

**Region III Head Start Administration for Children and Families**

**Evaluation of the *I am Moving/I am Learning* Enhancement**

Telephone Interview Guide for Classroom Teachers/Home Visitors

Spring 2007

(Estimated interview time: 30 minutes)

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INTRODUCTION

Thank you for taking the time to speak with me today. My name is [X] and I am a [TITLE] with Mathematica Policy Research, a nonpartisan research firm that has extensive experience conducting both early childhood and nutrition research. The Office of Planning, Research, and Evaluation (OPRE) under the Administration for Children and Families (ACF) contracted with MPR to conduct an implementation evaluation of the *I am Moving/I am Learning (IM/IL)* enhancement in Region III. This study will examine to what extent grantees are implementing *IM/IL* enhancement activities after attending the spring 2006 regional Training for Trainers (TOT) events.

To that end, during this call we will be discussing what efforts your Head Start program made since attending the regional TOT event to promote physical activity, structured movement, and healthy eating among children and families you serve; how these changes were implemented; your thoughts on sustainability; and what initial successes and challenges your program has encountered. As part of this evaluation, we are currently in the process of speaking with the person in charge of overseeing *IM/IL* activities and two teachers and/or home visitors from 30 Head Start grantees. Your program was selected to participate in these interviews from among all of the Region III grantees that completed the January 2007 *IM/IL* Evaluation Questionnaire. You were randomly selected from among all of the teachers who were targeted to implement *IM/IL* in your program We will use this interview to learn more about how you are implementing the *IM/IL* enhancement in your classroom [*or during home visits for home visitors*].

During our conversation, I would like to hear about your experiences with the *IM/IL* enhancement, and will also ask you about your opinions. Everything you say is confidential. The information we gather will be used to write an interim report for OPRE about programs' experiences implementing *IM/IL* enhancements, including their successes, challenges, and lessons learned. Our interim report will describe experiences and views expressed by staff across the 30 grantees, but comments will not be attributed to specific individuals or programs. Staff members will not be quoted by name.

Do you have any questions before we get started?

## A. PROGRAM AND COMMUNITY CONTEXT

1. How long have you been with this Head Start (or Early Head Start) program?
2. How many children are in your classroom? What are their ages (i.e. mixed-age classroom or one age group)?

OR

How many families do you work with as a home visitor?

3. Does your classroom operate a full-day session, or half-day sessions? [*N.B. Omit for home visitors.*]
4. How many other adults work in your classroom, such as teacher's assistants or parent volunteers? How often are they in the classroom (i.e., every day all day, 3 hours per week)? [*N.B. Omit for home visitors.*]
5. What percentage of children [in your classroom OR children in your home visiting caseload] speak a language other than English at home? What languages do they speak?
6. What percentage of children [in your classroom OR children in your home visiting caseload] have an IEP?

## B. DESIGN AND PLANNING

Now I'd like to ask a few questions about your program's planning for the *IM/IL* enhancement.

1. What is your understanding of the goal(s) of the *IM/IL* enhancement in your program?
2. Were you involved in designing the *IM/IL* enhancement or providing any feedback?

IF YES: What role did you play? What specific ideas did you suggest?

3. What was your reaction to the idea of implementing an *IM/IL* enhancement? Were you excited, or hesitant? Why?

## C. INITIAL LOCAL TRAINING

1. Do you recall receiving any initial training for implementing the *IM/IL* enhancement in your classroom?

IF NO: Skip to question #2 below.

IF YES:

Who provided the training?

When did the training(s) take place? [*Specific month(s) is adequate.*]

How long did it last (total hours/days)?

What was the format of the training? What topics were covered? Which types of activities were included? Lecture? Modeling? Role play? Group practice?

Were written materials distributed, such as a manual, curriculum, lesson plans, or list of resources to be used during implementation? If so, please describe.

Were you introduced to Choosy? Did you learn about how to incorporate the vocabulary of structured movement, etc. at the training?

Did you receive training on how to monitor progress made by children, such as classroom observations of structured movement or monitoring children's food intake?

Did you receive enough guidance on how to intentionally promote MVPA, structured movement, and healthy eating with children in your classroom? If so, what best prepared you to do this? If not, what would have been helpful or needed?

Was there an adequate amount of training for you? Why or why not? How could the training have been more helpful?

Do you have any suggestions for improving the initial local training for the IM/IL enhancement?

*Skip to Section D below.*

2. Since there wasn't a formal training, how did you prepare for implementing the IM/IL enhancement?

PROBE:

- Did you review any materials shared by staff who attended the regional TOT event? Was it required that you review these materials, or voluntary?

#### D. *IM/IL* ENHANCEMENT ACTIVITIES

##### Early Head Start and Home Visits

Note to interviewers: Please keep in mind that some grantees may be implementing the *IM/IL* enhancement among EHS children and/or families, as well as with children enrolled in the home-based option. Questions are geared towards classroom settings for the most part, as well as for 3- to 5- year olds. Questions should be modified according to the age group and the environment. For example, instead of asking about higher-level gross motor development such as throwing/catching a ball or hopping, you could ask about tummy time instead. Or, you could ask if expectant and new mothers learn about the benefits of breastfeeding.

1. What **MVPA** enhancement activities do you provide [in your classroom OR in children's homes]?

##### PROBES:

- Compared to what you were doing before *IM/IL* (or last year), did you begin or increase how much time you devote to MVPA? If so, about how many minutes or hours per day or week is spent on MVPA?
- Is this primarily “free” play that was child-directed, or group physical activities that you facilitated? Can you estimate the percentage of free play versus facilitated activities?
- What kinds of activities did you encourage? For example, throwing/catching balls? Traveling actions like walking or hopping? Dancing? Other?
- What kinds of equipment or materials were used (e.g., balls, swings)?
- How often are these physical activities scheduled in the classroom routine? Every day? Once a week? Once a month? *N.B. For home visitors, can prompt if it's addressed at each visit, once a month, etc.*
- Do you think this amount of time is too much, too little, or about right? Why?
- What kinds of structured MVPA activities do you facilitate? Can you give some examples of games or tasks?
- Where do MVPA activities take place (e.g., indoors, playground, nearby park)?
- Do you promote MVPA to parents or other family members? If so, which activities take place? How often?
- Do you teach children about their heart rate (heart beating with “Thank you, thank you, thank you”)?

2. What **Structured Movement** enhancement activities do you provide in [your classroom OR in children’s homes]?

PROBES:

- Compared to what you were doing before *IM/IL* (or last year), did you begin or increase the amount of time you devote to structured movement activities? If so, about how many minutes or hours per day or week is spent on structured movement?
- How often are structured movement activities scheduled in the classroom routine? Every day? Once a week? Once a month?
- What kinds of structured movement activities do you encourage? For example, movement activities while singing? During storytelling? Other? Can you give some examples of games or tasks?
- Do you think this amount of time is too much, too little, or about right? Why?
- Where do structured movement activities take place?
- In (classroom routines or in homes), do you recall using vocabulary such as Action Awareness (“what my body can do”); Effort Awareness (“how my body moves”); Space Awareness (“where my body moves”); Relationship Awareness (“to myself, others, objects, like body parts or shapes”)?
- If so, how is this reinforced? Songs? Giving instructions before or during a group activity? Other?
- Do you routinely use this vocabulary? Are children picking up and using this vocabulary?
- Does anyone beside yourself provide structured movement activities for children? If so, who and how often? What kinds of movement activities?

3. What **Healthy Eating** enhancement activities do you provide in [your classroom OR in children’s homes]?

PROBES:

- Compared to what you were doing before *IM/IL* (or last year), did you begin or increase the amount of time you devote to topics on healthy eating? If so, about how many minutes or hours are spent on healthy eating?
- How often are nutrition-related activities scheduled in the [classroom/home visiting] routine? Every day? Once a week? Once a month?
- Do you think this amount of time is too much, too little, or about right? Why?
- In (classroom routines or in homes), do you use different vocabulary and/or teach nutritional messages from Choosy or other sources, like Crave Your F.A.V.?
- Do you routinely use this vocabulary? Are children picking up and using this vocabulary?
- If so, how is this reinforced? Songs? Games? Other?
- Do you teach children about how to recognize which foods are good to eat? If so, how is this done and reinforced?
- Do you teach colors through healthy foods, or vice versa—teach about healthy foods through colors?
- Do you talk about healthy foods and encourage children to eat them at the family-

- style meals with children and staff? Do you model healthy eating choices for them?
- Does anyone beside yourself teach children about healthy eating practices? If so, who and how often? What kinds of nutrition-related activities?

4. Do you use any materials and resources to implement the *IM/IL* enhancement? What are they? Did you purchase these materials and resources? Why did your program choose to purchase materials and resources?

PROBES:

- Choosy song sheets, CDs, videos, DVDs
- Choosy Action Plans (i.e., lesson plans) or activity sheets, such as the Open Space Activity Cards or the Creative Arts Activity Cards
- Lesson plans or activity ideas from other organizations, such as:
  - USDA's MyPyramid website
  - Fit WIC
  - Smart Moves activities books
  - SPARK Early Childhood Physical Activity curriculum
  - North Carolina's Color Me Healthy curriculum
  - National Association for Sport and Physical Education's brochure "101 Tips for Family Fitness Fun"
- Balloons, beanbags, balls ropes, scarves, foam noodles, balance beams, etc.
- Do certain materials or resources stand out as being really helpful, effective, or popular with children/parents? If so, what and why?

5. Have you made any of the materials by hand using the Choosy Homemade Toys & Props handout from the regional TOT event, or any other resources?

PROBES:

- For example, did you make a jump rope or balance beam out of bread bags?
- Use scarves for movement, coordination, and learning activities?
- Other?

6. Did you incorporate *IM/IL* enhancement activities into the existing curriculum?

PROBES:

- Have you integrated structured movement and MVPA activities into the existing curriculum? Have you incorporated movement activities into literacy and early math activities? Transitions? Other? If so, how did you incorporate movement and/or MVPA into the curriculum? If not, why?
- Have you integrated healthy eating activities into the existing curriculum? Have you incorporated healthy eating activities into literacy and early math activities?

Transitions? Other? If so, how did you incorporate healthy eating into the curriculum? If not, why?

7. Do you modify the *IM/IL* enhancement activities for certain children in your classroom?

PROBES:

- For children whose home language is something other than English?
- For children with IEPs or IHPs?
- Have you consulted any special resources for directing the *IM/IL* enhancement to these children? If so, which one(s)? Were these resources helpful?

8. How common is the problem of overweight among the children [in your classroom or on your caseload]? Do you have concerns about the weight of any children [in your classroom or on your caseload]?

PROBES:

- What percentage of children would you say are overweight?
- Do these children seem embarrassed by their weight? How can you tell?
- Have you ever spoken to their parents about your concerns about the children's weight? If so, how did you bring up the subject, and what did you talk about? How did they react?
- Was it awkward to talk to them about their child's weight, and if so, why?
- If you have not spoken to these parents about your concerns, why not?

9. How common is the problem of underweight among the children in your classroom/caseload? About what proportion of children are underweight?

10. How common is it for children in your classroom/caseload to not consume enough healthy foods? About what proportion of children do not consume enough healthy foods?

11. How common is sedentary behavior (i.e. little or no physical activity) among the children in your program, such as high levels of television viewing or living in a place that is not conducive to outside play? About what proportion of the children have limited physical activity outside of Head Start?

12. Do you see yourself as a role model for children to teach them about the importance of physical activities and healthy eating? Why or why not?

PROBES:

- Has the *IM/IL* enhancement changed any aspects of your own behaviors and/or with your own family related to diet and physical activity? For example, less television watching, more exercise, better nutrition? If so, which ones?
- Has the *IM/IL* enhancement provided any motivation or incentives (e.g., staff challenges with prizes) for you to change your own health behaviors related to diet and physical activity?
- Is it difficult for you to speak with parents about obesity prevention? If so, why?
- Is there a way in which you think you could be a better *IM/IL* role model?

13. Were there any factors that hindered MVPA, structured movement, or healthy eating activities in the past (e.g., inadequate indoor space during inclement weather, no time in schedule)?

**E. OUTREACH TO PARENTS**

1. What outreach strategies were used to promote the *IM/IL* enhancement to families?

PROBES:

- How, if at all, did you first communicate with families about your *IM/IL* enhancement?
- How did parents initially react? Were they excited, or hesitant? Why?

2. Have there been any parent education activities centered on the *IM/IL* enhancement?

IF YES: Did you have a role? If so, what did you do? Were activities targeted at improving children's behaviors related to physical activity and healthy eating, parents' behaviors, or both? When did these activities take place? For how long (length and frequency)? Who conducted the activities? Were parents engaged? Will there be additional activities and support for parents? If so, please describe.

IF NO: Why not? Parent activities are not part of your program's *IM/IL* goals? No time? Lack of interest among parents?

3. Do you do anything to encourage parents to make healthy food choices, or educate them about good nutrition in general? If so, what? How often does this occur?

PROBES:

- Was this targeted at improving children's behaviors related to healthy eating, parents' behaviors, or both?
- Do you use different vocabulary and/or teach nutritional messages from Choosy or other sources, such as Crave Your F.A.V., Shop the Sides, or Think Tiny Tummies? If so, how was this enforced?

4. To what extent are parents reinforcing components of the *IM/IL* enhancement at home? How can you tell?

PROBES:

- Do home visitors incorporate *IM/IL*-related activities into the home visits?
- Do group socializations reinforce the *IM/IL* messages?
- Do you informally discuss or conduct informal surveys with parents about what they eat or how much they exercise?
- Other?

**F. ONGOING TECHNICAL ASSISTANCE AND CAPACITY BUILDING**

1. Have you received any ongoing training and/or technical assistance to support the *IM/IL* enhancement?

PROBES:

- What kind of support do you receive?
- Who provides the T/TA? Your education coordinator? Head Start content specialists? Other outside experts?
- What topic(s) are covered? How often is T/TA provided?
- Is this T/TA helpful? Why or why not?
- Do you use the e-mail distribution list created by Region III for those who have attended *IM/IL* training events? If yes, how often? Is this distribution list helpful, and if so why? If you don't use the distribution list, why not? (The purpose of this list is to distribute resources by e-mail to *IM/IL* grantees for the purposes of sharing successful strategies, stories, and feedback among grantees. It is maintained and monitored by the Region III TA Health Specialist.)

2. Is there any additional training or support you need but have not received yet?

IF YES: What types of support do you need? Are there specific plans in place to meet these support needs?

3. Are you tracking *IM/IL* implementation? Are you measuring any child outcomes like aspects of children's movement or diet?

IF YES: Did you develop your own assessment or monitoring tools? Borrow tools from other sources (e.g., use the observation forms shared at the regional TOT event)?

What specific items do you track? For example, does someone compute BMI? How often? Do you do anything with this information?

Do you observe progress made in structured movement using Choosy Assessment of Motor Patterns (CAMP) tools?

Other measurements or tracking activities?

How often do these activities take place?

Have you used the results of these assessments to inform individual or group education and/or health goals? If so, how? If not, why not?

IF NO: Why not? Are there any plans in place to do so in the future?

## G. SUSTAINABILITY AND RESOURCES

1. Have you been able to implement enhanced *IM/IL* activities in your classroom as planned?

IF NO: How has actual implementation differed from your initial plans? In actual activities? Duration Intensity? In who receives services? What caused a change from the original vision of what the *IM/IL* enhancement would look like in your classroom?

2. How do you reinforce *IM/IL* goals and go about getting ongoing buy-in from parents? In other words, how do you keep the momentum moving forward?

### PROBES:

- Did you incorporate *IM/IL* goals into children's IEPs? Children's IHPs?
- Have you shared information about *IM/IL* with the families' health care professionals, or your local WIC program, such as a description of planned activities or any data collected?

3. How receptive have families been to participating in the *IM/IL* enhancement over time?

4. Have you observed or experienced challenges in getting children or families to do any of the activities? What challenges have you experienced? (For example, if you invite parents to cooking classes to teach family members about easy-to-prepare, nutritious meals, do they attend?)

### PROBES:

- Did you expect these challenges? What factor(s) affect some families participating more than others? Is your program doing anything to encourage participation?
- What factor(s) prevent higher activity levels?
- Have you or the program used any strategies to encourage participation over time?

## H. INITIAL SUCCESSES, CHALLENGES, AND LESSONS

1. What have been the most important successes of the *IM/IL* enhancement so far?

PROBES:

- Can you give an example?
  - What factor(s) led to that success?
2. What are the most significant implementation challenges associated with the *IM/IL* enhancement so far?

PROBES:

- What strategies have you used to address these challenges?
  - How well do you think these strategies worked?
3. What aspects of the *IM/IL* enhancement do children like the most? What do they like the least?
4. What aspects of the *IM/IL* enhancement do families like the most? What do they like the least?
5. What aspects of the *IM/IL* enhancement do you like the most? What do you like the least?
6. What changes, if any, do you think should be made to the *IM/IL* enhancement?

PROBE:

- Changes in scope Activities? T/TA? Staffing? Involvement of outside organizations or experts? Other?
7. What advice would you give to another Head Start program that is thinking about implementing an *IM/IL* enhancement like the one at your program?

## WRAP-UP

Is there anything else you would like to add before we end the discussion?

*N.B. MPR should have already received a set of documents from the program in advance of the telephone call, such as daily classroom schedules (pre- and post- spring 2006 TOT event) and templates of any assessment tools. If we have not received them, then ask for specific outstanding items as appropriate.*

Thank you very much for speaking with me and sharing your experiences and feedback on the *IM/IL* enhancement at your program.