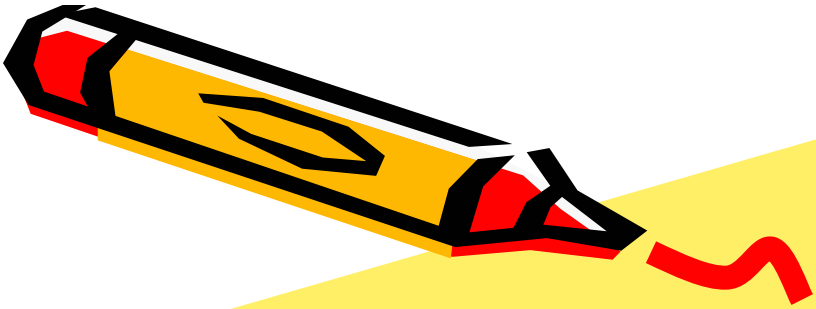


TEAM Mississippi:
A Partnership for Healthy Families

Progress Report
November 17. 2006

Table of Content

Fostering Excellence in Women's Health through Academic-Community Partnerships
Progress Report
November 17, 2006

Name of Project:
TEAM Mississippi: A Partnership for Healthy Families

Name of Partnership Organizations:
National Center of Excellence in Women's Health (CoE) at University of Mississippi Medical Center (UMMC)
Office of Healthy Schools (OHS), Mississippi Department of Education (MDE)

Progress Report (in narrative form)

1. **Activities to Date**:

TEAM Mississippi is proud to be selected as a funded project for Fostering Excellence in Women's Health through Academic-Community Partnerships (ACP). The core team consisting of key personnel from the CoE (co-PIs: Low, Greening and Harrell) and the MDE (Ginn and McNeil) has met monthly to continue fine tuning the project design, and planning of details of implementation. Our meetings are held alternating between UMMC campus (CoE office) and MDE building (OHS office). Frequent emails maintain up-to-date communications between all key personnel, and we enjoy a very congenial working relationship within the core team. We are pleased to report that each member of our team has unique contributions to the project and as a whole, we complement each other well.

The first 2 months of our project period have been devoted primarily to program planning and revision, completion of IRB process (addressing revisions as requested by IRB), and initiating contact with the schools.

Input and guidance from the ACP/UCSF team has been invaluable and much appreciated. The conference calls (July 12 and August 14) and follow-up consultation with Anne Marie Charlesworth (October 16) have been very useful, and the discussions constructive. Taking the recommendations on feasibility assessment, we have revised our project plans to devote the first 6 months of year 1 to planning and designing the project with the parents and teachers. Focus groups with teachers are planned (see Evaluation plan for details). The information from the focus groups will help in the details for the project's activities such as coordinating the family events with the school and parents. Institutional Review Board (IRB) has completed its review of our project and granted approval on November 9, 2006.

Contacts with the two elementary schools were initiated by MDE, then followed up with an on-site visit at each school by the core team. At these visits, a presentation of the project was given by the core team, with ample time planned to allow question and answer period with each group. The level of engagement among teachers from both schools was good (see Evaluation plan).

With input from the schools (and drawing from their experience with local community support), our core team will identify key community contacts that may have interest and resources that will enhance our project activities.

2. **Key Accomplishments**:

We are pleased to have accomplished our planned objectives for the first few months of our project. Our first objective was to schedule and confirm the TEAM's visits to the two elementary schools. We felt that the first visit will set the tone for the whole project, thus it was important for the first visit to go well. The visits were most rewarding – as we experienced a warm welcome at both schools, and the enthusiasm among the teachers were remarkable. At our first meeting with the Eupora Elementary School parents, the turnout was tremendous, and the interest strong. We look forward to our parents meeting at Winona.

The monthly team meetings have been productive, and helped to strengthen our relationship between CoE and MDE.

Another objective for this period was to obtain IRB approval. We are delighted that our review is now completed, and we have been approved to proceed.

3. **Challenges**:

The major challenge faced by our team was to complete the IRB process. The process typically can be a lengthy one at our institution. Due to factors beyond our control, IRB review was delayed longer than we had expected. We were very pleased that our proposal received expedited review, and we received our approval as of November 9, 2006.

One upcoming challenge pertains to the logistics of completing the assessment of the students (4 grades in each school). Teams of 10 or more volunteers will be organized to conduct the various measurements/surveys over 4 days. As with all volunteer dependent activities, we must consider competing and conflicting demands that may affect our volunteer recruitment.

4. **Activities or Plans to Address Challenges**:

We are pleased to report that our IRB challenge has been addressed now that we have received approval.

Our volunteer recruitment has already been ongoing. The CoE is working with student representatives to coordinate recruitment of medical, dental and nursing students to take part in the project. We are offering research opportunities to increase interest among students and trainees. We also are working with the Mississippi Nurses Foundation to explore recruitment potential among nurses in the private sector, especially in the schools' counties.

5. **Programmatic Changes**:

The main changes to our original proposal are in response to the suggestions and input from the ACP/UCSF team – to revise the initial period to incorporate a feasibility study.

Our plans for an emphasis on gender specific impact with our project activities are not programmatic changes, with these plans being part of our original program proposal and plans. We would like to highlight some of the project points that are specific for women and girls. There is a high prevalence of school children in the selected school districts who come from families with female heads of household (many are single females), and half of these families live below poverty level. One of our goals is also to include and offer health related resources (on nutrition, physical activity, women's health, health literacy and others) to the women participating in the project. Special efforts will be made to include these female heads of households as there is great potential to impact not only the school children enrolled in the selected classes, but also the other children in these households. Women who serve as caretakers for the students (mothers, grandmothers, aunts, sisters, cousins etc) will all be invited to participate with the student at the planned events and activities. Our project will specifically include important health messages that are vital and of interest to women, and provide screenings at the planned events that will be tailored for women. We will recruit help from the teachers (all women) to help identify resources and means to reach women in the community, and to engage them in our project activities.

The CoE is pleased to host a regional training for BodyWorks in February 2007. BodyWorks (http://www.4woman.gov/bodyworks)is a program developed by the Office on Women's Health (OWH)/US Department of Health and Human Services (DHHS), and designed to help parents and caregivers of young adolescent girls (ages 9 to 13) improve family eating and activity habits. We plan to recruit interested women from the communities of our schools, to take part in the training workshop.

The CoE has been successful in providing a wide spectrum of women's health screening and education materials - covering cardiovascular diseases (such as the Heart Truth message), diabetes, obesity, cancers (especially breast, colon, and lung cancers), musculoskeletal diseases (osteoporosis, arthritis), infectious diseases (HIV, HPV and other sexually transmitted diseases), immunizations, breast feeding, anxiety and depression, asthma, dental health, and tobacco cessation. Focus group findings will be incorporated to identify areas of special interest to the women of the community, and those will be featured and included in the planned events.

Another significant population of women that will be impacted is the female teachers (over 80% statewide). Another addition to our original proposal is to include focus groups with teachers as an opportunity to assess female teachers' own health and wellness awareness and practice. Teachers serve as role models for female students, and efforts to enhance nutrition and physical activity behaviors in teachers will impact future generations of women during their formative years.

In keeping with the leadership goals of the CoE, project activities and direct interactions of CoE faculty with the students and parents will provide a forum to share career development and mentorship opportunities that encourage girls to consider the health sciences as a realistic option.

6. **Partnership Process**:

One of the most significant factors contributing to the success of TEAM Mississippi is the good working relationship between the partners. The core team members have enjoyed getting to know each other better as we meet on a regular basis, learn to problem solve together, and deepen our respect for one another. We also have identified each team member's strength and talents, and tasks are assigned accordingly. We learn from each other, and benefit from the diversity of background and years of experience within the team.

The timing for this project couldn't be better. As the MDE rolls out the mandate to schools to comply with the healthy school policies, this project provides the schools with health activities that meet those policy requirements. MDE has been in search of school-based health interventions. The outreach opportunity in this project is tremendous, and fit our mission well. We anticipate that our mutually supportive and complementary partnership is definitely sustainable.

7. **Short Term Plans**:

The next 6 months will be devoted to completing baseline measures at both schools, and conducting teacher focus groups. Upon completing baseline assessments and receiving input from teachers, many of whom are parents of students, we will implement the pilot phase of intervention, to work out logistics and assess potential barriers for the family events.

8. **Technical Assistance:**

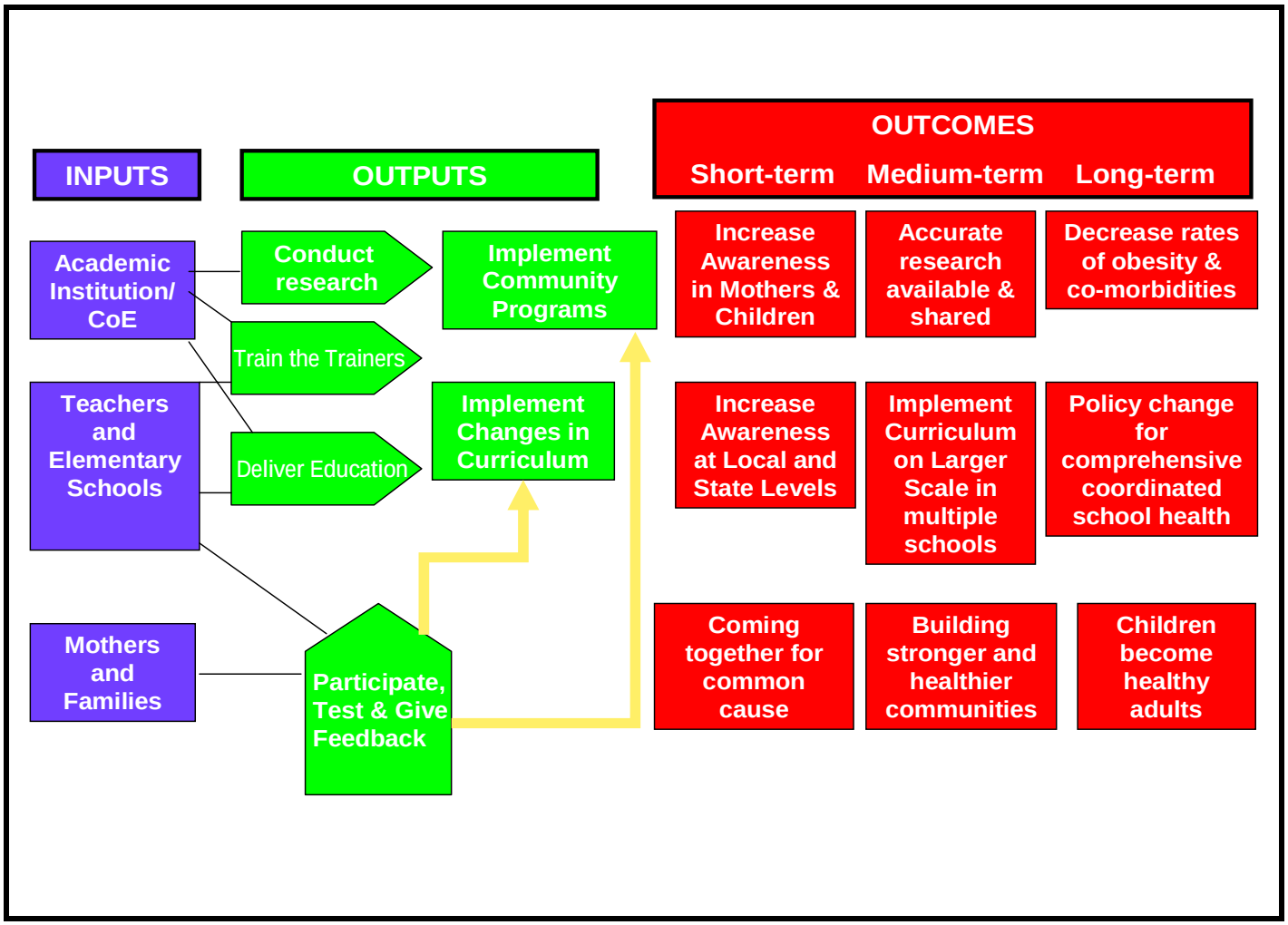
Continued guidance and advice on how to engage the community will be much appreciated. One of the key factors to ensure success in effecting health behavior changes in families is to bring about environment changes that are conducive to healthy lifestyles.

We also welcome continued input and guidance on evaluation processes.

9. **Site Visit Feedback:**

We look forward to our site visit by the ACP/UCSF team.

TEAM Mississippi LOGIC MODEL



Evaluation Plan

The two schools, Eupora and Winona, will be randomly assigned to either the intervention or control condition. Previous experience with a similar project in similar communities suggests that approximately 80% of the 717 students and families will participate (Harrell et al., 2005). Hence, the response rate is estimated to be 262 and 312 families from Eupora and Winona School, respectively. A preliminary survey of the teachers revealed that 84% rated their level of excitement in the project as "moderately to very excited". The project was reviewed by the University of Mississippi Medical Center's Institutional Review Board, with approval granted November 9, 2006.

Focus groups will be conducted with the schoolteachers before initiating the project to learn about their perceptions of risk factors for childhood obesity, their feedback on the proposed project, and to assess possible barriers to implementing the project. Clinical psychologists trained in group processes as well as in leading focus group discussions will lead the groups at the schools. Both schools will be included in a pilot study of the program that will be conducted in the spring 2007 semester. A baseline assessment will be conducted with both schools first, 1-2 weeks before the intervention is introduced. The intervention will commence with Eupora Elementary School during the first month (January) of the spring semester and after baseline assessments are concluded. The pilot study will continue from January to May 2007, when the spring semester ends. Data from the pilot study including participation rates, compliance rates, and feedback from the teachers and parents will be evaluated and used to revise the intervention program accordingly.

After evaluating the pilot study, the intervention project will be implemented in the fall of the 2007-2008 academic year. Baseline assessments will be conducted 1-2 weeks before starting the intervention in September 2007. Both schools will also participate in a post-intervention assessment that will be conducted 20 months later at the conclusion of the intervention in April, 2009. The primary outcome variables will be the child's a) dietary habits, b) physical activity, c) nutrition knowledge, d) weight status (BMI percentile), e) waist circumference, and f) body fat. Although the parents' dietary habits are not targeted directly for intervention, treatment effects could generalize to their dietary behaviors and will also be evaluated as an outcome variable. Demographic variables such as the child's grade level, gender, and race/ethnicity will be examined as covariates for treatment effects. In addition, the child's and parents' attendance to the monthly events will be evaluated as a process variable for the effect on outcome variables.

Standardized measures of the outcome variables will be administered to students at baseline and again at post-intervention. All measures will be coded by an identification number to ensure confidentiality of the data. A master sheet containing the participants' names and corresponding identification number will be maintained in a locked cabinet at UMMC by the co-principal investigators. The outcome variables and corresponding measures are listed in Table 1 and include:

1. *24-Hour Dietary Recall Interview*: CoE health professionals will be trained by a registered dietitian to administer the 24-hour dietary recall interview using plastic food models (Nasco, Fort Atkinson, WI). This is a widely used, valid and reliable measure of nutrient intake for school-aged children (DISC Collaborative Research Group, 1995; Dornel et al., 1994; Luepker et al., 1996; Shannon et al., 1994). Administration time is approximately 30 minutes. The dietary information will be analyzed for macronutrients, micronutrients, and caffeine content using the computerized FIAS Food Intake Analysis System, 3.99 (University of Texas School of Public Health, Houston, TX). Recall data will also be analyzed by a registered dietitian for consumption of fruits (# of servings), vegetables (# of servings), and soda (# of fl. oz.).

2. *Dietary Fat Questionnaire (DFQ).* The DFQ is a 17-item parent-report measure of a child's intake of total fat, saturated fats, and high cholesterol foods during the past month (Dennison et al., 2000). Nutrient calculations will be performed using the Minnesota Nutrition Data System (NDS) Software developed by the Nutrition Coordinating Center at the University of Minnesota. The DFQ is written at a 4th grade reading level and has been validated with rural families (Dennison et al., 2000; Harrell et al., 2005). It has acceptable internal consistency, test re-test reliability and construct validity as determined by using daily food records (Dennison et al., 2000). The parent/caregiver will be instructed to complete the measure about their child and to complete an adult version about their own dietary intake for the past month. Completion time for both measures is approximately 20 minutes. The parents' report of their own and their child's dietary intake will be used to evaluate for changes in dietary habits from baseline to post-intervention. Both the child and adult measures will be sent home with the child for the parent/caregiver to complete. The students will earn bonus points toward their health curriculum for participation as an incentive to increase the return rate for completed measures. A copy of the measure is in Appendix G.
3. *SPARK Activity Checklist*: The SPARK Activity Checklist is a 21-item checklist of physical activities performed the previous day. A CoE health professional will read the instructions and items verbally to a class of students to ensure that the students comprehend the questionnaire. The students will check which activities they engaged in for at least 15 minutes during the previous day. Examples of activities that last 15 minutes (e.g., recess) will be reviewed with the students to provide a frame of reference for the time interval. The activities checked are summed to derive the student's physical activity score. The SPARK checklist has been used to evaluate school-based physical activity programs and correlates significantly with behavioral observations of activity level (Marcoux et al., 1999; Sallis et al., 1993). A copy of the measure is included in Appendix G.
4. *President's Challenge*: The Physical Fitness Test from the President's Challenge Physical Activity and Fitness Awards Program will be used to assess the students' level of physical fitness. Students will perform 3 events including curl-ups, shuttle run, and v-sit/sit and reach at baseline and post-intervention. The students will be scored on the number of curl ups within one minute, how many seconds required to complete the shuttle run, and the amount of inches achieved for v-sit or centimeters for sit and reach. A copy of the scorecard is attached in Appendix G. The student's score will be compared to the qualifying standards for awarding the Presidential Fitness Award. CoE health professionals and educators will administer the fitness tests at baseline in Septermber 2006 and at post-intervention in April, 2008.
5. *Know Your Body Questionnaire*: Questions about nutrition knowledge from the Know Your Body Knowledge Questionnaire (Williams et al., 1980) will be used to evaluate the children's knowledge about basic nutrition facts. This measure was designed for children and is at the 1st grade reading level. The child's score will be the percentage of questions from the 12-item scale answered correctly. The original questionnaire has been used in school-based curricula to assess the effects of nutrition education on children's knowledge (Williams et al., 1980). A CoE health professional will read the questionnaire items verbally to students during a regular class time. A copy of the measure is included in the Appendix G.
6. *Body Mass Index (BMI Percentile)*: A CoE health professional will measure the students' height and weight using a scale-mounted stadiometer and a physician's balance scale, respectively. The students will be measured in light clothing and while not wearing shoes. BMI

percentile will be determined using the Centers for Disease Control's (CDC) BMI-for-age gender specific growth charts (Kuczmarski et al., 2000).

7. *Waist Circumference*: A CoE health professional will measure the students' waist circumference in inches with a measuring tape placed around the abdomen at the level of the iliac crest.
8. *Body Fat*: A CoE health professional will use the Tanita ® BF-350A body composition analyzer to estimate the children's body fat percentage as based on foot-to-foot bioimpedance.

The process variable--attendance to monthly health events--will be measured by tabulating the child's and parents' attendance to the events. The percentage of the events attended by each child/family will be calculated.

Changes in the outcome variables from baseline to post-intervention will be compared for the intervention and control groups using hierarchical linear modeling (HLM: Raudenbush et al., 2004). Historically, ordinary least squares regression analyses or analysis of variance (ANOVA) have been used to examine treatment effects; however, HLM is preferred over these methods because it recognizes that students within a particular grade and grade levels within a particular school may be more similar on variables that could bias the results. Using HLM to evaluate the intervention effects will allow for an evaluation of the effects that possible confounding variables could have on the treatment outcome variables.

Analyses will involve comparing the intervention and control groups on their rate of change for the designated outcome variables using mixed effects linear growth curve models. At the first level of this hierarchical linear model (Level 1), the within subject variable used to predict the outcome variable will be the length of time in months for the intervention project. At the second level (Level 2) variables hypothesized to be related to the rates of change for the outcome variables over and above time will be entered (e.g., between-subject variables) and will include treatment condition, grade level, gender, and ethnicity/race (Raudenbush & Bryk, 2002). Age will not be included in the model as it is highly correlated with grade level. All Level 2 variables will be centered for analyses. The baseline status on the outcome variables (i.e., the intercept) and the rate of change (i.e., slope) will be treated as random effects. The Level 2 variables will be treated as fixed effects. All variables will be entered simultaneously to examine the effect of treatment condition on the rate of change on outcome variables over and above the effects of grade level and demographic variables. A second model will be tested with just the intervention school to test the effect of the process variable, attendance to the health events, over and above the effects of grade level and the demographic variables on the rate of change for outcome variables. Analyses will be conducted using the HLM 6: Hierarchical Linear and Nonlinear Modeling software (Raudenbush et al., 2004).

Table 1. Outcome Variables and Measures

Outcome Variable	Measure	Method	Respondent	Time (minutes)	Timeline[b]	Quantification of Variable
Dietary Habits	24-Hour Dietary Recall	interview	child	30”	Baseline & Post-Tx	sodium (mg) fiber (g) calcium (mg) fruit servings vegetable servings caffeine (mg) soda (fl oz)
	Dietary Fat Questionnaire	questionnaire	parent-report on child & self	20”	Baseline & Post-Tx	% total fat % saturated fats cholesterol (mg)
Physical Activity	SPARK Activity Checklist	checklist	child	15”	Baseline & Post-Tx	# of activities checked
	President’s Challenge Test	perform activities	child	60-90”	Baseline & Post-Tx	Curl ups (#/min) Shuttle run (sec) v-sit (inches)
Nutrition Knowledge	Know Your Body Questionnaire	questionnaire	child	25”	Baseline & Post-Tx	% correct
Weight Status	BMI Percentile	stadiometer & scale	child	4”	Baseline & Post-Tx	percentile rank
Waist Circumference	Measuring Tape	waist measured	child	3”	Baseline & Post-Tx	circumference in inches
Body Fat	Tanita ® BF-350A	bioelectrical analyzer	child	4”	Baseline & Post-Tx	% body fat
Participation in Intervention[a]	Attendance to Health Events	tally of events attended	teacher records families’ attendance	<1”	monthly events	% of events attended

[a]Evaluated for the intervention group only.
[b]Baseline = measured at baseline; Post-Tx = measured at post-intervention.

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ID#_____
Date: _____

Child Dietary Fat Questionnaire

	Rarely or Never	Sometimes	Often	Usually	Always
1. When serving chicken to your child in the past month, how often did you serve it baked or broiled?	1	2	3	4	5
2. When serving chicken to your child in the past month, how often did you remove the skin?	1	2	3	4	5
3. When serving hamburger meat to your child in the past month, how often did you buy an extra lean cut?	1	2	3	4	5
4. In the past month, how often did you serve your child hot dogs for lunch or dinner?	1	2	3	4	5
5. In the past month, how often did you serve your child fish or chicken for dinner?	1	2	3	4	5
6. In the past month, how often did you give your child 2% milk instead of whole milk?	1	2	3	4	5
7. In the past month, how often did you give your child very low fat milk (1%) or skim milk?	1	2	3	4	5
8. In the past month, how often did you give your child part skim milk or reduced fat cheese?	1	2	3	4	5
9. In the past month, how often did you serve your child two or more vegetables at dinner?	1	2	3	4	5
10. In the past month, how often did you put butter on your child's bread, rolls, or muffins?	1	2	3	4	5
11. In the past month, how often did you give your child cheese as a snack?	1	2	3	4	5
12. In the past month, how often did you give your child potato, corn or taco chips as a snack or side dish?	1	2	3	4	5
13. In the past month, how often did you give your child a peanut butter sandwich for lunch?	1	2	3	4	5
14. In the past month, for breakfast, how often did you serve eggs?	1	2	3	4	5
15. In the past month, for breakfast, how often did you serve hot or cold cereal?	1	2	3	4	5
16. In the past month, for breakfast, how often did you serve breakfast meats (bacon or sausage)?	1	2	3	4	5
17. In the past month, for breakfast, how often did you serve sweet rolls, danish, or doughnuts?	1	2	3	4	5

ID#_____
Date: _____

Parent Dietary Fat Questionnaire

	Rarely or Never	Sometimes	Often	Usually	Always
1. When eating chicken in the past month, how often was it baked or broiled?	1	2	3	4	5
2. When eating chicken in the past month, how often did you remove the skin?	1	2	3	4	5
3. When eating hamburger meat in the past month, how often was it an extra lean cut?	1	2	3	4	5
4. In the past month, how often did you eat hotdogs for lunch or dinner?	1	2	3	4	5
5. In the past month, how often did you eat fish or chicken for dinner?	1	2	3	4	5
6. In the past month, how often did you drink 2% milk instead of whole milk?	1	2	3	4	5
7. In the past month, how often did you drink low fat milk (1%) or skim milk?	1	2	3	4	5
8. In the past month, how often did you eat part skim milk or reduced fat cheese?	1	2	3	4	5
9. In the past month, how often did you eat two or more vegetables at dinner?	1	2	3	4	5
10. In the past month, how often did you put butter on your bread, rolls, or muffins?	1	2	3	4	5
11. In the past month, how often did you eat cheese as a snack?	1	2	3	4	5
12. In the past month, how often did you eat a potato, corn or taco chips as a snack or side dish?	1	2	3	4	5
13. In the past month, how often did you eat a peanut butter sandwich for lunch?	1	2	3	4	5
14. In the past month, for breakfast, how often did you eat eggs?	1	2	3	4	5
15. In the past month, for breakfast, how often did you eat hot or cold cereal?	1	2	3	4	5
16. In the past month, for breakfast, how often did you eat breakfast meats (bacon or sausage)?	1	2	3	4	5
17. In the past month, for breakfast, how often did you eat sweet rolls, danish, or doughnuts?	1	2	3	4	5

ID# _____
Date: _____

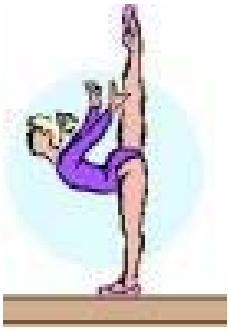
SPARK Physical Activity Checklist

1. Think about activities you did <u>outside of school</u> yesterday. That means before or after school
2. For each activity you did <u>for 15 minutes</u> or more <u>at one time</u>, mark an X

Activity	Yesterday
Walking	
Four square	
Gymnastics/Cheerleading	
Volleyball	

Dancing	
Hiking/Climbing	
Tennis	
Baseball/Softball	
Basketball	
Football	
Frisbee/Kickball	

Jumping rope	
Jumping jacks/Sit ups	
Running/Playing chase	
Soccer	
Skateboarding/skating	
Swimming laps	
Bicycling	
Monkey bars	
Dodgeball	
Other	



The Presidential Physical Fitness Award Qualifying Standards

	AGE	CURL-UPS (number/minute)	SHUTTLE RUN (seconds)	V-SIT REACH (inches)
BOYS	6	33	12.1	3 1/2
	7	36	11.5	3 1/2
	8	40	11.1	3
	9	41	10.9	3
	10	45	10.3	4
	11	47	10	4
	12	50	9.8	4
GIRLS	6	32	12.4	5 1/2
	7	34	12.1	5
	8	38	11.8	4 1/2
	9	39	11.1	5 1/2
	10	40	10.8	6
	11	42	10.5	6 1/2
	12	45	10.4	7

The President's Challenge Physical Fitness Scorecard

Name: _____ School: _____ Gender: _____

The President's Challenge Physical Fitness Events	Baseline Test Date: _____ Age: _____ Grade: _____ Ht: _____ Wt: _____	Post-Intervention Test Date: _____ Age: _____ Grade: _____ Ht: _____ Wt: _____	Award Earned (√)
1. Curl-ups (# of reps within 1 min) or Partial Curl-ups (#)	Raw Score: _____	Raw Score: _____	
2. Shuttle Run (seconds)	Raw Score: _____	Raw Score: _____	
3. V-Sit (inches) or Sit & Reach (cm)	Raw Score: _____	Raw Score: _____	
Comments:			

Date: _____ **Know Your Body** ID: _____

1. Look at the picture of the fruit. Then look at the pictures of the candy. Mark the picture of the one that has more calories.


---

2. One child is thin and one child is too fat. Mark the child you think is healthier.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3. Look at the dinner of soda a hamburger, and french fries. Now look at the dinner of chicken, baked potato, salad, and milk. Mark the dinner that is better for you to eat.


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4. The first picture is fried chicken. The other picture is chicken being baked in the oven. Mark the meal that is better for you to eat; fried food or food that is baked?

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5. Look at the bag of potato chips. Now look at the peanuts. Mark the one that has more fat in it.

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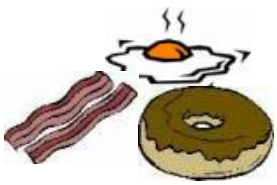
6. See the eggs, bacon, and chocolate donuts. Now look at the bowl of cereal, toast and fruit Mark the one that is a better breakfast.




7. Look at the picture of the fish. Then look at the picture of the hot dog. Mark the one that has more fat in it.

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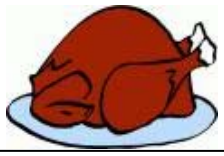
8. Next is the picture of a steak and a picture of a turkey. Mark the one that has more cholesterol.



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9. Next is a picture of a bowl of cereal and a picture of some eggs. Mark the one that has more cholesterol.

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10. See the butter. Now look at the cup of margarine. Mark the one that has more cholesterol.

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11. The dark bread is whole wheat bread the light one is white bread. Mark the one that is better for you to eat.

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12. The first carton is regular milk. The other carton is skim milk. Mark the one that has more fat in it.

Adapted from The Know Your Body Health Knowledge Questionnaire, Williams et al., 1980.

School: A B

Date: _____

Code: _____

TEAM MISSISSIPPI

Parent Demographic Information

Your Age: _____ Your Gender (circle): Male Female

Race/Ethnicity:
____ African American
____ Asian American
____ Hispanic American
____ Native American
____ White American
____ Other _____

What is your relationship to your school-aged child?

_____ mother ____ grandmother Other (please list): _____

_____ father ____ grandfather

How old is your child? _____ What grade is your child in? _____

TEAM Mississippi Project Timeline

Activity	Jul-Sep 2006	Oct-Dec 2006	Jan-Mar 2007	Apr-Jun 2007	Jul-Sep 2007	Oct-Dec 2007	Jan-Mar 2008	Apr-Jun 2008	Jul-Sep 2008	Oct-Dec 2008	Jan-Mar 2009	Apr-Jun 2009
METHODS												
Meet with the school administration	X		X		X				X			
Meet with the school faculty		X	X		X				X	X		
Meet with key community leaders			X		X				X			
Meet with parents and communities at large		X	X		X					X		
Focus groups (teachers)		X		X								
Classroom appearances by CoE			X		X		X		X		X	
Olympic Events			X	X	X	X	X	X				
Pilot Study			X	X								
DATA												
Administer surveys		X	X					X				
Collect assessment of biomarkers			X					X				
Data Entry					X			X				
Data Analysis						X			X	X	X	X
DISSEMINATION												
Dissemination of data to schools											X	X
Dissemination of data to local and state venues											X	X
Preparation and submission of manuscripts, future grant applications											X	X