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Behaviors to Promote Healthy Eating and Physical Activity: Training Staff for After School Programs



Kimberly Nerud^{1*} and Matt Steiner²

¹Department of Nursing, University of South Dakota, USA

²Boys and Girls Club of Watertown, USA

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***Corresponding author:** Kimberly Nerud, Department of Nursing, University of South Dakota School of Health Sciences 1400 W 22nd St, Sioux Falls, SD 57105, USA, Tel: 605-357-1551; Fax: 605-357-1528; Email: kimberly.nerud@usd.edu

Abstract

Escalating obesity rates among children across the nation has prompted interest in investigating the role of after school programs in the promotion of healthy eating and physical activity among participating children. This approach facilitates intervention programs that can be rooted in daily routines by frontline staff. Children need positive role models, the work could be a challenging process and will require motivating staff.

Keywords: Childhood obesity; After school program; Role model

Introduction

Childhood obesity is among the leading health concerns in the United States. The prevalence of childhood obesity in the United States has reached epidemic proportions, with nearly one third of children overweight or obese [1]. Current estimates indicate that in the United States more than 20% of children aged two to five years are already overweight or obese [2]. Even more troubling is that overweight developed in early childhood is likely to persist through adolescence and adulthood [3,4]. Now more than ever the role of after-school programs (ASP) can play an important role to support health and wellness of children and adolescence [5]. The afterschool field has stepped up its focus and has been called upon to promote healthy eating and physical activity (HEPA) to the children they serve. These HEPA standards outline key behaviors that frontline staff model [6].

An estimated 8.4 million children attend ASP [7]. However, staff need guidance to become agents of change. Expecting ASP staff to be role models in keeping the family lifestyle healthy takes for granted that the staff have the knowledge to fulfill this role [3]. Childhood is an important time for the prevention of overweight and obesity, as many dietary and physical activity behaviors are learned during this period and carried into adulthood [8,9].

As children grow, individual dietary choices and perceptions of activity become critical as children grow and gain more autonomy [10,7]. The majority of children in the United States consume diets that do not meet the United States Department of Agriculture 2015 Dietary Guidelines for Americans [11], nor do they achieve adequate levels of daily physical activity [12]. Staff engagement of HEPA promoting behaviors could potentially have positive effects on health outcomes of the children in ASP.

Recent national directives called for investigations to identify effective approaches to sustain and integrate childhood obesity interventions in health, education, and care systems taking into consideration measures of equity and long-term impact [13-15]. Findings from studies involving multi-component interventions indicate that it is possible to achieve multiple health-promoting changes in school children [16-18]. However, studies are limited by lack of readiness of both leaders and staff to implement these interventions; it remains unclear which component(s) has the most impact on behavior change [14].

Discussion

This intervention is an example of this directive was supported by The Boys & Girls Club of America from the Midwest

Region who partnered with the Centers for Disease Control to provide training to selected staff to teach them how to train other staff and faculty members on implementing HEPA in their ASP and to other surrounding community programs. By using role modeling, peer to peer, and fun activities in their after school programming staff could create healthy norms that young kids could develop, and it would bridge the gap between what children may not be receiving at home, or outside of the schools and these after school programs.

The success of HEPA standards is dependent on the staff's willingness and acceptability of self-reflection of their own feelings of healthy eating and physical activity habits. Involvement in service-learning programs for staff such as HEPA can also serve as socializing agents as staff acquire the beliefs and knowledge about the role of frontline staff [19]. Staff need to have an accurate understanding of health nutrition before this understanding can be passed on the ASP participants. Research supports the premise that children who receive adult supervision and additional learning opportunities outside of the traditional school day are less likely to engage in unhealthy behaviors [20].

Conclusion

This work can be challenging, so organizations should start the discussion on HEPA standards by encouraging confident youth development and positive staff role modeling. Strategies for adaptation and implementation in ASPs must be a collaborative effort of administration, staff, and parents. Changing environments is a challenging process and requires role models within the environment to champion the cause. However, future training to help promote improvements in knowledge, attitudes, and behavioral health intentions as well as personal health behaviors for other topic areas related to obesity for ASP staff are warranted.

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