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Collaborating to Develop and Implement a Family Bike Program.

Jamie Hunsicker Ohio Northern University, j-hunsicker@onu.edu

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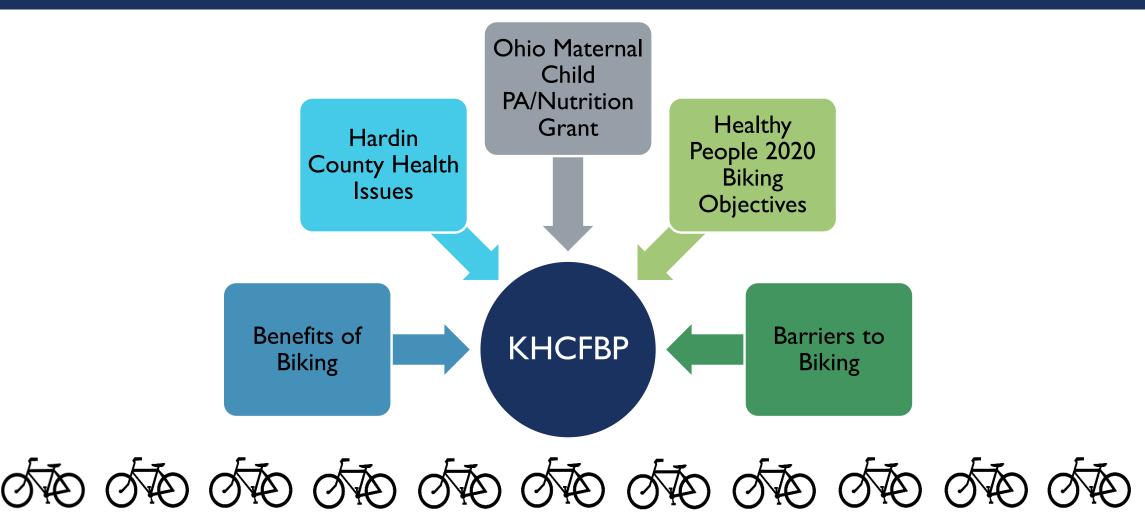
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EVALUATION OF THE KENTON HARDIN COUNTY FAMILY BIKE PROGRAM (KHCFBP)

JAMIE HUNSICKER, DNP, MS, RN

BACKGROUND & PROBLEM



KHCFBP

- Community partnerships established to assist with development and implementation
- Curriculum included lessons on bike safety, bike maintenance, biking skills, & nutrition to support biking
- Designed to be completed with family
- Workbook, bike helmet, bicycle, & other biking equipment provided during the program and upon completion



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AIMS

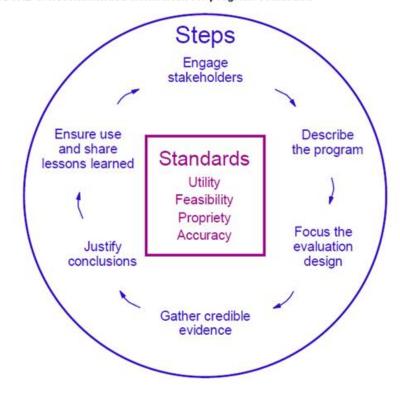
To evaluate the effect of the KHCFBP on participants' bike safety knowledge, bike helmet use, bike riding, and physical activity

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EVALUATION FRAMEWORK

Framework for Program Evaluation in Public Health (CDC, 1999)

FIGURE 1. Recommended framework for program evaluation



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METHODS

Descriptive, correlational design

Pre-existing, deidentified data

Part of a larger program evaluation

Sample

Eligibility

July n = 30; August n = 22 Procedure

Pre-test

Post-test

30-day post-test



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PERTINENT FINDINGS: SAMPLE

Session	Age	Gender	Ethnicity	Own Bike	Own Helmet	Bike Experience
July (n = 30)	Range = 6 - 65 M = 22.83 SD = 17.65 Median = 11 Mode = 8	F = 53.3% M = 43.3% Miss = 3.3%	C = 76.7% AA = 3.3% NA = 6.7% Oth = 6.7% Miss = 6.7%	Yes = 50% No = 50% Miss =	Yes =23.3% No = 76.7%	B = 20% I = 56.7% A = 23.3%
August (n = 22)	Range = 5 - 57 M = 20.91 SD = 17.92 Median = 10 Mode = 8	F = 54.5% M = 45.5%	C = 100%	Yes = 50% No = 45.5% Miss = 4.5%	Yes = 9.1% No = 90.9%	B = 36.4% I = 36.4% A = 27.3



PERTINENT FINDINGS: BIKE KNOWLEDGE

July participants

pre-test (n = 30): M = 3.13, SD = 1.252

post-test (n = 25): M = 4.48, SD = 0.714

August participants

pre-test (n = 21): M = 4.38, SD = 1.071

post-test (n = 18): M = 4.61, SD = 0.778

Bike Safety Knowledge Paired T-test with Listwise Exclusion									
Session		95% CI							
	n	M	SD	t (df)	р	LL	UL		
July	25	1.36	1.22	5.57 (24)	<.001***	0.86	1.86		
August	17	0.06	1.14	0.21 (16)	0.84	-0.53	0.65		



Participants increased bike safety knowledge following the KHCFBP - July significant

Increased bike safety & bike helmet fit knowledge following bike safety programs

(Hooshmand et al., 2014; Lachapelle et al., 2013)

Increased bike safety knowledge decreases barriers to biking (Mendoza et al., 2017; Bernstein et al., 2017)

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PERTINENT FINDINGS: BIKE HELMET USE

July participants

pre-test (n = 30): M = 0.73, SD = 1.29

post-test (n = 15): M = 3.47, SD = 0.83

August participants

pre-test (n = 22): M = 0.41, SD = 1.18

post-test (n = 18): M = 3.78, SD = 0.94

Bike Helmet Use:Wilcoxon Signed Rank Test								
Session	n	Pre M (SD)	Post M (SD)	Z	р			
July	15	0.80 (1.42)	3.47 (0.83)	-3.22	0.001**			
August	18	0.50 (1.30	3.78 (0.94	-3.77	<0.001***			



Learning activities on bike helmet fit and use





Provide new bike helmet Significant increase in use from never/rarely to often/always

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PERTINENT FINDINGS: BIKING & PA

Biking Hours Paired T-test with Listwise Exclusion								
Session	95% CI							
	n	М	SD	t (df)	р	LL	UL	
July	13	0.80	1.20	2.42 (12)	0.032	0.81	1.53	
August	8	0.47	0.51	2.61 (7)	0.035	0.04	0.89	

Total Physical Activity Paired T-test with Listwise Exclusion								
Session	95% CI							
	n	M	SD	t (df)	р	LL	UL	
July	16	1.5	2.105	2.78 (15)	0.014	0.35	2.64	
August	9	0.05	1.77	0.08	0.939	-1.13	1.40	



Significant increase in reported biking hours

Biking programs increase bike riding of participants

(Mendoza, et al., 2017; Bernstein et al., 2017) Only July participants significantly increased total PA, but both groups met adult PA guidelines following the KHCFBP

Suggested use of bike programs to increase PA to levels recommended by PA guidelines

(HHS, 2008)

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CONCLUSION

- Findings support the use of KHCFBP as community based intervention to increase participants' bike helmet use, bike safety knowledge, and PA to levels recommended by PA guidelines.
- Bike programs may be one method to:
 - decrease barriers to biking
 - reduce risks associated with biking
 - increase bike riding (PA)



CONCLUSION

- Consider family biking programs as an innovative community based intervention to increase biking and physical activity, decrease barriers to biking, & increase bike safety of participants
- Secondary effects include:
 - increased visibility of the health department
 - increased awareness of issues related to safe biking and availability of safe bike paths within the community



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