



PARENTS IN ACTION! TRAINING CURRICULUM EVALUATION



Photo by Tim Wagner for HEAC



PARENTS IN ACTION! TRAINING CURRICULUM EVALUATION REPORT

DEVELOPMENT

Prepared for:

California Project LEAN
(Leaders Encouraging Activity and Nutrition)

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INTRODUCTION AND BACKGROUND

There is a growing interest in utilizing the influential role school settings play in shaping children's eating and physical activity patterns.¹ In order to improve school-based nutrition and physical activity practices, U. S. Congress required school districts participating in the national school lunch or breakfast programs to establish local school wellness policies (LSWP) by the beginning of the 2006-07 school year. However, many of the recent improvements in school nutrition and physical activity practices are not widely disseminated, especially in schools with ethnically diverse students.² Parents can play a role in developing and ensuring the full implementation of their LSWP. Yet, for the most part, building the capacity of parents and community leaders on how to support other parents in LSWP development and implementation is a promising strategy that has not been adequately pursued, especially in culturally diverse communities. Therefore, California Project LEAN (Leaders Encouraging Activity and Nutrition) (CPL) developed the Parents in Action! Toolkit to strengthen parents' and community leaders' capacity to engage in the development and implementation of their LSWP. To support the wide dissemination of the Toolkit in culturally diverse communities, CPL developed a training curriculum to provide specific guidance on how parents and community leaders can diffuse the strategies and information provided in the Toolkit with other parents. The purpose of this report is to highlight the key lessons learned from the first stage of a two-step process dissemination plan that involved: a) piloting the training curriculum implementation with four organizations with a mission focused on working with parents, and b) incorporating the key lessons learned from the pilot implementation into subsequent training efforts with additional organizations.

¹ Kubik, M.Y., Lytle, L.A., Hannan, P.J., Perry, C. L., & Story, M. (2003). The association of the school food environment with dietary behaviors of young adolescents. *American Journal of Public Health, 93*(7), 1168-1173.

² Delva, J., Johnston, L. D., O'Malley, P.M. (2007). The epidemiology of overweight and related lifestyle behaviors. *American Journal of Preventive Medicine, 33*(4), S178-S186.



CURRICULUM DESCRIPTION

The Parents in Action! Toolkit and its supplemental four-session training curriculum with lesson plans was developed based on CPL's formative research consisting of key informant interviews with English- and Spanish-speaking mothers of school-aged children in low-income communities throughout California and stakeholder groups who work with parents at the national, state, and local levels. Participants were asked what they thought should be included in the trainings and Toolkit. The recommendations included: explain how to navigate the school system, provide information about local school wellness policies, address reasons why parents should be concerned and involved, provide leadership development, and provide information about general health and wellness.

CPL synthesized these recommended topics into a training curriculum with a goal of building the capacity of parents and community leaders to support other parents in LSWP development and implementation. The training curriculum included an overview of LSWP, school nutrition, physical activity and physical education requirements, and strategies on how to use an advocacy approach to work with parents to address their school nutrition and physical activity concerns. The curriculum facilitator guide was produced in English and Spanish and was designed to support parents and community leaders to facilitate interactive hands-on training sessions with other parents. For the purposes of the evaluation report, an advocacy approach refers to the practice of participating in the development or implementation of school nutrition or physical activity policy. Capacity refers to the skills and motivation needed to use this advocacy approach.

The curriculum included learning activities designed to strengthen both the individual and organizational capacities needed to support parents in LSWP development and implementation. The capacity of participating organizations to work with parents on LSWP issues is strengthened by having trained individuals within the organization that are knowledgeable in, confident about, and interested in using this school wellness advocacy approach. The more experience participating organizations have using the advocacy approach, the greater the likelihood that the organizations will incorporate these practices into their scope of work. Therefore, the learning objectives of the curriculum included: increasing participants' knowledge about LSWP, including the school nutrition and physical education requirements and increasing participants' self-efficacy and the value participants attribute to using an advocacy approach to work with parents on LSWP issues. It was anticipated that participating organizations would increase their familiarity with their LSWP, and interest in using an advocacy approach to address school nutrition and physical activity issues. A rigorous assessment of the organizations' use of the key curricular practices is beyond the scope of this evaluation. Nonetheless, the data collection plan includes assessing any changes in participating organizations' interest in integrating the advocacy approach delineated in the training curriculum into the organizations' parent engagement and/or school improvement work.

Evaluation Design and Evaluation Questions

Consistent with a responsive evaluation approach, the focus of this evaluation reflects the priorities of the stakeholders involved with the implementation and evaluation of the training curriculum piloting. These stakeholders included the curriculum developers, facilitators, parents, community leaders, and organizations interested in school improvement efforts. The evaluation authors guided the evaluation design and analysis with consultation from May Wang, DrPH, UCLA School of Public Health.

As appropriate for evaluating a pilot educational intervention in complex settings, this evaluation report focuses on what aspects of the implementation processes appear to contribute to more effective outcomes across the four participating organizations described in the Methods section below. Beyond assessing the degree to which the learning objectives were met, this evaluation provides insight into how the implementation processes appear to influence participants' progress towards the learning objectives. This report can inform subsequent curriculum dissemination efforts by highlighting the processes that appear to contribute to more effective outcomes.

The evaluation is guided by the following key process and outcome questions:

- To what extent, if any, did participants experience a change in their knowledge, attitude, or self-efficacy related to working with parents to use an advocacy approach to strengthen LSWP implementation?
- How did participation in the pilot training influence the organizations' capacity to work with parents on school nutrition and physical activity issues using an advocacy approach? How well was the curriculum implemented?
- How can the training curriculum be improved to strengthen participants' capacity to work with parents on school nutrition and physical activity issues using an advocacy approach?

The following Methods section includes a description of the qualitative and quantitative data collection strategies designed to address these evaluation questions.

METHODS

Sample and Training Implementation Description

CPL staff recruited four Los Angeles-based organizations to participate in the pilot trainings. All of the organizations worked with English or Spanish-speaking parents on school improvement issues. As a group, the four organizations represented a variety of organizational approaches to engage parents in grassroots community action, including the use of a community health worker or promotora model in their work with Spanish-speaking parents. The Get Enrollment Moving (GEM) Project at Citrus Valley Health Partners represents a partnership between a health care agency and community health workers to provide outreach and referral services in order to improve access to preventive health care services. Approximately 300 GEM community health workers conduct door-to-door outreach in the San Gabriel Valley, connecting marginalized communities to information and health care services. Manual Arts High School and The Accelerated School in South Central Los Angeles utilize school-based strategies to provide parents and school community members with opportunities to participate in hands-on school improvement activities. The parent liaison staff in both schools had experience and were working on improving the school food and physical activity practices. IDEPSCA (Popular Education Institute of Southern California) uses community organizing strategies that involve promotores working with immigrant groups in Los Angeles that are concerned with solving problems in their own communities. IDEPSCA integrates community members' nutrition and health concerns with issues related to

immigration, working conditions, and education practices. At Manual Arts High School, two groups of parents were trained (one English, one Spanish), thereby bringing the total number of trained groups to five.

For each organization, the training series consisted of four sessions, one time per week, and lasted approximately 90 minutes to two hours. Between November and March 2009, two CPL facilitators implemented the training sessions at the offices of the four participating organizations. (Please see Appendix A for a summary of the training curriculum activities.) A total of 79 participants initiated the four training sessions, and 74 participants attended the fourth training session. The participants resided in Los Angeles County and were predominantly women (two men), between the ages of 30 and 78 years. The mean age was 47 years of age. Four of the five training groups were conducted in Spanish. The English-speaking group was predominantly of African American descent.

Data Collection:

Data collection methods included: pre/post training surveys, participant focus groups, facilitators debriefing forms, and key stakeholder interviews.

Pre-Post Training Surveys:

Training participants completed the surveys during the first and final training sessions. Surveys were administered in both Spanish and English by bilingual facilitators. (Please see Appendix B for the survey instrument.) The survey questions aimed to capture changes in the following areas:

- Participants' attitude about the effectiveness of training parents to use an advocacy approach to change the food and physical activity practices in their children's schools
- Participants' knowledge about school food and physical activity practices and policies
- Participants' self-efficacy to train parents to use the advocacy approach

Participant Focus Groups:

At the end of the last training session for each group, facilitators conducted a participant focus group to assess what parts of the training content participants perceived as useful. Before the focus group discussion, participants were asked to write their individual answers to focus group questions about the usefulness of the training content. Permission to tape record the responses was granted by the participants. The key focus group questions included:

- Draw an image that represents the most useful or helpful part about the trainings
- What about the training seemed useful?
- If we were to repeat this training in the future, what would you suggest that we change or improve?

Facilitators Debriefing Forms:

Each facilitator also completed debriefing forms at the end of each training session in order to identify the strengths and weaknesses of the implementation process. Facilitators discussed their answers with each other and identified areas for improvement. Key facilitator debriefing questions included:

- Was the entire lesson plan covered?
- What worked? What did not work? What can be improved?
- What was the level of participant engagement?

Key Stakeholder Interviews:

One to three months after the completion of the training sessions, a CPL staff member and an evaluation team member conducted four semi-structured group interviews with key stakeholders, one for each of the four participating organizations. The interview was designed to assess the usefulness of the training to build the capacity of participating organizations to work with other parents on LSWP issues. Key interview questions included:

- What aspects of the trainings were most useful to members of your organization?
- What skills, materials, or strategies from the trainings, if any, have members in your organization started to use, or plan to use?
- Do you have any suggestions on how to make the training more useful to your organization?

Data Analysis:

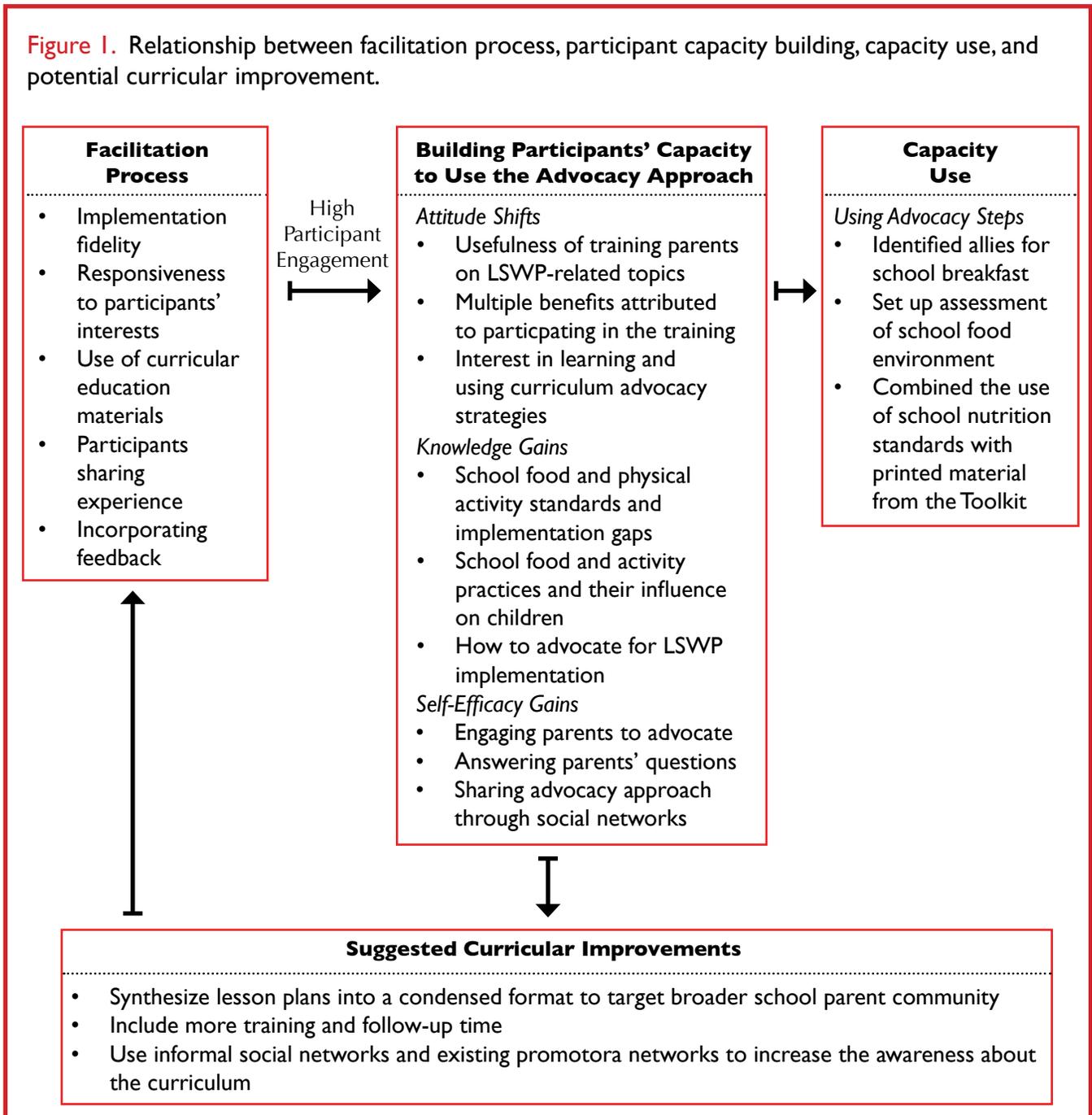
This evaluation used a rigorous process of multiple rounds of data collection and analysis. The evaluation team and a CPL facilitator met regularly to discuss identified themes and to prioritize subsequent data collection and analysis work.

The survey was analyzed to assess changes in participants' knowledge, attitudes, and self-efficacy to support parents in the LSWP development and implementation process. The survey included 9 attitude and 5 self-efficacy questions in Likert scale format and 20 knowledge questions in Likert, multiple choice, and true/false formats. SAS 9.2 and STATA 10. was used to obtain demographic profiles of each participant by study site and to conduct inferential statistical analyses. Chi-square tests were conducted with each survey question to analyze significant trends in the proportions of pre- and post-survey responses. We used a $<.05$ p-value to detect statistical significance and a $<.10$ p-value to detect marginal significance. A chi-square test was conducted combining all of the attitude questions. We also assessed whether the impact of participating in the training differed according to the participants' organization or participants' role in their organization (i.e., having or not a formal role such as staff or committee member). Since the pilot training curriculum participants were primarily Latinas, we did not examine differences by gender or ethnicity.

Comparing the preliminary results from the quantitative and multiple qualitative data sources allowed for deeper insight into the meaning and usefulness of the findings. Preliminary findings from analyzing the qualitative data collected during the first few training sessions informed subsequent data collection. For example, preliminary findings included themes related to the benefits participants' experienced with the training curriculum, as well as areas for improving the curriculum. The evaluation team developed an analysis glossary of initial themes that informed subsequent data collection and analysis. The following Results section represents a synthesis of both the qualitative and quantitative analysis strategies.

RESULTS

Overall, this mixed method evaluation revealed that training participants and the participating organizations made progress towards building their capacity to use an advocacy approach to address parents' school nutrition and physical activity concerns. The facilitation processes used during the training enhanced the level of parent engagement and provided an opportunity for participants to make suggestions for improving the curriculum. **Figure 1** illustrates the relationship between participant capacity building and the use of those capacities, the facilitation process, and potential curricular improvements. **Figure 1** highlights the areas in which the curriculum demonstrated promising results.

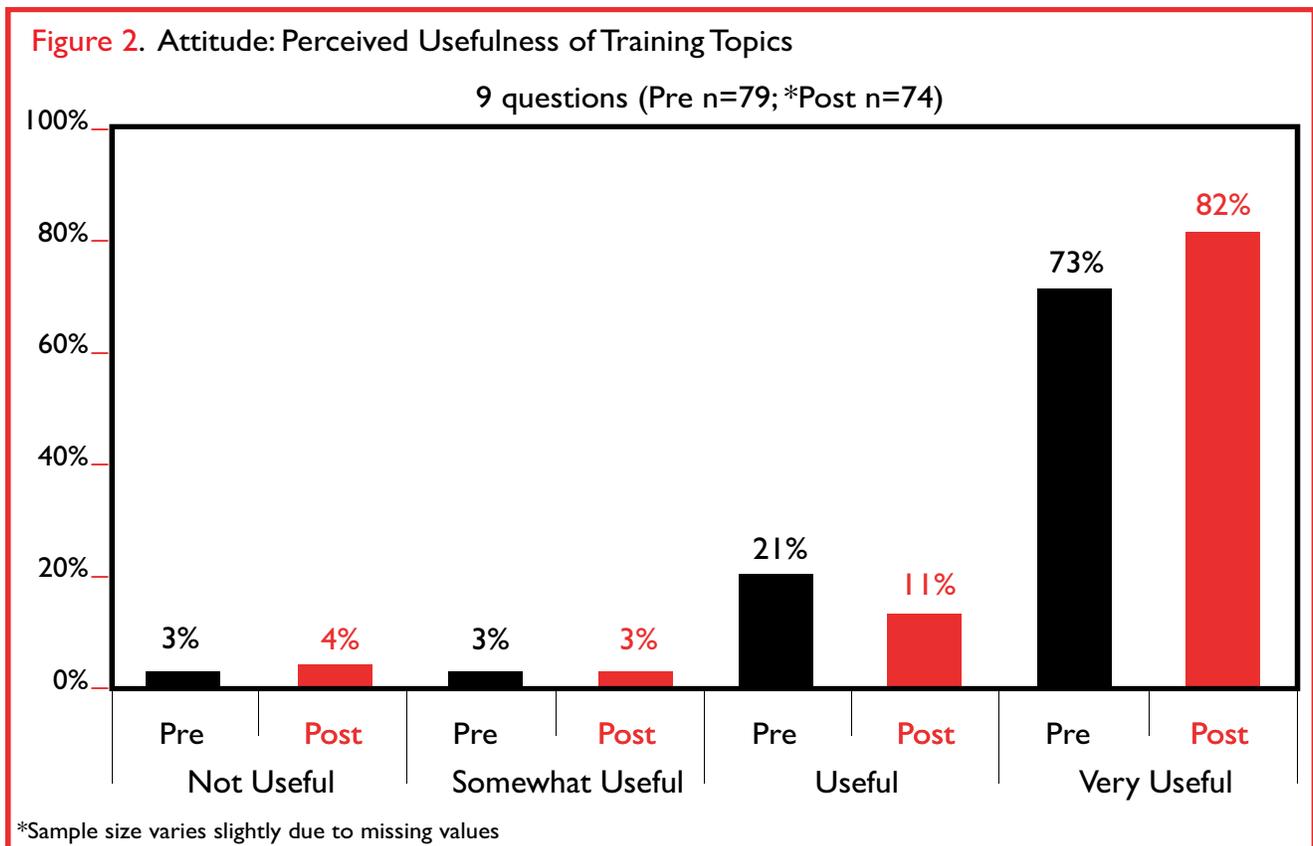


Building Participants' Capacities

The survey and focus group results showed a positive change in the participants' attitude, knowledge, and self-efficacy. The following section highlights the statistically significant findings and emerging themes related to the changes participants experienced in their knowledge, attitude, or self-efficacy. Overall, participants' survey answers reflected improvements in their attitude, knowledge, and self-efficacy. The qualitative findings corroborated and helped to identify the implications of the survey findings for future curriculum dissemination efforts. Some attitude, knowledge, and self-efficacy indicators showed a statistically significant change. Stratifying by organization, there were no significant differences among participants in their mean attitude, knowledge, and self-efficacy scores at baseline or at the end of the intervention.

Attitude

The chi-squared survey results revealed an increase in perceived usefulness of the training topics, with some questions showing a statistically significant difference. (Please see [Figure 2](#) for an illustration of the overall shift in participants' attitude.) A statistically significant attitude gain was seen for the question regarding how useful it would be to learn how to gather information from his/her child about physical activity on campus (question 1f). The attitude question about the perceived usefulness of learning how to develop an action plan to improve school food and physical activity practices was marginally statistically significant at the .10 p-value level. Stratifying the analysis by participants' role showed that significant attitude shifts were all mostly made among participants without a formal role in the organization.



The focus groups revealed participants' favorable attitude and interest in learning about how to use an advocacy approach to work with parents on LSWP issues. Participants routinely commented on the multiple benefits the curricular content had for parents, children, and society.

One participant explained the connection between these benefits, *“Ojalá sigan haciendo estos programas que nos ayudan a los papás a seguir ayudando a nuestros hijos para que en el futuro tengamos una vida mejor para todos* (I hope that these programs continue; they help parents to keep helping our children so that in the future we can have a better life for all).”

Parents expressed their appreciation for the advocacy component of the curriculum. *“Yo pense que era otra clase de nutricion, pero me sorprendieron porque es algo muy beneficioso* (I thought it was just another nutrition class, but you surprised me because it is something very beneficial).”

Another participant response to the question about what she saw as useful about the training sessions by making the connection between the role that parents had in motivating each other as well as the role of the facilitation process in providing an opportunity for parent-to-parent interaction. *“...Mirar y escuchar compañeras unidas con un mismo fin, que es el bienestar de nuestra comunidad* (...To see and hear other women united with the same goal, which is our community wellness).”

These multiple benefits articulated by the participants demonstrated their comprehensive perspective in seeing the relevance of this training curriculum. These focus group findings are consistent with survey findings about the perceived usefulness of training parents on LSWP topics.

A recurring theme in participants' responses was the desire for more training and follow-up time to use the group's motivation towards advocating for healthier school food and physical activity practices beyond the end of the training sessions.

One participant stated *“Si ya empezamos, hay que terminar (If we already started, we have to finish).”*

Another participant explained *“We need time to digest the information, apply it, and then come and share our experiences with each other.”*

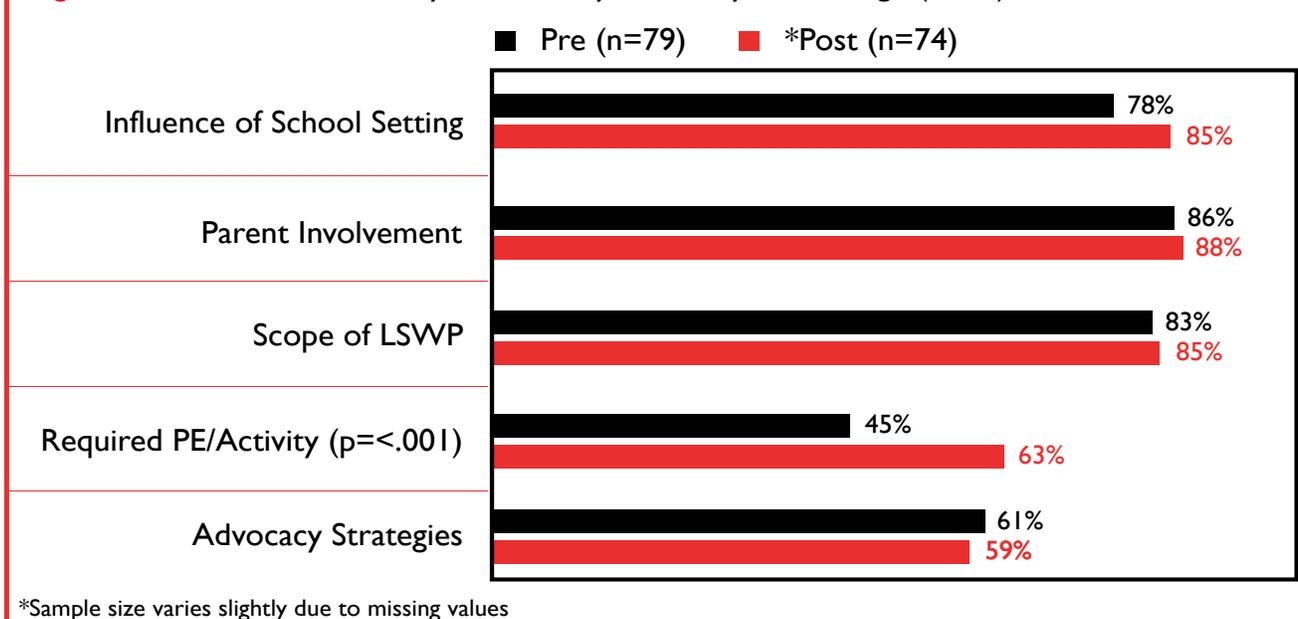
These comments requesting time for follow-up demonstrated participants' enthusiasm for learning and applying the curricular content. The comments also indicate that it may be beneficial to consider integrating an extended follow-up component into future curriculum implementation and dissemination work. Learning about the steps to use an advocacy approach to work with parents on school nutrition and physical activity issues emerged as a topic of particular interest for participants. Some participants discussed the usefulness of learning the four steps. The knowledge section below addresses how the participants demonstrated their knowledge gains related to the advocacy steps. The emerging themes related to participants' overall shift in attitude towards using an advocacy approach in their work to address parents' school nutrition and physical activity concerns were corroborated with attitude changes revealed by the survey results. These attitude shifts were consistent with the related knowledge shifts also discussed below.

Knowledge

The survey results also revealed knowledge gains, with some questions showing a statistically significant difference. (Please see **Figure 3** for an illustration of the overall shift in participants' knowledge.) Specific statistically significant knowledge gains related to the amount of physical education time school districts are required to provide for students (questions 5a and 5b). Marginal significant knowledge gains included whether the school meal programs were the only sources of food available to students on school campuses (question 2a), the influence of the amount of time a child spends at school on his or her behaviors (question 3a), and the requirements of LSWPs to include activities designed to promote student wellness (4d). These knowledge gains were greater among participants that did not have a formal role within the organizations. The knowledge-based indicators about whether schools are required to follow written school district policies (question 2d) worsened significantly. The authors speculated that the decrease may reflect that participants perceive their school site to be out of compliance with the state standards presented during the training sessions.



Figure 3. School Food and Physical Activity Advocacy Knowledge (n=79)



In the focus groups, when asked to draw something that represented a useful part of the training experience, some participants listed the four key advocacy steps presented in the training. This theme in the responses is consistent with the reported gains in participants' attitude in which participants expressed the value of learning the advocacy steps. Furthermore, a few participants stated that they felt they had learned more about advocacy.



One parent explained *“Estoy mas orientada con respecto a abogacia (I have a better feel for what advocacy is).”*



Another parent explained how gaining knowledge about the advocacy approach complimented her existing motivation to want to improve school food and physical activity practices.

“A veces uno tiene muchas ideas, pero no sabe el camino al seguir, por donde empesar. Y al tomar este entrenamiento, a mi me abrio la mente y las puertas por donde yo empesar (Sometimes one has a lot of ideas, but does not know which path to take - where to start. Participating in this training opened my mind and the door of where I can start).”

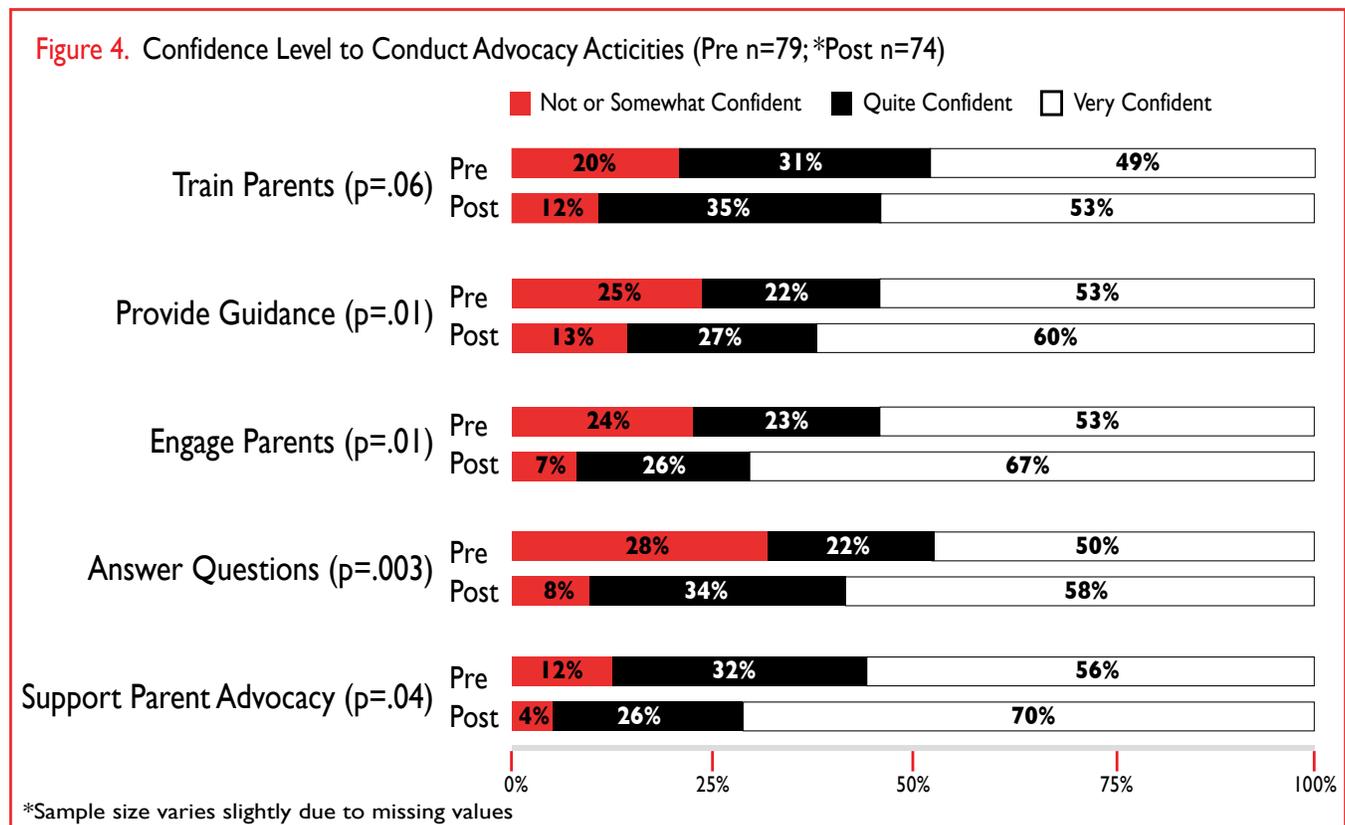
These comments indicate that the training provided participants with “how to” knowledge regarding the development and implementation of LSWP. These survey and focus group findings provide evidence that training participants experienced knowledge and attitude gains regarding the development and implementation of LSWP. These gains appeared to provide a foundation for the noteworthy improvement seen in participants’ gains in self-efficacy.

Self-Efficacy

The most dramatic improvements were made in self-efficacy. The chi-squared test results revealed gains in participants’ self-efficacy. Of the five self-efficacy questions, significant improvements were seen in four (see Figure 4).

Participants reported feeling more self-efficacy in:

- 1) providing guidance to parents on how to work with schools to improve school nutrition and physical activity practices
- 2) engaging parents to advocate for improved healthy eating and physical activity options in their child’s school
- 3) answering parents’ questions related to nutrition and physical activity practices in their school, and
- 4) supporting parent efforts to use existing or potential local LSWP to improve healthy eating and physical activity options at schools. However, participants did not feel significantly more confident to train a group of parents to improve opportunities for healthy eating and physical activity at a school.



Consistent with the survey findings regarding the training curriculum impact on participants' self-efficacy, a few participants shared ideas of how the information learned during the trainings could be shared with others.



One parent reflected, *“We are like roots. What we learn can spread to other people that we come in contact with.”*



Another parent commented, *“The more we are trained, the better advocacy we do.”*

These comments reflect participants' confidence in adopting an approach that uses social networks to extend the reach of the training curriculum. In contrast, the survey question about participants' self-efficacy for conducting trainings was not significant. These survey and focus group findings taken together may indicate that some participants feel confident about sharing their experiences, skills, and knowledge with their peers, yet currently do not feel confident with the prospect of conducting a formal training with parents. Building the capacities of community health workers to function as natural helpers in their social network is used by some organizations to extend a disease prevention practice or message. Assessing the appropriateness of using the social networks of natural helpers in the future dissemination of this training curriculum merits further inquiry.

Capacity Use

The use of the advocacy approach by members of the participating organizations corroborates the observed gains in participants' attitude, knowledge, and self-efficacy described above. Key stakeholder interviews revealed that three out of the four participating organizations were using the school nutrition and physical activity advocacy approach delineated in the training in their school improvement work. All of the participating organizations reported specific plans to continue building the capacity of the members within their organization. This notable degree to which the organizations used the capacity built during the trainings went beyond what was expected. The use of the advocacy approach corroborates the observed gains in participants' attitude, knowledge, and self-efficacy described above.

The issues addressed during (and one to three months after) the training included enacting and implementing a ban on junk food fundraisers, implementing school breakfast during student testing days, and partnering with school food service representatives to survey student school lunch preferences. Facilitator debriefing forms documented how the use of a real-life issue identification process during training influenced the organizations' advocacy approach and results. For example, during the collective four-step advocacy planning process, one group switched their advocacy issue from decreasing access to mobile off-campus food vendors to advocating and implementing school breakfast during student testing days. The switch resulted in greater alliance building between subgroups within the organization and a consistent message to the school administration about the importance of providing school breakfast during student testing days. The vice principal explained the role that the alliance among community members had on his decision to allocate the funding towards school breakfasts. "Money is very tight right now, but school breakfasts during testing was a clear priority for the school community so we made sure we found the money." One of the steps in the curriculum on the advocacy approach is identifying allies. The organizations' experience described above demonstrates the importance of building the capacity of parents and community leaders to utilize advocacy steps taught in the training curriculum.

Of those that used the advocacy approach, two organization leaders reported using the printed training materials to support their advocacy work. For example, one organizational leader explained how he used the information sheet from the CPL Parent Engagement Toolkit to achieve a ban on junk food fundraisers at his son's school after he learned the school nutrition standard did not allow the school to sell junk food right after school.

I shared my concern with the director. She said that [junk food fundraisers] were allowed and that it would be discussed in the next meeting. Since I couldn't go to the meeting, I quickly made a copy of the healthy fundraiser handout and left a copy with the secretary. She must have thought I was an expert. After the meeting, I found out that the director decided to ban all junk food fundraisers.

The participant's experience demonstrated how the advocacy approach delineated in the training curriculum worked in tandem with the user-friendly material from the Toolkit to make it easier for program participants to put the advocacy approach to use. The organization's use of the specific advocacy approaches delineated in the training demonstrate the timeliness and relevance of the curricular content and the promise of building parent and community leader capacity to strengthen LSWP development and implementation.

Facilitation Process

The facilitation processes used during the training implementation supported the gains observed in the participants. The facilitator debriefing form, the participant focus groups, and the key stakeholder interviews revealed a variety of facilitation factors that seemed to contribute to the gains observed, such as: maintaining a high degree of fidelity with the curriculum design, being responsive to participants' learning interests, using the reference materials, establishing ground rules; providing opportunities for participants to share their experiences and suggestions, and incorporating feedback as appropriate. Highlighting the facilitation processes that appeared to contribute to the effectiveness of the pilot implementation, will inform the development of future curriculum dissemination plans.

The training curriculum was designed to encourage the facilitators to be responsive to participants' learning preferences while maintaining fidelity to the intended facilitation processes and content delivery. The training curriculum was implemented with a high degree of fidelity (i.e., implemented all key learning activities, used and shared written materials to support learning, and solicited and incorporated feedback as appropriate) in a way that was responsive to participants' learning preferences. For example, the facilitators adjusted the training schedule to accommodate participants' desire to share their experiences or to spend more time discussing parts of the curriculum that were of greater interest. Facilitators established collective ground rules with each group to identify a balance between participants' desire to share their experiences and the training session time constraints. On a few occasions, facilitators rearranged the order of the curricular activities or condensed the time spent on an activity in order to accommodate participants' learning preferences.



The facilitation process contributed to a high level of participant engagement in the learning activities. Participants were motivated to hear the experiences of their peers with the issues and expressed deep gratitude for being allowed to express their opinions and insights during the training process. Participants asked insightful questions, were responsive when discussion questions were asked, and were eager to work in small groups to share their experiences with their children’s school food and physical activity practices. Another key element of the facilitation process was soliciting and incorporating feedback. Obtaining feedback allowed the facilitators to make curricular improvements during the implementation process such as adjusting the amount of time spent on certain parts of the curriculum, providing examples that were both concise and effective, and setting ground rules during the first session. Other suggested curriculum modifications may be more appropriate to consider for future curriculum dissemination efforts.

Suggested Curricular Improvements

Participants, as well as organizational leaders, expressed their desire to see the curriculum widely disseminated. When training participants and organizational leaders were asked for suggestions on how to improve, disseminate, and diffuse the training curriculum, the emerging themes in their responses related to: requests for more training time and a follow-up system to support the use of advocacy strategies; using existing informal social networks and an existing network of promotora organizations to increase awareness about the curricular materials; and synthesizing the curriculum content into a condensed format. These suggested curricular improvements can be considered in subsequent curriculum dissemination efforts.

To support the dissemination of the curricular content to the broader parent-school community, leaders from participating organizations recommended synthesizing the four training lesson plans into a two-hour informative and motivational meeting. One organizational leader explained, “I would use this format to first get the community excited and then invite them to the four-session training.” CPL staff is currently planning to work with organizational leaders to co-develop this synthesis of the curriculum.

DISCUSSION

Limitation of the Evaluation Interpretation

Although this evaluation design has limited generalizing capacity, the lessons learned from the pilot training described in this report make conceptual and practice-related contributions to work in this field. The lessons learned from the present study may be most transferable to settings with similar contextual traits. In this pilot study, contextual traits included: highly motivated (primarily Latina) training participants, organizational commitment to address parents’ school nutrition and physical activity concerns, and organizations in culturally-diverse urban settings that work with parents on grassroots community action projects. The limited sample size precluded rigorous statistical testing of the outcome effects on participants. To address this limitation, the survey findings were corroborated with in-depth data from observational field notes, focus groups, and interviews.

Implications of the Evaluation Findings

Based on this evaluation study's findings, the CPL Parents in Action! training curriculum represents a promising strategy to address the childhood obesity epidemic. The progress seen in building participants' capacity and the use of the advocacy approach by participating organizations demonstrated the promise of this relevant intervention. The evaluation findings provide insight into the amount of capacity gains that can be expected with this four-session intervention and the amount of time it takes to build stakeholder capacity to participate in LSWP development and implementation in a meaningful way. The findings also enhance our understanding about the importance of the facilitation process in working with this sub-group (primarily Latinas) and demonstrated a collaborative approach for disseminating promising childhood obesity prevention practices.

Time Requirements to Build Stakeholder Capacity

Despite the relatively short duration of the training intervention (i.e., four training sessions), participants and the participating organizations' made gains in building their capacity to participate in LSWP implementation and monitoring. Participants' key suggestions to improve the training curriculum included having more training time and more follow-up opportunities for participants to discuss their experiences implementing the strategies learned through the trainings. Therefore, while the progress made towards building participants and the participating organizations' capacity is noteworthy, more training and follow-up has the potential to contribute to even greater gains.

Collaborative Dissemination Approach

The Institute of Medicine³ has articulated the importance of using a multi-level collaborative approach to implementing and evaluating childhood obesity prevention interventions. A key recommendation for disseminating this curriculum involved collaborating with existing promotora organization networks, as well as the informal social networks of parents and community leaders. Furthermore, this project involved the California Department of Public Health, community-based organizations, schools, parents/ community leaders, and academic partners to implement and evaluate the piloting of the CPL Parents in Action! training curriculum. All of these stakeholders contributed their existing capacities to the development, implementation, and evaluation of this promising approach to disseminate and diffuse healthful school nutrition and physical activity practices in ethnically diverse communities.

³ Koplan, J. P., Liverman, C., & Kraak, V. Editors, (2007). *Progress in Preventing Childhood Obesity: How Do We Measure Up?* Washington, DC: Institute of Medicine.

APPENDIX A

Summary of Training Curriculum Activities

| Session Title | Session Overview |
|--|--|
| Session 1: How Can Schools Support Our Children's Health? | <ul style="list-style-type: none"> • Understanding LSWP • Why are Physical Activity and Nutrition Important? • How can Schools Support our Children's Health? • Why is Parent Involvement Important? • Parents Taking Action • Foods on Campus: Take-home assignment |
| Session 2: Foods and Beverages on Campus | <ul style="list-style-type: none"> • Short Review of Last Session • What Is the School Breakfast and Lunch Program? • Competitive Foods and California Nutrition Standards • Other Foods and Beverages in the School Setting • Parents Taking Action |
| Session 3: Physical Activity on Campus | <ul style="list-style-type: none"> • Physical Activity Break I • What are the Benefits of Physical Activity? • Physical Activity in Schools • PE in Schools • Barriers to Getting More Physical Activity in Schools • Physical Activity Break II • Parent's Taking Action |
| Session 4: Parents Taking Action in Schools | <ul style="list-style-type: none"> • Why is it Important for Parents to Take Action in Schools? • Developing Physical Activity and Physical Education Policy Ideas • Identifying the Players • Building an Action Plan • Evaluating How Your Group is Doing • Conclusion and Celebration |

| | |
|-----|------|
| ID# | |
| PRE | POST |

**Pre & Post Training Survey:
Engaging Parents in Local School Wellness Policy**

Name: _____ Date: _____

Directions:

- 1. The purpose of this survey is to gather your ideas for how we can improve the training.
- 2. We would like your frank perspective before and after you have attended the four training sessions. Your answers are confidential. Your name will be used only to match the pre and post surveys and will remain confidential. If you have any concerns, please do not hesitate to contact Nestor Martinez at (916) 552-9941 or Nestor.Martinez@cdph.ca.gov.

3. Have fun!



Lesson plan facilitator's name: _____

Your organization: _____

Your title in your organization: _____

Length of time you have been in your current role: _____

Have you worked with project(s) that engage parents in advocacy?

Gender: _____ Yes 1 No 2

Age: _____

Primary language: _____

Are you fluent in another language? Yes 1 No 2

If yes, what language is it? _____

I. The goal of this project is to improve school food and physical activity practices in schools. To accomplish this goal, how useful do you think it would be to train parents in the following areas:

| | | Not useful | Somewhat useful | Useful | Very useful |
|----|--|----------------------------|----------------------------|----------------------------|----------------------------|
| a) | How to get involved in influencing school wellness policies to improve student health | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| b) | The different ways students can obtain foods and beverages on campus (e.g. school lunch, vending machines, etc.) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| c) | The challenges of providing healthy food on campus | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| d) | The school's nutrition standards | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| e) | The benefits of daily physical activity | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| f) | How to gather information from his/her child about physical activity on campus | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| g) | How to advocate for improved nutrition and physical activity in their child's school or school district | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| h) | How to work with schools to implement school wellness policies | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| i) | How to develop an action plan to improve school food and physical activity practices | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

2. Please check if the following statements are true or false.

| | | True | False |
|----|--|----------------------------|----------------------------|
| a) | The School Lunch and School Breakfast Programs are the only way students can get food on campus | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 |
| b) | In order to successfully implement a school food practice or policy, you only have to work with the school food service department | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 |
| c) | School districts can set their own nutrition and physical activity standards that go above and beyond state standards | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 |
| d) | Once a practice is written into school district policy, the schools in that district are then obligated to follow the policy | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 |

3. The school setting has a strong influence on children’s behavior for the following reasons: (Check as many as apply).

| | |
|----------------------------|---|
| <input type="checkbox"/> 1 | Children spend a lot of time at school during the week |
| <input type="checkbox"/> 2 | Schools can control what type of food is sold in the surrounding neighborhood off of school campus |
| <input type="checkbox"/> 3 | Schools are solely responsible for preventing childhood obesity |
| <input type="checkbox"/> 4 | Schools can provide students with the opportunities to learn and practice healthy behaviors that they can adopt for life. |

4. Local school wellness policies must set goals for: (Check as many as apply).

| | |
|----------------------------|--|
| <input type="checkbox"/> 1 | Nutrition Education |
| <input type="checkbox"/> 2 | Physical Activity |
| <input type="checkbox"/> 3 | All foods and beverages sold on campus |
| <input type="checkbox"/> 4 | School-based activities designed to promote student wellness |

5. School districts are required to: (Check as many as apply).

| | |
|----------------------------|--|
| <input type="checkbox"/> 1 | Provide middle and high school children with a minimum amount of 400 minutes of PE (physical education) per ten day period |
| <input type="checkbox"/> 2 | Provide elementary school children with a minimum amount of 200 minutes of PE per ten day period |
| <input type="checkbox"/> 3 | Have physical activity goals as part of their local school wellness policy |
| <input type="checkbox"/> 4 | Ensure that all children get 60 minutes of activity every day |

6. When parents are involved in their children’s schools, the children are more likely to: (Check as many as apply).

| | |
|----------------------------|--|
| <input type="checkbox"/> 1 | Earn higher grades and test scores and enroll in more advanced academic programs |
| <input type="checkbox"/> 2 | Be embarrassed by the presence of their parents |
| <input type="checkbox"/> 3 | Attend school regularly |
| <input type="checkbox"/> 4 | Have better social skills, show improved behavior, and adapt well to school |

7. Imagine that your organization is preparing to engage parents in addressing school-based food and physical activity issues. The objective would be to train parents to work with schools to improve the food and physical activity options on campus by implementing local school wellness policies. If you were responsible for supporting parents in this effort, how confident would you be to do the following:

| | | Not confident | Somewhat confident | Quite confident | Completely confident |
|----|---|----------------------------|----------------------------|----------------------------|----------------------------|
| a) | <i>Train a group of parents to improve opportunities for healthy eating and physical activity on campus?</i> | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| b) | <i>Provide guidance to parents on how to work with schools to improve school nutrition and physical activity practices?</i> | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| c) | <i>Engage parents to advocate for improved healthy eating and physical activity options in their child's school?</i> | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| d) | <i>Answer parents' questions related to nutrition and physical activity practices in their school?</i> | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| e) | <i>Support parent efforts to use existing or potential local school wellness policies to improve healthy eating and physical activity options at schools?</i> | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |