New Moves Charlotte-Mecklenburg

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1. Abstract

Adolescent overweight and obesity is an issue of great public health importance and is prevalent in Charlotte-Mecklenburg Schools (CMS) high school-age girls. Overweight and obesity has many implications for adolescent girls, from developing chronic diseases to being the target of weight-related teasing. These and other effects often extend into later life, as children who are overweight are more likely to be overweight or obese as adults. Overweight and obese women are at risk for diabetes, heart disease, certain cancers, and other diseases, and likely to face significant weight-related discrimination and even to earn less than normal weight women. 60% of CMS students identify as African American or Hispanic, and they are more likely to be overweight or obese than white students. Body dissatisfaction, associated with negative emotional well-being, unhealthy weight control practices, weight gain, and poor health outcomes, is also widely prevalent in CMS teen girls.

With New Moves Charlotte-Mecklenburg, CMS aims to prevent a variety of problems associated with weight in at-risk and disadvantaged adolescent girls attending high schools in Mecklenburg County, North Carolina. Such problems include overweight and obesity as well as disordered eating and eating disorders. The New Moves program targets an increase in healthy eating and an increase in physical activity among participating students. By promoting body satisfaction and healthy lifestyles, New Moves’ long-term objectives are to prevent overweight and obesity as well as eating disorders.

New Moves is a theory-based, experimentally-tested intervention that has been proven to effectively promote healthy eating and physical activity through an alternative, all-girls physical education (PE) program. In the first two quarters of the school year, participating girls at each high school will attend the New Moves class. Each week, they will have four physical activity classes taught by trained PE teachers and community guest fitness instructors and one class on either nutrition topics or self-empowerment topics, as designated by the New Moves curriculum. In the second two quarters, participating girls will attend a weekly session during the lunch period with their cohort and PE teacher for a healthy lunch, informal discussion on health and wellness-related topics, and social support. Individual counseling sessions, a parent/guardian outreach component, and community collaborations further enhance the program.

CMS is requesting a total budget of $190,886 for the 24-month grant period in order to launch the New Moves program at our high schools and integrate it into existing services to better promote and protect the health and well-being of adolescent girls.
II. Goals and Objectives

The overall goal of this program is to prevent a variety of problems associated with weight in adolescent girls attending high school in Mecklenburg County, North Carolina. Such problems include overweight and obesity as well as disordered eating and eating disorders. The New Moves intervention has been designed and tested to provide a safe, supportive environment for girls to improve physical activity and healthy eating behaviors as well as body image and self-worth. In the first two quarters of each academic year, participating girls at each high school will attend the New Moves class when they would otherwise be in a coed PE class. Each week, they will have four physical activity classes taught by trained PE teachers and community guest fitness instructors and one class on either nutrition topics or self-empowerment topics, as designated by the New Moves curriculum. In the second two quarters, participating girls will attend a weekly session during the lunch period with their cohort and PE teacher for a healthy lunch, informal discussion on health and wellness-related topics, and social support.

Outcome Objective 1: By the end of the school year, time participating girls spend in physical activity will increase by an average of 30 minutes a day.

Process Objective 1.1: By the start of each school year, 20 to 22 girls will be enrolled in the program at each of the participating high schools (4 schools in year 1, 18 out of 21 schools in year 2). This entails advertising the program, recruiting and screening students, and collecting baseline data on participants’ physical activity.

Process Objective 1.2: In the first two quarters of each school year, the PE teachers and community guest fitness instructors will lead 4 “Be Fit” physical activity classes each week. This involves training the teachers, recruiting community guest fitness instructors, purchasing additional PE equipment, and teaching each class.

Outcome Objective 2: By the end of the school year, the percent of participating girls who report engaging in unhealthy weight control behaviors (including skipping meals, purging, and using diet pills) will decrease from 65% (baseline predicted from a similar population) to 50%.

Process Objective 2.1: In the first two quarters of each school year, the PE teachers will lead 8 “Be Fueled” classes (one every other week) on nutrition topics. This includes training the teachers, obtaining and distributing educational materials, purchasing and preparing healthy foods for taste-testing, and teaching each class.

Process Objective 2.2: In the second two quarters of each school year, healthy food options will be provided at each weekly “Lunch Bunch” session. This entails purchasing and serving healthy foods and beverages.

Outcome Objective 3: By the end of the school year, 85% of participating girls will report improved body satisfaction and self-worth.

Process Objective 3.1: In the first two quarters of each school year, the PE teachers will lead 8 “Be Fab” classes (one every other week) on social support and self-empowerment topics. This includes training the teachers, obtaining and distributing educational materials, and leading each class.

Process Objective 3.2: In the second two quarters of each school year, 75% of participants will attend at least half of the weekly “Lunch Bunch” get-togethers and informal discussions on relevant topics. This includes training the teachers, reminding girls, taking attendance, and leading the discussions.
III. Capacity and Experience of Applicant Agency

Charlotte-Mecklenburg Schools (CMS), which traces its beginnings back to 1882, is one of the largest school districts in the country and aims to be one of the best. With over 145,000 enrolled, our student population is incredibly diverse, representing over 158 countries, with a student distribution of 42% African American, 32% white, 18% Hispanic, and 8% other ethnic minorities. Over 54% of students served by CMS are categorized as economically disadvantaged. We are one of the largest employers in Mecklenburg County with over 18,000 employees. Staff are trained in cultural competency and many efforts are in place to ensure our schools promote an inclusive environment supportive of diversity. Our mission is to maximize academic achievement by every student in every school.

Along this aim, CMS recently released our Strategic Plan 2018: For a Better Tomorrow. This plan demonstrates our ability to collaborate with stakeholders and community members in order to define goals and objectives to ensure we meet our mission. This plan also shows our unwavering commitment to the success and well-being of each and every student. In this plan, our stated goals include strengthening community-wide partnerships, improving upon current data collection and analysis processes, and ensuring student health. These goals represent areas in which CMS does well but is committed to further developing to maximize implementation and evaluation of current and future programs.

CMS has significant experience implementing and evaluating nutrition, physical activity, and other interventions. We responsibly manage an annual operating budget of $1.2 billion. We have vast experience providing physical education to students as well as operating the School Breakfast Program and National School Lunch Program throughout the district, serving approximately 30,000 breakfasts and 94,000 lunches daily. Since the passage of the Healthy, Hunger-Free Kids Act of 2010, we have worked hard to implement system-wide changes in our food service operations to offer even more nutritious meals for the health of our students, incorporating student input and community partners through our annual Food Show and the Chefs Move to Schools initiative. CMS devotes significant resources and efforts to target our disadvantaged and traditionally underserved students. In recent years, we have succeeded in rapidly narrowing ethnic achievement gaps and increasing the percentage of low-income students who are performing at the highest achievement levels. We tailor all programs to meet the needs of our students, conduct ongoing evaluations and incorporate feedback from students and parents/guardians, and balance the needs of our community with available resources.
IV. Background and Significance

Overweight and obesity is an issue of great public health importance as it has been on the rise in many populations, including adolescent girls. In CMS high school-age girls, the rate of overweight and obesity, defined as having a BMI in the 85th percentile or greater using CDC growth charts, is 25%,1 which is similar to state and national averages.3,5 African American and Hispanic/Latino students are more likely to be overweight or obese than white students.1,3-11 An objective of North Carolina Healthy People 2020 is for at least 79.2% of high school students to be neither overweight nor obese.11 Many factors contribute to current high rates, including unhealthy eating and insufficient physical activity. Overweight and obesity has many implications for adolescent girls, from developing chronic diseases2 to being the target of weight-related teasing.3,4 These and other effects often extend into later life, as children who are overweight are more likely to be overweight or obese as adults.2 This is significant for health and well-being as they would be at risk for diabetes, heart disease, certain cancers, and other diseases,2 and likely to face significant weight-related discrimination5 and even to earn less than normal weight women.6

While 25% of teen girls in CMS were overweight or obese in 2013, 34% of teen girls described themselves as being overweight and 60% reported actively trying to lose weight.1 This disconnect between actual weight and perceived weight status is likely related to body dissatisfaction (BD), which can negatively impact quality of life.12 BD, the perceived discrepancy between ideal and perceived body shape, size, and appearance,22 is positively associated with BMI.23 Longitudinal studies have shown the potential for BD to persist through adolescence and into young adulthood.21 Body image and dissatisfaction tend to be different in different race and ethnic groups.22 Black females tend to have lower levels of dissatisfaction that are less closely associated with BMI than their white counterparts.22,24 Although the evidence is mixed, Asian American and Hispanic/Latina females have been shown to have higher rates of BD than their white counterparts.22,24 While the relationship is weaker in some ethnic minorities and lower socioeconomic status, BD is significantly associated with self-esteem.24

BD is widely prevalent in high school girls, no matter their race or ethnicity, and has several important implications. Being dissatisfied with one's body has been associated with negative emotional well-being in adolescents.12 Girls who are dissatisfied with their bodies are less likely to engage in self-care behaviors and may be more likely to gain excess weight.23 In fact, girls who are satisfied with their bodies, even if they are overweight, are less likely to gain further weight.25 BD has been associated with various eating pathologies,13 which will be discussed below. In students with
BD, engagement in unhealthy weight control behaviors is often related with weight-related teasing.\textsuperscript{4} BD is important in that it influences behaviors, especially health behaviors, as well as health outcomes.\textsuperscript{14-16}

Healthy eating incorporates a wider range of behaviors than simply eating fruits and vegetables, although CMS high school girls have room for improvement in that area as currently only 24\% are consuming 5 or more servings per day.\textsuperscript{1} Many teens engage in a number of disordered eating behaviors and unhealthy weight control behaviors including frequent self-weighing,\textsuperscript{26} skipping meals, using diet pills or laxatives, vomiting and purging, repeated dieting, and binge-eating.\textsuperscript{15,16,27} In 2013, 6\% of CMS teen girls reported taking diet supplements without doctor's advice and 9\% reported vomiting or using laxatives in order to lose weight.\textsuperscript{1} Rates of these and other unhealthy weight control behaviors may be significantly higher, as studies have reported higher rates\textsuperscript{27} and 60\% of CMS teen girls reported trying to lose weight.\textsuperscript{1} While eating disorders often call to mind underweight adolescents, overweight youth are significantly at risk for disordered eating behaviors, which may compound negative health effects as, possibly somewhat counterintuitively, such behaviors are associated with further weight gain.\textsuperscript{16,28}

Needless to say, such disordered behaviors are threatening to health and well-being on their own, and also can be signs of, or risk factors for development of, clinical eating disorders.\textsuperscript{16,29} Rates of eating disorders among young women may be as high as 13\%.\textsuperscript{27} Eating disorders can be very time- and resource-consuming to treat, and are associated with high risks of morbidity and mortality.\textsuperscript{30,31} Obesity prevention programs may unfortunately increase disordered eating and eating disorders in adolescents, and many efforts fail to account for this potential effect in their development or evaluation.\textsuperscript{32-34} Much work has been done to examine factors related to both eating disorders and obesity, such as BD, media, and weight-related teasing,\textsuperscript{35} in order to integrate eating disorder and obesity prevention into effective programs.\textsuperscript{36}

Such programs are encouraged to focus on health and healthy behaviors, such as physical activity.\textsuperscript{36} The benefits of physical activity for adolescents are many, including improved fitness and body composition, bone health, and decreased depressive symptoms, and extend into adulthood.\textsuperscript{37} While teens are recommended to engage in at least 60 minutes of daily physical activity to accrue these benefits,\textsuperscript{37} only 16\% of CMS teen girls reported doing so, compared to 35\% of boys.\textsuperscript{1} 23\% of girls reported not being physically active for at least 60 minutes on any day of the week.\textsuperscript{1} The implications of physical inactivity can be severe and are even more concerning as research shows that rates of physical inactivity continue to decline as teens enter young adulthood and that girls who
are more physically active tend to remain active throughout their lives. Rates of activity among black and Hispanic teens tend to be lower than their white counterparts. These girls also report lower enjoyment from physical activity and lower support for activity from their families and teachers.

While PE classes provide opportunities for students to come closer to meeting the recommendations, there are challenges with the current model and traditional PE classes. Studies have shown that while normal weight and overweight students engage in similar amounts of activity during PE classes, boys often are more active than girls in such classes. Many factors identified that may help explain this point to the potential benefits of having gender-separate activities and classes, rather than coed ones. The environment of PE classes may promote stereotypes and stigmatization of overweight students. Physical educators may hold biases towards overweight female students in particular regarding their physical abilities and personal characteristics. Enjoyment of physical activity has been shown to be important in increasing physical activity levels among girls; however, enjoyment is hindered by a lack of self-efficacy, lack of perceived benefits, and a non-supportive PE environment. Interventions that create an overall environment more supportive of physical activity can have benefits that extend to physical activity outside of school. Often traditional PE classes do not include activities geared towards girls and what they might enjoy and lack components that promote skill-building and self-efficacy. Experiences in coed PE classes can discourage participation and decrease enjoyment. These include negative comments made by boys, girls’ own perceived lack of skill, girls’ perceived need to impress boys and focus on their appearance, and teachers’ need to spend significant time “managing” the boys in class. When surveyed, physical educators often agree that single-gender PE classes would be more beneficial for girls, especially if they are less skilled. Preliminary interviews with the target population have shown the above to hold true for CMS students as well.

The need to increase healthy eating behaviors and physical activity in this underserved population is great, and fortunately there are many community assets on which to draw from. A number of organizations within the community have already agreed to partner with CMS and New Moves Charlotte-Mecklenburg, including the local YMCAs, the University of North Carolina at Charlotte, and the Mecklenburg County Health Department, whose roles will be discussed in the next section. (Refer to Appendix A for a full list of partners.) As the high schools within CMS already offer PE to students, the physical space necessary is readily available. CMS staff are highly
committed to the health and well-being of the students and will receive the necessary training to be able to effectively implement the proposed program.

In summary, obesity prevention and eating disorder prevention are very important, as these conditions can have severe and long-term implications for health and well-being. These prevention efforts can be complementary as these conditions often share common features such as BD and disordered eating behaviors. The prevalence of such unhealthy weight control behaviors, BD, and physical inactivity are high in CMS high school-age girls. These need to be addressed in order to prevent eating disorders and obesity and to promote healthy lifestyles that girls will maintain into adulthood.

V. Narrative Description

The main purpose of New Moves Charlotte-Mecklenburg is to prevent various weight-related problems in at-risk teen girls. As noted above, unhealthy weight control behaviors, BD, and physical inactivity are prevalent in CMS high school girls and are associated with various negative health outcomes. In addressing these factors, the New Moves program targets an increase in healthy eating and an increase in physical activity among the participating students. As CMS is racially diverse and serves a large percentage of low-income students, the program will impact a disadvantaged and at-risk population. Program benefits have the potential to extend beyond participants, to their families and to the participating schools as a whole. By promoting body satisfaction and healthy lifestyles, New Moves aims in the long-term to prevent overweight and obesity as well as eating disorders.

Investigators at the University of Minnesota originally developed the New Moves intervention after extensive formative research and a needs assessment in St. Paul, MN area schools. They used the Social Cognitive Theory as well as strategies from both eating disorder and obesity prevention fields to inform intervention components, described in detail below. After an initial pilot test and full study in three intervention high schools and three control schools from 1996-2001, the intervention was further modified. With a grant from the National Institutes of Health, the intervention was pilot tested in 2006 and implemented in high schools in the Minneapolis/St. Paul area from 2007-2009. As reported with the results of the study, the intervention was tested in a population comparably diverse to that of CMS: 32% of students participating in the intervention were African American, 27% white, and 13% Hispanic.
The study achieved many positive results. Compared to the control group, researchers found a significant decrease at follow-up of 13.7% of girls participating in unhealthy weight-control behaviors, such as skipping meals, purging, and using diet pills. Other significant findings included improvements in body image and self-worth, as well as reports of increased social support for physical activity and healthy eating. At follow-up, researchers also found significant increases in portion control behaviors and decreases in time spent in sedentary behaviors.\textsuperscript{17} Importantly, students, parents/guardians, and teachers reported being highly satisfied with the intervention.\textsuperscript{17,46–48} Many schools continue to offer the program to their students even though the researchers have pulled out.\textsuperscript{36,49}

Many organizations and researchers recognize the value of the New Moves intervention. For example, New Moves is featured in the Substance Abuse and Mental Health Services Administration’s National Registry of Evidence-based Programs and Practices, and is rated highly for quality of research and readiness for dissemination.\textsuperscript{50} To aid in dissemination, University of Minnesota researchers maintain a freely accessible website with numerous downloadable materials.\textsuperscript{51} The National Cancer Institute also highly rates New Moves as a featured Research-tested Intervention Program.\textsuperscript{52} New Moves has been analyzed in multiple reviews of similar interventions focused on obesity prevention in children and adolescents, and compares favorably.\textsuperscript{53–55} The program has also been recognized for its integration of both obesity prevention and eating disorder prevention frameworks.\textsuperscript{36}

New Moves Charlotte-Mecklenburg has been designed to closely mirror the original tested intervention described above in order to achieve similar levels of effectiveness. Refer to Appendix B for a Logic Model and Appendix C for a program timeline. In Year 1, four high schools will adopt and offer the intervention. In Year 2, at least 18 out of the 21 CMS high schools will offer the program. Each participating school will have one cohort of 20 to 22 sophomore girls per year. To recruit these students, the program will be advertised as an alternative PE class during sign-ups for fall classes. Sample advertisements from the original New Moves intervention include phrases like, "Wish there was a PE class for girls who aren’t jocks?" and "A unique physical education class about fun ways to move your body, eat healthy, and stay strong."\textsuperscript{51} Recruitment will focus on advertising the New Moves class as a fun way to earn PE credit and to try activities not usually offered in a traditional, coed PE class like kickboxing and yoga, an activity shown to have the potential to improve body image and prevent eating disorders.\textsuperscript{56} These advertisements will be informed by lessons learned from other New Moves interventions in order to avoid stigmatization or weight
shaming, and instead encourage participation. Teachers and guidance counselors will also recruit girls who may enjoy the supportive and non-competitive environment of New Moves. Students will earn credit towards North Carolina’s Healthful Living graduation requirement through their participation.57

During the first two quarters of the school year, roughly 17 weeks, participating students will attend the New Moves class five days a week. At the beginning of the class, participating students will complete the pre-program surveys to provide baseline information on their physical activity and eating behaviors as well as assess their initial levels of body satisfaction and self-worth. Four days each week, students will participate in “Be Fit” class sessions, focused on physical activity. PE teachers, as well as community guest fitness instructors from the YMCA of Greater Charlotte and UNC Charlotte, will teach these sessions. Once every other week, PE teachers will lead “Be Fueled” class sessions, focused on healthy nutrition and eating behaviors, with tastings of healthy foods prepared by CMS Child Nutrition Services. These sessions will alternate with “Be Fab” course sessions, focusing on a self-empowerment curriculum to teach and encourage acceptance of a wide range of body shapes and sizes.

Other components of the first two quarters include a field trip to the YMCA location closest to each high school in order to expose students to the facilities and to other exercise formats, such as spinning classes. Six sets of postcards will be sent home by CMS administrative staff to the parents/guardians of participants in order to keep them informed and to reinforce lessons taught in the classroom. The final major component of this portion of the program is individual counseling and goal-setting sessions students will have with their instructor. The purpose of these is to provide further support to students as they make healthy lifestyle changes. Students will be encouraged to choose from the program’s eight behavioral goals, addressed in classroom lessons: be physically active at least 1 hour per day, reduce screen time to no more than 1 hour per day, eat at least 5 servings of fruits and vegetables, limit sweetened beverages, eat breakfast every day, pay attention to portion size and personal hunger and fullness, avoid unhealthy weight control practices, and focus on your positive traits.48

During the second two quarters of the school year, again roughly 17 weeks, girls will participate in the New Moves maintenance portion of the program. Once a week, girls will be invited to attend “Lunch Bunch” informal discussions. Students will be served a healthy lunch, prepared by CMS Child Nutrition Services staff, and enjoy a sense of community with the other members of their cohort and their PE teacher as they discuss health and wellness-related topics.
Girls will also have the opportunity to lead and participate in school-wide events for National Eating Disorders Awareness week, which typically occurs in early spring. During this time, the individual counseling and goal-setting sessions will continue, to encourage maintenance of changes and further progress. In the spring, an event will be held for students and their parents/guardians, to encourage family support and open discussion about the philosophy and goals of New Moves. At the end of the school year, each girl who participated in New Moves will complete post-program surveys to aid in evaluation of outcome objectives.

Beyond their participation in these activities, students will be involved in the implementation and modification of the intervention to ensure it is well received and effective. PE teachers will elicit input from their New Moves class regarding the types of physical activity they are especially interested in trying during the “Be Fit” sessions. In the maintenance phase, girls will generate ideas for and assist in the planning of the parent/guardian spring retreat. They will also have the opportunity to plan events for National Eating Disorder Awareness week for their school to reach the larger student body and use what they have been learning to change their school’s culture and conversations about body image and health. At the end of Year 1, girls in the four initial cohorts will be invited to participate in focus groups, led by experienced health department staff, to help guide any necessary modifications before rolling out the program at more CMS schools in Year 2.

Along with the important role the girls will play, successful implementation will depend on a number of key players and collaborations among community organizations. The Intervention Coordinator and other CMS staff will oversee the process of implementation and coordinate with each school’s principal and staff as well as with program partners. CMS staff will advertise the program, recruit students, and coordinate the parent/guardian outreach activities by sending out postcards during the first and second quarters and organizing the parent/guardian event in the spring. In Year 1, a consultant from the University of Minnesota New Moves research team will conduct a training workshop with key personnel during the summer. The Intervention Coordinator will conduct an additional half-day training workshop. Once trained, the PE teachers will be responsible for teaching the bulk of the New Moves class sessions, as well as facilitating the “Lunch Bunches” and conducting the individual counseling and goal-setting sessions. Mecklenburg County Health Department staff, including Registered Dietitians and Health Educators, will attend these trainings in order to assist with implementation and provide support to PE teachers as needed after the training workshop. The Intervention Coordinator will work with PE teachers to coordinate guest fitness instructors and provide them abbreviated training materials, as well as coordinate the
field trips to the YMCA. Teacher’s guides and “Girl Pages” workbooks for students, provided in a free and downloadable format by the researchers at the University of Minnesota, will be printed and distributed to PE teachers and participants. CMS Child Nutrition Services will prepare healthy food for tastings during “Be Fueled” sessions and meals for “Lunch Bunches.” Local restaurants and stores will donate refreshments for the parent/guardian spring event. Refer to Appendix A for a list of key program partners.

The wide-reaching intended benefits of New Moves Charlotte-Mecklenburg differentiate it from the limited efforts currently targeting this population in the community. Mecklenburg Park and Recreation department offers some after-school classes for teen girls, but they are poorly attended and not widely accessible across the county. The YMCA of Greater Charlotte offers classes and is more accessible with multiple locations. Through New Moves, girls who have lower self-efficacy for physical activity will gain the familiarity and confidence they need to take advantage of these classes and other services offered by the YMCA. Obesity prevention efforts that currently exist in the community do not focus on body satisfaction and healthy eating patterns, and may increase disordered eating behaviors in teen girls. More efforts are certainly needed in the community to support the health and well-being of CMS high school girls, and New Moves helps to fill the gap without duplicating other community efforts.

VI. Evaluation Plan

The purpose of this evaluation is to determine if an alternative PE program to promote healthy eating and physical activity can influence the health behaviors and body satisfaction of high school girls in CMS. The evaluation will be a pre- and post-design with no control group. Data collection will be completed using a variety of methods including surveys, interviews, and focus groups to be described in more detail below. The Intervention Coordinator will direct the evaluation process and analyze the data, with assistance from CMS and Mecklenburg County Health Department staff. At all points during the evaluation process, confidentiality of students’ records will be maintained in accordance with FERPA and other privacy laws. Refer to Appendix D for a complete table of the following evaluation plan.

To evaluate the activities and operations of the program, a process evaluation will be conducted with ongoing data collection.
• With regard to adoption, the evaluation will address the following questions: Did four schools adopt the program in Year 1 and at least 18 schools in Year 2? and Were schools that adopted the program representative of the school district? A log of the schools participating will be maintained and their representativeness will be ascertained using CMS data (*Process Objective 1.1*).

• With regard to the reach of the program, the evaluation will address the following questions: What proportion of enrolled students fully participated by completing at least 80% of intervention components? To what extent were enrolled students' parents/guardians exposed to the intervention? and Were those students who fully participated representative of those who enrolled? To answer these questions, the number of girls enrolled will be recorded (*Process Objective 1.1*) and attendance data will be collected by PE teachers daily in each class during the first two quarters and at field trips, “Lunch Bunches” (*Process Objective 3.2*), and the spring parent/guardian events. PE teachers will also maintain logs of individual counseling and goal-setting sessions conducted. At the spring events, a survey will be administered to obtain the number and representativeness of parents/guardians reporting receiving and reading the mailed postcards.

• With regard to the implementation of the program, the evaluation will address to what extent was implementation faithful to the intervention components. Questions that will be asked include: Did PE teachers and staff receive necessary training? and Was the program advertised effectively to enroll students? Refer to Appendix D for a full list of implementation questions. To ensure that necessary training was provided to staff, attendance records at training workshops will be used along with logs of training materials sent to guest instructors. Logs of program advertisements including posters, fliers, and conversations with interested students, will be kept. Attendance sheets maintained by PE teachers will serve as logs to ensure that, during the first two quarters, teachers, with the assistance of guest fitness instructors, lead four “Be Fit” physical activity classes each week (*Process Objective 1.2*), eight total “Be Fueled” nutrition classes (*Process Objective 2.1*), and eight total “Be Fab” classes (*Process Objective 3.1*). Logs of individual counseling and goal-setting sessions, field trips, postcard mailings, and healthy meals served at “Lunch Bunches” (*Process Objective 2.2*) will also be used.
To evaluate the extent to which the intervention achieved the intended short-term objectives, an outcome evaluation will also be conducted. This outcome evaluation will rely heavily on pre- and post-surveys of enrolled students. These extensive surveys are provided on the New Moves website maintained by University of Minnesota researchers and assess a variety of health-related behaviors, attitudes, beliefs, and perceptions. PE teachers will administer these surveys and students will complete them during the first week of class and at the end of the school year during a "Lunch Bunch" session. Students will also complete a validated pre- and post-three-day physical activity recall survey, as instructed by their PE teacher. At the end of Year 1, CMS and health department staff will conduct focus groups with students, as well as interviews with teachers, principals, and parents/guardians, to inform necessary modifications to the intervention prior to Year 2.

- Did the time girls report participating in physical activity increase? *(Outcome Objective 1)* – This question will be addressed by the pre- and post-three-day physical activity recall survey.
- Did the percent of students engaging in unhealthy weight control behaviors decrease? *(Outcome Objective 2)* – This question will be addressed by the pre- and post-surveys.
- Did girls report an increase in body satisfaction and self-worth? *(Outcome Objective 3)* – This question will be addressed by the pre- and post-surveys.
- Are participating girls, their parents/guardians, and participating schools satisfied with the program? – This question will be addressed through the surveys, focus groups, and interviews described above.

Direct measures, mainly those related to weight, are intentionally excluded from the evaluation process. For one, based on the results from the New Moves experimental studies, we do not expect to see any significant changes in weight among participating girls in the span of the school year. More importantly, however, measures of participants’ weight are excluded to maintain the integrity of the intervention’s message. As described above in Section IV, body dissatisfaction, and a preoccupation with one’s weight as a proxy for beauty or desirability, are associated with unhealthy weight control behaviors, lifestyle choices, health outcomes, and, counterintuitively, weight gain. An important aim inherent to the New Moves program is to increase girls’ satisfaction with their body, health, and well-being, no matter how their size or shape compares with what society and the media claim is “ideal.” A critical feature of this is teaching girls that they are not
defined by the number on the scale and that their health cannot be equated to their weight. Giving weight to the scale at any point in the program, even for evaluative purposes, would be counterproductive and possibly harmful to participants.

VII. Conclusion

To combat high rates of overweight and obesity, unhealthy weight control behaviors, and body dissatisfaction, CMS proposes New Moves Charlotte-Mecklenburg. This program is modeled after the New Moves intervention, a theory-based, experimentally-tested, alternative, all-girls PE class. Through this program, to be offered at most high schools in Mecklenburg County, NC by Year 2, participating girls will experience fun and new forms of physical activity, practice healthy eating behaviors, and learn to value themselves and be satisfied with their bodies, all in a safe, supportive environment. As we teach students math and English, help us to also teach and encourage the healthy behaviors and attitudes that will serve girls long past graduation. Thank you for your consideration of New Moves Charlotte-Mecklenburg.
VIII. References


50. SAMHSA's National Registry of Evidence-based Programs and Practices. Intervention Summary - New Moves. Available at:


## IX. Budget and Budget Justification

### Budget - Year 1

#### DIRECT COSTS

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</tr>
<tr>
<td>b. EQUIPMENT</td>
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<td><strong>Total Equipment</strong></td>
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<td>c. SUPPLIES</td>
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<tr>
<td>Education materials</td>
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<td>$15/tasting x 8 tastings x 4 schools</td>
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<td>Healthy meals for “Lunch Bunches”</td>
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<td>$2/meal x 18 meals x 16 weeks x 4 schools</td>
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<td>$150/event x 4 schools</td>
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<td><strong>Total Supplies</strong></td>
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<td>d. TRAVEL</td>
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<td>Intervention Coordinator to attend 2-day grantee meeting in Winston-Salem, NC</td>
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<td>Consultant lodging</td>
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<td>$65.90/night x 2 nights</td>
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<td>Field trip to YMCA</td>
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<td>$151.50/trip x 4 schools</td>
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<td><strong>Total Travel</strong></td>
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<tr>
<td>e. OTHER EXPENSES</td>
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<tr>
<td>Postage</td>
<td></td>
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<td>$2.53/participant x 88 participants</td>
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<tr>
<td>Printing</td>
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<td>$50/class x 4 schools</td>
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<td>Food for training workshop</td>
<td></td>
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<td>$15 each x 10 attendees</td>
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<td>$150</td>
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<tr>
<td>Gift cards for training attendees</td>
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<td></td>
<td>$50 each x 8 attendees</td>
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<td>$400</td>
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<tr>
<td>Gift cards for guest fitness instructors</td>
<td></td>
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<td>$15 each x 16 instructors</td>
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<td>Gift cards for focus group participants</td>
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<td>$10 each x 10 participants x 4 focus groups</td>
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<td>Gift cards for focus group facilitators</td>
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<td><strong>Total Other</strong></td>
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<td></td>
<td></td>
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</tbody>
</table>

**TOTAL DIRECT COSTS**                   |        |       |          |         | $89,580 |
**TOTAL INDIRECT COSTS**                 |        |       |          |         | $8,958  |
**TOTAL BUDGET - Year 1**                |        |       |          |         | $98,538 |
Budget Justification – Year 1

Direct Costs
   a. Personnel
      • Intervention Coordinator: This position will be 20 hours/week (50% FTE) for both
        Year 1, as the program launches, and Year 2, as the program expands to more
        schools. The coordinator will qualify as a CMS “Project Manager,” pay grade 08 with
        a 100% market salary of $70,366.40/12 months.
        $70,366.40 * 50% = $35,183.20 + 25% fringe benefits of $8,795.80 = $43,979

      • PE Teacher: This position will be 10 hours/week during the first two quarters of the
        school year and 4 hours/week during the second two quarters, for an average of 6
        hours/week (15% FTE). The average budgeted teacher salary for CMS is $44,600 per
        school year (10 months). For Year 1, there will be 4 PE teachers. For Year 2, CMS
        will cover the cost in-kind from budgeted teacher salaries. This will be an incentive
        for schools to participate in Year 1.
        $44,600 * 15% = $6,690 + 25% fringe benefits of $1,672.50 = $8,362.50 * 4 teachers
        = $33,450

      • Child Nutrition Services staff: This position will be on average 1 hour/week (2.5%
        FTE) during the school year for two staff members at each school. They will prepare
        the food for the 8 “Be Fueled” tastings and the meals for the 16 “Lunch Bunches.”
        These positions will be covered by the existing CMS budget in-kind.
        $0

      • University of Minnesota Consultant: This position will be for a one-day training
        workshop led by a New Moves researcher with the Intervention Coordinator, 4 PE
        teachers, and 4 health department staff at the beginning of Year 1.
        $500/day * 1 day = $500

      • Guest Fitness Instructor: Instructors from the YMCA of Greater Charlotte branches
        and UNC Charlotte will volunteer their time and teach one to two “Be Fit” classes
        each in the first two quarters.
        $0

      • Mecklenburg County Health Department staff: These positions will be donated in-
        kind. Four staff members, Registered Dietitians and Health Educators, will attend the
        one-day workshop led by the University of Minnesota consultant at the beginning of
        Year 1, the half-day workshop led by the Intervention Coordinator, offer guidance
        for program implementation, and train and support PE teachers in motivational
        interviewing for their individual sessions. Two staff members will lead focus groups at
        the end of the Year 1 with participants. Staff will provide assistance with program
        evaluation as needed.
        $0

Total Personnel Expenses: $77,929
b. Equipment

**Total Equipment Expenses: $0**

c. Supplies

- **Education Materials**
  - The “Girl Pages” text and workbook, designed by New Moves researchers, will be supplied to each participant, assuming a maximum of 22 participants per class.
    - 164 color pages/participant * 22 participants/school * 4 schools * $0.15/color page = $2,164.80
    - 1 binder/participant * 22 participants/school * 4 schools * $2/binder = $176
    - Subtotal = $2,164.80 + $176 = $2,340.80 = $26.60/participant. This represents a cost-savings of $6.40/participant as the “Girl Pages” are available for purchase at $33 each.
  - The Teacher’s Guide, designed by New Moves researchers, will be supplied to each PE teacher.
    - 85 black and white pages/teacher * 4 teachers * $0.03/black and white page = $10.20
    - 1 binder/teacher * 4 teachers * $2/binder = $8
    - Subtotal: $10.20 + $8 = $18.20 = $4.55/teacher. This represents a cost-savings of $7.45/teacher as the Teacher’s Guides are available for purchase at $12 each.
    - Total: $2,340.80 + $18.20 = $2,359 = $589.75/class

- **Exercise Mats:** 24 mats (1 per participant, 1 per teacher, and 1 extra) will be purchased for each class for “Be Fit” sessions.
  - 24 mats/school * 4 schools * $672/mat = $672

- **Stability Balls:** 6 balls will be purchased for each class to be used in circuit training for “Be Fit” sessions.
  - 6 balls/school * 4 schools * $80/ball = $480

- **Resistance Bands:** 12 bands will be purchased for each class to be used in circuit training for “Be Fit” sessions.
  - 12 bands/school * 4 schools * $7.50/band = $360

- **Workout DVDs:** Eight DVDs will be purchased and shared by the PE teachers. These will represent a variety of exercise formats so that teachers will have additional options for “Be Fit” sessions.
  - 8 DVDs * $20/DVD = $160

- **Pedometers:** 24 pedometers (1 per participant and 2 extras) will be purchased for each class. These will be provided for participants to track their steps in order to encourage a decrease in sedentary time.
  - 24 pedometers/school * 4 schools * $3/pedometer = $288
• Reusable water bottles: 23 water bottles (1 per participant, 1 extra) will be purchased for each class. These will be provided for participants to reuse in order to encourage water consumption. A local company will sell these at a discounted rate to CMS. 23 bottles/school * 4 schools * $3.75/bottle = $345

• Healthy food for “Be Fueled” tastings: Food will be provided at each of the “Be Fueled” sessions to go along with the corresponding nutrition lesson, prepared by CMS Child Nutrition Services staff. 8 tastings/school * 4 schools * $15/tasting = $480

• Healthy food for “Lunch Bunches”: Nutritious and tasty meals will be served at each of the weekly “Lunch Bunches” during the second half of the school year, prepared by CMS Child Nutrition Services staff. 18 meals are budgeted for each “Lunch Bunch,” for 17 participants (assuming an average attendance of 75% of the cohort) and 1 PE teacher. 18 meals/week * 16 weeks * 4 schools * $2/meal = $2,304

• Decorations and activities for parent/guardian event: These will be purchased for the parent/guardian event to be held in the spring. The participants will help to plan the event and will attend with their parent/guardian. 1 event/school * 4 schools * $150/event = $600

• Food for parent/guardian event: Local restaurants and grocery stores will donate refreshments in-kind. $0

Total Supply Expenses: $8,048

d. Travel

• 2-day grantee meeting in Winston-Salem, NC: The Intervention Coordinator will attend this meeting, using her private vehicle. She will stay at a hotel near the meeting site and purchase 3 meals/day for the 2-day period. Round trip from CMS in Charlotte to Winston-Salem is 160 miles, with a maximum of 100 miles allowed for reimbursement.
  o 100 miles * $0.56/mile reimbursement = $56
  o $103.20/day (hotel and meals) * 2 days = $206.40
  o Total: $56 + $206.40 = $262.40 = $131.20/day

• Consultant airfare: Airfare will be provided for the University of Minnesota consultant to fly from Minneapolis, MN to Charlotte, NC. The average cost of a one-way flight is $450. $900 round trip

• Consultant lodging: Two nights of lodging will be provided for the University of Minnesota consultant to lead a one-day training workshop.
2 nights * $65.90/night = $131.80

- Field trip to YMCA: Each class will take a field trip to the nearest YMCA for a tour of the facilities, introduction to their programs, and for a spinning class. Transportation will be provided on school buses.
  - Average 20 miles round trip * $4.50/mile = $90
  - 2 hours/trip * $30.75/hour = $61.50
  - Subtotal per trip: $90 + $61.50 = $151.50
  - 1 trip/school * 4 schools * $151.50/trip = $606

**Total Travel Expenses: $1,900**

e. Other Expenses

- Postage: Postage costs will be required to mail 6 postcards and 1 invitation to each participant’s parents/guardians.
  - 6 postcards/participant * 22 participants/school * 4 schools *
    - $0.34/postcard = $179.52
  - 1 invitation/participant * 22 participants/school * 4 schools *
    - $0.49/invitation = $43.12
  - Total: $179.52 + $43.12 = $222.64 = $2.53/participant

- Printing: Additional printing will be required for program advertisements, classroom posters, parent/guardian postcards, spring event invitations, and participant surveys. 4 schools * $50/school = $200

- Food for training workshop: Before the school year begins in Year 1, the 4 PE teachers and 4 health department staff will attend a day and a half long training workshop. The full-day portion will be led by the University of Minnesota consultant and the half day will be led by the Intervention Coordinator. Light breakfast will be provided both days and lunch will be provided one day to the 10 attendees. 10 attendees * $15/attendee = $150

- Gift cards for training workshop attendees: As an incentive and thank you for attending the 1.5-day training workshop, the eight attendees (4 PE teachers, 4 health department staff) will be given a $50 gift card. These attendees will be crucial in Year 2 for assisting in expanding the intervention to more schools and training the additional PE teachers. 8 attendees * $50/attendee = $400

- Gift cards for guest Fitness Instructors: The guest fitness instructors are being provided in-kind by the YMCA and UNC Charlotte so a $15 gift card will be given to each instructor. 16 instructors * $15/instructor = $240

- Gift cards for focus group participants: As an incentive and thank you for participating in the focus groups (1 per participating school) at the end of Year 1, each participating student will be given a $10 gift card.
10 students/focus group * 4 focus groups * $10/student = $400

- Gift cards for focus group facilitators: The focus group facilitators are provided in-kind by the health department so a $45 gift card will be given to each for facilitating two groups each.
  2 facilitators * $45/facilitator = $90

Total Other Expenses: $1,703

Total for Direct Costs: $89,580

Indirect Costs
10% of total direct costs (10% of $89,580 = $8,958)

Total for Indirect Costs: $8,958

Total Direct Costs: $89,580
Total Indirect Costs: $8,958
Total Budget – Year 1: $98,538

The proposed budget for Year 2 can be found in Appendix E.

After UNC HEALs funding ends, it is expected that the grant-supported key activities will continue. Personnel costs will be greatly reduced. The Intervention Coordinator will no longer be needed at 50% FTE once the program is in place and running successfully at the majority of high schools in CMS. PE teacher salaries will be covered by CMS’ annual budget. Supply costs will be reduced, as schools will only need to replace broken or damaged exercise equipment as appropriate. Travel costs will be minimal, limited to the field trips. With the support from UNC HEALs, CMS will have the funding to launch the New Moves program in two years and, after that time, program costs will be more manageable through current and future funding sources.
X. Appendices

A. List of Key Partners/Collaborators

1. YMCA of Greater Charlotte

This branch of the YMCA serves Mecklenburg County with 19 locations. They are dedicated to the health of the community, social responsibility, and especially our youth, with programs and services ranging from after-school sports and recreation to leadership development and academic enrichment. The YMCA of Greater Charlotte has agreed to provide a discounted membership rate to the girls in the program, with a sliding scale based on family income. Group fitness instructors employed at the various YMCA locations will also serve as volunteer guest instructors in the “Be Fit” classes, in order to expose students to community role models and to a variety of fun fitness formats. During the first two quarters of the year, each class will take one field trip to the YMCA location closest to their high school to familiarize themselves with the facilities and to take a spinning class taught by a volunteer fitness instructor.

2. University of North Carolina at Charlotte (UNCC)

UNCC, the largest higher education institution in the county, is a public research university dedicated to community engagement and to the greater Charlotte region. Group fitness instructors employed by UNCC’s Recreation Services will serve as volunteer guest instructors in the “Be Fit” classes, in order to expose students to community role models and to a variety of fun fitness formats. UNCC’s Women + Girls Research Alliance supports CMS’s aim to improve the health and well-being of girls in the community.

3. Mecklenburg County Health Department

The Mecklenburg County Health Department performs the ten essential public health services in order to protect and promote the health of the county’s residents. They collaborate closely with CMS, providing school health services available to all enrolled students as well health information and data to CMS administrators. Registered Dietitians and Health Educators employed by the health department will attend and assist with the training of CMS’s PE teachers and the guest instructors to ensure successful implementation of the program. They will also provide support as needed to the PE teachers during the program as they conduct counseling sessions with participating students. Finally, health department staff will provide assistance with data collection and analysis for evaluation of the program.
4. **Local Restaurants and Grocery Stores**

Community restaurants and grocery stores will donate the refreshments for the spring parent/guardian events.

5. **University of Minnesota**

Researchers led by Dianne Neumark-Sztainer PhD, MPH, RD, a professor and interim division head in the School of Public Health at the University of Minnesota, developed and rigorously tested the New Moves program, as described in Section V above. In addition to publishing numerous articles as to the evidence base and effectiveness of New Moves, they have also maintained www.NewMovesOnline.com. This website gives a comprehensive overview of the program and also provides many of the necessary program materials in a free, downloadable format, including lesson suggestions, “Girl Pages” and worksheets, and evaluation tools. A consultant from their team will lead a day-long training workshop during the summer of Year 1 for core staff, including the Intervention Coordinator and first four PE teachers. For the original program design, intervention materials, advice, and guidance, CMS is very grateful to Dr. Neumark-Sztainer and her team at the University of Minnesota.

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B. **Logic Model**

Refer to next page.
Logic Model

**Inputs**
- School facilities and meeting spaces
- Existing and additional PE equipment
- School administrators, teachers, students, parents/guardians
- PE teachers, community guest fitness instructors
- CMS Child Nutrition Services
- Existing and new partnerships with community organizations like Mecklenburg County Health Department and YMCA
- Intervention materials including workbooks, videos, handouts, food, and other incentives
- School transportation services
- Print/copy services
- Intervention Coordinator

**Activities**
- Recruit schools for program delivery
- Obtain New Moves program materials
- Train PE teachers and staff
- Recruit and train community guest fitness instructors
- Advertise program
- Enroll students and administer pre-program surveys

**Outputs**
- # and representativeness of schools recruited/# of schools targeted
- # of teachers and staff trained
- # of community guest instructors recruited
- # and representativeness of students enrolled
- # of pre-program surveys administered

**Implementation (1st and 2nd quarters)**
- Conduct “Be Fit,” “Be Fueled,” and “Be Fab” classes
- Conduct “Be Fit” classes four days a week
- Conduct “Be Fueled” and “Be Fab” classes once every other week
- Take field trips
- Mail 6 sets of postcards to parents/guardians
- Offer individual counseling and goal-setting sessions

**Implementation (3rd and 4th quarters)**
- Hold weekly “Lunch Bunch” discussion sessions with healthy meals
- Offer individual counseling and goal-setting sessions
- Hold parent/guardian spring events
- Conduct post-program surveys

**Potential Process Data Sources**
- Program tracker for logging trainings, enrollment, classes, counseling sessions, attendance, and mailings

**Potential Outcome Data Sources**
- Surveys and interviews
- School and medical records
- NC YRBS

**Maintenance/Modification**
- Maintain program implementation
- Monitor activities and outcomes
- Modify program based on lessons learned

**Outcomes/Effectiveness**

**Short-term (1-2 years)**
- % of students, teachers, principals, and parents/guardians satisfied with the program
- Increase in physical activity self-efficacy
- Decrease in sedentary activity
- Increase in healthy eating readiness to change
- Decrease in unhealthy weight control behaviors
- Improvement in self-worth and body image

**Mid-term (3-5 years)**
- Increase in consumption of fruits, vegetables, water, and breakfast
- Increase in physical activity
- Decrease in % body fat
- Unintended consequences

**Long-term (6-10 years)**
- Decrease in prevalence of adolescent overweight and obesity
- Decrease in prevalence of eating disorders
C. Timeline

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<th>Activity</th>
<th>Year 1: July 2015-June 2016 Cohort #1</th>
<th>Year 2: July 2016-June 2017 Cohort #2</th>
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<tr>
<td></td>
<td>Summer 1st Q</td>
<td>2nd Q</td>
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<tr>
<td>Recruit schools for program delivery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obtain New Moves program materials</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Host training workshop with University of Minnesota consultant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recruit and train community guest instructors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advertise program to recruit students</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enroll students and administer pre-program surveys</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conduct &quot;Be Fit&quot; classes four days a week</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conduct &quot;Be Fueled&quot; and &quot;Be Fab&quot; classes once every other week</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Take field trips to YMCA</td>
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<td></td>
</tr>
<tr>
<td>Mail 6 sets of postcards to parents/guardians</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conduct individual counseling and goal-setting sessions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hold weekly &quot;Lunch Bunch&quot; discussion sessions with healthy meals</td>
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<td></td>
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<tr>
<td>Host National Eating Disorder Awareness Week events</td>
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<tr>
<td>Plan and hold parent/guardian spring event</td>
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<td></td>
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<tr>
<td>Administer post-program surveys</td>
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<tr>
<td>Conduct post-program focus groups to inform potential program modifications</td>
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<tr>
<td>Collect and evaluate process data</td>
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<td></td>
</tr>
<tr>
<td>Evaluate outcome data</td>
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*Shading signifies time period during which activities take place.*
### D. Evaluation Plan

<table>
<thead>
<tr>
<th>Evaluation Questions</th>
<th>Data to be Collected</th>
<th>Data Collection Method</th>
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</thead>
<tbody>
<tr>
<td><strong>Adoption</strong></td>
<td># of schools that participated/# schools targeted</td>
<td>Log of schools targeted and those that participated</td>
</tr>
<tr>
<td>Did four schools adopt the program in Year 1 and at least 18 schools in Year 2?</td>
<td>Demographics and characteristics of schools that participated compared to schools that did not</td>
<td>CMS demographic and school data</td>
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<tr>
<td>(Process Objective 1.1)</td>
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<td></td>
</tr>
<tr>
<td>Were schools that adopted the program representative of the school district?</td>
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<td></td>
</tr>
<tr>
<td><strong>Reach</strong></td>
<td>% of enrolled students attending daily classes, field trips, “Lunch Bunches,” and spring events, # of individual counseling and goal-setting sessions attended by each enrolled student</td>
<td>Attendance records from daily classes, field trips, “Lunch Bunches,” and spring events, Logs of individual counseling and goal-setting sessions conducted</td>
</tr>
<tr>
<td>What proportion of enrolled students fully participated by completing at least 80% of intervention components?</td>
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<tr>
<td>(Process Objective 3.2)</td>
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<tr>
<td>To what extent were enrolled students’ parents/guardians exposed to the intervention?</td>
<td>% of parents/guardians reporting receiving and reading postcards, % of parents/guardians attending spring events</td>
<td>Surveys of parents/guardians completed at spring events</td>
</tr>
<tr>
<td>Were those students who fully participated representative of those who enrolled?</td>
<td>Demographics of students who fully participated compared to those enrolled</td>
<td>Attendance records from spring events</td>
</tr>
<tr>
<td><strong>Implementation</strong></td>
<td># of PE teachers and staff trained</td>
<td>Attendance record from annual training workshops</td>
</tr>
<tr>
<td>Did PE teachers and staff receive necessary training?</td>
<td># of guest instructors recruited, % of guest instructors sent training materials</td>
<td>Log of guest instructors recruited, emails sent with training materials, and guest “Be Fit” sessions conducted</td>
</tr>
<tr>
<td>Were community guest fitness instructors recruited and given necessary training?</td>
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<td></td>
</tr>
<tr>
<td><strong>Was the program advertised effectively to enroll students?</strong> (Process Objective 1.1)</td>
<td># of posters, fliers, and conversations with potential students, # and representativeness of students enrolled</td>
<td>Log of advertisements printed and distributed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Enrollment data, surveys of students</td>
</tr>
<tr>
<td>Were educational materials distributed to students?</td>
<td># of educational materials distributed</td>
<td>Log of educational materials prepared and distributed</td>
</tr>
<tr>
<td>Were pre- and post-program student surveys administered?</td>
<td>% of pre- and post-program student surveys administered and completed</td>
<td>Surveys of students</td>
</tr>
<tr>
<td>Was the required number of classes taught? <em>(Process Objectives 1.2, 2.1, and 3.1)</em></td>
<td># of “Be Fit,” “Be Fuel’d,” and “Be Fab” classes conducted</td>
<td>Attendance records from daily classes</td>
</tr>
<tr>
<td>Did each class take a field trip to the nearest YMCA?</td>
<td># of field trips taken</td>
<td>Attendance records from field trips</td>
</tr>
<tr>
<td>Were individual counseling and goal-setting sessions conducted with students?</td>
<td># of individual counseling and goal-setting sessions conducted</td>
<td>Logs of individual counseling and goal-setting sessions conducted</td>
</tr>
<tr>
<td>Were weekly “Lunch Bunch” discussion sessions held with a healthy meal provided? <em>(Process Objective 2.2)</em></td>
<td># of weekly “Lunch Bunches” held</td>
<td>Attendance records from “Lunch Bunches”</td>
</tr>
<tr>
<td># of healthy meals served at “Lunch Bunches”</td>
<td>Log of healthy meals served at “Lunch Bunches”</td>
<td></td>
</tr>
</tbody>
</table>

### Outcome Evaluation

<table>
<thead>
<tr>
<th>Evaluation Questions</th>
<th>Data to be Collected</th>
<th>Data Collection Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the time girls report participating in physical activity increase? <em>(Outcome Objective 1)</em></td>
<td>Time students report engaging in physical activity at the start and end of the school year</td>
<td>Three-day physical activity recall surveys of students</td>
</tr>
<tr>
<td>Did the percent of students reporting engaging in unhealthy weight control behaviors decrease? <em>(Outcome Objective 2)</em></td>
<td>% of students reporting engaging in unhealthy weight control behaviors measured at the start and end of the school year</td>
<td>Surveys of students</td>
</tr>
<tr>
<td>Did girls report an increase in body satisfaction and self-worth? <em>(Outcome Objective 3)</em></td>
<td>% of students reporting an increase in body satisfaction and self-worth at the start and end of the school year</td>
<td>Surveys of students</td>
</tr>
<tr>
<td>Are participating girls, their parents/guardians, and participating schools satisfied with the program?</td>
<td>% of students, parents/guardians, teachers, and principals reporting being satisfied with the program</td>
<td>Surveys of and focus groups with students; interviews with parents/guardians, teachers, and principals at the end of the school year</td>
</tr>
</tbody>
</table>
### DIRECT COSTS

#### a. PERSONNEL

<table>
<thead>
<tr>
<th>Position</th>
<th>Months</th>
<th>%FTE</th>
<th>Salary</th>
<th>Fringe</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intervention Coordinator</td>
<td>12</td>
<td>50%</td>
<td>$35,183</td>
<td>$8,796</td>
<td>$43,979</td>
</tr>
<tr>
<td>PE Teachers (18)</td>
<td>10</td>
<td>15%</td>
<td>In-kind</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Child Nutrition Services staff (36)</td>
<td>10</td>
<td>2.5%</td>
<td>In-kind</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Guest Fitness Instructors (30)</td>
<td>--</td>
<td>--</td>
<td>In-kind</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Health Department staff</td>
<td>--</td>
<td>--</td>
<td>In-kind</td>
<td></td>
<td>$0</td>
</tr>
</tbody>
</table>

**Total Personnel** $43,979

#### b. EQUIPMENT

<table>
<thead>
<tr>
<th>Item</th>
<th>Expense</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education materials</td>
<td>$589.75/class x 18 schools</td>
<td>$10,616</td>
</tr>
<tr>
<td>Exercise mats</td>
<td>$7 each x 24 mats x 14 schools</td>
<td>$2,352</td>
</tr>
<tr>
<td>Stability balls</td>
<td>$20 each x 6 balls x 14 schools</td>
<td>$1,680</td>
</tr>
<tr>
<td>Resistance bands</td>
<td>$7.50 each x 12 bands x 14 schools</td>
<td>$1,260</td>
</tr>
<tr>
<td>Workout DVDs</td>
<td>$20 each x 8 DVDs</td>
<td>$160</td>
</tr>
<tr>
<td>Pedometers</td>
<td>$3 each x 24 pedometers x 18 schools</td>
<td>$1,296</td>
</tr>
<tr>
<td>Reusable water bottles</td>
<td>$3.75 each x 23 bottles x 18 schools</td>
<td>$1,553</td>
</tr>
<tr>
<td>Healthy food for “Be Fueled” tastings</td>
<td>$15/tasting x 8 tastings x 18 schools</td>
<td>$2,160</td>
</tr>
<tr>
<td>Healthy meals for “Lunch Bunches”</td>
<td>$2/meal x 18 meals x 16 weeks x 18 schools</td>
<td>$10,368</td>
</tr>
<tr>
<td>Decorations &amp; activities for spring event</td>
<td>$150/event x 18 schools</td>
<td>$2,700</td>
</tr>
<tr>
<td>Food for spring parent/guardian event</td>
<td>In-kind</td>
<td>$0</td>
</tr>
</tbody>
</table>

**Total Supplies** $34,145

#### c. TRAVEL:

<table>
<thead>
<tr>
<th>Item</th>
<th>Expense</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field trip to YMCA</td>
<td>$151.50/trip x 18 schools</td>
<td>$2,727</td>
</tr>
</tbody>
</table>

**Total Travel** $2,727

#### d. OTHER EXPENSES

<table>
<thead>
<tr>
<th>Item</th>
<th>Expense</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Postage</td>
<td>$2.53/participant x 396 participants</td>
<td>$1,002</td>
</tr>
<tr>
<td>Printing</td>
<td>$50/class x 18 schools</td>
<td>$900</td>
</tr>
<tr>
<td>Food for day-long training workshop</td>
<td>$10 each x 24 attendees</td>
<td>$240</td>
</tr>
<tr>
<td>Gift cards for training attendees</td>
<td>$30 each x 22 attendees</td>
<td>$660</td>
</tr>
<tr>
<td>Gift cards for Guest Fitness Instructors</td>
<td>$10 each x 30 instructors</td>
<td>$300</td>
</tr>
</tbody>
</table>

**Total Other** $3,102

### TOTAL DIRECT COSTS: $83,953

### TOTAL INDIRECT COSTS: $8,395

### TOTAL BUDGET - Year 2: $92,348