THE FUN, FOOD, AND FITNESS PROJECT (FFFP): THE BAYLOR GEMS PILOT STUDY

Objective: The Girls health Enrichment Multi-site Studies (GEMS) Fun, Food, and Fitness Project (FFFP) was designed to prevent obesity among 8-year-old African-American girls.

Design: Twelve-week, two-arm parallel group randomized controlled pilot study.

Setting: Summer day camp and homes in Houston, Texas.

Participants: Thirty-five girls and their parents or caregivers were randomly assigned to treatment (N=19) or control groups (N=16).

Intervention: Girls in the intervention group attended a special 4-week summer day camp, followed by a special 8-week home Internet intervention for the girls and their parents. Control group girls attended a different 4-week summer day camp, followed by a monthly home Internet intervention, neither of which components included the GEMS-FFFP enhancements.

Main Outcome Measures: Body mass index (BMI), consumption of fruit, 100% fruit juice, and vegetables (FJV), physical activity.

Results: After adjusting for baseline BMI, there were no significant differences in BMI between treatment and control group girls, either at the end of the 4-week summer day camp, or after the full 12-week intervention. By the end of the summer camp, the subgroup of treatment group girls heavier at baseline exhibited a trend (P<.08) toward lower BMI, compared to their heavier counterparts in the control group. Overall results at the end of the 12-week program demonstrated substantial, although not significant, differences between treatment and control groups in the hypothesized directions. On average, less than half the treatment sample logged onto the Website, which limited intervention dose.

Conclusions: Summer day camp appears to offer promise for initiating health behavior change. Effective methods must be developed and tested to enhance log-on rates among healthy children and their parents before Internet programs can achieve their potential. (Ethn Dis. 2003;13[suppl1]:S1-30-S1-39)

Key Words: Obesity, Prevention, Female, African-American, Children, Parent, Diet, Physical Activity, BMI, Internet

BACKGROUND

Obesity has increased substantially in the last 20 years, especially among children. Obese children are likely to become obese adults. Once gained, excess weight is difficult to lose, thereby increasing the medical community’s interest in obesity prevention. Behavior change may be easier to effect among children, thereby enhancing the possibility of preventing obesity. Prevalence of obesity has been particularly high among African-American girls, beginning as early as 9 years of age, thereby emphasizing the need for programs targeted toward young girls in this group.

School-based obesity prevention programs have not provided definitive guidance for the design of effective programs. While families influence children’s diets and physical activity (PA), the best method for involving families in promoting change has yet to be discovered. One family-based intervention revealed that African-American families with children found it difficult to attend evening group sessions, suggesting that other mechanisms may be necessary to maintain contact over time. Summer camps have been shown to facilitate behavior change among children, but no studies have addressed the use of computers in maintaining change. Among families with a computer and Internet access, Internet-based interventions could overcome the barrier of requiring participants to travel to a specific location at a specific time.

This paper reports on the Girls health Enrichment Multi-site Studies (GEMS) Fun, Food, and Fitness Project (FFFP), a pilot study which targeted obesity prevention among healthy 8-year-old African-American girls and their families. The 12-week intervention included a 4-week summer day camp experience (girls only), followed by separate 8-week Internet programs for girls and parents. The purpose of the pilot study was to test the 12-week intervention and associated measurements using a randomized clinical trial design that included a comparison group. Because of its low sample size and short duration, the pilot study did not have sufficient power to test for between-group differences in changes either in body mass index, which would be a primary outcome in a larger scale trial, or in other key outcome measurements. The evaluation of the pilot study was primarily based on intervention process measures and trends in key measurements, including body mass index, diet, physical activity, and psycho-social measures.

METHODS

Sample
The inclusionary criteria for the 8-year-old African-American girls were: to have a parent also willing to be involved; to be in the ≥50th percentile for age and gender specific body mass index (BMI) based on CDC growth charts; to have a home computer with Internet access; to have an available Internet provider; and to reside in Houston or Galveston, Texas.

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Internet access; and to provide informed assent and parental consent. Exclusionary criteria included having a medical condition or taking medications affecting growth; and having conditions that would limit the girl’s ability to participate in the intervention or measurement assessments.

All participating girl-parent families were volunteers who responded to radio advertisements, a GEMS-FFF P recruitment Website, fliers, presentations made to various church or other social groups serving the African-American community, and postcards sent to lists of names and addresses obtained from selected schools in the Houston area. More details on recruitment can be found in Story et al19 in this special issue. The desired sample for this pilot test was 40, but only 35 were randomized. All girls provided assent, and parents provided signed informed consent at the time of baseline assessment.

Design
Girls were randomized to treatment or control groups. Random assignment was conducted in an urn randomization procedure,20 through telephone contact to the Coordinating Center at George Washington University in Washington, DC. Baseline measurement of outcomes occurred from March 2001 through May 2001, at the Children’s Nutrition Research Center. Outcomes included height, weight, waist circumference, diet, and PA. Camp occurred in June; the Internet program was delivered during July and August. The 12-week follow-up assessments began the last Saturday in August, and continued through September 2001. Only BMI was measured at 4 weeks (the end of summer camp). The mean time from baseline to follow-up assessment was 114.0 (±15.1) days, or 16.3 (±2.2) weeks.

Target Behaviors
The behavioral goals of GEMS-FFF P were: to increase the girls’ fruit and vegetable consumption, with the intent of displacing foods high in dietary fat and related calories, and enhancing the girls’ sense of fullness from a diet higher in fiber and water;21 increase the girls’ intake of water, with the intent of displacing the consumption of soft drinks and sweetened fruit flavored beverages common at this age;22 and to increase moderate to vigorous physical activity to 60 minutes per day.23

Theoretical Framework
This intervention was based on Social Cognitive Theory.24,25 Our previous research suggested that reasons the children did not consume fruit, 100% fruit juice, and vegetables (FJV), were: disliking (preference—a personal characteristic) vegetables;26–28 lack of availability of FJV (an environmental characteristic) in their homes;29 and lack of knowledge regarding the preparation of simple FJV recipes (a skill).26 Findings from focus group discussions suggested that this triad of preference, availability, and skill also influences water intake and physical activity.30

Formative Assessment
Focus group discussions were conducted with 73 girls and 82 parents. Formative results have been reported elsewhere.30

Intervention Activities/Procedures
To encourage the girls to consume more FJV, attempts were made to: 1) increase their preference for water by increasing exposure to water; 2) increase the availability and accessibility of water at home and camp; 3) train them in a schema for drinking 5 glasses (12 oz) of water each day; 4) increase the girls’ self control for drinking more water by training them to select water over sweetened beverages, to set goals for drinking water each day, to take action when these goals were not met, and by providing the girls with incentives (friendship beads) for meeting FJV goals. The intervention also provided many simple suggestions and incentives for eating more FJV snacks and simple dishes. Girls were trained to use a 5-a-day self-schema (eg, one FJV serving at breakfast, one at lunch, one for PM snack, and 2 for dinner) that simplified inclusion of five FJV servings a day, and identified self expectations for daily consumption. These skills were intended to be applied outside of camp. During camp, girls brought their own lunches.

To enable the girls to drink more water, attempts were made to: 1) increase their preference for water by increasing exposure to water; 2) increase the availability and accessibility of water at home and camp; 3) train them in a schema for drinking 5 glasses (12 oz) of water each day; 4) increase the girls’ self control for drinking more water by training them to select water over sweetened beverages, to set goals for drinking water each day, to take action when these goals were not met, and by providing the girls with incentives (friendship beads) for meeting water goals.

To increase physical activity (PA), attempts were made to: 1) enhance social support for activity by establishing a girls’ buddy system; 2) involve the parent by training the girls to ask their parents to participate with them in PA after camp, or in the evening; 3) increase the girls’ preference for PA by increasing their exposure to it, and by associating fun with physical activity; 4) train them in PA skills, eg, having an instructor teach them to dance; and 5) provide them with a pedometer to self monitor PA.

Summer Camp Programs
A summer day camp was selected over a live-in camp because formative research revealed that the girls would not attend a live-in camp. A day camp
also provided the opportunity to assess whether the girls practiced at home what they learned at camp each day, whereas a live-in camp would have placed the girls in a learning, environment devoid of their usual social realities. The camps for both treatment and control children were largely subsidized by the project, in order to attract participants. The summer day camp was 4 weeks in duration and was conducted in conjunction with Kid Venture Camps of Houston. One of the camps was used for the treatment camp and another for the control. The control camp experienced only the usual camp activities at that site, while the treatment camp blended usual camp activities with activities specially designed for GEMS-FFFP. The specially designed interactive multimedia GEMS-FFFP activities included buddy groups; camp cheers used as mnemonics for decision making, problem solving, and asking behaviors; training in dance; educational games targeted at increasing FJV intake and PA; snack recipe preparation; and goal setting. The stages of breast development was determined. Diet was assessed by a professionally trained dietician. The stages of breast development was determined. Diet was assessed by a professionally trained dietician. The stages of breast development was determined. Diet was assessed by a professionally trained dietician. The stages of breast development was determined. Diet was assessed by a professionally trained dietician.

The weekly behavioral/environmental foci for each of the treatment web programs were the same for the girls’ and parents’ Websites: 1) do a fun PA at home; 2) choose an FJV for snack; 3) increase home FJV availability and accessibility; 4) do PA with a parent in the evening; 5) drink water vs soft drink; 6) do PA after camp; 7) eat FJV after school; and 8) maintain 5 a day. The weekly Website for treatment girls included: a comic book with characters who attended GEMS summer camp and faced and overcame hurdles in making lifestyle changes consistent with the FFFP dietary and PA goals; problem solving for challenges identified in the comic strips; review of attainment of previous week’s goal; opportunities to set goals of 5 FJV servings/day, 5 glasses water/day, and 12,000 pedometer counts per day; a photo album of girls from the camp (both individual and group pictures); an “ask the expert” feature; and links to various Websites of interest to girls (including diet and PA Websites not listed for the control girls). The organizing page for the girls’ Website is found in Figure 2. Each item on the page could be clicked, thereby linking to the various activity pages. If the child did not click on an item within 10 seconds, items on the page began to flash, thereby inviting a click. A week-by-week schedule of goals’ treatment group Website activities can be found in Figure 3. Girls received weekly email and telephone reminders to log-on.

The weekly Website for treatment parents included: a comic book in which a parent character commented on each frame of the child’s comic, from an authoritative parenting perspective (in order to model desired parenting behaviors); a poll of parents regarding the best ways to encourage lifestyle changes in their daughters, which, with feedback from all parents the following week, led to setting a goal of choosing methods to help their daughters make a lifestyle change each week; review of previous week’s goal/challenge attainment; a review of the girls’ goal/challenge attainment; new recipes; an “ask the expert” feature; links to other Websites of interest to parents of 8-year-old girls; and a link to their daughters’ Websites (with a reassurance to parents that their daughters’ Websites were “safe”). A week-by-week listing of activities on the Website for the parent treatment group can be found in Figure 4.

Measures
The variables reported include demographics, body mass index, waist circumference, physical maturation, % body fat by DEXA, diet, physical activity, and preferences for physical activity and sweetened beverages. Race and ethnicity of each girl were reported by her parent(s) or legal guardian(s). Two readings of height and weight were taken, and the mean was used analytically. Two readings of waist circumference were taken, using the umbilicus as a landmark. The mean of the 2 measures was used analytically. Percent body fat was estimated by DEXA at baseline, using the Hologic QDR 4500 instrument (Waltham, Mass). Sexual maturation was assessed by a professionally trained and certified nurse. The stages of breast and pubic hair maturation were recorded using the Tanner scale, which categorizes stages 1 (pre-pubertal) to 5 (fully developed), and an overall level of sexual development was determined. Diet was assessed using two 24-hour dietary recall reports (one determined during a clinic visit, and one by a follow-up telephone call within 2 weeks) conducted at baseline and after the 12-week intervention. Dietary intake was collected using the Nutrition Data System for Research (NDS-R) of the University of Minne-
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<tr>
<td>7:30 AM</td>
<td>Mystery FJV: Nectarines/Cherry Tomato, Use sensory to discover, Write on handout for smell, taste, touch, sight.</td>
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<td>8:00 AM</td>
<td>Pre-Camp                       Win FFF Spirit Sticks. Explain water goal for week. Do GIRL TALK CHEER.</td>
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<td>8:10 AM</td>
<td>Circle Up-Buddy Groups. Solve Mystery FJV. Review weekend goals. Choose today's PA</td>
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<td>8:30 AM</td>
<td>Food Guide Pyramid Activity     Selection Activity                       Begin Storage Experiment</td>
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<tr>
<td>8:45 AM</td>
<td>Pep Rally                       Snack Preparation: Fruit Smoothie      Snack Preparation: Sticks 'n Stones for Friday field trip</td>
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<td>9:30 AM</td>
<td>Snack Time                      Snack Time: Appleauce &amp; raisins       Snack Time: Watermelon</td>
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<td>10:00 AM</td>
<td>Kidventure PA                   Kidventure PA                     Kidventure PA</td>
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<td>10:30 AM</td>
<td>GEMS PA: Jump Rope or Run/Walk</td>
<td>GEMS PA: Basketball or Play Stations</td>
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<td>11:00 AM</td>
<td>Kidventure PA                   Kidventure PA                     Kidventure PA</td>
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<td>11:30 AM</td>
<td>Lunch                           Lunch: All-Star Lunch Checklist</td>
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<td>12:00 PM</td>
<td>Quiet Time                      CHEER TIME: Create new words and phrases for cheers.</td>
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<td>12:30 - 1:15 PM</td>
<td>Kidventure Crafts</td>
<td>Kidventure Crafts</td>
<td>Kidventure Crafts</td>
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<td>1:30 PM</td>
<td>Kidventure Afternoon PA Rotations</td>
<td>Kidventure PA</td>
<td>GEMS PA: Soccer or Tag</td>
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<td>2:30 PM</td>
<td>Kidventure PA                   Kidventure PA                     Kidventure PA</td>
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<td>3:00 - 3:15 PM</td>
<td>Snack Time</td>
<td>Snack Time: Fruit Smoothie</td>
<td>Snack Time: Fruit 'n Nut Roll ups</td>
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<td>Snack Time: Sunshine Salad</td>
<td>Snack Time: Veggie Wrapper</td>
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<td>3:30 PM</td>
<td>Win &amp; learn to use Pedometers.</td>
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<td>4:00 PM</td>
<td>PS #3: GIRL TALK pedometer skill and activity. Review Girl Talk cheer</td>
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<td>4:15 PM</td>
<td>Post Camp                       PS #4: Review GIRL TALK Cheer and steps. Each group makes up own skills &amp; performs in front of counselors.</td>
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<tr>
<td>4:30 PM</td>
<td>Circle Up-Buddy Groups. STEPS CHEER Set FJV goal</td>
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<td>4:45 to 5 PM</td>
<td>Evening Challenges</td>
<td>FJV challenge</td>
<td>PA challenge</td>
<td>De FJV challenge</td>
<td>Do PA goal, Mom/Daughter handout</td>
<td>Recipe prep &amp; PA goal for weekend</td>
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Fig 1. Day-to-day schedule for Week 2 of the Kid Venture (control) and GEMS-FFFP summer day camps

Nutrient values were the mean of 2-day intakes. The derived variables (numbers of servings of specified foods or food groups) reflected specific eating behaviors targeted by the GEMS interventions, and described food choices and strategies used by participants to modify their diets in response to the interventions. The sum of the intake over 2 days was given for these derived dietary variables. Physical activity (PA) was assessed by both the Computer Sciences and Applications (CSA) accelerometer and the GEMS Activity Questionnaire (GAQ), a modification of the Self-Administered Physical Activity Checklist (SAPAC) that has been validated and assessed for test-retest reliability on the same day. A computerized GAQ was completed by each girl with the assistance of a field center staff. All measures were taken by centrally trained and certified staff. Participants completing baseline and 12-week follow-up assess-
ments received an incentive (children $10; adults $25). More details on these measures can be found in this volume.36

Attendance at camp was calculated as number of days attended divided by number of days camp was open, with the result averaged across girls. Children who came late or left early on any day were counted as having attended that day. Every treatment group participant was expected to log-on once per week, and every control participant once per month. Weekly and monthly log-on rates were calculated as the percent of participants logging on at least once during those time intervals. Overall log-on rates were the mean of the weekly log-on rates.

Analyses
Data were analyzed according to “Intention-to-Treat” (ITT) principles.37 Two-sided tests of significance were performed with type-I error set at \( \alpha = 0.05 \).

Statistical comparisons were performed to compare treatment and control groups with respect to demographic characteristics and important prognostic factors at baseline. The baseline value of outcome measures was compared, to determine possible systematic differences among the treatment and control groups after randomization.

Differences between treatment and control groups in outcome measures at 12 weeks were tested using ANCOVA. The post-intervention value was used as the dependent variable and the baseline value as a covariate. This analysis was performed at 4 weeks (after camp), and at 12 weeks (after randomization). As a secondary analysis of whether the program was more successful among the heavier girls, the sample was split at the median baseline BMI, and tests were performed to determine whether the interventions were effective in either BMI strata. Poisson regression was employed for variables not normally distributed; specifically, servings of FJV, sweetened beverages, and water. Estimated ratios between treatment and control groups were derived from Poisson regression.

As this pilot project did not have sufficient power to detect statistically significant differences between treatment and control groups, data were examined for trends of differences in the hypothesized directions. Because of the very small sample, \( P \) values \( \leq 0.10 \) were accepted as suggestive of between-group differences.

RESULTS
Baseline characteristics of randomized girls appear in Table 1. Girls were 8
years of age. Despite random assignment, girls in the control group had a greater BMI and percent body fat (as determined by DEXA) compared to girls in the intervention group, with the differences being of statistical significance. Associated with their larger size, girls in the control group were likely to be at a more advanced pubertal stage compared to intervention group girls. Groups were comparable on socioeconomic characteristics.

Very high levels of participation were maintained in summer day camp (Table 2). The low rate in the control camp during week one was due to Tropical Storm Allison (the worst storm in the history of Houston), which flooded the control camp (but not the treatment camp) forcing its closure for one day. The severe flooding also inhibited the participation of some control families whose homes were flooded and destroyed.

Weekly log-on rates for the treatment group started below 50% for both girls and parents (Table 3). To increase log-on rates, a $100 lottery was offered to parents in week 3; this doubled log-on rates. The weekly $100 lottery was maintained through the remaining 5 weeks. Despite the lottery, log-on rates trailed off throughout the remaining 5 weeks resulting in overall log-on rates of 48% for girls and 47% for parents (Table 3). Control group girls and parents had even lower log-on rates, although they were only expected to visit the Website once a month (Table 3), and control parents also had a monthly $100 lottery as an incentive.

After adjusting for baseline BMI as a covariate, BMI at the end of summer camp did not vary between groups. In a secondary analysis, when the sample was restricted to girls with baseline BMI above the median split (BMI > 22.1), there was a trend (P < .08) for lower BMI for the treatment girls (x̄ = 28.6 kg/m²), compared to the control girls (x̄ = 29.3 kg/m²).

At the end of the 12-week intervention (summer day camp and Internet programs), diet differences were in the hypothesized directions: lower total calories (~231 kcal) and percent calories from fat, greater consumption of water and FJV, and lesser consumption of sweetened beverages (Table 4). There were no differences in BMI, most physical activity measures (but Met adjusted usual GAQ was 0.8 greater in the hypothesized direction), or in preferences.
**DISCUSSION**

The GEMS-FFFP did not result in lower BMI in the intervention compared with the control group at the end of the 12-week intervention. While the study was not powered to detect such an effect, no trend for a difference in the hypothesized direction was evident. Part of the reason for this lack of difference in the hypothesized direction may have been the substantial difference (5.2 kg/m²) in BMI between groups at baseline, since statistical adjustments cannot account fully for baseline differences. Alternatively, there was a trend toward lower BMI among the heavier girls in the treatment, as compared to the control, group at the end of summer day camp. This suggests that summer...
day camp served as a useful tool for intervening on diet and physical activity practices among heavier African-American girls, which is consistent with the findings of other recent studies. It is possible that the changes due to GEMS enhanced summer camp activities were lost during the Internet period.

The difference between groups of −231.5 kcal per day was substantial. This level of difference between groups in kcal intake is larger than study findings reported in the literature, two of which studies resulted in a change in BMI when implemented over multiple years. Thus, if maintained for a longer duration, this level of difference could result in a lesser increase in BMI. The level of kcal consumption by the end of camp was not assessed; therefore, it is impossible to determine whether elements of the intervention affected the trajectory of intake over the 12 weeks.

Treatment girls consumed 1.2 times more servings of FJV, compared to control girls (4.9 vs. 4.1 servings over 2 days). This is among the larger differences reported among children. The conceptual foundation for GEMS-FFFP to change FJV consumption was similar to that of some of our other projects. The substantial change in this project was likely due to its implementation by project-trained staff, not by usual camp counselors.

The mean percent kcal from fat at 12 weeks follow up was 33.1% for the treatment group, which was 1.6% lower than that for the control group, but still exceeded the desired 30%. Changing dietary fat intake was not a target of this project, but was expected to decrease as a result of increased FJV consumption. It appears likely that FJV consumption needs to increase by more than 20% to further decrease dietary fat intake.

To our knowledge, ours is the first intervention to effect a 20% reduction in servings of sweetened beverages, and a 40% increase in servings of water. The conceptual foundation for changing beverages was similar to that for changing FJV intake. The results provide some support for the efficacy of this conceptualization, though this should be repeated in larger trials.

It is not known whether any of the diet and PA differences occurred after summer day camp and were maintained during the Internet program, or perhaps decreased during the Internet program (due to low rates of Internet participation). Research needs to be conducted on summer day camps to assess their potential to serve as a stand alone intervention modality.

To encourage log-on to the treatment Internet program, the investigators provided two weekly email reminders, one weekly telephone call, and a $100 lottery incentive from weeks 3 through 8. The very low log-on rates were highly problematic. We know of only one other report that published Internet program log-on data. They reported 1.1 log-ons per participant per week in the treatment group, and 0.3 log-ons per participant per week in the control group, with a steep decline over their 8-week program. The higher log-on rate for treatment compared to control groups, as well as the steep decline, were consistent with our findings. The average of 1.1 weekly log-on per participant was substantially higher than our approximately 0.5 weekly log-ons per participant in the treatment groups. While the samples in both studies were highly self selected, their participants were adult, diabetic patients (thereby possibly being more motivated for self care than are children with no signs of illness), and were recruited exclusively through Internet channels (therefore perhaps being more comfortable with, and knowledgeable about, the Internet). Other investigators have verbally reported similar problems in log-on rates with healthy adolescents. The decline in log-on rates over the 8 weeks suggests that the initial perceived novelty of the comics declined, while logging on increasingly contributed to participant burden. Thus, while the Internet provided a very attractive medium for delivering a fun, interactive intervention, the low log-on rates minimized its likely impact. Currently, a major challenge with Internet interventions is to identify procedures that maximize Internet log-on rates. Attention should be paid to characteristics of the Web content (eg, attractiveness, developmental and cognitive suitability for population, fun), incentives (eg,
monetary, social, or other), reminders (eg, e-mail, telephone, postcard, by peers), and characteristics of the participants (eg, healthy or ill, self selected or randomly selected, personality characteristics), and whether these vary for differing age and gender groups. In addition, Internet use during the summer day camp may have improved log-on rates after camp by enhancing the girls’ familiarity with the software and procedures to log-on. If Internet log-on cannot be substantially increased to above 50% (preferably to 80% or higher), perhaps the Internet can be used for very large-scale public health interventions where weak effects can still have public health significance.

The strengths of this research include a strong theoretical framework, randomization, participatory controls, and substantial process evaluation. Its limitations include the very small sample, the self-report nature of the dietary intake variables, and the large, statistically significant differences in BMI between treatment and control groups at baseline. Despite these limitations, the findings highlight the intervention potential of summer day camps and the need for research on identifying procedures that maximize Internet log-on rates.

ACKNOWLEDGMENTS

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REFERENCES


Pilot Project: An actual implementation of the working system with real customers, albeit on a limited scale. We’ve built a basic product but at this stage, we can only make it by hand, in small quantities. We know some customers are interested, but we need more customer-use to iron out the kinks, and justify scaling-up our production capability e.g. workforce, plants and tooling, sales network. So, for now, our operation is a pilot project, with the founders assembling the automobiles in our barn. So the objective of a pilot project is to provide information that will enable senior management to make a better decision about a potential project or programme. 3.9k views Â· View 7 Upvoters. Symantha Gates, 15+ years in technology & project management. (2003) The Fun, Food, and Fitness Project (FFFP): the Baylor GEMS pilot study. Ethn Dis 13, Suppl. 1, S30â€“S39. (2006) Perceptions of children, parents, and teachers regarding whole-grain foods, and implications for a school-based intervention. J Nutr Educ Behav 38, 230â€“237. 15. Reynolds, KD, Franklin, FA, Binkley, D et al. (2000) Increasing the fruit and vegetable consumption of fourth-graders: results from the High 5 project. Prev Med 30, 309â€“319. 16. Nader, PR, Sellers, DE, Johnson, CC et al. The fun, food, and fitness project (fffp): the baylor Center, Department of Pediatrics, Baylor .. each frame of the child’s comic, from an authoritative parenting call within 2 weeks) conducted at baseline and Fun fitness activities for kids. Download PDF. 6 downloads 13 Views 2MB Size Report. Comment. Complementary Activities: Pop Bottle Drive Â· Ask the children to bring pop bottles from home and donate the refundable deposit to a local charity or fundraising project. Good Guess Â· Fill a 2L pop bottle with marbles or macaroni. Who can guess the number of marbles/macaroni and how much they weigh?