B'More Healthy Communities for Kids, a Multilevel Obesity Prevention Program for African American children: Selected Program Impacts and Sustainability

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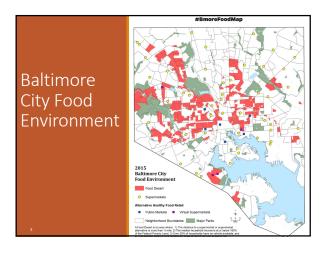
Center for Human Nutrition Global Obesity Prevention Center Johns Hopkins Bloomberg School of Public Health



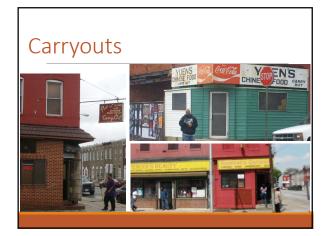
Topics

- Describe the different components of the BHCK multilevel multicomponent trial
- •Briefly present process evaluation findings by intervention component (intensity)
- oDiscuss variation in intervention exposure (intensity)
- •Present selected results at the wholesaler, corner store, carryout, adult caregiver (household) and child levels

Sustainability







Previous studies, 2004-2012 Store or stores Increase stocking of healthier foods; Point of purchase promotions; Store owner training; Interactive sessions Increased stocking and sales of promoted healthier foods Increased consumer purchase of healthier foods and healthier food areparation methods Increased stocking and sales of promoted healthier foods Increased consumer purchase of healthier foods and healthier food areparation methods Increased stocking and sales of promoted healthier sides and beverages; Iower cost combo meals Increased sales of healthier promoted items, increased total revenues

Healthy Carryouts

#**| *}}**

16 recreation centers and their neighborhoods Changing the food environment in neighborhoods (corner stores, carryouts, rec centers)

Increased consumer purchase of healthier foods

Youth peer educators, Rec center staff training Decreased BMI in children who were overweight or obese at baseline

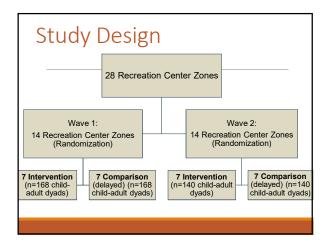
Questions emerging from previous studies

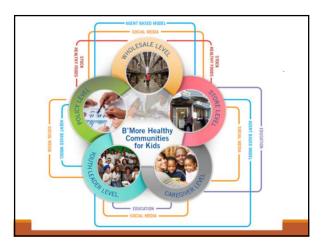
- What is the best combination of interventions to improve the food environment and impact childhood obesity in Baltimore?
- How to engage parents? Can we impact adults?
- $\circ~$ How to assess implementation and impact?
- Are multi-level multi-component (MLMC) interventions "better" than other approaches?

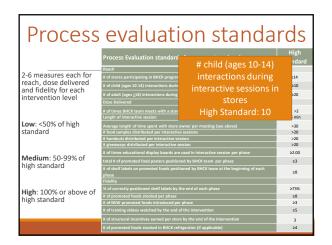
BHCK Aims



- To implement a MLMC community-based obesity prevention program, operating at multiple levels of the Baltimore City food system
- 2. To increase affordability, availability, purchase, and consumption of healthy foods in 14 low-income minority neighborhoods (with 14 comparison)
- 3. To examine implementation at each level through a detailed process evaluation
- To evaluate impact on multiple levels: healthy food pricing and availability; adult food purchasing, preparation and obesity; and child obesity, diet and psychosocial factors





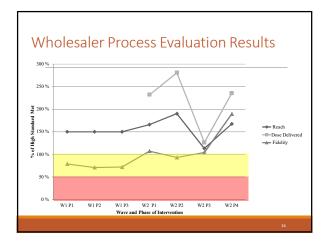


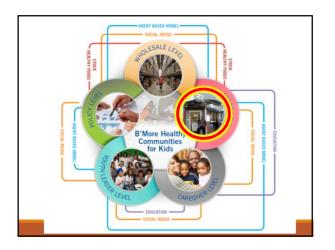


Whoesaler Use by Corner Stores		
Variable	Comparison (n=24)	Intervention stores (n=26)
B. Green Cash and Carry West) 6.5 (8.2)
B. Green Cash and Carry East	4.1 (9.4	7.6 (10.2)
Sam's Club	3.6 (4.3	6.2 (6.8)
Walmart	2.1 (2.5) 4.7 (7.1)

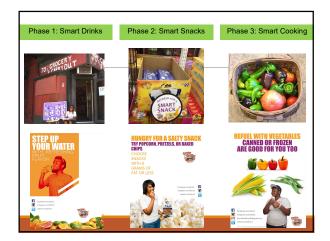


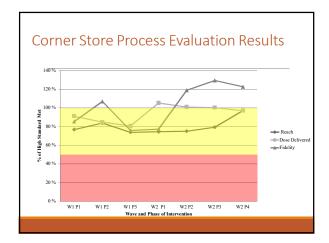




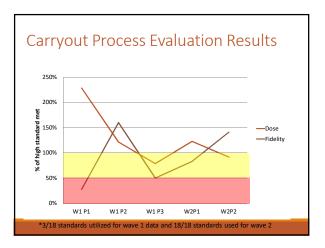


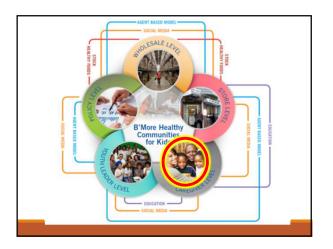




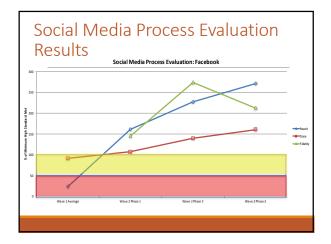


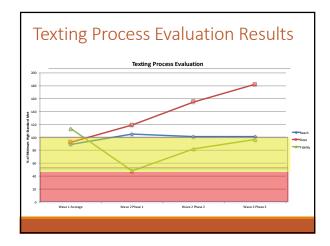


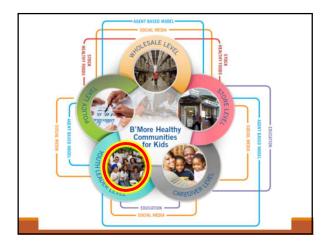




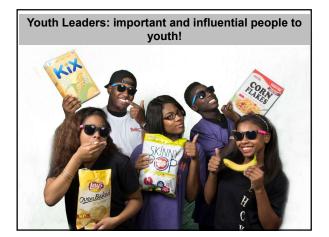




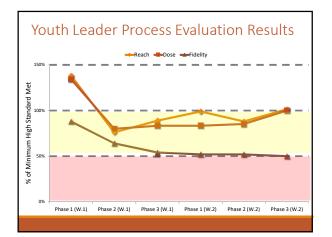


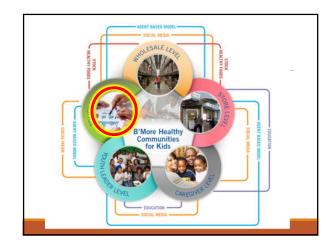












Policy working group

•Working with key stakeholders:

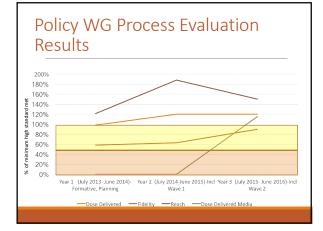
- To develop and build the evidence base to support policies for a healthier food environment in Baltimore City
- To sustain BHCK activities

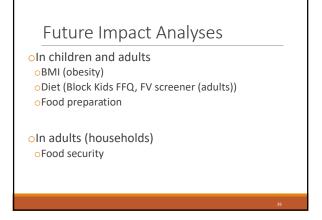
oHeld 10 meetings with City stakeholders since kick-off in July 2013

•Develop simulation models to aid stakeholder decision-making

Policy Working Group Meetings







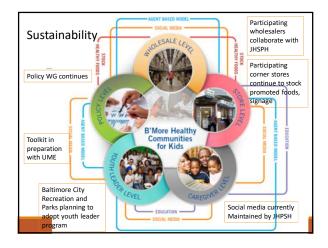
Future Impact Analyses

oIn carryouts

•Preparation methods

Sales

- oPsychosocial factors
- Teasing out effects of specific components? • Possible using exposure data



Unexpected Consequence: Testimony at Public Hearing for Property Tax Credits for Urban Agriculture

- Provide 90% tax credit to owners of vacant lots if they will convert them to urban farms
- BLIFE simulation model modified to provide evidence for the bill



Some Lessons Learned for MLMC trials

•The "contamination" issue is important, challenging traditional RCT designs

 Implementation intensity will vary between and within components of MLMC trials

 $_{\odot}$ Wave 2 implemented better than wave 1 \rightarrow more impacts seen in wave 2

Some Lessons Learned for MLMC trials

Important to assess impact at multiple levels in MLMC interventions

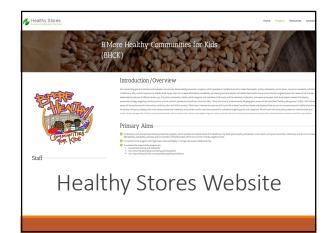
•Critical to set standards for implementation, and achieve adequate exposure

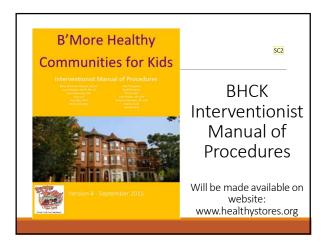
Sustainability planned for from the beginning, with heavy stakeholder leadership

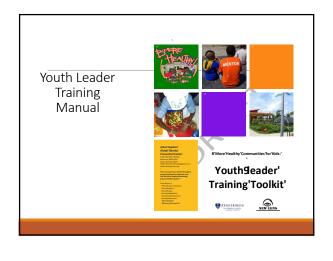
Plan for Dissemination

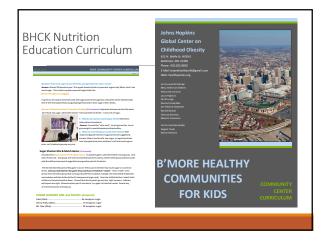
Scientific Dissemination

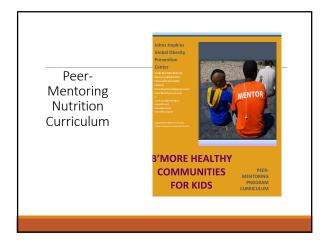
- 1. 29 papers published or in press
- 2. 10 papers under review
- 3. 20+ presentations at scientific conferences





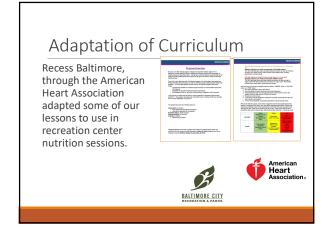






SC2 This is cut off a little, may just be my computer Shipley, Cara, 6/8/2017





Partnering with Extension

Continued Partnership with University of Maryland Extension to identity BCRP staff to undergo Champions for Healthy Kids Training





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Thank you!

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Impact Assessments: Individual Level

- Child-Level
 - Child Impact Questionnaire
 - Block Kids Food Frequency Questionnaire
 - Anthropometry
 - Child Exposure Questionnaire (only follow-up)

Assessed Pre- and Post-Intervention

Control and Intervention Groups

Wave 1 - n= 6 intry/ 8 control

Wave 2 - n= 10 intrv/ 6 control

• Adult Caregiver-level

- Adult Impact Questionnaire
- FV Screener
- Anthropometry
- Adult Exposure Questionnaire (only follow-up)

Store Impact Questionnaire (SIQ)

Wave 1 – n= 15 intrv/ 10 control Wave 2 – n= 14 intrv / 16 control

- Store Classification
- Customer and Worker Attitudes
- Food Acquisition and Promotions
- · Stocking and Sales of promoted foods
- Training Related Knowledge
- Psychosocial factors
 - Outcome Expectations: Promoted Food Sales, Outcome of BHCK
 - Self Efficacy-Stocking of Foods
 - Intentions to Sustain BHCK Promotions

Carryout Impact Questionnaire (COIQ)

- Store Classification
- Food Acquisition of Promoted Foods
- Stocking and Sales of Promoted Foods
- Preparation Methods
- Training Related Knowledge
- Psychosocial factors
 - Self Efficacy: Food preparation and stocking
 - Intentions: Food preparation and Sustaining BHCK promotions
 - Outcome Expectations: Promoted Food Sales, Outcome of BHCK

Wholesale Environmental Assessment Per Food Group Applied pre- and post-intervention & monthly Stocking and Sale Assessment Per Food Group • Number of food-item stocked; • shelf label present, • advertised in circular, • price, • # of brands, • # of varieties

Baseline and Post Corner Store EA

- Accepted forms of food assistance
- Stocking and Sales Assessment
- Presence of fridge and deli case for fruits and vegetables
- Food Source Environment
- Interior/Exterior Store Environment

Baseline and Post Carryout EA

- Accepted forms of food assistance
- Stocking and Sales Assessment
- Presence of fridge and deli case for fruits and vegetables
- Food Source Environment
- Interior/Exterior Store Environment

Child Impact Questionnaire

- 1. Food Source: How often and where kids shop for food (Grocery, Corner Store, Carryout/Fast-food, School/Rec, Other)
- 2. Food Purchasing: How many times the food item was purchased in the previous 7 days (71 items) 3. Food Preparation Environment: Frequency of food is prepared at home/child prepares food and Main
- preparation methods used by the child in the previous 7 days 4. Psychosocial Factors
 - - Intentions about Foods (12 questions) 2. Outcome Expectancies (11 questions)
 - Self Efficacy (12 questions)
 - Food Knowledge (14 questions)
- 5. Social Support Scale for Food and Physical Activity Habits & Healthy and Unhealthy Eating (7 questions
- Frequency Breakfast Consumption (1 questions)
- 7. Demographics: Age, race/ethnicity
- 8. School and recreation center environment
- 9. Anthropometry: Height, Weight, %Fat

Adult Impact Questionnaire

- 1. Food Source: How often did you get food from 23 different places
- Food Getting: Times the food item was purchased in the previous 30 days (55 q.)
 Preparation Methods: 3 most commonly used methods for 9 foods

4. Psychosocial factors

- food related self efficacy (10 q)
- intentions about foods (10 q)
- food related knowledge (11 q)

5. Health Beliefs and Attitudes (13 q) 6. Food Assistance Participation (7 q):

- SNAP, WIC, School free breakfast, lunch, head start, other)
- 7. Demographics: Income, educational level, DOB, employment (9q)
- 8. Food Security (18 q)
- Self-reported Medical History (10 q)
- 10. Anthropometry: Height, Weight, %Fat (only post-wave 2)

Adult: FV Quick Food Scan Measures Frequency of intake of: - Fruit, 100% fruit juice, and vegetables INTOWAL INSTITUTIE OF HEALTH TING AT AMERICA'S TABLE STUD (lettuce, greens, potatoes, and legumes) consumed in a monthly, weekly, or daily 5 M 880 basis. - Amount each food item is also estimated as cups or servings - 14 total questions - Began at post wave 1 only

Methods: Secondary Impact Analysis

- Multivariable linear regression models
- Outcome: mean change food purchasing score (post - baseline)
- Independent variable: Quartiles of Exposure Score • Very low (reference)
 - Low
 - Medium
 - High
- Explored associations among: overall sample, only intervention, and only wave 2