The number of overweight children in America has

doubled in the last couple of decades. Children who are obese are twice as likely to be obese as adults and not only suffer from many chronic diseases such as diabetes, heart disease, stroke and cancer when they are older but be a victim of bullying and discrimination which can lead to problems in the future as well including mental health issues (Institute of Medicine, 2012).

One of the main causes of the obesity epidemic is the increase in adaptation of western lifestyle and dietary habits(Deckelbaum, 2017).Children are spending more time eating junk food and sitting in front of the TV, than consuming healthy foods rich in vitamins and getting outside and being active. Research has been done to show the increase in children consuming snacks rather than three principal meals, this has largely had an effect on the obesity rates. A study performed by Carmen Piernas and Bary M. Popkin, looked at the snacking trends in children in the United States. They selected 31,337 children ages 2-18. They had participants take the Nationwide Food Consumption Survey, to see what types of foods these children were eating, and they could compare the results over the years. The survey looked at consumption of snacks versus meals and what time in the day the food was being consumed. The results of the study showed that snacking habits had greatly increased over time. The amount of snacking in children increased from 74% to 98% over the course of the 29 year study. Children from ages 2 to 6 had the highest snacking record. Another interesting notion found in the study is the shift in type of snacks overtime. A shift occurred from children snacking on fresh fruit to consuming sugary fruity drinks and candy instead. This study shows us that while snacking has increased overtime in children, the quality of the snack decreased (Piernas, 2010). This greatly contributes to the obesity epidemic in children. While snacking for a child can be beneficial depending on the foods they are consuming because they have smaller stomachs and it can give them energy, the snacks being consumed are not providing this benefit. (Kuzemchak, 2016). The foods that

children are snacking on are unhealthy and they are snacking too frequently. This can inhibit the child to eat when it comes time to an actual meal and not eat the foods that have a nutritional value. (Kuzemchak, 2016).

Children in Boston

The health of children is declining in Boston as well. It primarily has an effect on diverse populations living in disadvantaged communities within the inner-city. According to the Boston Public Health Commission, Black and Latina females and Black males have the highest rates of childhood obesity than any other racial group. It is increasing at a more rapid pace within these ethnicities than in the primarily white community in Boston. According to the Massachusetts Public Health Council, there is a negative correlation between household income and obese children, as seen in the graph above. The lower the income in Boston, the higher the rates of obesity (Figure 1).

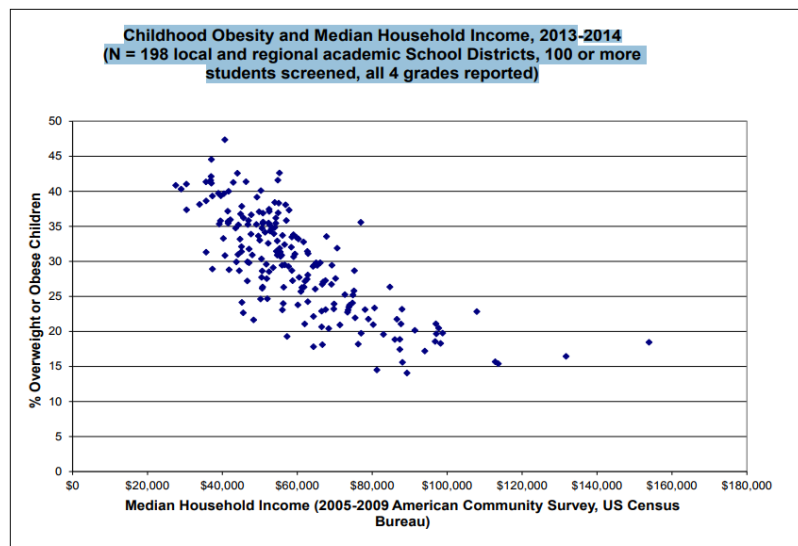


Figure 1 Childhood Obesity and Median Household income in Boston
Source:<http://www.mass.gov/eohhs/docs/dph/com-health/school/status-childhood->

Living in the inner-city creates a very different lifestyle. It may be more difficult to get to the grocery store or find green space because buildings and people are densely packed within. This can raise problems such as lack of inactivity or nutritious foods. A study performed by Nicholas Holt and his team, examined the relation of children living in the inner-city and their opportunities for physical activity. The study was performed in an ethnically diverse and economically disadvantaged inner city neighborhood. They noticed that there were three reoccurring themes in their study that related to the amount of physical activity the children were getting: neighborhood characteristics, family involvement, and adult-supervised programs. It was observed that there were numerous resources for children to be physically active such as parks and playgrounds, but there were many safety concerns. The participants reported that they did not feel safe letting their children go to these areas due to people-related safety concerns. Researchers also found that the families were not there to accompany children so they could go outside and be active (Holt, 2009). This is a huge problem for children living in these lower income, inner city areas such as Boston.

Dr. David Ludwig looked specifically at children living in Boston and studied the relationship between the consumption of sugar-sweetened drinks and childhood obesity. The study looked at 548 ethnically diverse public school children who were living in four lower income communities in Boston (Ludwig, 2001). They examined these children for 19 months and analyzed their baseline and ending measures in obesity, comparatively with their consumption of sugar-sweetened drinks. Students also took multiple surveys assessing their dietary intake, physical activity and television viewing measures. 57% of participants increased their consumption of sugar-sweetened drinks over the course of the study and 25% consuming more than the daily serving a day. In relation to these results, BMI increased. The study also

showed that children were viewing television more hours in a day than they were actually getting out and being physically active, which also contributes to BMI evaluated (Ludwig,2001). One limitation of this study was that the surveys were self-reported, which can skew data. This can create bias in the results because the children are reporting what they believe they are doing weekly.

Health Disparities

Health Disparities are defined by the CDC as preventable differences in disease that are experienced by socially disadvantaged populations. Current studies suggest that health disparities in certain populations can have a huge impact on childhood obesity. One study done by Patrick Krueger looks at Race, Ethnicity and socioeconomic status (SES) disparities and how they relate to obesity. Krueger analyzed mechanisms done by other researchers to determine these findings. He looked at mechanisms created to tackle three different categories health behaviors, biological and developmental factors and social environment. From looking at these various interventions, he concluded the relationship between these categories and obesity. Krueger concluded that children whose parents have a college degree versus parents who have a high school diploma are less likely to be obese (Krueger 2015). Krueger also found that in 2011-2012, 42% of Hispanics and 47.8% of African Americans were obese while 10.9% of Asians were and 33.4% of Caucasians. In children, 22.4% of Hispanics, 20.2% of African Americans, 8.6% of Asians and 14.1% of Caucasians were obese (Krueger, 2015). Statistics like this show us that SES disparities are increasing with obesity levels based on the fact that Race correlates with SES as well.

In a significant study, the early life risk factors were examined in various races within children. The researchers noted that by preschool years, there was already a clear difference in the obesity prevalence seen in various ethnic groups Researchers took measurements of various

factors that could lead to obesity that are seen in ethnic disparities. They examined factors such as gestational diabetes during pregnancy, smoking during pregnancy, maternal depression, infant feeding, daily sleep during infancy, daily television viewing, sugar sweetened beverages, fast food and family dinners (Taveras, 2009-2010). They compared the results between African American, Hispanic, and white mothers. Demographics within the participants were also noted such as household income, education level, maternal age, etc. The results showed that socioeconomic factors confounded between obesity prevalence and race/ethnicity. The results showed that African American and black children were sleeping significantly less than white children, they were much more likely to have a TV in their bedroom and consume fast food and sugar-sweetened beverages. Hispanic mothers had the highest rate of developing gestational diabetes, while African American children had higher levels of leptin found in their bloodstream (More leptin is released into blood stream based on fat accumulation and in proportion to body size), and African American children had higher television viewing times (Taveras, 2009- 2010).

Afterschool Health programs for Children

According to the Afterschool Alliance, an afterschool program can be defined as a program that a child attends when out of school because their parents are not at home (Afterschool Alliance, 2004). Most afterschool programs are meant to act as a day care for their child while they are working, and in turn the child can take away beneficial means from this program. Various programs focus on academic support, or in other cases getting the children physically active and playing games. Afterschool programs can provide numerous benefits to both the children and the parents. Some of these benefits include providing a safe environment

for children to attend after they get out of school, learning social skills, opportunities to reinforce learnings from academic or on new subjects, and they encourage good citizenship.

Afterschool programs are a crucial component within the schools systems, as they are in high demand(Afterschool Alliance, 2004). 6.5 Million Kindergarten through twelfth grade participate in afterschool programs. 15 million children said they would if one was offered within their community. (Afterschool Alliance, 2004). The problem with afterschool programs is that they are directed towards the children as something to do afterschool when their parents cannot supervise them. The parents are not involved with the material covered during these programs. The parental role is very important when it comes to their child's behaviors and what they retain. One study suggests that afterschool programs are extremely crucial to inner cities because there are many challenges and dangers that occur in these minority areas. Afterschool programs are important for children to have the opportunity to enhance their learning or get physically active in a safe environment. They looked at the benefits that afterschool programs provided for children in the inner city. They observed children in each community and at the end of the program the children participated in a survey. The study concluded that children in the inner city who participated in afterschool programs received more confidence and self-efficacy. The study stated that children did enjoy themselves when participating and felt they were treated well (Roffman, 2001). Afterschool programs can prove more beneficial for children living in these lower income areas, rather than a more affluent community. It can provide them with confidence and teach them skills they won't learn elsewhere. It also keep them in a safe environment (Roffman, 2001).

The majority of student's day in school revolves around learning. A child is sitting at a desk for the most part of the day and not able to exert the necessary energy. The only

opportunities to do so are in recess or gym class. This is where afterschool programs can come into play. There are after school programs designed to help children get active and release this energy. Afterschool programs as designed as a working parent's daycare. They allow children to stay after school and get in some of that daily physical activity that is required for development and maintaining a healthy lifestyle. There are numerous studies that look at the effectiveness of afterschool programs to decide whether they are getting children to receive that daily amount of physical activity needed, where they can improve, and what else can be done.

A study done by Michael Beets evaluated the extent in which after-school programs in school meet physical activity guidelines. He tested a large sample of children that attended various afterschool programs, and evaluated the amount of steps being taken to determine levels of physical activity(Beets, 2014). Guidelines suggest that children should accumulate 4600 steps specifically when attending an afterschool program. The results of this study showed that children were not reaching this standard number of steps when attending an afterschool program. The average amount of steps recorded was 2944 steps per day, when attending an afterschool program. This could be compared to the average child who will not nearly reach this amount of steps who go home afterschool. Only 16.5% of participants reached the 4600 required steps (Beets,2014). These results can tell us that physical activity needs to become a much stronger focus in afterschool activities. In some cases, these programs are aimed to be a child's physical activity for the day, and these results show us that they are not reaching that goal.

In another study, researchers evaluated seven different afterschool programs in seven various elementary school systems. All programs met similar guidelines, as they were all grant funded, and had program managers and group leaders. Researchers would attach an ACTi Graph GT1M accelerometer to participants of the afterschool programs to see if children were

reaching moderate to vigorous physical activity levels by comparing the children's vertical acceleration levels(Trost, 2008). The children's demographics were noted as well, including age, gender, ethnicity, if they were in the free lunch program, and their weight status. The findings show that on average students were sedentary for about 40 minutes of the after school program, had about 20 minutes of moderate to vigorous physical and light physical activity for around 40 minutes as well. The study found that children who were overweight were participating in less physical activity. The study showed that there was an increase in physical activity with afterschool programs in children in general, but corrections could be made in the specific activities that were promoting the activity levels (Trost, 2008). It seemed as though children were more physically active when they had a chance for free play, rather than organized activities. This is helpful when planning an afterschool program.

Importance of Parent/Guardian involvement

A child's family or parent/guardian has major impact on their health behavior and habit development. According to Doug Werner in *Battling Childhood Obesity*, although the government may be tackling this epidemic of obesity occurring in children through taxing junk foods, fast-food free zones near schools, and more they are missing the most critical influencer in the child's habits, and that's the role of their parent. Werner states that prevalence of helicopter parents who exist today, that didn't exist years ago. This is the type of parents who is overly protective of their child and takes an excessive interest in their life. They limit their children from walking or riding their bikes to school for safety purposes and promoting screening time in the comfort of their own home (Werner, 2017). A piece of advice that Werner gives to parents is to participate and be involved in their child's exercise programs. This will let you know what your child is doing as well as improving both of your health and fitness.

One study wanted to see if a parent's involvement really did have an impact on a child's health. They compared the efficacy of two health programs. One, Hearty Heart and Friends, was in the school setting where parents were not involved or present, the other, Home Team, was an at-home-program. Hearty Heart and Friends consisted of 15 sessions over five weeks in third grade classrooms, while Home Team involved a five-week correspondence with third graders (Perry, 1989.) The study concluded that children who participated in the at-home sessions with their parents involved, had more behavior change when taking the post-test than that children who did not have their parents present. The children's who parents participated had the highest change in reduction of fats and carbohydrates in their diets. These changes were received from a dietary recall (Perry, 1989). Although there are some limitations in this study such as the in-school program was mandatory for all students to participate in and teacher led, while the at-home program would be optional because families could decide not to participate. Other limitations include survey or recall bias as well as the fact the data provided from the at home study was self-reported. A limitation of this study is that the programs were not exact. This could have skewed the data in comparing the two (Perry, 1989).

Parental involvement in their child's health is multifactorial. Studies has suggested that a parent's health can have an effect on their child's health, disregarding genetics. A study done examining the physical activity levels in normal-weight and obese children and then comparing this to the children's parents' found that children who were obese had parents with a much higher BMI than the children who were normal weights' (Fogelholm, 1999) Along with other studies, it states that parental obesity is a strong predictor that the child will be overweight. One limitation of this study was that it has a small sample size. Another study that has similar findings was done by C. Maffeis. They looked at the relationship between diet, body

composition, physical activity, and parents' obesity against adiposity in 8 years old's and then again when they were 12 years old. In this study as well, they found that mothers of obese children had higher BMI's than normal weight children (Maffeis, 1998). This shows us that there is a correlation between the health of parents and their children. Another limitation with these studies is although a clear correlation between mother and child is found, a relation between whether it is due to genetic or environmental factors is not clear(Maffeis,1998).

Family Perceptions

The role of a family member, parent, or guardian is important when it comes to a child's participation in events or programs. There are many current studies showing the parent's perceptions on the programs that their children are enrolled in or even the access in which their child has to certain elements that can impact their health status. The parent/ guardian is the stakeholder which either reinforces what the child is learning or observing or prevent. A parent may hold a strong opinion on whether the content a child is being exposed to is appropriate or helpful. It is beneficial for parents to be involved so habits can be continued at home and reinforced. In a study done, researching the involvement of parents whose children participated in the D.A.R.E program in schools, it was concluded that although parents were not attending the program with their children, that majority said it had a positive impact on their child. (Donnermeyer,2000). 70.8% of parents supported their child's involvement in the program, while two thirds stated the content agreed with their family values. One limitation was that there were less participants from parents of children who lived in the city that had any involvement in the program, compared to schools in rural areas Another limitation discussed within this study was that they should have focused more on the parents attitudes towards prevention education in general, not just the D.A.R.E program and specific types of preventions (DonnerMeyer, 2000).

Families for Health does exactly this. It focuses on preventing obesity and evaluating the parent's attitudes towards this. They also mention that in future research they hope to compare the parent's behaviors and the children behaviors and their support of this type of prevention (Donnermeyer, 2000).

In another study done, researchers acknowledge the fact that the role of a parent's involvement is extremely important, but look at the barriers when it comes to parents becoming involved. Some of the barriers discussed are language differences, differences between values, structural constraints, and personal issues. Since the parents aren't usually there learning the material with the children and witnessing the programs, they can only get involved through hearsay (Hoover, 1995). Families for Health defies these barriers by bringing the family members right into the program and having their participation along with the child.

In a study that explored parents' perceptions about their own child's health and weight status, each parent of a child ages 2 to 17 were asked their opinions on their child's health and weight status (Eickstein, 2006). They were shown 7 sketches and had to choose which one matched their child's body image the best and had to group their child in a category: little overweight, overweight, etc. The child's height and weight were then measured and grouped. Out of all overweight children, only 36% of parents grouped their child into the appropriated overweight category and only 26% were worried about their child's weight. This study showed that parent's perceptions of their children could be bias or skewed. They may not recognize the severity of their child's weight (Eickstein, 2006).

A parent's perception on the access to a healthy environment is important to a child's ability to get outside and be active. Valerie Carson examined this concept in a study in Alberta, Canada. They looked at the importance of parent's perceptions of their neighborhood

environment. They looked at how their perceptions' had an effect on screen time, physical activity, and active transport (Carson, 2014). They tested this through surveys given to the parents and children to discover their physical activity levels and thoughts on their neighborhood environment. The results of the study showed that children who lives in areas where the parents thought it was safer, had an average of 2 hours or less of screen time, and used this time to be physically active. Those whose parents were satisfied with local sidewalks and parks were more likely to engage in active transport, in other words, walk to and from school (Carson, 2014).

Summary

In summary, the prevalence of obesity is increasing in children; America's future. In order to put an end to this epidemic and the chronic diseases that follow with obesity, children need to start learning more about healthy behaviors and how to stay healthy. Since the school day focuses on their studies, children are not allowed the necessary time they need to get physically active. While afterschool programs are designed to help the working parent, they are a perfect avenue to provide children with the opportunity to expend this energy.

There is an important role that a parent plays in a child's life that influences their behavior. If a behavior change is going to occur, the parent needs to influence this. If the idea of health being promoted in the form of a afterschool program and parent involvement were combined, this would lead to the ultimate health program for children. Families for Health does exactly this. It's an afterschool program that teaches children and families together the importance of healthy behaviors and raises there awareness of how they can get healthy within their own community. The perceptions of the parent's on the program will be noted. Because a strong percentage of parents use afterschool programs as a daycare, a parent's attitude toward the idea of attending the program themselves is important.

Methodology

Participants

The participants in this study were the administrative staff that facilitated the Families for Health program within their school. Convenience sampling was used to collect participants. They were recruited by phone and email. An interview date was set up where they each filled out a consent form (Appendix A). The program has been implemented in three schools in total so there were three total participants. Inclusion criteria was that the participants must have helped facilitate the Families for Health program in their school and seen the program occur and/or participated.

The afterschool program takes place at an elementary school located in Mattapan and West Roxbury, Ma. These are two bureaus within Boston, Ma. Through a community assessment, the overall demographics of these areas were conducted. There are 34,400 people in the community with 12,760 per square mile. 80.8% of the population is of African American decent. 14.8% speak Spanish at home, while 12.8% speak French Creole. The median income is \$45,600 annually (Points to homes, 2018). There are many health issues within the community. Mattapan and West Roxbury have higher obesity rates than the Boston population as a whole. People within the community stated that they have financial barriers such as accessing health care, lack of coordinated care, and culturally competent care (City of Boston, 2018).

The program also takes place in Lawrence, Ma. 92.2% of the people in this community are Hispanic. Nationally, Latino and Hispanic children receive less preventive care, are less likely to have health insurance, and are more likely to go to the emergency room as their source of primary care rather than a primary care physician, making this a priority population

(Langellier, Chen, Vargas-Bustamante, Inkelas, & Ortega, 2016). In Lawrence, 92.2% of children are living below the 100% poverty level. Children ages 5 to 9 years old make up 9.42% of the population in Lawrence (City of Lawrence, 2012). In addition to these existing disparities, poor nutrition and lack of physical activity are contributing factors. The Massachusetts Public Health Association identified Lawrence as one of the top ten cities having a “grocery gap”. This means it is an area of low income and lacks fully stocked and easily accessible grocery stores. The lack of grocery stores in Massachusetts affect more than 2.8 million people, with more than 700,000 of those being children (Where the food deserts are, 2017).

Measure

Participants answered questions in a survey addressing their basic demographics. This asked for the participant’s gender, where their school is, position at the school, and how long they have worked there (Appendix B). Participants then answered questions via interview about the community that their school is located in and for their opinions on the Families for Health Program (Appendix C). The interview collected data on their perceptions and opinions with no bias.

Procedure

Interviewees were recruited via email and phone call. An interview date and time was scheduled that was convenient for participant. At the interview, Interviewees filled out a consent form first, giving them details on the study and getting their permission. Before the interview, the research project was explained in depth so the participant was well informed. The participants then received the demographic survey to note their administrative positions (Appendix B) Two interviews took place over the phone and one interview took place in person. All signed material

was received prior for those that the interview took place other the phone. The interviews lasted between thirty minutes to an hour. All interviews were audio recorded, with permission, and their answers will later be transcribed. At the interview, specific questions from interview tool guide will be asked to participants (Appendix C).

Data Analysis

Audio recordings from interviews were all transcribed. The transcripts were analyzed using a grounded theory approach. The grounded theory approach is a complex iterative process. Data was collected through generative questions which helped guide research. After data received is analyzed, core theoretical concepts or themes will be constructed that identify with what the data portrays. A linkage will then be made between data received and core concepts created. Four common themes emerged from transcripts as well as subthemes.

Results

The interviewees are administrative staff who helped facilitate the Families for Health program within their schools. The demographics of interviewees are provided below in Figure 2.

Figure 2 Interviewee Demographics

Interviewee	Gender	Community	Position	Position Held
1	Female	Mattapan	Teacher's assistant and Community Outreach Specialist	12 years
2	Male	West Roxbury	Physical Education Teacher	3 years
3	Female	Lawrence	Director of Community Outreach	3 years

An overview of the major themes and subthemes that emerged from the data analysis are provided in Figure 3. Following is an in-depth description of data collected in interviews and explanation of themes that emerged. Each interviewee facilitated the Families for Health program within their school. The major themes include the need, positive outcomes, positive attributes and challenges.

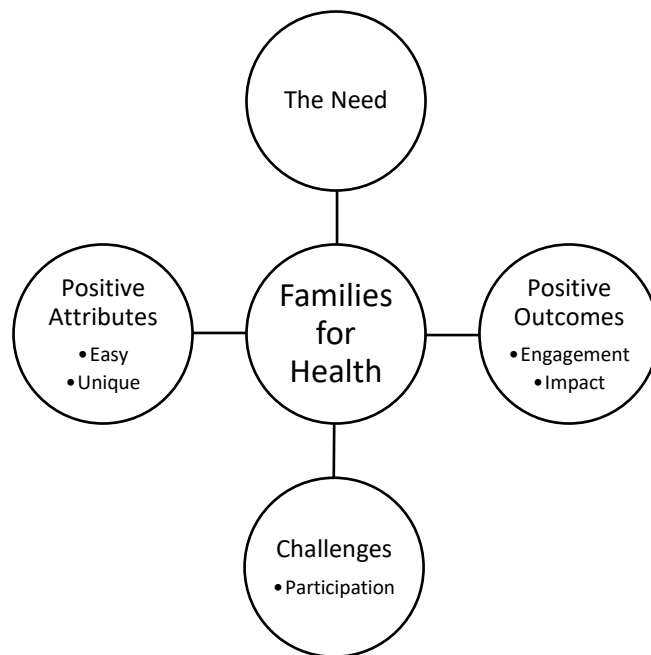


Figure 3 Themes and Subthemes

The Need

One of the major themes that emerged from the interviews was the need for a program like this in these specific communities. Something that every interviewee discussed was the various forms of “lack of” in these communities; lack of health insurance, lack of transportation, lack of food, lack of air quality, lack of physical activity, and overall lack of access. A lack of access to healthcare or health insurance is a common problem that was discussed amongst all interviewees. For example, Interviewee 2 says

“ I never had a problem with breathing until I started working within this school. I soon developed asthma because of the high air pollution and lack of air quality. The students face this struggle as well. 20% of my students have asthma. I am fortunate enough to receive the best health care and get proper medication. I

can't imagine being a child in the school who does not have access to health care to get the proper help."

The lack of health insurance makes it extremely hard for individuals in this area to receive proper treatment for the numerous health problems they are facing. Interviewee 1 states

"I will notice a bump or bruise on a student and they will wait until the problem becomes much worse. They do not have immediate access to health care. I have so many students who need glasses but do not wear them."

Health problems are becoming more serious because the problems are not looked at immediately. The lack of transportation and expenses are major factors in this lack of health care access.

Lack of food or healthy foods was also discussed amongst all interviews. Interviewee 1 states

"The children will come in on a Monday morning and say they were so hungry all weekend. They will tell me how thirsty they are. When I offer them some water, they say no, I want some juice or milk. These children don't even have any juice or milk at home. It's hard and the parents are struggling."

It is a hard community to be living in. Many parents cannot afford to buy healthy foods for their children. Interviewee 2 states *"There is no access to a grocery store in this area. The only place to get fresh foods is at a convenience store where the price of a banana is 50 cents more than at the grocery store."* Interviewee 3 discusses how parents will send their children an afterschool snack from a fast food restaurants.

“ It is easiest for parents to get a quick snack at a fast food restaurant to give children for afterschool rather than going to the grocery store and preparing food. It is too expensive to get good quality foods as well. It is too much money to buy, prepare and refrigerate. Food that is processed or with GMO’s are very common amongst children because they are cheaper and mass produced.”

There was a unanimous theme throughout all interviews that these communities face many barriers when it comes to health. This program can help families get one step closer to overcoming these barriers. There is a need for it. It is discussed that health related topics are not introduced into these communities and this program is beneficial for those to learn how to live healthier lifestyles. Interviewee 3 states *“ These topics aren’t really introduced to this community. It is beneficial to introduce these ideas to the children.”*

Positive Outcomes

Another major theme that was revealed within the interviews was the positive outcomes of the program. Every interviewee stated outcomes that were present not only for children and their families, but for the faculty that facilitated the Families for Health program. The two subthemes are engagement and impact. Many interviewees discussed the engagement aspect of the program was key. They also discussed the various ways in which the program left an impact on participants and staff.

Engagement

The engagement aspect emerged from all interviews. Children and parents have an opportunity to engage in a way that they would not normally, but also interviewees discussed their

opportunity to engage with the families as well. Interviewee 2 states *“It is a very engaging program where not only could the children and parent’s engage, but I got to engage with parents and children as well. It builds community. It gave me an opportunity to get involved with families.”* Interviewee 2 discusses the stronger relationship he has with the participants because of the program. This topic was greatly touched upon within interviewee 1 and 3’s interviews as well. Interviewee 3 states the program is a *“great opportunity for children and parents to do something together.”* Interviewee 1 states *“ I loved all the games of adults against children. So much laughter and bonding between parent and child.”*

Impact

Another positive outcome found through the interviews was the impact of the program. The program had an impact on the children, family members and faculty involved. It was found that the program helps introduce health topics to a population who needs it. Interviewee 3 states

” it is important for children to learn about these topics, even if it’s only an introduction, it is still beneficial. It’s something they can start integrating into their lives. It is not always possible for everyone to make major changes, but small changes will be helpful...If they take home one piece of information then it is a success. Many families did not come from a place where they were educated about healthy eating. Many families come from foreign areas and do not know about healthy eating and American foods.”

The program helps give a start to this knowledge. Interviewee 1 even explains how the program helped with her knowledge. *“The program impacted my knowledge as well. I remember learning*

all the different body parts.” She and interviewee 2 focused on the fact that not only could they see the program impacting the participants but they were impacted as well. Interviewee 2 discusses the major impact that the program has had on his career at his school.

“I brought Families for Health into my school my first year as a phys ed teacher. The program showed everyone what I was about and what my mission for health is. It created a strong bond with myself and my students’ families. It was the reason for my success.”

Positive Program Attributes

Easy

One attribute that was found common throughout all the interviews was the ease of the program for the school and for the participants. It is not only a free program for the schools to incorporate but simple to integrate. All interviewees discussed how the program is free and very easy to implement and participants get to walk away with something. Interviewee 2 states *“It is hard living in the city. The program gives parents an opportunity to be a kid for the day. All they have to do is show up and participate. They can forget that they are learning something and just enjoy.”* He also states that the program is easy from a school faculty perspective. *“It is very easily facilitated. Faculty involved does not have much to do, they can just show up and participate and facilitate.”*

Unique

All interviewees discussed that the program is very unlike any program facilitated in their schools. It is a learning program but has many other components and benefits as well. *“Very unique program. It would teach a lesson but provide samples or recipes with ingredients for the*

parents. It has a lot of value to parents and children” Interviewee 1 states. Interviewee 2 states “Program is amazing and unique.” Interviewee 3 states “Much more interesting way to learn healthy behaviors than just a lecture style.”

Challenges

Participation

Another common theme that emerged amongst the interviewees was the challenges that the program faces and ways to improve these. The major challenge discussed was participation. Interviewee 1 states “ *There are many afterschool programs and there is a lot going on for parents. Participation is hard because they might not have the time or it slips their mind.*” She suggest creating a better system for making parents want to come. Interviewee 2 suggest tracking participation better to see who are repeat participants. Overall, Families for Health being a monthly program may be easier to attend than weekly, but because it is only once a month can be easily forgotten or get lost in the shuffle.

Discussion

Through this research we wanted to get a better understanding of the effect that the Families for Health program had and get opinions of those who had seen it run first hand. Our findings show that despite the challenge of community participation in the program, those interviewed reported positive associations with the program and a strong impact that the program had not only on its participants but themselves as faculty. It was also noted the need for a program like this within these low income communities, and although participation could be better, the program addressed the needs of those who attended. The positive attributes of this program were

discussed amongst faculty as well, the uniqueness of Families for Health, and the ease of implementing the program from a faculty perspective.

One of the observations made is the challenge for the afterschool program in getting ongoing engagement by participants. This could be attributed to family members having to attend with children, so may be inconvenient or impossible to do for some family members. It was reported within the interviews that parents may have forgotten because the program was done monthly. Research show that lack of participation is a common theme with afterschool programs, especially in communities with a majority of the population who are of ethnic minority. One study examined youth of African American, Latino, Arab, and Chaldean descent and what causes them to make the decision not to participate in a youth program (Perkins, 2007). The study emphasized the positive associations with programs like this in such communities because they help keep young people stay out of trouble, learn new skills, and it provides opportunities for fun and enjoyable activities, which aligns with our findings of a need for programs. After discussing this topic with numerous members of this community, the study stated that the responses were different amongst gender and different ethnicities. It concluded that personal decisions, peer influence, and parental restrictions are all barriers within this community as to why there was a lack in participation. (Perkins, 2007). In a second study, the lack of participation amongst Latino communities were examined. They asked 67 Latino youth as to why they decided to participate or not to participate in afterschool programs. The study concluded that the youth wanted to participate but too many barriers were in their way to do so (Borden, 2006).

Another major theme that emerged in our study is the need for afterschool programs in lower income communities. It was unanimous amongst our interviewees that there are many

barriers of health in these communities and a program like this is only providing beneficial outcomes. One previous study addresses this topic well. They looked at the opportunity for afterschool programs for youth, and the need for them (Quinn, 1999). The article not only discusses the important positive impact that afterschool programs can have on development, but how participation is an issue in low income communities and there is a need for more unique opportunities to catch interest of participants. The article emphasizes that children in low income areas need a place that they can go to be safe, develop competence and create positive relationships with adults and peers (Quinn,1999). A theme that emerged from the interviews was the need for this program within lower income areas. It is important because it can help children grow up into productive adults, where they might struggle with this if they don't have the education and place to go afterschool (Quinn, 1999). Families for Health addresses these needs by giving children an activity afterschool and the unique factors of family engagement and health education which can contribute to their overall productiveness.

Much of the literature reviewed focused mainly on obesity and unhealthy behaviors in children in lower income communities and of ethnic minority groups. The various challenges discussed included intake of unhealthy foods, lack of physical activity, poor access to resources, including healthy food, safe places for physical activity, lack of access to healthcare, and genetic factors. (move the Holt reference here)

After interviewing faculty from the school systems, Our study also found that there is a lack of health in lower income areas because of the lack in access to health care, lack in healthy foods or safe areas to be physically active, interviewees pointed out that it was unsafe for children to walk to school and very hard to get around in Boston.

Another aspect of the literature review focused on the need for afterschool programs. The need was a major theme that was also found within the interviews. The interviews focused more on the lack of access to members of this community and focused on the impact that it has on the participants. Interviewees mentioned the education impact and the bond that it helped to create between faculty, parents and children.

The interviews discussed the engagement aspect of the program and the impact it had on the bond between the parent, child, and parents. It being noted within the Literature Review that lack of parent involvement can have an effect on their children's success, our program addresses this issue.

Practical Implications

Overall, Families for health was viewed positively by all study participants. It is a unique offering that program participants find engaging and want to participate in, and it is providing positive outcomes but there are barriers and challenges that need to be addressed moving forward. One change we hope to make in the future, is a more frequent program. This might entail going into the schools weekly rather than monthly. In this instance, the family portion of the program would occur once a month. This might help decrease our challenge of lack of participation, but still keep the engagement and educational aspect. This may create a stronger name for Families for Health and more of an incentive for parents to go to the monthly meeting.

Study Limitations

There were several limitations in this study. A major limitation with the study was that the original plan was the interview program participants but was unable to due to time and access. This would have provided more diverse answers and perceptions on the program from a

different perspective. Another limitation is the sampling used. Convenience sampling was used which may have had an influence on the results. All participants were known by researchers and had worked with them at some point in the past. This could have had an impact on the responses received. Although there are a few limitations, this study is a step forward in gaining and in-depth analysis of the perceptions on the Families for Health program.

Future Research

A recommendation for future research would be to capture perceptions from all angles of those associated with the program. This could include asking family members of the children, the children themselves, staff from other programs in the same communities, etc. Another recommendation would be to recruit as many participants as possible. This will create for a larger pool of information to analyze and a greater chance for various common themes to emerge from results.

Conclusion

In summary, research shows there is a need for unique afterschool programs in low income communities to address the health of children but participation is a common challenge. Families for Health is a unique afterschool program based in these communities. Study interviewees believe the program is addressing a need within this community and leaving a positive impact on participants. While this study is a step in the right direction, there is much more to be done to address the needs of children in the communities that need it the most.

Appendices

Appendix A

Consent Form



MERRIMACK COLLEGE

Consent form to participate in Families for Health

Research

CONSENT TO PARTICIPATE IN RESEARCH PROJECT ENTITLED:

Principal Investigator(s): Kathryn Lane

You are invited to take part in a research study examining administrative staff perceptions on the Families for Health Afterschool Program. You have been asked to be in this study because you helped facilitate the Families for Health Afterschool program in your school.

Procedures: If you choose to participate in the study, you will be asked to participate in an interview. The interview contains questions about your thoughts and perceptions on the program. The interview will take approximately 20-30 minutes to complete.

For the accuracy of data collection and to ensure that remarks made are accurate, this session will be audio recorded. These recordings will be transcribed with no personal identifiers included and then destroyed. If you are not comfortable being audio recorded please inform the investigator prior to starting the interview. It is your right to not be recorded if you so choose. You may at any time ask the investigator conducting the interview to turn off the recorder. If there are certain question you have answered that are recorded but after the fact feel uncomfortable, you may ask to have that content erased from the recording.

Benefits: This study may be of no direct benefit to you, but it will improve your knowledge of various perceptions from families that participated in the afterschool program. The questions

may help you think more in depth about your relationship with your child, your health behaviors at home, and/ or your role as a parent.

Potential Risks: There are no inherent physical risks in the procedures themselves, and it is not anticipated that participants will experience risks in completing the interview. Participants will not be exposed to any more risk of harm or discomfort than those ordinarily encountered in daily life. Occasionally, an individual may be more aware of ongoing stresses as a result of completing the interview. If this is the case, you are free to discontinue completing the interview at any time. In addition, information about supportive professional counseling services will be made available should you be interested.

Confidentiality: The information from the interview will be used for research purposes only. Your responses will be identified by a number and the identity any participant will be kept confidential. In addition, your name will not be used in any reports or publications of this study.

Freedom of Choice to Participate: You are free (1) to decide whether or not to participate, (2) whether or not to be recorded (at any time) if you choose to participate and also free (3) to withdraw from the study at any time. A decision not to participate will not adversely affect any interactions with the investigator or any representative/employee of Merrimack College nor will any answers given, or participation, affect participant's relationship with the program.

Questions: Before you sign this form, please ask any questions on any part of this study that is unclear to you. You may take as much time as necessary to think this over. At any point in the study, you may question the Principal Investigator about the study (include name, phone number, and email address). In addition, you are free to contact the Institutional Review Board Chair, with any questions (irb@merrimack.edu).

Consent: This project has been explained to me to my satisfaction and in language I can understand, and I have received a copy of this consent form. I understand what my participation will involve and I agree to take part in this project under the terms of this agreement. I understand that I am not giving up my legal rights by signing this form.

Signature of Participant

Date

Printed Name of Participant

Signature of Investigator/Designee Obtaining Informed Consent

Date

Verbal Text:

Please announce this to all participants who are to be audio recorded in an interview at the time of consent:

“This session will be audio recorded for the accuracy of data collection and to ensure all comments are correctly attributed. If you are uncomfortable at any time being recorded just let me know. Also, during the session, if you would like to have the recorder turned off for an answer, or have a previously recorded answer deleted from the record, just let me know. The recording will be transcribed with no personal identifiers and will be destroyed once transcription is complete.”

Appendix B

Survey on Demographics

1. What school do you work for?
2. What is your position?
3. How many years have you been at this school?

Appendix C

Interview Tool Guide

1. Do you think your students and their families have any barriers to health in their community? If so, what are they?
2. Why did you choose to implement the Families for Health program within your school?
3. What do you feel the benefits of attending the program are? For the children? For the families?
4. Please tell me about an activity that we did that stood out you to. Why do you remember it?
5. Do you think this program has had an impact on the children and families' knowledge of nutrition or physical activity?
6. Do you feel this program has affected the child's relationship with their families?
7. Would you recommend this program?
8. Do you have any suggestions for ways to improve the program?

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