



FOUNDATION FOR  
HEALTHY COMMUNITIES

# **Statewide Survey of CATCH Kids Clubs, New Hampshire**

## **Conducted for Foundation for Healthy Communities**

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## REPORT OVERVIEW

CATCH Kids Club (CKC) is an evidenced-based after-school, summer, and community recreation program designed to promote healthy physical activity and eating behaviors in elementary school-age children. The Foundation for Healthy Communities, in partnership with other organizations, supports the development and implementation of CATCH Kids Club (CKC) programs across the state of New Hampshire.<sup>1</sup> In 2004 CKC began implementation in three sites in Keene and Laconia. Since that time several other sites have been added and currently there are over 70 sites that now, or formerly, implemented CKC. In 2009 the Foundation for Healthy Communities (FHC) began to roll out its new pilot initiative to implement and assess environmental and policy procedures to ensure healthy eating and physical activity, and they developed an assessment tool to do so. Now in its second pilot year, the Foundation for Healthy Communities was interested in having a better sense of the potential pool of out-of-school time (OST) sites that are or could be promoting healthy eating and physical activity using the CKC program, or other approaches. Therefore, the primary purpose of this evaluation project was to conduct a survey of the over 70 OST sites in New Hampshire that at one time were trained on CKC to see if they are still using that program specifically, and working on healthy lifestyles more generally. After a short description of the survey and sample, this report presents the results of the survey and offers some implications for future CKC implementation.

## SURVEY AND SAMPLE

In consultation with the Foundation for Healthy Communities staff an on-line survey was developed and administered to all current and former OST sites that were trained on the CKC program. The survey asked about the nature and challenges of implementation of the CKC model, as well as the sites' overall approaches to promoting healthy choices and physical activity. It assessed sites' training needs, to inform future professional development efforts. Appendix A provides the complete survey, including a list of the programs invited to participate.

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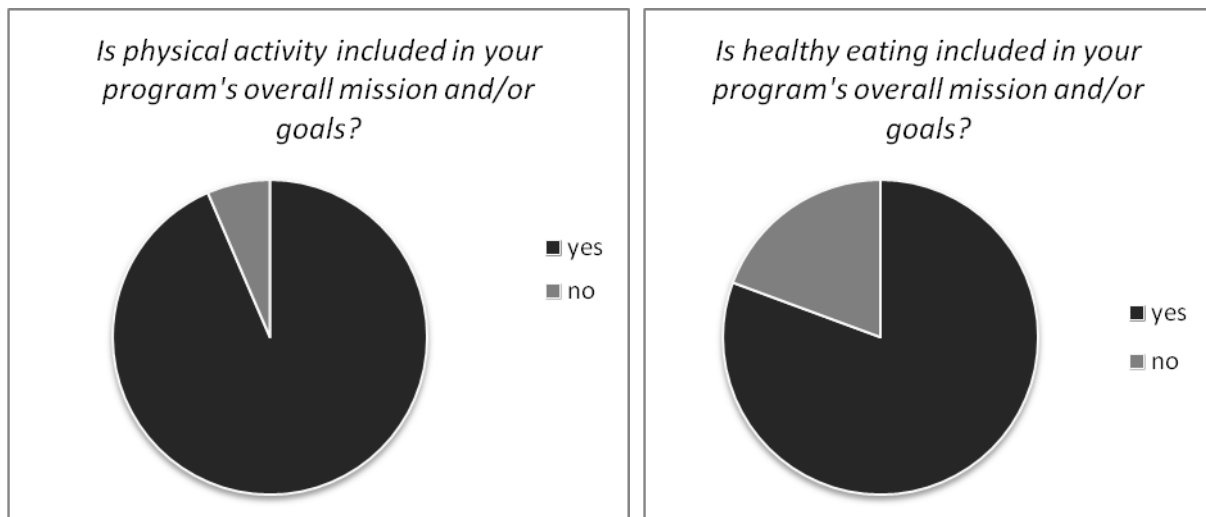
<sup>1</sup> The New Hampshire CATCH Kids Club Project is funded by the Harvard Pilgrim Health Care Foundation.

Based on a list provided by the Foundation for Healthy Communities, a link to the on-line survey was sent to 77 OST programs across the state of New Hampshire. The survey remained open from April 5 – May 16, 2011. Thirty-one sites responded to the survey representing a response rate of 40%. Of the respondents, 94% (all except two) sites currently offered CKC in their program. The small portion of the sample that did not offer CKC renders comparisons between the two groups not possible. Therefore this report presents aggregate data on the entire sample of 31 programs.

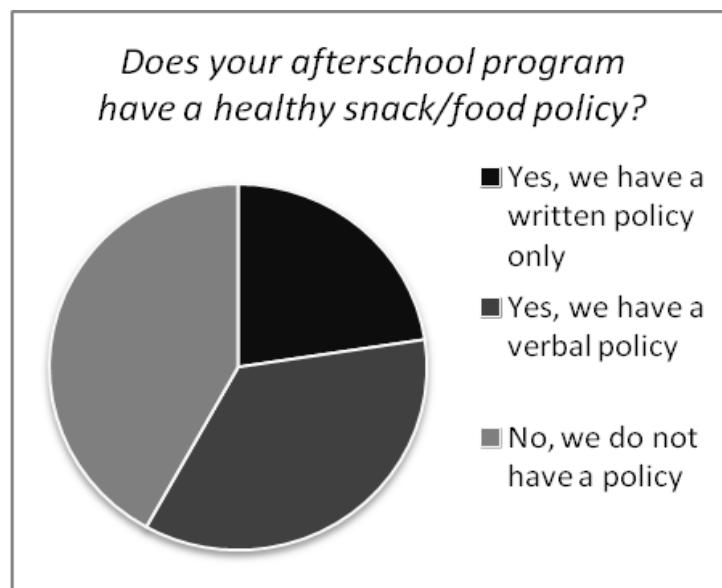
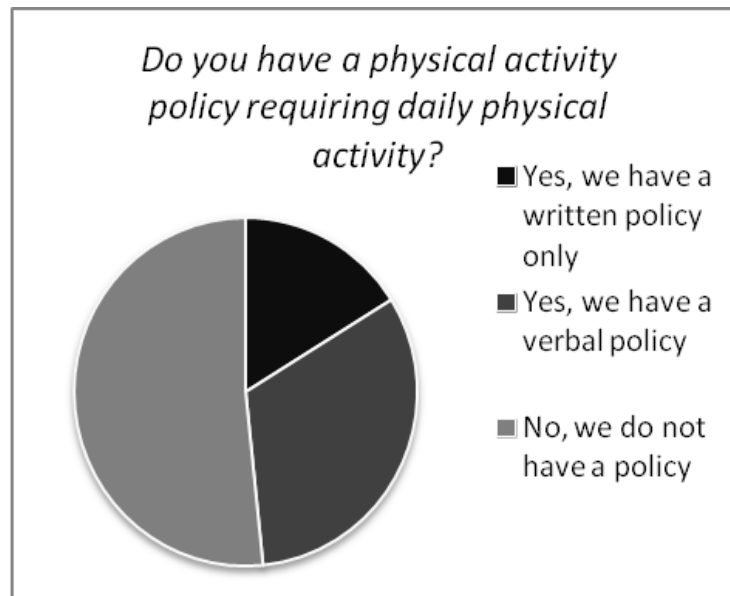
## SURVEY RESULTS

### Are Programs Committed to the Principles of CKC?

Overall, results indicate that **this set of programs is committed to supporting the healthy living principles of CKC**. Ninety-four percent of the programs indicated that physical activity was included in their program’s overall mission and/or goals; and 81% reported the same for healthy eating.

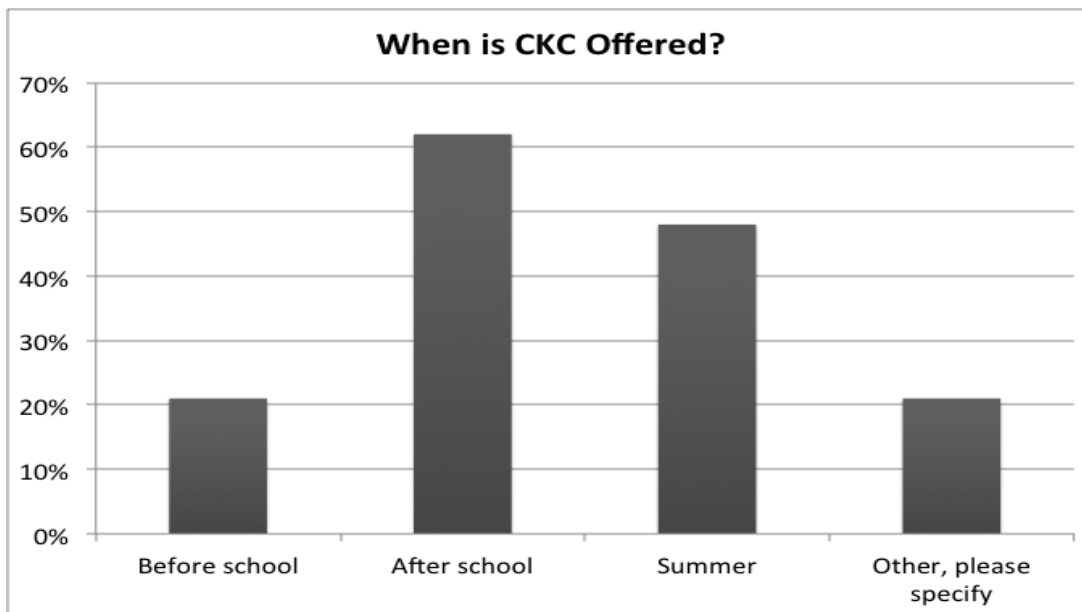


When asked about policies in place to support physical activity and healthy eating, however, **fewer reported having written or even verbal policies**. Over half (52%) did not have a physical activity policy requiring daily physical activity; another 32% indicated they did have a verbal policy, and only 16% reported a written policy. The same pattern was true for a healthy snack/food policy; 42% did not have one at all, while 35% had a verbal policy and 23% had a written policy. These results suggest that while programs are overall committed to physical activity and healthy eating, they could benefit from help in setting up policies and procedures to carry through on the commitment.



## What are the participation patterns in CKC programs?

Results indicate that **while many programs offer CKC after school (62%), CKC is also offered at other times of the day and throughout the year.** In addition to offering CKC after school almost half the programs in this overall sample (48%) offer CKC in the summer months; 21% also report offering CKC before school; another 6% also offer CKC during school-year vacations. Further analysis reveals that overall almost one-third of the programs utilize CKC year round, offering CKC after school and in the summer. Another 10% offer CKC before school, after school, during the summer, and on vacation breaks. Further, **CKC programs include the full range of elementary school grades,** primarily focusing on children in grades one to four (93% of programs), with slightly fewer including kindergarten (66%) or fifth grade (83%).



The chart below indicates how many children participate in CKC programming during various times of the day. It appears that **summer programming for CKC is the largest**, with 15 programs reporting that they serve 41 or more children in the summer months and another six reporting serving at least 21 children. **Participation numbers for CKC after school appear fairly diverse**, with some small programs only serving 1-10 children and other, larger programs serving over 50; most programs that offer CKC

after school are serving 11-50 children. This variability makes sense given the diversity of after school programs in this sample.

*In a typical week, how many children participate in CKC?*

	1-10	11-20	21-30	31-40	41-50	50+
Before school	0	5	3	0	0	0
After school	2	6	4	3	4	4
Summer	0	0	3	3	5	10
Other	0	1	1	0	3	0

Chart reads: Five programs reported that 11-20 children participated in CKC before school; another three programs reported that 21-30 children participated before school.

In addition to asking programs how many children they were serving, the survey also asked programs to indicate how frequently they offered CKC over the course of a week (see chart next page). Results **indicate wide variability in how often CKC is offered** during the course of a week. In the before school hours CKC is offered anywhere from one to four days. Most of the after school programs in this set report offering CKC anywhere from one to three days a week; however, most of the programs that offer CKC only one day a week after school are coupling this with at least one day before school and/or summer programming. It is notable that four programs offer CKC every day. While seven summer programs reported offering CKC only two days per week, most of the summer programs in this sample offer CKC at least three and up to five days per week.

*In a typical week how many times per week do you offer CKC in the programs listed above?*

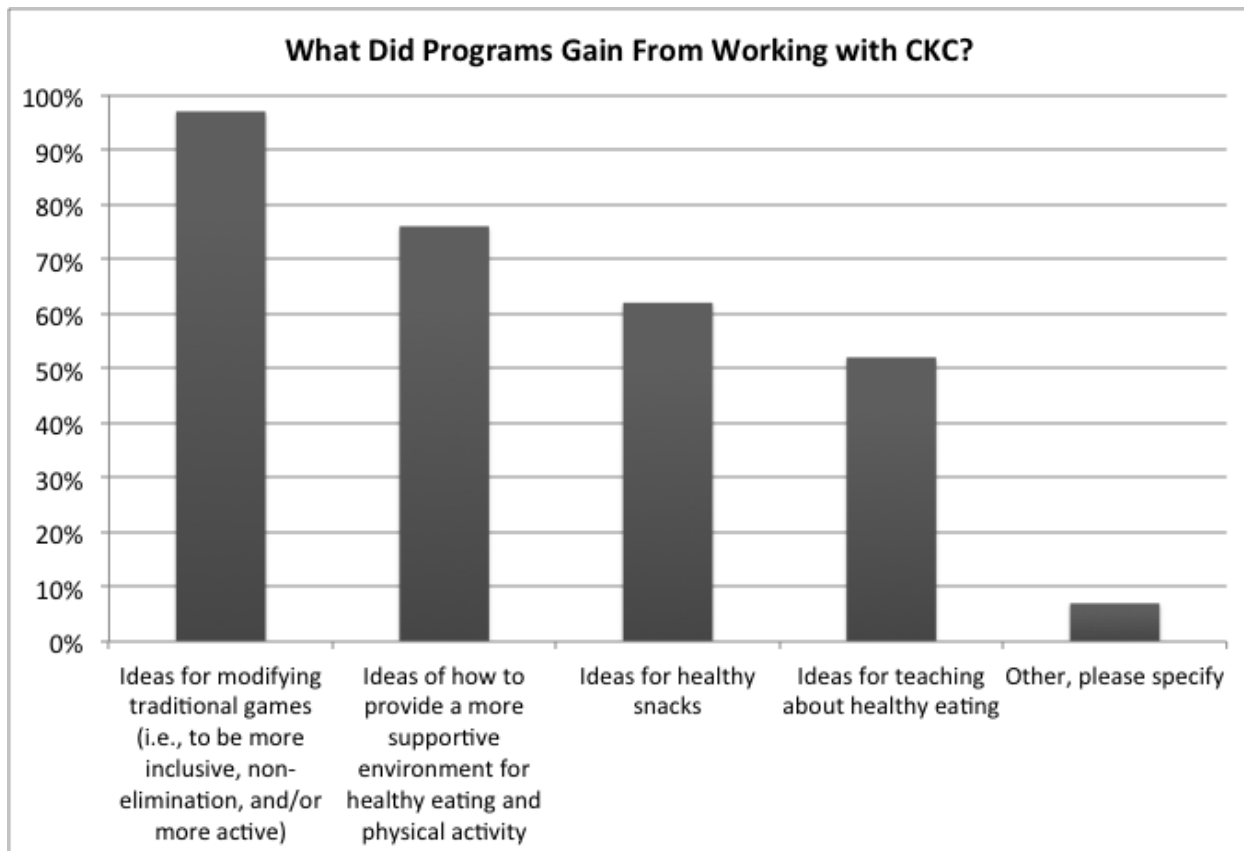
	1 Day	2 Days	3 Days	4 Days	5 Days
Before School	2	1	2	1	0
After School	5	6	6	1	3
Summer	0	7	4	3	4
Other	1	1	0	1	1

Chart reads: Two programs reported that they offer CKC one day per week before school; one program offers CKC two days per week before school, etc.

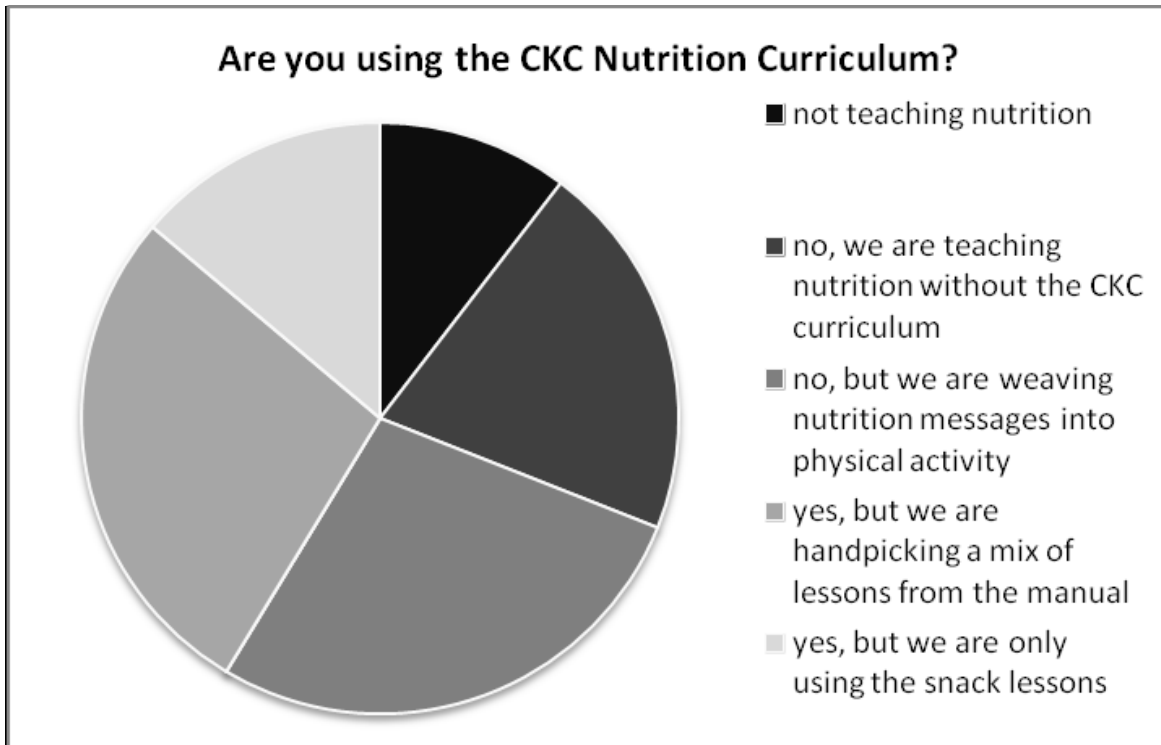
## What are programs' experiences with CKC?

As indicated above, all but two programs in this sample are currently offering CKC; of these two one reported that it stopped using the program due to competing programs at the site. **The 29 programs that were using CKC at the time of the survey report that they have gained a lot from working with CKC.** All except one program (97%) indicated that they got ideas for modifying traditional games (i.e., to be more inclusive, non-elimination, and/or more active); 76% reported that they got ideas of how to provide a more supportive environment for healthy eating and physical activity; 62% reported getting ideas about healthy snacks; and, 52% reported getting ideas for teaching about healthy eating (see graph, next page). One program reported that CKC changed the behavior of its counselors so that they now looked for healthy snack alternatives to provide the children.

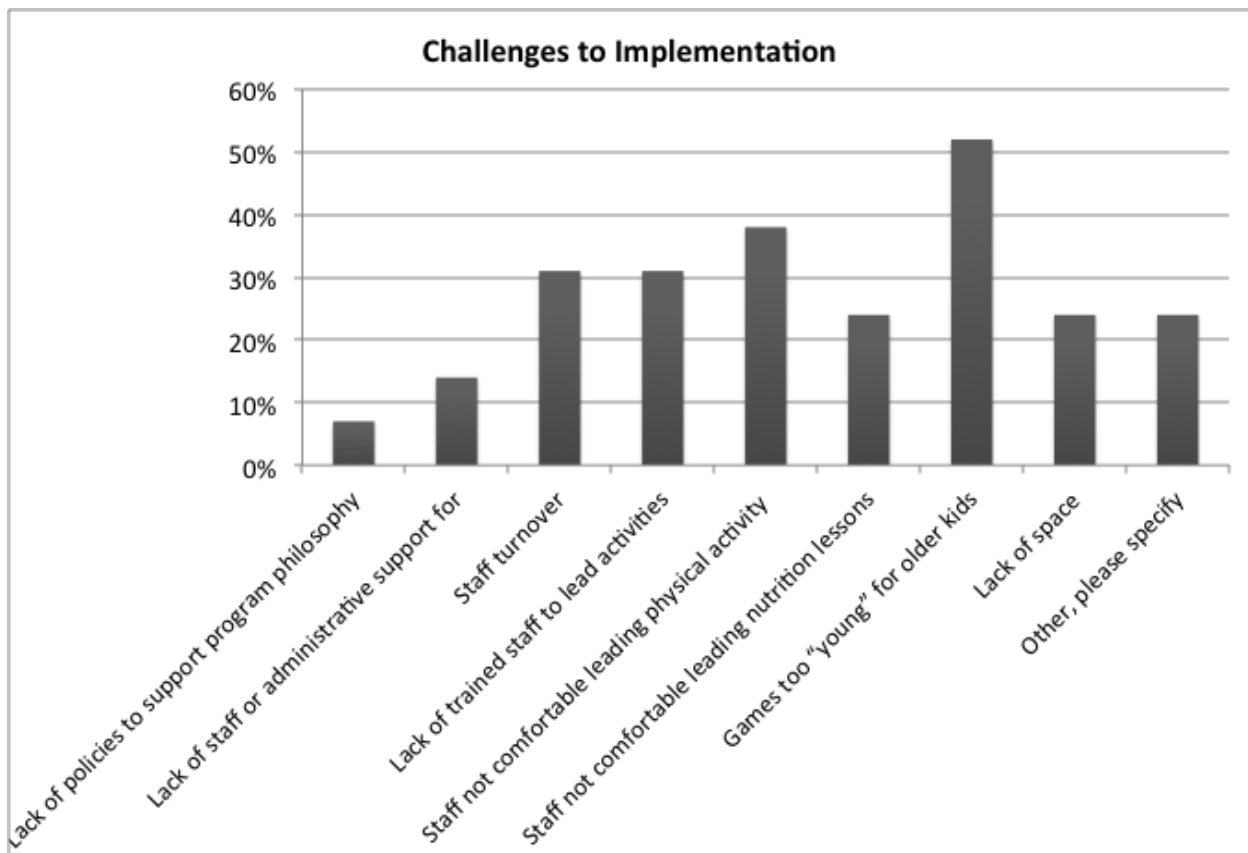
Thank you! CATCH has been a great way to get healthy living education integrated into our programs. It's also nice to provide a structure for our staff.



When specifically asked about the CKC nutrition curriculum, about half of the programs reported that they were not using it but were integrating nutrition into their programming, either directly (21%) or through their physical activities (28%). Programs that were using the CKC curriculum were either hand picking a mix of lessons in the manual (28%) or only using the snack lessons (14%). No program reported teaching lessons as outlined in the manual; 10% were not teaching any nutrition at all.

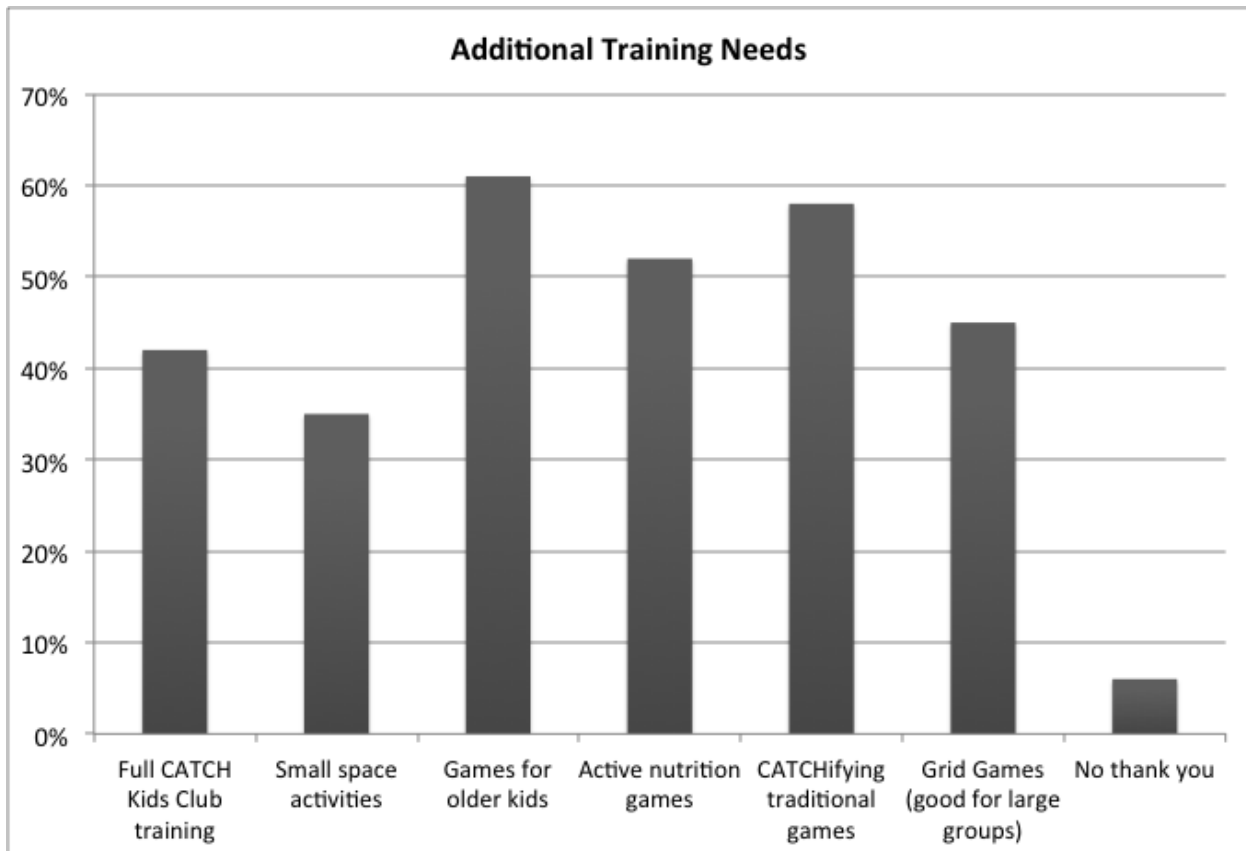


Given that Foundation for Healthy Communities is working to scale up the use of CKC it was interested in learning about the challenges in coordinating/implementing CATCH Kids Club. **The biggest challenge that programs reported was that the games were “too young” for the older children (52% reporting). Staffing challenges were also reported;** specifically, staff not comfortable leading physical activity (38%); staff not comfortable leading nutrition lessons (24%); and, lack of trained staff to lead activities (31%). Lack of adequate space was also reported as a challenge by about one-quarter of the programs. And, finally, a phenomenon that plagues the OST field, staff turnover, was also reported as a challenge by about one-third of the programs. One program reported that they would like help adapting CKC for special needs children; another asked for help working with large groups of kids and getting them to really focus.



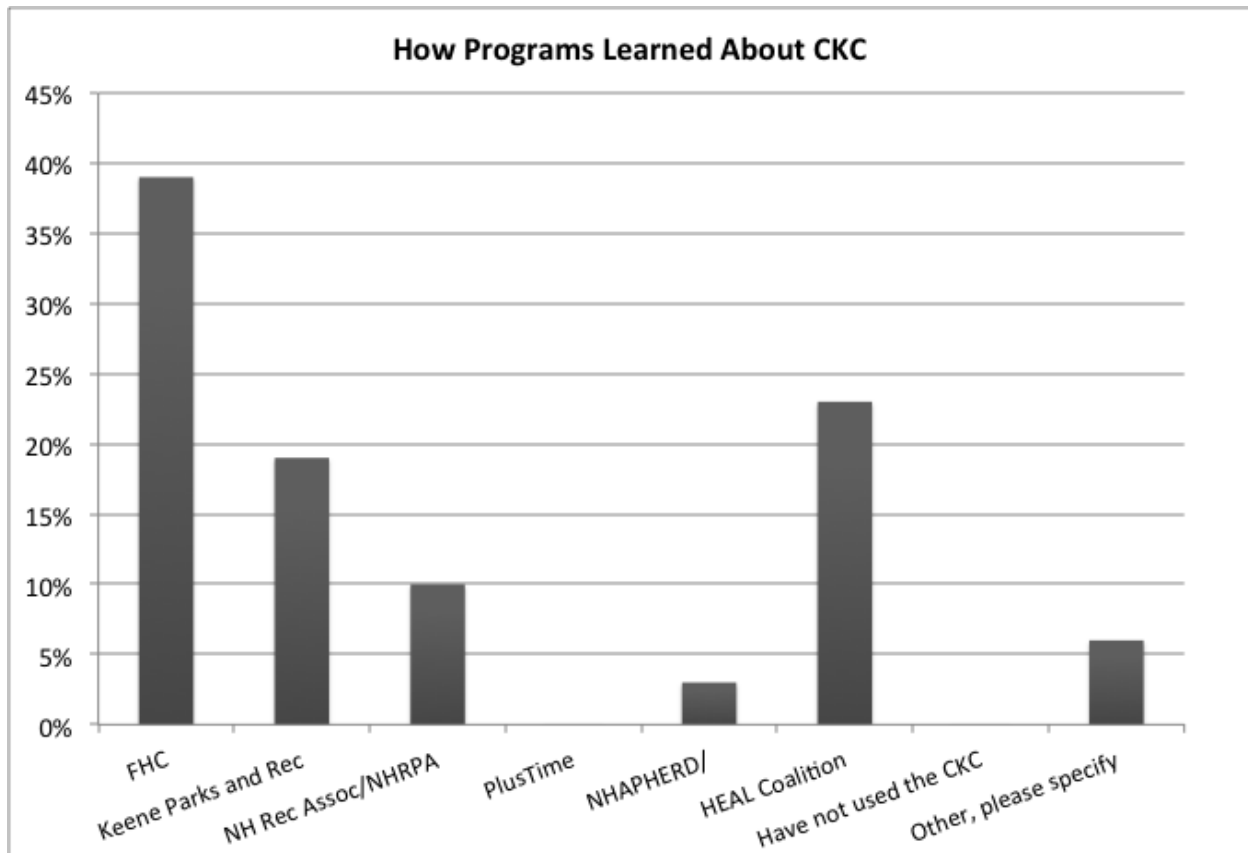
Again looking to the future FHC was interested in learning about additional training that might benefit current and future CKC sites. Mirroring the response above, **training of most interest to this set of programs was on games for older kids (61%)**, with over half of the programs also indicating the need for training on CATCHifying traditional games (58%) and active nutrition games (52%). Mirroring the range in size of the CKC programs, some also wanted help with Grid Games, which are good for large groups (45%), while others requested training on small space activities (35%). **Forty-two percent reported they would like to receive the full CKC training.**

I think CKC is a great program and would like to have more training for new and current staff because it makes more of an impact when the learning is hands on.



**Programs learned about CKC from a number of different sources.** Twelve were introduced to CKC from the Foundation for Healthy Communities; another seven heard about it from a local Healthy Eating Active Living (HEAL) Coalition; six heard about it from Keene Parks and Recreation, the remainder from state conferences. This suggests that CKC is a resource known throughout several state organizations.

I have REALLY enjoyed working with FHC and appreciate all the support it has given to make our program/games work. It is obvious that everyone affiliated with CKC wants you to be successful and that support has been great!!

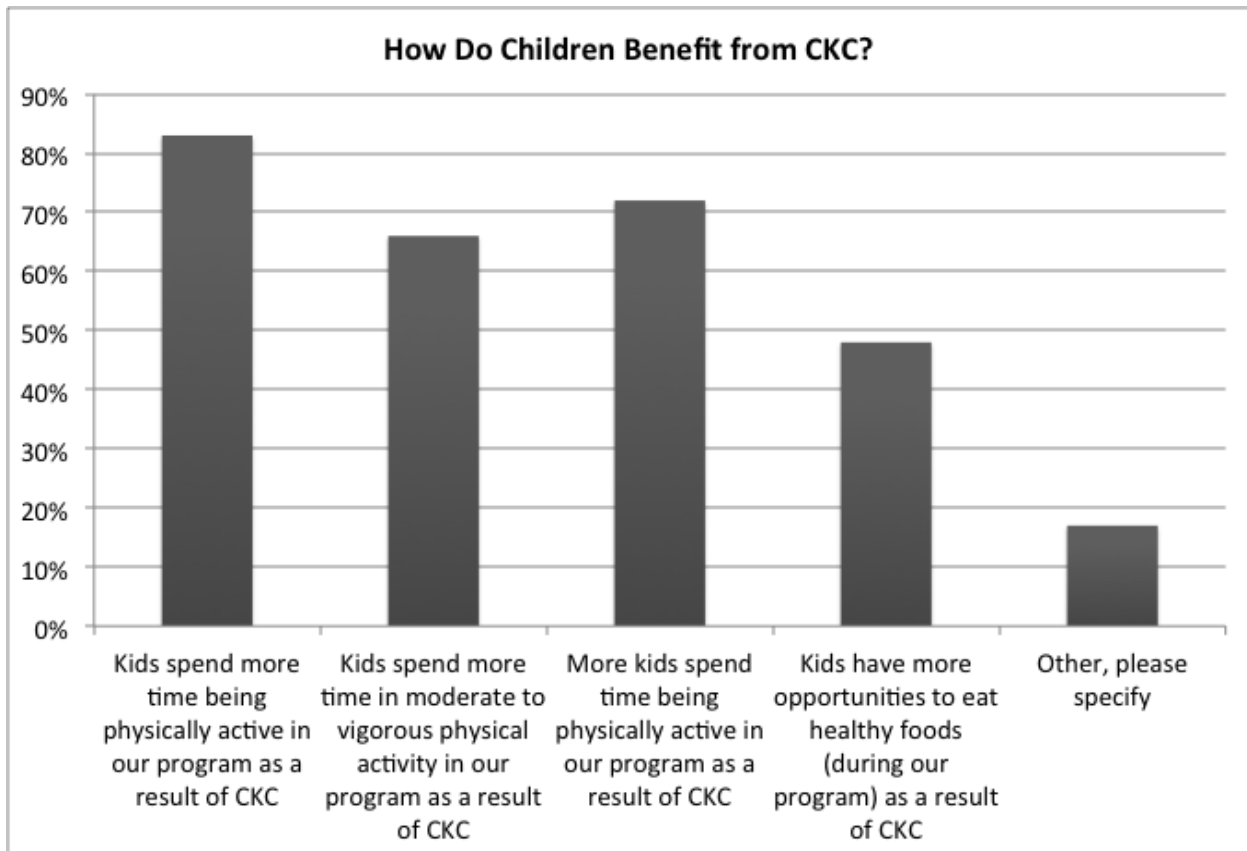


**How do children benefit from CKC?**

While this was primarily a survey to understand the implementation of CKC, respondents were also asked to reflect on how they thought participation in CKC benefited the children. Overall, **the largest perceived benefit was that kids spend more time being**

We think this is a wonderful program getting kids up and moving!

**physically active in the program as a result of CKC (83%);** with 66% reporting that kids were engaged in moderate to vigorous activity. Additionally, 72% of the programs reported that **more kids spent more time** being physically active as a result of CKC. When asked to reflect on healthy foods, 48% of the programs reported that kids have the opportunity to eat healthy foods in the program as a result of CKC. Additional responses included: **“kids go to class prepared to learn after participating in before school CATCH because their bodies and their minds are awake!”** Respondents also noted that some kids were getting better education about healthy food choices and were seeing movement as fun and enjoyable. In addition to benefiting children, one program reported: “We work with Developmentally Disabled Adults who love this program and CATCH helps us to keep them moving in healthy ways.”



## IMPLICATIONS FOR FUTURE CKC IMPLEMENTATION

Results from this survey can be used to confirm and guide the future direction of CATCH Kids Club. First and foremost, it is clear from this set of programs that there is a commitment to physical activity and healthy eating but programs the lack of policies in place to support this mission. This **underscores the need for FHC to pursue its current initiative to implement and assess environmental and policy procedures to ensure healthy eating and physical activity** and it confirms that it is the right “next step” to take in CKC implementation. It is particularly important to have written policies in place given the high staff turnover at many OST programs.

A second important implication of this evaluation is the **need to modify CKC for older children**. Programs’ biggest implementation challenge was using CKC for older kids as they felt the games were “too young.” They also then requested training on working with older kids. Moving forward FHC could consider taking the core principles of CKC and modifying the games and nutrition curriculum for middle school and beyond.

A third result that bears consideration rests in **the opportunity that summer programming appears to be providing to implement CKC**. The summer programs in this set tended to be larger and to offer CKC more times per week. This suggests an important “market” for CKC, having the potential to reach a lot more children than during the school year. One summer program reported wanting to use CKC but that its counselors were not trained adequately. This suggests that a push toward summer will require some targeted training for camp counselors. And this leads to the next implication.

Not unlike most surveys of OST programming, **staff training and capacity were identified as challenges to implementation**. In addition to general training on the elements of CKC, some additional needs were identified, including working with large groups and adapting CKC for a special needs population. This suggest that CKC training may need to move beyond training on the specifics of the approach, to some more general training on positive youth development and behavior management. Further, respondents indicated that they would like more on-site training and coaching for their staff rather than attend group trainings and meetings.

Finally, a clear message from the results is that **adaptation is the key to success**. While many programs were not using the nutrition curriculum in its entirety, they were taking the spirit of it and integrating nutrition into their programming. Indeed, a full 97% reported that they were getting ideas from CKC to modify traditional games, taking the core principles from CKC and using them in other games. As noted above, one program has adapted CKC for use with disabled adults and several others want help bringing it to older children. These results point to the need to keep CKC flexible enough to allow for adaptation and site-specific contextualization. **Moving forward it may be less important to develop specific materials and curriculum and more important to focus on the core principles of physical activity and healthy eating as reflected in the new Healthy Eating and Active Living Policy and Environmental Assessment developed by FHC.**