



Targeting Overweight Kids and Their Parents in Vineland, N.J.

S.T.E.P.S. for Kids enlists parents and youth in the fight against childhood obesity

SUMMARY

Cumberland County, in southern New Jersey, has the highest unemployment rate and lowest average income in the state, and is home to a large minority population, primarily Latino.

According to the New Jersey Childhood Obesity Study, funded by the Robert Wood Johnson Foundation (RWJF), 40 percent of children ages 8 to 12 in Vineland—Cumberland County's largest city—are overweight or obese, compared with 21 percent of their counterparts across the country. This rate is highest among Latino children. (See [Program Results Report](#).)

The Project

From 2007 to 2010, South Jersey Healthcare offered Success Through Exercise, Physical Fitness and Sharing Information (S.T.E.P.S.) for Kids, a 12-week community-based course that helps both overweight children and their parents combat obesity. The project targeted youth aged 8 to 12 in Vineland with a body mass index (BMI) at or above the 85th percentile. RWJF's *New Jersey Health Initiatives* program funded the project. The program supports innovative community-based projects in New Jersey that address one or more of the Robert Wood Johnson Foundation's interest areas in health and health care. (See [Program Results Report](#) for more information on the program.)

[South Jersey Healthcare](#) is a nonprofit system composed of hospitals, health clinics, and other providers. The organization collaborated with [Vineland Public Schools](#), which referred children to the course, and subcontracted with Cumberland Cape Atlantic YMCA, which implemented it. To do so, the YMCA adapted the [Health Intervention Program](#), a diet and exercise course developed by the YMCA in Brandywine, Pa.

South Jersey Healthcare also subcontracted with Jeanie Ahern Greene, PhD, MSW, to evaluate the program. Greene tracked the number of families referred to S.T.E.P.S. for Kids and whether they completed the course. She also assessed its impact by measuring

the children's BMI, and asking them about their eating habits before and after they completed the course.

Results

The project team cited these results in a report to RWJF and an interview:

- **Project partners offered the 12-week course—held for one hour twice weekly, at a Vineland school on weekday evenings and at the YMCA on Saturday mornings—to children and their parents or guardians 18 times from 2008 to 2010.** During the course:
 - A registered dietician from South Jersey Healthcare met with parents and guardians to talk about their family's diet, and to develop a plan for addressing barriers to healthy eating. The dietician also taught students and parents how to use a more healthful approach to cooking traditional foods.
 - A sports physiologist from the YMCA conducted exercise sessions with children and parents, and taught play activities that require minimal or no equipment. For example, preparation for one game involves cutting a plastic milk jug in half horizontally and using the part with the handle as a ball catcher (the instructions suggest you cover the edges with duct tape and recycle the unused half).
 - A social worker from a Vineland middle school met weekly one-on-one with parents to discuss strategies for modifying their children's eating behaviors, such as "emotional eating," which, according to the Center of Obesity Research and Education at Temple University, is eating in response to either good or bad emotions, and for encouraging children to become more physically active. The social worker also held groups during which parents talked about their successes and failures in implementing those strategies into their family setting.
- **A total of 190 children and 200 parents and guardians enrolled in the course, and 60 percent of participating families completed it.**
 - Some 26.8 percent of participating children were African American, 35.7 percent were Latino, and 36.3 percent were white.
 - Completion rates were much higher among middle school students than among elementary students.

Participating students received tee shirts, water bottles, and pedometers as well as incentives to complete the course. Those who did so earned prizes, such as gift certificates to a local sporting goods store.

- **Students who completed the course improved their nutrition and became more physically active:**
 - 95.6 percent reported better eating habits.

- 42.6 percent saw a drop in the time they spent watching TV.
- 21.7 percent increased their level of physical activity and participation in team sports.
- **More than half the students who completed the course lowered their BMI (the amount of decrease was not recorded):**
 - 48.1 percent of elementary school students ages 8–10 saw a drop in BMI.
 - 56.6 percent of middle school students ages 11–12 saw a drop in BMI.
- **Some 95.2 percent of students reported that they felt "better" or "much better" (62.9%) at the end of the course**

Students' self-esteem also improved, according to Emily Turnure, RN, MSN, South Jersey Healthcare's administrative director and education/accreditation coordinator, and project director. "A lot of the kids came into the program depressed—not feeling good about themselves. There is a whole social stigma among these children.

"However, after being taught that they can increase their level of activity, decrease the number of hours they spend watching TV, and get involved in sports, they would say: 'You know, I feel good. My clothes fit better, and I feel better about myself.' And that was almost unanimous among children who completed the program."

- **Project staff used numerous media to promote the course among students, parents, health care providers, and school staff.** They:
 - Created a S.T.E.P.S. for Kids [website](#).
 - Created a DVD, posters, and brochures on the course, and distributed them to schools, businesses, community agencies, health clinics, and physicians' offices
 - Appeared in a segment on the Vineland cable channel, aired several times in 2008, and on *Perfil Latino*, a Spanish-language cable station, also aired that year
 - Gave presentations and created displays (with giveaways) about the course at community events
 - Held accredited continuing education classes at Vineland public schools to inform school staff about childhood obesity and S.T.E.P.S. for Kids

Project staff also made presentations on S.T.E.P.S. for Kids at local, state, and national conferences on childhood obesity and healthy lifestyles, and published two articles. See the [Bibliography](#) for more information.

- **South Jersey Healthcare won awards for S.T.E.P.S. for Kids. These included:**

- The 2010 award for Outstanding Contributor to Childhood Obesity Program from the National Initiative for Children's Health Care Quality, presented at its national conference
- A Community Fitness Innovation Award from the American Heart Association

Lessons Learned

1. **To spur parents of overweight children to enroll in a course, focus on the health effects of their children's condition.** Enrollment in year one of the S.T.E.P.S. for Kids program was somewhat disappointing. "We thought we'd have more," said Project Director Turnure. Although local doctors referred some children to the course, many parents did not enroll after learning that they also had to participate.

In year two, South Jersey Healthcare went to the Vineland school board, which directed school nurses to send letters to parents stating that their child was at risk of diseases such as diabetes. "The letter really hit home," said Turnure. "It focused on the health issue, not the weight issue, and that made a difference to the parents." Enrollment rose as a result.

2. **Smaller class sizes work better than larger ones in programs to collaborate with families to combat obesity.** The project team originally aimed for class sizes of 20 children and 20 parents, but classes ended up with 8 to 15 participants. That allowed the exercise physiologist to work closely with students who needed extra guidance and attention, and allowed the dietician and parent facilitator to work with parents on a family care plan. (Report to RWJF)
3. **Conduct focus groups with both parents and children from target populations before launching a program such as S.T.E.P.S. for Kids.** Both the dietician and the parent facilitator included course content designed to respond to the needs of ethnic and racial minorities. However, focus groups could help make curricula and teaching methods even more responsive to participants' cultures. (Report to RWJF)
4. **Parents need hands-on assistance in changing family lifestyles.** During the first year, South Jersey Healthcare arranged for an exercise physiologist and a psychologist to speak to parents only once or twice during the 12-week course. "We quickly realized that wasn't nearly enough," said Turnure. "We needed someone who'd work side-by-side with the parents." South Jersey Healthcare then hired the social worker to discuss behavior and communication strategies weekly with parents.

"Bringing the social worker on board really gave the parents an opportunity to talk about the family situation—maybe some of the reasons why what was happening in the home was preventing the child from eating healthfully, or preventing the parent from preparing healthy foods," Turnure said.
5. **Long-term follow-up with families is difficult.** Project staff originally aimed to measure the BMI of children 6 and 12 months after they completed the course.

However, the YMCA was unable to convince families to return for this follow-up. South Jersey Healthcare staff plans to work with physicians to track the BMI of participating children over time. (Report to RWJF)

- 6. Provide alternatives for overweight children who do not qualify for a particular program.** Some of the children referred to S.T.E.P.S. for Kids were kindergartners and first-graders—too young to take the course, yet so overweight they were in desperate need of intervention. "Some of these kids were 200 pounds and already showing health issues," said Turnure. Project staff referred these children to Nemours duPont Childhood Obesity Clinic.

Funding

RWJF supported this project with a grant of \$299,949 from July 2007 to August 2010. The General Mills Foundation provided a grant of \$4,800 to register families for S.T.E.P.S. for Kids.

In 2010, South Jersey Healthcare used grants of \$11,000 from TD Bank and \$5,000 from the General Mills Foundation to conduct a pilot course at an elementary school in Bridgeton, another low-income, culturally diverse city in Cumberland County.

Afterward

South Jersey Healthcare is using its own staff and funds to continue offering S.T.E.P.S. for Kids in Vineland, and using a second grant from General Mills to continue the pilot course in Bridgeton. The project team is applying to the Community Foundation of South Jersey and the Drucker Foundation for further funding, and exploring reimbursement from health insurers. South Jersey Healthcare has also launched other educational offerings for parents and children on healthy lifestyle behaviors.

The Board of Education of Millville, N.J.—the third of Cumberland County's three largest cities—hopes to attract state funding to institute S.T.E.P.S. for Kids for children ages 8–10.

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BIBLIOGRAPHY

(Current as of date of the report; as provided by the grantee organization; not verified by RWJF; items not available from RWJF.)

Articles

Non-Journal Articles

Turnure E. "S.T.E.P.S. to a Healthier Life." *Nursing Spectrum*, March 10, 2008.

Communications or Promotions

Grantee Websites

<http://sjhsteps.com/about/parents.html>. Created to bring foster community awareness of S.T.E.P.S. for Kids, the website also serves as a resource for information on healthy lifestyles, and helps children and parents sustain changes in diet and level of physical activity.

Promotions or Communications

S.T.E.P.S. for Kids Press Kit. 2007. Vineland, NJ: South Jersey Healthcare.

S.T.E.P.S. for Kids DVD. 2008. Vineland, NJ: South Jersey Healthcare.