

Title: Expanding the Living Healthy Summer Camp to Latino Families

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The prevalence of childhood obesity in the US remains high with little recent change. While parent-focused interventions are recommended for modifying obesity-related behaviors among children, participation and retention of parents is a major barrier. This study used a community-based participatory approach to translate a child-focused summer program to families in Memphis, TN. The Living Healthy Summer Camp began in 2010 as a 4-session culinary camp offered through a church in South Carolina, which served a primarily low-resource African-American community. Participants found the camp acceptable as a way of providing nutrition and cooking skills to families. In translating the camp, the study team met with representatives from 10 churches with multi-ethnic congregations. These meetings expanded the camp into a 4 month curriculum that included: weekly mailings of family-focused diet and physical activity (PA) education activities; a week-long camp offering child-focused cooking and PA skill building; 2.5 hour sessions offered to parents 4 times and focused on diet and PA education and skill building. Thirty youth enrolled along with 17 parents. Parents and children completed diet and PA behavior questionnaires and had anthropometrics measured. Parents also completed home environment questionnaires. Baseline data are reported, with measurements being repeated mid and post program. All participants identified as Latino. Children were between 7 and 12 years old (9.4 ± 1.5), primarily male (70%), and 47% were classified as obese, using age and sex specific growth charts. Parents were on average 32.2 ± 5.1 years old, obese ($BMI = 31.2 \pm 6.5 \text{ kg/m}^2$), female (77%), and received public assistance (65%). Almost half (47%) of children reported eating at a fast food restaurant 1-2 times a week. They also reported eating on average 3.4 ± 2.0 servings/day of fruits and vegetables and spending 3.6 ± 3.0 hours/week in moderate-to-vigorous physical activity. Most children (53%) reported not being involved in meal preparation during the past week and their average cooking ability was 3.8 ± 2.9 on scale of 1 to 10 (highest). Baseline data indicates a population with a high need, and recruitment indicated a high interest, for this type of intervention.

Topic Area:

Primary: Child and Family Health

Secondary: Obesity