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A Qualitative Evaluation of the YMCA's Physical Healthy and Driven Program (PHD)

By

Rama Issa Musharbash

A Thesis

Submitted to the Faculty of Graduate Studies
through the Faculty of Human Kinetics
in Partial Fulfillment of the Requirements for
the Degree of Master of Human Kinetics
at the University of Windsor

Windsor, Ontario, Canada

2009

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ABSTRACT

This study was conducted to evaluate the YMCA's Physical, Healthy, and Driven (PHD) program. Physical activity programs such as PHD, Camp Shane, and High Five are focused on creating opportunities for individuals to engage in healthy active living. There has been a proliferation of such programs in recent years in response to the health statistics that identify high rates of overweight and obesity and low levels of activity in youth. Often, it is assumed that such programs are valuable for the participants without any formal evaluation process to verify this assertion. The objective of this evaluation was to examine the effectiveness and the delivery of the program. Three sub problems were addressed: What do parents say about the content and delivery of the PHD program?; how do program administrators identify the needs of participants in the PHD program?; and what organizational changes would further facilitate implementation of the PHD program? Overall, the evaluation resulted in positive comments about the value of the program to participants and their families. Accordingly, recommendations emerged that support program sustainability, growth and geographic expansion.

Dedicated to my Family

Dr. Issa Musharbash

Thanks for all the help and support throughout my entire life.

Randa Madbak

Thank you for introducing me to the belief that “there’s no such thing as I can’t”.

I love you Mom and I will always remember all what you have done for me.

Amer Musharbash

Thank you for being the most loving and caring brother, and for all the advice and support you offered me when I needed it.

Yazan Musharbash

Thanks for being my brother, partner, teammate, and best friend throughout my life.

Bana Musharbash

Thank you for giving me the chance to enjoy the feeling of having a sister. Thanks for always being there for me. I love you Sister and I will always be there for you.

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Introduction

Childhood obesity in Canadian and American children has increased rapidly and is showing no evidence of slowing down. During the years 1981-1996, obesity rates in the United States in both boys and girls ages 4 to 16 have increased from 5% to 13.5% (Tremblay & Willms, 2000). Several factors have been identified to explain this rapid increase in obesity. Among these is the popularity of fast foods. Proliferation of fast food restaurants has made it easier for people to access high calorie foods at low cost. In addition, computers, televisions, and video games contribute to children's sedentary lifestyle. Grantham (1998) has stated that a combination of a lack of physical activity and poor eating habits has contributed to a dramatic increase in obesity. Physical recreation and sports is not the only outlet for children as a source of having fun. However, they are choices that can combine for the creation of positive outcomes. With many sedentary options now available to occupy the interests of children, social strategies are needed to engage children in exercise.

Physical fitness and the prevention of obesity is a long term process that must start at an early age. It should be addressed throughout the educational system, family and media. Shields (2005), talked about the important role that parents can play in preventing their children from being overweight and obese. Shields found a strong positive relationship between parental obesity and child obesity. Obese and overweight children tend to come from families where parents are obese. As well, a negative relationship between level of education and obesity was identified. A high percentage of children who are diagnosed to be obese and overweight reside in families and

environments where the education and income levels are low.

As child obesity increases in Canada and the United States, so do the number of physical activity programs. Such programs aim to combat child obesity by promoting physical activities and healthier life style choices for its participants. There are in- school and after school health programs during the school year. Activity camps are offered during the summer by a variety of organizations. The following three programs serve as examples of designed children's physical activity programs offered by public and private entities. A primary goal of each of these is to assist participants with weight management and/or active lifestyles. These programs represent different formats for achieving these goals. Each also addresses child and adolescent health from a multi-dimensional perspective.

Camp Shane.

Camp Shane is an example of a summer program that is offered by a private entrepreneur. It is held during the summer in the Catskill Mountains, two hours away from New York City. According to Ettenberg, the camp owner/director, the main focus of Camp Shane is the long term, safe, sustainable weight loss for children (<http://www.campshane.com>). The summer program targets overweight children aged between 11-18 years. Program length varies from 3 to 9 weeks during the summer months. While attending, campers participate in different physical activities such as basketball, swimming, air hockey, wall climbing, baseball, soccer, dance, biking, and team activities. They also receive educational guidance about nutrition, food choices, and adopting healthy eating habits. "The weight loss camp includes nutrition education,

weight loss tips, dieting information, fitness programs, exercise, self-esteem building, exciting activities, great fun and friendships” (<http://www.campshane.com>).

HIGH FIVE.

HIGH FIVE is an example of a government program that was established by Ontario Parks and Recreation in Canada in 2001. It was designed in response to research results that identified the increased trend of overweight and obese children in Canada. HIGH FIVE provides sports and recreation activities for children aged 6-12 years to help its participants experience healthier development. The program was first established in Ontario and today it has been implemented in 7 other provinces in Canada (<http://www.highfive.org/default.aspx>).

HIGH FIVE is an ongoing program conceptualized by the Provincial government and delivered by communities. This program is based on the belief that children are expected to experience healthier development through a sustained involvement in sports and recreational activities. It is founded upon five components of healthy child development which include; a caring adult, friends, participation, play and mastery. The HIGH FIVE program is devoted to supporting children and providing healthy child development by:

Ensuring that recreation and sport practitioners develop a high level of knowledge and expertise in child development, helping parents to make informed choices and providing practitioners with the tools for enhancing and maintaining a high level of program quality (<http://www.highfive.org/default.aspx>).

Physical, Healthy, Driven Program (PHD).

Several programs in the United States and Canada have been established for children by the YMCA to encourage them to become physically active. In January 2004, the YMCA of Metropolitan Washington area developed the “Physical, Healthy, Driven” (PHD) program in response to serious health concerns in children. The PHD program was specifically designed for children aged 5-14 years in the Metropolitan Washington D.C. area. The program’s purpose is to provide its participants with physical exercise integrated with games, challenges, and fun activities to get the children excited about being active. The PHD program started as a pilot project offered only in the Washington D.C. area with the goal of expanding its delivery in all the YMCAs around the nation and potentially around the world (YMCA Staff Manual, 2005).

The PHD program addresses health, safety, and nutrition issues. Parents are encouraged to become involved. They are invited to participate in education sessions with nutritionists, paediatricians, and personal trainers in addition to getting involved in some family activities with their children during fun nights. The program provides newsletters including important health tips, fitness activities, and healthy recipes.

The PHD program was originally designed to motivate children to become more physically active while increasing their overall health, including their mind, spirit, and body. Presently the staff at the YMCA of Metropolitan Washington espouses that making physical activity a regular part of the children’s lives, participants will then recognize the importance of adopting a healthy and active lifestyles (YMCA Staff Manual, 2005).

Canada and the United States are considered two of the most developed countries in the world. According to the U.S. Census Bureau (2005), the United States is one of the countries with the highest educated populations. However, this nation of highly educated people has not been doing well when it comes to living healthy and active lifestyles. Canadians and Americans have been informed through outlets such as the media that there are many benefits of being physically active and eating healthy but they have not acted positively on this knowledge. Written, electronic, and visual media programs have exposed the general public to the health problems young people are facing, such as heart disease, type II diabetes, adult onset diabetes, and hypertension (Burton, 1985; Centers of Disease and Prevention, 2007). Galloway (2005), noted that parents who continue to neglect their children's health by not encouraging healthier lifestyles may live to see their children die of obesity related illnesses.

According to the National Center for Health Statistics (2004), Tremblay & Willms, Grantham (1998), and the American Obesity Association (2002), there is a growing amount of research that explores different ways of engaging children in physical activity. Several education and community organizations both in Canada and the United States have expanded the incorporation of physical activity into their programs in order to provide opportunities for children to become active. Furthermore, educational programs are being provided in several places to educate adults about the importance of being positive role models to the next generation by being more physically active as part of a healthier lifestyle. In spite of this, it is worth noting that there continues to be a rapidly decreasing level of physical activity by school age children.

Review of Literature

Obesity is a health problem that is very common and difficult to manage in North America (Galloway, 2005). According to Murray and Pizzorno (1998), obesity is “an excessive amount of body fat” (136). In Canada numbers of overweight and obese children have almost tripled over the last 25 years. Obesity has become a rapidly growing health concern and has an effect on many children in Canada (Public Health Agency of Canada, 2008). This issue does not only exist in Canada but in the United States as well. The number of obese children in the United States between 1989 and 1991 has been estimated to be one out of five children (National Center for Health Statistics, 2004). This statistic has motivated people in the health sector in the United States to generate strategies to reverse childhood obesity.

In the past, obesity was defined solely by body weight. More recently, due to more research, assessment of body mass index (BMI) is used as the measure of obesity. BMI is “a calculated measure that is obtained by dividing measured body weight in kilograms by height in meters squared” (Mulvihill, Zelman, Holdaway, and Tompary, 2005, p.13). According to the National Institute of Health and National Heart, Lung and Blood Institute (2007), both overweight and obesity can be classified using the body mass index. A person whose BMI ranges between 18.5 and 24.9 kg/m² is considered to be normal (Heyward, 2006). A person is considered to be overweight when BMI ranges between 25 and 29.9 kg/m² (National Institute of Health, 2007; National Heart, Lung, and Blood Institute, 2007). Further, “when BMI is 30 kg/m² or more the person is considered to be obese” (National Heart, Lung, and Blood Institute; National Institute of

Health).

The World Health Organization (<http://www.who.int/en/>), using the definitions above, estimated that in the year 2005 1.6 billion overweight cases were reported worldwide in the population of age 15 and over. Moreover, there were 400 million obesity cases found worldwide among the adult population. Yet, when talking about children under the age of 5 it was reported that at least 20 million cases of overweight were found internationally.

Overweight and Obesity: Canada and the United States

An Overview.

Obesity affects both adults and children. According to Tremblay and Willms (2000), the number of children at risk of being overweight in Canada and the United States ranges from 29 to 35%. The numbers of overweight and obese children have increased enormously in the past two decades. According to a macro analysis using by the National Health and Nutrition Examination Survey (NHANES) in the United States, the percentage of overweight and obese children and adolescents aged 2–17 years is not exactly the same in both Canada and the United States (See Appendix A). Both girls and boys in the United States represent a slightly higher percentage of obesity in this age range compared to Canadians. However, both girls and boys in Canada represent a slightly higher percentage of overweight compared to their American cohort (Shields, 2005).

According to Haas and Levin (2006), obesity “usually results from poor food choices and laziness or lack of exercise, and is a major problem” (534). A complexity of

poor habits plays a major role in lifestyle increasing childhood obesity. Technology is one of the important aspects that distract children from being physically active. Children aged 8 to 18 spend an average of 44.5 hours per week on computer, television, and game screens. This amount of time is second to sleeping in the amount of time spent on activities (Kaiser Family Foundation, 2005).

In Canada between the years 1979 and 2004, children aged 12-17 years have shown a significant increase going from 14 in the year 1979 to 29% in 2004. When referring to children aged 6-11 years the results were somewhat similar. The number of overweight children has doubled from 13% in the year 1979 to 26% in 2004 (Shields, 2006). Comparatively in the United States, numbers of overweight children have doubled between the years 1980 and 2002, and tripled for the overweight adolescent cohort (World Health Organization, 2004).

It is clearly shown from the numbers presented that a notable percentage of youth in both Canada and the United States are categorized as overweight or obese. Without intervention those numbers are likely to continue to increase. As a result individuals in the health, sports, and education sectors have been given greater responsibility to increase efforts to educate children and their parents about healthy eating habits, the importance of physical activity, and making the right decisions.

Research Findings.

The findings from additional studies in the United States reveal slightly higher rates of overweight and obesity than those in Canada. The research shows that 30.3% of children aged 6 to 11 are diagnosed to be overweight while 15.3% are obese. These

findings are similar for adolescents aged 12- 19, with 33.34% overweight and 15.5% obese (American Obesity Association, 2002). According to a study that was conducted by NHANES, the percentage of the American population that is considered to be obese has increased from 14.5% in 1980 to 22.5 % in 1994, and 30.5 % in 2000 (Flegal, Carrol, Ogden, & Johnson 2002; Modkad, Bowman, Ford, Vinicor, Marks, & Koplan 2001). In addition, 64% of the American adult population was considered to be overweight (Flegal, Carrol, Ogden, & Johnson 2002).

Obesity is a main factor that puts children at risk for multiple health problems. Type II diabetes, adult onset diabetes, and hypertension are diseases that are most likely related to weight factors. Research shows that 60% of overweight children aged 5 to 10 years already have one or more risk factors of heart disease such as high blood pressure, diabetes, elevated blood cholesterol, or increased insulin levels (Centers of Disease Control and Prevention, 2007).

Healthy Eating.

According to Gable & Lutz (2000), children tend to consume products that contain huge amounts of sugar and fat if they are available at their homes. Fast food, which in excess is not conducive to healthy living, is a part of our everyday lifestyle (Schlosser, 2002). Even the menu that is specially made for children such as McDonald's has little or no nutritional value and can be accessed easily by all children without their parents' guidance (Schwartz Puhl, 2003). Researchers have recommended that the intake of fast foods be reduced with a greater emphasis placed on meeting recommended daily amounts of fruits and vegetables. Data from a study conducted by

the Canadian Community Health Survey in 2004 revealed that 59% of Canadian children do not eat the recommended five fruits and vegetables everyday (CCHS, 2004).

Research results show that a change should be made in the lifestyle of children in the United States and Canada in order to reverse the increase in obesity.

Activity and Technology.

A recent Statistics Canada study (Shields, 2005) revealed that 29% of adolescents aged 12-17 were overweight and 9% were obese. According to Janssen, Katzmarzyk, Boyce, King & Pickett (2004), Canadian boys were found to be more obese than girls. Overall, approximately 15% of Canadian youth aged 11-16 were diagnosed to be overweight and 5% to be obese. The authors also found a low level of physical activity and a high level of television, computer, and video games viewing among the youth who were in this at "risks category". It has been suggested that there should be an end to the high amount of advertising of and accessibility to junk food targeting youth, while serving only healthy food options in schools and youth centers (Schwartz & Puhl, 2003). Schools and organizations serving youth should provide social leadership for creating a healthier life for youth.

The Impacts of Overweight and Obesity

Economic Aspects of Obesity.

Obesity not only affects the lives of individuals, it also carries a social burden. For example, obesity causes financial strains to health care systems in the economically and socially developed world (Colditz, 1999). There have been dramatic increases in the prevalence of overweight and obesity in the United States over the past couple of

decades. It is documented that the increases in obesity rates are associated with the inflation in the cost of treating illnesses. This total cost of illness is not only a result of the direct medical expenses, but it is also due to the increased indirect costs that relate to symptoms that are related to obesity and overweight such as lower productivity and early death (Colditz, 1999).

Quesenberry, Caan and Jacobsen (1998), studied the health care utilization and direct cost of 17,118 Kaiser Permanente Medical Care Program members. The type of health care that was consumed was studied in relation to the BMI ranges of patients. All costs collected included hospitalization expenses, laboratory services, outpatient visits, pharmacy, radiology services, and miscellaneous costs associated with providing those services to patients during the year 1993. The results of the study showed a direct relation between BMI and costs for the mentioned services. The total annual costs for patients whose BMI ranged between 30 to 34.9% kg/m^2 who are considered obese was 25% greater than patients with a BMI between 20 to 24.9 kg/m^2 who are considered normal, and 44% greater among those with a BMI of more than 35 kg/m^2 .

The Health Aspects of Obesity.

Overweight and obesity are associated with physical deterrents that often require medical attention. Cardiovascular disease, type II diabetes mellitus, hypertension, stroke, dyslipidemia, osteoarthritis, depression, and some cancers are examples of the physical impacts that may be caused by obesity and overweight (Burton 1985). However the effects of overweight and obesity also have a psychological impact. According to Yunker and Allison (1994), body dissatisfaction is rated to be one of the

most universal issues that obese children experience. Obese children often single themselves out and tend to isolate themselves from other children when they see themselves differently and unable to perform physical activities as well as others who are not obese. Moreover, obesity can cause harm when it comes to children's self-esteem, causing anxiety and a negative body image which may contribute to serious eating disorders (Insel & Roth, 2002).

History of the YMCA

YMCA International.

The Young Men's Christian Association (YMCA) is an organization that was founded in 1844 in London, England as a result of some negative social issues that were taking place in the big cities. Those social issues were the consequences of the industrial revolution from the 1750s to 1850s. The first YMCA meeting was organized by George Williams and some of his friends in 1844. Early meetings included Bible related studies and prayer that took place in the streets of London. The YMCA's goals were to include men with no exclusions regardless of race, religion or nationality, and to meet the social needs in the community. During the period between 1845 and 1850, the YMCA grew and by 1851 there were 24 YMCAs established in Great Britain including 2,700 members (YMCA Staff Manual, 2003). The YMCA kept on expanding and eventually grew internationally. Branches were established in different cities around the world. In 1854, the first international convention took place in Paris. At that time, the YMCA had successfully established 397 separate branches in seven nations with a total of 30,369 members (Hopkins, 1951).

YMCA in Canada and the United States.

In 1851, the YMCA reached North America. The first was a Canadian YMCA branch established in Montreal on November 25, 1851, followed by a second branch a year later in Boston, Massachusetts. During the Civil War (1861-1865) in the United States, there was a decline in the membership numbers of the YMCA. Members were too preoccupied with matters related to the war, and taking care of their families to address the decline in the membership. However, by 1866 the New York YMCA adopted a new stream for its future. According to Hopkins (1951) this change included the adoption of a fourfold purpose: "The improvement of the spiritual, mental, social, and physical condition of young men" (p.62).

Between the years 1880 and 1950, the YMCA started building new and bigger buildings which included libraries, gymnasias, swimming pools, large auditoriums, bowling alleys, and dormitories. Again, global issues and events contributed to the growth of the YMCA. It was greatly impacted during World II between the years 1939 and 1945, and the Vietnam war between the years 1959 and 1975, due to lack of funding, memberships, and public interest. As a result a number of YMCAs in the United States and Canada were forced to close their doors (Gustav-Wrathall, 1998). During the mid 1970s, the interest of healthy lifestyles increased, particularly in North America. This focus rejuvenated the old physical program that was first featured by the YMCAs. The new nationwide interest in healthy lifestyles increased again in the 1980s and there was a greater demand for modernized buildings furnished with new equipment. In 1983, the YMCA started running new programs to benefit a diversity of people in society. Child

care for working parents, health and fitness programs, camping, aquatics, and residence became major sources of the YMCA income (YMCA Staff Manual, 2003).

Currently, the YMCA is considered a worldwide family of over 120 independent national movements working towards building a positive future for youth and families. The YMCA is considered the largest social service organization in the world, committed to meeting the needs of individuals in Africa, Asia, Latin America, the Caribbean, the Middle East, Europe and North America (YMCA, 2008). Currently, the YMCA is providing services to over 45 million youth and families around the world by providing programs that respond to the local needs that are identified locally by each national YMCA consortium. The YMCA is considered to be an organization that is established to meet the needs of people regardless of gender, faith, race, abilities, or age (YMCA Staff Manual, 2007).

YMCA Metropolitan Washington D.C. Area.

This YMCA was one of the first YMCAs established in North America. It was founded in 1852 by William Chauncy Langdon, Thomas Duncan, and William Rhees. Their goal for this YMCA branch was to bring young men from various Christian denominations together for “mental, moral, and religious improvement” (YMCA Manual Staff, 2005, 3). On June 9, 1852 their idea came to reality and the first meeting was held. Sixty people attended and offered their support to this new organization. For more than 150 years now this YMCA has been providing programs and services to men, women, and children of different races, religions, ethnicities, and socio-economic backgrounds (Hargrave, 1985).

This YMCA is considered to be the 17th largest YMCA association in North America. It has 17 different branches and program centers that work every year to change the lives of approximately 250,000 people in the District of Columbia, Northern Virginia and suburban Maryland. The YMCA success does not only depend on a full time paid staff. As volunteers play important roles in the success of the YMCA all over the world. In the Metropolitan Washington Area itself in the year 2006, 3400 volunteers took important roles in serving society (YMCA Staff Manual, 2007).

According to the YMCA Staff (2007), the mission of the YMCA of Metropolitan Washington is to “foster the spiritual, mental and physical development of individuals, families, and communities according to the ideals of inclusiveness, equality, and mutual respect for all” (p.14). In order to fulfill their mission, this YMCA provides different kinds of programs and services to its community. Childcare, before- and-after school care, specialized camps, sports leagues, health and wellness programs, swim lessons, community services and many more programs and services are being offered in the area. All of these programs and services are offered in order to help build: “strong kids, strong families, and strong communities” (YMCA Staff Manual, 2007, p.2).

Physical, Healthy, Driven Program

The Physical, Healthy, Driven (PHD) program is a life-changing wellness program that was established by the YMCA of Metropolitan Washington in January 2004 as a 16 week pilot program for 200 children. This program was funded by a number of agencies. The U.S. Department of Education, Care First, Kaiser Permanente, YAfterschool, Department of Health, DC Safe Children Coalition, Injury Free Coalition for Children,

Children's National Medical Center, and We Can all contributed to the program costs. The idea of the PHD program came as a result of a reflection on the increasing numbers of obese children in the Washington D.C. Area. The PHD program targets youth from 5 and 14 years of age. The YMCA Metropolitan area staff (2005) stated that the ultimate goal for the PHD program is to "encourage kids to become more physically active and motivated while increasing their overall health, including their mind, spirit, and body" (p.6). The program helps children and their families become more physically active and to be more motivated about getting active, and to enhance their physical, mental, and spiritual health. During the 2004 pilot session of the PHD program children throughout the District of Columbia met at the YMCA three times a week for 45 minutes each time. Classes were held twice a week after school and once on the weekend. During the 16 weeks, the children participated in four different program areas; assessment, exercise, nutrition, and family.

Assessment.

At the beginning and at the end of the program, the participants were given a basic health assessment. Health measures included blood pressure, body fat composition, muscular strength, cardio fitness, and flexibility. This enabled staff to assess the overall health status of the participants and design and implement suitable activities for these participants (YMCA Staff, 2005).

During the assessment phase of the program, instructors obtained assessments on all participants including their weight, body fat, endurance level, muscular strength, and upper body strength before and after the period of the program (See Appendix D).

These data were collected to measure the physical changes that occurred in the participants.

Exercise.

The second area of the program related to exercise. According to the YMCA Staff Manual (2005), the program tried to achieve the “all participants all the time” goal when it came to exercise (p.7). This involved introducing children to non-competitive sports, allowing them to participate no matter what their levels of fitness or skill. The program provided children with creative games that got all children involved with no exceptions, and to improve cardio fitness levels of participants as well as their flexibility. At the same time the program provided opportunities to enhance social skills by permitting the children to interact through participation with other participants and instructors.

Nutrition.

Nutrition was included as another important aspect of the PHD program. This segment of the program was conducted following the exercise component. At this time the participants were introduced to making “good food choices”. Visual aids, health lessons, and field trips were incorporated to teach the participants about health, nutrition labels, and how to make healthier menu choices in fast food restaurants (YMCA Staff Manual, 2005).

Family.

The final component identified as essential to the PHD program was family. Parents were given wellness newsletters including information about health, nutrition, healthy recipes, ideas for family activities and tips. In addition, family health and family

activity nights for the PHD participants were held at the YMCA. Their initiative serves to educate the parents and encourage them to adopt healthier lifestyles for themselves and their family (YMCA Staff Manual, 2005).

Marketing.

The 2004 PHD pilot project has been incorporated into the YMCAs regular programming. In early 2008, the YMCA of Metropolitan Washington started “PHD on the Move”, a new campaign that involves mobile unit that delivers the PHD program at schools, and at neighbourhood sites that have a limited recreational spaces and resources. The objective of this initiative was to make people around the area familiar with the PHD program, and to educate them about the program and its components. So far, 50 different neighbourhoods and communities in D.C., Virginia, and Maryland have experienced the “PHD on the Move” campaign, giving around 7,000 children and 1,750 parents/adults the opportunity to experience the PHD program and its components. During introduction, they get to participate in various activities that allow them to get active, and know more about obesity and nutrition (YMCA Staff Manual, 2008).

Pilot Program Expansion.

The PHD pilot program was an innovative tool with the goal of educating children and families on the importance of healthful living. It provided valuable information and opportunity where the rates of childhood obesity are as high as 40% (YMCA of Metropolitan Washington, 2008). After the 2004 pilot session, the YMCA of Metropolitan Washington D.C. decided to expand the program throughout the metropolitan area to provide children in D.C. , suburban Maryland, and northern

Virginia with the opportunity to be part of the program (YMCA Staff Manual, 2005).

Currently, the YMCA PHD Program is being conducted as an after-school activity in all branches in the D.C. area, Maryland and Virginia. Participants meet three times a week for 55 minutes per class for a 21 week session. The program includes the same four major components (assessment, exercise, nutrition, and family) that were included in the pilot study. In addition other activities were added to help keep the participants interested and motivated. Examples of activities that were incorporated into the program are DDR (Dance, Dance, Revolution), PunkRope, Jump for Life and other outdoor activities that help participants enhance their cardio vascular wellness as well as their social skills while interacting with peers and instructors (YMCA of Metropolitan Washington, 2008).

The PHD participant population has been increasing for both females and males since the year 2004 (See Appendix B). In 2004 the PHD was offered as a pilot program. Participant enrolment was limited to children in the D.C. area. Due to its successful results the YMCA of Metropolitan Washington decided to expand the program and include all YMCA branches in D.C., Virginia and Maryland (See Appendix C). Since then the enrolment numbers have been growing each year. In 2004 the program included 176 girls and 139 boys in only one district. In 2007 there were 634 girls and 586 boys PHD participants in the three different cities.

Program Evaluation

Evaluating is “the process of assessing the degree to which the organization as a whole and various units and individuals have accomplished what they set out to do”

(Chelladurai, 2001, p. 349). Organizational evaluation is a crucial component of the management process in every organization. It gives the organization an opportunity for in-depth study of the functional system of the organization and the chance to help them make some changes in order to enhance the organization's outcome (Cameron & Whetten, 1983). When evaluating an organization, the outcome can not be the same from one study to another. Instead, the outcome depends on the criteria selected beforehand by the evaluator. The concept of effectiveness and its outcomes can be totally different and irrelevant depending on the different criteria that were used and directed the study of effectiveness. Effectiveness is "the extent to which operative goals can be attained, while efficiency is the "cost/benefit ratio incurred in the pursuit of those goals" (Steers & Black, 1994, p. 330).

According to Cameron (1980), there is no standard approach used when evaluating the effectiveness of an organization. Cameron identifies four different approaches that could be used in the process of evaluation which largely depends on the researcher and the outcome needed. The four approaches to evaluating effectiveness are different, and in each approach the researcher considers different facts and pieces of information in order to examine the effectiveness of the organization component in question.

The first approach sees an organization as an effective body, depending on whether or not it is achieving its goals. The focus in this approach relies on the output of the organization, which is determined by an analysis of whether or not goals are being achieved. In turn, the more goals are being achieved, the more the organization is

seen as being effective.

In the second approach, the system resource approach, “an organization’s effectiveness is judged on the extent to which it acquires needed resources” (Cameron, 1980, p.67). In this approach, effectiveness is measured upon whether the organization succeeds in obtaining the needed resources for the organization to achieve success. By obtaining more needed resources, the more effective the organization is seen.

In the third approach, the focus relies on the internal process and operation of the organization. In this approach, researchers tend to examine the internal environment of the organization, its employees, and the flow of information inside the organization itself. When using this approach, a researcher looks at the internal relationships between the internal processor and the organization. This process approach is only useful when “the connection between the technology and the processes used to accomplish the organization tasks” is known (p.72). The process approach says that organizations that have efficient internal relationships are most likely to be effective.

The last of the four approaches, “strategic constituencies approach”, also called the “participant satisfaction model” (p.67). When using this approach a researcher examines whether the organization’s stake holders’ needs are being satisfied. Specifically, this approach examines how well the organization responds to the demands and expectations of its stake holders (Cameron, 1980).

Feedback from participants and staff about progress and the quality of the associated services provided when implementing a program is essential for program

growth. Without using this strategy it will be difficult to determine what changes should be made in order to enhance implementation while achieving the main goals of the program (Posavac & Carey, 2007). Thus program sustainability and growth will be facilitated with program evaluation.

As noted, program evaluation could be done for different purposes. According to Scriven (1967), evaluation can help provide a positive impact on the plan of services and its delivery which will positively affect the outcomes of the program that could also be beneficial in increasing the effectiveness of the program. Scriven talks about the importance of program evaluation to consider whether a program should continue to be offered, or to determine what program should be started from an inventory of programs. According to Wholey (1979), providing relevant feedback for a certain program involves discovering the needs, measuring the execution of programs in order to meet those needs, assessing the success of the goals and objectives, and measuring the level of outcome relative to the costs of running the program.

Evaluation of exercise and activity programs.

Exercise and activity programs include programs that are in the field of fitness, health promotion, recreation, clinical providers, and managers of exercise and activity programs and services. In general most exercise and activity programs, services and facilities are similar when it comes to their objectives. According to Myers, those program objectives are to “attract and keep clients, to deliver high-quality service, meet clients’ needs and expectations, and to produce positive client outcomes and minimize adverse effects” (Myers, 1999, p.4).

When evaluating exercise and activity programs setting a ground plan on how the evaluation is going to be processed is important. According to Myers (1999), the planning process of evaluation involves; “identifying the program’s information needs; clarifying and linking program activities and objectives, focusing evaluation activities and setting priorities, and selecting data-collection tools based on the types of information desired and consideration of feasibility, acceptability, and credibility” (Myers, 1999, p.85). The planning process before conducting the evaluation is important and can be beneficial in providing findings that will be more relevant and useful for the decision making process.

For this qualitative study, participant satisfaction model is going to be used when evaluating the YMCA’s PHD program. That will assist the researcher in evaluating whether or not the program is satisfying participant needs and expectations concerning program content, delivery and future developments. This information will be a great asset to the organization itself and its administration and staff in order to modify and/or improve the program to meet their stake holders’ needs and expectations, and what their ultimate goals are when they choose to be part of the organization. This information will help the organization perform the needed changes to the structure of the program and its delivery process accordingly.

Objective of the study

The main objective of this study was to assess the effectiveness in meeting the needs of participants of the YMCA’s Physical, Healthy, Driven (PHD) program from the perspective of YMCA staff and parents of participants. The program was originally

designed for children between 5 to 14 years of age in the Metropolitan Washington area to encourage them to become more physically active and motivated to adopt healthier life styles while increasing their overall health, including their mind, spirit, and body. An evaluation of the program can produce feedback that may help create an improved physical activity and education program with the goal to achieve physically fit and health conscious youth and families, equipped with knowledge and habits that will serve them well throughout their lifetime. Furthermore, the results of this study may raise children's and adults' awareness regarding the importance of being active with the goal of increasing the participation rate for all youth in the D.C. area.

An objective of this study was to provide useful information for the YMCA that will assist them in formalizing the PHD program to be shared with other YMCAs in the United States and Canada. There is also potential to offer the program to the Departments of Education across Canada and the United States highlighting its advantages in changing the children's lives and facing the social crisis of childhood inactivity. Results from the study should strengthen abilities to raise awareness for parents, educators, schools, youth centers, governments, and decision makers about the importance of this program in teaching healthy behaviours and understanding of the negative health implications by not living an active lifestyle. Finally, results will be helpful for the YMCA in order to expand the PHD program services beyond the Metropolitan Area and share it with all YMCAs in North America and globally.

Research Question

A qualitative evaluation of the PHD program was conducted to examine the organizational effectiveness and deliverability of the program to its participants. The primary research question will be:

What is the value of the PHD program to its participants and their families?

Three sub questions follow that assisted in the search for an answer to this question:

- 1- What do parents say about the content and delivery of the PHD program?
- 2- How do program administrators identify the needs of participants in the PHD program?
- 3- What are the organizational problems that limit implementation of the program?

CHAPTER III

Methodology

Program Evaluation

While evaluations may be performed for different purposes and by using different methodologies, its overall purpose is to allow evaluators to determine the value of something. Evaluating a program is a useful exercise that allows its staff to consider whether they should maintain, modify, or eliminate the program (Myers, 1999; Posavac & Carey, 2007). Program evaluation identifies what can be introduced in order to enhance the program and make it more beneficial for its participants, in addition to determining whether or not the program meets the needs of the participants.

For this study, the YMCA's Physical, Healthy, Driven (PHD) program was evaluated. The purpose of the evaluation was to examine the effectiveness and the delivery of the program. Recommendations will be given to the PHD program's administration and will include ideas about to whether or not its outcomes are being met, how to enhance the program and provide full implementation for its participants and the value of expanding the program services and sharing it with other YMCAs in the area.

Research design is the structure by which all information is gathered together in order to delineate the choice of research, the kind of data that is to be collected, and when and where this data will be collected (Gratton and Jones, 2004). According to Burns (2000), research design is "a plan or strategy aimed to enabling answers to be

obtained to research questions” (p.145). The following will outline the research design for an evaluation of the YMCA’s PHD program.

There is a variety of methods available to acquire the appropriate data to answer a specific research question. Typically these are categorized as either qualitative or quantitative. Qualitative methodology was used in this research. Gratton and Jones (2004) described qualitative methodology as a tool that aims to explore the qualities that cannot be measured by numbers. However, according to Corbin and Strauss (1998), qualitative research can provide researchers with findings that cannot be provided using statistical methods. Instead, qualitative methods deal with “people’s” lives, lived experiences, behaviours, emotions, and feelings, as well as organizational functioning, social movement and cultural phenomenon” (p.11). The purpose of this study was to evaluate the PHD program by exploring its value in the lives of its participants based upon content, delivery and expectations. This was achieved by soliciting feedback from parents, program staff and program administration.

Method

The method that was used in this study is bi-dimensional. It utilized both focus groups and personal interviews for the collection of data. Focus groups were used to interview three different parental groups, while interview methods were used to individually interview four staff members and the Director of the program.

Focus groups.

According to Leavy (2004), the idea of focus groups has been used since 1926 mostly by sociologists, as a tool to collect data. The method originated in the marketing

sector in the United States. The use of focus groups gained popularity after advertising companies found out that the survey method was not providing answers to all of their questions (Morgan, 1988). The focus group method is useful since it is an explanatory method more than an exploratory method. The participants in focus groups have the opportunity to explain reasons why they react in a certain way compared to survey methods which only explore people's reactions and behaviours without explaining the reasons behind their reactions (Morgan, 1988). During the 1990s many organizations adopted the focus group research method. "Government agencies, non-profit organizations, academic researchers, and public relations experts are all discovering the value of focus groups" (Morgan, p.1).

Williams and Katz (2001), define focus groups as a get together for a small group of people who have the same interests or characteristics. This gathering is guided by a moderator, who uses the group and its interactions in order to get information about a particular issue. For better data collection purposes, the participants are directed to discuss the researcher's interests that define the study objectives. This research method can be more useful than individual interviews because participants have the opportunity to interact with each other, resulting in "a greater depth of discussion. Therefore, ideas can be generated and discussed between group members, allowing for "richer" information to be gathered than if participants were asked individually" (Gratton and Jones, 2004 p.24).

Interviews.

The interview method involves a single interviewer asking an individual a range of questions related to a particular set of issues. Interviewing is recognized as the most common form of data collection in qualitative research. In some situations the interview could be informal and not highly planned. At other times, interviews are formal, well planned and follow a strict protocol (Lichtman, 2006).

This method helps the researcher complete a study by gathering information from the participants with an expertise about a particular topic. Using interviews helps the researcher explore what the participant knows, feels or thinks about certain topics. They also generate an understanding of the environment and the shared meanings that participants have in their environment (Rubin & Rubin, 1995).

Participants.

The population for this study included three groups of parents of program participants and five program administrators. The former included 24 randomly selected parents from a purposive sample of participants who attended the PHD program offered by the Washington Metropolitan Area YMCA in the year 2007-2008. The Director of the PHD program at YMCA branches in each of the three cities, Virginia, Maryland, and Washington D.C. was asked to facilitate access to parents for the study. The purposive sample included parents who met special criteria designed by the researcher. From this purposive sample, participants were randomly selected with the help of a PHD Staff member to participate in the focus groups. Criteria to participate in the focus groups were as following:

1. Participants had been in the PHD program for a minimum of six months.
2. Participants attended all of the PHD lessons regularly (at least 80% of the program period), including the basic health assessment, exercise, and the nutrition segments of the program.
3. Parents who received at least 80% of the newsletters, attended at least 80 % of the family nights and parents' activities offered through the PHD program.

These requirements were critical for the research participants to have a good understanding of the PHD program, its procedures, environment, and objectives.

The Director of the PHD program at the YMCA of Washington Metropolitan Area, provided one of the four individual interviews. In addition the Director of the PHD program was asked to identify one staff member for an interview from each of the three different cities where the PHD program is being offered.

Recruitment Process.

A letter to the Director of the PHD program was sent to request permission to conduct this study (Appendix H). Letters of invitation to participate were subsequently sent to three PHD program staff members. Each of the three cities where the PHD program is offered was represented by a staff member who was identified by the PHD Program Director. Staff members selected must have been a part of the program for a minimum of one year, and familiar with their PHD program participants, its mission, value, and goals.

Parents were recruited by the PHD staff to participate in the focus groups. There are a total of 17 branches in the 3 cities of Washington Metropolitan Area YMCA. Three focus groups of eight parents were randomly chosen from the list of approximately 240 names representing all branches. Letters were mailed to the parents informing them of the study, its purpose and goals. Phone calls were made approximately 3 days after parents received the letters in order to follow up with them and solicit their agreement to participate in the study.

Data Collection

Focus groups.

Focus groups were conducted at the three different YMCA branches in Washington Metropolitan Area located in the three different cities that were identified by the PHD Program Director. According to Calder (1977), these three focus groups will be sufficient for exploring people's perspective and for the research objectives to be achieved. The participation of 8 parents interacting with each other "will not only occupy an easily comprehensible position within the existing set of qualitative methods, but also possess a distinctive identity of their own" (Morgan, 1988, p.15). The richness of the data will be enhanced based upon their personal experiences with the PHD program. Focus groups will also allow the participants to have face- to-face conversations with the researcher. This includes the opportunity for the researcher to ask follow up questions. All of that will contribute to outcomes that will better help answering the research question (Campbell, 2000).

The objective of the focus group method for this study is to explore the parents' perceptions of the value of the PHD program. Their observations of their children and family interactions as well as their feelings about the value, content, delivery and progress of the PHD program itself was explored.

The researcher was the moderator for the focus groups. Three groups one from each of the three regions, 2 of 8 participants and 1 of 9 participated in the study, 19 females and 6 males. Each focus group session was audio taped for transcription and data analysis. Audio taping the focus group conversations helped the researcher in organizing the data and making sure that no data got missed. It also helped the interviewer to focus on the research participant during the focus group rather than being distracted taking notes.

Instrumentation

The instrument that was used for the focus group included a variety of questions (See Appendix E). The instrument was designed by the researcher based upon the research questions. The questions explored the parents' perceptions of the value of the program to their children and family, their feelings about the PHD program itself and its progress, how the program has met the parents' expectations, and concluded with one question for the parents who have been part of the program since its introduction in 2004.

Interview.

According to Andrews, Mason & Silk (2005), in guided interviews, the researcher is given much more flexibility than in open interviews with respect to how the interview

is conducted. In guided interviews the order of questions can vary, additional questions can be used by the interviewer if needed, and the length and pace of the interview can change depending on the participant's responses. This approach helped both the Director of the Program and the Staff members who were interviewed in fully understanding the questions. It allowed them to elaborate on their answers, and gave them the freedom and flexibility to answer all questions without limitations.

Two interview guides developed by the researcher were used. One interview (Appendix F) was used to explore the Director's point of view about the PHD program. Follow up questions arose during the interview due to the interviewee responses. In addition, an individual interview with each of the three staff members responsible for PHD program delivery in each of the three D.C. areas was conducted to explore their points of view about the PHD program. That gave the researcher inside information about how the program is developing, being delivered, and meeting its objectives from the perspective of staff. A set of questions (See Appendix G) was used by the researcher for these three interviews. Follow up questions arose during the interview based on the interviewee responses.

Ethics

The ethics approval forms were completed and submitted to the Research Ethics Board (REB) at the University of Windsor for approval. Also permission from the YMCA of Metropolitan Washington was obtained in order to conduct the study. A letter (Appendix H) was sent to the Director of the PHD program requesting permission to conduct this research with their program. (See Appendix I)

Data Analysis

After conducting the focus groups and interviews designed for this study, the researcher transcribed all of the data to be analyzed. In order to analyze the data and get the information needed to answer the research question the NVIVO software was used by the researcher. The NVIVO software is a program that is designed to assist scholars and researchers in organizing and analyzing data. Data was sorted to identify themes in responses provided. This analysis was then discussed connecting thematic concepts with the literature. All focus group and interview questions were divided in themes in order to better analyse the data. Themes that were used in focus groups were as following: getting started, meeting expectations, program impact, parental feedback and creating change. Themes used in staff interviews were: Program contribution, program change, program content and program delivery. For the Director interview the following themes were used: Program development, program evaluation, program change, and program growth.

Information that was gained from the focus groups and interviews were sorted and put in themes using the nodes application in the NVIVO program. Once the themes had been established and the information had been sorted in cases, free nodes, and notes they were analyzed using the relationships application in the NVIVO program. This helped determine the similarities and differences between the three focus groups. All focus groups and face to face interviews were fully transcribed and downloaded to the NVIVO software. Themes, nodes, and cases were developed based on the interviews, and were used in order to better answer the research question. Following this, the data

gained will put forward to the YMCA Administration and staff to study and evaluate what changes, accommodations, and additional segments should be added to their program for better results.

Limitations and Delimitations

The researcher acknowledges the following limitations:

- 1- All the information that the researcher obtained about the PHD program was published by the YMCA of Metropolitan Washington D.C., where the program was developed and delivered. Therefore, the information could be biased.
- 2- The Staff members, who were interviewed for the purpose of the study, were selected by the PHD Program Director. Therefore, some of the answers that the researcher received might be biased since staff members could be worried about job security or they may have been selected because they represent the views of the Director.
- 3- One of the focus group interviews was conducted in Spanish since the whole population was Hispanic. Although an interpreter was available there is a possibility that some of the questions or responses were misunderstood, and the outcome could be inaccurate or may have been more complete if the children had been interviewed.
- 4- The researcher only interviewed the parents who participated in only one of the components of the program, family night. Yet, all were asked about the complete program and its delivery with parents representing their children

for this study. Therefore, some of the data that was collected might be inaccurate.

- 5- For staff interviews, the researcher interviewed four staff member instead of three. The fourth staff member volunteered to be a part of the study; therefore, the researcher interviewed four staff members. This may have introduced a bias since a voice was added to one of the three sites.

The researcher has delineated the scope of the study in the following ways:

- 1- Any feedback that was obtained by the researcher from the PHD program can not be generalized to predict the success of the program in other organizations which may adopt the program under study.
- 2- A selection criterion was established when choosing the individuals who were participants in the study. This was done to insure that participants had enough knowledge about the PHD program, and have participated in the program long enough to be able to comment on its content and delivery. Therefore, parents and staff members who may have had legitimate input but were excluded from participating in the study.
- 3- The researcher chose to interview the parents to get their children's perspective about the program which may have influenced or limited the responses generated.
- 4- Due to a time limit, the researcher interviewed only 35 participants out of the whole population. Others may have added additional insights or opinions. Further, there are the parents who did not meet the criteria for attending at

least 80% of the program activities. Reasons for their absences may have provided critical evaluative information.

- 5- The focus group interview method was used to interview the participants of the PHD program. Therefore, participants might not have felt comfortable enough to be completely frank because of a lack of confidentiality.

CHAPTER IV

Results and Discussion

For this study, the YMCA's Physical, Healthy, Driven (PHD) program was evaluated in order to examine the effectiveness and the delivery of the program. Metropolitan Washington D.C. area has created this program in response to serious health concerns in children. The PHD program was specifically designed for children aged 4-14 years in the Metropolitan Washington D.C. area. Its purpose is to provide its participants with physical exercises integrated with games, challenges, nutrition classes and fun activities to get the children excited about being active. One of the main objectives of the PHD program is to get children more active and realize that physical activity is important in the prevention of obesity. According to the YMCA Staff Manual, the staff at the YMCA of Metropolitan Washington espouses that by making physical activity a regular part of the children's lives, participants will then recognize the importance of adopting a healthy and active lifestyle (2005). The study used a bi-dimensional research method that included both focus groups and interviews for the collection of data. Focus groups were used to interview three different parental groups. Individual interviews were conducted with five different staff members and the Director of the program.

When assessing a program, it is essential to become more familiar with the participants' needs in order to better serve them and to satisfy those needs. Since staff members are those who deliver the program and are in touch with the participants on daily basis, they are also able to understand the needs of the participants. It is therefore

important to integrate their perspective of program satisfaction in order to create a valuable program. Four staff members were interviewed for this study. Further, it is essential to know expectations of the Director of the program, including needs, desires and most important, vision for the program. Once all stakeholders involved in the program understand each other's needs and desires when it comes to goals, objectives and resources, the program is more likely to be designed and delivered successfully. The solicitation of feedback on the content and delivery of the program will help the organization in determining the retention and growth opportunities for the PHD program. Specifically, it gave the staff and administration an opportunity to better modify and improve the program for their stakeholders (Cameron, 1980).

According to Posavac & Carey (2007), it is essential to get feedback from the participants of the program. Information about the program, its progress and the quality of the services provided is important to help in determining the changes needed for full implementation of the program. Therefore, twenty-five parents from the three different cities where the program is being delivered participated in the study. Three focus groups were conducted. Focus group interviews were used in this study to give the participants the chance to interact with each other, resulting in an open discussion that allowed them to interact and exchange thoughts and ideas (William and Katz, 2001).

All parents who participated in the study were part of the program for at least one year, and had participated in more than 80% of its content. This criterion was calculated by the PHD program administration when taking attendance as the program progressed. Some of them were Hispanic, others were African American, and others

identified themselves as Caucasian. Parents openly talked about the program. They shared how their children benefited from the program, what they as parents like and dislike about the program, what changes parents would like, and whether parents are willing to have their family participate in the program again. Focus group interviews were valuable in assessing program content, delivery, and in determining their perception about how the program is benefiting their children, and what are they hoping to gain in the future as a result of their participation in the program.

The following table summarizes the major responses from all focus groups and individual interviews; based on consensus:

Source	Responses
Parents	The program is successful, and is helping children and families to learn how to be more active.
Parents, Staff and Director	The program is effective and is experiencing success in achieving its goals and objectives.
Parents and Staff	“Family nights” is an important aspect of the program therefore, there is a need to increase family activities and include the parents in more events during the PHD program.
Parents	The newsletters are useful in teaching parents and their children about health, nutrition, and healthy recipes.
Parents and Staff	Nutrition classes are an essential part of the program, and there is a need to increase those classes.
Parents	The Program is helping their children improve their social skills by communicating with peers and teachers.
Director and Staff	The main goal of the program was to contribute to a healthier generation with less obesity.

Parents, Staff and Director	Specific changes should be applied to the PHD program to improve the program content and delivery.
Director and Staff	The program staff have an athletic background or /and are committed to becoming healthy.
Director and Staff	Administration should provide all staff members with more training and nutrition education.
Director and Staff	New hiring criteria should be applied for better results.

The Director of the PHD Program

The YMCA of Washington D.C. Director was the creator of the program. The Program Director has influenced the success of the program by determining the program content, delivery, and staffing. The Director was asked about the main goals of the program, recruitment, hiring and her vision about the PHD program. She mentioned that the program was created in order to examine the physical activity levels based on normal standards of the children at the pre- school age of 4 years to 14 years old, and to increase the ability to perform at a higher standard in regards to their physical fitness. The goal was to contribute to a healthier generation with less obesity. The interview revealed how the PHD program started, its main goals, and the reason for targeting this particular age group. It also provided some insights about the program's effects on its participants, their families and society as a whole. The Director's interview was also helpful in order to gain insight on the Director's point of view on the path of the program and its goals for the next five years. This included what changes need to be made in order to enhance the program, and what needs to be done for change to take

place.

Program Development.

Canadian and U.S. statistics have shown that the rate of overweight children aged 12-17 years has notably increased. During the last two decades, overweight rates went up from 12% to 26% (Shields, 2004). The need for this type of program was identified over six years ago while she was visiting one of the D.C. YMCA summer campsites. While she was with the children, she wanted them to get to the upper floor by taking a flight of stairs instead of using the elevator. She noticed that of the ten children, four were actually having breathing difficulties and experiencing fatigue while climbing the stairs. The Director said, "I realized at this point that our children are in trouble, and that we needed to do something as an organization for the children to get them healthy." When she revised the programs that the YMCA was offering at that time, she noticed the lack of physical activities and sports in their programs. She says, "at that point I needed to do something programmatically ... to recognize the lack of physical activity with our children and we needed to change that as an organization"

According to the Director, the program was designed to target children between the ages of 4 to 14 years. As an organization they noticed that no other organizations were targeting that specific age group at the time. In addition, there was a lack of programs that dealt with childhood obesity. Interestingly enough, because more of the schools were decreasing or eliminating physical education classes from their programs, there was an alarming decrease in the children's physical activity levels. As a result, the YMCA started a campaign "in order to give our children a better chance of getting more

physical activity times in their early years which are the most important and can shape the future of their lives.”

From the Director’s interview, it was shown that the staff as whole share common program goals and objectives. The program depends on people who have an athletic background or /and are committed to becoming healthy. More critical than the skills staff bring to the position is in-house training. This training is the most important qualification in order to be prepared to teach the children and help them become more active. That was shown when the Director said: “Training is the most essential part of the program when it comes to getting the staff ready to deliver the program, it is well planned and all staff members are required to attend the training”.

Program Evaluation.

According to Wholey (1979), assessing the success with the goals and objectives of the program is essential when evaluating a program. The Director was asked to define and measure success of the program thus far. The Director defines success with having 75% of the children who needed a wellness program to start making movements across the fitness level such as working at more intensive levels for a longer periods of time. Additionally, the Program Director believed the program made a difference because participants in the program perceived that they were healthier and more physically fit. According to the Program Director, this success was measured using two methods. The first was by a fitness assessment used with all children that measured the child’s height, weight, physical endurance, strength and flexibility. The second method to measure the success of the program was by motivation. The ability to motivate the children and

parents while educating them about obesity, nutrition, and activity was interpreted as success for the program. Measuring the ability to motivate is done by the staff members' observations towards the participants' behaviours and interaction during the program, besides the feedback they get from the parents themselves.

Program Change and Growth.

As mentioned in the literature review one of the main purposes of program evaluation is to help the administration to determine what changes should be made in order to help offer full implementation of the program to its participants (Posavac & Carey, 2007). The Director saw that having more committed staff members was essential at this point in the program. She indicated some of the program sites are not successfully implementing the program. In some cases, she stated that children are not getting enough physical activity, and nutrition classes. The Program Director noted the need of a staff who have the passion and the desire to change participants' lives through the PHD program. Therefore, the Director sees the need to change the organizational structure, including the staff recruitment process, and start looking for committed people who have the proper education and knowledge to deliver the program.

Individuals who are clinically diagnosed to be obese or overweight do not only suffer from physical illness. Obesity and being overweight may have huge psychological impacts on the person affected with the disease, with signs especially in children. Body dissatisfaction, loneliness, low self-esteem, anxiety, negative body image and confidence are some of many psychological effects experienced by obese children (Yuker & Allison, 1994). According to the Director of the PHD program and the staff

members who participated in the study, one of the major issues they deal with during the program is enhancing their participants' self-esteem. They teach them that being obese does not under any circumstances mean that you cannot participate and enjoy being active.

The delivery of an exciting program with new information and ideas is of utmost importance according to the PHD Director. A variety of new activities, nutrition classes, and family nights is essential to encourage participants and their families to become more skilled and knowledgeable, which will allow enrolment maximization of the program. Knowledge about obesity and its negative health effects on the current generation is absolutely crucial to generate change in people's lives. The participants and their families must be taught more about this to understand its seriousness and to develop skills that will assist them to take responsibility for their own health. This process has the potential to provide a better quality life for the families and their children.

Change is a component of program growth. There are factors which must be a part of this program for its stability and growth. For example, permanent funding for the PHD program is crucial for the program to get better and continue its road to success. The Director states that, "Being able to have the money to sustain the program will allow us to pay the staff which will eventually allow us to get the materials and keep the content fresh." Accordingly, the agencies that are funding the program must recognize the importance of the PHD program in order to be able to implement the PHD program in more YMCA sites, schools, and community centers.

Staff of the PHD Program

As was mentioned in the literature review, and according to Chelladurai, evaluating “is the process of assessing the degree to which the organization as a whole and various units and individuals have accomplished what they set out to do” (2001, p.349). In order to better evaluate the PHD program, it is vital to solicit input on what the management and the staff who deliver the program think about program accomplishments and its future. The staff members were asked about their role in the program, how they measure success, how they evaluate success in the program, and who or what helps them in the delivery of the program.

Program Development.

When evaluating a program it is important to include all people involved in the program including the staff members and the administration. This provides the researcher with a wide range of information about the whole program and its stakeholders (Scriven, 1967). Therefore, in order to evaluate the effectiveness of the YMCA’s PHD Program, relevant input was sought from parents and staff. The four staff members who were interviewed were selected by the Director of the program. They met the research criteria for recruiting staff, and represented three different YMCA sites in the Metropolitan Area.

Staff Demographics.

The first PHD program staff member interviewed worked in one of the Washington D.C. area sites. He has been involved in the program for the three years since being hired by the YMCA. This staff member previously worked as a summer camp

counsellor at the YMCA. As a result, the Director of the PHD program recruited him for a PHD staff position because of his athletic background as a varsity track and field and football athlete throughout his high school and university years. Moreover, his university degree in Sports Recreation and his multiple years of experience as a camper at the YMCA summer camps increased his qualifications for the job. The staff member mentioned that their goal is to have 100% participation 100% of the time. Hence, no matter how physically inactive you are, you can still participate and work on becoming much healthier.

The second staff member interviewed was a PHD program staff member in one of the Maryland YMCA sites. He has been involved in the program as a staff member from its beginnings five years ago when it was first established. He too was recruited to the program by the Director from his position as a summer Camp Director in one of the YMCA sites. His qualifications in addition to his acquired knowledge of being a Camp Director include his athletic background as a varsity basketball college player and a professional basketball player who played for several years abroad. When he was asked about the main goal of the program he mentioned that the main goal was to teach children about healthy life styles. He also mentioned that the goal of the program is not to get the participants skinny or muscular; instead it is to get them fit and passionate about what they are doing as well as healthy. According to him, one of the main objectives of the program is “to get the participants to say yes for going outside, playing tag football, instead of playing video games, and also to say yes for fruits and vegetables instead of sweets and pop.”

The third staff member who was interviewed was a PHD program staff member in one of the Virginia YMCA sites. He was involved in the program as a staff member for the past four years. He was recruited to the program by the Director due to his background in working with children's sports, volunteering as a middle school football coach, and according to him "having two children is the best thing that qualifies him for this job." When he was asked about the main goal of the program, he mentioned that the primary goal is to get children excited about physical activity, teach them respect, responsibility, and how to be healthy by teaching them about health, nutrition and leading a healthy life for themselves.

The fourth staff member interviewed was a staff member in one of the D.C. YMCA sites, who has been part of the program for over two years. Her primary asset for the program was her belief in the need to have a positive effect on children, and to teach them about the dangers of obesity. Her desire to get children to know and learn more is a result of her own past experience as an obese child, and not having anyone to help her deal with it until she managed to according to her, "grow out of it". Due to her childhood experiences, she is now more confident, more socially accepted, healthier, and determined to teach the new generation of obese children about the effects of obesity. When she was asked about the qualifications that made her the right person for the job, she mentioned that she is respectful, firm, enjoys working with children, highly aware about childhood obesity, physically driven and likes to exercise. She indicated that an additional asset was being able to share her own experience with obesity. This staff member stated that the main objective of the program is to do assessments for the

children, get them involved in exercising, teach them nutrition and overall build strong families.

When the staff members were asked about the kind of qualifications they need to make them the right person for the job the responses were that they had children and knew how to deal with their own children, they have been athletes themselves in the past, and they have the insatiable desire to educate children about obesity due to their personal past experiences with obesity. None of the staff members mentioned anything about education, nor deemed that education was really important to become a successful staff member. They all rely on past experiences as summer camp counsellors, campers, and their athletic background. However, they all mentioned that the training they get once they are hired is the most important asset for their success, and that the training was useful by providing them with the content and delivery methods.

Education was not taken into consideration as a primary asset or requirement when it came to recruiting and hiring for the staff positions. Two out of the four staff members did not have a background in education, physical education, recreation, or health sciences from their schooling. The two other staff members had an athletic background and were former varsity athletes in their high school and university years. According to the Director of the program, the main qualifications are to be dedicated and committed to improving the health of the children. In addition having a criminal background check is crucial for staff members to be working with children. According to the Director, once she gets committed and passionate staff members, training will be more than enough to become a successful staff. Some other qualifications sought by the

Director once she hires the staff is to make a commitment to their own physical health. They have to be driven, participate in physical activity on a regular basis, and are positive and influential role models to the children.

Program Change and Growth.

Generally speaking when talking about exercise and activity programs that are in the field of fitness, health promotions, and physical activity program evaluations, the program objectives are to “attract and keep clients, to deliver high-quality service, meet clients’ needs and expectations, and to produce positive client outcomes and minimize adverse effects” (Myers,1999, p.4). When evaluating the PHD program, it is important to comprehend how the staff members measure and evaluate success, looking at what they have to say about what has worked well so far for the program, and what effects it has had on its participants, their families, and the community itself.

When the four staff members were asked about success and how it is being measured in the program, different answers were given by all four staff members. However, all of them mentioned that the physical assessments they do on the children participating in the program is one of the major ways success is being measured. Once they see the numbers improve, it is an indicator for them that the children were getting healthier and the program was thereby successful. One of the staff members said that another way they measure success is when they see the children getting themselves involved in physical activity with the choices they make. Another way of measuring success is when the children chose activity games rather than sedentary activities. When with their friends they chose to go outside and play a game of tag rather than sitting at

home playing their video games all day. These cues are used to measure program success. When the children reach that point and say that they prefer to be physically active rather than sitting, an objective has been achieved.

Another staff member said that success is seeing children participating in day to-day activities. "When I teach the children a game or activity and come back the next day and see them playing it without me being present that is successful. When I see children that are playing games instead of reading a book, sitting on the computer, drawing, or playing board games that is success." Another staff member mentioned that success is "through making a big difference, when I see myself positively influencing the children and their families and help them think about their obesity problem and see them taking my advice into consideration that's success."

When speaking about evaluating success within the PHD program, the staff members mentioned that evaluating success is not an easy task in the program. Although they attempt to work with the children and try to influence them in unison, they cannot control what the parents do at home when it comes to healthier choices, buying healthier food, or cooking healthier. Also, since eating healthier more often comes with paying more money for specific and organic foods, this adds to the difficulty for them to change their family habits immediately. It is especially difficult when they see that most of the families in the program now are in 'survival mode' and that despite the fact that they want to change, they cannot. To elaborate, this means that they habitually purchase the cheapest foods available, so the quality is not as beneficial to their health. Unfortunately these parents also work multiple jobs which ultimately

leaves very little time for changing a lifestyle which is habitual to them. This in turn reduces the enthusiasm for the families to change and do things with their children. Therefore the program tries hard to demonstrate to these parents that they still can participate in a lot of the activities offered with little money. In spite of difficulties, it was a positive change to see the children bringing lunch to school and bringing fruits or vegetables as a part of their lunch rather than buying a cookie or sweets from the vending machine.

Another way the staff members measure success in the program is by determining the number of children who return each year. They had a program that started out with 8 students and had 40 students enrolled within the next couple of weeks. This is defined as success by them. It is evident that the children enjoyed the program and told others how much they enjoyed coming to the gym for the physical fitness, games, and nutrition classes. Moreover, success was measured by observing their participants becoming healthy and fit, while also enjoying the program. Staff declares success in the PHD program as participants realize the importance of getting healthy, active, and eating properly.

One of the staff members mentioned that another way to measure success in the program is by an increase in self-esteem. One staff member stated, "When children have more self-esteem, confidence in themselves that is a huge success. Just to see the kid happy and getting better actively and healthier that is a great success to the program."

Changes and Expectations.

Staff members were asked about their expectations, needs, desires, and how those can be satisfied to benefit delivery of the program. The staff had the opportunity to discuss what aspects of the program they would like to see changed. This information would lead the Program Director to better understand the needs of the staff members who interact with the participants on a daily basis, and to understand the needs of their participants. The insights provided by staff can generate recommendations for program development.

The four staff members have different ideas of what changes they would like to see take place within the program. The ideas varied from having the opportunity to introduce new games to the participants, getting the parents more involved in the program, having staff training sessions more frequently, and introducing the program to more communities in the Metropolitan Washington Area.

One staff member suggested that the parents should be more involved in the program since they are the ones who can and should incorporate the new knowledge within their child's life. Parents spend significant time with their children, provide the groceries, prepare meals, and arrange their children's schedules and activities. The more the parents are involved, the more probable it is that these parents will become educated about the issue of obesity and what to do in order to help their children develop a better lifestyle. Therefore, the staff members mentioned that if parents got more involved in the program, then it would undoubtedly become an absolute success. Shields (2005), found a strong positive relationship between parental obesity and child

obesity, as well as a negative relationship between level of education and obesity. Furthermore, Shields found that the majority of children who are diagnosed to be obese and overweight tend to be from families and environments where the education and income levels are low. Therefore, getting more parental involvement is crucial to the PHD program and its success in achieving its goals. Educating the parents about nutrition and obesity, besides getting them involved in the PHD program can potentially lead to better results.

Another staff member would like to see a change in the quantity and the quality of the staff training that they receive. Training is a mandatory aspect of the program which helps prepare staff for program delivery. However, concern was expressed that it is not being offered enough times during the year, nor is there sufficient time to teach each and every staff member both the content and implementation strategies of the PHD program. As a result, from what one of the staff members said, some staff members were not taking the program and its content seriously. For this reason, the progress of the participants and their families are being negatively affected. Above all, the staff member said that the PHD program content should be mandatory and strictly followed in all the sites, instead of just putting the children in the playground. The staff member said "I would like to see the program being delivered in a great way all around the schools and the centers. Otherwise we are not benefiting the children at all. Another thing, I would like to see the association itself strictly enforce the program in all the centers and schools."

Program expansion through implementation in more schools, centers, and neighbourhoods was another change the staff members wanted to see in the future. It was suggested that transporting the program to targeted neighbourhoods instead of expecting participants to come to the YMCA would be a good growth strategy for future implementation. Also, efforts to expand might include marketing the program by visiting certain neighbourhoods on Friday nights, inviting children and their parents to come and participate in the activities offered in the PHD. This exposure to people from different areas would provide an opportunity to educate potential participants about the program and its philosophy.

Finally, the method of choosing staff members is an issue that the staff would like to see change. It was mentioned that most of the staff members in different PHD sites are not passionate enough about the issue of obesity. Therefore, they see that a change is needed in the way staff members are being recruited, hired, and trained. Lack of enthusiasm for the program diminishes the effectiveness of its implementation, negatively affecting goal achievement. Therefore, staff members recommend the selection of passionate and more educated staff members, who can be excellent role models for the children by being physically active, fit, and knowledgeable about physical activity, obesity, and children's health. The staff must know how to deliver the program; they also mentioned that training itself is not enough. The Director should recognize that children are looking for role models, from whom they can learn how to live healthier lives.

It is evident that success and measuring success is well defined within the staff and driven by both the goals of the program and the parents' expectations and desires. It is not always easy to measure success because of all the social, economical and educational differences among the families participating in the program; yet the staff members and the families understand the issue of obesity, and are working together in order to improve the participants' lives. Staff members and families are working together aiming to help children realize that staying active, cooking and eating healthily, and making better physical and nutritive decisions are the keys for success. In the aforementioned literature review, and according to Haas and Liven, obesity usually results from a combination of poor food choices and lack of exercise (2006). If the program continuously educates its participants and their families, as well as helping them adopt more physical activities in their lives, a step has been taken towards reducing obesity in this population of participants.

Parents (Focus Groups)

Focus group interviews have been used for this study in order to explore the participants' perspective about the PHD program (Calder, 1977). Focus group interviews will allow the researcher to have face-to-face conversations with the participants, which gave them the chance to follow up, ask questions and discuss issues in depth in order to better answer the research questions (Campbell, 2000).

The PHD program was evaluated using the participant satisfaction model (Cameron, 1980), as the framework. The focus group interviews (Appendix B) contained questions about the program and the perception of parents and participants regarding

its success in meeting their expectations. This information was used to assist the YMCA determine appropriate content, delivery, change, expectations, and participant demands. Based partially upon the results of the study the YMCA will seek retention and growth opportunities for the PHD program, and for its administration and staff in order to modify and/or improve the program according to the responses the researcher got from the focus group interviews.

Getting Started.

Parents became aware of the PHD program for their children through different resources such as school, YMCA branches, and through friends' recommendations. More than half of parents (14 out of the 25) of the participants learned about the program through the school staff where their children attended school. The rest of the participants found out about the program through friends, or through being enrolled in other programs offered by the YMCA sites in the Metropolitan Area. Most of the participants were registered to participate in the PHD program as soon as they heard about it. Parents' expectations varied from one parent to another. One third of the parents (8 out of the 25) mentioned that they enrolled in the program and expected their children to learn more about obesity, nutrition, health, and for their children to become more active instead of just watching TV and playing video games. Six of the parents enrolled their children to give them an opportunity to make new friends, become more social, and get help with their homework. Nine other parents mentioned that the reason they enrolled their children was to provide them with a healthy and safe environment while they were at work or involved in commitments that made them

unavailable to take care of their children. Only one third of the focus group participants indicated that program objectives were the motivator for them to enrol their children. This does not negate the benefit of promoting the program based upon objectives. However additional benefits as identified should also be incorporated into promotional strategies of the PHD program.

Meeting Expectations.

When asked if the program met their expectations, the majority (21 out of the 25) of participants mentioned that the program met their expectations, and that they got a lot more than they expected or hoped for prior to getting involved. Their children learned about new activities and games, nutrition and eating healthy and choosing activity over inactivity. The children also became more confident in themselves, their self - esteem was elevated, and even for some of them, better grades in school were achieved. One of the parents went as far as to state "I give the program 12 on a scale of 10." While only 3 participants mentioned that their children did not gain any knowledge or skills, and did not adopt a healthier, active lifestyle at all, these same 3 parents indicated that they would still enrol their children in the future just because of the safe environment of the program.

The content of the program is another important aspect of the program evaluation. In order to know whether the children and their parents like the content of the program, they were asked about their most and least favourite aspects of the program. From the parents' point of view they suggested that their children liked the activities part of the program; tag football, obstacles, ropes, cheerleading, and tag it.

Another portion of the parents mentioned that their children enjoyed interacting with the staff and the other children. Some others mentioned that their children like the songs they learn about the body, nutrition, and healthy lifestyle. And finally, four of the participants mentioned that they have no idea what their children like or dislike about the content of the program.

The majority of the parents mentioned that their children enjoyed all aspects of the program, and did not normally complain about anything. Instead, they enjoyed being at the site, and had a good time interacting with the staff and with their peers while gaining knowledge about many physical activities, games, and nutrition facts. Yet, the overall majority (17 out of the 25) of members disliked the nutrition portion of the program. They claimed that their children did not enjoy having to involuntarily sit and listen to nutrition facts, tips, or how to eat healthy because they would preferably be playing and being active. At the same time, the entire group mentioned the importance of this part in the program. The outcome of the discussion was that they still wanted their children to participate in nutrition sessions, even though they did not all enjoy it. An alternative might be to explore more interesting interactive ways of teaching that would engage the children.

Another aspect of the PHD program that the children disliked was not being able to go outside at all times due to the weather. The parents mentioned that their children complained a lot when it was raining or cold outside, and that their children would have to sit inside either learning about the body, or just playing indoor games which required little movement and physical activity. Again, staff may need to be more creative in

designing activities for restricted spaces. Two of the parents mentioned that their girls did not like it when they had to play games and compete against the boys since the girls believed that their male opponents were always faster and stronger than themselves. The parents went on to say that the girls actually felt uncomfortable when asked to compete against the boys.

In addition to identifying the most and least favourite aspect of the program, parents were asked how the program in its entirety impacted them as parents, and how it affected the family as a whole. The majority of the parents mentioned that the PHD program made them more aware of the obesity problem and its effects on both them and their children. They also mentioned that the PHD program made them far more aware of what a healthy life is, how to provide nutritious meals and how to keep their children active and healthy by having them involved in more physical activities. A few other parents mentioned that through participating in the program they became more active just because their children were active and what they learn in the program. One of the parents said there were a "lot of things she learns here I get to do it at home. I guess the more she learns here she makes me do it with her at home so she makes me more active and try to do it with her all the time." A few other parents said that seeing their children getting excited about being active makes them feel that they have to encourage their children and enrol them in as many activities as possible.

Some parents mentioned that the program made them realize that they should change the way they cook when it is at all possible. The knowledge gained did not only come from family nights and the cooking tips, but from what the children learned during

nutrition classes. One of the parents stated “I see my kid trying to change the way I cook sometimes, why do you fry that? you can just put it in the oven” which clearly shows that the child is trying to decrease the fat and caloric content of the food being ingested. This child is trying to implement the information learned for a lifestyle change. Another parent mentioned that her children started asking for more fruits and vegetables instead of sweets, and other parents mentioned that their children started asking for particular nutrition snack bars when they go shopping. Finally, it was the perception of the parents that the program helped children who are under treatment for Attention-deficit/hyperactivity disorder (ADHD). Six of the 25 parents mentioned that their children are behaving better in school by becoming more focused, and had actually decreased the intake of medication. Overall, the program evaluation is positive. This view is supported further by three of the parents who mentioned that their children like every single aspect of the program, and they never complained about anything.

When the parents were then asked about what they as parents like and dislike about the program, there were a variety of answers from the participants. Most participants said that they liked the fact that their children were becoming active, and like to play games that require physical activity rather than playing video games and watching television. Other parents mentioned that they liked the “Family Night” portion of the program; they enjoy meeting other parents, spending time with their families, learning about nutrition, learning new games and activities, and the fact that they get to learn how to cook a healthy meal. Most of the parents mentioned that they enjoyed reading the newsletters that their children received on monthly basis. They mentioned

that the newsletter offers valuable information about obesity, health and nutrition, in addition to providing healthy recipes and ideas on how to cook and eat healthy. They also mentioned that their children enjoyed reading and learning from the newsletter, an asset for the family as a whole.

When parents had the chance to discuss which aspects of the program they disliked the majority of them (17 out of 25) said that the program was great and they could not complain about anything. A minority of them had their share of dislikes. Some of the parents (8 out of 25) said that they did not appreciate the fact that they are not as involved in the program as they would like to be, therefore they asked for more family nights. Two other parents said that they would like to see more competitive sports being introduced to the program. Finally, the majority of the parents in one of the sites said that the newsletter was printed in English, while most of the parents are Hispanic and do not read English well. Seven out of eight parents in this particular site mentioned that the newsletter they get is not useful since it is in English. In many cases it ends up in the garbage without anyone reading it since their children are not willing to, or cannot translate for them. Therefore, they hoped to start getting the newsletter in Spanish.

Program Impact.

The effectiveness of the PHD program was partially evaluated by asking the parents if they noticed any change in their children's physical activity levels. The majority of the parents mentioned that their children became more active as a result of PHD program participation. They started participating in additional physical activities

independent of the PHD program and expressed that they like it more than just sitting around and watching television or playing video games. These changes were major since children aged 8 to 18 spend an average of 44.5 hours per week on computer, television, and game screens (Kaiser Family Foundation, 2005). Programs like the PHD program can be considered a success when they can take children away from their habits that negatively affect their health and lead them to healthier lifestyles.

Other parents mentioned that as a result of their children being more active they personally, have been positively affected by becoming more active as well. For example, at home their children began to ask their parents to go to the park, walk to the grocery store, and play some physical games with them. At the same time, a small portion of the parents (4 out of 25), mentioned that they did not notice any change in their children's physical activity levels. Further, (2 out of the 25) parents mentioned that their children were originally active and enrolled in a lot of sports teams. Therefore the PHD program has not changed anything since they were already participating in an active lifestyle prior to being in the program.

When the parents were asked if they noticed any change on their children's social life styles, the majority of the parents replied that their children became more social, enjoyed making new friends, and had a noticeably better self-image. Other parents mentioned that their children gained more abundant knowledge about respect, responsibility and consequences. The children began to realize that they have to respect themselves and others, take on responsibility and always expect consequences when they fail to carry out tasks that they are asked to do. It is highly important to have the

children know about the aforementioned, especially when the program is being delivered in inner-city areas in the Metropolitan Area. In these setting children do not always have the opportunity to learn those important social skills that contribute to a positively better person who can experience success in life.

Nine parents commented on the fact that their children did not “stand out as much” when it came to societal judgment. Most of the children eventually gained self-respect, and became less anxious when it came to the subject of their body image. Above all, one of the parents mentioned that her son had lost weight as a result of participating in the program, and his weight was not an issue anymore to him. The parent went on to mention that her son’s successful weight loss made him more outgoing, which henceforth increased his acceptance among his peers at school and in the neighbourhood.

The PHD program Director and Staff realized the importance of including the parents for better results. As mentioned in the literature review, one of the components of the program is the “Family” component, where the families participated in family nights. During family night, the parents were learning many things about nutrition, physical activity, health, and cooking tips. Simultaneously, the parents got to participate in physical activities and games with their children in order to get them excited about becoming more active. This served to educate the parents about obesity and the importance of getting their children healthy. Galloway (2005) noted that parents who continue to neglect their children’s health and do not encourage healthier lifestyles may live to see their children die of obesity and related illness.

When evaluating the impact of the PHD program on the families as a whole, the majority of the parents mentioned that it affected their family by making them more active. Since their children were getting more excited about being active, they went home and asked their parents to participate with them, so that affects them as parents by encouraging them to become more active. Other parents said that the family night component of the program has helped the family spend some time together as a whole family and that definitely impacted their relationship with each other by giving them the chance to bond and connect with each other. Another parent mentioned that the program has positively impacted their eating habits, made them more aware of how to cook healthy meals, to make healthier food choices, and became more aware of what kind of nutrition they need for better eating habits. Seven parents mentioned that the program had made their family more aware of obesity, and helped them in assessing their own lives to see what needs to be changed in order to get more active and eat healthier. The parents went on to state that it made them aware of their own lifestyles and realized the need to change their life style in order to have a better life for them and their children when it comes to nutrition and health. Five of the 25 participants did not think that the program has impacted their families at all.

The majority of the participants did not have siblings who were active members of the program. However, for the few participants who did have non-participating siblings, parents said that the program slightly impacted the siblings' physical activity levels. One effect was wanting to be taught what their siblings learned during the program. They mentioned that they engage in the same activities that they learn at the

program with their siblings, which makes them all more active. Some parents mentioned that their children normally read the newsletter and learn from its content, which is a posture outcome. Two of the parents mentioned that their 14- year- old children wanted to participate in the program, but unfortunately the program conflicted with their school schedule. Moreover, one of the parents mentioned that her 17- year- old son wanted to participate and would love to be part of the program. As a result, he asked if he could volunteer in the program and is enjoying it thus far.

Similar to psycho-social benefits previously noted from the Director and staff interviews, parents also mentioned that the program has impacted their social lives immensely. Since they started participating in the family night component of the program, they got introduced to other parents and got more involved in their children's lives. This had a positive impact on them and their social lives. Four other parents mentioned that the program has impacted their personal lives by getting them more active with their children. It has made them feel that they should interact more with their children and start spending one on one time with them. In contrast, (4 of the 25) parents stated that the program did not impact their life in any way.

Family night was another part of the program that the parents appreciated, and enjoyed, and where they gained much knowledge. The effectiveness of the program increases because of the group age that it targets since the participants live with their parents and rely on them when it comes to preparing meals and choosing activities. According to Shields (2005), prevention of obesity is a long-term process that should start at an early age. Since the PHD program targets children from the ages 4 to14 years,

it is important to start affecting the children from an early age. Moreover, the fact that the program included the family and creates special activities for the family as a whole is another important component that can positively affect the outcomes of the program and create more chances for the program to influence its participants. Shields also mentioned that prevention of obesity is a process that should be addressed throughout the family as well as the education system and the media. Shields also talked about the important role that parents can and should play in preventing their children from being overweight and obese. Parental involvement adds a strength to the success of the PHD program.

Parental Feedback.

As mentioned in the literature review, the evaluation model that is being used for the evaluation of the PHD program is the participant satisfaction model. (Cameron, 1980). Therefore, the parents as program participants were asked whether their needs have been satisfied, and whether the program has met their expectations (Cameron).

Whether or not participants value the content of the program is an important issue to take into consideration when evaluating a program because participant satisfaction is one of the key components when measuring success. The majority of the parents (18 of 25) mentioned that they enjoyed each aspect of the program as a whole, and that the program itself is a wonderful opportunity for them to become aware of obesity, health, and physical activity. Parents also mentioned that they liked the physical activities their children were learning, and they appreciated the fact that their children got to learn about nutrition, food choices, and health eating. These parents also

mentioned that they were content with seeing their children becoming more active and having more friends in their lives.

Three of the parents mentioned that they were pleased that their children are actually losing weight, since weight was a large underlying issue that was affecting their health and social life negatively. Twelve of the parents mentioned that they enjoy family nights, where they got to gather as a family, learn about obesity, physical activity, and cooking healthy which all in turn, makes their lives easier when it comes to healthy choices. In addition to having an opportunity to get to know other parents, make friends, and enhance their social life through the program, parents mentioned that they liked the fact that their children were being taken care of while they are at work or running errands. Knowing that the children in the program are being treated well, learning, and enjoying themselves made it easier on the parents and gave them a measure of peace of mind. Finally, the majority of the parents mentioned that they looked forward to receiving a monthly newsletter. The newsletter's content was deemed to be quite helpful and informative to the parents and family as a whole because they gained more knowledge about obesity, food, nutrition, and recipes. One of the parents said "I like the newsletters because the children are learning a lot from them, and they come to my house and say 'Mom, don't cook it that way, change it.'" The children began to ask for specific snack bars instead of all the unhealthy food that was fair part of their prior diet. Being able to alter the parents' cooking habits is an essential outcome and can play a major role to directing children to become healthier and adopting new eating habits. As was mentioned in the literature review, obesity "usually results from poor food choices

and laziness or lack of exercise, and is a major problem.” (Hass & Levin, 2006, P. 534).

When asked about the progress of the PHD program, only 7 parents of the 25 were able to share their opinions because they were the only ones enrolled in the program since its beginning in the year 2004. Two of the 7 parents mentioned that the program was better when it started. People were more excited about it, and there were more fun activities offered for the families. Now, some staff members tend to be less excited about the PHD program. They felt that it is becoming a routine and there are no new activities being offered in the program. Often times, they did not receive the newsletter for a couple of months. On the contrary, the other 5 parents mentioned that the program had progressed a lot. They expressed that there had been a lot of new activities taught to their children. They indicated that they enjoy family nights. In their view they felt the program is definitely progressing and they are excited to see it become even better in the coming years. The parents also mentioned that the program has some creative staff members who always come up with new activities including a variety ways to teach nutrition classes, songs, and new family activities in which they enjoy participating as parents.

Creating Change.

The parents were asked questions that would generate ideas for change. This generated discussion during the focus group interviews about the parents' needs and wishes. Some of those changes had to do with the content of the program, and some others had to do with the delivery of the program. Five of the parents mentioned that they would like to see more material about the nutrition and human body. More than

half of the parents (15 out of 25) mentioned that they would like to see more activity nights for the family where they can come and enjoy spending time with others and learning new physical activities and games. Two parents mentioned that there should be more activities that do not distinguish between girls and boys, especially those that show a difference in fitness, strength and speed. Three parents mentioned that they would like to have classes that are offered for the parents on the weekends, where they can learn physical activities and games that will help them be active with their children at home. It was also noted that there was no newsletter received at home.

Finally, all the parents from all the focus groups expressed their satisfaction with the program, the staff, and the Program Director. They also said that their children are changing for the better since they started participating in the program, and that they were thankful for having the opportunity to participate in such a program. These parents also mentioned that everything the administration might decide to add to the program was a bonus, since the program is successful and meets their expectations. They expressed their desire for the program to continue, since they cannot afford to register their children in similar programs elsewhere.

The above findings show that all parents from the three different groups do enjoy the content and the manner in which the PHD program is being delivered. The parents are realizing that their children are enjoying their time, learning valuable lessons about obesity, health, nutrition, and above all enhancing their social skills. Parents also realize that the program brings a lot of positive changes in themselves as individuals, their children and their family as a whole.

The majority of the parents also acknowledge the fact that the staff members are cooperative, offer a caring environment for them and their children, and that the amount of care and attention they are getting cannot be offered by the majority of the parents. As a result of the positive reinforcement the program provides, the parents and their children appreciate the program, like its content, and the way it is delivered. This does not mean that the program is without fault, and that there are not some aspects that needs to be changed. However the program is definitely a positive indicator that shows the effectiveness of the program in achieving its goals.

Implication of findings

After reviewing the literature and applying the findings from the focus groups and interviews, numerous recommendations became apparent. According to the findings in the literature review, obesity within Canadian and American children is rapidly increasing due to various factors such as poor eating habits, sedentary life styles, low income, and education (Grantham, 1998; Tremblay & Willms, 2000). Therefore, it is important to create, evaluate, and maintain programs such as the YMCA's PHD program. *Such programs aim to combat child obesity by promoting physical activities and healthier life styles for its participants and their families.*

The PHD program and others like it are designed to help children and their families understand the issue of obesity, and encourage them to get more active and develop healthier lifestyles. The literature review suggests that the rates of childhood overweight and obesity in Canada and the United States are high and that children are not getting enough physical activity in schools or at home. Children prefer to spend time

watching TV and playing video games, rather than being active. There are also studies that identify a positive relationship between obese parents and obese children, and a negative relationship between levels of education, and income of the parents. It is important that the planners of the PHD program recognize the value of educating the parents as well as the children, while encouraging the whole family to be active. It was concluded from this study, that there is a need to increase the “family activity” aspect of the program by having more family nights. Efforts to bring the parents to the program, and teach them new physical activities and games provide them with skills that they could apply at home with their own children on the days the PHD program is not offered. Further, the incorporation of more family nights into the program will encourage the children and their families to stay more active. This strategy may also become a method for recruiting younger siblings into the program.

Perhaps the next step for the PHD program is to include and further educate the parents by creating a PHD program for the parents themselves. Where they can come over the weekend for couple of hours and get introduced to physical activities, nutrition lessons, and ways to get involved with their children at home in an active way. This will further educate the parents, make them more active themselves and give them ideas of activities that they could use with their children at home at low or no cost. Moreover, it was shown from the focus groups and staff interviews that there is a need for the staff to be more creative and start developing exercises and games that can be applied in PHD sites where space is limited; especially in the winter time. After all, 9 of the 25 parents mentioned that they do not know how to be physical with their kids, and they

would like to learn and discover new opportunities that allow them to spend more time with their kids doing physical activities instead of going to the movies, or watching TV.

Eating healthy is another concern that was identified in both the literature review and the interviews. Children are more likely to consume products that contain large amounts of sugar and fat because of its availability at home and school (Gable & Lutz, 2000). Fast food is among the largest category of food that is being consumed by people in North America due its low cost and accessibility, even though it is known to be unhealthy (Grantham, 1998). The Canadian Community Health Survey (2004) revealed that in the year 2004 that 59% of the Canadian children do not eat their five servings of fruits and vegetables every day. From the focus groups and interviews it was shown that parents as well as their children are learning about healthy eating from the nutrition component of the program. Children are getting the chance to acknowledge the importance of making good food choices, and the parents are learning about cooking healthy. The children are taking some responsibility for their diet by asking for healthy snacks, and advising their parents to change their way of cooking. Both children and parents expressed the importance of recognizing the nutritional value of their meals prior to eating them. This response demonstrates the importance for the PHD program to maintain and increase nutrition education through on site programs and as a component of the newsletter. One recommendation would be to explore more appealing ways to deliver the nutrition component. The newsletters have played a major role in educating not only the parents, but the children and their siblings who are not enrolled in the program. An additional recommendation would be to offer the

newsletter in the first language of each constituency. One third (8 out of 25, one entire focus group) of the participants complained about not having it in Spanish they did not benefit from the newsletter because Spanish was their first language and their English reading skills were absent. The YMCA, by acknowledging the cultural and language differences would better service participant needs by offering materials in different languages.

Research has shown that obesity and overweight contributed to physical, psychological, social, and economical impacts on individuals. As the population of obese and overweight individuals increases, more health issues are emerging such as diabetes, hypertension, cardiovascular diseases and heart disease. The increase in obesity rates is associated with inflation in the cost of treating illnesses (Colditz, 1999). Psychological impacts of obesity also contribute to body dissatisfaction, isolation, loneliness, low self-esteem and low self-confidence issues (Insel & Roth, 2005). The combination of individual and social impacts associated with obesity and overweight demand that solutions be sought to avert this rapid increase of obesity numbers in North America (Burton, Foster, Hirsch, & VanItallie, 1985). From the focus groups and individual interviews it was discovered that the PHD program appears to be playing a positive role in managing obesity for its participants. Parents and staff declared that the program is successful in helping its participants become more active and fit while adopting healthy eating habits. They also revealed that participants appeared to be gaining higher self-esteem, had a more positive self-image and were more social with their peers. It was shown in the focus groups that the staff has to be more considerate when designing

games and activities for the participants. However, two parents mentioned that their girls did not feel comfortable or satisfied when they had to play games and compete against the boys. The findings of this study support the PHD programs' objectives, goals and mission. Therefore, it is important for the administration to retain the program with a recommendation to expand to sites where the program could be viable. This success provides endorsement of the program upon which proposals for additional funding could be generated.

The recruitment, hiring, training, and retention of program staff were identified as program components in need of modification. Both staff members and the Program Director admit that they have not been fully successful with this element of program delivery. Staff members suggested that they should be given more training for better delivery of content. Further, the Program Director noted that their staff is not focused enough on the issue of obesity and its impact on their participants. Therefore, the Director of the program should establish standard criteria for staff qualifications and specific requirements for program delivery. In addition to the current qualifications of staff that includes athletic background, police clearance, and experience dealing with children, staff members should demonstrate an active lifestyle so they can be positive role models for the participants and their families. Further, formal education in physical education, health promotion and fitness, recreation and/or leisure studies would be an asset. Educational background and personal commitment to healthy choices are indicators that support the program philosophy. Therefore, it is essential for the Program Director to review staff qualifications to ensure that the program is being

implemented and delivered appropriately. Once employed, ongoing training should be offered for the staff.

According to the interviews, the main goals and objectives that the staff has are equivalent to the participants' expectations which is a positive indicator of the program's effectiveness. The effectiveness of the program can be measured by meeting the clients' needs and expectations while delivering high-quality service (Myers, 1999). The measure of success by the staff goes hand in hand with the goals of the program, objectives, and participant needs. Discovering the needs and assessing the success of the goals and objectives are important for a program to be sustainable (Wholey, 1979).

Conclusions

This study was designed to evaluate the effectiveness of the YMCA's Physical, Healthy, and Driven Program (PHD). The PHD program was established in the year 2004. Its purpose was to combat the issue of obesity in the Metropolitan Washington D.C. Area. The program was developed to target children ages 4 to 14 years. Focus group interviews and personal interviews were used to evaluate their perceptions of the effectiveness of the content and delivery of the PHD program in meeting the avowed goals.

The responses from focus group participants and interviews along with the literature review have indicated that specific changes should be applied to the PHD program to improve the program content, and delivery. The feedback provided from research participants, staff, and the Program Director has provided a significant indicator that the program is effective and is experiencing success in achieving its goals and

objectives. Various recommendations were discussed throughout the study and if taken into consideration, the effectiveness of the program will be enhanced.

The 25 participants in the study all indicated that the YMCA's Physical, Healthy, and Driven Program have not only met their expectations of motivating their child to be more active, but furthermore it did affect other family members including their children not involved in the program in a positive way. The participants indicated that the program educated them as parents as well as their children about the physical and social impact of overweight and obesity. It has made them aware of the importance of being active, eating healthy and adopting healthier lifestyles. Participants also mentioned the positive changes that occurred in their children's psychological and emotional well-being. As a result, the program has become an essential part of their family weekly schedule. All participants showed interest in participating in the program in the future.

The study revealed some information that would strengthen the content, delivery, and implementation of the program that was discussed above. Even though the program itself is a success and is achieving many goals, there are several changes that if incorporated, would most likely result in better outcomes and lead to greater effectiveness in achieving program goals. This study also suggests that physical activity programs that target childhood obesity are critical to healthy lifestyles and should continue to take place not only in the Metropolitan Washington Area, but across Canada and the United States.

The PHD Program Director should acknowledge the importance of the feedback that was received from the parents through the focus group interviews. Since the focus

group participants are the group targeted in the program, their satisfaction will lead to a more effective program. In addition, the staff needs and desires should be taken into consideration in order to enhance the program and help its growth. The Physical, Healthy, and Driven Program is undoubtedly a valuable program.

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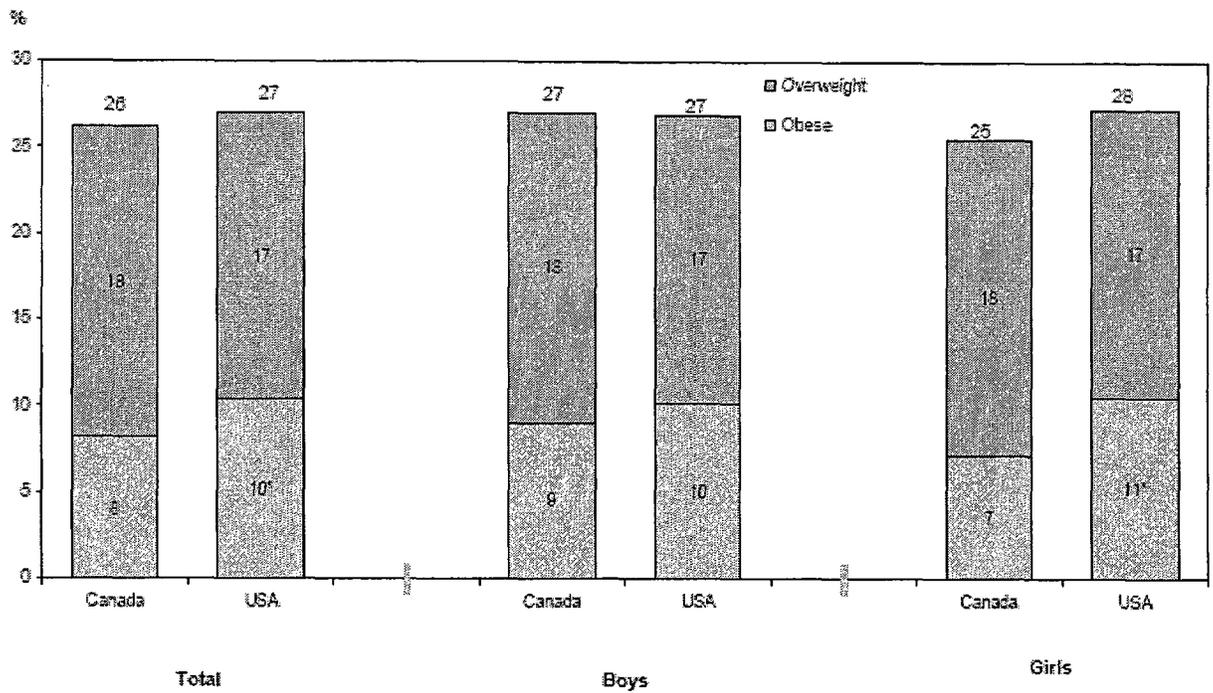
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Appendices

Appendix A

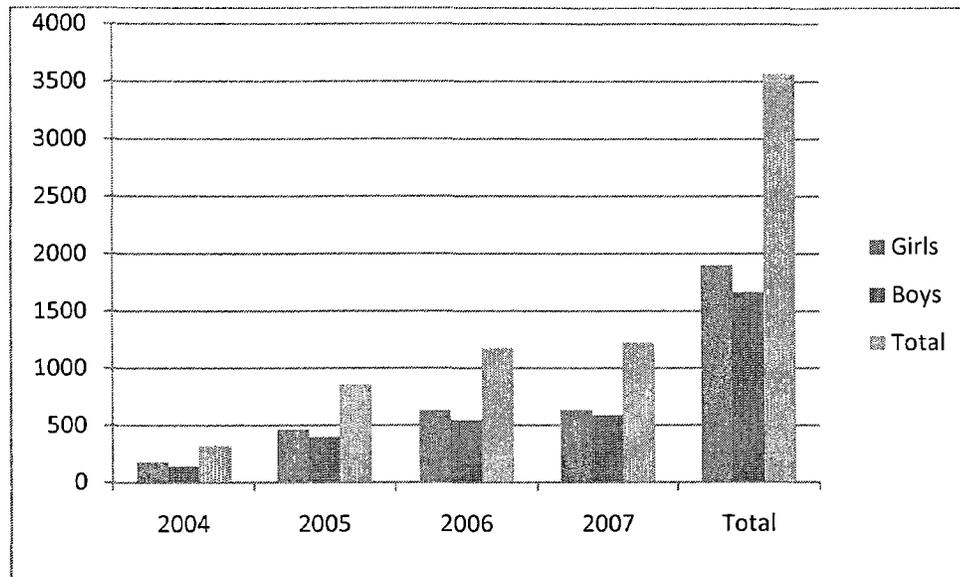
Overweight and obesity rates by sex, household population aged 2 to 17, Canada (2004) and United States (1999-2002)



Data sources: 2004 Canadian Community Health Survey: Nutrition; 1999-2002 National Health and Nutrition Examination Survey
 * Significantly different from estimate for Canada (p < 0.05)

Appendix B

YMCA PHD Participants Population

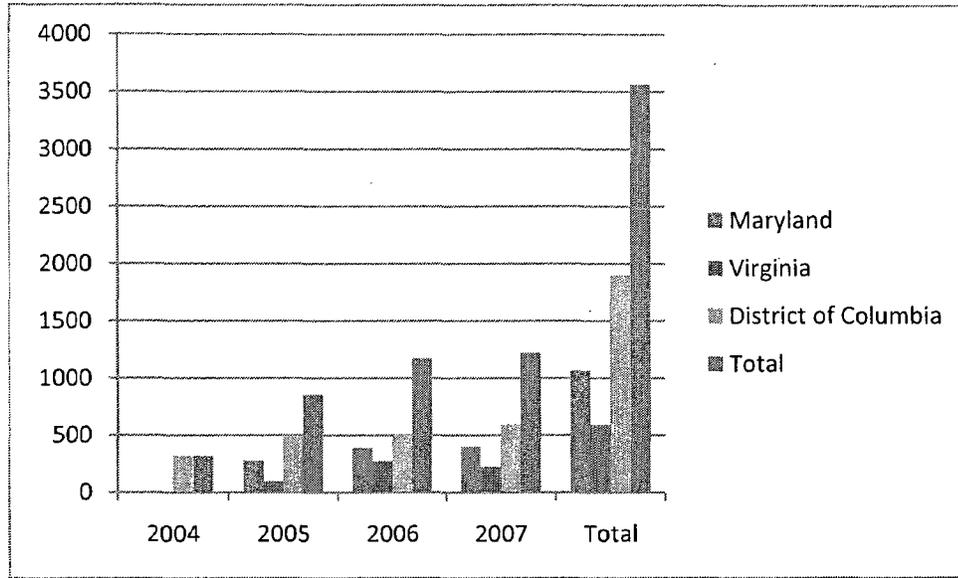


Year	Girls	Boys	Total
2004	176	139	315
2005	459	397	856
2006	628	543	1171
2007	634	586	1220
Total	1897	1665	3562

Data Source: (2007). *YMCA of metropolitan Washington, local branch News*. Washington, DC: Young Men's Christian Association of Metropolitan Washington.

Appendix C

YMCA PHD Participants Enrollment by Region

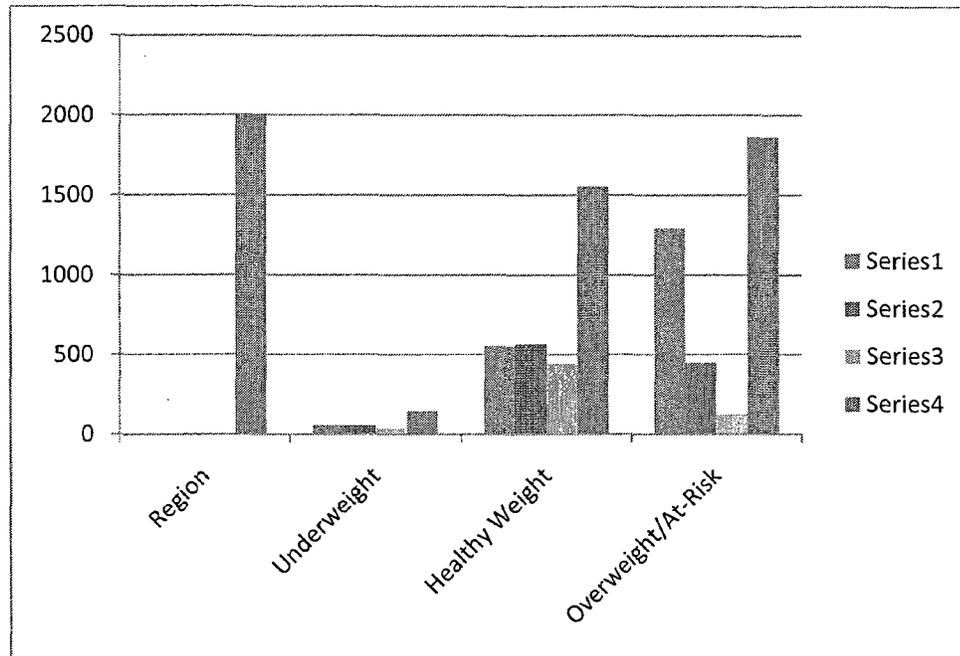


Year	Maryland	Virginia	District of Columbia	Total
2004	0	0	315	315
2005	274	96	486	856
2006	390	271	510	1171
2007	402	225	593	1220
Total	1066	592	1904	3562

Data Source: (2007). *YMCA of metropolitan Washington, local branch News*. Washington, DC: Young Men's Christian Association of Metropolitan Washington.

Appendix D

Weight Status of YMCA PHD Participants



Region	Underweight	Healthy Weight	Overweight/At-Risk
District	57	553	1294
Maryland	54	564	448
Virginia	33	438	121
2007	144	1555	1863
Total	1987	1665	3562

Underweight= 0.5th percentile /Normal Weight= 6-84th percentile /Overweight (At-Risk)= Greater than or equal to the 85th percentile

Data Source: (2007). YMCA of metropolitan Washington, local branch News. Washington, DC: Young Men's Christian Association of Metropolitan Washington.

Appendix E

Focus Group Interview Questions

Evaluating the Effect of the “Physical, Healthy, and Driven” Program by the YMCA

On the Participants and Their Families Lifestyles:

Demographics

List Children who are:

	Number:	Ages:	# years enrolled in the PHD Program:
Boys:	-----	-----	-----
Girls:	-----	-----	-----

Race/ethnicity:

List of other YMCA programs you have participated in: -----

1. How did you get involved in the PHD program with your child?
2. What were your expectations by participating in this program?
3. How well has the PHD lived up to your expectations?
4. What aspects do your daughters'/sons' like about the program?
5. What aspects do your daughters'/sons' dislike about the program?
6. What changes have you noticed in your daughters'/sons' physical activity level?
7. What changes have you noticed in your daughters'/sons' social life styles?
8. What impact has the program had on you as a parent?
9. What impact has the program had on you as a whole family?

10. What impact has the program had on your children who are not participating in the program?
11. What do you as a parent like the about the program?
12. What do you as a parent dislikes the most about the program?
13. For parents who have been participating in the program since its beginning; what do you think about the progress of the program through time?
14. What aspects of the PHD program would you like to see change?
15. Will you participate with your children in the program again this year?
16. How do you provide feedback to the program administrator about the content of the program?
17. How do you provide feedback to the program administrator about the delivery of the program?

Appendix F
Director Interview Questions

Evaluating the Effect of the “Physical, Healthy, and Driven” Program by the YMCA

On the Participants and Their Families Lifestyles:

- 1- How did the PHD program get started?
- 2- What were the main goals of the program?
- 3- Why was it decided to target the kids between 5-14 years old?
- 4- What qualifications do you look for when selecting your staff to deliver the PHD Program?
- 5- How did you recruit them?
- 6- What has worked well for this program?
- 7- What changes are needed to improve the program?
- 8- What has to be done for the changes to occur?
- 9- What impact have you seen on the kids/families/community as a result of this program?
- 10- Where do you see the PHD program at five years from now?
- 11- What factors are needed for your vision to come true?
- 12- How would you define success?
- 13- How do you measure your program success?

Appendix G
Staff Interview Questions

Evaluating the Effect of the “Physical, Healthy, and Driven” Program by the YMCA

On the Participants and Their Families Lifestyles:

- 1- How long have you been part of the program?
- 2- How did you get involved?
- 3- What qualifications do you have that made you the right person for assisting with the delivery of the program?
- 4- What are the objectives of the PHD Program?
- 5- How do you measure success?
- 6- How do you evaluate success in achieving the goals of the program?
- 7- In an ideal world, what changes would you like to see in the program?
- 8- What do you need to make those changes happen?
- 9- What or who helps you in the delivery of the program?

Appendix H

Request from the Director of the PHD Program to conduct the study

Hello Inez:

I am writing you asking for your and the YMCA of Metropolitan Washington for an approval to conduct a study that evaluates the Physically, Health, and Driven (PHD) program that is being held at your institution. My study is going to take place during the next academic year and will work on evaluating the PHD program. For the study purposes Interviews will be needed with you as a program director and several program instructors. Also focus group interviews are going to be needed with some of the parents whom children are part of the PHD program. We might also interview some of the children that are part of the program if that can fit with the time limit that I have. For now we are considering the week of October 13, 2008 in order to come down to D.C. and conduct all the interviews and focus groups needed for that study. This study is going to be my thesis for a Masters degree in Sports Management from the University of Windsor in Canada.

Hope that you don't mind me conducting the study about your program and that you and your staff and parents will cooperate with me in order to get this study done.

Thanks,

Rama Musharbash

VITA AUCTORIS

Rama Musharbash was born in 1985 in Amman, Jordan. She graduated from The Amman Baptist School in 2003. From there she went on to Central College in Iowa, USA where she obtained a B.A. in Exercise Science in 2007. She is currently a candidate for the Masters Degree in Human Kinetics at the University of Windsor.