

# SNAP-Ed Toolkit

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## Healthy Children, Healthy Families: Parents making a difference!

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### Overview

The Healthy Children, Healthy Families: Parents making a difference! (HCHF) is an 8-week intervention designed to increase healthy eating and physical activity and to reduce screen time. HCHF integrates parenting and nutrition education and is delivered to parents and caregivers of children 3 to 12 years old. HCHF uses a learner-centered dialogue approach, based on the Social Cognitive Theory, to engage participants in discussions and hands-on activities. This method aims to introduce behaviors (a.k.a. Paths to Success) most likely to prevent unhealthy weight gain and chronic disease, along with relevant parenting skills (a.k.a. Keys to Success) to help participants in supporting their families' with these behavior changes. Sessions are scripted to ensure ease of delivery and are structured using the 4A Dialogue Approach to increase participant engagement. Each of the 8 sessions focuses on a specific behavior, and provides participants an opportunity to learn and apply one or more new parenting skills. These sessions are once per week and last 1.5 hours. Additionally, each session includes tasting a healthy recipe and an "active play break" to help parents practice activities they can take home and do with their children. **Target Behavior:** Healthy Eating, Physical Activity and Reducing Screen Time  
**Intervention Type:** Direct Education

### Intervention Reach and Adoption

HCHF targets low-income parents, guardians, and caregivers of children ages 3 to 12 at child care, community, faith-based community, healthcare, school, and worksite settings. HCHF is designed to be delivered by SNAP-Ed and EFNEP paraprofessionals and professional educators. HCHF has been delivered across NY to English speaking and Spanish speaking parents and caregivers in a variety of settings, including libraries, worksites, schools, and outpatient drug rehabilitation centers. Additionally, SNAP-Ed and/or EFNEP educators have been trained across 5 states [New York, Rhode Island, Ohio, Virginia, and Florida] to deliver HCHF. In NY SNAP-Ed and EFNEP, 4,397 adults enrolled in HCHF from 2007-2017, with 3,065 (70%) successfully completing the series (attending at least 6 of 8 sessions and completing paperwork). **Setting:** Child care (Learn), Community (Live), Faith-based community, Health care, School (Learn), Worksite (Work) **Target Audience:** Parents/Mothers/Fathers, Other: Caregivers **Race/Ethnicity:** All

# Intervention Components

HCHF is designed to be delivered in a series of 90-minute sessions, approximately one week apart. HCHF has been designed for each session to build upon the previous lesson and for tasks within each session to rely on previous content; it is important to deliver the content the way it has been designed. Recognizing that parenting content can be very sensitive for participants and educators alike, the curriculum was carefully crafted to focus on parenting and activity as applied to food and physical activity. Content does not include more sensitive parenting behaviors related to discipline and parental self-control. Extensive piloting and testing by multiple educators across many sites determined that the content can appropriately be delivered within the allotted time. Suggested modifications are included to address space and facilities limitations in sites where HCHF is delivered. Most of the teaching materials are reusable.

# Intervention Materials

HCHF curricula materials are described [here](#). Materials are available once training has been delivered (all are available in English or Spanish):

- Curriculum
- 2 large posters
  - Paths to Success (key behaviors)
  - Keys to Success (parenting skills)
- 9 parenting skills posters
- Participant Toolkits
- Participant Self-reported behavior change checklist (pre/post)
- HCHF training guides for educators

Initial training is essential for new educators as the session content builds from week to week, and within each session itself. Due to the potentially sensitive nature of parenting content, educators need additional support in order to feel prepared to address potential questions and concerns of participants. An in-person training is provided to new educators and the curriculum is scripted to increase comfort with material and ease of delivery. An online training is underdevelopment. Additionally, the curriculum has a set of supporting materials that need to be printed and organized. Once the supplied materials are sorted into kits, educator preparation is minimal - primarily gathering recipe ingredients and copying session handouts. Additional resources to gather include sweetened beverage containers and recipe ingredients. Time and cost for tracking and evaluation depend on program requirements.

# Intervention Costs

Evaluation and intervention materials available at no cost. An in person training is beforehand and costs \$100 per person. Can be delivered at Cornell University. An on-line training is underdevelopment. Please contact Tisa Hill [tisa.hill@cornell.edu](mailto:tisa.hill@cornell.edu) for more information.

# Evidence Summary

Field testing and refinement of the curriculum, during development, incorporated feedback from both participants and nutrition educators. Educators used progression records to track fidelity and challenges encountered. Modifications to the curriculum included shifts in the content order. The aim was to focus discussion on application of new skills that encourage behaviors of interest, such as increasing consumption of water and decreasing availability of sugary snacks. Extensive documentation of the delivery process ensured feasibility by SNAP-Ed and EFNEP educators. A 16-question behavior change checklist was developed and validated to assess pre-/post self-reported behavior changes among participants. Participants reported significant changes in most of the assessed behaviors. Focus groups composed of graduates of the program indicated maintenance of behavior changes. Practice-based evaluation of participant outcomes in unusual program context was conducted with parents and caregivers in New York State (n=210). The 16-item self-reported behavior checklist assessed various adult and child behaviors pre- and post-HCHF attendance. Significant improvements were found in 14 of the 16 individual items. The greatest change was found in low-fat dairy consumption, adult fruit and vegetable intake (2 items), and reducing the availability of unhealthy snacks of fast foods. Published research on HCHF includes the following:

- [Developing a Measure of Behavior Change in a Program to Help Low-Income Parents Prevent Unhealthful Weight Gain in Children](#)
- [Practice-Based Evidence of Effectiveness in an Integrated Nutrition and Parenting Education Intervention for Low-Income Parents](#)
- [Adapting the Trials of Improved Practices \(TIPs\) approach to explore the acceptability and feasibility of nutrition and parenting recommendations: what works for low-income families?](#)
- [Healthy Children, Healthy Families: Parents Making a Difference! A Curriculum Integrating Key Nutrition, Physical Activity, and Parenting Practices to Help Prevent Childhood Obesity](#)

**Evidence-based Approach:** Research-tested

## Evaluation Indicators

Based on the SNAP-Ed Evaluation Framework, the following outcome indicators can be used to evaluate intervention progress and success.

	<b>Readiness and Capacity – Short Term (ST)</b>	<b>Changes – Medium Term (MT)</b>	<b>Effectiveness and Maintenance – Long Term (LT)</b>	<b>Population Results (R)</b>
Individual		<a href="#">MT1</a> , <a href="#">MT3</a>		
Environmental Settings				
Sectors of Influence				

- MT1: Healthy Eating:
  - Frequency and availability of fruit and vegetables and parent and child
  - Drinking fewer sugar-sweetened beverages
  - Consuming low-fat or fat-free milk and milk products
  - Frequency of physical activity for 60 minutes/day for children
  - Eating fewer high-fat or high-sugar snacks and sweets
  - Eating meals together -Frequency of eating meals out and fast food
- MT3 Physical Activity and Reduced Sedentary Behavior:
  - Television viewing/Computer and video games

# Evaluation Materials

A 16-item behavior checklist was developed to accompany the curriculum. Testing of the tool found good test-retest reliability ( $r=0.83$ ) and convergent validity with in-depth measures (range  $r=0.25$  to  $-0.60$ ;  $P<0.05$ ) Checklist was translated to Spanish and cognitively tested in both English and Spanish.

## Additional Information

**Website:** The HCHF [website](#) includes HCHF curricula, materials, and contact information for the program.

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