



Boston Public Health Commission, Boston Steps

Boston, Massachusetts

Intensive Site

“We Can! is easily adaptive to the culture, as long as the people who are doing [the program] realize that, recognize that, and are able to incorporate ideas along those lines.”

Description

Boston Steps, run by the Boston Public Health Commission (the City of Boston’s health department), is a community mobilization effort to address the burden of obesity, diabetes, and asthma in the highest-risk neighborhoods of Boston. Boston Steps is funded through the Centers for Disease Control and Prevention’s (CDC) *Steps to a Healthier US*. Boston Steps was eager to add outreach activities to parents through the Boston Public Schools and community organizations; *We Can!* was well suited to meet these needs. Boston Steps collaborated with four partners to implement *We Can!* Two of these partners, the YMCA of Greater Boston and community health centers, supported both youth and parent activities. The Boston Organization of Nutritionists and Dietitians (BOND) of Color supported parent education, and the Boston Public Schools assisted in the recruitment of parent groups.

Key Site Successes:

- Parent Curriculum implementations: The site reached out through the YMCA, and other adjacent organizations, to attract parents. The outreach efforts brought in parents from the YMCA as well as families from a transitional shelter. The *We Can!* classes taught adults how to create healthy diets in their homes and how to incorporate healthy habits for a range of children from preschoolers to middle school. The site expanded relationships with schools and community centers to reach broadly into the community. The Parent Curriculum implementations reached men, women, and even grandparents!
- Boston’s BOND of Color instructors culturally adapted the lessons and reached multinational and diverse audiences, including participants of African American, Caribbean, and Latino descent who shared recipes and discussed physical activities that parents and children were accustomed to and could build into their daily lives. To further facilitate this outreach, the site translated materials into Spanish.



Community Outreach

Boston Steps primarily reached out to the community by partnering with youth-service organizations to reach parents. Those outreach efforts included health fairs, school programs, and health center settings. Whenever opportunities for outreach arose, such as instructional meetings for teachers, consortium meetings, weekend classes, or other Boston Steps activities, *We Can!* materials were distributed and participation in the Parents Curriculum was encouraged.

Community Events

Summer Camp Fair (June 2005). This community event served as a first opportunity to recruit parents for a class at the YMCA. While parents of summer campers were attending an orientation meeting, BOND of Color instructors provided an overview of the *We Can!* classes. A brief survey was conducted to determine day and time most convenient to hold classes. The survey helped to choose a day and time parents wanted to meet for a first class.

Boston Public School Health Fair (June 2005). This school health fair, held in Dorchester at the Boston Latin Academy School, provided an opportunity for parents and providers to gather information on various health topics and drew about 75 to 100 participants. Many participants stopped by a *We Can!* table for information about the Parent Curriculum course, with many signing up for future classes.

Media Outreach

Boston Steps used grassroots community mobilization rather than media outreach. The site did use media materials from the *We Can! Energize Our Community: Toolkit for Action* to help describe the program and to prepare reports for the CDC. The media materials were also distributed to all community health centers and community centers.

Partnerships

Boston Steps formed partnerships with groups and organizations to support the implementation of the Parent and Youth Curricula. These included working with groups that had a similar mission such as the Boston Central YMCA, BOND of Color, two Boston public schools, the John F. Kennedy School, and the Pathways to Health High School.

Partnerships with youth-serving programs were critical to recruitment of both youth and parents. The partnerships offered space for holding classes and child care support when needed. The YMCA offered three month discounted family memberships to all parents who completed the classes. BOND of Color members provided instructors familiar with community resources to enhance parents' knowledge and ability to access resources.

Parent and Youth Curricula

We Can! Energize Our Families: Curriculum for Parents and Caregivers

Boston Steps implemented the *We Can!* Parent Curriculum three times in July and November 2005 and in March 2006 with 36 parents—31 women and five men. All three implementations occurred at the Boston YMCA. Two other classes were implemented. However, data were not collected for those additional classes due to language barriers or timing. The parents participating in all classes had varying literacy levels, so BOND of Color members convened smaller groups to discuss the content and allow participants to visualize its components in more detail. The site regularly brought in foods for taste tests, demonstrated portion sizes, and exchanged recipes. The site condensed the program to five weekly lessons that included a final celebration class. The best celebration of all was had by the facilitators who reported, “*The parents were asking for more; for a part two!*”

In general, Boston Steps found that messaging was critical to successfully recruiting participants to the Parent Curriculum, noting that “*We had to really let the parents know that this was not just a basic nutrition class, but that they really were going to talk about skill building, recipes, shopping tips, shopping on a limited budget, and how to make healthy choices.*”

Boston also embarked on two unique implementations. For the first class, Boston Steps teamed up with Boston Public Schools (BPS) to implement a Parent Curriculum in Spanish and translated all course materials into Spanish. Average class attendance was eight to nine parents per session with the first and final class having twelve participants. Based on this success, three additional schools requested to offer *We Can!* classes in Spanish in the Fall of 2006. The second class was held at the Mildred Avenue School Community center with five grandparents and three parents of children who attended the Mildred Avenue School or other BPS middle schools. Attendance was consistent across sessions. All parents received memberships to the recreation facilities of the community center and immediately signed their children up for swimming classes.

An analysis of 22 respondent surveys found statistically significant increases related to **physical activity attitudes**. Parents’ reported improved attitudes toward overcoming barriers to engaging in physical activity. Although not statistically significant, scores on nine measures (**healthy eating knowledge, attitudes and behaviors; healthy food behaviors; energy balance attitudes; portion size attitudes and behaviors; physical activity knowledge; and screen time behaviors**) suggested positive movement toward *We Can!* objectives.

Parent Curriculum Demographic Characteristics

Characteristics	% (n)	Characteristics	% (n)	Characteristics	% (n)
Gender		Age		Adults in Household	
Males	18 (4)	Under 18	9 (2)	1	77 (17)
Females	82 (18)	18-25	41 (9)	2 or more	23 (5)
Race		26-35	23 (5)	Education Level	
African American	46 (10)	36-45	14 (3)	Less than high school	27 (6)
Caucasian	18 (4)	46-55	5 (1)	High school graduate	32 (7)
Other	18 (4)	Ethnicity		Some college	36 (8)
		Hispanic	36 (8)	College degree	5 (1)
		Non-Hispanic	56 (12)		

N = 22

Summary of Parent Curriculum Findings

Measure	Pre-Test Mean	Post-Test Mean	Mean Difference	Percent Change	t Value	df	p
Energy Balance Knowledge	2.20	2.19	.00	0%	.00	18	1.00
Energy Balance Attitudes	7.25	7.65	.21	3%	.41	18	.69
Portion Size Knowledge	1.88	1.76	.00	0%	.00	14	1.00
Portion Size Attitudes	4.00	4.29	.29	7%	1.00	19	.33
Portion Size Behaviors	6.62	6.86	.30	5%	.53	20	.61
Healthy Eating Knowledge	2.63	2.59	.11	4%	.81	18	.43
Healthy Eating Attitudes	11.95	12.50	.42	4%	.40	18	.70
Healthy Eating Behaviors	20.95	20.68	.17	1%	.17	17	.87
Healthy Food Behaviors	9.26	10.25	1.11	12%	1.47	17	.16
Physical Activity Knowledge	2.29	2.38	-.10	4%	.53	19	.61
Physical Activity Attitudes	22.68	23.95	1.89	8%	2.42*	17	< .05
Physical Activity Behaviors	20.00	20.00	.00	0%	.00	18	1.00
Screen Time Knowledge	2.32	2.14	-.06	-3%	-.27	17	.79
Screen Time Attitudes	12.58	12.62	-.05	0%	-.11	18	.91
Screen Time Behaviors	14.40	13.95	.05	3%	.24	18	.82

*Statistically significant finding

CATCH Kids Club

Boston Steps had challenges implementing the CATCH program. They partnered with the YMCA and invited the staff to attend the *We Can!* orientation. However, the staff members found it difficult to train other staff and implement the program when they returned to Boston. There were several attempts to implement the program, but without a formalized CATCH training to offer staff, they were limited in achieving success. The staff did utilize the nutrition education component for CATCH and found that participating youths enjoyed the activities during the 2005 summer camp. No data were available for analysis.

Media-Smart Youth

Boston Steps experienced some initial challenges implementing the Media-Smart Youth Curriculum; it was difficult for the YMCA to implement the full program within the afterschool time structure. Ultimately, the site was able to partner with a Boston Public School to offer the program with a group of ninth graders. The program met weekly in an afterschool setting. Students received lessons teaching the connections between media and health. In the initial classes, students lacked interest in the content. This created a challenge for the facilitators who decided to modify the curriculum to meet the needs of the participants by adopting a less didactic teaching style. The changes led to increased interest and participation from the students. While the curriculum is designed to conclude with a “Big Production”—an opportunity for students to apply their new skills by creating a media project to motivate other young people to take action for better health—the afterschool program ended before the students could complete the actual taping of their Big Production. No data were available for analysis.