

Intervention: School-based nutrition education programs

Finding: Insufficient evidence to determine effectiveness

Potential partners to undertake the intervention:

- | | |
|---|--|
| <input type="checkbox"/> Nonprofits or local coalitions | <input type="checkbox"/> Businesses or labor |
| <input checked="" type="checkbox"/> Schools or universities | <input type="checkbox"/> Media |
| <input type="checkbox"/> Health care providers | <input type="checkbox"/> Local public health departments |
| <input type="checkbox"/> State public health departments | <input type="checkbox"/> Policymakers |
| <input type="checkbox"/> Hospitals, clinics or managed care organizations | <input type="checkbox"/> Other: |

Background on the intervention:

Almost all school-based interventions are based on social learning theory and most are directed at children aged 8 to 12 years old. School programs are primarily focused on diet alone or diet with physical activity.

Findings from the systematic reviews:

There is insufficient evidence that school-based nutrition education programs are effective. Roe, et al., found that school programs result in decrease in fat intake and blood cholesterol for middle income populations, while lower income groups show lesser effects.

Behaviorally focused programs, greater levels of program intensity, and parental involvement are components of the more effective school interventions but there is a lack of long-term effects.

Practices that lack sufficient research to support effectiveness should not be confused with ineffective programs. Rather, they should be recognized as programs that have the potential to become evidence-based practices—if properly evaluated. Practitioners are encouraged to monitor the impact of these programs in their communities and report on their findings in order to build a base of knowledge sufficient to reach consensus.

Additional information:

One example of a school-based initiative is Child and Adolescent Trial for Cardiovascular Health (CATCH), a program that focuses on the elementary school environment, health behavior interventions, classroom curricula, and home programs, for the primary prevention of cardiovascular disease. CATCH resulted in decreases in total fat intake of 2 percent and in saturated fat of 1 percent. There was no change in blood cholesterol of intervention participants in comparison to controls in three-year follow-up.

References:

[Guide to Community Preventive Services -
http://www.thecommunityguide.org/nutrition/default.htm](http://www.thecommunityguide.org/nutrition/default.htm)

Hoelscher DM, Feldman HA, Johnson CC, et al. School-based health education programs can be maintained over time: Results from the CATCH institutionalization study. *Preventive Medicine* 2004; 38: 594-606.

Luepker RV, Perry CL, McKinlay SM, Nader PR, Parcel GS, Stone EJ, Webber LS, Elder JP, Feldman HA, Johnson CC, Kleder SH, Wu M. for the CATCH Collaborative Group. Outcomes of a field trial to improve children's dietary patterns and physical activity: The Child and Adolescent Trial for Cardiovascular Health (CATCH). JAMA 1996;275(10):768-776

Roe L, Hunt P, Bradshaw H, and Rayner M. Health promotion interventions to promote healthy eating in the general population - a review. Imperial Cancer Research Fund, General Practice Research Group and British Heart Foundation Fund Promotion Research Group, Division of Public Health and Primary Health Care, University of Oxford. Health Education Authority, London, U.K., 1997.