Delivering positive change

Dr Prosper Doamekpor discusses his project’s modern approach, which encourages underserved populations in Alabama to lead healthier lifestyles by training youth as extension paraprofessionals.

Your current work focuses on effective programme delivery by volunteer Youth Extension Paraprofessionals (YEP). What is a YEP?

A YEP is a youth volunteer trained to deliver programmes to their peers and initiate and engage in preventive activities that reduce childhood obesity, by working closely with target audiences in underserved populations.

Could you provide an insight into how YEPs are trained?

The training curriculum designed for this project was based on studies pertaining to 4-H positive youth development (PYD) and adolescents’ civic engagement. The first cohort of selected programme applicants, totalling 46 youths, completed a five-day leadership and volunteer training session at the 4-H Center in Columbiana, Alabama, USA. The programme participants worked on a variety of lessons and activities towards becoming certified youth volunteer leaders.

Through experiential learning opportunities, the youth trainees developed an understanding of volunteerism and the tenets of cooperative extension and civic engagement, and the skills needed to engage in community service and become involved citizens and caring adults.

The programme utilises the health belief model (HBM). Who developed this and what does it entail?

HBM is a psychological health behaviour change model developed to explain and predict health-related behaviours, particularly in regard to the uptake of health services. The model was developed in the 1950s by social psychologists Irwin M Rosenstock, Godfrey M Hochbaum, S Stephen Kegeles and Howard Leventhal at the US Public Health Service, to explain why the medical screening programmes on offer, particularly for tuberculosis, were not very successful. The underlying concept of the original HBM is that health behaviour is determined by personal beliefs or perceptions about a disease and the strategies available to decrease its occurrence.

Through what mechanisms do you assess the programme’s efficacy? What are the key lessons learnt through feedback provided by YEPs?

The programme’s efficacy has been assessed using a variety of methods. These include pre- and post-surveys administered to programme participants in a training session. Other assessment tools currently being used are focus group interviews, video testimonials from trainees and observations of participants’ behaviours.

Programme participants also express their opinions and share their experiences by providing a two to three page report on what they have accomplished as a result of ongoing training. Feedback received from parents about how the programme has impacted the behaviours of participating youth also helped to redesign and plan for other future training activities.

Is it difficult to guarantee that behavioural change is long-lasting?

Yes, it is difficult to guarantee long-lasting change, especially if unrealistic expectations are not met. However, with guidance, behavioural changes can be sustained. For instance, analyses of the pre- and post-training survey data from 29 YEP participants have demonstrated improvements in essential life skills. YEP participants have shown willingness to positively change, and I assume that with continued education and cues to healthy lifestyles, we can reinforce and promote the protective factors that ensure long-lasting behavioural change.

Are there any forthcoming events related to the programme that you would like to highlight?

There are a number of upcoming youth health fairs and healthy living camps being planned by cohorts of the YEP trainees and newly trained teen teachers. These fairs are being held at programme implementation sites as a result of additional funding from the National 4-H Council, sponsored by the Walmart Foundation, to implement the Youth Voice Youth Choice Healthy Living programme initiative.

Additionally, healthy living programmes are being conducted in selected schools this spring, summer and autumn. Each are coordinated and led by teen teachers, most of whom will be certified as YEPs after successfully delivering the curriculum to young children, their peers and adults. YEPs will be engaged in planning this year’s 4th Youth Empowerment Summit at Tuskegee University to present the success stories and share their experiences with stakeholders.
THE NUMBER OF people who are considered overweight or obese has risen dramatically across the globe. It is a health issue that not only affects adults, but is becoming increasingly common in children. Over the past 30 years, obesity rates in the US have doubled for preschool children and adolescents, and tripled for children between the ages of six and 11. The National Health and Nutrition Examination Surveys (NHANES) recently found that almost one-third of all children in the US are at least overweight, and about 17 per cent are considered obese.

The State of Alabama is one of the most affected areas within the US, ranking fifth for the highest rates of obesity and sixth in terms of physical inactivity. In fact, every two out of five rural children in Alabama are physically inactive and have a body mass index (BMI) exceeding the 95th percentile.

Childhood obesity is a serious health issue, with major implications for a person’s physical and psychosocial wellbeing. Individuals who are obese have a greater risk of diabetes, cardiovascular disease, asthma, sleep disturbance, joint and bone disorders, social rejection and low self-esteem.

Without doubt, there is a strong need to address the obesity issue. There are a number of programmes already in effect that have been designed to encourage individuals to lead healthier lifestyles, however there is an insufficient number of people who are qualified to act as leaders for delivering these initiatives. To fill this gap, Dr Prosper Doamekpor at Tuskegee University began a project aimed at building the capacity of programme delivery; by training volunteer youth extension paraprofessionals (YEP) he aimed to improve the effective delivery of childhood obesity prevention programmes.

The project complements the efforts of the Tuskegee University Cooperative Extension Programme (TUCEP) as well as state and national youth obesity prevention and empowerment activities. These programmes assist underserved communities in improving their quality of life by bringing together youths with adults in order to implement nutrition education and physical activity, and promote community gardens to encourage healthier eating.

POSITIVE PEER INFLUENCE

The YEP programme first began in 2010 and was designed to train youth to deliver extension activities within the Black Belt region of Alabama. “We anticipate that YEP participants will volunteer their time and skills to accomplish the goal of reducing childhood obesity and promoting nutrition education among underserved populations,” Doamekpor highlights.

To achieve this, all YEP participants are carefully recruited and selected by adult youth volunteers or Extension Regional Agents. The participants are then assessed to determine their strengths and weaknesses and the results are used to create a training programme tailored towards the skills that need greater attention. The aim is that the training will instil in the participants skills and knowledge in the areas of leadership, volunteerism, cooperative extension, nutrition and physical education, as well as critical thinking, decision making and social conscience.

The programme utilises the health belief model (HBM), one of the most widely used models in health behaviour research. The basis of the model is that the likelihood of a person taking part in health services depends upon an individual’s perceptions and beliefs about the service and the different methods used to treat illness. According to the model, a stimulus is required for a person to take up health-promoting behaviours.

Participants are trained through a diverse range of experiences, including online modules, after-school programmes, summer camps and alongside county agents to gain real-life experiences of working in the community. “By training youths as YEPs, we anticipate developing and maintaining a cadre of trained youths who will become agents of change in implementing programmes designed to combat childhood obesity and strengthen the youth programming efforts of the TUCEP,” Doamekpor adds.

CHANGE FOR LIFE

There are a number of strategies in place for Doamekpor and his colleagues to ensure the programme is hitting its mark, including surveys and interviews with participants. These evaluations have revealed positive feedback from the trainees, and several key insights.
INTELLIGENCE
BUILDING THE CAPACITY OF PROGRAM DELIVERY BY VOLUNTEER YOUTH EXTENSION PARAPROFESSIONALS (YEP) FOR EFFECTIVE CHILDHOOD OBESITY PREVENTION PROGRAMS

OBJECTIVES

• To solicit and assess strategies for preventing childhood obesity
• To provide youth with training and access to a national network of established programmes, professionals and their collective experience and knowledge
• To offer a unique group-based, out-of-school time, peer-to-peer model of instruction for youth to serve their communities

KEY COLLABORATORS

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PROSPER DOAMEKPOR trained as an Agricultural and Extension Specialist and has over 15 years’ experience in rural development, extension programming, and the design and implementation of intervention programmes. Doamekpor is Extension Program Specialist for the Cooperative Extension Program in Tuskegee University, and is responsible for youth development activities, recruiting and training emerging youth leaders, and coordinating youth programmes with other extension professionals and agents. He received his PhD in Agricultural and Extension Education from the Pennsylvania State University. His BSc and MSc were in Agricultural Science and Agricultural Extension, respectively, received from the University of Cape Coast, Ghana. Doamekpor’s latest publication is titled: ‘Prevention of Respiratory Diseases in Agriculture and Related Industries: A Health Belief Approach to the Design, Implementation and Evaluation of Occupational Safety and Health Programs’.

Trainees have gone on to positively influence their communities in a number of ways, such as raising awareness about obesity, initiating after school clubs and church weekend workshops

Of course, the ultimate test of the programme’s effectiveness is if it is able to instil positive behavioural changes in the long term. “With consistent monitoring, follow-up, and training, in addition to pre- and post-test surveys to track those changes in our programme participants, behavioural changes can be long-lasting and self-sustaining,” Doamekpor notes.

Surveys with YEP participants have shown improvements in a number of essential life skills. For instance, trainees have gone on to positively influence their communities in a number of ways, such as raising awareness about obesity, initiating after school clubs and church weekend workshops and educating young children, peers and adults about how to lead a healthy lifestyle.

A MODEL FOR ALL

By training young teachers, the YEP programme is currently in use as a model to implement a 4-H Healthy Living: Youth Voice Youth Choice programme Initiative in selected counties in Alabama. Although the project is coming to the end of its duration, Doamekpor is confident that the YEP model will continue to live on and be used beyond the borders of Alabama to help promote healthy living and address the obesity epidemic around the country: “As we draw the curtain down on this remarkable and innovative project, it is envisaged that the cadre of youth volunteers that have received training will continue to offer their services to the cooperative extension system in Alabama, across the country or even outside of the US”.

AILING ALABAMA

Although adult obesity rates have plateaued in every state except Arkansas, after three decades of increases Alabama tips the scales as the fifth most obese state in the nation.

Childhood obesity is at 14.1 per cent for two to four year olds in low-income families, 18.6 per cent for 10 to 17 year olds and 17 per cent for high school students (source: Pediatric Nutrition Surveillance Survey (PedNSS, 2011)).

Every two out of five rural children in Alabama are physically inactive and have a body mass index (BMI) exceeding the 95th percentile (source: South Carolina Rural Research Center)