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Multiple Case Study of Fuel Up to Play 60

by

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## **Committee Approval**

**To the Graduate Faculty:**

**The members of the committee appointed to examine the thesis of Joshua Reeder find it satisfactory and recommend that it be accepted.**

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## **Abstract**

### *Context*

Childhood obesity is a potentially catastrophic public health and economic problem for the developed world. The prevalence of obese children aged 2 to 19 in the United States is estimated to be 17%. It was 5.5 % in 1980, more than tripling the estimated percentage of overweight children in the United States since 1980. There are many health conditions associated with childhood obesity as well as societal and financial problems.

### *Objectives*

This study qualitatively assessed the Fuel up to Play 60 program (FUTP60), a national school-based childhood obesity prevention program, in a sample of schools from a metropolitan city of a Northwestern State in the U.S. Specifically, this study assessed the school's use of a needs assessment prior to program implementation, the development of intervention components, and the use of evaluation methods.

### *Methods*

The evaluation of these areas was performed through in-depth interviews with school administrators currently running FUTP60 programs. Schools were eligible to participate in this study if they had a registered program advisor for FUTP60 and had current funding. In total there are 44 k-12 schools in the Idaho Falls metropolitan area. These 44 schools were contacted for possible inclusion in the study.

### *Results/Discussion*

Out of the 44 possible schools, 32 had a registered program advisor with FUTP60 and were asked to participate in the study. Out of the 32 participating schools 7 were found to be currently receiving Fuel Up funds. The researcher contacted the program advisors for these 7 schools; 6 agreed to participate in the study.

The process of applying for FUTP60 funds was a hard task for most administrators. A student wellness investigation form required by FUTP60 was a trouble area for all interviewed program advisors except for the one advisor with prior experience running a program. There was however no formal needs assessment done by any of the program advisors. The student wellness investigation does provide basic information about the school to FUTP60 but is not part of a needs assessment of the school.

The physical activity interventions mainly focused on hosting a kickoff event (required by FUTP60) as well as providing materials for the students to increase their physical activity. The nutritional interventions of the study subjects were homogenous with all of the interventions being smoothies made from Idaho Dairy Council smoothie blenders. The evaluation of the programs was similar to that of the needs assessment. While they were technically performed in a lay sense, evaluation was not formally considered during the design phase.

## **Chapter 1: Introduction**

Childhood obesity is a potentially catastrophic public health and economic problem for the developed world (WHO, 2010). The World Health Organization (WHO) estimates current global childhood obesity at 6.7% in 2010, having risen from 4.2% in 1990. Global obesity rates vary considerably by nation but there is still a clear trend of rising global obesity rates since 1990 (WHO, 2010). Currently the prevalence of obesity in the United States is estimated at 33% for adults and 17% for children aged 2 to 19 (CDC (2), 2012). The prevalence of obese children aged 2 to 19 was estimated at 5.5 % in 1980, more than tripling the estimated percentage of overweight children in the United States since 1980. There has been some improvement in obesity rates in the United States in one certain age group. Recently there was a reported 43% drop in obesity rates for those aged 2 to 5 in the United States between 2004 and 2012, dropping from 14% to 8% (Tavernise, 2014; Ogden et al, 2014).

There are many detrimental health outcomes associated with childhood obesity. Childhood obesity can affect a person physically, mentally, financially, emotionally, and socially. These conditions not only affect overweight and obese children now but may also impact these obese children later on in their adult lives as well. Obese children have a higher risk of obesity and non-communicable diseases later in life (WHO, 2010; Choudary et al, 2007; Daniels et al, 2005). They also are at increased risk of many adverse outcomes such as breathing difficulties, increased risk of bone fractures, high blood pressure, early markers of cardiovascular disease, insulin resistance and/or dependence and negative social and psychological effects (CDC 5, 2014; Barlow et al, 2007; Freedman et al, 2007; Whitlock et al, 2005; Han et al, 2010; Sutherland, 2008;

Taylor et al, 2006; Dietz, 1998; Swartz and Puhl, 2003). There is also the impact obesity has on economic progress because of the large funds needed to treat obesity and the diseases associated with obesity (Ogden & Dietz, 2010).

The financial cost associated with childhood obesity is a concern in the United States and is rising, currently estimated at roughly three billion dollars annually (Ogden & Dietz, 2010). This figure is based on current costs and does not reflect the potential public health and economic burden of treating future physical and mental health problems in this population as they age. So what can be done to prevent and combat childhood obesity?

### **Statement of the Problem**

To prevent and reduce childhood obesity there must be properly designed, implemented, and evaluated childhood obesity prevention programs (Issel, 2009; Mckenzie et al, 2005). A properly designed health program first conducts a needs assessment to determine what the needs of the population are and what interventions may work best in the population of interest. It may also provide more information on a given issue if a specific health problem has already been pinpointed in the population. Next, a properly designed program utilizes appropriate interventions that are designed and implemented using the information obtained from the needs assessment. Finally, all programs must be evaluated for effectiveness to make impactful changes to the program. The evaluation tools must be considered and developed during the design of the program to ensure that the correct outcomes are impacted by the program's interventions to affect the desired long-term goals (Issel, 2009).



This study qualitatively assessed the Fuel up to Play 60 (FUTP60) program, a national school-based obesity prevention program, in a sample of schools from a large city of a Northwestern State in the U.S. Specifically, this study assessed the school's use of a needs assessment prior to program implementation, the development of intervention components, and the use of evaluation methods. These components were evaluated by comparing them to current best practices for designing health promotion and behavior change programs (Issel, 2009).

### **Significance of the Study**

A meta-analysis evaluating the effectiveness of school-based health prevention programs on varied health outcomes found that most interventions do not achieve the desired outcome and if any positive outcomes were achieved, they did not have a lasting effect (Stice et al, 2006). This same study did find though that the most successful school health programs were those that focused on reducing weight gain risk. Despite FUTP60 being one of the largest school-based obesity prevention programs in the US, there is very little information on its effectiveness. The only research found on FUTP60's effectiveness comes from its own utilization and usage survey, which collected information only on FUTP60 program advisor's self reported perceptions of the success of the program they were responsible for (FUTP60 (2), 2012). This study will aim to improve the rate at which FUTP60 program advisors utilize a needs assessment and evaluation tools as well to improve their skill at designing appropriate and effective interventions.

## **Purpose of the Study**

The purpose of this study was to provide third party qualitative assessment of specific components at the planning and evaluation stages of FUTP60 programs in a sample of schools from a large city of a Northwestern State of the U.S. Specifically, the conduct of a needs assessment by the program advisor prior to program implementation, the development of intervention components, and the use of evaluation methods were evaluated by comparing them to current best practices for designing health promotion and behavior change programs (Issel, 2009).

It is important for policy-makers and thought leaders, who evaluate FUTP60, to closely examine the program's basic design, the specific interventions used, and the methods chosen to evaluate the program to ensure that the program is adequately designed, implemented, and evaluated (APCO Worldwide, 2010). This research evaluates these exact areas. It is vital when assessing such programs to have a third party involved to ensure that the results are not compromised by any expectations of or involvement with the results by the researcher (Yin, 2009). In this study, we provided third party insight into the FUTP60 program's design, implementation, and evaluation methods.

## **Theoretical Framework**

The theoretical framework for assessment of FUTP60's needs assessment tools, intervention design, and evaluation methods were based off of Michele Issel's criteria for adequate design, implementation, and evaluation of health promotion programs. This criterion is discussed in detail in the methods section of this paper.

**Research Aims**

1. To describe the process of applying for FUTP60 grants among registered schools
2. To identify if a needs assessment was performed previous to the implementation of the different FUTP60 programs and to describe how this process was conducted.
3. To describe the types of nutritional and physical activity interventions implemented as part of the FUTP60 program in participating schools and evaluate its appropriateness using Issel's criteria for good interventions.
4. To identify if an evaluation was planned and conducted during the development and/or implementation of the FUTP60 program in participating schools.
5. To identify and describe strengths and weaknesses associated to obtaining funding, designing, and implementing FUTP60 programs among participating schools.

**Operational Definitions**

Obesity- Obesity is defined as having a BMI equal to or greater than 30 (CDC 5, 2014).

BMI- BMI is a number calculated by dividing a person's weight in kilograms by their height in meters squared. It is a fairly accurate measure of one's body fat and is often a most feasible way of assessing body fat in non-experimental research (CDC 5, 2014).

### BMI ranges

Underweight-under 18.5 BMI

Normal weight-18.5-24.9 BMI

Overweight-25-29.9 BMI

Obese-30+ BMI

Fuel up to Play 60- FUTP60 is a school based obesity prevention program founded by the National Dairy Council and the National Football League in collaboration with the USDA. It is a program that targets improved nutrition and getting at least 60 minutes of physical activity a day (FUTP60 (1), 2012).

Needs assessment- A needs assessment is a tool used by program designers to identify which problems exist in a population and to what extent. It can help identify and prioritize health problems or just provide more information on a known health problem (Issel, 2009).

Interventions- Interventions are intentional actions done to have an effect on a given health problem (Issel, 2009). In other words it is the actual things a program does to impact the health problem.

Outcome evaluation- An outcome evaluation is an evaluation that assesses the change in the variables of interest in a program. It is used to determine the effectiveness of a program in its ability to produce the desired outcome.

**Assumptions**

- It is assumed that the participants of the study are representative of the total population.
- It is assumed that the answers given by the respondents are true. The researcher took measures to ensure this like concealing the identity of those who participated and allowing them to withdraw from the study at any time.

**Structural Organization**

So far this paper has discussed the importance of addressing the public health problem of childhood obesity and the health problems obese people are at increased risk of getting. It also explained the research design and theoretical framework used in this study as well as some definitions of terms related to the research.

The remaining chapters of this paper will cover the current literature on childhood obesity in more detail. It will expand on the increased risk of negative health outcomes associated with obesity in more detail as well. It will also further explore the proper design, implementation, and evaluation techniques currently used in the field of public health in relation to FUTP60. It will also describe school based childhood obesity programs including the Fuel up to Play 60 program.

## **Chapter II: Literature Review**

### **Childhood Obesity Background**

Childhood obesity is a major public health issue of the 21<sup>st</sup> century. The current prevalence of obesity in the United States is estimated at 33% for adults and 17% for children aged 2 to 19 (Tavernise, 2014; Ogden et al, 2014). The prevalence of obese has risen in every age group in the United States dramatically since 1980 (Ogden et al, 2014). Recently, there has been some positive news with a reported 43% drop in obesity rates in children aged 2 to 5 in the United States (Tavernise, 2014; Ogden et al, 2014). This is good news and potentially promising but obesity rates in this group are small and any change in obesity rates must show sustainability over years. The children who participate in FUTP60 are anywhere from ages 5 to 18.

Obesity is also a major concern for the entire world and has only gotten worse as more countries become industrialized (WHO, 2010). Current global obesity data from the WHO estimates current global childhood obesity at 6.7% in 2010, having risen from 4.2% in 1990. Global obesity rates vary considerably by nation but there is still a clear trend of rising global obesity rates since 1990 (Wang & Lobstein, 2006).

The financial cost associated with childhood obesity is also a concern in the United States and is rising, currently estimated at roughly three billion dollars annually (Ogden & Dietz, 2010). With the public health nature of childhood obesity and the current United States deficit of \$680 billion, successful obesity prevention programs could have a positive impact on the US economy (Sahadi, 2013).

## **Health Problems Associated with Childhood Obesity**

Obese children are at a higher risk of suffering from many long and short term health problems. They have a higher risk of chronic diseases, bone fractures, high blood pressure, diabetes, and social or psychological issues (WHO, 2010; CDC(8), 2014; Barlow et al, 2007; Freedman et al, 2007; Whitlock et al, 2005; Taylor et al, 2006; ). Clearly obesity increases one's risk for many physical, mental, social, and emotional health problems. Many of these may last into adulthood and have a very profound effect on someone's life.

People who are obese as children are more at risk of being overweight as an adult than their ideal weight counterparts (Biro and Wien, 2010; Whitaker et al, 1997; Serdula et al, 1993). In fact, childhood obesity is considered an independent risk factor for adult obesity (Wang & Lobstein, 2006). This shows that addressing the problem of childhood obesity starting at an early age would have the most impact on this particular public health problem.

Heart disease is the leading cause of death in the United States (CDC (7), 2014). Being obese increases one's risk of developing many cardiorespiratory diseases as well as other circulatory problems (Freedman et al, 2007). First, obese people have higher rates of abnormal blood fats than the total population (NHLBI, 2014). Abnormal blood fats (high LDL's, low HDL's) contributes to the fact that obese people also have ten times the rate of atherosclerosis than those who are not obese (Stanford Medicine, 2014). This greatly increases the risk of developing coronary heart disease, which is also found at higher rates in those who are obese. All of these conditions increase the risk of having a heart attack or stroke (NIH, 2012).

Diabetes is another disease associated with obesity (NIH, 2012; Whitlock et al, 2005; Dietz, 1998). Diabetes refers to a health condition in which someone struggles with regulating their blood sugar levels utilizing the hormones insulin and glucagon (American Diabetes Association (1), 2013). Diabetics have trouble with either the production of insulin or the utilization of insulin (insulin sensitivity) (American Heart Association, 2012). Diabetes is a very serious chronic disease that can be potentially fatal (American Diabetes Association (2), 2013; Dietz, 1998).

There are also many cancers that being obese raises your risk of getting. Colon, breast, endometrial, and gallbladder cancers are all found in higher rates in the obese (CDC (8), 2014; NIH, 2012; NIH, 1998). Cancer is the second leading cause of death in the United States and it is estimated to cost the world \$216.6 billion American dollars in just 2009 alone. Also, it is estimated that 585,720 US residents will die from cancer in 2014 alone (American Cancer Society, 2014).

Despite all the negative physical and economical problems associated with obesity the most prevalent, and perhaps the most consequential, problems obesity creates are psychosocial (Dietz, 1998, Whitlock, 2005; Dietz, 1998; Swartz and Puhl, 2003). Psychosocial problems from obesity may manifest themselves in one's personal, professional, and even sexual life. Some obese people may be less likely to get a promotion, have enjoyable social lives, and even have sexual relations (Dietz, 1998). Obesity is also associated with lower income and SES status (Stanford Medicine, 2014).



## **Schools as a Setting for Health Promotion Programs**

Schools have been attractive venues for implementing childhood obesity prevention programs because they provide a unique controlled setting to reach the vast majority of children (WHO, 2010; Barlow et al, 2007; Kaplan, Liverman & Kraak, 2005; Marks, Kolbe & Towbridge, 1996; Marks, Kolbe & Towbridge, 1997). Implementing health programs that target obesity prevention in schools allows the programs to reach large amounts of the target population. It can also aid in easing the time spent on the implementation and evaluation of a program. For this reason it is imperative that school based health promotion programs are properly designed, implemented, and evaluated to maximize their impact. Despite schools being a great place for childhood obesity prevention programs the amount of physical and nutrition education in schools has been falling (WHO, 2010).

The average American student spends 6.75 to 7 hours a day in school per day for an average of 180 days a year (Summers, 2011). This is almost a third of their day spent at school, leaving them very little time after sleeping and commuting to and from school. That means that the average student spends a great deal of their time at school and consequently schools can have a major impact on the quality of a student's diet and the amount of physical activity they engage in (CDC (3), 2012). In fact many students consume half of their meals at school, and for some children school meals may be the only food they regularly eat (letsmove.gov (1), 2014).

The amount of students engaging in physical activity classes has dropped as well. As competition for funding between subjects has increased, the amount of schools cutting PE and not requiring students to enroll in physical education classes has also increased.

In 1991 42% of students attended daily physical education classes. By 1995 that number had fallen to only 25% and has remained at about that level with the last data on record showing 31% in 2011 having daily PE. Consequently, in that same year (2011) only 18.5% of females and 38.3% of male high school students reported getting at least 60 minutes of daily physical activity (CDC 4. 2014). This makes it very important that programs like FUTP60, that are not part of the school's budget, make the most impactful program interventions possible to maximize their impact.

Currently there is very little research on the effectiveness of FUTP60 programs and other school health prevention programs. The only research found on FUTP60 is their own utilization and usage survey (FUTP60 (2), 2014). This survey is a quantitative assessment of how many schools participate in the program and their self-reported feelings of whether or not the program is successful. Despite being one of the largest school based obesity prevention programs in the US, there is very little information on its effectiveness.

A meta-analysis review of obesity prevention programs for children and adolescents confirms the researcher's position that obesity prevention programs for children and adolescents have had mixed success and made modest impacts on the desired outcome. It found that out of the sixty-four reviewed programs only 21% produced significant effects to prevent obesity (Stice, Shaw & Marti, 2006). Alternatively, 79% of the reviewed programs did not produce significant weight gain prevention effects (Stice, Shaw & Marti, 2006).

A large analysis of school based obesity interventions determined that a combination of interventions focused on improving diets and physical activity may prevent obesity in the long run (Inman et al, 2011, Stice et al, 2006). FUTP60 has this down by requiring its program advisors to include interventions that target both nutrition and physical education components. This makes it vital that FUTP60 program interventions are properly designed and evaluated using the results from a needs assessment. This will ensure that the identified problem, childhood obesity, is positively impacted as much as possible from the interventions. Also, an impact evaluation could reveal over time if the variable of interest, obesity rates in this population, changes after implementation of the program.

### **Types of School-Based Health Promotion Programs**

There are many types of school-based health promotion programs. One type of school-based promotion programs are sexual health programs. Sexual health programs focus on preventing pregnancy, sexually transmitted diseases, or both. Effective sexual health programs focused on behaviors (condom use, abstinence, etc) and sexual psychosocial risk (knowledge, perceived risk, self efficacy, etc) (Inman et al, 2011). These types of programs are very important considering that in 2009 just over one-third of sexually active high school students reported not using a condom during their last sexual encounter (CDC (6), 2009).

Another type of school-based promotion programs are mental and emotional health programs (Inman et al, 2011). About one in every five children aged 9 to 17 experience symptoms associated with mental health diagnosis with less than twenty percent receiving the needed mental health services (USDHHS, 1999; Kataoka et al, 2002).

There are also school-based promotion programs that focus on injury prevention (Inman et al, 2011). According to the CDC unintentional injuries were the leading cause of death in all age groups from age 1 to 44 in 2010 (CDC (7), 2010).

A common type of school-based promotion programs are those that focus on tobacco and substance abuse (Inman et al, 2011). Tobacco use is the leading cause of preventable deaths in the United States (CDC (6), 2009). Alcohol and illicit drug use is also a concern in school-aged children being associated with many serious health problems, injury, violence, and even HIV infection (NIDA, 2014).

The final type of school-based promotion programs are exercise and healthy eating focused programs (Inman et al, 2011). A combination of interventions focused on these two areas may be effective in reducing the risk of obesity (Brown and Summerbell, 2009; Stice et al, 2006). Despite this, there are currently a lack of evidence based programs ready for implementation that focus on exercise and healthy eating (Inman et al, 2011; Stice et al, 2006). This reasserts the importance of this research project and related research evaluating current exercise and healthy eating based programs.

### **School-Based Health Promotion Programs Aimed to Prevent and Reduce Obesity**

Just like FUTP60, there are numerous programs in the United States that target childhood obesity by aiming to increase physical activity as well as improve the diets of kids in k-12 schools. Here are some examples of these programs:

#### *Presidential Youth Fitness Program*

The Presidential Youth Fitness Program is a nationwide youth fitness program in k-12 schools (Presidential Youth Fitness Program (2), 2014). This voluntary program assesses the health of the students in a school by using the Fitnessgram health assessment. The Fitnessgram more accurately measures a student's health than the previous tools used to assess the student's health in the Presidential Youth Fitness Program. It claims to deemphasize performance in physical tests compared to previous measurements techniques of this program. The Presidential Youth Fitness Program also provides materials to students and teachers on healthy eating and exercise to get ready for the tests. Also, schools are eligible to apply for funding of the program through the General Mills Foundation. This funding covers the cost of participation for a school with 500 students and two physical education teachers for the first three years of the program (Presidential Youth Fitness Program (1), 2014). The cost to keep the program running after the first three years is currently \$219 annually.

#### *Let's Move Campaign*

Let's Move is a campaign created by America's current first lady Michelle Obama (letsmove.gov (3), 2014). It has a stated goal of solving the childhood obesity problem within a generation so the children born today can healthy and able to pursue their dreams. Let's Move has many initiatives that individuals, schools, and communities

can take part in to improve many aspects of school children's level of obesity (letsmove.gov (2), 2014). Let's Move is a multi-faceted approach to childhood obesity that aims to improve all areas addressing this issue.

#### *Action for Healthy Kids (AFHK)*

Action for Healthy Kids (AFHK) was founded in 2002 in response to the Surgeon General's David Satcher's public call to action (Action for Healthy Kids (1), 2013). It is a program that engages organizations, leaders, and volunteers to improve the health of children, youths, and schools. It addresses childhood obesity, undernourishment, and physical inactivity. Its stated goal is to ensure U.S. schools provide healthy food, nutrition and physical education, and comprehensive physical activity by 2030. Those participating in this program pledge money, volunteer time, fundraise, and implement their "Game On" school wellness program (Action for Healthy Kids (2), 2013). There is also grant money available for schools through the School Grants for Healthy Kids program that is a part of AFHK.

#### **FUTP60 Background Information**

The Fuel up To Play 60 Program (FUTP60) is one of the largest school-based obesity prevention programs in the U.S., 73,000 schools nationwide participate in it (FUTP60 (2), 2012). It was implemented in 2002 by the National Dairy Council (NDC) and the National Football League (NFL) in collaboration with the United States Department of Agriculture (USDA). The NDC already had a program titled "Fuel Up" and the NFL had a program titled "Play 60." Fuel up is a Dairy Council campaign that encourages kids to eat healthier, especially low-fat dairy products. Play 60 is a NFL campaign where kids pledge to be active at least 60 minutes a day. FUTP60 is a

combination of these program names but a program in and of itself that provides scholarships to develop programs aimed to improve nutrition and physical activity in schools. Any school is eligible to enroll in FUTP60 (FUTP60 (1), 2012).

A parent or staff member acts as the program director for the school (FUTP60 (3), 2012). He or she logs on the FUTP 60 website and registers the school in FUTP60. Once registered with FUTP60, anyone at the school can utilize the nutrition and physical activity tools available in the FUTP60 website, and the school is eligible to receive the visit of a National Football League (NFL) player as a way to increase interest and buy in to the program. In addition, the school is eligible to apply for up to \$4,000 a year in grants to develop and implement interventions aimed to prevent childhood obesity. Funds from these grants can be used to design and implement any type of intervention with potential of positively impacting either the nutrition and/or physical activity of the students. FUTP60 also provides schools with recommendations for designing nutrition and physical activity programs prior to their applying for the grant (FUTP60 (1), 2012).

Fuel Up to Play 60 is a private/public mixed program that allows schools to apply for grants to make additions to their school that create an environment more conducive to healthy eating and physical activity. The FUTP60 program emphasizes that the program does not take away from current measures in schools, but rather aims to improve these areas by making additions to current programs, classes, and equipment (FUTP60 (1), 2012). The FUTP60 program recognizes the importance of collaboration allowing flexibility in design and implementation so that it works with current measures that are also improving these areas (FUTP60 (2), 2012). FUTP60 provides resources to

participants to perform their own needs assessment as well as tools to aid in program design. FUTP60 also provides schools with opportunities to obtain grants for programs.

Based on limited research, FUTP60 seems to have been successful in enhancing a healthy school environment and reaching the program goals of participating schools. In a survey conducted among all program advisors 69% of enrolled educators and administrators perceived the program as a positively influencing their school environment and 65% thought it helped them achieve the school wellness goals (Fuel up To Play 60 (2), 2012). The results are all self reported data provided by program advisors. Also, in a recent meta-analysis of school health programs, FUT60 was considered to be a strong program based on its strong environmental and educational interventions (APCO Worldwide, 2010). This information obtained from this study will either help support or refute the survey's claims of strong interventions by comparing them to Issel's criteria for good interventions.



### **Chapter III: Methods**

The purpose of this study was to provide third party qualitative assessment of specific components at the planning and evaluation stages of FUTP60 programs in a sample of schools from a large city of a Northwestern State of the U.S. Specifically, the conduct of a needs assessment by the program advisor prior to program implementation, the development of intervention components, and the use of impact evaluation methods were evaluated by comparing them to current best practices for designing health promotion and behavior change programs (Issel, 2009). The specific aims were:

1. To describe the process of applying for FUTP60 grants among registered schools
2. To identify if a needs assessment was performed previous to the implementation of the different FUTP60 programs and to describe how this process was conducted.
3. To describe the types of nutritional and physical activity interventions implemented as part of the FUTP60 program in participating schools and evaluate its appropriateness using Issel's criteria for good interventions.
4. To identify if an evaluation was planned and conducted during the development and/or implementation of the FUTP60 program in participating schools.
5. To identify and describe strengths and weaknesses associated to obtaining funding, designing, and implementing FUTP60 programs among participating schools.

## **Design**

This study is a multiple case study of FUTP60 programs in Idaho Falls, Idaho. This type of design was selected because the researcher was interested in obtaining initial, in-depth information of the design, implementation, and evaluation of FUTP60 programs in a selected number of schools.

A case study is an empirical inquiry into contemporary phenomenon within its real life context (Yin, 2009; Leedy and Ormrod, 2010). This study utilized a multiple case study design to increase the reliability as well as the ability of other researchers to replicate this study. Also, using multiple case studies decreased the chance of an unusual case representing the results, like in a single case study design, and made for more compelling results and discussion sections.

## **Site Selection**

The site of the study was selected based on convenience. The researcher's familiarity with the area as well as the lack of funding led to the selection of FUTP60 programs in Idaho Falls, Idaho. Idaho Falls is a small metropolitan city located in Southeast Idaho and has a population of roughly 58,000. Idaho Falls is part of a larger metropolitan area with a combined population of about 160,000 (US Census Bureau, 2012).

Schools were eligible to participate in this study if they had a registered program advisor for FUTP60 and had current funding. In total there are 44 k-12 schools in the Idaho Falls metropolitan area (schooldigger.com, 21014). Out of the 44 possible schools in the Idaho Falls area, 32 had a registered program advisor with FUTP60 and were asked to participate in the study. Out of the 32 participating schools 7 were currently receiving

Fuel Up funds. The researcher contacted the program advisors for these 7 schools; 6 agreed to participate in the study.

### **Data Collection and Management**

Data were collected using in-depth interviews. Interview questions were open form with a basic guideline (appendix A) of topics that remained flexible throughout the interviews. The researcher made sure to ask questions pertaining only to the research aims of this study despite the flexibility of the interviews. The interview responses were analyzed after the interviews one-by-one and detailed notes were taken of these responses that pertained to each research aim. Individual case analyses were compared to each other to develop a cross case analysis to determine what common themes occurred in the cases. This information was then analyzed further detail in terms of the levels of questions found in appendix A.

The researcher created a case study database of all materials collected. This case study database includes detailed notes made during the analysis of each individual interview, cross case analysis comparing the analysis of these interviews, as well as the audio recordings of each interview.

### **Data Analysis**

Data analysis was performed by the same researcher who collected the data and was conducted simultaneously with data collection.

Data analysis relied on the levels of questions described in appendix A. Data analysis began by analyzing the interviews in the framework of the research goals (level 2). The content of the interviews were compared with one another to determine common

themes that were discussed in the interviews in relation to the areas addressed by the research goals (level 3). Then the researcher used this information in conjunction with information obtained from the literature review to address the research goals (level 4). Finally, the researcher provided some suggestions for both program advisors and FUTP60 to improve the program (level 5).

### **Issel Criteria for Evaluating Health Promotion Programs**

#### *Needs assessment*

The theoretical framework for evaluating the needs assessment tools used in these programs strictly looked for the presence of a needs assessment prior to designing the program. Next, if a needs assessment was performed the researcher obtained information about this needs assessment to describe the needs assessments in the results of this study. The needs assessment done in FUTP60 should be done to explore the problem of obesity in these children and not to identify health problems to address.

#### *Interventions*

The theoretical framework used for assessing the interventions of this study utilizes Issel's "criteria for good interventions." In total there are eight points outlined in the criteria for good interventions. This study is only focused on three of these eight. The other five criteria are already addressed by FUTP60 before any program advisor becomes involved.

The first criterion outlined by Issel is whether or not the program is evidence based. This criterion assesses whether or not the designed programs are utilizing the best current practices in the field when designing programs.

The second criterion for good interventions is whether or not the program is tailored to the target population. This criterion evaluates whether or not a proper needs assessment was performed by the researcher.

The third criterion utilized by the researcher and outlined by Issel is if the interventions are conducive to health gains. This is related to the presence of an outcome evaluation to determine if the interventions have made any impact on the desired health problem.

The outlined criteria for good interventions further support the other areas of interest in this research. It also shows the interrelatedness of the topics the researcher studied and why they are all needed in conjunction for effective design, implementation, and evaluation of these programs.

### *Evaluation*

The researcher searched for any type of evaluation done by program advisors or FUTP60. Particularly, the presence of an impact evaluation was a concern for the researcher, making sure that the variable of interest was being observed. Impact evaluations are evaluations that are looking at the impact of a program on the desired variables. In the case of FUTP60 an outcome evaluation would assess the change in body weight, physical activity, and nutrition in the students at each school. The researcher also looked for process evaluations as well that evaluating the programs more qualitatively.

**Delimitations**

- Time of the study: January 2014 to March 2014
- Location of the study: Idaho Falls and Ammon, Idaho.
- Sample of the study: delimited to schools with a program advisor according to FUTP60 website. If program advisor could not be found principal was substituted for interview.
- Delimited to those who are willing to participate.

**Funding**

There was no funding of this research project by any third party. There was also no monetary compensation offered to participants.

**Ethical Considerations**

The procedures of this study were approved by the Institutional Review Board at Idaho State University prior to the conduction of the study.

All participants filled out consent to participate forms (appendix B) and their identity was kept confidential. The researcher hoped confidentiality would increase the odds of a participant sharing relevant information without fear of what it might mean for them, their school, or their current involvement in the FUTP60 program.

## **Chapter IV: Results**

### **Characteristics of Study Participants**

All program advisors who took part in this study were teachers at the school that received fuel up funds. Only one of the seven interviewed program advisors had prior experience running a FUTP60 program before the school year of the interviews. The participant's age and gender are all confidential in this report. Revealing such information with a small number of interviews performed in-person (6) would compromise the concealed identities of the participants.

### **Grant Funding Process**

The process of applying for FUTP60 funds was a hard task for most administrators. In fact in the study participants all but one interviewed program advisor stated that they would not have completed the student wellness investigation to receive funds without the help of the local dairy council outreach person. This was the also the only program advisor who had prior experience running a FUTP60 program. The student wellness investigation is similar to a needs assessment performed by the program advisor to give FUTP60 background information on the student's nutrition and physical activity level. The student wellness investigation includes information on how many students eat the school's breakfast and lunch as well as how many are enrolled in physical education classes. This student wellness investigation was a trouble area for all interviewed program advisors who stated that it was a very difficult part of the application process except for the one advisor with prior experience running a program. The one program advisor with experience running a program did state that the student wellness investigating was difficult the first year of the program. The student wellness

investigation is not a needs assessment tool used by those designing the program but rather information provided to those giving the funds. It is unclear if this information is used by FUTP60 to provide and modify the recommendations for interventions provided to program advisors.

### **Needs Assessment**

All participating schools performed a needs assessment to some degree. One school did this in a group setting by assembling a group of teachers or a student wellness committee together to discuss the program specifics. Others performed an informal needs assessment by themselves by brainstorming ideas for interventions with other faculty members, students, or just people they know. There was however no formal needs assessment done by any of the program advisors. The student wellness investigation does provide basic information about the school to FUTP60 but is not part of a needs assessment of the school.

### **Interventions**

The physical activity interventions mainly focused on hosting a kickoff event (required by FUTP60) as well as providing materials for the students to increase their physical activity. Some examples of these are races and obstacle courses (kickoff events), materials for PE/sports (basketballs, footballs, run batons), and exercise materials (bikes, weights, mats). One creative intervention was an active field trip to a local business with trampoline-like play areas. The nutritional interventions of the study subjects were very homogenous with all of the interventions being smoothies made from Idaho Dairy Council smoothie blenders. FUTP60 provided schools an incentive to include smoothie blenders at a discounted price as part of the program if they bought



these blenders from them. This made the interventions containing smoothies less purposeful than the physical activity interventions. Program advisors could have paired the blenders with nutrition information or activities so that the nutrition interventions of these programs would have contained both an educational and environmental component. Also, there should have been more nutrition interventions designed, aside from the Dairy Council blenders, by the program advisors.

When analyzing the types of interventions (educational vs. environmental) there also seemed to be homogenous interventions. The large majority of interventions focused on environmental changes (sports and exercise materials) to the school with no educational component. This was consistent throughout all of the physical activity and nutritional interventions of these programs.

## **Evaluation**

The evaluation of the programs was similar to that of the needs assessment. While they were technically performed in a lay sense, evaluation was not formally considered during the design phase. Also, quantitative evaluation (or outcome assessment) of FUTP60 programs is done strictly by FUTP60, or more precisely the local dairy councils. These evaluations do not measure the variable of concern, obesity, in the participants. The dairy council modifies its recommendations periodically using information from the student wellness investigations but does not provide evaluation materials or training to those running the programs.

**FUTP60 Strengths**

The FUTP60 school grant program has many strong areas. The program is very flexible in design, allowing program advisors to use creativity in design. It also can help fill in gaps a school may have in fitness and sports materials created by underfunding these areas in public education. Interviews also reported positively on the online help desk of FUTP60, the welcome packages received upon grant proposal acceptance, and the formulation of a student wellness committee as required by FUTP60 as strengths of the program. The researcher acknowledges these strengths and only intends to increase awareness and interest in the program, help those interested in the program and those currently involved with the program, as well as those who oversee the program. This research is intended to strengthen the program by evaluating the current practices of FUTP60 compared with the current best practices of designing health promotion programs

A major strength of the FUTP60 programs in this sample is the presence of an outreach coordinator employed by the Idaho Dairy Council for Southeast Idaho. This outreach coordinator has increased awareness and utilization of the program in the Idaho Falls area. In fact, six of the seven current Fuel Up program advisors interviewed stated that their program would not be in their school if it was not for this outreach position. They all reported that the help in filling out the required paperwork and grant proposal specifications was essential to their program's existence. Increasing this outreach program would be very beneficial for FUTP60. Also, the outreach personnel could be trained in health behavior change theories as well as health promotion program design,

implementation, and evaluation. This would help improve shortcomings in the areas of interest of this research.

### **FUTP60 Weaknesses**

FUTP60, like any other program, also has its weaknesses. Using information obtained from the interviews of FUTP60 program advisors, local school faculty, and Dairy Council employees working with FUTP60 as well as the researcher's literature review here is a list of some areas to possibly improve in FUTP60. First, one area of concern was time. All program advisors mentioned that time constraints negatively impacted their ability run the program. Leadership in FUTP60 is a concern in some programs. One program advisor stated that "everybody seems interested to help but nobody wants to lead." Most of the program advisors interviewed in this study were also teachers, coaches, or both. It would be beneficial if other faculty members, the students (wellness committee, student government, anyone interested), parent of students, or even community members would accept leadership roles in FUTP60 programs. This would aid in the work required to efficiently design, implement, and evaluate the program.

Some program advisors reported difficulty in the design stages of their programs. Some had difficulty deciding what specific interventions to use. One program advisor mentioned a lot of different programs they considered including in their program, like the presidential fitness test (which one program did). Also, the researcher found that the nutrition interventions seemed rather homogenous. All of the programs had a FUTP60 blender that the schools bought as part of the grant to serve the kids fruit smoothies. This is a creative way to get the kids to eat more fruits and vegetables and to help provide healthier food in schools. But as mentioned before the interventions involving the

blenders seemed to be in existence because FUTP60 insisted they include it in their program and offered incentives to do so. The researcher feels that it would have been very beneficial to couple the blender idea with some sort of nutrition education material. Or even to use it as a tool to increase student buy in. For example, the schools could have had the students study certain topics of health/fitness/nutrition and take a test on it or they could join an after school exercise session/lecture to receive a smoothie reward.

## **Chapter V: Discussion**

The interventions, as mentioned before, were homogenous and were not designed with any information from a needs assessment. There was a clear pressing need for tools to assess the needs and wants of the individual schools to ensure that the program was tailored to the target population. The evaluation method was very similar in that the program advisors themselves did not do any sort of formal evaluation. They all performed an informal evaluation to a certain extent but providing more tools for a formal process evaluation as well as outcome evaluation would benefit the program advisors during design and evaluation of these programs. The next sections outline this information in more detail.

### **Needs Assessment**

The informal needs assessments performed were all beneficial, but formal needs assessment tools should be provided from FUTP60 to ensure they are performed on all programs. FUTP60 obtains information on the students that participate through the student wellness investigation. This is done pre and post program and helps FUTP60 provide recommendations for interventions to those designing a program. These somewhat serve as a needs assessment tool but does not replace a true needs assessment performed by those who are designing each program.

Performing a needs assessment of the school prior to design would help in designing interventions, ensuring the interventions target areas the school needs and not just selecting an option from a list of examples. Also, these needs assessment need to utilize tools such as interviews and focus groups to help determine what works best in

that population (Issel, 2009). The needs assessments performed by those interviewed did not contain these.

### **Interventions**

The interventions could have a positive impact on obesity. With that being said, there does need to be more of an emphasis on designing interventions that focus more on educating the students on fitness and nutrition. As mentioned before, the smoothie blender intervention is a great example of an area where educational interventions could have been used in conjunction with environmental interventions. These blenders were recommended for every program advisor who applied for funding the year of this study. This was a reason why the nutritional interventions were homogenous only containing smoothies served from these blenders with no variation between schools.

There was also a concern over the differences in designing interventions for primary and secondary education schools. Those involved with secondary education felt that it is easier to design interventions for schools with younger students. In high school all the kids do not stay for lunch like in elementary/middle school and there are no recesses. This makes it harder to design interventions for High Schools since those are great times to implement these programs in schools with younger children.

### **Evaluation**

The missing component in evaluation was providing evaluation tools for those running the programs so that their subsequent intervention designs can utilize this information to improve the program.

The researcher was interested in the presence of an outcome evaluation. For a program like this that targets childhood obesity, evaluating either the student's height-to-weight ratio (like BMI) or body fat composition would provide some feedback on the program's target area. Although this may not take into account confounding variables it would reveal whether or not the students are improving their health in relation to obesity. None of the participating schools took any sort of measurement of student's weights, body fat, or any other physical fitness measurement or health assessment.

Of equal importance would be the presence of a formal process evaluation. Program advisors should evaluate the program using tools like focus groups, questionnaires, and interviews to get feedback from those helping run and participating in the program.

### **Recommendations for Program Advisors**

#### *Application Process*

Here are some recommendations on the application process for those interested in the program. For those with concerns about the time commitment needed to run a program consider soliciting help from others rather than ruling out participating. As stated in the next section on performing a needs assessment, help can be solicited in applying for and running a program. Also, if there is an outreach person in your area they can be invaluable. Contact your local Dairy Council to find out. This can also help the worry of not receiving funds or filling out paperwork because the dairy Council's local outreach person will have experience with these programs and knows what gets accepted and what does not. Finally, the researcher feels that the barrier of the NFL's image is something that can only change as the NFL attempts to improve its own image.

This should not be that big of a concern because the NFL is a big stakeholder in this program and is necessary.

One recommendation to aid implementing a program is to solicit the help of others. Other faculty members, students, community members/parents, local businesses can provide assistance or materials. Two of the interviewed programs utilized materials donated from a local health club for their kickoff events. This saved on costs allowing more FUTP60 funds to go to other areas. One local FUTP60 program utilized a parent of a student who had experience in teaching fitness help with the implementation and running of that program.

#### *Needs Assessment*

Program advisors should be made more aware of the need for and the benefits of performing a needs assessment of their school before designing the FUTP60 program interventions. Materials should be formulated by the Program Advisors or FUTP60 that when performed would provide insight into the needs and interests of each school. Program advisors should also talk to students or even have a questionnaire formulated for students to provide feedback on what they feel the funds could go towards.

Next, faculty members as well as parents should be contacted with the similar questioning. Not all parents need to be contacted or involved but involving some may provide valuable insight or even create contacts for the program advisors to aid in implementing and running the program. All faculty members should be approached but certain ones are of more relevant to these programs. For example, those in physical education, sports, health, and nutrition should be of most interest, but not always. They



can help determine if funds could first help fill gaps in funding in these areas before going to other areas. It will also increase buy-in to the program from other faculty members.

These needs assessment steps could give people involved the chance to voice their opinions on what they feel the funds could help with. It helps program advisors design the specific interventions of their programs. Finally, it provides the program advisors with the information needed to design a program tailored to the needs of their school.

### *Interventions*

Program advisors need to use the information obtained from the needs assessment to design appropriate interventions that. By doing so, the interventions would not be as homogenous. Also, the interventions would be designed using information obtained from the students, increasing buy-in and effectiveness of the interventions.

### *Evaluation*

Evaluation of any health promotion program is essential to maximize the program's effectiveness. Evaluation also needs to be considered during the design phase of a program. This ensures that evaluation occurs and that the evaluation tools used are targeting the right variables. Evaluation methods could include assessment of body weight changes in the students or even body composition analysis. Other ideas are physical fitness testing (VO<sub>2</sub>max, flexibility, strength tests). Even a simple waist to hip ratio and BMI could be performed on each student.

## **Recommendations for FUTP60**

### *Application Process*

- Increase the number of outreach personnel. Also, education on behavior change theory and health program design for outreach personnel would be very beneficial.
- Provide assistance or videos/materials that help PA's or potential PA's with the student wellness investigation. Another possibility is hiring more people like the Dairy Council's SE Idaho outreach person. This would increase both awareness of, interest in, and utilization of FUTP60.

### *Needs Assessment*

- Provide needs assessment tools for all program advisors and possibly make it mandatory of each program.
- Provide stratified recommendations making a distinction between elementary and secondary education programs.

### *Interventions*

- Marketing to students and parents of students as well as potential community members that could volunteer their time to FUTP60 aiding busy teachers/ faculty members.
- Marketing to local businesses to aid in materials and community support. Apple Athletic Club in Idaho Falls is an example. Through interviews the researcher found that they donated materials to one program.
- Provide stratified recommendations making a distinction between elementary and secondary education programs.

### *Evaluation*

- Provide evaluation tools for program advisors to aid in evaluating each individual program.
- More qualitative assessment of the program would be beneficial in evaluating the program and making successful changes to the program. Assessing the students BMI's or body fat percentage are both possibilities. FUTP60 may fear that schools would be less inclined to participate if testing like this were done. The researcher shares this sentiment and notes that these are only suggestions and that doing so would benefit evaluation of the program. It is up to FUTP60 to decide if the benefits of evaluating this are worth it. It may be easier to do this testing as more schools become aware and available funds become more competitive.

### **Strengths of the Study**

According to the FUTP60 website there are thirty-two schools in Idaho Falls that have a registered program advisor. These schools make up the sample for this study. All thirty-two schools were contacted and agreed to participate in the study except one. The only criteria for inclusion in this study were that the schools had a registered program director and were willing to participate. It did matter if the director had been successful in obtaining funding or if they had ever implemented a FUTP60 program in their school.

### **Limitations of the Study**

The researcher views sample size, researcher bias, and participant bias as the biggest limitations to the study. The sample size is limited to schools in Idaho Falls, Idaho. The researcher views assessing schools in the same area as a potential limitation and strength of the research project. By assessing schools in the same geographical and

social area the researcher attempted, much like an experimental researcher, to control some confounding variables that may have otherwise impacted the study. The researcher acknowledges that all confounding variables will not be controlled by qualitative analysis but rather that some may be controlled to an extent. Some examples of these confounding variables are the student's home life (social, emotional, and physical), their community (social and physical), and their level of exposure to advertisements for high fat and high sugar content foods. The fact that this is a qualitative study makes it vulnerable to the opinions, views, and responses of both the researcher and the participants.

## **Conclusion**

This study discussed the growing problem of childhood obesity and how schools can be an effective setting for health promotion/prevention programs that target this area. Also discussed, in detail, is the Fuel up to Play 60 program. It also established that there is a need for additional research into school based health promotion/prevention programs, specifically the FUTP60 program. This study explored the FUTP60 school grant program qualitatively. More specifically, it analyzed the FUTP60 program's needs assessment tools, interventions, and evaluation methods. It also described the strengths and weaknesses of the program as well as the process of applying for funding from the program. The final thing the study did was provide a list of recommendations for FUTP60 as well as for program advisors currently running a program or those interested in running a program.

This study provided insight into local Idaho Falls FUTP60 programs. It also increased awareness of FUTP60 and available funds from FUTP60 to local schools that were unaware of the program. All program advisors of current programs will also receive feedback and recommendations, improving the programs involved in this research. FUTP60 may also improve certain areas of the program in general due to the findings of this research.

Further research of this nature will help establish areas of interest for possible quantitative research of current programs. From this research and others like it, as well as any additional quantitative research on this program, patterns may emerge into what works best for certain age groups, different geographic areas/cultures, certain

socioeconomic levels, etc. These recommendations are all made with the intent of improving these programs and providing FUTP60 with valuable insight into their programs as it relates to current best practices.

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## Appendix A: Questions

### *Lead in questions:*

Name of participant:

Name of school/School district:

Grades served:

Public/private:

Title at school:

Years of experience w/FUTP60:

### *Level 1 Questions (those asked during in-person interviews with FUTP60 program*

*advisors):* Have you applied for funding from the FUTP60 program? If so, were you ever successful in obtaining funding?

*Obtained funding:* How many times have you applied for funding? How many times have you received funding? Was a needs assessment performed to develop the program? If so, can you explain how it was used to develop the program? Please describe the specific interventions of the program (describe in detail)? Was an evaluation component included as part of the program? Was it considered during program design? Is the information obtained from the evaluation used to strengthen/improve the program? If so, explain how. What were/are the strengths and weaknesses of the process of applying for funding (specifics)? What were/are the strengths and weaknesses of designing the program (specifics)? What are/were the strengths and weaknesses of

implementing and running the program (specifics)? Are there any suggestions you have for either schools interested in the FUTP60 program or for others involved with or who run the program? What tools are available for program advisors that help with applying, maintaining, and running a FUTP60 program? Have you found it easy or hard to apply for, obtain, and run a FUTP60 program?

*Did not obtain funding:* How many times have you applied for funding? How many times have you received funding? What were the specifics of the designed program in your submission for funding (needs assessment, interventions, and evaluation design)? Was a needs assessment performed on the target population? What are the specifics of the needs assessment and how was it used to develop the program? What were the specific interventions of the program? Were you planning on evaluating the program? If so, was it considered during the planning stage? How do you think the evaluation of the program could have affected the program interventions had it been implemented. Was there a reason given for not receiving funding? Are there any suggestions you have for either schools interested in the FUTP60 program or for others involved with or who run the program? What tools are available for program advisors that help with applying, maintaining, and running a FUTP60 program? Have you found it easy or hard to apply for, obtain, and run a FUTP60 program?

*Level 2 Questions:* Are there any significant findings from this specific case that either supports or refutes the initial proposition (needs assessment, evaluation, environmental and educational, and nutritional and physical activity)? If so, what? Are there multiple sources to back this information leading to an ability to “triangulate” the data and create a solid conclusion?



*Level 3 Questions:* Are there any similarities between the findings of several cases that lead to the same conclusion in relation to the hypothesized proposition? Does the data collected reflect the initial research questions or do the questions need refinement?

*Level 4 Questions:* Have the findings revealed any information about the FUTP60 program (both interventions and evaluation) that could be utilized by the program, schools (both participating and not), potential researchers, or those interested in creating similar public health programs? Does FUTP60 perform a needs assessment of the population? Does FUTP60 design proper evaluation methods? Does FUTP60 target both nutrition and physical activity as well as contain both environmental and educational interventions? What are the strengths of the FUTP60 program? What are the weaknesses?

*Level 5 Questions:* Do the findings from level 4 lead to any research questions and/or policy recommendations concerning the FUTP60 program and other similar, current or potential programs or researchers?

## Appendix B: Consent to Participate

### *Fuel Up to Play 60: An Exploratory Case Study of a School Health Promotion Program*

You are asked to participate in a research study conducted by Joshua Reeder, BA Health Education and Master of Public Health candidate from the Master of Public Health program at Idaho State University. The results of this study will be used to complete a thesis by Mr. Reeder on the Fuel Up to Play 60 program. You have been asked to participate in this research because you have been recognized as a key player in the design, implementation, and evaluation of a FUTP60 program. Your participation in this research project is voluntary. You should read the information below, and ask questions about anything you do not understand before you decide whether or not to participate.

#### **1. PURPOSE OF THE STUDY**

The purpose of this study is to evaluate the intervention components and evaluation methods of the Fuel Up to Play 60 program. Any useful information obtained will be used to better the FUTP60 program, as well as other school based health promotion programs.

#### **2. PROCEDURES**

If you volunteer to participate in this study, I would ask you to do the following things:

1. Complete a one hour interview with myself either face to face or over the telephone.
2. Provide answers to any follow-up questions I may have to clarify what was said in your initial interview after the interview is completed.

The total time commitment from you will include the one hour interview and possible additional time to clarify responses if needed.

#### **3. POTENTIAL RISKS AND DISCOMFORTS**

##### *Interviews*

There are no potential risks foreseen for you during the process of interviewing. All questions asked are impersonal and based on the FUTP60 program.

#### **4. ANTICIPATED BENEFITS TO SUBJECTS**

Subjects will be personally involved in the evaluation of program interventions design and evaluation methods. They will therefore be afforded the results of the study to further improve the FUTP60 program they personally are involved in.

#### **5. ANTICIPATED BENEFITS TO SOCIETY**

Benefits to society include improving the FUTP60 program and/or other health promotion school-based programs. Also the city of Idaho Falls, Idaho will get a full glimpse of the FUTP60 programs in their school systems.

#### **6. ALTERNATIVES TO PARTICIPATION**

No alternatives to participate other than the interview.

#### **7. PAYMENT FOR PARTICIPATION**

There will be no monetary payment for participation in the study. Just the satisfaction of helping the researcher and the FUTP60 program.

#### **8. FINANCIAL OBLIGATIONS**

There are no anticipated financial obligations for you as a participant of this study.

#### **9. PRIVACY AND CONFIDENTIALITY**

The only person who will know that you are a research subject is I. No information about you, or provided by you during the research, will be disclosed to others without your written permission, except (a) if necessary to protect my rights or welfare (for example, if you are injured), or (b) if required by law.

When the results of the research are published or discussed in conferences, no information will be included that would reveal your identity. You have the right to review and edit the recordings of your interview or your transcription. I will be the only one who has access to the actual names associated with each interview. I will code each so that your true identity and role in the research project will only be known by me. If any

other use of the data is contemplated, you will be personally solicited for consent before this occurs.

## **10. PARTICIPATION AND WITHDRAWAL**

Your participation in this research is voluntary. If you choose not to participate you can withdraw at any time during the course of the study.

## **11. CONSEQUENCES OF WITHDRAWAL**

There are no consequences for withdrawal other than not being included on the study.

## **12. IDENTIFICATION OF INVESTIGATORS**

In the event of a research related injury or if you experience an adverse reaction (which is highly unlikely given the nature of this study), please immediately contact the investigator listed below. If you have any questions about the research, please feel free to contact Joshua Reeder, 430 E. 20<sup>th</sup> Street, Idaho Falls, ID 83404, (208) 313-2887.

## **13. RIGHTS OF RESEARCH SUBJECTS**

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have any questions regarding your rights as a research subject, you may contact the Human Subjects Committee office at 208-282-2179 or by writing to the Human Subjects Committee at Idaho State University, Mail Stop 8130, Pocatello, ID 83209.

**SIGNATURE OF RESEARCH SUBJECT OR LEGAL REPRESENTATIVE**

I have read (or someone has read to me) the information provided above. I have been given an opportunity to ask questions, and all of my questions have been answered to my satisfaction. I have been given a copy of the informed consent form.

**BY SIGNING THIS FORM, I WILLINGLY AGREE TO PARTICIPATE IN THE RESEARCH IT DESCRIBES.**

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Signature

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Date