**Evidence Table 57. Description of the interventions used in community settings with a school component**

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| **Author, year** | **Arm** | **Description** | **Psychosocial dietary intervention** | **Physical/environ-mental dietary intervention** | **Psychosocial physical activity/ exercise intervention** | **Physical/environ-mental physical activity/ exercise intervention** | **Decrease sedentary behavior intervention** | **Other interventions** | **General Comments** |
| Chomitz, 20101 | 2 | HLCK interventionLength of intervention, weeks: 156Setting: School: focused on PE and food service policies, systems and programsCommunity or environment-level focused on a supportive environment for healthy living choices. | To promote healthy living choicesTarget: ChildFamilyDelivery: school; community-based organizationsComment: Community level: implementation strategies were designed to raise community awareness of the many resources available in the city to promote healthy eating and active living through a poster campaign, newsletters, 5-2-1 mini-grants. 5-2-1 guidelines promoted decreasing energy intake by promoting eating five or more servings of low-energyfruits and vegetables daily. School level: food service policies, systems, and programs were implemented at all 12 K-8 schools similarlyto improve access to healthy food choices for all children.Individual/ Family level: Strategies and policies were designed to increase the awareness of children and their families of each student’s health risk due to their BMI or fitness test scores, and to provide skills and resources for addressing individual and family health risks and lifestyle choices through school based family nights. | To promote healthy living choicesTarget: ChildDelivery: schoolComment: School level: New guidelines and policies such as innovative food service projects such as new recipe and menu development and cafeteria taste-tests were developed to promote 5-2-1. School nutrition guidelines included restrictions on items sold in vending machines; limited access to a la carte foods; system-wide substitution oflower-sugar (<6 g sugar) and/or higher-fiber (>2 g fiber) cereals, whole grain breads (50–100% whole grain), and low-fat yogurt without artificial colors, and products with trans fat were phased out. | To promote an active lifestyleTarget: ChildFamilyDelivery: TeacherOther: community-based organizationsComment: Community level: implement-tation strategies were designed to raise community awareness of the many resources available in the city to promote active living through a poster campaign, newsletters, 5-2-1 mini-grants. 5-2-1 guidelines promoted increasing energy expenditureby limiting inactive or sedentary time to 2 h or less of TV or screen time daily (25); and increasing moderate and vigorous physical activity to at least 60 min of age-appropriate physicalactivity on all or most days of the week. Individual/ Family level: Strategies and policies were designed to increase the awareness of children and their families of each student’s health risk due to their BMI or fitness test scores, and to provide skills and resources for addressing individual and family health risks and lifestyle choices through school based family nights. | to promote an active lifestyleTarget: ChildDelivery: TeacherComment: School level: PE programs were implemented at all 12 K-8 schools similarly to improve access to appealing, appropriate physical activity opportunities for all children; and PE programs such as Project Adventure and ballroom dancing were developed to promote 5-2-1. |  |  |  |
| Singh, 20092 | 2 | DOitLength of intervention, weeks: 32 weeksSetting: School: Educational programCommunity or environment-level: School canteen and physical activity options. | Abstracted from Singh, 20074.Reduction in consumption of sugar-sweetened beverages andReduction in consumption of high-sugar, high-fat-content snacksTarget: ChildDelivery: TeacherDuration: 2 fixed periods in 1 school year. |  | Classroom based educational program that covered 11 lessons for the subjects of biology and physical education. First part (BALANCE it, consisting of 6 lessons) aimed at raising awareness and information processing with regard to energy balance–related behaviors. Second part (CHOOSE it) aimed at facilitation of choice to improve 1 of the risk behaviors.Target: ChildDelivery: TeacherDuration: 2 fixed periods in 1 school year. | School-specific advice on the selection of the school canteen and possiblechange options, Posters for the school canteen, and Financial encouragement of schools to offer additional physical activity options.Target: School policyDelivery: Researcher  | Target: TeacherDelivery: Reduction in sedentary behavior and increase in active transport behaviorOther: Videos, internet or CD-ROM |  | Intervention and control groups were further divided to obese and non-obese sub-groups and analyzed separately. |
| Sallis 3 | 2 | Environmental and Policy InterventionsLength of Intervention (weeks): ~69Setting: School: Focused on a range of school activities/components including physical education classes, and all school food sources. However, there were no classroom health education Home: statewide regulatory changes to reduce sedentary behavior and promote healthy lifestyle; child care technical assistance; training around healthy habits Community: One of the interventions was an environmental intervention Aim at policy change: Yes |  | Nutritional interventions: The nutrition intervention was designed to provide and market low-fat foods at all school food sources.Intervention strategies for each food source are summarized in Table 2. Middle school cafeterias offer government-reimbursable (Type A) lunches and breakfasts, along with unregulated a la carte foods. Interventions with school food-service staff andmanagers were undertaken to provide more low-fat choices at these sources. An example of the food service strategy was to identify vendors who could provide schools with tasty, low-fat food items at competitive prices. About one third of students brought lunches from home, so intervention strategies were developed to assist students in bringing lower-fat lunches. At baseline, 6 of 12 intervention schools had stores that sold mostly high-fat foods, so this source was targeted for change. No schools had vending machines for students. Target: ChildChange in Intake: Goals were to reduce fat content of all food offered through the school food service, food vendore, bagged lunches, and student stores. Comments: Child Nutrition services staff, |  | Physical Activity Interventions: Physical education (PE) was required daily in all grades, and one intervention component was designed to increase physical activity in PE classes through changing lesson context, lesson structure, and teacher behavior. Another interventioncomponent was intended to increase physical activity oncampus during leisure periods throughout the school daywhen students could make choices (i.e., before school, afterlunch, and after school). Consistent with baseline findings, targeted environmental changes were to increase supervision, equipment, and organized activities. Strategies used in the physical activity interventions are summarized in Table 1,organized by the structural ecologic model.Target: Child PE teachers, volunteer PA providers recruited from the community  |  |  | Other aspects of the intervention included: HEALTH POLICY MEETINGS: Key school personnel met with project staff to select and implement policy changes to create healthier school environments (described in Zive et al.23). Participants included administrators (principals, food service directors); faculty (physical educators); staff (cafeteria managers, student body organization advisors); parents; and students. The project requested three, 90-minute meetings per school across 2 years, and 80% of planned meetings were held. Each intervention year, participants selected two to four policies to improve and formed action plans to achieve their goals. A manual guided the work of the groups. Example policies included “Serve 1% or skim milk only,” “Close school stores at lunch time,” “Provide supervision and transportation for student physical activity after school,” and “Upgrade PE facilities and equipment.” The schools’ goals were printed on a poster-style newsletter distributed to staff at all intervention schools. Progress on goals was monitored in subsequent meetings.STUDENT HEALTH COMMITTEES: Committees consisted of 9 to 12 students and were supervised by a faculty member and projectstaff. Members received T-shirts and training booklets describing how committees could support healthy policies and promote healthful choices. Student health committees were formed at 8 of the 12 intervention schools. The goal was tohave a monthly activity, such as assisting with taste tests, announcing after-school activities, and creating posters promotinghealthful lunch options.PARENTAL EDUCATION: Parental education was delivered via existing school communication channels and was conceptualized as changing the information environment. Communications were made through school newsletters, posters, and a brochure at open houses and PTA meetings. Sixteen articles with strategies for improving students’ dietary and physical activity habits at school were submitted to newsletter editors. Project staff made pres. |

BMI = Body Mass Index; HLCK = Healthy Living Cambridge Kids; K-8 = Kindergarten thru eighth grade; PE = Physical Education; Pres = President