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Q1 Name of your organization.

Child Guidance Center, Inc.

Q2 Grant #

20170375

Q3 Grant Period

08/01/17 - 07/31/18

Q4 Location of your organization

City **Santa Ana**

State **California**

Q5 Name and Title of person completing evaluation.

Marta M. Shinn, Ph.D. Lead Research Scientist

Q6 Phone Number:

714-953-4455 ext 665

Q7 Email address.

mshinn@cgcinc.org

Page 2: Key Outcomes and Results

Q8 Total number of clients served through this grant funding:

140

Q9 Describe the project's key outcomes and results based on the goals and objectives. Use the following format:State the Goal:State Objective 1:Describe the Activities, Results and Outcomes for Objective 1:State Objective 2 (if applicable):Describe the Activities, Results and Outcomes for Objective 2:State Objective 3 (if applicable):Describe the Activities, Results and Outcomes for Objective 3:

Our objective for this grant was to support families in decreasing childhood obesity and inactivity in Orange County's most at-risk child residents. Specifically, we aimed to decrease the children's Body Mass Index (BMI) through improved mealtime parenting behaviors (e.g. food selection and feeding approaches) and active play.

The section that follows describes our method and outcomes.

Method
Sample Description
Over the course of the funding period, 140 children aged 2 – 10 years of age consented to participate in the current study Family Mealtime Coaching (FMC). The children ranged between 2 and 10 years, averaging 4.79 years (SD = 2.9): 21% were 2 -3 years, 33% were 4 – 5 years, 18% were 6 – 7 years, and 28% were 8 – 10 years of age. Approximately 56% of these children were male and 44% were female; and the large majority was Latino (98.5%). The average Body Mass Index (BMI) percentile score at baseline for children with non-missing measurements (N = 111) ranged from 2 to 100, with an average of 90.34 (SD = 21.2); their average waist circumference was 64.4 cm (SD= 20.9).

The sample participants were low income: approximately 45% report yearly income of $20,000 or less per year, 90% reported yearly incomes of less than $35,000 per year. Of the caregivers responding (N= 107), 48% had never graduated from high school. However, the majority (68%) reported never worrying where the next meal would come from; 22% report worried about providing meals every month.

The large majority of children came to the baseline FMC session accompanied by biological parents (96.2%): 52% came with both parents, 42% came with their mothers, and 6% came with their fathers, 3.8% came with aunts or grandmothers. Caregivers ranged in age from 20 to 62 years, averaging 35.8 years (SD = 7.0). More than half of caregivers were married (66%), 11% were living with a partner, 18% were single, and the remaining 5% had been divorced or separated.
Of the 140 total participants, 80% attended only the baseline session (N= 112) and 20% received some FMC treatment (N=28). Fifty-three of the children completing baseline measures completed another assessment an average of 9 weeks after the baseline assessment: 23 caregiver-child dyads had participated in FMC and 30 dyads had not.

Results
Results of analyses of differences between children with baseline only vs. participation in FMC showed no differences between groups in children's age, gender, ethnicity, caregiver's age, education, or yearly income.
Differences in physiological measures from baseline to post-intervention

BMI differences. In order to determine whether participation in FMC was associated with change in adiposity within an approximate 8-10 week time frame, we conducted a repeated measures analysis of covariance of BMI percentile by FMC participation (yes vs. no), controlling for their baseline measure of BMI percentile to adjust for possible ceiling effects. Results showed that BMI dropped significantly for children participating in FMC, but not for children with only a baseline session (Means: Pre-FMC- 93.45 (15.1), Post-FMC- 86.5 (24.5); Pre-Baseline only- 87.36 (26.5), Post-Baseline only- 83.6 (27.5); Assessment point x group effect: $F(1,46)= 6.98$, $p = .01$).

Waist circumference differences. An analysis of change in waist circumference from baseline to post intervention showed no significant

change across or within groups: Means: Pre-FMC- 63.0 (22.0), Post-FMC- 65.3; Pre-Baseline only- 87.36 (26.5), Post-Baseline only- 71.6 (15.5); Assessment effect: $F(1, 43) = 0.19$, $p= .66$, Assessment point x group effect: $F(1, 43)= 0.60$, $p = .44$).

Physicality-- pedometer steps. To assess changes in children's physicality from baseline to post intervention, we conducted a repeated measures analysis of covariance controlling for their baseline number of pedometer steps. Results showed a significant increase in the number of pedometer steps from baseline to post treatment for both groups, but no variation by whether they were FMC participants or children in the Baseline Only group (Means: Pre-FMC- 446.0 (391.1), Post-FMC- 829.3 (375.8); Pre-Baseline only- 541.9 (375.8), Post-Baseline only- 918.4 (312.6); Assessment effect: $F(1, 49)= 92.3$, $p< .001$, Assessment point x group effect: $F(1,49)= 0.59$, $p = .45$).

Differences in parenting skills

In order to test whether participation in FMC was associated with change in the behaviors therapists coached, we compared baseline and post-treatment frequencies from coded observation of parents' use of FIT skills and ABCDE behaviors. Because these frequencies were not normally distributed, we combined the positive skills (i.e. parents' family-style serving ("F"), modeling of intuitive eating ("I"), and use of table talk ("T") during the snack time),the negative comments (i.e., artificial comments, bribing, coaxing, defining the child's food preferences, and emotional associations with food) and conducted analyses of these summary variables. Results of a multivariate repeated measures analysis of variance revealed significant increases in parents' positive skills and significant decreases in parents' use of negative comments, but no variation by FMC participation (Means: Pre- FIT, FMC- 6.0 (3.4), Post- FIT, FMC - 12.3 (4.8); Pre-FIT, Baseline only- 7.1 (3.6), Post-FIT, Baseline only- 13.9 (3.1); Pre- ABCDE, FMC- 4.7 (5.7), Post- ABCDE, FMC – 1.9 (4.6); Pre-ABCDE, Baseline only- 3.8 (8.2), Post-ABCDE, Baseline only- 0.23 (0.42); Assessment effect: Overall $F(2, 44)= 43.5$, $p< .001$, Assessment point x group effect: Overall $F(2, 44)= 0.511$, $p = .9$).

Activity and Mealtime Ratings

To get a sense of the degree to which participation in FMC related to changes in families' everyday experience of mealtime and exercise, we compared pre- and post-treatment scores on questions from the Weekly Check-In. We conducted repeated measures multivariate analyses of variance of these items and found that two of the items improved significantly from baseline to post-treatment, although they did not significantly vary further by group: parents' estimate of the child's exercise level, and their willingness to try healthy food.

Behavioral Pediatric Feeding Assessment

To get a sense of the degree to which participation in FMC related to changes in child behavioral problems and parent management strategies related to feeding, we compared pre- and post-treatment scores on questions from the Behavioral Pediatric Feeding Assessment. We conducted repeated measures multivariate analyses of variance of these items and found that the items improved significantly from baseline to post-treatment, but did not significantly vary by group.

Parental Stress

We used the Parenting Stress Index (PSI-SF; Abidin, 1995) to measure the degree to which the participation in FMC related to decreases in self-reported stress in the parent role, thereby decreasing the negative affect contributing to harmful family dynamics. We compared baseline and post-treatment scores on these scales (i.e., Parental Distress, Parent-Child Dysfunctional Relationship, and Difficult Child scales) using repeated measures multivariate analysis of variance. We observed no significant changes in measures of stress for either group.

Child Disruptive Behaviors

We used the Child Behavior Checklist (CBCL; Achenbach & Rescorla, 2000, 2001) to measure the degree to which the participation in FMC related to decreases in children's difficult behaviors outside of mealtime. We compared baseline and post-treatment scores on the Externalizing Behaviors (e.g., disruptive), Internalizing Behaviors (e.g., depressive, anxious), and Total Behaviors scales using repeated measures multivariate analysis of variance. We observed no significant changes in measures of behaviors for either group.

Q10 Please describe any challenges/obstacles the organization encountered (if any) in attaining goals & objectives.

Getting parents to commit to multiple sessions was a challenge especially during busy times of the school year.

Q11 How did you overcome and/or address the challenges and obstacles?

Flexible scheduling and incentives (i.e. grocery & gas cards) to support their ability to attend the clinical appointment without interfering with the child's daycare or school schedule. The grocery cards assisted families in offering more healthy food options.

Q12 Describe any unintended positive outcomes as a result of the efforts supported by this grant.

Anecdotally, several parents reported doing active play made them feel more happy or improved their mood.

Q13 Briefly describe the impact this grant has had on the organization and community served.

Our most significant finding is in reductions in child BMI. There are no other obesity reduction interventions involving family coaching in our county – our program meets an important service needs. Our agency is proud of the outcomes achieved in this grant and how well the result highlight the quality and effectiveness of the clinical of our providers.

Page 3: Budget

Q14 Please provide a budget expenditure report of the approved line items. Include a brief narrative on how the funds were used to fulfill grant objectives.

The $25,000 received from S.C. Gimbel was spent accordingly to the budget submitted with the application.

Personnel – Salaries and benefits needed to run the program:

Program Director: Oversees the Santa Ana Medi-Cal program and FMC. 2.50hrs. monthly x $80 x 12mo = $2,400
Program Manager: Coordinates FMC program staff and research processes. 4.20 hrs. monthly x $75 x 12mo = $3,780
Active Play Coach: Leads active play in the park and other community events. 24 hrs. x $100 =$2,400
FMC Coach: Coach families during mealtime coaching and active play modules. 27hrs. monthly x $25 x 12mo = $8,100
Lead Research Assistant: Leads data collection through volunteer student training. 10.33 hrs. monthly x $17.50 x 12mo = $2,170

Benefits: $2177 - (SUI 0.55%, FICA/Medicare 7.65%, Worker's Compensation 1.38%, Group Medical/Life/Vision Insurance 14.64%)

Direct Client Expense: To address potential recidivism from program participation we have implemented the use of weekly incentive strategies (e.g. $10 grocery cards, child party-favor sized prizes); reduced barriers to attendance such as transportation by providing $15 gas cards and bus passes as needed for each visit)
Total Direct Client Expense supported by this contract $920

Office Space cost to use PCIT rooms, intake offices, classrooms.
Prorated rent and maintenance allocated to this contract = $2.04sqf x 78.88sqf x 12 month = $1,931

Program Supplies/Expenses needed to run the program, including allocated cost of Telephone, Data, Professional & Liability Insurance, Mileage, Office Supplies - $93.50 per month x 12 = $1,122

Page 4: Success Stories

Q15 Please relate a success story:

One mom shared how her child frequently had tantrums at the dinner table if her preferred food was not offered, but mom was afraid to remove this food item despite knowing it was not a healthy choice. She shared that learning how to present food and handle the child's behavior really helped her. Mom was also very happy that the child stopped gaining weight.

Q16 Please relate a success story here: **Respondent skipped this question**

Q17 Please relate a success story here: **Respondent skipped this question**

Page 5: Organizational Information

Q18 Which category best describes the organization. Please choose only one. **Medical/Health/Public Agency**

Q19 What is the organization's primary program area of interest?	**Health & Human Services**
Q20 Percentage of clients served through grant in each ethnic group category. Total must equal 100%	**Respondent skipped this question**
Q21 Approximate percentage of clients served from grant funds in each age category.	**Respondent skipped this question**
Q22 Approximate percentage of clients served with disabilities from grant funds.	**Respondent skipped this question**
Q23 Approximate percentage of clients served in each economic group.	**Respondent skipped this question**
Q24 Approximate percentage of clients served from grant funds in each population category.	**Respondent skipped this question**