

**Name of Program/Strategy: Healthy Alternatives for Little Ones (HALO)**

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**1. Overview and description**

Healthy Alternatives for Little Ones (HALO) is a 12-unit holistic health and substance abuse prevention curriculum for children ages 3-6 in child care settings. HALO is designed to address risk and protective factors for substance abuse and other health behaviors by providing children with information on healthy choices. The program aims to help children understand the complexities of "health" and "healthy choices" by putting these abstract concepts into concrete terms they can understand. In HALO, health is defined as "growing bigger, stronger, and better able to think." The curriculum encourages healthy eating, exercise, and emotion recognition and educates children about the harmful effects of alcohol, tobacco, and other drugs (ATOD) on the body. HALO provides learning opportunities for children through teacher-led, developmentally appropriate, and fun hands-on activities that involve educational songs, videos, group activities, and books. Parental involvement is facilitated through introductory and unit-specific letters that encourage at-home discussion and the practice of identifying and making healthy choices.

**2. Implementation considerations (if available)**

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## **3. Descriptive information**

<b>Areas of Interest</b>	Mental health promotion Substance abuse prevention
<b>Outcomes</b>	1: ATOD and other health-related knowledge
<b>Outcome Categories</b>	Alcohol Drugs Tobacco
<b>Ages</b>	0-5 (Early childhood)
<b>Gender</b>	Male Female
<b>Races/Ethnicities</b>	Asian Black or African American Hispanic or Latino White Race/ethnicity unspecified
<b>Settings</b>	School Other community settings
<b>Geographic Locations</b>	Urban Suburban
<b>Implementation History</b>	Since HALO was first implemented in Omaha, Nebraska, in 1990, the program has been used in more than 500 child care sites, reaching 16,821 children. Two studies have been conducted to evaluate the program's effectiveness.
<b>NIH Funding/CER Studies</b>	Partially/fully funded by National Institutes of Health: No Evaluated in comparative effectiveness research studies: No
<b>Adaptations</b>	No population- or culture-specific adaptations were identified by the applicant.
<b>Adverse Effects</b>	No adverse effects, concerns, or unintended consequences were identified by the applicant.
<b>IOM Prevention Categories</b>	Universal

## **4. Outcomes**

### **Outcome 1: ATOD and other health-related knowledge**

<b>Description of Measures</b>	Bonita Bunny's Guide to Healthy Living is a storybook assessment tool designed to measure a young child's knowledge in the following
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	<p>areas: the harmful effects of ATOD on internal organs, key internal organs and their functions, healthy food choices, and what "healthy" means.</p> <p>The instrument is administered by a trained interviewer who reads the story to children and records their responses.</p> <p>Knowledge about the harmful effects of ATOD on internal organs is assessed through items asking the child about behaviors related to hypodermic needles and smoking. This scale has a range of scores from 0 to 4. Knowledge about key internal organs and their functions is measured using a cartoon diagram of a person's internal organs; the child is asked to name each organ and describe its function. This scale has a range of scores from 0 to 10. Knowledge about healthy food choices is assessed by having the child choose healthy foods and beverages from among healthy and unhealthy options. This scale has a range of scores from 0 to 12. Knowledge about what "healthy" means is assessed through questions about, for example, emotions, medications, and safety. This scale has a range of scores from 0 to 10. On all scales, higher scores indicate greater knowledge.</p>
<b>Key Findings</b>	<p>For knowledge about the harmful effects of ATOD on internal organs, the intervention group showed a significant increase in mean scores from pre- to posttest (1.83 to 3.13; <math>p &lt; .01</math>), as did the wait- list control group (1.67 to 2.21; <math>p &lt; .01</math>). Posttest scores were significantly higher for the intervention group than the control group (<math>p &lt; .001</math>).</p> <p>For knowledge about key internal organs and their functions, the intervention group showed a significant increase in mean scores from pre- to posttest (1.66 to 3.36; <math>p &lt; .01</math>), as did the control group (1.35 to 1.91; <math>p &lt; .01</math>). Posttest scores were significantly higher for the intervention group than the control group (<math>p &lt; .001</math>).</p> <p>For knowledge about healthy food choices, the intervention group showed a significant increase in mean scores from pre- to posttest (7.7 to 9.13; <math>p &lt; .01</math>), as did the control group (7.33 to 8.1; <math>p &lt; .05</math>). Posttest scores were significantly higher for the intervention group than the control group (<math>p &lt; .001</math>).</p>
<b>Studies Measuring Outcome</b>	Study 1
<b>Study Designs</b>	Quasi-experimental
<b>Quality of Research Rating</b>	1.5 (0.0-4.0 scale)

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5. **Cost effectiveness report (Washington State Institute of Public Policy – if available)**
6. **Washington State results (from Performance Based Prevention System (PBPS) – if available)**
7. **Who is using this program/strategy**

Washington Counties	Oregon Counties

## **8. Study populations**

The studies reviewed for this intervention included the following populations, as reported by the study authors.

Study	Age	Gender	Race/Ethnicity
<b>Study 1</b>	0-5 (Early childhood)	61.6% Male 38.4% Female	60% White 26.4% Black or African American 6.4% Hispanic or Latino 6.4% Race/ethnicity unspecified 0.8% Asian

## **9. Quality of studies**

The documents below were reviewed for Quality of Research. Other materials may be available. For more information, contact the developer(s).

### **Study 1**

Riley, L. A. (2008). HALO evaluation final report: A quasi-experimental study. Omaha, NE: Heartland Family Service.

### **Supplementary Materials**

Jackson, B., & Smith, A. (2006). HALO evaluation final report: Appendix A, Bonita Bunny's Guide to Healthy Living. Omaha, NE: Heartland

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## **Family Service.**

Riley, L. A. (2008). HALO pre-test of instrument. Omaha, NE: Heartland Family Service.

Thiele, C. (2010). Quality of research review addendum. Omaha, NE: Heartland Family Service.

## **Quality of Research Ratings by Criteria (0.0-4.0 scale)**

External reviewers independently evaluate the Quality of Research for an intervention's reported results using six criteria:

1. Reliability of measures
2. Validity of measures
3. Intervention fidelity
4. Missing data and attrition
5. Potential confounding variables
6. Appropriateness of analysis

For more information about these criteria and the meaning of the ratings, see Quality of Research.

<b>Outcome</b>	Reliability of Measures	Validity of Measures	Fidelity	Missing Data/Attrition	Confounding Variables	Data Analysis	Overall Rating
ATOD and other health-related knowledge	0.5	1.8	1.3	1.5	1.5	2.5	1.5

## **Study Strengths**

Site staff who implemented HALO were trained, and trainees who served as interviewers appear to have been extensively prepared for the task. A program integrity checklist was also provided to implementing sites to promote intervention fidelity. Interviewers read the instrument questions and collected answers verbally from children, so missing data were minimized. The relatively rare but highly recommended Solomon four-group design was used, which reduced the likelihood that participants' responses at posttest were biased as an artifact of pretesting. It appears adequate care was taken to determine that there were no pretest differences between the intervention and control groups in demographic variables or outcome indices.

## **Study Weaknesses**

No inter-rater reliability scores were provided for the instrument, and test-retest reliability was not established. The instrument appears to have face validity, but it is unclear whether the measures also have high criterion validity, as scales were not compared with known measures. No information was provided as to how many integrity checklists were completed and specific results of the site monitoring were not reported. Only 42% of eligible children had a complete and usable pretest and/or posttest. Although the Solomon four-group design was used, the groups were not randomized, resulting in

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potential confounding factors. The study analyses compared group-level means and standard deviations across groups, a more conservative test than hierarchical linear analysis.

## **10. Readiness for Dissemination**

The documents below were reviewed for Readiness for Dissemination. Other materials may be available. For more information, contact the developer(s).

### **Dissemination Materials**

Heartland Family Service. (2006). Bonita Bunny's guide to HALO: Healthy Alternatives for Little Ones assessment storybook. Omaha, NE: Author.

Heartland Family Service. (2007). HALO: Healthy Alternatives for Little Ones [CD]. Omaha, NE: Author.

Heartland Family Service. (2008). HALO: Healthy Alternatives for Little Ones program training [DVD]. Omaha, NE: Author. Heartland Family Service. (2009). HALO program policy & procedure manual. Omaha, NE: Author.

Heartland Family Service. (n.d.). Agency training materials. Omaha, NE: Author.

Heartland Family Service. (n.d.). HALO: Empowering young children to make healthy choices, program guide. Omaha, NE: Author. Heartland Family Service. (n.d.). HALO integrity checklist. Omaha, NE: Author.

Heartland Family Service. (n.d.). Teacher training materials. Omaha, NE: Author.

### **Other materials:**

- Anatomy apron
- Certificate of completion
- Feelings spinner
- Healthy vs. harmful flashcards
- Stethoscope

Program Web site, <http://haloforkids.org>

### **Readiness for Dissemination Ratings by Criteria (0.0-4.0 scale)**

External reviewers independently evaluate the intervention's Readiness for Dissemination using three criteria:

1. Availability of implementation materials
2. Availability of training and support resources
3. Availability of quality assurance procedures

For more information about these criteria and the meaning of the ratings, see Readiness for Dissemination.

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<b>Implementation Materials</b>	<b>Training and Support Resources</b>	<b>Quality Assurance Procedures</b>	<b>Overall Rating</b>
4.0	4.0	4.0	4.0

## **Dissemination Strengths**

Implementation materials are comprehensive and well organized, and they delineate clear goals and objectives for each curriculum unit. Training is easily accessible either in person or by using a clear and direct video training. Five hours of technical assistance are provided in conjunction with the curriculum to support implementation. Further, training materials include tips on handling sensitive issues. Forms available to implementers include a demographic log, an integrity checklist, and a structured, developmentally based assessment tool to measure outcomes.

## **Dissemination Weaknesses**

No weaknesses were identified by reviewers.

## **11. Costs (if available)**

The information below was provided by the developer and may have changed since the time of review. For detailed information on implementation costs (e.g., staffing, space, equipment, materials shipping and handling), contact the developer.

<b>Item Description</b>	<b>Cost</b>	<b>Required by Program Developer</b>
HALO curriculum (includes quality assurance materials)	\$350 each	Yes
Initial 3.5-hour training for local Omaha, NE, area providers\$10 per person	Yes, one initial training option is required	Initial 3.5-hour training for local Omaha, NE, area providers\$10 per person
Initial training DVD and teacher training materials	\$150 per set	Yes, one initial training option is required
2-day, on-site agency certification training	\$2,500 plus trainer travel expenses	No
5 hours of technical assistance via phone or Web site	Included in the price of curriculum	No

## **Additional Information**

For certified agencies who wish to disseminate HALO throughout their community, ongoing program costs are substantial (ranging from \$40,000 to \$200,000 annually) and include personnel and operating costs for staff to recruit, train, and support HALO teachers and sites in their geographic area.

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## **12. Contacts for more information**

### **For information on implementation or research:**

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