



# **Successful Health Promotion in the Community**

**A report written specifically to support the  
Cranbrook Healthy New Town programme**

**Literature search and overview**

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## Overall Summary

This report provides an overview of recently published academic research. It has been written to support Healthy New Town activities in Cranbrook, and has focussed on issues likely to be most relevant for Cranbrook's young population.

### Engagement

The main message is that in order for a health promotion campaign to succeed, it is important to engage the community, go for a bottom up approach and encourage group and peer support. NICE offers the following ways to help engage the community: [\(122\)](#)

- Involve community members in the initiative's recruitment process.
- Offer to phone, write, email, use social media or call round to see people.
- Provide information in plain English and locally spoken languages for non-English speakers - this could include encouraging members of the community who speak a community language to get involved in translating it.
- Ensure the timing of events meets people's needs.
- Establish and meet the needs of participants with disabilities. For example, providing information in formats that people can understand (see NHS England's [Accessible Information Standard](#)) using venues that are fully accessible to them.
- Providing the equipment they need.
- Provide childcare support, such as crèche facilities.

There have been a number of reports by National Endowment for Science, Technology and the Arts (NESTA) describing how to engage the community in health promotion. (See references 1-6)

NESTA [\(4\)](#) and The European Observatory on Health Systems and policies [\(11\)](#) identified the following barriers to successful health promotion:

- People tend to be confronted with much more information than they are willing or able to process.
- People seek to minimise effort and are disproportionately affected by small barriers to change.
- People typically stick with the way things are - the status quo.
- People tend to interpret facts using assumptions that confirm existing views.

“Spreading change” [\(4\)](#) describes the EAST model to help overcome these barriers:

EASY – keep it easy. Start small to build confidence and break down uncertainties. Helps turn the insurmountable into manageable chunks.

ATTRACTIVE – Provide ownership, earn trust, highlight benefits, share stories.

SOCIAL – identify champions, group activities, peer support

TIMELY – The same offer or prompt at different times will have different effects.

It is important to understand what motivates health behaviour in order to try to change it. [\(11\)](#)

The Participation Toolkit by the Scottish Health Council [\(9\)](#) describes a patient participation group linked to a GP surgery. It describes how different approaches work with different groups of people, suggests ice breakers for getting discussions started.

## **Breastfeeding**

A survey of new mothers found that education on breastfeeding should be aimed at the wider community, not just mothers themselves. TV adverts and reliable sources of information on the internet were found to be effective. (34) The use of posters was found to be effective in changing public attitude to women breastfeeding in public. (162)

## **Children/Adolescents**

School-based brief psycho-educational interventions are easy to deliver, require little resource and improve cancer awareness.(74), (139)

The FIT Game is a game-based intervention provides a promising step towards developing a low-cost, effective, and sustainable Fruit and Vegetable intervention that schools can implement without outside assistance. (80)

Parents provided valuable information in the development of a theoretically-based comic book. The comic book appears to be an acceptable format for providing HPV vaccine information to adolescents. (84)

Communicating health requirements by personalized postcards providing information in a manner that is better understood by parents/guardians is an effective way of increasing vaccination take-up, especially where school pupils have personalized the cards themselves. (108)

Telephone calls to follow up letters home have also led to higher vaccination take up rates.(152)

Peer Education Programmes have been found to be effective in delivering sexual health promotion to adolescents. (90)

The Healthy Lifestyles Programme (HeLP) has been found to be an effective and enjoyable way of engaging school children. (94)

The HENRY Programme (Health, exercise, nutrition for the Really Young) has 3 elements:

- Behaviour change strategies
- Parenting skills
- Improved knowledge about food and activity for the under 5s and the whole family

The HENRY programmes have resulted in ([Appendix 1](#))

- Increased consumption of fruit, vegetables and water
- Reduced consumption of fatty/sugary foods and drink
- An increase in family mealtimes
- Reduced screen time
- Increased physical activity

## **Obesity**

Activities involving practical cooking skills aimed at low income families proved to be successful in Scotland ([12](#)) Cooking clubs in schools and planting allotment in schools have also been very successful in engaging the wider community ([Appendix 1.](#))

Fuel for Fun Impact Study affirmed a positive effect on fruit and vegetable preference and approach to cooking in school age youth.(95)

Total and saturated fat and fruit and vegetable intake from school lunches can be significantly improved by a short, kitchen-based intervention.(100)

A number of Councils have collaborated with local schools, businesses, sports venues and fast food outlets to try to promote a healthier lifestyle. While acknowledging that it is difficult to engage families in health promotion programmes, several examples are given, such as Stoptober, which involves encouraging children to stop drinking fizzy drinks for a month, setting

up a healthy fast food shop. Some councils have engaged the local fire brigade to help spread the message. Others have created fun characters, such as Captain Tuck and Captain Snack Barrell. Again, cooking sessions have proved popular as has heavily discounted admission to local sports facilities. (13)

Working with schools does seem to be an effective way of preventing childhood obesity, by changing what items are sold in the school canteen and introducing a programme of physical activity. (16)

A systematic review carried out in 2015 found that school intervention was effective in reducing the intake of sugary drinks. Home delivery of healthy alternatives was also found to be effective. (20)

The use of mobile apps has been successful in helping women from socioeconomically disadvantaged backgrounds to shop for healthy foods. The apps need to be simple to use and offer seasonal advice. (26)

### **Physical Activity (PA)**

Use of text messaging was found to be effective in encouraging adults to take up walking. Focus groups were used to design the text messages and accompanying photos (35)

Group activities are more effective when organising PA interventions with women from socioeconomically disadvantaged backgrounds. (42)

Although the research evidence is generally weak there is some evidence that using creative activities as part of a health-promoting strategy may be a useful method of increasing knowledge and positive behaviours in children and young people. (36)

A primary school-based intervention called Fit-4-Fun focusing on fitness education significantly improved health-related fitness and PA levels in children.(51)

Remote and Web2.0 interventions for promoting physical activity were found to be effective when a tailored approach was applied to the type of PA and used telephone contact to provide feedback and to support changes in PA levels.(60)

A (PA) intervention delivered via playgroups was found to be effective for young mothers with small children.(116)

### **Pregnancy**

Mobile applications have been found to be most effective in prenatal education and could be used in other areas of health promotion.(91)

The improved communication noted through the use of picture cards and the enhanced information sharing and peer support provided patients with additional tools to invoke self-determination, and carry out the behaviours they thought were most important to improve pregnancy outcomes. (98)

The Healthy Start programme suggests that a food subsidy programme can provide an important nutritional safety net and potentially improve nutrition for pregnant women and young children living on low incomes. Factors that could compromise this impact include erosion of voucher value relative to the rising cost of food, lack of access to registered retailers and barriers to registering for the programme. (110)

### **Smoking**

Pictorial warnings on cigarette packages have been shown to be more effective at dissuading teenagers from taking up smoking, than written text. (15)

## Conclusion

- Ensure local communities, community and voluntary sector organisations and statutory services work together to plan, design, develop, deliver and evaluate health and wellbeing initiatives. (122)
- Recognise that building relationships, trust, commitment, leadership and capacity across local communities and statutory organisations needs time. (122)
- Feed back the results of engagement to the local communities concerned, as well as other partners. This could be communicated in a range of ways, for example, via the local newspaper or community website, via community groups or via public events in community venues or other widely accessible places. (122) Perhaps one way this could be done at Cranbrook is via the local Pharmacy.

The health promotion messages that seemed to stand out from this review are:

- the use of Mobile Apps. These tend to be particularly popular among young people, and many are free to download.
- the use of comics and postcards created by people in the community. These formats have been successful because they address the problems of low levels of literacy and get people involved.
- Healthy cooking clubs have proved popular and are a good way of involving the community and bringing people together.

## Reference List

- (1) Mass localism : a way to help small communities solve big social challenges. *National Endowment for Science, Technology and the Arts (NESTA) 2010.*  
Abstract: This report argues that instead of assuming that the best solutions need to be determined, prescribed, driven or "authorised" from the centre, policymakers should create more opportunities for communities to develop and deliver their own solutions and to learn from each other. It is not enough to assume that scaling back government bureaucracy and control will allow local innovation to flourish. This report offers an approach by which central and local government can encourage widespread, high quality local responses to big challenges. Solutions that are designed, developed and delivered locally are often better placed than central initiatives to understand local conditions and needs, and to engage citizens in taking action to tackle challenges more cheaply and effectively  
**Full text available:** [http://www.nesta.org.uk/sites/default/files/mass\\_localism.pdf](http://www.nesta.org.uk/sites/default/files/mass_localism.pdf)
- (2) Health as a social movement : the power of people in movements. National Endowment for Science, Technology and the Arts (NESTA) . 20-9-2016.  
Ref Type: Internet Communication  
Abstract: This report illuminates the power of people in movements to improve health and proposes the need for new models of engagement between institutions and social movements  
**Full text available:** [http://www.nesta.org.uk/sites/default/files/health\\_as\\_a\\_social\\_movement-sept.pdf](http://www.nesta.org.uk/sites/default/files/health_as_a_social_movement-sept.pdf)
- (3) The future of people powered health. Insights from leaders and thinkers on how digital and social innovation can contribute to better outcomes. *National Endowment for Science, Technology and the Arts (NESTA) 2016.*

Abstract: This essay series sets out reflections from some of the inspiring thinkers and doers who spoke at Nesta's People Powered Health event in early 2016. Insights from leaders and thinkers on how digital and social innovation can contribute to better outcomes. Essays include: How best to mobilise people and communities to improve health and wellbeing Ways to Wellness: a collaborative approach to social prescribing for long-term conditions We're all citizen scientists now: Making people powered health a reality Social support, peer support, and strategic perspectives on health behavior

**Full text available:**

[http://www.nesta.org.uk/sites/default/files/future\\_of\\_people\\_powered\\_health\\_essay\\_series.pdf](http://www.nesta.org.uk/sites/default/files/future_of_people_powered_health_essay_series.pdf)

- (4) Spreading change : a guide to enabling the spread of person-and community-centred approaches for health and wellbeing. *National Endowment for Science, Technology and the Arts (NESTA)* 2016.  
Abstract: This guide outlines how behavioural science can help spread the take-up of person- and community-centred approaches to health and wellbeing. This action-focused guide is part of the NHS England-funded Realising the Value programme, which seeks to develop person- and community-centred approaches for health and wellbeing. The programme is doing so by building the evidence base and developing tools, resources and networks to support the spread and impact of these approaches  
**Full text available:**  
<http://www.nesta.org.uk/sites/default/files/rtv-spreading-change.pdf>
- (5) Supporting self-management : a guide to enabling behaviour change for health and wellbeing using person- and community-centred approaches. *National Endowment for Science, Technology and the Arts (NESTA)* 2016.  
Abstract: This guide outlines how the science of behaviour can help people to self-manage their health and wellbeing. The guide is written for people who support those living with long-term conditions, or who help people avoid these conditions using person - and - community-centred approaches.  
**Full text available:**  
<http://www.nesta.org.uk/sites/default/files/rtv-supporting-self-management.pdf>
- (6) At the heart of health : realising the value of people and communities. National Endowment for Science, Technology and the Arts (NESTA) . 16-2-2016.  
Ref Type: Internet Communication  
Abstract: This report explores the value of people and communities at the heart of health, in support of the NHS Five Year Forward View vision to develop a new relationship with people and communities. - See more at:  
<http://www.nesta.org.uk/publications/heart-health-realising-value-people-and-communities>  
**Full text available:**  
[http://www.nesta.org.uk/sites/default/files/at\\_the\\_heart\\_of\\_health\\_-\\_realising\\_the\\_value\\_of\\_people\\_and\\_communities.pdf](http://www.nesta.org.uk/sites/default/files/at_the_heart_of_health_-_realising_the_value_of_people_and_communities.pdf)
- (7) Walking works : making the case to encourage greater uptake of walking as a physical activity and recognise the value and benefits of walking for health. Walking for Health . 1-10-2013. Walking for Health.  
Ref Type: Internet Communication  
Abstract: This review provides commissioners and health professionals with an overview of the evidence for promoting and supporting walking interventions, such as Walking for Health, as a way to increase physical activity in the population  
**Full text available:**  
[https://www.walkingforhealth.org.uk/sites/default/files/Walking%20works\\_LONG\\_AW\\_Web.pdf](https://www.walkingforhealth.org.uk/sites/default/files/Walking%20works_LONG_AW_Web.pdf)

- (8) Good engagement practice for the NHS : involving patients, carers, communities and staff to improve health outcomes. Shared Intelligence . 1-6-2014. Shared Intelligence.  
Ref Type: Internet Communication  
Abstract: Good engagement is vital for the NHS, particularly now and in the challenging years ahead. Healthy staff, patient and community engagement helps ensure relevant, high quality, needs-based commissioning decisions as well as sound service provision. The evidence gathering, transparency and local democracy that engagement provides is vital if we are to achieve working environments where staff can thrive and healthcare outcomes that are among the best in the world. NHS Midlands and East has set itself an ambition to deliver a “Patient Revolution” during the transition. A key strand of this work is to deliver greater community involvement and engagement in the planning and development of services across the NHS. This guide highlights some of the good practice that the NHS must draw upon in the future, and underscores our commitment to involving the public and patients in delivering better, high quality services  
**Full text available:**  
<http://www.sharedintelligence.net/wp-content/uploads/2014/06/ESHMA.pdf>
- (9) The participation toolkit: supporting patient focus and public involvement in NHS Scotland. *Scottish Health Council* 2014.  
Abstract: The Participation Toolkit, now in its third edition, has been compiled to support NHS staff to involve patients, carers and members of the public in their own care and in the design and delivery of local services. It offers a number of tried and tested tools along with some more recently developed approaches  
**Full text available:**  
[http://www.scottishhealthcouncil.org/patient\\_public\\_participation/participation\\_to\\_olkit/idoc.ashx?docid=6ebf824e-82fb-4205-8a2e-95301c6abafe&version=-1](http://www.scottishhealthcouncil.org/patient_public_participation/participation_to_olkit/idoc.ashx?docid=6ebf824e-82fb-4205-8a2e-95301c6abafe&version=-1)
- (10) Working with business to improve the health of our communities : case studies. Local Government Association . 10-2-2015. Local Government Association.  
Ref Type: Internet Communication  
Abstract: This resource describes how public health in a number of councils has started to use the opportunities of a local government setting to improve health and wellbeing. The case studies were chosen because they show a range of ways in which public health in councils is approaching working with local business. They include councils spread across England, covering both rural and urban environments and with varying levels of deprivation and affluence. The LGA looks forward to seeing many more such examples of local energy and innovation in the months and years to come, and seeing the measurable impact it will have. The challenge for us all is not just to identify good practice, but to champion and share it  
**Full text available:**  
<http://www.local.gov.uk/documents/10180/6869714/L15-32+Working+with+business+to+improve+the+health+of+our+communities/f70bf6fe-1598-4600-a86a-4ade4b9b8377>
- (11) What do we know about the strengths and weakness of different policy mechanisms to influence health behaviour in the population? European Observatory on Health Systems and Policies . 4-2-2015. European Observatory on Health Systems and Policies.  
Ref Type: Internet Communication  
Abstract: With health care systems under increasing pressure the development of a well defined and effective public health strategy has never been more important. Many health problems are potentially avoidable and governments have long had tools at their disposal to influence population health and change individual behaviours, directed both “upstream” at some of the underlying causes of poor health, as well as at “downstream” challenges when poor health behaviours are already manifest. But how effective are these different actions? This policy summary briefly maps out what is known about some of these mechanisms, including approaches that have come to recent prominence from behavioural

economics and psychology. Combinations of taxation, legislation and health information remain the core components of any strategy to influence behavioural change. There remain many unanswered questions on how best to design new innovative interventions that can complement, and in some instances augment, these well-established mechanisms

**Full text available:**

[http://www.euro.who.int/data/assets/pdf\\_file/0003/270138/PS15-web.pdf?ua=1](http://www.euro.who.int/data/assets/pdf_file/0003/270138/PS15-web.pdf?ua=1)

- (12) A review of practical cooking skills activities which focus on promoting an affordable healthy balanced diet for adults, young people and their families within low-income communities in Scotland. NHS Health Scotland . 12-5-2015. NHS Health Scotland. Ref Type: Internet Communication  
Abstract: In 2014 Community Food and Health Scotland / NHS Health Scotland commissioned a realist review of community cooking skills activities run by community initiatives and agencies. The review planned to explore issues such as how the social circumstances of participants and the approach of the cooking skills activities can affect the outcomes. The researchers analysed 81 sets of reports and evaluation materials or grey literature from community initiatives and agencies, carried out two focus groups with 19 cooking skills course practitioners, and two focus groups with nine cooking course participants. There were limitations in the quality and robustness of the grey literature. The reviewers overcame this challenge by identifying practitioners' "strategies": what practitioners do and why they do it, and linked these to behavioural change theories. The researchers' conclusions included: The cooking activities appeared to be targeting and successfully reaching low-income and vulnerable groups. There was evidence of consistent good practice by practitioners. Some behaviour change concepts appeared to be used more than others self-efficacy, salience and social norms were used frequently; and formal goal setting less often  
**Full text available:**  
<http://www.healthscotland.com/uploads/documents/25314-Cookery%20Skills%20Full%20Report%20final.pdf>
- (13) Healthy weight, healthy futures : local government action to tackle childhood obesity. Local Government Association . 17-3-2016. Local Government Association.  
Ref Type: Internet Communication  
Abstract: From working with children who are obese and overweight to encouraging children to cut their consumption of sugary drinks, this paper showcases how local authorities are tackling child obesity  
**Full text available:**  
<http://www.local.gov.uk/documents/10180/7632544/L16-30+Healthy+weight%2C%20healthy+futures+--+Local+government+action+to+tackle+childhood+obesity/3ba25a33-ef53-4306-a984-73d42e8df67e>
- (14) Adamo KB, Goldfield GS, Colapinto CK, Grattan KP, Harvey A, Barrowman N. Evaluating a Fruit and Vegetable Program In Eastern Ontario Schools. *Canadian Journal of Dietetic Practice & Research* 2013; 74(4):167-174.  
Abstract: Purpose: Effectiveness was evaluated for a fruit and vegetable program developed to encourage Canadian elementary school children to eat the recommended number of daily servings. Also examined was whether the program modified children's personal factors, perceived social environment, and perceived physical environment. Methods: A prospective, quasi-experimental trial was conducted to compare the eight schools receiving the intervention curriculum (Freggie Friday schools [FFS]) with six control schools (CS). A food frequency questionnaire was used to measure differences in fruit and vegetable consumption. Personal factors, perceived social environment, and perceived physical environment supporting fruit and vegetable consumption were assessed with an adapted version of the validated Pro Children study questionnaire. Results: Of the 942 children who completed the baseline assessment, 807 also completed

the follow-up questionnaire (FFS, 450; CS, 357). A mixed-effects regression model indicated no significant intervention effects on fruit or vegetable consumption, snack food consumption, or knowledge or attitudes related to fruit and vegetable consumption. Conclusions: The results suggest that an intervention based on a single visit from an external group, followed by teacher-led programming, may be an ineffective method of eliciting dietary behaviour change in this population. Future programs may need to implement multicomponent intervention designs  
Publication Type: Journal Article; research; tables/charts. Journal Subset: Allied Health; Canada; Double Blind Peer Reviewed; Expert Peer Reviewed; Peer Reviewed. Special Interest: Nutrition; Pediatric Care. Instrumentation: Food Frequency Questionnaire (FFQ). NLM UID: 9811151

- (15) Alaouie H, Afifi RA, Haddad P, Mahfoud Z, Nakkash R. Effectiveness of pictorial health warnings on cigarette packs among Lebanese school and university students. *Tobacco Control* 2013;e72-e80.  
Abstract: Background Pictorial health warnings are more effective than text warnings in enhancing motivation to quit and not to start smoking among youth. In Lebanon, packs still have only a very small text warning. The aim of this study was to evaluate the perceived effectiveness of pictorial health warnings on cigarette packs among Lebanese youth. Methods This was a cross-sectional study including school students (n=1412) aged 13-18 years recruited from 28 schools and university students (n=1217) aged 18-25 years recruited from 7 universities. A variety of warnings were adapted from other countries. In all, 4 warnings were tested among school students and 18 among university students. Results All pictorial warnings were considered more effective than the current text warning on message related and impact-related variables, including intentions to quit or not to start smoking among school and university students. Selected examples related to the top ranked pictorial warnings are: among male non-smoking school students, 81% agreed that the 'lung' warning had more impact on their intentions not to start smoking as compared to 57% for the current text warning ( $p < 0.001$ ) with a significant difference compared to the current text warning; among female non-smoking university students, 75% agreed that the 'economic impact' pictorial had more impact on their intentions not to start smoking with significant difference as compared to 43% for the current text warning ( $p$  value=0.001); finally, the 'heart attack' pictorial resulted in 52% of male university students smokers stating they intended to quit as opposed to 20% for the current text warning ( $p$  value=0.019). Conclusions The results of the present study add to the general international literature on the impact of pictorial warnings on youth and young adults. This study is also the first to test a non-health pictorial warning about the negative economic consequences of smoking, and to find that such a warning was effective among specific sociodemographic groups  
Publication Type: Journal Article; pictorial; research; tables/charts. Journal Subset: Biomedical; Blind Peer Reviewed; Europe; Expert Peer Reviewed; Peer Reviewed; Public Health; UK & Ireland. Special Interest: Public Health. Grant Information: This research was supported by a grant from the American University of Beirut University Research board (URB) and Action on Smoking and Health International (ASH International).. NLM UID: 9209612
- (16) Amini M, Djazayeri A, Majdzadeh R, Taghdisi MH, Sadrzadeh-Yeganeh H, Abdollahi Z et al. A School-Based Intervention to Reduce Excess Weight in Overweight and Obese Primary School Students. *Biological Research for Nursing* 2016; 18(5):531-540.  
Abstract: Background: This study evaluated the effect of an intervention for reducing excess weight gain in primary school-age children in Tehran. Methods: A cluster-randomized controlled trial was conducted in 12 primary schools in Tehran. Three hundred thirty-four pupils, 167 in the intervention and 167 in the comparison group, determined to be overweight or obese based on World Health Organization standards,

were recruited for the study. The intervention included nutrition education and increased physical activity (PA) for the pupils, lifestyle modification for parents, and a change in food items sold at the schools' canteens. The entire intervention lasted approximately 18 weeks. Measures were taken before and immediately after the intervention. Results: The intervention significantly reduced body mass index Z-score and hip circumference ( $p = .003$  and  $p < .001$ , respectively). Waist circumference increased in both groups, but the increase was higher in the comparison group ( $p = .001$ ). No significant difference was seen in time spent on TV viewing between groups ( $p = .08$ ). Vigorous PA increased in the intervention group ( $p < .001$ ), while the comparison group showed an increase in moderate activity only ( $p < .001$ ). Energy intake increased significantly in the intervention group ( $p < .001$ ). Neither triceps skinfold thickness nor time spent on the computer changed in the intervention group ( $p = .51$  and  $p = .1$ , respectively), while they increased in the comparison group ( $p < .001$  and  $p = .004$ , respectively). Conclusion: The study provides a successful model for the implementation of similar interventions throughout the country. References

- (17) Anthony D, Dyson PA, Lv J, Thankappan KR, Champgane B, Matthews DR. Community Interventions for Health can support clinicians in advising patients to reduce tobacco use, improve dietary intake and increase physical activity. *Journal of Clinical Nursing* 2016; 25(21-22):3167-3175.  
 Abstract: Aims and objectives To increase clinical interventions to reduce modifiable risk factors for noncommunicable disease in low- and middle-income countries. Background Noncommunicable disease is the leading cause of death in the world and is common in low- and middle-income countries. Risk factors for noncommunicable disease are modifiable and health professionals are in a unique position to intervene and influence them. Design Clinical interventions were used as part of the Community Interventions for Health programme, a nonrandomised, controlled study undertaken in three communities - one each in China, India and Mexico. Methods All clinicians in intervention and control areas of the study were invited to complete surveys. A total of 2280 completed surveys at baseline and 2501 at follow-up. Culturally appropriate interventions to reduce tobacco use, improve dietary intake and increase physical activity were delivered in the intervention areas. Results Clinicians in the intervention group felt more prepared to advise smoking cessation and improvement of diet. They were more likely to test serum cholesterol and blood pressure, but less likely to take measurements of height, hip, waist and skin-fold thickness. There were more resources available to clinicians in the intervention group and they used counselling more and complementary medicine less than those in the control group. Conclusions Community interventions which have been shown to have a positive effect in the community and workplace also change clinical practice. Relevance to clinical practice Community interventions make clinicians, including nurses, more likely to feel prepared to offer advice and more likely to use counselling. This would be expected to reduce risk factors in patients. References
- (18) Aschbrenner KA, et al. Feasibility study of increasing social support to enhance a healthy lifestyle intervention for individuals with serious mental illness. *Journal of the Society for Social Work and Research* 2016; 7(2):289-313.  
 Abstract: Objective: Healthy lifestyle interventions addressing obesity in people with serious mental illness (SMI) lead to modest weight losses that tend not to be sustained over time. By augmenting lifestyle interventions with family and peer support targeting health behaviour change, greater weight loss might be obtained and sustained in this population. The purpose of this study was to assess the feasibility of increasing support from family and friends to enhance a healthy lifestyle intervention (In SHAPE) adapted for individuals with SMI. Method: A sample of 7 dyads (14 total participants) participated in this small-scale open-feasibility trial of social support strategies to enhance health promotion. Weekly 1-hour health coaching sessions were augmented by sessions designed to increase support for healthy eating and exercise through active learning and didactic instruction. Feasibility was assessed by programme participation and by examining participants' satisfaction and exploring suggestions for improving the model

post-intervention. Results: The majority of participants (57%) nominated a friend, followed by adult child-parent pairs (28%) and sibling pairs (14%) to participate as support partners in the study. All participant-partner dyads (100%) completed 12 sessions within 16 weeks. Participants reported high satisfaction and perceived benefits from the programme. Recommend modifications by the dyads included more interactive sessions, a combination of group and dyadic sessions, and hands-on cooking classes. Conclusions: This formative research showed that the study design is feasible and that the intervention can facilitate social support for health behaviour change in people with SMI. Further research is needed to evaluate the effectiveness of this intervention

- (19) Asvat Y, Dingcai C, Africk JJ, Matthews A, King A. Feasibility and Effectiveness of a Community-Based Smoking Cessation Intervention in a Racially Diverse, Urban Smoker Cohort. *American Journal of Public Health* 2014; 104(S4):S620-S627.  
Abstract: Objectives. We evaluated the feasibility, acceptability, and effectiveness, in addition to the effects of a psychoeducation-based orientation on smoking cessation knowledge for Courage to Quit (CTQ), an evidence-based smoking cessation intervention disseminated to racially diverse, urban community sites in Chicago, Illinois. Methods. Smokers (n = 1494; 55% African American) enrolled in 6-session full (n = 945) or 3-session short (n = 549) versions of CTQ in 2008 to 2012. Results. Orientation improved knowledge of efficacious and nonefficacious treatments. Acceptability was outstanding: more than 90% of participants would recommend CTQ. Feasibility was good: completion rates were 53% in the full and 75% in the short programs. Intent-to-treat quit rates were 19% in the full and 17% in the short programs (completer quit rates were 36% and 22%, respectively). Among completers, smoking cessation medication use was associated with higher quit rates. There were no racial disparities: African Americans and Whites showed similar completion and quit rates. Predictors of successful quitting were higher readiness to quit and smoking cessation medication use. Conclusions. CTQ is moderately successful in the short term as delivered in community-based settings for urban-dwelling, largely minority smokers. Further evaluation of longer-term outcomes and cost effectiveness is warranted  
Publication Type: Journal Article; research; tables/charts. Supplement Title: Sep2014 Supplement 4. Journal Subset: Biomedical; Core Nursing; Double Blind Peer Reviewed; Nursing; Peer Reviewed; Public Health; USA.
- (20) Avery A, Bostock L, McCullough F. A systematic review investigating interventions that can help reduce consumption of sugar-sweetened beverages in children leading to changes in body fatness. *Journal of Human Nutrition & Dietetics* 2015; 28:52-64.  
Abstract: Background Both the prevalence of childhood obesity and the consumption of sugar-sweetened beverages (SSBs) have increased globally. The present review describes interventions that reduce the consumption of SSBs in children and determines whether this leads to subsequent changes in body fatness. Methods Three databases were searched from 2000 to August 2013. Only intervention control trials,  $\geq$  months in duration, which aimed to reduce the consumption of SSBs in  $>100$  children aged 2-18 years, and reporting changes in body fatness, were included. The quality of selected papers was assessed. Results Eight studies met inclusion criteria. Six interventions achieved significant ( $P < 0.05$ ) reductions in SSB intake, although this was not always sustained. In the two interventions providing replacement drinks, significant differences in body mass index (12- or 18-month follow-up) were reported ( $P = 0.001$  and  $0.045$ ). The risk of being overweight/obesity was reduced ( $P < 0.05$ ) in three of the five education programmes but in one programme only for girls who were overweight at baseline and in one programme only for pupils perceived to be at greater risk at baseline. In the one study that included both provision of water and education, the risk of being overweight was reduced by 31% ( $P = 0.04$ ) in the intervention group. Conclusions The evidence suggests that school-based education programmes focusing on reducing SSB consumption, but including follow-up modules, offer opportunities for implementing effective, sustainable interventions. Peer support and changing the school environment (e.g. providing water or replacement drinks) to support educational programmes could improve their effectiveness.

Home delivery of more suitable drinks has a big impact on reducing SSB consumption, with associated reductions in body weight

Publication Type: Journal Article; research; systematic review; tables/charts. Supplement Title: Jan2015 Supplement. Journal Subset: Allied Health; Biomedical; Europe; Peer Reviewed; UK & Ireland. Special Interest: Evidence-Based Practice; Nutrition; Pediatric Care. Instrumentation: Jadad Scale. Grant Information: A small amount of funding was received from the British Dietetic Association to contribute towards this work. **Full text available:** . <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4309175/>

- (21) Bailey D, Kerlin L. Can Health Trainers Make a Difference With Difficult-to-Engage Clients? A Multisite Case Study. *Health Promot Pract* 2015; 16(5):756-764.

Abstract: A political attempt in the United Kingdom to address health inequalities in the past decade has been the government's initiative to employ local health trainers (HTs) or health trainer champions (HTCs) to support disadvantaged individuals with aspects of their health-related behaviors. HT/HTCs provide health-related information and support to individuals with healthy eating, physical activity, and smoking cessation. They undertake community engagement and direct individuals to relevant health services. They differ in that HTs are trained to provide health interventions to individuals or groups and to make referrals to specialist health care services when necessary. This article provides an evaluation of HT/HTCs interventions across three sites, including one prison, one probation service (three teams), and one mental health center. An evaluation framework combining process and outcome measures was employed that used mixed methods to capture data relating to the implementation of the service, including the context of the HT/HTCs interventions, the reactions of their clients, and the outcomes reported. It was found that HT/HTCs interventions were more effective in the prison and mental health center compared with the probation site largely as a result of contextual factors

PT - Evaluation Studies

PT - Journal Article

PT - Research Support, Non-U.S. Gov't

- (22) Baker-Philip RA, Francis DP, Soares J, Weightman AL, Foster C. Community wide interventions for increasing physical activity. *Cochrane Database of Systematic Reviews* 2015.

Abstract: Background: Multi-strategic community wide interventions for physical activity are increasingly popular but their ability to achieve population level improvements is unknown. Objectives: To evaluate the effects of community wide, multi-strategic interventions upon population levels of physical activity. Search methods: We searched the Cochrane Public Health Group Segment of the Cochrane Register of Studies, The Cochrane Library, MEDLINE, MEDLINE in Process, EMBASE, CINAHL, LILACS, PsycINFO, ASSIA, the British Nursing Index, Chinese CNKI databases, EPPI Centre (DoPHER, TRoPHI), ERIC, HMIC, Sociological Abstracts, SPORTDiscus, Transport Database and Web of Science (Science Citation Index, Social Sciences Citation Index, Conference Proceedings Citation Index). We also scanned websites of the EU Platform on Diet, Physical Activity and Health; Health-Evidence.org; the International Union for Health Promotion and Education; the NIHR Coordinating Centre for Health Technology (NCCHTA); the US Centre for Disease Control and Prevention (CDC) and NICE and SIGN guidelines. Reference lists of all relevant systematic reviews, guidelines and primary studies were searched and we contacted experts in the field. The searches were updated to 16 January 2014, unrestricted by language or publication status. Selection criteria: Cluster randomised controlled trials, randomised controlled trials, quasi-experimental designs which used a control population for comparison, interrupted time-series studies, and prospective controlled cohort studies were included. Only studies with a minimum six-month follow up from the start of the intervention to measurement of outcomes were included. Community wide interventions had to comprise at least two broad strategies aimed at physical activity for the whole population. Studies which randomised individuals

from the same community were excluded. Data collection and analysis: At least two review authors independently extracted the data and assessed the risk of bias. Each study was assessed for the setting, the number of included components and their intensity. The primary outcome measures were grouped according to whether they were dichotomous (per cent physically active, per cent physically active during leisure time, and per cent physically inactive) or continuous (leisure time physical activity time (time spent)), walking (time spent), energy expenditure (as metabolic equivalents or METS)). For dichotomous measures we calculated the unadjusted and adjusted risk difference, and the unadjusted and adjusted relative risk. For continuous measures we calculated percentage change from baseline, unadjusted and adjusted. Main results: After the selection process had been completed, 33 studies were included. A total of 267 communities were included in the review (populations between 500 and 1.9 million). Of the included studies, 25 were set in high income countries and eight were in low income countries. The interventions varied by the number of strategies included and their intensity. Almost all of the interventions included a component of building partnerships with local governments or non-governmental organisations (NGOs) (29 studies). None of the studies provided results by socio-economic disadvantage or other markers of equity. However, of those included studies undertaken in high income countries, 14 studies were described as being provided to deprived, disadvantaged or low socio-economic communities. Nineteen studies were identified as having a high risk of bias, 10 studies were unclear, and four studies had a low risk of bias. Selection bias was a major concern with these studies, with only five studies using randomisation to allocate communities. Four studies were judged as being at low risk of selection bias although 19 studies were considered to have an unclear risk of bias. Twelve studies had a high risk of detection bias, 13 an unclear risk and four a low risk of bias. Generally, the better designed studies showed no improvement in the primary outcome measure of physical activity at a population level. All four of the newly included, and judged to be at low risk of bias, studies (conducted in Japan, United Kingdom and USA) used randomisation to allocate the intervention to the communities. Three studies used a cluster randomised design and one study used a stepped wedge design. The approach to measuring the primary outcome of physical activity was better in these four studies than in many of the earlier studies. One study obtained objective population representative measurements of physical activity by accelerometers, while the remaining three low-risk studies used validated self-reported measures. The study using accelerometry, conducted in low income, high crime communities of USA, emphasised social marketing, partnership with police and environmental improvements. No change in the seven-day average daily minutes of moderate to vigorous physical activity was observed during the two years of operation. Some program level effect was observed with more people walking in the intervention community, however this result was not evident in the whole community. Similarly, the two studies conducted in the United Kingdom (one in rural villages and the other in urban London; both using communication, partnership and environmental strategies) found no improvement in the mean levels of energy expenditure per person per week, measured from one to four years from baseline. None of the three low risk studies reporting a dichotomous outcome of physical activity found improvements associated with the intervention. Overall, there was a noticeable absence of reporting of benefit in physical activity for community wide interventions in the included studies. However, as a group, the interventions undertaken in China appeared to have the greatest possibility of success with high participation rates reported. Reporting bias was evident with two studies failing to report physical activity measured at follow up. No adverse events were reported. The data pertaining to cost and sustainability of the interventions were limited and varied. Authors' conclusions: Although numerous studies have been undertaken, there is a noticeable inconsistency of the findings in the available studies and this is confounded by serious methodological issues within the included studies. The body of evidence in this review does not support the hypothesis that the multi-component community wide interventions studied effectively increased physical activity for the population, although some studies with environmental components observed more people walking

**Full text available:**

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD008366.pub3/full>

- (23) Baker C, Palmer S, Lee CW. Smoking cessation intervention preferences among urban African Americans: A mixed methods approach. *Western Journal of Nursing Research* 2016; 38(6):704-720.  
Abstract: African Americans suffer disproportionately from smoking-related morbidity and mortality and make more quit attempts but report less success in quitting. Smokers tend to identify more strongly with African American culture. Qualitative interviews were conducted to elicit perceptions toward smoking and intervention content. Seventy-one African American smokers recruited from community locations participated. The majority stated they would not use any cessation aids if trying to quit smoking, despite the availability of free nicotine replacement. Acculturative stress scores were significantly higher in younger participants and those with higher income. Higher African American acculturation did not predict smoking cessation intervention preference. Family and social relationships were cited as both reasons for wanting to quit and reasons for continuing to smoke. Based on these findings, interventions for urban African Americans should address household members continuing to smoke, social/family connections, stress management, and cultural identification in urban areas
- (24) Bakhoya M, Ling J, Pfeiffer KA, Robbins LB. Evaluating Mailed Motivational, Individually Tailored Postcard Boosters for Promoting Girls' Postintervention Moderate-to-Vigorous Physical Activity. *Nursing Research* 2016; 65(5):415-420.  
Abstract: Background: Ways to optimize boosters to assist girls to attain adequate moderate-to-vigorous physical activity following an intervention are unknown. Objective: This study's purpose was to (a) determine whether girls receiving mailed motivational, individually tailored postcard boosters following a 17-week physical activity intervention would have greater moderate-to-vigorous physical activity at 9-month follow-up as compared to girls not receiving them and those in a control group and (b) evaluate girls' perceptions of the booster intervention. Methods: Sixth to seventh grade girls (n = 117) from two urban, Midwest schools with similar demographic characteristics participated in a 17-week physical activity intervention, and girls from a third school served as controls (n = 64). One (n = 54) of the two intervention schools was randomly assigned to receive 13 motivational, individually tailored postcards containing messages to encourage them to attain adequate physical activity during the postintervention period. Girls from the other intervention school (n = 63) did not receive postcards, and those in the control school did not receive any intervention. Moderate-to-vigorous physical activity was measured with accelerometers at postintervention and 9-month follow-up. Girls completed a postcard evaluation survey at 9-month follow-up. Results: Moderate-to-vigorous physical activity decreased significantly from postintervention to 9-month follow-up with no between-group differences or group-by-time interaction effect. On the basis of the survey, 27 (64.3%) girls received all postcards. Only 15 (35.7%) read all that they had received. Evaluations of postcards tended to be favorable. Discussion: Mailed booster postcards to promote physical activity among girls' postintervention were not effective. Strategies to achieve this objective warrant investigation. References
- (25) Bala MM, Strzeszynski L, Topor MR, Cahill K. Mass media interventions for smoking cessation in adults. *Cochrane Database of Systematic Reviews* 2013.  
Abstract: Background: Mass media tobacco control campaigns can reach large numbers of people. Much of the literature is focused on the effects of tobacco control advertising on young people, but there are also a number of evaluations of campaigns targeting adult smokers, which show mixed results. Campaigns may be local, regional or national, and may be combined with other components of a comprehensive tobacco control policy. Objectives: To assess the effectiveness of mass media interventions in reducing smoking among adults. Search methods: The Cochrane Tobacco Addiction Group search strategy was combined with additional searches for any studies that referred to

tobacco/smoking cessation, mass media and adults. We also searched the Cochrane Register of Controlled Trials (CENTRAL) and a number of electronic databases. The last search was carried out in February 2013. Selection criteria: Controlled trials allocating communities, regions or states to intervention or control conditions; interrupted time series. Adults, 25 years or older, who regularly smoke cigarettes. Studies which cover all adults as defined in studies were included. Mass media are defined here as channels of communication such as television, radio, newspapers, billboards, posters, leaflets or booklets intended to reach large numbers of people, and which are not dependent on person-to-person contact. The purpose of the mass media campaign must be primarily to encourage smokers to quit. They could be carried out alone or in conjunction with tobacco control programmes. The primary outcome was change in smoking behaviour. This could be reported as changes in prevalence, changes in cigarette consumption, quit rates, odds of being a smoker. Data collection and analysis: Two authors independently assessed all studies for inclusion criteria and for study quality (MB, LS, RTM). One author (MB) extracted data, and a second author (LS) checked them. Results were not pooled due to heterogeneity of the included studies and are presented narratively and in table form. Main results: Eleven campaigns met the inclusion criteria for this review. Studies differed in design, settings, duration, content and intensity of intervention, length of follow-up, methods of evaluation and also in definitions and measures of smoking behaviour used. Among nine campaigns reporting smoking prevalence, significant decreases were observed in the California and Massachusetts statewide tobacco control campaigns compared with the rest of the USA. Some positive effects on prevalence in the whole population or in the subgroups were observed in three of the remaining seven studies. Three large-scale campaigns of the seven presenting results for tobacco consumption found statistically significant decreases. Among the seven studies presenting abstinence or quit rates, four showed some positive effect, although in one of them the effect was measured for quitting and cutting down combined. Among the three that did not show significant decreases, one demonstrated a significant intervention effect on smokers and ex-smokers combined. Authors' conclusions: There is evidence that comprehensive tobacco control programmes which include mass media campaigns can be effective in changing smoking behaviour in adults, but the evidence comes from a heterogeneous group of studies of variable methodological quality. One state-wide tobacco control programme (Massachusetts) showed positive results up to eight years after the campaign. Another (California) showed positive results during the period of adequate funding and implementation and in final evaluation since the beginning of the programme. Six of nine studies carried out in communities or regions showed some positive effects on smoking behaviour and at least one significant change in smoking prevalence (Sydney). The intensity and duration of mass media campaigns may influence effectiveness, but length of follow-up and concurrent secular trends and events can make this difficult to quantify. No consistent relationship was observed between campaign effectiveness and age, education, ethnicity or gender

**Full text available:**

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD004704.pub3/full>

- (26) Ball K, Mouchacca J, Jackson M. The feasibility and appeal of mobile 'apps' for supporting healthy food purchasing and consumption among socioeconomically disadvantaged women: a pilot study. *Health Promotion Journal of Australia* 2014; 25(2):79-82. Abstract: Aim This pilot study aimed to assess the feasibility and appeal of using existing hand-held mobile technology (iPod or iPad) 'apps' as tools promoting healthy food planning, shopping and eating behaviours among socioeconomically disadvantaged women. Methods Surveys were administered before and immediately after a 4-week trial of seven currently available iPod or iPad apps, each of which addressed known barriers to healthy eating among socioeconomically disadvantaged women. A convenience sample was recruited from a local community in Melbourne, Australia, comprising 19 women with a low education (fewer than 12 years of formal education) or a low income (a household income of less than \$1000 per week, and/or having a pension or benefit as the main source

of income). Results More than half of the sample (n=11, 61%) used most apps at least weekly over the study period. Few found any of the apps complex or difficult to use, and most (n=14) reported that they would use their preferred apps again. Features liked included portability, simplicity, user-friendliness, and novelty/new knowledge provided by certain apps; less appealing features included requirements for time-consuming data entry and inability to access features offline. Conclusions Selected iPod and iPad apps are useable and appealing to socioeconomically disadvantaged women. Particular features of apps, including simplicity of use and providing seasonal information, appear helpful in assisting women to plan, shop and consume healthy foods. So what? This study demonstrates a promising approach for reaching and engaging socioeconomically disadvantaged target populations in healthy eating, through the use of mobile apps. Further research establishing the effectiveness of these apps in promoting healthy food planning, shopping and eating behaviours is now warranted  
Publication Type: Journal Article; research. Journal Subset: Australia & New Zealand; Blind Peer Reviewed; Editorial Board Reviewed; Health Promotion/Education; Peer Reviewed. NLM UID: 9710936

- (27) Bardi M. Activities for engaging schools in health promotion. *Health Education*, 2014.  
Abstract: The purpose of this paper is to describe activities used to initiate health promotion in the school setting. The design/methodology/approach was a description of successful pilot Health Promoting School (HPS) initiatives in Canada and Uganda and the validated measures central to each program. Evaluation methodologies: quantitative data from the tools used complimented by descriptive/qualitative methods. Previously validated tools/methodologies used include (WHO) growth charts for comparison of children's height, weight, head circumference, and BMI against multi-ethnic standards; a 24-h dietary recall instrument to assess dietary diversity as a proxy measure of nutritional adequacy; urine analysis to evaluate baseline renal function and the effect of supplemental hydration; 'photo-voice' to aid discussion of personal and community issues of concern; 'role play' to promote dialogue and promote social competence; and fitness training. Each activity can combine the 'curriculum content' and 'healthy practices' components central to HPS concepts. All activities engaged more than 95% of pupils enrolled, generated positive responses, and had the potential to impact behaviours and promote health. All the activities are inexpensive and straightforward to initiate, offer schools interested in health-promotion-driven education a broad range of potential 'entry points' that can be matched to the interests/challenges of individual communities, and use validated methodologies aiding objective evaluation. These activities foster a community empowerment ('bottom up') approach, but are also relevant for policy makers exploring HPS to address disease prevention through lifestyle change ('top down' approach). Engagement of communities and ultimately their 'ownership' of the HPS initiative have been achieved with these entry point activities. [Journal abstract]
- (28) Barragan NC. The "Sugar Pack" health marketing campaign in Los Angeles County, 2011-2012. *Health Promotion Practice*, 2014.  
Abstract: As part of a comprehensive approach to combating the obesity epidemic, the Los Angeles County Department of Public Health launched the 'Sugar Pack' health marketing campaign in fall 2011. Carried out in three stages, the campaign sought to educate and motivate the public to reduce excess calorie intake from sugar-sweetened beverage consumption. The primary Sugar Pack creative concepts provided consumers with information about the number of sugar packs contained in sugary drinks. Data from formative market research as well as lessons from previous campaigns in other U.S. jurisdictions informed the development of the materials. These materials were disseminated through a multipronged platform that included paid outdoor media on transit and billboards and messaging using social media (i.e., Twitter, Facebook, YouTube, and sendable e-cards). Initial findings from a post-campaign assessment indicate that the Sugar Pack campaign reached broadly into targeted communities, resulting in more than

515 million impressions. Lessons learned from the campaign suggest that employing health marketing to engage the public can lead to increased knowledge, favourable recognition of health messages, and self-reported intention to reduce sugar-sweetened beverage consumption, potentially complementing other obesity prevention strategies in the field.

- (29) Biddle SJH, Petrolini I, Pearson N. Interventions designed to reduce sedentary behaviours in young people: a review of reviews. *British Journal of Sports Medicine* 2014; 48(3):182-186.

Abstract: BACKGROUND: Leisure time is increasingly spent in sedentary pursuits such as screen-viewing (eg, television/DVD viewing and computer use), motorised travel, school/work and sitting-based socialising (eg, social media and chatting). Sedentary screen time, particularly TV, appears to play an important role in the aetiology of obesity due to its co-occurrence with other unhealthy behaviours such as snacking on energy-dense foods, low levels of physical activity and inadequate sleep. More information is needed on how to reduce sedentary behaviours. Most interventions have focused on young people and a number of systematic reviews exist on this topic. OBJECTIVE: To synthesise systematic reviews and meta-analyses of interventions aimed at decreasing sedentary behaviours among children and adolescents. METHODS: Papers were located from computerised and manual searches. Included articles were English language systematic reviews or meta-analyses of interventions aiming at reducing sedentary behaviour in children (<11 years) and adolescents (12-18 years). RESULTS: Ten papers met the inclusion criteria and were analysed. All reviews concluded some level of effectiveness in reducing time spent in sedentary behaviour. When an effect size was reported, there was a small but significant reduction in sedentary time (highest effect size=-0.29; CI -0.35 to -0.22). Moderator analyses showed a trend favouring interventions with children younger than 6 years. Effective strategies include the involvement of family, behavioural interventions and electronic TV monitoring devices. CONCLUSIONS: Results from systematic reviews and meta-analyses show that interventions to reduce children's sedentary behaviour have a small but significant effect. Future research should expand these findings examining interventions targeting different types of sedentary behaviours and the effectiveness of specific behaviour change techniques across different contexts and settings

Publication Type: Journal Article; research; systematic review. Journal Subset: Allied Health; Biomedical; Double Blind Peer Reviewed; Europe; Expert Peer Reviewed; Peer Reviewed; UK & Ireland. Special Interest: Evidence-Based Practice; Physical Therapy; Sports Medicine. NLM UID: 0432520

- (30) Black C, Lawrence W, Cradock S, Ntani G, Tinati T, Jarman M et al. Healthy conversation skills: increasing competence and confidence in front-line staff. *Public Health Nutrition* 2014; 17(3):700-707.

Abstract: Objective: (i) To assess change in confidence in having conversations that support parents with healthy eating and physical activity post-training. (ii) To assess change in staff competence in using 'open discovery' questions (those generally beginning with 'how' and 'what' that help individuals reflect and identify barriers and solutions) post-training. (iii) To examine the relationship between confidence and competence post-training. Design: A pre-post evaluation of 'Healthy Conversation Skills', a staff training intervention. Setting: Sure Start Children's Centres in Southampton, England. Subjects: A total of 145 staff working in Sure Start Children's Centres completed the training, including play workers (43%) and community development or family support workers (35%). Results: We observed an increase in median confidence rating for having conversations about healthy eating and physical activity (both  $P < 0.001$ ), and in using 'open discovery' questions ( $P < 0.001$ ), after staff attended the 'Healthy Conversation Skills' training. We also found a positive relationship between the use of 'open discovery' questions and confidence in having conversations about healthy eating post-training ( $r = 0.21$ ,  $P = 0.01$ ),

but a non-significant trend was observed for having conversations about physical activity ( $r = 0.15$ ,  $P = 0.06$ ). Conclusions: The 'Healthy Conversation Skills' training proved effective at increasing the confidence of staff working at Sure Start Children's Centres to have more productive conversations with parents about healthy eating. Wider implementation of these skills may be a useful public health nutrition capacity building strategy to help community workers support families with young children to eat more healthy foods

Publication Type: journal article; research. Journal Subset: Allied Health; Biomedical; Blind Peer Reviewed; Double Blind Peer Reviewed; Europe; Expert Peer Reviewed; Peer Reviewed; Public Health; UK & Ireland. Special Interest: Nutrition; Public Health. Grant Information: MC\_UP\_A620\_1014//Medical Research Council/United Kingdom.

- (31) Boles M, Adams A, Gredler A, Manhas S. Ability of a mass media campaign to influence knowledge, attitudes, and behaviors about sugary drinks and obesity. *Preventive Medicine* 2014; 67:S40-S45.

Abstract: OBJECTIVE: We examined the impact of a mass media campaign that was designed to educate residents about the amount of added sugars in soda and other sugary drinks, as well as the health impacts of consuming such drinks. METHOD: The campaign was implemented in Multnomah County (Portland), Oregon in 2011 and included paid and unpaid media on the web, television, billboards, and transit. A telephone survey ( $n=402$ ) measured campaign awareness, attitudes toward obesity, knowledge about health problems of excessive sugar, and behavioral intentions and behaviors around soda and sugary drink consumption. RESULTS: Nearly 80% of people who were aware of the media campaign intended to reduce the amount of soda or sugary drinks they offered to a child as a result of the campaign ads. Those who were aware of the campaign were more likely to agree that too much sugar causes health problems (97.3% vs. 85.9%). There was no significant change in self-reported soda consumption. CONCLUSION: Media campaigns about sugary drinks and obesity may be effective for raising awareness about added sugars in beverages, increasing knowledge about health problems associated with excessive sugar consumption, and prompting behavioral intentions to reduce soda and sugary drink consumption

Publication Type: Journal Article; research. Supplement Title: Oct2014 Supplement 1. Journal Subset: Biomedical; Peer Reviewed; USA. NLM UID: 0322116

- (32) Bonell C, Jamal F, Harden A. Systematic review of the effects of schools and school environment interventions on health : evidence mapping and synthesis. *Public Health Research* 2013; 1(1).

Abstract: BACKGROUND: In contrast to curriculum-based health education interventions in schools, the school environment approach promotes health by modifying schools' physical/social environment. This systematic review reports on the health effects of the school environment and processes by which these might occur. It includes theories, intervention outcome and process evaluations, quantitative studies and qualitative studies. RESEARCH QUESTIONS: Research question (RQ)1: What theories are used to inform school environment interventions or explain school-level health influences? What testable hypotheses are suggested? RQ2: What are the effects on student health/inequalities of school environment interventions addressing organisation/management; teaching/pastoral care/discipline; and the physical environment? What are the costs? RQ3: How feasible/acceptable and context dependent are such interventions? RQ4: What are the effects on student health/inequalities of school-level measures of organisation/management; teaching/pastoral care/discipline; and the physical environment? RQ5: Through what processes might such influences occur? REVIEW METHODS: In stage 1, we mapped references concerning how the school environment affects health and consulted stakeholders to identify stage 2 priorities. In stage 2, we undertook five reviews corresponding to our research questions. CONCLUSIONS: There is non-definitive evidence for the feasibility and effectiveness of school environment interventions involving community/relationship building, empowering student participation

in modifying schools' food/physical activity environments, and playground improvements. Multilevel studies suggest that schools that add value educationally may promote student health. Qualitative studies suggest pathways underlying these effects. This evidence lends broad support to theories of social development, social capital and human functioning and school organisation. Further trials to examine the effects of school environment modifications on student health are recommended. 12 fig. 33 tables. 190 refs.

- (33) Briant KJ, Halter A, Marchello N, et al. The Power of Digital Storytelling as a Culturally Relevant Health Promotion Tool. *Health Promotion Practice* 2016; 17(6):793-801. Abstract: Digital storytelling is an emergent method in health promotion. It addresses health inequities by combining technology with the voices of members of vulnerable, often underrepresented populations. The overall goal of this pilot project was to explore if digital storytelling could be a culturally relevant health promotion tool for Hispanics/Latinos to share their experiences with cancer, or other diseases. Promotores participated in a train-the-trainer workshop. Community members worked with trained promotores to create digital stories through community workshops. We conducted one-on-one interviews with digital story creators to elicit perspectives and assess their experience. One overarching theme among storytellers was the power of storytelling. Supporting subthemes that emerged in the interviews were (1) connection and communication, (2) lack of opportunities and barriers to telling stories, and (3) potential for disease prevention awareness and education. This study found digital storytelling to be culturally relevant for Hispanics/Latinos of Mexican origin. For these storytellers it was a uniquely valuable tool for sharing personal stories of overcoming or managing health issues. Participants found the digital story experience to be positive and beneficial. It provided a healing outlet to reflect on a difficult experience and find support within one's own community
- (34) Brown A. What Do Women Really Want? Lessons for Breastfeeding Promotion and Education. *Breastfeeding Medicine* 2016; 11(3):102-110. Abstract: Background: Promoting breastfeeding is a strategic priority, but breastfeeding rates remain low in the United Kingdom. Women value breastfeeding promotion and education, but a different strategy may be needed to continue to raise breastfeeding rates. New mothers, as the experts, are best placed to inform these changes. The current study explored new mothers' attitudes toward breastfeeding education and promotion, evaluating experiences and examining ideas for change. Materials and Methods: One thousand one hundred thirty mothers with a baby aged 0-2 years old who had planned to breastfeed at birth completed a questionnaire consisting of both closed and open-ended questions exploring their attitudes to breastfeeding promotion and support. Results: Overall, the findings showed that mothers valued breastfeeding information, but believed that changes needed to be made to current messages. Key themes included a move away from the perception that breastfeeding is best (rather than normal), emphasis on wider values other than the health benefits of breastfeeding, and a message that every feed, rather than just 6 months exclusive breastfeeding, matters. Mothers also highlighted the need for promotion and education to target family members and wider society rather than simply mothers themselves, all of whom influenced both directly or indirectly maternal decision and ability to breastfeed. Mothers suggested ideas for promotional campaigns or how specific groups or methods could be used to increase support, including education for children, TV adverts, and using established online sources of breastfeeding information. Conclusions: The findings are important both for those supporting new mothers to breastfeed and those involved in breastfeeding policy and promotional messages. References
- (35) Buchholz SW, Ingram D, Wilbur J, Pelt P. Using Photos to Develop Text Messages to Promote Walking. *Journal of Nursing Scholarship* 2013; 45(4):380-387. Abstract: Purpose Sending text messages (TMs) is a promising global intervention to help adults increase their engagement in walking as a form of physical activity (PA). But, little is known about how effective and acceptable TMs are developed. Design Our study was designed to (a) determine the acceptability, among low-income adults, of receiving TMs to

increase their walking and (b) develop, using photos to prompt discussion, a participant-generated database of TMs to promote walking. Methods In 2011, three focus groups (low-income, sedentary adults) met at community clinics (one focus group at each of three clinics). To promote dialogue to help develop TMs, we created a discussion guide and a set of 40 photos depicting barriers to increasing PA or showing people walking. A content analysis of TMs developed was done using audiotaped transcripts, photo page notes, flip chart notes, and field notes. Findings Twelve TM themes emerged, including 172 TMs developed by the 23 study participants (age  $50 \pm 6.3$  years). Conclusions Using TMs to help achieve walking goals is an acceptable method of promoting PA with adults. Using culturally relevant photos to prompt discussion, focus groups can develop a database of PA-related TMs to promote walking. Clinical Relevance Physical inactivity is a significant contributor to adult health problems worldwide, and walking is a realistic method of increasing PA. Using focus groups and photos, individuals can generate acceptable, personalized and innovative TMs to promote walking  
Publication Type: Journal Article; research; tables/charts. Journal Subset: Core Nursing; Double Blind Peer Reviewed; Expert Peer Reviewed; Nursing; Peer Reviewed; USA. Instrumentation: Text Message Usage Questionnaire. NLM UID: 100911591

- (36) Bungay H. The effects of participating in creative activities on the health and well-being of children and young people: a rapid review of the literature. *Perspective in Public Health*, 2013; 133(1).

Abstract: Health-promoting strategies need to be culturally appropriate to encourage healthy behaviours and lifestyle choices in children and young people. This rapid review explores the effects of participating in creative activities on the health and wellbeing of children aged between 11 and 18 years. Building on an earlier systematic review undertaken by Daykin and colleagues' a rapid review of the literature published between 2004 and 2011 was undertaken. The search was conducted systematically and included research on music, dance, singing, drama and visual arts, taking place in community settings or as extracurricular activities in mainstream schools. Therapies such as art, drama and music were excluded from the review. The results were, following rigorous application of inclusion and exclusion criteria, 20 papers were included in the review: six quantitative, eight qualitative and six mixed-method approaches. The interventions used in the studies were diverse and the research was heterogeneous, therefore overall synthesis of the results was inappropriate. The review is therefore organised into the following headings: sexual health, obesity, mental health and emotional wellbeing. Despite the methodological weakness and limitations of the majority of the studies, there were some consistencies in their findings. It was found that participating in creative activities can have a positive effect on behavioural changes, self-confidence, self-esteem, levels of knowledge and physical activity. The conclusions were, although the research evidence is generally weak there is some evidence that using creative activities as part of a health-promoting strategy may be a useful method of increasing knowledge and positive behaviours in children and young people. Cites 29 references.

- (37) Burbage L, Gonzalez E, Dunning L, Simon P, Kuo T. Building mutually beneficial partnerships to improve physical activity opportunities through shared-use efforts in under-resourced communities in Los Angeles County. *Preventive Medicine* 2014; 67:S4-S9.

Abstract: OBJECTIVE: To evaluate 18 shared-use agreements (SUAs) implemented in Los Angeles County during 2010-2012. SUAs opened school grounds and/or facilities in seven school districts to increase physical activity opportunities for under-resourced communities with high prevalence of obesity. METHODS: We reviewed the extent to which SUAs addressed school district concerns about cost responsibility, sustainability, and scope. A school site and community partner survey was conducted to inform planning and to facilitate comparisons of the types and range of legal clauses (up to 16) contained in the agreements. We used geographic information systems and 2010 United States Census

data to estimate the population reached and the potential benefits of the SUAs. RESULTS: SUAs varied in the degree to which they addressed the three categories of concerns. Eight of the 18 agreements included 13 of the 16 legal clauses. We estimate that these SUAs have the potential to reach nearly 165,000 children (ages 5-19) and more than 500,000 adults (ages 20-64) at a cost of about \$0.38 per community member reached.

CONCLUSION: SUAs that include legal clauses to address school concerns about factors such as vandalism, staffing and funding represent a promising strategy for increasing physical activity opportunities in under-resourced neighborhoods where the prevalence of obesity is high

Publication Type: Journal Article; research. Supplement Title: Oct2014 Supplement 1.

Journal Subset: Biomedical; Peer Reviewed; USA. NLM UID: 0322116

- (38) Cameron LD, Williams B. Which Images and Features in Graphic Cigarette Warnings Predict Their Perceived Effectiveness? Findings from an Online Survey of Residents in the UK. *Ann Behav Med* 2015; 49(5):639-649.

Abstract: BACKGROUND: Many countries are implementing graphic warnings for cigarettes. Which graphic features influence their effectiveness remains unclear.

PURPOSE: To identify features of graphic warnings predicting their perceived effectiveness in discouraging smoking. METHOD: Guided by the Common-Sense Model of responses to health threats, we content-analyzed 42 graphic warnings for attributes of illness risk representations and media features (e.g., photographs, metaphors). Using data from 15,536 survey participants, we conducted stratified logistic regressions testing which attributes predict participant selections of warnings as effective. RESULTS: Images of diseased body parts predicted greater perceived effectiveness; OR = 6.53-12.45 across smoking status (smoker, ex-smoker, young non-smoker) groups. Features increasing perceived effectiveness included images of dead or sick persons, children, and medical technology; focus on cancer; and photographs. Attributes decreasing perceived effectiveness included infertility/impotence, addictiveness, cigarette chemicals, cosmetic appearance, quitting self-efficacy, and metaphors. CONCLUSIONS: These findings on representational and media attributes predicting perceived effectiveness can inform strategies for generating graphic warnings

- (39) Chang SH, Chen MC, Chien NH, Lin HF. Effectiveness of community-based exercise intervention programme in obese adults with metabolic syndrome. *Journal of Clinical Nursing* 2016; 25(17-18):2579-2589.

Abstract: Aims and objectives: The objective of this study was to change the anthropometric, clinical, biochemical indicators and the rate of metabolic syndrome among obese adults in community. Background: Obesity is an indicator of metabolic syndrome and cardiometabolic diseases. Obesity increases national health care expenditure in Taiwan. The high prevalence of obesity is not only a public health issue but also an economic problem. Changes in lifestyle can help to prevent metabolic syndrome for individuals with obesity. Design: A randomised controlled trial was applied. Methods: In this randomised controlled trial by location, 136 metabolically abnormal obese individuals were included. The related indicators with metabolic syndrome were measured at baseline and after six months. The experimental group participated in a six-month community-based programme including provided exercise environments, exercise skills and volunteers' reminding. The control group was only provided environment and skills. Results: One hundred and thirty-one participants completed this trial. In comparison with the baseline, the intervention group showed a significant increase in high-density lipoprotein cholesterol (2.34 mg/dl), and decrease in body weight (1.09 kg), waist circumference (3.63 cm), systolic blood pressure (10.52 mmHg), diastolic blood pressure (5.21 mmHg), fasting blood glucose (5.84 mg/dl) and body mass index (0.74 kg/m<sup>2</sup>). In the control group, significant decrease in body mass index and waist circumference were discovered. Compared to the changes between the two groups, the results showed there were significant differences in waist circumference, systolic blood pressure, diastolic blood pressure and high-density lipoprotein cholesterol. Conclusions: The community-based

intervention could help to improve high-density lipoprotein cholesterol, reduce body weight, body mass index, waist circumference, blood pressure and fasting blood glucose in metabolically abnormal obese. Relevance to clinical practice: This community-based programme helped metabolically abnormal obese individuals become metabolically healthy. In the future, community nurses will work with village heads and volunteers. They can encourage residents in the communities to have healthy lifestyle. As a result, the goal of this programme will be successfully achieved with less time and effort

- (40) Chen EK, Reid MC, Parker SJ, Pillemer K, Chen EK, Reid MC et al. Tailoring evidence-based interventions for new populations: a method for program adaptation through community engagement. *Evaluation & the Health Professions* 2013; 36(1):73-92. Abstract: Evidence-based interventions (EBIs) are an important tool for community health practitioners, but there is often a mismatch between the population in which the EBI was validated and the target population in which it will be used. Methods of planned adaptation identify differences in the new target population and attempt to make changes to the EBI that accommodate these differences without diluting the program's effectiveness. This article outlines an innovative method for eliciting ideas for program modifications and deciding on program changes. The Method for Program Adaptation through Community Engagement (M-PACE) uses systematic and detailed feedback from program participants to guide adaptation. The authors describe procedures for obtaining high-quality participant feedback and adjudicating recommendations to decide on program changes. M-PACE was developed as part of the adaptation of an evidence-based, arthritis self-management program for older adults. The application and results of the M-PACE method are presented using this case as an example  
Publication Type: journal article; research. Journal Subset: Health Services Administration; Peer Reviewed; USA. Special Interest: Evidence-Based Practice; Quality Assurance. Grant Information: P30AG022845/AG/NIA NIH HHS/United States.
- (41) Cleland CL, Hunter RF, Tully MA, Scott D, Kee F, Donnelly M et al. Identifying solutions to increase participation in physical activity interventions within a socio-economically disadvantaged community: a qualitative study. *Int J Behav Nutr Phys Act* 2014; 11:68. Abstract: BACKGROUND: There is an urgent need to increase population levels of physical activity, particularly amongst those who are socio-economically disadvantaged. Multiple factors influence physical activity behaviour but the generalisability of current evidence to such 'hard-to-reach' population subgroups is limited by difficulties in recruiting them into studies. Also, rigorous qualitative studies of lay perceptions and perceptions of community leaders about public health efforts to increase physical activity are sparse. We sought to explore, within a socio-economically disadvantaged community, residents' and community leaders' perceptions of physical activity (PA) interventions and issues regarding their implementation, in order to improve understanding of needs, expectations, and social/environmental factors relevant to future interventions. METHODS: Within an ongoing regeneration project (Connswater Community Greenway), in a socio-economically disadvantaged community in Belfast, we collaborated with a Community Development Agency to purposively sample leaders from public- and voluntary-sector community groups and residents. Individual semi-structured interviews were conducted with 12 leaders. Residents (n = 113), of both genders and a range of ages (14 to 86 years) participated in focus groups (n = 14) in local facilities. Interviews and focus groups were recorded, transcribed verbatim and analysed using a thematic framework. RESULTS: Three main themes were identified: awareness of PA interventions; factors contributing to intervention effectiveness; and barriers to participation in PA interventions. Participants reported awareness only of interventions in which they were involved directly, highlighting a need for better communications, both inter- and intra-sectoral, and with residents. Meaningful engagement of residents in planning/organisation, tailoring to local context, supporting volunteers, providing relevant resources and an 'exit strategy' were perceived as important factors related to intervention effectiveness. Negative attitudes such as apathy, disappointing experiences, information with no perceived personal

relevance and limited access to facilities were barriers to people participating in interventions. CONCLUSIONS: These findings illustrate the complexity of influences on a community's participation in PA interventions and support a social-ecological approach to promoting PA. They highlight the need for cross-sector working, effective information exchange, involving residents in bottom-up planning and providing adequate financial and social support. An in-depth understanding of a target population's perspectives is of key importance in translating PA behaviour change theories into practice

**Full text available:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4038056/>

- (42) Cleland V, Granados A, Crawford D, Winzenberg T, Ball K. Effectiveness of interventions to promote physical activity among socioeconomically disadvantaged women: a systematic review and meta-analysis *Obesity Reviews* 2013; 14(3):197-212. Abstract: Physical activity is important for preventing weight gain and obesity, but women experiencing socioeconomic disadvantage are at high risk of inactivity. This study aimed to determine the effectiveness of interventions to increase physical activity among women experiencing disadvantage, and the intervention factors (i.e. physical activity measure, delivery mode, delivery channel, setting, duration, use of theory, behavioural techniques, participant age, risk of bias) associated with effectiveness. We conducted a meta-analysis of controlled trials using random-effects models and meta-regression. Seven databases were searched for trials among healthy women (18–64 years), which included a physical activity intervention, any control group, and statistical analyses of a physical activity outcome at baseline and post-intervention. Nineteen studies were included ( $n = 6,339$ ). Because of substantial statistical heterogeneity ( $\chi^2 = 53.61$ ,  $df = 18$ ,  $P < 0.0001$ ,  $I^2 = 66\%$ ), an overall pooled effect is not reported. In subgroup analyses, between-group differences were evident for delivery mode, which modestly reduced heterogeneity (to 54%). Studies with a group delivery component had a standardized mean difference of 0.38 greater than either individual or community-based delivery. Programs with a group delivery mode significantly increase physical activity among women experiencing disadvantage, and group delivery should be considered an essential element of physical activity promotion programs targeting this population group.
- (43) Collie-Akers VL, Fawcett SB, Schultz JA. Measuring progress of collaborative action in a community health effort. *Revista Panamericana de Salud Publica* 2013; 34(6):422-428. Abstract: Objective. To measure the progress made by the collaborative actions of multisectorial partners in a community health effort using a systematic method to document and evaluate community/system changes over time. Methods. This was a community-based participatory research project engaging community partners of the Latino Health for All Coalition, which based on the Health for All model, addresses health inequity in a low-income neighborhood in Kansas City, Kansas, United States of America. Guided by three research questions regarding the extent to which the Coalition catalyzed change, intensity of change, and how to visually display change, data were collected on community/system changes implemented by the community partners from 2009-2012. These changes were characterized and rated according to intensity (event duration, population reach, and strategy) and by other categories, such as social determinant of health mechanism and sector. Results. During the 4-year study period, the Coalition implemented 64 community/system changes. These changes were aligned with the Coalition's primary goals of healthy nutrition, physical activity, and access to health screenings. Community/system efforts improved over time, becoming longer in duration and reaching more of the population. Conclusions. Although evidence of its predictive validity awaits further research, this method for documenting and characterizing community/system changes enables community partners to see progress made by their health initiatives  
Publication Type: Journal Article; research. Journal Subset: Biomedical; Peer Reviewed; Public Health; USA. Special Interest: Public Health. NLM UID: 9705400

- (44) Comiskey CM, et al. An analysis of the first implementation and impact of the World Health Organisation's health promoting school model within disadvantaged city schools in Ireland. 2015; 10(4):281-293.  
Abstract: While knowledge about the World Health Organisation's (WHO) healthy schools model has been developed in recent years, process implementation and outcomes for school children have not improved in line with these advances. This deficit has become known as the "implementation gap" and refers to the difference between the evidence of what works in theory and what is delivered in practice. The aim of this research was to evaluate the first implementation and impact of the WHO model among urban disadvantaged school children in Ireland from 2008 to 2012. A concurrent mixed methods study design was used. A process evaluation-mapped implementation and a three-year cohort study measured the impact. Data comprised of semi-structured interviews, focus groups and documentary analysis. Instruments included the Kidscreen-27 and the Child Depression Inventory (CDI). Over 600 children in five intervention and two comparison schools were recruited. The process evaluation revealed that top-down decision making based on the communities rather than each individual school's needs and a lack of understanding of the concept of the whole school approach inhibited implementation. No significant differences were found between intervention and comparison of schools over three years post implementation. The successful implementation within an urban disadvantaged region requires not an analysis of the regional needs but a development of the individual school needs and sufficient lead-in time to ensure that each school is ready in terms of its understanding. Furthermore, healthy schools coordinators roles need to be clarified as facilitators of development and change rather than as unsustainable providers of health activities
- (45) Corcoran N, Ahmad F. The readability and suitability of sexual health promotion leaflets. *Patient Educ Couns* 2016; 99(2):284-286.  
Abstract: OBJECTIVE: To investigate the readability and suitability of sexual health promotion leaflets. METHOD: Application of SMOG, FRY and SAM tests to assess the readability and suitability of a selection of sexual health leaflets. RESULTS: SMOG and FRY scores illustrate an average reading level of grade 9. SAM scores indicate that 59% of leaflets are superior in design and 41% are average in design. Leaflets generally perform well in the categories of content, literacy demand, typography and layout. They perform poorly in use of graphics, learning stimulation/motivation and cultural appropriateness. CONCLUSION: Sexual health leaflets have a reading level that is too high. Leaflets perform well on the suitability scores indicating they are reasonably suitable. There are a number of areas where sexual health leaflets could improve their design. PRACTICE IMPLICATIONS: Numerous practical techniques are suggested for improving the readability and suitability of sexual health leaflets
- (46) Costa EF, Guerra PH, Santos TId, Florindo AA. Systematic review of physical activity promotion by community health workers. *Preventive Medicine* 2015; 81:114-121.  
Abstract: Objective: To assess the physical activity promotion in interventions conducted by community health workers. Methods: Systematic searches in five electronic databases (LILACS, PubMed, Scopus, Web of Science and SportDiscus) and manual searches in reference lists were conducted for papers published up until May 2014. The inclusion criteria were interventions delivered in adults by community health workers that had physical activity promotion as an objective (primary or secondary). Results: Of the 950 references initially retrieved, 26 were included in the descriptive synthesis. At the operational level, action strategies were predominantly based on the model of health education grounded in counseling, and delivered in populations at risk or diagnosed with chronic non-communicable diseases. Only five studies had the primary outcome of physical activity promotion and twenty-five studies used self-report methods for evaluation. The majority of studies (72.4%) were classified as having low or moderate risk of bias. Sixteen studies (61.5%) reported positive results for different parameters of physical activity. Most studies were carried out in the United States. The successful interventions

were conducted over a period averaging 6.5 months and targeted mainly women, individuals older than thirty, specific ethnic groups, and syndromic or at-risk individuals. Conclusions: The community health workers were important for physical activity promotion, but further interventions should be carried out in different countries and less specific samples, that include physical activity as a primary outcome and employ direct methods for assessing physical activity

Publication Type: journal article. Journal Subset: Biomedical; Peer Reviewed; USA.

Special Interest: Evidence-Based Practice. NLM UID: 0322116

- (47) Cruz TH, Davis SM, Myers OB, Donald ER, Sanders SG, Sheche JN. Effects of an Obesity Prevention Intervention on Physical Activity Among Preschool Children: The CHILE Study. *Health Promotion Practice* 2016; 17(5):693-701.

Abstract: Background. Limited research addresses interventions to increase physical activity among American Indian and Hispanic preschool-aged children living in rural areas. We examined the impact of a Head Start-based intervention (Child Health Initiative for Lifelong Eating and Exercise [CHILE]) on physical activity at home. Method. Sixteen Head Start centers in predominantly Hispanic or American Indian communities were group randomized to the six-component intervention or a comparison group for 2 years. Structured surveys were administered at four assessment times to a convenience sample of caregivers of 655 children in the study. Multilevel modeling was used to assess the effects of the intervention on physical activity. Results. The relative change in physical activity in the intervention group compared with the comparison group over the 2-year period was 1.56 (95% confidence interval [1.02, 2.38];  $p = .04$ ). Among specific promoted activities (ball playing, dancing, active games, jumping, and walking), dancing increased significantly in the intervention compared with the comparison group (2.9; 95% confidence interval [1.2, 7.1];  $p = .02$ ). Conclusions. The CHILE intervention was effective at increasing physical activity at home in preschool children in priority populations. Future research should focus on increasing family involvement and strengthening messaging about physical activity in these populations. References

- (48) Derges J, Clow A, Lynch R, Jain S, Phillips G, Petticrew M et al. 'Well London' and the benefits of participation: results of a qualitative study nested in a cluster randomised trial. *BMJ Open* 2014; 4(4):e003596.

Abstract: BACKGROUND: Well London is a multicomponent community engagement and coproduction programme designed to improve the health of Londoners living in socioeconomically deprived neighbourhoods. To evaluate outcomes of the Well London interventions, a cluster randomised trial (CRT) was conducted that included a longitudinal qualitative component, which is reported here. The aim is to explore in depth the nature of the benefits to residents and the processes by which these were achieved. METHODS: The 1-year longitudinal qualitative study was nested within the CRT. Purposive sampling was used to select three intervention neighbourhoods in London and 61 individuals within these neighbourhoods. The interventions comprised activities focused on: healthy eating, physical exercise and mental health and well-being. Interviews were conducted at the inception and following completion of the Well London interventions to establish both if and how they had participated. Transcripts of the interviews were coded and analysed using Nvivo. RESULTS: Positive benefits relating to the formal outcomes of the CRT were reported, but only among those who participated in project activities. The extent of benefits experienced was influenced by factors relating to the physical and social characteristics of each neighbourhood. The highest levels of change occurred in the presence of: (1) social cohesion, not only pre-existing but also as facilitated by Well London activities; (2) personal and collective agency; (3) involvement and support of external organisations. Where the physical and social environment remained unchanged, there was less participation and fewer benefits. CONCLUSIONS: These findings show interaction between participation, well-being and agency, social interactions and cohesion and that this modulated any benefits described. Pathways to change were thus complex and variable, but personal

well-being and local social cohesion emerged as important mediators of change

PT - Randomized Controlled Trial

PT - Research Support, Non-U.S. Gov't

**Full text available:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3987724/>

- (49) Derose KP, Marsh T, Mariscal M, Pina-Cortez S, Cohen DA. Involving community stakeholders to increase park use and physical activity. *Preventive Medicine* 2014; 64:14-19.  
Abstract: Objective: The aim of this study is to describe implementation of a randomized controlled trial of community-based participatory research (CBPR) approaches to increase park use and physical activity across 33 diverse neighborhoods in Los Angeles. Methods: Fifty parks were randomly assigned based on park size, facilities and programs, and neighborhood socio-demographic characteristics to: park director (PD, 17 parks); PD and park advisory board of interested community members (PD+PAB, 16 parks); and no-intervention control (17 parks) arms. Between 2007 and 2012, PDs and PABs from the 33 intervention parks participated in community engagement, baseline assessment, marketing training, intervention design and implementation, and follow-up assessment. Results: Intervention parks (PD and PD+PAB) invested in new and diversified signage, promotional items, outreach or support for group activities like fitness classes and walking clubs, and various marketing strategies. Scaling up CBPR methods across parks in 33 diverse neighborhoods was challenging. Working with departmental management and established structures for community input (PABs) and park policy (PDs) facilitated implementation and sustainability. Conclusion: Scaling up CBPR methods across diverse communities involved tradeoffs. CBPR is useful for tailoring research and enhancing community impact and sustainability, but more work is needed to understand how to conduct multi-site trials across diverse settings using CBPR  
Publication Type: journal article; research; randomized controlled trial. Journal Subset: Biomedical; Peer Reviewed; USA. Grant Information: R01 HL083869/HL/NHLBI NIH HHS/United States. NLM UID: 0322116
- (50) Duff CL, Poole CR. School nurses: coordinating care through a community/school health partnership. *NASN School Nurse* 2016; 31(6):342-346.  
Abstract: School nurses coordinate student health care for prevention and treatment to remove health barriers to learning and to school attendance. They use a team approach to manage students with chronic conditions as they transition among home, school and healthcare settings, working to develop competent self-care aligned with developmental ages of students. Care coordination ensures the continuum of care is unbroken. Meeting the health needs of low-income students can be challenging, because those students are likely to be uninsured or underinsured and often lack necessary resources, such as transportation, to access primary health care. Care coordination is a tenet of school nursing and to optimally serve low-income students, school nurses form partnerships in the community. One innovative and successful partnership is Healthy Learners, an organization that works with community healthcare providers and school district nurses to connect eligible students to needed healthcare services. Always, the goal is to keep students in school, healthy, and ready to learn. References
- (51) Eather N, Morgan PJ, Lubans DR. Improving the fitness and physical activity levels of primary school children: Results of the Fit-4-Fun group randomized controlled trial. *Preventive Medicine* 2013; 56(1):12-19.  
Abstract: OBJECTIVE: To evaluate the impact of a multi-component school-based physical activity intervention (Fit-4-Fun) on health-related fitness and objectively measured physical activity in primary school children. METHODS: Four Hunter primary schools were recruited in April, 2011 and randomized by school into treatment or control conditions. Participants included 213 children (mean age=10.72years $\pm$ 0.6; 52.2% female) with the treatment group (n=118) completing the 8-week Fit-4-Fun Program. Participants were

assessed at baseline and 6-month follow-up, with a 91% retention rate. Cardio-respiratory fitness (CRF) (20m shuttle run) was the primary outcome, and secondary outcomes included body composition (BMI, BMI(Z)), muscular fitness (7-stage sit-up test, push-up test, basketball throw test, Standing Jump), flexibility (sit and reach) and physical activity (7days pedometry). RESULTS: After 6-months, significant treatment effects were found for CRF (adjusted mean difference, 1.14 levels,  $p < 0.001$ ), body composition (BMI mean,  $-0.96 \text{ kg/m}^2$ ,  $p < 0.001$  and BMI z-score mean  $-0.47$  z-scores,  $p < 0.001$ ), flexibility (sit and reach mean,  $1.52 \text{ cm}$ ,  $p = 0.0013$ ), muscular fitness (sit-ups) (mean  $0.62$  stages,  $p = 0.003$ ) and physical activity (mean,  $3253$  steps/day,  $p < 0.001$ ). There were no group by time effects for the other muscular fitness measures. CONCLUSIONS: A primary school-based intervention focusing on fitness education significantly improved health-related fitness and physical activity levels in children

Publication Type: Journal Article; research; randomized controlled trial. Journal Subset: Biomedical; Peer Reviewed; USA. NLM UID: 0322116

- (52) Edgerton E, Reiney E, Mueller S, Reicherter B, Curtis K, Waties S et al. Identifying New Strategies to Assess and Promote Online Health Communication and Social Media Outreach: An Application in Bullying Prevention. *Health Promotion Practice* 2016; 17(3):448-456.

Abstract: Every day in classrooms, playgrounds and school hallways, through text messages and mobile technology apps, children are bullied by other children. Conversations about this bullying - what it is, who is involved, and how to stop it - are taking place online. To fill a need for relevant, research-based materials on bullying, the U.S. Department of Health and Human Services' Health Resources and Services Administration worked with Widmeyer Communications to investigate the scope of media conversations about bullying and discover new strategies for promoting appropriate public health messages about bullying to intended audiences. Key components of the methodology included: analyzing common search terms and aligning social media content with terms used in searches rather than technical language; identifying influencers in social media spheres, cultivating relationships with them, and sharing their positive, relevant content; examining which digital formats are most popular for sharing and creating content across platforms; tracking and reporting on a wide variety of metrics (such as click-through and engagement rates and reach, resonance, relevance, and Klout scores) to understand conversations around bullying; and looking at online conversations and engaging participants using applicable resources and calls to action. A key finding included a significant gap between search terms and online content and has led to recommendations and comprehensive ideas for improving the reach and resonance of StopBullying.gov content and communications. References

- (53) Efrat MW. Exploring Effective Strategies for Increasing the Amount of Moderate-to-Vigorous Physical Activity Children Accumulate During Recess: A Quasi-Experimental Intervention Study. *Journal of School Health* 2013; 83(4):265-272. Abstract: ABSTRACT BACKGROUND Less than half of elementary children meet the physical activity recommendations of 30 to 60 minutes of moderate-to-vigorous physical activity (MVPA) on a daily basis. Recess provides the single biggest opportunity for children to accumulate MVPA. This study explored whether a teacher's social prompting to be active during recess alone and modeling of active recess-time games alone may increase the amount of MVPA children accumulate during recess. METHODS Three demographically matched schools were randomly assigned to receive a social prompting intervention, modeling intervention, or to serve as a comparison group. Pre- and postintervention physical activity data was collected utilizing accelerometers. RESULTS Compared with preintervention, MVPA during recess increased significantly in the social prompting group and decreased significantly in the modeling group. There were no significant changes in the comparison group. There was a significant interaction between time and intervention: pre- to postintervention change between interventions was

significant for modeling versus comparison and modeling versus social prompting, but not for social prompting versus comparison. CONCLUSIONS Modeling was not an effective strategy for increasing MVPA during recess. Social prompting may be an effective strategy for increasing MVPA during recess. However, larger studies are needed to determine whether social prompting increases MVPA during recess. In light of evidence suggesting that MVPA is linked to lower obesity rates, and a substantial number of health and academic benefits, social prompting may be a useful strategy to further explore to address the childhood obesity epidemic, and improve students' health and academic outcomes  
Publication Type: Journal Article; research; tables/charts. Journal Subset: Core Nursing; Nursing; Peer Reviewed; USA. Special Interest: Pediatric Care. NLM UID: 0376370

- (54) Elizondo-Montemayor L, Gutierrez NG, Moreno DM, et al. School-based individualised lifestyle intervention decreases obesity and the metabolic syndrome in Mexican children. *Journal of Human Nutrition & Dietetics* 2013; 26:82-89.  
Abstract: Background Currently, there is limited evidence about effective strategies to manage childhood obesity and the metabolic syndrome in school settings. The present study aims to analyse changes in the prevalence of being overweight/obese and having the metabolic syndrome in relation to a 10-month lifestyle intervention based on individualised face-to-face sessions and parental education in school settings. Methods The study sample comprised a cross-sectional sample of 96 overweight/obese Mexican children aged 6-12 years from eight schools. Clinical, anthropometric measurements and 24-h recalls were obtained during each of 13 visits. Laboratory measurements were determined at the beginning and end. The energy-reduced diet was based on dietary recommended intakes. Individualised structured daily meals and a physical activity plan, tailored-made for each child, were provided every 3 weeks at the schools. Parental attendance was required. Student's t-test, McNemar and Shapiro-Wilk tests and simple linear regression were used for the statistical analysis. Results The prevalence of metabolic syndrome fell significantly from 44% to 16% (  $P < 0.01$ ), high blood pressure fell from 19% to 0%, hypertriglyceridaemia fell from 64% to 35%, high-density lipoprotein-cholesterol  $\leq 40$  fell from 60% to 41%, hyperglycaemia fell from 1% to 0%, and waist circumference  $\geq 90$ th percentile fell from 72% to 57%. There was a 2.84 [95% confidence interval ( CI) = 4.10 to 1.58;  $P < 0.01$ ] significant decrease in body mass index percentile and in body-fat percentage (95% CI = 3.31 to 1.55;  $P < 0.01$ ). Of the overweight children, 32% achieved normal-weight, whereas 24% of the obese ones converted to overweight and 1% reached normal-weight. Physical activity increased 16 min day<sup>-1</sup> (  $P = 0.02$ ) and 2 days week<sup>-1</sup>. Conclusions A school-setting lifestyle intervention led to a decreased prevalence of being overweight/obese and to a striking reduction in the prevalence of the metabolic syndrome in a sample of Mexican children  
Publication Type: Journal Article; clinical trial; research; tables/charts. Supplement Title: Jul2013 Supplement. Journal Subset: Allied Health; Biomedical; Europe; Peer Reviewed; UK & Ireland. Special Interest: Nutrition; Pediatric Care. NLM UID: 8904840
- (55) Elliott L, Henderson M, Nixon C, Wight D. Has untargeted sexual health promotion for young people reached its limit? A quasi-experimental study. *Journal of Epidemiology & Community Health* 2013; 67(5):398-404.  
Abstract: Background Theoretically, there may be benefit in augmenting school-based sexual health education with sexual health services, but the outcomes are poorly understood. Healthy Respect 2 (HR2) combined sex education with youth-friendly sexual health services, media campaigns and branding, and encouraged joint working between health services, local government and the voluntary sector. This study examined whether HR2: (1) improved young people's sexual health knowledge, attitudes, behaviour and use of sexual health services and (2) reduced socioeconomic inequalities in sexual health. Methods A quasi-experiment in which the intervention and comparison areas were matched for teenage pregnancy and terminations, and schools were matched by social

deprivation. 5283 pupils aged 15-16 years (2269 intervention, 3014 comparison) were recruited to cross-sectional surveys in 2007, 2008 and 2009. Results The intervention improved males' and, to a lesser extent, females' sexual health knowledge. Males' intention to use condoms, and reported use of condoms, was unaffected, compared with a reduction in both among males in the comparison arm. Although females exposed to the intervention became less accepting of condoms, there was no change in their intention to use condoms and reported condom use. Pupils became more tolerant of sexual coercion in both the intervention and comparison arms. Attitudes towards same-sex relationships remained largely unaffected. More pupils in the HR2 area used sexual health services, including those from lower socioeconomic backgrounds. This aside, sexual health inequalities remained. Conclusions Combining school-based sex education and sexual health clinics has a limited impact. Interventions that address the upstream causes of poor sexual health, such as a detrimental sociocultural environment, represent promising alternatives. These should prioritise the most vulnerable young people  
 Publication Type: Journal Article; research; tables/charts. Journal Subset: Biomedical; Blind Peer Reviewed; Europe; Expert Peer Reviewed; Peer Reviewed; Public Health; UK & Ireland. Special Interest: Pediatric Care; Public Health. Grant Information: The study was funded by NHS Health Scotland.. NLM UID: 7909766

- (56) Engelen L, Bundy AC, Naughton G, Simpson JM, Bauman A, Ragen J et al. Increasing physical activity in young primary school children - it's child's play: A cluster randomised controlled trial. *Preventive Medicine* 2013; 56(5):319-325.  
 Abstract: OBJECTIVE: To explore the effects of an innovative school-based intervention for increasing physical activity. METHODS: 226 children (5-7years old) randomly selected from 12 Australian primary schools were recruited to a cluster randomised trial with schools randomly allocated to intervention or control conditions. The 13-week intervention comprised: (1) altering the school playground by introducing loose materials and (2) a teacher-parent intervention exploring perceptions of risk associated with children's free play. The primary outcomes were total accelerometer counts and moderate-vigorous physical activity during break times. Testing took place in Sydney, 2009-2010. RESULTS: 221 participants were tested at baseline. Mixed-effect multilevel regression revealed a small but significant increase from the intervention on total counts (9400 counts, 95% CI 3.5-15.2, p=0.002) and minutes of MVPA (1.8min, 95% CI 0.5-3.1, p=0.006); and a decrease in sedentary activity (2.1min, 95% CI 0.5-3.8, p=0.01) during break times. We retested children in one intervention school after 2years; they maintained the gains. CONCLUSIONS: Capturing children's intrinsic motivations to play while simultaneously helping adults reconsider views of free play as risky provided increases in physical activity during break times. Using accelerometry as the sole measure of physical activity may underestimate the effect. Trial registration: ACTRN12611000089932  
 Publication Type: Journal Article; research; randomized controlled trial. Journal Subset: Biomedical; Peer Reviewed; USA. NLM UID: 0322116
- (57) Ferri M, Allara E, Bo A, Gasparrini A, Faggiano F. Media campaigns for the prevention of illicit drug use in young people. *Cochrane Database of Systematic Reviews* 2013.  
 Abstract: Background: Substance-specific mass media campaigns which address young people are widely used to prevent illicit drug use. They aim to reduce use and raise awareness of the problem.Objectives: To assess the effectiveness of mass media campaigns in preventing or reducing the use of or intention to use illicit drugs amongst young people.Search methods: We searched the Cochrane Central Register of Controlled Trials (CENTRAL, The Cochrane Library 2013, Issue 1), including the Cochrane Drugs and Alcohol Group's Specialised Register; MEDLINE through PubMed (from 1966 to 29 January 2013); EMBASE (from 1974 to 30 January 2013) and ProQuest Dissertations & Theses A&I (from 1861 to 3 February 2013).Selection criteria: Cluster-randomised controlled trials, prospective and retrospective cohort studies, interrupted time series and

controlled before and after studies evaluating the effectiveness of mass media campaigns in influencing drug use, intention to use or the attitude of young people under the age of 26 towards illicit drugs. Data collection and analysis: We used the standard methodological procedures of The Cochrane Collaboration. Main results: We included 23 studies involving 188,934 young people, conducted in the USA, Canada and Australia between 1991 and 2012. Twelve studies were randomised controlled trials (RCT), two were prospective cohort studies (PCS), one study was both a RCT and a PCS, six were interrupted time series and two were controlled before and after (CBA) studies. The RCTs had an overall low risk of bias, along with the ITS (apart from the dimension 'formal test of trend'), and the PCS had overall good quality, apart from the description of loss to follow-up by exposure. Self reported or biomarker-assessed illicit drug use was measured with an array of published and unpublished scales making comparisons difficult. Pooled results of five RCTs (N = 5470) show no effect of media campaign intervention (standardised mean difference (SMD) -0.02; 95% confidence interval (CI) -0.15 to 0.12). We also pooled five ITS studies (N = 26,405) focusing specifically on methamphetamine use. Out of four pooled estimates (two endpoints measured in two age groups), there was evidence of a reduction only in past-year prevalence of methamphetamine use among 12 to 17 years old. A further five studies (designs = one RCT with PCS, two PCS, two ITS, one CBA, N = 151,508), which could not be included in meta-analyses, reported a drug use outcome with varied results including a clear iatrogenic effect in one case and reduction of use in another. Authors' conclusions: Overall the available evidence does not allow conclusions about the effect of media campaigns on illicit drug use among young people. We conclude that further studies are needed

**Full text available:**

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD009287.pub2/full>

- (58) Fisher CA, Myers M. Patient education: A win-win opportunity. *Nursing Management (USA)* 2016; 47(3):18-20.  
Abstract: One-third of US adults have problems reading, which translates to difficulty understanding and acting on information related to their health. According to the National Assessment of Adult Literacy, only 12% of Americans are proficient in health literacy. That's why it's imperative for patients to not only be able to locate healthcare information, but also understand and be able to utilize the information provided. The CDC has developed a guide to aid in the creation of patient information. First steps include identifying the intended audience and their relevant health issues, and then engaging them in the development of educational material. This will improve patients' understanding and enhance their adherence to medical care. As nurse managers, encouraging your staff to participate in the development of patient education materials fosters not only professional development, but also team integration and improved patient outcomes. References
- (59) Ford A. Cutting A&E use and health inequalities. *Nursing Times* 2013.  
Abstract: In south west London, nurses, community workers, GPs and others have worked together to develop a programme that supports migrant communities, resulting in a reduction in their use of accident and emergency services. The programme included setting up community education sessions, six-week courses, and bilingual advocacy and interpretation services. Its success relied heavily on the team getting to know local communities, working in partnership and making time to develop trust. The lessons learnt from establishing these services are discussed to help readers improve their equality and diversity practice. Cites seven references.
- (60) Foster C, Richards J, Thorogood M, Hillsdon M. Remote and web 2.0 interventions for promoting physical activity. *Cochrane Database of Systematic Reviews* 2013;(9):N.  
Abstract: Remote and web 2.0 interventions for promoting physical activity (PA) are becoming increasingly popular but their ability to achieve long term changes are unknown. To compare the effectiveness of remote and web 2.0 interventions for PA promotion in community dwelling adults (aged 16 years and above) with a control group exposed to

placebo or no or minimal intervention. We searched CENTRAL, MEDLINE, EMBASE, CINAHL, and some other databases (from earliest dates available to October 2012). Reference lists of relevant articles were checked. No language restrictions were applied. Randomised controlled trials (RCTs) that compared remote and web 2.0 PA interventions for community dwelling adults with a placebo or no or minimal intervention control group. We included studies if the principal component of the intervention was delivered using remote or web 2.0 technologies (for example the internet, smart phones) or more traditional methods (for example telephone, mail-outs), or both. To assess behavioural change over time, the included studies had a minimum of 12 months follow-up from the start of the intervention to the final results. We excluded studies that had more than a 20% loss to follow-up if they did not apply an intention-to-treat analysis. At least two authors independently assessed the quality of each study and extracted the data. Non-English language papers were reviewed with the assistance of an interpreter who was an epidemiologist. Study authors were contacted for additional information where necessary. Standardised mean differences (SMDs) and 95% confidence intervals (CIs) were calculated for the continuous measures of self-reported PA and cardio-respiratory fitness. For studies with dichotomous outcomes, odds ratios and 95% CIs were calculated. A total of 11 studies recruiting 5862 apparently healthy adults met the inclusion criteria. All of the studies took place in high-income countries. The effect of the interventions on cardiovascular fitness at one year (two studies; 444 participants) was positive and moderate with significant heterogeneity of the observed effects (SMD 0.40; 95% CI 0.04 to 0.76; high quality evidence). The effect of the interventions on self-reported PA at one year (nine studies; 4547 participants) was positive and moderate (SMD 0.20; 95% CI 0.11 to 0.28; moderate quality evidence) with heterogeneity ( $I(2) = 37%$ ) in the observed effects. One study reported positive results at two years (SMD 0.20; 95% CI 0.08 to 0.32; moderate quality evidence). When studies were stratified by risk of bias, the studies at low risk of bias (eight studies; 3403 participants) had an increased effect (SMD 0.28; 95% CI 0.16 to 0.40; moderate quality evidence). The most effective interventions applied a tailored approach to the type of PA and used telephone contact to provide feedback and to support changes in PA levels. There was no evidence of an increased risk of adverse events (seven studies; 2892 participants). Risk of bias was assessed as low (eight studies; 3060 participants) or moderate (three studies; 2677 participants). There were no differences in effectiveness between studies using different types of professionals delivering the intervention (for example health professional, exercise specialist). There was no difference in pooled estimates between studies that generated the prescribed PA using an automated computer programme versus a human, nor between studies that used pedometers as part of their intervention compared to studies that did not. We found consistent evidence to support the effectiveness of remote and web 2.0 interventions for promoting PA. These interventions have positive, moderate sized effects on increasing self-reported PA and measured cardio-respiratory fitness, at least at 12 months. The effectiveness of these interventions was supported by moderate and high quality studies. However, there continues to be a paucity of cost effectiveness data and studies that include participants from varying socioeconomic or ethnic groups. To better understand the independent effect of individual programme components, longer term studies, with at least one year follow-up, are required.[CINAHL Note: The Cochrane Collaboration systematic reviews contain interactive software that allows various calculations in the MetaView.]

Publication Type: Journal Article; research; systematic review. Journal Subset: Europe; Peer Reviewed; UK & Ireland. Special Interest: Evidence-Based Practice. NLM UID: 100909747. Cochrane AN: CD010395

- (61) Foster GD, Karpyn A, Wojtanowski AC, Davis E, Weiss S, Brensinger C et al. Placement and promotion strategies to increase sales of healthier products in supermarkets in low-income, ethnically diverse neighborhoods: a randomized controlled trial. *American Journal of Clinical Nutrition* 2014; 99(6):1359-1368.  
Abstract: Background: The greater presence of supermarkets in low-income, high-minority

neighborhoods has the potential to positively affect diet quality among those at greatest risk of obesity. In-store marketing strategies that draw attention to healthier products may be effective, sustainable, and scalable for improving diet quality and health. Few controlled studies of in-store marketing strategies to promote sales of healthier items in low-income, high-minority neighborhoods have been conducted. Objective: The objective of this study was to evaluate the effects of in-store marketing strategies to promote the purchase of specific healthier items in 5 product categories: milk, ready-to-eat cereal, frozen meals, in-aisle beverages, and checkout cooler beverages. Design: The design was a cluster-randomized controlled trial conducted from 2011 to 2012. Eight urban supermarkets in low-income, high-minority neighborhoods were the unit of randomization, intervention, and analysis. Stores were matched on the percentage of sales from government food-assistance programs and store size and randomly assigned to an intervention or control group. The 4 intervention stores received a 6-mo, in-store marketing intervention that promoted the sales of healthier products through placement, signage, and product availability strategies. The 4 control stores received no intervention and were assessment-only controls. The main outcome measure was weekly sales of the targeted products, which was assessed on the basis of the stores' sales data. Results: Intervention stores showed significantly greater sales of skim and 1% milk, water (in aisle and at checkout), and 2 of 3 types of frozen meals compared with control store sales during the same time period. No differences were found between the stores in sales of cereal, whole or 2% milk, beverages, or diet beverages. Conclusions: These data indicate that straightforward placement strategies can significantly enhance the sales of healthier items in several food and beverage categories. Such strategies show promise for significant public health effects in communities with the greatest risk of obesity. Publication Type: Journal Article; research; tables/charts; randomized controlled trial. Journal Subset: Allied Health; Biomedical; Blind Peer Reviewed; Editorial Board Reviewed; Expert Peer Reviewed; Peer Reviewed; USA. Special Interest: Nutrition. Grant Information: Supported by grants 68237 and 68201 from the Robert Wood Johnson Foundation and grant 310128 from the USDA.. NLM UID: 0376027

- (62) France J. Using texts to increase access to school nurses. *Nursing Times*, 2014. Abstract: Although young people find school nurses approachable and caring, too few access their services. A text messaging service was set up in two secondary schools to raise awareness of the school nurse and encourage teenagers to make contact for health advice and support. Pupils were involved in developing promotional materials. The majority of text contact was for sexual health and relationship issues, with 44 out of the 202 text messages leading to face-to-face contact with the nurse. Cites three references.
- (63) Friel C. Improving Health Outcomes for Low Health Literacy Heart Failure Patients. *Home Healthcare Now* 2016; 34(8):434-439. Abstract: According to the National Assessment of Adult Literacy (2003), only 12% of U.S. adults have a proficient level of health literacy, with adults 65 years and older more likely to have a below basic or a basic health literacy level. An estimated 5.8 million individuals in the United States have heart failure (HF) and it is one of the most common reasons for those aged 65 and over to be hospitalized. Many patients with HF are at risk for poor health outcomes due to low health literacy. This article reviews the literature with regard to the effectiveness of methods used to address low health literacy among HF patients and describes a pilot study implemented by a home care agency in the northeast to address high HF readmission rates
- (64) Goeree R, Keyserlingk C, Burke N, He J, Kaczorowski J, Chambers L et al. Economic appraisal of a community-wide cardiovascular health awareness program. *Value in Health* 2013; 16:39-45.

- (65) Grydeland M, Bjelland M, Anderssen SA, Klepp KI, Bergh IH, Andersen LF et al. Effects of a 20-month cluster randomised controlled school-based intervention trial on BMI of school-aged boys and girls: the HEIA study. *British Journal of Sports Medicine* 2014; 48(9):768-773.  
 Abstract: BACKGROUND: School-based interventions that target prevention of overweight and obesity in children have been tested with mixed results. Thus, successful interventions are still called for. The aim of the present study was to investigate effects of a multicomponent school-based intervention programme targeting physical activity, sedentary and dietary behaviours on anthropometric outcomes. METHODS: A 20-month intervention was evaluated in a cluster randomised, controlled study of 1324 11-year-olds. Outcome variables were body mass index (BMI), BMI-for-age z-score (BMIz), waist circumference (WC), waist-to-height ratio (WTHR) and weight status (International Obesity Task Force's cut-offs). Weight, height and WC were measured objectively; pubertal status was self-reported and parental education was self-reported by the parents. Intervention effects were determined by one-way analysis of covariance and logistic regression, after checking for clustering effects of school, and moderating effects of gender, pubertal status and parental education. RESULTS: Beneficial effects were found for BMI ( $p=0.02$ ) and BMIz ( $p=0.003$ ) in girls, but not in boys. While a beneficial effect was found for BMI ( $p=0.03$ ) in participants of parents reporting a high level of education, a negative effect was found for WTHR in participants with parents reporting a low level of education ( $p=0.003$ ). There were no intervention effects for WC and weight status. CONCLUSIONS: A multicomponent 20-month school-based intervention had a beneficial effect on BMI and BMIz in adolescent girls, but not in boys. Furthermore, children of higher educated parents seemed to benefit more from the intervention, and this needs attention in future interventions to avoid further increase in social inequalities in overweight and obesity  
 Publication Type: Journal Article; research; randomized controlled trial. Journal Subset: Allied Health; Biomedical; Double Blind Peer Reviewed; Europe; Expert Peer Reviewed; Peer Reviewed; UK & Ireland. Special Interest: Physical Therapy; Sports Medicine.
- (66) Gulliford M, Charlton J, Bhattarai N, Rudisill C. Social and material deprivation and the cost-effectiveness of an intervention to promote physical activity: cohort study and Markov model. *J Public Health (Oxf)* 2014; 36(4):674-683.  
 Abstract: BACKGROUND: We developed a method to model the cost-effectiveness at different levels of deprivation of an intervention to promote physical activity. METHODS: The cost-effectiveness of a brief intervention in primary care was estimated by means of a Markov model stratified by deprivation quintile. Estimates for disease incidence, mortality, depression prevalence and health service utilization were obtained from 282 887 participants in the UK Clinical Practice Research Datalink with linked deprivation scores. Discounted results were compared for least deprived and most deprived quintiles. RESULTS: An effective intervention to promote physical activity continuing for 5 years gave an increase in life years free from disease: least deprived 54.9 (95% interval 17.5-93.5) per 1000 participants entering model; most deprived 74.5 (22.8-128.0) per 1000. The overall incremental quality adjusted life years were: least deprived, 3.7 per 1000 and most deprived, 6.1 per 1000 with probability cost-effective at pound30 000 per QALY being 52.5 and 63.3%, respectively. When the intervention was modelled to be 30% less effective in the most deprived than the least deprived quintile, the probability cost-effective was least deprived 52.9% and most deprived 55.9%. CONCLUSION: Physical activity interventions may generate greater health benefits in deprived populations. When intervention effectiveness is attenuated in deprived groups, cost-effectiveness may sometimes still be similar to that in the most affluent groups. Even with favourable assumptions, evidence was insufficient to support wider use of presently available brief primary care interventions in a universal strategy for primary prevention  
**Full text available:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4245899/>
- (67) Hamill S, Turk T, Murukutla N, Ghamrawy M, Mullin S. I 'like' MPOWER: using Facebook, online ads and new media to mobilise tobacco control communities in low-income and

middle-income countries. *Tobacco Control* 2015; 24(3):306-312.

Abstract: New media campaigns hold great potential to grow public awareness about the dangers of tobacco use and advance tobacco control policies, including in low-income and middle-income countries (LMICs), which have shared in a decade of explosive growth in mobile and internet penetration. With the majority of deaths from the tobacco epidemic occurring in LMICs, new media must be harnessed both as an advocacy tool to promote social mobilisation around tobacco issues and to build public support for MPOWER policies. This paper examines three consecutive new media advocacy campaigns that used communication channels such as mobile SMS, Facebook and online advertising to promote tobacco control policies. It includes some of the lessons learned, such as the pitfalls of relying on viral growth as a strategy for obtaining reach and campaign growth; the challenge of translating strategies from traditional media to new media; and the importance of incorporating marketing strategies such as paid advertising, community organising or public relations. It also identifies some of the many knowledge gaps and proposes future research directions

Publication Type: Journal Article; case study; pictorial; tables/charts. Journal Subset: Biomedical; Blind Peer Reviewed; Europe; Expert Peer Reviewed; Peer Reviewed; Public Health; UK & Ireland. Special Interest: Public Health. NLM UID: 9209612

- (68) Hammond J, Jones V, Hill EL, Green D, Male I. An investigation of the impact of regular use of the Wii Fit to improve motor and psychosocial outcomes in children with movement difficulties: a pilot study. *Child: Care, Health & Development* 2014; 40(2):165-175.

Abstract: Background Children with Developmental Co-ordination Disorder ( DCD) experience poor motor and psychosocial outcomes. Interventions are often limited within the healthcare system, and little is known about how technology might be used within schools or homes to promote the motor skills and/or psychosocial development of these children. This study aimed to evaluate whether short, regular school-based sessions of movement experience using a commercially available home video game console ( Nintendo's Wii Fit) would lead to benefits in both motor and psychosocial domains in children with DCD. Methods A randomized crossover controlled trial of children with movement difficulties/ DCD was conducted. Children were randomly assigned to an intervention ( n = 10) or comparison ( n = 8) group. The intervention group spent 10 min thrice weekly for 1 month using Wii Fit during the lunch break, while the comparison group took part in their regular Jump Ahead programme. Pre- and post-intervention assessments considered motor proficiency, self-perceived ability and satisfaction and parental assessment of emotional and behavioural problems. Results Significant gains were seen in motor proficiency, the child's perception of his/her motor ability and reported emotional well-being for many, but not all children. Conclusions This study provides preliminary evidence to support the use of the Wii Fit within therapeutic programmes for children with movement difficulties. This simple, popular intervention represents a plausible method to support children's motor and psychosocial development. It is not possible from our data to say which children are most likely to benefit from such a programme and particularly what the dose and duration should be. Further research is required to inform across these and other questions regarding the implementation of virtual reality technologies in therapeutic services for children with movement difficulties

Notes: Accession Number: 104030065. Language: English. Entry Date: 20140221. Revision Date: 20150710. Publication Type: Journal Article; research; tables/charts. Journal Subset: Biomedical; Europe; Peer Reviewed; UK & Ireland. Special Interest: Pediatric Care; Psychiatry/Psychology. Instrumentation: Strengths and Difficulties Questionnaire (SDQ); Developmental Co-ordination Disorder Questionnaire (DCDQ); Bruininks-Oseretsky Test (BOT); Co-ordination Skills Questionnaire (CSQ).

- (69) Harris J, Springett J, Croot L. Can community-based peer support promote health literacy and reduce inequalities? : a realist review. *Public Health Research* 2015; 3(3).

Abstract: BACKGROUND: Community-based peer support (CBPS) has been proposed as

a potentially promising approach to improve health literacy (HL) and reduce health inequalities. Peer support, however, is described as a public health intervention in search of a theory, and as yet there are no systematic reviews exploring why or how peer support works to improve HL. OBJECTIVE: To undertake a participatory realist synthesis to develop a better understanding of the potential for CBPS to promote better HL and reduce health inequalities. DATA SOURCES: Qualitative evidence syntheses, conceptual reviews and primary studies evaluating peer-support programmes; related studies that informed theoretical or contextual elements of the studies of interest were included. We conducted searches covering 1975 to October 2011 across Scopus, Global Health (including MEDLINE), ProQuest Dissertations & Theses database (PQDT) [including the Education Resources Information Center (ERIC) and Social Work Abstracts], The King's Fund Database and Web of Knowledge, and the Institute of Development Studies supplementary strategies were used for the identification of grey literature. We developed a new approach to searching called 'cluster searching', which uses a variety of search techniques to identify papers or other research outputs that relate to a single study. STUDY ELIGIBILITY CRITERIA: Studies written in English describing CBPS research/evaluation, and related papers describing theory, were included. STUDY APPRAISAL AND SYNTHESIS METHODS: Studies were selected on the basis of relevance in the first instance. We first analysed within-programme articulation of theory and appraised for coherence. Cross-programme analysis was used to configure relationships among context, mechanisms and outcomes. Patterns were then identified and compared with theories relevant to HL and health inequalities to produce a middle-range theory. RESULTS: The synthesis indicated that organisations, researchers and health professionals that adopt an authoritarian design for peer-support programmes risk limiting the ability of peer supporters (PSs) to exercise autonomy and use their experiential knowledge to deliver culturally tailored support. Conversely, when organisations take a negotiated approach to codesigning programmes, PSs are enabled to establish meaningful relationships with people in socially vulnerable groups. CBPS is facilitated when organisations prioritise the importance of assessing community needs; investigate root causes of poor health and well-being; allow adequate time for development of relationships and connections; value experiential cultural knowledge; and share power and control during all stages of design and implementation. The theory now needs to be empirically tested via further primary research. LIMITATIONS: Analysis and synthesis were challenged by a lack of explicit links between peer support for marginalised groups and health inequalities; explicitly stated programme theory; inconsistent reporting of context and mechanism; poor reporting of intermediate process outcomes; and the use of theories aimed at individual-level behaviour change for community-based interventions. CONCLUSIONS: Peer-support programmes have the potential to improve HL and reduce health inequalities but potential is dependent upon the surrounding equity context. More explicit empirical research is needed, which establishes clearer links between peer-supported HL and health inequalities.

- (70) Head R, Murray J, Sarrassat S, Snell W, Meda N, Ouedraogo M et al. Can mass media interventions reduce child mortality? *Lancet* 2015; 386 North American Edition(9988):97-100.  
 Abstract: Many people recognise that mass media is important in promoting public health but there have been few attempts to measure how important. An ongoing trial in Burkina Faso (ClinicalTrials.gov, NCT01517230) is an attempt to bring together the very different worlds of mass media and epidemiology: to measure rigorously, using a cluster-randomised design, how many lives mass media can save in a low-income country, and at what cost. Application of the Lives Saved Tool predicts that saturation-based media campaigns could reduce child mortality by 10-20%, at a cost per disability-adjusted life-year that is as low as any existing health intervention. In this Viewpoint we explain the scientific reasoning behind the trial, while stressing the importance of the media methodology used  
 Publication Type: journal article; research. Journal Subset: Biomedical; Editorial Board

Reviewed; Europe; Expert Peer Reviewed; Peer Reviewed; UK & Ireland. Grant Information: 091367/Wellcome Trust/United Kingdom. NLM UID: 2985213R

- (71) Hiemstra M, Ringlever L, Otten R, van Schayck OCP, Jackson C, Engels RCME. Long-term effects of a home-based smoking prevention program on smoking initiation: A cluster randomized controlled trial. *Preventive Medicine* 2014; 60:65-70.  
Abstract: OBJECTIVE: The aims of the study were to evaluate the long-term effects of a home-based smoking prevention program 'Smoke-free Kids' during preadolescence on smoking initiation during adolescence and to test the potential moderating role of parental smoking, socioeconomic status, and asthma. METHOD: In 2008, 1478 9-11 year old children and their mothers were recruited from 418 elementary schools in the Netherlands. An independent statistician randomly allocated schools to one of the two conditions using a 1:1 ratio (single blind): 728 children in the intervention and 750 in the control condition. The intervention condition received five activity modules, including a communication sheet for mothers, by mail at four-week intervals and one booster module one year after baseline. The control condition received a fact-based intervention only. Intention-to-treat analysis was performed on 1398 non-smoking children at baseline. RESULTS: In the intervention 10.8% of the children started smoking compared to 12% in the control condition. This difference was non-significant (odds ratio=0.90, 95% confidence interval=0.63-1.27). No moderating effects were found. CONCLUSION: No effects on smoking initiation after 36 months were found. Perhaps, the program was implemented with children that were too young. Programs closer to the age of smoking onset should be tested  
Publication Type: Journal Article; research; randomized controlled trial. Journal Subset: Biomedical; Peer Reviewed; USA. NLM UID: 0322116
- (72) Hikichi H, Kondo N, Kondo K. Effect of a community intervention programme promoting social interactions on functional disability prevention for older adults : propensity score matching and instrumental variable analyses, JAGES Taketoyo study. *Journal of Epidemiology & Community Health* 2015; 69(9):905-910.  
Abstract: BACKGROUND: The efficacy of promoting social interactions to improve the health of older adults is not fully established due to residual confounding and selection bias. METHODS: The government of Taketoyo town, Aichi Prefecture, Japan, developed a resident-centred community intervention programme called 'community salons', providing opportunities for social interactions among local older residents. To evaluate the impact of the programme, we conducted questionnaire surveys for all older residents of Taketoyo. We carried out a baseline survey in July 2006 (prior to the introduction of the programme) and assessed the onset of functional disability during March 2012. We analysed the data of 2421 older people. In addition to the standard Cox proportional hazard regression, we conducted Cox regression with propensity score matching (PSM) and an instrumental variable (IV) analysis, using the number of community salons within a radius of 350 m from the participant's home as an instrument. RESULTS: In the five years after the first salon was launched, the salon participants showed a 6.3 per cent lower incidence of functional disability compared with non-participants. Even adjusting for sex, age, equivalent income, educational attainment, higher level activities of daily living and depression, the Cox adjusted HR for becoming disabled was 0.49 (95 per cent CI 0.33 to 0.72). Similar results were observed using PSM (HR 0.52, 95 per cent CI 0.33 to 0.83) and IV-Cox analysis (HR 0.50, 95 per cent CI 0.34 to 0.74). CONCLUSIONS: A community health promotion programme focused on increasing social interactions among older adults may be effective in preventing the onset of disability.
- (73) Holt NL, Neely KC, Newton AS, Knight CJ, Rasquinha A, Ambler KA et al. Families' Perceptions of and Experiences Related to a Pediatric Weight Management Intervention: A Qualitative Study. *J Nutr Educ Behav* 2015; 47(5):427-431.  
Abstract: OBJECTIVE: To examine parents' and children's perceptions of and experiences

related to a Parents as Agents of Change (PAC) intervention for managing pediatric obesity. METHODS: Ten families were recruited from a PAC intervention. Participants were interviewed before (10 adults and 9 children), during (9 adults and 8 children), and after (8 adults) the intervention. RESULTS: Before the intervention, families reported goals to increase physical activity, plan and eat healthier meals, reduce screen time, and lose weight. During the intervention, families described different approaches to making behavior changes depending on who assumed responsibility (parent, child, or shared responsibility). After the intervention, group setting, goal setting, and portion size activities were viewed positively. Suggestions for improvement included engaging children and reducing intervention length. CONCLUSIONS AND IMPLICATIONS: Practitioners delivering PAC interventions should discuss families' goals and concerns, and who is responsible for making lifestyle changes. Practical activities are valuable. The length of interventions and engagement of children should be considered

- (74) Hubbard G, Stoddart I, Forbat L, Neal RD, O'Carroll RE, Haw S et al. School-based brief psycho-educational intervention to raise adolescent cancer awareness and address barriers to medical help-seeking about cancer: a cluster randomised controlled trial. *Psycho-Oncology* 2016; 25(7):760-771.  
 Abstract: Objectives Raising cancer awareness and addressing barriers to help-seeking may improve early diagnosis. The aim was to assess whether a psycho-educational intervention increased adolescents' cancer awareness and addressed help-seeking barriers. Methods This was a cluster randomised controlled trial involving 2173 adolescents in 20 schools. The intervention was a 50-min presentation delivered by a member of Teenage Cancer Trust's (UK charity) education team. Schools were stratified by deprivation and roll size and randomly allocated to intervention/control conditions within these strata. Outcome measures were the number of cancer warning signs and cancer risk factors recognised, help-seeking barriers endorsed and cancer communication. Communication self-efficacy and intervention fidelity were also assessed. Results Regression models showed significant differences in the number of cancer warning signs and risk factors recognised between intervention and control groups. In intervention schools, the greatest increases in recognition of cancer warning signs at 6-month follow-up were for unexplained weight loss (from 44.2% to 62.0%) and change in the appearance of a mole (from 46.3% to 70.7%), up by 17.8% and 24.4%, respectively. Greatest increases in recognition of cancer risk factors were for getting sunburnt more than once as a child (from 41.0% to 57.6%) and being overweight (from 42.7% to 55.5%), up by 16.6% and 12.8%, respectively. Regression models showed that adolescents in intervention schools were 2.7 times more likely to discuss cancer at 2-week follow-up compared with the control group. No differences in endorsement of barriers to help-seeking were observed. Conclusions School-based brief psycho-educational interventions are easy to deliver, require little resource and improve cancer awareness.
- (75) Humphries H, Nolan M. Evaluation of a brief intervention to assist health visitors and community practitioners to engage with fathers as part of the healthy child initiative. *Prim Health Care Res Dev* 2015; 16(4):367-376.  
 Abstract: AIMS: To improve engagement of Health Visitors and Community Practitioners delivering the Healthy Child Programme with fathers. To evaluate a one-day, father-focused workshop with a supporting handbook for Practitioners. To identify institutional and organisational barriers to engagement with fathers. BACKGROUND: The UK government policy encourages health professionals to engage with fathers. This derives from robust evidence that fathers' early involvement with their children impacts positively on emotional, behavioural and educational development. Yet, there is little evidence that the importance of engaging fathers is reflected in Health Visitor training or that primary-care services are wholly embracing father-inclusive practice. The Fatherhood Institute (FI), a UK charity, has developed a workshop for Practitioners delivering the Healthy Child Programme. METHOD: A 'before and after' evaluation study, comprising a survey followed by telephone interviews, evaluated the impact of the FI workshop on

Health Visitors' and Community Practitioners' knowledge, attitudes and behaviour in practice. A total of 134 Health Visitors and Community Practitioners from eight NHS Trusts in England attended the workshop from November 2011 to January 2014 at 12 sites. A specially constructed survey, incorporating a validated questionnaire, was administered before the workshop, immediately afterwards and three months later. Telephone interviews further explored participants' responses. FINDINGS: Analysis of the questionnaire data showed that the workshop and handbook improved participants' knowledge, attitudes and behaviour in practice. This was sustained over a three-month period. In telephone interviews, most participants said that the workshop had raised their awareness of engaging fathers and offered them helpful strategies. However, they also spoke of barriers to engagement with fathers. NHS Trusts need to review the training and education of Health Visitors and Community Practitioners and take a more strategic approach towards father-inclusive practice and extend services to meet the needs of fathers

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- Abstract: BACKGROUND: The prevalence of male obesity is increasing but few men take part in weight loss programmes. We assessed the effect of a weight loss and healthy living programme on weight loss in football (soccer) fans. METHODS: We did a two-group, pragmatic, randomised controlled trial of 747 male football fans aged 35-65 years with a body-mass index (BMI) of 28 kg/m<sup>2</sup> or higher from 13 Scottish professional football clubs. Participants were randomly assigned with SAS (version 9.2, block size 2-9) in a 1:1 ratio, stratified by club, to a weight loss programme delivered by community coaching staff in 12 sessions held every week. The intervention group started a weight loss programme within 3 weeks, and the comparison group were put on a 12 month waiting list. All participants received a weight management booklet. Primary outcome was mean difference in weight loss between groups at 12 months, expressed as absolute weight and a percentage of their baseline weight. Primary outcome assessment was masked. Analyses were based on intention to treat. The trial is registered with Current Controlled Trials, number ISRCTN32677491. FINDINGS: 374 men were allocated to the intervention group and 374 to the comparison group. 333 (89%) of the intervention group and 355 (95%) of the comparison group completed 12 month assessments. At 12 months the mean difference in weight loss between groups, adjusted for baseline weight and club, was 4.94 kg (95% CI 3.95-5.94) and percentage weight loss, similarly adjusted, was 4.36% (3.64-5.08), both in favour of the intervention (p<0.0001). Eight serious adverse events were reported, five in the intervention group (lost consciousness due to drugs for pre-existing angina, gallbladder removal, hospital admission with suspected heart attack, ruptured gut, and ruptured Achilles tendon) and three in the comparison group (transient ischaemic attack, and two deaths). Of these, two adverse events were reported as related to participation in the programme (gallbladder removal and ruptured Achilles tendon). INTERPRETATION: The FFIT programme can help a large proportion of men to lose a clinically important amount of weight; it offers one effective strategy to challenge male obesity. FUNDING: Scottish Government and The UK Football Pools funded delivery of the programme through a grant to the Scottish Premier League Trust. The National Institute for Health Research Public Health Research Programme funded the assessment (09/3010/06)
- PT - Comparative Study  
PT - Journal Article  
PT - Multicenter Study  
PT - Pragmatic Clinical Trial  
PT - Randomized Controlled Trial  
PT - Research Support, Non-U.S. Gov't
- Full text available:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4524002/>

- (77) Islam MP. Why are 'hard-to-reach' women not engaging in a breastfeeding peer support programme? *Community Practitioner* 2016; 89(2):36-41.  
 Abstract: Increasing breastfeeding rates is one way of reducing health inequality and breastfeeding peer support is seen an effective method to improve breastfeeding rates in low-income areas. Local quantitative data indicated a poor uptake of breastfeeding peer support in two deprived areas in a south-east London borough. This evaluation set out to investigate in more depth why the uptake was poor. Using semi-structured interviews, 11 women were interviewed, eight of whom declined the support and three embraced it. The findings indicate insurmountable barriers for the respondents in initiating and sustaining breastfeeding in a sometimes undermining formula-feeding community. They also show that early support and a good start were crucial for women to be able to withstand these barriers, with many women surreptitiously breastfeeding unbeknown to those caring for them. The respondents were wary of asking for help, knew little of the peer support programme, were distrustful as to what a peer supporter did and what she could do for them, and consequently some endured pain without recourse to support
- (78) Jago R, Sebire SJ, Turner KM, Bentley GF, Goodred JK, Fox KR et al. Feasibility trial evaluation of a physical activity and screen-viewing course for parents of 6 to 8 year-old children: Teamplay. *Int J Behav Nutr Phys Act* 2013; 10:31.  
 Abstract: BACKGROUND: Many children spend too much time screen-viewing (watching TV, surfing the internet and playing video games) and do not meet physical activity (PA) guidelines. Parents are important influences on children's PA and screen-viewing (SV). There is a shortage of parent-focused interventions to change children's PA and SV. METHODS: Teamplay was a two arm individualized randomized controlled feasibility trial. Participants were parents of 6-8 year old children. Intervention participants were invited to attend an eight week parenting program with each session lasting 2 hours. Children and parents wore an accelerometer for seven days and minutes of moderate-to-vigorous intensity PA (MVPA) were derived. Parents were also asked to report the average number of hours per day that both they and the target child spent watching TV. Measures were assessed at baseline (time 0) at the end of the intervention (week 8) and 2 months after the intervention had ended (week 16). RESULTS: There were 75 participants who provided consent and were randomized but 27 participants withdrew post-randomization. Children in the intervention group engaged in 2.6 fewer minutes of weekday MVPA at Time 1 but engaged in 11 more minutes of weekend MVPA. At Time 1 the intervention parents engaged in 9 more minutes of weekday MVPA and 13 more minutes of weekend MVPA. The proportion of children in the intervention group watching  $\geq$  2 hours per day of TV on weekend days decreased after the intervention (time 0 = 76%, time 1 = 39%, time 2 = 50%), while the control group proportion increased slightly (79%, 86% and 87%). Parental weekday TV watching decreased in both groups. In post-study interviews many mothers reported problems associated with wearing the accelerometers. In terms of a future full-scale trial, a sample of between 80 and 340 families would be needed to detect a mean difference of 10-minutes of weekend MVPA. CONCLUSIONS: Teamplay is a promising parenting program in an under-researched area. The intervention was acceptable to parents, and all elements of the study protocol were successfully completed. Simple changes to the trial protocol could result in more complete data collection and study engagement  
 PT - Randomized Controlled Trial  
 PT - Research Support, Non-U.S. Gov't  
**Full text available:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3598924/>
- (79) Jilcott Pitts SB. Addressing rural health disparities through policy change in the stroke belt. *Journal of Public Health Management and Practice*, 2013.  
 Abstract: Obesity-prevention policies are needed, particularly in low-income rural areas of the southern United States, where obesity and chronic disease prevalence are high. In 2009, the Centers for Disease Control and Prevention issued the 'Common Community Measures for Obesity Prevention' (COCOMO), a set of 24 recommended community-level

obesity-prevention strategies. A variety of stakeholders in Lenoir County, North Carolina, were surveyed and interviewed, ranking the winnability, defined as feasibility and acceptability, of each of the 24 COCOMO-recommended strategies based on local culture, infrastructure, funding, and community support. The design was mixed-methods. This study was part of the Heart Healthy Lenoir project, a community-based project to reduce cardiovascular disease risk and disparities in risk in Lenoir County, North Carolina. COCOMO assessments were conducted with 19 Community Advisory Council members and in-depth interviews were conducted with 11 community stakeholders. Heart Healthy Lenoir lifestyle intervention participants (n = 366) completed surveys wherein they ranked their support for seven obesity-prevention strategies (based on the COCOMO strategies). Main outcome measures were ranking of obesity-prevention strategies. Policies to improve physical activity opportunities were deemed the most winnable, whereas policies that would limit advertisement of unhealthy food and beverages were deemed the least winnable. The most winnable food-related strategy was improving mechanisms to procure food from local farms. Stakeholders perceived the public as unfavourably disposed toward government mandates, taxes, and incentives. Among Heart Healthy Lenoir participants, males indicated lower levels of support for COCOMO-related strategies than females, and African Americans indicated higher levels of support than white participants. The conclusion was, the formative work presented here provides insight into the winnability of proposed obesity-prevention policy change strategies in Lenoir County, North Carolina. Cites numerous references.

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Abstract: Objective: Incentive-based interventions designed to increase fruit and vegetable (FV) consumption tend to yield positive, short-term outcomes. Because consumption most often returns to baseline levels when incentives are removed, sustainable long-duration interventions may be needed to impact public health. Anticipating that low-cost interventions will be more appealing to schools, the present study explored a low-cost, game-based intervention. Method: An alternating-treatments design was used to evaluate the effects of the FIT Game on objectively measured FV consumption in one elementary school (n=251) in Utah. During the Fall 2013 semester, game-based rewards were provided to heroic characters within a fictional narrative read by teachers on days when the school, as a whole, met a fruit or vegetable consumption goal in accord with the alternating-treatments design. Results: On intervention days, fruit and vegetable consumption increased by 39% and 33%, ( $p < 0.01$ ,  $p < 0.05$ ; binomial tests), respectively. Teacher surveys indicated that students enjoyed the game and grade 1-3 teachers recommended its use in other schools. Conclusion: This game-based intervention provides a promising step towards developing a low-cost, effective, and sustainable FV intervention that schools can implement without outside assistance  
Notes: Accession Number: 109768078. Language: English. Entry Date: 20150828. Revision Date: 20161130. Publication Type: journal article; research. Journal Subset: Biomedical; Peer Reviewed; USA. NLM UID: 0322116
- (81) Kaltenthaler E, Pandor A, Wong R. The effectiveness of sexual health interventions for people with severe mental illness: a systematic review. *Health Technol Assess* 2014; 18(1):1-74.  
Abstract: BACKGROUND: Severe mental illnesses (SMIs), such as schizophrenia and bipolar disorder, persist over time and can cause extensive disability leading to impairments in social and occupational functioning. People with SMI have higher morbidity and mortality due to physical illness than the general population and may be more likely to engage in high-risk sexual behaviour (e.g. unprotected intercourse, having multiple partners, involvement in the sex trade and illicit drug use), putting them at risk of poorer sexual health outcomes including sexually transmitted infections. Sexual health promotion

interventions, developed and implemented for people with SMI, may improve participants' knowledge, attitudes, beliefs or behavioural practices and could lead to a reduction in risky sexual behaviour. OBJECTIVES: To evaluate the effectiveness of sexual health interventions for people with SMI compared with usual care and their applicability to the UK NHS setting. DATA SOURCES: Thirteen electronic databases were searched from inception to December 2012. All controlled trials (randomised or non-randomised) that met the following criteria were included: any sexual health promotion intervention or combination of interventions intended to change the knowledge, attitudes, beliefs, behaviours or practices of individuals with SMI (defined as adults aged  $\geq 18$  years who have received a diagnosis of schizophrenia or bipolar disorder) living in the community. REVIEW METHODS: A systematic review of the clinical evidence was undertaken following recommended guidelines. Data were tabulated and discussed in a narrative review. RESULTS: Thirteen randomised controlled studies met the inclusion criteria. The methodological quality of the included studies varied considerably, with only a minority of studies ( $n = 2$ ) being considered as having very few methodological limitations. Despite wide variations in the study populations, interventions, comparators and outcomes, four studies showed significant improvements in all measured sexual risk behaviour outcomes (e.g. human immunodeficiency virus knowledge and behaviour change) in the intervention groups compared with the control groups. In contrast, four studies found significant improvements in the intervention groups for some outcomes only and three studies found significant improvements in certain subgroups only, based on either gender or ethnicity. Finally, two studies reported no significant differences in any sexual risk behaviour outcomes between the intervention and control groups. Moreover, positive findings were not consistently sustained at follow-up in many studies. LIMITATIONS: Little detail was provided in the studies regarding the content of interventions, how they were delivered and by whom, making replication or generalisability difficult. CONCLUSIONS: Owing to the large between-study variability (especially in the populations, interventions, comparators and reported outcomes) and mixed results, there is insufficient evidence to fully support or reject the identified sexual health interventions for people with SMI. In addition, there are considerable uncertainties around the generalisability of these findings to the UK setting. Further research recommendations include well-designed, UK-based trials of sexual health interventions for people with SMI as well as training and support for staff implementing sexual health interventions. STUDY REGISTRATION: PROSPERO number CRD42013003674. FUNDING: The National Institute for Health Research Health Technology Assessment Programme  
PT - Review

**Full text available:**

[https://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0083628/pdf/PubMedHealth\\_PMH0083628.pdf](https://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0083628/pdf/PubMedHealth_PMH0083628.pdf)

- (82) Kardakis T. Lifestyle interventions in primary health care : professional and organizational challenges. *European Journal of Public Health*, 2014.  
Abstract: Interventions that support patient efforts at lifestyle changes that reduce tobacco use, hazardous use of alcohol, unhealthy eating habits and insufficient physical activity represent important areas of development for health care. Current research shows that it is challenging to reorient health care toward health promotion. The aim of this study was to explore the extent of health care professional work with lifestyle interventions in Swedish primary health care, and to describe professional knowledge, attitudes and perceived organizational support for lifestyle interventions. The study is based on a cross-sectional Web-based survey directed at general practitioners, other physicians, residents, public health nurses and registered nurses ( $n = 315$ ) in primary health care. Fifty-nine percent of the participants indicated that lifestyle interventions were a substantial part of their duties. A majority (77%) would like to work more with patient lifestyles. The conclusions were, health professionals generally reported a thorough knowledge of lifestyle intervention methods for disease prevention. Significant differences between professional groups were found with regard to specific knowledge and extent of work with lifestyle interventions.

Alcohol was the least addressed lifestyle habit. Management was supportive, but structures to sustain work with lifestyle interventions were scarce, and a need for national guidelines was identified. Health professionals reported thorough knowledge and positive attitudes toward lifestyle interventions. When planning for further implementation of lifestyle interventions in primary health care, differences between professional groups in knowledge, extent of work with promotion of healthy lifestyles and lifestyle issues and provision of organizational support such as national guidelines should be considered. Cites 27 references.

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- (84) Katz ML, Oldach BR, Goodwin J, Reiter PL, th MT, Paskett ED et al. Development and initial feedback about a human papillomavirus (HPV) vaccine comic book for adolescents. *Journal of Cancer Education* 2014; 29(2):318-324.  
Abstract: Human papillomavirus (HPV) vaccination rates do not meet the Healthy People 2020 objective of 80% coverage among adolescent females. We describe the development and initial feedback about an HPV vaccine comic book for young adolescents. The comic book is one component of a multilevel intervention to improve HPV vaccination rates among adolescents. Parents suggested and provided input into the development of a HPV vaccine comic book. Following the development of the comic book, we conducted a pilot study to obtain initial feedback about the comic book among parents (n=20) and their adolescents ages 9 to 14 (n=7) recruited from a community-based organization. Parents completed a pre-post test including items addressing HPV knowledge, HPV vaccine attitudes, and about the content of the comic book. Adolescents completed a brief interview after reading the comic book. After reading the comic book, HPV knowledge improved (2.7 to 4.6 correct answers on a 0-5 scale; p<0.01) and more positive attitudes toward HPV vaccination (p<0.05) were reported among parents. Parents confirmed that the comic book's content was acceptable and adolescents liked the story, found it easy to read, and thought the comic book was a good way to learn about being healthy. Parents provided valuable information in the development of a theoretically-based comic book and the comic book appears to be an acceptable format for providing HPV vaccine information to adolescents. Future research will include the comic book in an intervention study to improve HPV vaccination rates  
**Full text available:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4029845/>
- (85) Kilfoyle KA, Vitko M, O'Connor R, Bailey SC. Health Literacy and Women's Reproductive Health: A Systematic Review. *Journal of Women's Health* 2016; 25(12):1237-1255.  
Abstract: Background: Health literacy is thought to impact women's reproductive health, yet no comprehensive systematic reviews have been conducted on the topic. Our objective was to systematically identify, investigate, and summarize research on the relationship between health literacy and women's reproductive health knowledge, behaviors, and outcomes. Methods: PRISMA guidelines were used to guide this review. English language, peer-reviewed research articles indexed in MEDLINE as of February 2015 were searched, along with study results posted on Clinicaltrials.gov. Articles were included if they (1) described original data-driven research conducted in developed countries, (2) were published in a peer-reviewed journal, (3) measured health literacy using a validated assessment, (4) reported on the relationship between health literacy and reproductive health outcomes, related knowledge, or behaviors, and (5) consisted of a study population that included reproductive age women. Results: A total of 34 articles met eligibility criteria and were included in this review. Data were abstracted from articles by two study authors using a standardized form. Abstracted data were then reviewed and summarized in table format. Overall, health literacy was associated with reproductive health knowledge across a spectrum of topics. It was also related to certain health behaviors, such as prenatal vitamin use and breastfeeding. Its relationship with other reproductive behaviors and

outcomes remains unclear. Conclusions: Health literacy plays an important role in reproductive knowledge and may impact behaviors and outcomes. While further research is necessary, healthcare providers should utilize health literacy best practices now to promote high-quality care for patients. References

- (86) Kim SH, Lee A. Health-Literacy-Sensitive Diabetes Self-Management Interventions: A Systematic Review and Meta-Analysis. *Worldviews on Evidence-Based Nursing* 2016; 13(4):324-333.  
Abstract: Background: Low health literacy is a potential barrier to self-management among patients with diabetes. A variety of strategies for low health literacy have been proposed for diabetes self-management interventions, but interventions accommodating low health literacy have been heterogeneous in terms of content and have produced mixed results. Aim: To systematically review health-literacy-sensitive diabetes management interventions, with a focus on identifying strategies for accommodating patients with low health literacy, and to examine the efficacy of these interventions to improve health outcomes. Methods: PubMed, CINAHL, and EMBASE were searched for intervention studies published between January 2000 and January 2015. Two authors separately identified full-texts according to the inclusion criteria and assessed study quality using the quantitative components of the Mixed Methods Appraisal Tool. The final list of studies to be analyzed was made through discussion. The meta-analysis was conducted using a random effects model. Results: Thirteen studies were selected from the 490 studies found in our initial search. We identified a range of strategies for accommodating those with low health literacy in diabetes self-management interventions, which encompassed four domains: written communication, spoken communication, empowerment, and language/cultural consideration. Using at least one of the spoken communication strategies led to positive cognitive/psychological, self-care, and health outcomes. We found that, overall, health-literacy-sensitive diabetes management interventions were effective in reducing HbA1C level in the meta-analysis. Linking Evidence to Action: Healthcare providers should consider active implementation of strategies for accommodating people with low health literacy in diabetes self-management interventions. The routine use of spoken communication strategies would be necessary to achieve the best health outcomes in diabetes self-management interventions. More research is needed to determine the individual effects of the key strategies that improve health and reduce health disparity. References
- (87) Knai C, Petticrew M, Scott C, Durand MA, Eastmure E, James L et al. Getting England to be more physically active: are the Public Health Responsibility Deal's physical activity pledges the answer? *Int J Behav Nutr Phys Act* 2015; 12:107.  
Abstract: BACKGROUND: The Public Health Responsibility Deal (RD) in England is a public-private partnership involving voluntary pledges between government, industry, and other organisations to improve public health by addressing alcohol, food, health at work, and physical activity. This paper analyses the RD physical activity (PA) pledges in terms of the evidence of their potential effectiveness, and the likelihood that they have motivated actions among organisations that would not otherwise have taken place. METHODS: We systematically reviewed evidence of the effectiveness of interventions proposed in four PA pledges of the RD, namely, those on physical activity in the community; physical activity guidelines; active travel; and physical activity in the workplace. We then analysed publically available data on RD signatory organisations' plans and progress towards achieving the physical activity pledges, and assessed the extent to which activities among organisations could be attributed to the RD. RESULTS: Where combined with environmental approaches, interventions such as mass media campaigns to communicate the benefits of physical activity, active travel in children and adults, and workplace-related interventions could in principle be effective, if fully implemented. However, most activities proposed by each PA pledge involved providing information or enabling choice, which has limited effectiveness. Moreover, it was difficult to establish the extent of implementation of pledges within organisations, given that progress reports were mostly unavailable, and,

where provided, it was difficult to ascertain their relevance to the RD pledges. Finally, 15 % of interventions listed in organisations' delivery plans were judged to be the result of participation in the RD, meaning that most actions taken by organisations were likely already under way, regardless of the RD. **CONCLUSIONS:** Irrespective of the nature of a public health policy to encourage physical activity, targets need to be evidence-based, well-defined, measurable and encourage organisations to go beyond business as usual. RD physical activity targets do not adequately fulfill these criteria

**Full text available:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4574469/>

- (88) Lai S, Costigan S, Morgan P, Lubans D, Stodden D, Salmon J et al. Do School-Based Interventions Focusing on Physical Activity, Fitness, or Fundamental Movement Skill Competency Produce a Sustained Impact in These Outcomes in Children and Adolescents? A Systematic Review of Follow-Up Studies. *Sports Medicine* 2014; 44(1):67-79.
- Abstract:** Background: There is emerging evidence for positive associations between physical activity (PA), fitness, and fundamental movement skill (FMS) competence, for both children and adolescents. Current reviews of interventions to improve these variables note few studies conduct follow-up assessments to assess behavior maintenance. Objective: The aim of this systematic review was to determine whether typically developing children and adolescents (aged 3-18 years) who have participated in school-based interventions have sustained outcomes in PA, fitness, and/or FMS. Methods: A systematic search of six electronic databases (CINAHL Plus with Full Text, Ovid MEDLINE, SPORTDiscus, Scopus, PsycINFO and ERIC) was conducted from 1995 to 26 July 2012. Included studies were school-based studies (including randomized controlled trials, longitudinal cohort, quasi-experimental, and experimental) that had a positive effect at post intervention in at least one variable and had a follow-up PA, fitness, or FMS assessment at least 6 months after the post-intervention assessment. Risk of bias assessment was guided by the 'Preferred Reporting Items for Systematic Reviews and Meta-Analyses' statement. Results: The search identified 14 articles, and some studies addressed multiple outcomes: 13 articles assessed PA; three assessed fitness; and two assessed FMS. No study in this review met four key methodological criteria that have been shown to influence results, i.e., clarity on the randomization process, assessor blinding, analyzing participants in their original groups, and retaining sufficient participants through the entire study. Three-quarters (ten of 13) of the studies addressing PA, reported PA behavior change maintenance. The length of follow-up ranged from 6 months to 20 years, and the degree of PA difference reported was between 3 and 14 min per day. Only one of the three studies assessing fitness reported a sustained impact, whilst both studies that assessed FMS reported maintenance of effects. Conclusion: It is likely that PA is a sustainable outcome from interventions in children and adolescents, and there is reasonable evidence that interventions of longer than 1 year and interventions that utilize a theoretical model or framework are effective in producing this sustained impact. It would seem probable that FMS are a sustainable outcome in children and adolescents; however, this finding should be viewed with caution given the lack of studies and the risk of bias assessment. More research is needed to assess the sustainability of fitness interventions as this review only included a handful of studies that addressed fitness and only one of these studies found a sustained impact
- Publication Type: Journal Article; research; systematic review; tables/charts. Journal Subset: Allied Health; Australia & New Zealand; Peer Reviewed. Special Interest: Evidence-Based Practice; Pediatric Care; Physical Therapy; Sports Medicine
- (89) Lara-Cabrera ML, Salvesen O, Nettet MB, et al. The effect of a brief educational programme added to mental health treatment to improve patient activation: a randomized controlled trial in community mental health centres. *Patient Education and Counseling* 2016; 99(5):760-768.
- Abstract:** Objective: While there is growing interest in improving patient activation in general medical health services, there are too few randomized controlled trials in mental

health settings which show how improvement can be achieved. Using the Patient Activation Measure-13 (PAM-13), we aimed to assess the effect of pre-treatment, peer co-led educational intervention on patient activation. Secondary outcomes included measures of patient satisfaction, well-being, mental health symptoms, motivation, and treatment participation. Methods: Patients from two community mental health centres were randomized to a control group (CG, n = 26) receiving treatment as usual, or an intervention group (IG, n = 26) consisting of a four-hour group educational seminar (aiming to encourage patients to adopt an active role in their treatment) followed by treatment as usual. Results: Only the IG improved on PAM-13, at one- and four-month follow-ups. The intervention had significant effects on patient satisfaction and treatment participation, compared to CG. Conclusion: Providing pre-treatment, peer co-led education improves patient activation in community mental health care settings. Practice implications: The use of peers as co-educators may contribute to a different mental health care delivery, ensuring patient activation and participation in treatment. Further studies should examine peers' needs for supervision, challenges for the services, long-term and cost-benefit effects. Clinicaltrials.gov identifier NCT01601587. **Full text available:** [http://www.pec-journal.com/article/S0738-3991\(15\)30151-8/pdf](http://www.pec-journal.com/article/S0738-3991(15)30151-8/pdf)

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- Abstract: Purpose: This article describes preliminary findings from an implementation study of a schoolbased peer education program on sexual health for high-school youth. The responses of youth participants are described. Methods: Qualitative data were collected across one semester in two successive waves of participants (N = 4 schools), including observations of program activities, in-depth interviews of stakeholders, focus groups with youth participants (N = 62 peer educators and 60 ninth graders), and brief surveys of youth participants (N = 678). Grounded theory methodology informed data collection and analysis. Results: Teen Prevention Education Program (Teen PEP) was adapted and replicated with fidelity to the model in North Carolina high schools. All program 'inputs' and five core model components (outputs) were implemented. The principal accommodation made was to implement the entire curriculum within one half of a school year rather than across the entire school year although still using the same amount of instructional time. Youth participants attributed high value to the experience, noting that the sexual health information they received was both new and important for their lives and that they felt they learned it better from their peers than from instruction in traditional health class. The majority of participants reported that the program helped them across a range of areas related to both social well-being and sexual health. Conclusions: Teen PEP developers have been able to successfully adapt and replicate it in North Carolina, in settings that need sexual health education services for youth both because of the paucity of existing services in many areas and because of the evidence of risk in the form of high rates of pregnancy and sexually transmitted infections, including human immunodeficiency virus or AIDS in youth 15e19 years of age. Youth reported benefits across a range of social and sexual health-related areas
- Notes: Accession Number: 104033283. Language: English. Entry Date: 20141113. Revision Date: 20150710. Publication Type: Journal Article; research. Journal Subset: Allied Health; Nursing; Peer Reviewed; Public Health; USA. Special Interest: Pediatric Care; Public Health. NLM UID: 9102136
- (91) Ledford CJW, Canzona MR, Cafferty LA, Hodge JA. Mobile application as a prenatal education and engagement tool: a randomized controlled pilot. *Patient Education and Counseling* 2016; 99(4):578-582.
- Abstract: Objectives: Research has shown that mobile applications provide a powerful alternative to traditional paper diaries; however, little data exists in comparing apps to the traditional mode of paper as a patient education and engagement tool in the clinical setting.

This study was designed to compare the effectiveness of a mobile app versus a spiral-notebook guide throughout prenatal care. Methods: This randomized (n = 173) controlled pilot was conducted at an East Coast community hospital. Chi-square and repeated-measures analysis of variance was used to test intervention effects in the sample of 127 pregnant mothers who completed their prenatal care in the healthcare system. Results: Patients who were distributed the mobile application used the tool to record information about pregnancy more frequently (p = .04) and developed greater patient activation (p = .02) than patients who were distributed notebooks. No difference was detected on interpersonal clinical communication. Conclusion: A mobile application successfully activated a patient population in which self-management is a critical factor. Practice implications: This study shows that mobile apps can prompt greater use and result in more activated patients. Findings may be translated to other patient populations who receive recurring care for chronic disease. references

- (92) Lindqvist AK, Kostenius C, Gard G. Fun, feasible and functioning: Students' experiences of a physical activity intervention. *European Journal of Physiotherapy* 2014; 16(4):194-200. Abstract: Aim: The aim of this study was to describe students' experiences of participating in a physical activity (PA) intervention. Methodology: A purposive sampling was used; 14 students (four boys and 10 girls) were interviewed and the collected data was analysed using qualitative content analysis. Major findings: One main theme was identified: fun, feasible and functioning. The following two subthemes also emerged: the multi-component intervention fits several, but not all, and manageable measuring can also be motivating. The main theme elucidates that fun was an important factor for joining the study; the students also experienced the empowerment-inspired intervention and the data collection to be fun and feasible. According to the students, the intervention was functioning since they experienced that it increased their PA. Principal conclusions: An empowerment approach that includes forming partnerships with students is a promising avenue for developing PA interventions for schools, regardless of whether the person concerned is a parent, teacher, school nurse or physiotherapist, but one size will never fit all. Publication Type: Journal Article; pictorial; research; tables/charts. Journal Subset: Allied Health; Continental Europe; Europe; Peer Reviewed. Special Interest: Physical Therapy.
- (93) Liu JJ. Adapting health promotion interventions to meet the needs of ethnic minority groups: mixed-methods evidence synthesis. *Health Technology Assessment* 2013; 16(44). Abstract: Record in progress There is now a considerable body of evidence revealing that a number of ethnic minority groups in the UK and other economically developed countries experience disproportionate levels of morbidity and mortality compared with the majority white European-origin population. Across these countries, health-promoting approaches are increasing reviewed as the long-term strategies most likely to prove clinically effective and cost-effective for preventing disease and improving health outcomes in those with established disease. The objectives of the study were to identify, appraise and interpret research on the approaches employed to maximise the cross-cultural appropriateness and effectiveness of health promotion interventions for smoking cessation, increasing physical activity and improving healthy eating for African-, Chinese- and South Asian-origin populations. Data sources were two national conferences; seven databases of UK guidelines and international systematic reviews of health promotion interventions aimed at the general population, including the Clinical Evidence, National Institute for Health and Clinical Excellence and Scottish Intercollegiate Guidelines Network databases (1950-2009); 11 databases of research on adapted health promotion interventions for ethnic minority populations, including BIOSIS, EMBASE and MEDLINE (1950-2009); and in-depth qualitative interviews with a purposive sample of researchers and health promoters. Review methods were, theoretically based, mixed-methods, phased programme of research that involved user engagement, systematic reviews and qualitative interviews, which were integrated through a realist synthesis. Following a launch conference, two reviewers independently identified and extracted data from guidelines and systematic reviews on the effectiveness of interventions for the general population and any

guidance offered in relation to how to interpret this evidence for ethnic minority populations. Data were thematically analysed. Reviewers then independently identified and critically appraised studies of adapted interventions and summarised data to assess feasibility, acceptability, equity, clinical effectiveness and cost-effectiveness. Interviews were transcribed, coded and thematically analysed. The quantitative and qualitative data were then synthesised using a realist framework to understand better how adapted interventions work and to assess implementation considerations and prioritise future research. The authors preliminary findings were refined through discussion and debate at an end-of-study national user engagement conference. The results were, initial user engagement emphasised the importance of extending this work beyond individual-centred behavioural interventions to also include examination of community- and ecological-level interventions; however, individual-centred behavioural approaches dominated the 15 relevant guidelines and 111 systematic reviews the authors identified. The most consistent evidence of effectiveness was for pharmaceutical interventions for smoking cessation. This body of work, however, provided scant evidence on the effectiveness of these interventions for ethnic minority groups. The authors identified 173 reports of adapted health promotion interventions, the majority of which focused on US-based African Americans. This body of evidence was used to develop a 46-item Typology of Adaptation and a Programme Theory of Adapted Health Promotion Interventions. Only nine empirical studies directly compared the effectiveness of culturally adapted interventions with standard health promotion interventions, these failing to yield any consistent evidence; no studies reported on cost-effectiveness. The 26 qualitative interviews highlighted the need to extend thinking on ethnicity from conventional dimensions to more contextual considerations. The realist synthesis enabled the production of a decision making tool (RESET) to support future research. Limitations were, the lack of robust evidence of effectiveness for physical activity and healthy-eating interventions in the general population identified at the outset limited the comparative synthesis work the authors could undertake in the latter phases. Furthermore, the majority of studies undertaking an adapted intervention were conducted within African American populations; this raises important questions about the generalisability of findings to, for example, a UK context and other ethnic minority groups. Lastly, given the authors focus on three health areas and three populations, the authors have inevitably excluded many studies of adapted interventions for other health topics and other ethnic minority populations. The conclusions were, there is currently a lack of evidence on how best to deliver smoking cessation, physical activity and healthy eating-related health promotion interventions to ethnic minority populations. Although culturally adapting interventions can increase salience, acceptability and uptake, there is as yet insufficient evidence on the clinical effectiveness or cost-effectiveness of these adapted approaches. More head-to-head comparisons of adapted compared with standard interventions are warranted. The Typology of Adaptation, Programme Theory of Adapted Health Promotion Interventions and RESET tool should help researchers to develop more considered approaches to adapting interventions than has hitherto been the case. Cites 516 references.

- (94) Lloyd JJ, Wyatt KM. Qualitative findings from an exploratory trial of the Healthy Lifestyles Programme (HeLP) and their implications for the process evaluation in the definitive trial. *BMC Public Health* 2014; 14:578.  
Abstract: BACKGROUND: Approximately one third of 10-11 year olds in England are now overweight or obese suggesting that population approaches are urgently required. However, despite the increasing number of school-based interventions to prevent obesity, results continue to be inconsistent and it is still unclear what the necessary conditions are that lead to the sustained behaviour change required to affect weight status. The Healthy Lifestyles Programme is a theoretically informed four phase multi-component intervention which seeks to create supportive school and home environments for healthy behaviours. METHODS: A process evaluation has run alongside the exploratory trial of the Healthy Lifestyles Programme to ascertain the feasibility and acceptability of; the trial design (including the trial outcomes) and the HeLP Programme and whether it is able to engage

schools, children and their families. Data was collected using interviews with teachers (n = 12) and parents (n = 17) and six focus groups with children (n = 47) and a questionnaire for parents of children in the intervention schools. Interview and focus group data relating to the intervention was analysed using framework analysis. RESULTS: Four schools and 201 children participated in the exploratory trial. The data showed that the trial design was feasible and acceptable for schools and children. Three themes emerged for the data in relation to the acceptability and feasibility of the HeLP Programme (value, compatibility with the curriculum and enjoyment) and two themes emerged in relation to engagement ('knowledge and awareness' and 'taking messages on board'). The latter could be broken down into 4 subthemes ('initiating discussion with family and friends', 'acceptance of family rules', 'increased responsibility' and 'the importance of the mode and agent of delivery'). The use of highly inclusive and interactive delivery methods where the children were encouraged to identify with and take ownership of the healthy lifestyle messages were identified as important factors in motivating the children to take the messages home, seek parental support and initiate family lifestyle behaviour change. CONCLUSION: The process evaluation of the exploratory trial has not only provided evidence of the feasibility and acceptability of the Programme, it has also allowed an understanding of how HeLP engages schools, children and their families. These findings have informed the process evaluation for the definitive trial

PT - Randomized Controlled Trial

PT - Research Support, Non-U.S. Gov't

**Full text available:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4071326/>

- (95) Lohse B, Smith S, Cunningham-Sabo L. Fuel for Fun Impact Study Affirms Positive Effect on Fruit and Vegetable Preference and Approach to Cooking in School Age Youth. *Journal of Nutrition Education & Behavior* 2015; 47(4):S79.  
Publication Type: Journal Article. Supplement Title: Jul2015 Supplement. Journal Subset: Allied Health; Canada; Editorial Board Reviewed; Expert Peer Reviewed; Health Promotion/Education; Peer Reviewed. Special Interest: Nutrition; Pediatric Care. **Full text available:**  
<http://scholarworks.rit.edu/cgi/viewcontent.cgi?article=1840&context=other>
- (96) Lonsdale C, Rosenkranz RR, Peralta LR, Bennie A, Fahey P, Lubans DR. A systematic review and meta-analysis of interventions designed to increase moderate-to-vigorous physical activity in school physical education lessons. *Preventive Medicine* 2013; 56(2):152-161.  
Abstract: OBJECTIVES: Physical education (PE) that allows students to engage in moderate-to-vigorous physical activity (MVPA) can play an important role in health promotion. Unfortunately, MVPA levels in PE lessons are often very low. In this review, we aimed to determine the effectiveness of interventions designed to increase the proportion of PE lesson time that students spend in MVPA. METHODS: In March 2012, we searched electronic databases for intervention studies that were conducted in primary or secondary schools and measured the proportion of lesson time students spent in MVPA. We assessed risk of bias, extracted data, and conducted meta-analyses to determine intervention effectiveness. RESULTS: From an initial pool of 12,124 non-duplicate records, 14 studies met the inclusion criteria. Students in intervention conditions spent 24% more lesson time in MVPA compared with students in usual practice conditions (standardized mean difference=0.62). CONCLUSIONS: Given the small number of studies, moderate-to-high risk of bias, and the heterogeneity of results, caution is warranted regarding the strength of available evidence. However, this review indicates that interventions can increase the proportion of time students spend in MVPA during PE lessons. As most children and adolescents participate in PE, these interventions could lead to substantial public health benefits  
Publication Type: Journal Article; meta analysis; research; systematic review.  
Commentary: Jooyeon Jin. Evidence-based Physical Education #1: What Strategies Can We Use to Increase Students' MVPA in Physical Education Lessons? (JOPERD J PHYS

- (97) Lonsdale C, Rosenkranz RR, Sanders T, Peralta LR, Bennie A, Jackson B et al. A cluster randomized controlled trial of strategies to increase adolescents' physical activity and motivation in physical education: Results of the Motivating Active Learning in Physical Education (MALP) trial. *Preventive Medicine* 2013; 57(5):696-702.  
Abstract: OBJECTIVE: Physical education (PE) programs aim to promote physical activity (PA) and reach most school-aged youth. However, PA levels within PE lessons are often low. In this cluster-randomized controlled trial, we examined the effects of three self-determination theory-based motivational strategies on PA and sedentary behavior, as well as their hypothesized antecedents during PE lessons. METHODS: Data were collected in Sydney, Australia (October-December 2011). After baseline testing, teachers (n=16) and their classes (n=288 students; M=13.6years, 50.4% male) were randomly assigned to one of four teaching strategy conditions: (1) explaining relevance; (2) providing choice; (3) complete free choice; or (4) usual practice. Teachers then delivered the assigned strategy. Primary outcomes were accelerometer-assessed PA and student motivation during lessons. Secondary outcomes included sedentary behavior, perceptions of teachers' support and psychological needs satisfaction. RESULTS: The 'free choice' intervention increased PA ( $p < .05$ ). 'Providing choice' and 'free choice' interventions decreased sedentary behavior ( $p < .05$ ). The interventions did not influence motivation, but students' autonomy increased during both choice-based interventions ( $p < .05$ ). CONCLUSIONS: Promoting choice can produce short-term increases in PA and decreases in sedentary behavior, as well as increased perceived autonomy during PE lessons  
Publication Type: Journal Article; research; randomized controlled trial. Journal Subset: Biomedical; Peer Reviewed; USA. NLM UID: 0322116
- (98) Lori JR, Munro ML, Chuey MR. Use of a facilitated discussion model for antenatal care to improve communication. *International Journal of Nursing Studies* 2016; 54:84-94.  
Abstract: Achieving health literacy is a critical step to improving health outcomes and the health of a nation. However, there is a lack of research on health literacy in low-resource countries, where maternal health outcomes are at their worst. To examine the usefulness and feasibility of providing focused antenatal care (FANC) in a group setting using picture cards to improve patient-provider communication, patient engagement, and improve health literacy. An exploratory, mixed methods design was employed to gather pilot data using the Health Literacy Skills Framework. A busy urban district hospital in the Ashanti Region of Ghana was used to gather data during 2014. A facility-driven convenience sample of midwives (n=6) aged 18 years or older, who could speak English or Twi, and had provided antenatal care at the participating hospital during the previous year prior to the start of the study participated in the study. Data were collected using pre-test and post-test surveys, completed three months after the group FANC was implemented. A semi-structured focus group was conducted with four of the participating midwives and the registered nurse providing support and supervision for the study (n=5) at the time of the post-test. Data were analyzed concurrently to gain a broad understanding of patient communication, engagement, and group FANC. There were no significant differences in the mean communication ( $t(df = 3) = 0.541, p = 0.626$ ) and engagement ( $t(df = 3) = -0.775, p = 0.495$ ) scores between the pre- and post-test. However, the focus group revealed the following themes: (a) improved communication through the use of picture cards; (b) enhanced information sharing and peer support through the facilitated group process and; and (c) an improved understanding of patient concerns. The improved communication noted through the use of picture cards and the enhanced information sharing and peer support elicited through the group FANC undoubtedly provided patients with additional tools to invoke

self-determination, and carry out the behaviors they thought were most important to improve pregnancy outcomes

- (99) Luque J, Ross L, Gwede C. Qualitative Systematic Review of Barber-Administered Health Education, Promotion, Screening and Outreach Programs in African-American Communities. *Journal of Community Health* 2014; 39(1):181-190.  
Abstract: The barbershop has been portrayed as a culturally appropriate venue for reaching Black men with health information and preventive health screenings to overcome institutional and socio-cultural barriers. The purpose of this review is to synthesize the peer-reviewed literature on barbershop-based health programs to provide lessons learned for researchers and practitioners. A literature search was conducted to identify articles for the review. Inclusion criteria specified that studies had to be based in the United States and reported about research where barbers were either being assessed for the feasibility of their participation or recruited to administer health education/screening outreach or research activities. The literature search produced 901 unique bibliographic records from peer-reviewed publications. After eliminating articles not meeting the inclusion criteria, 35 articles remained for full-text review. The final article sample consisted of 16 articles for complete abstraction to assess characteristics of studies, role and training of barbers, outcomes targeted, effectiveness, and key findings. All barbershop-based studies reviewed targeted Black men in urban settings. Common study designs were cross-sectional studies, feasibility studies, needs assessments, and one-shot case studies. Barber administered interventions addressed primarily prostate cancer and hypertension, and barbers provided health education, screening, and referrals to health care. Nonintervention studies focused mostly on surveying or interviewing barbers for assessing the feasibility of future interventions. Barbershops are a culturally appropriate venue for disseminating health education materials in both print and media formats. Barbershops are also acceptable venues for training barbers to conduct education and screening. In studies where barbers received training, their knowledge of various health conditions increased significantly and knowledge gains were sustained over time. They were also able to increase knowledge and promote positive health behaviors among their customers, but these outcomes were variable and not consistently documented  
Publication Type: Journal Article; research; systematic review; tables/charts. Journal Subset: Biomedical; Editorial Board Reviewed; Expert Peer Reviewed; Peer Reviewed; Public Health; USA. Special Interest: Evidence-Based Practice; Men's Health; Public Health. Grant Information: This work was partially supported by a training grant from the National Cancer Institute (NCI) at the NIH (R25 CA090314; Paul Jacobsen, Principal Investigator).. NLM UID: 7600747
- (100) Madden AM, Harrex R, Radalowicz J, Boaden DC, Lim J, Ash R. A kitchen-based intervention to improve nutritional intake from school lunches in children aged 12-16 years. *Journal of Human Nutrition & Dietetics* 2013; 26(3):243-251.  
Abstract: Background School lunches potentially provide an important source of nutrients for children, although studies have shown that their food choices are not always associated with health benefits. The present study aimed to evaluate the effects of a kitchen-based intervention on intake from school lunches undertaken in 2005. Methods The three-phase study comprised a pre-intervention observation, the intervention itself and a post-intervention observation. Children aged 12-16 years attending a large, inner-city, secondary school in London were invited to participate. The intervention consisted of small, practical changes to the school menu with the purpose of reducing total and saturated fat and increasing fruit and vegetable consumption. Intake was evaluated using a weighed technique. Results One hundred and eighty and 198 children participated in the pre- and post-intervention phases, respectively. After the intervention, a significant reduction was observed in mean (SD) intake of total fat [44% (8%) versus 40% (9%) total energy,  $P < 0.01$ ] and of saturated fat [13% (6%) versus 10% (6%),  $P < 0.01$ ]. The children also ate significantly more fruit and vegetables [12.0 (10.4) g versus 30.0 (30.5) g total

weight,  $P < 0.001$ ]. However, after the intervention, the mean intakes of total and saturated fat, fruit and vegetables were still significantly below the Caroline Walker Trust guidelines for school lunches. Conclusions The present study shows that total and saturated fat and fruit and vegetable intake from school lunches can be significantly improved by a short, kitchen-based intervention. Although the benefits were limited, the results support further work in this area

Publication Type: Journal Article; clinical trial; research; tables/charts. Journal Subset: Allied Health; Biomedical; Europe; Peer Reviewed; UK & Ireland. Special Interest: Nutrition; Pediatric Care. Grant Information: The study was partly funded by the Public Health Directorate at Southwark Primary Care Trust, Southwark Council and the Food Standards Agency.. NLM UID: 8904840

- (101) Madden D, Breny JM. "How Should I Be?" A Photovoice Exploration Into Body Image Messaging for Young Women Across Ethnicities and Cultures. *Health Promotion Practice* 2016; 17(3):440-447.

Abstract: Photovoice, a community-based participatory research method that allows participants to inform research questions in an intimate way, has proven successful with youth. A diverse group of teenage girls living in New York City were asked to take photographs and reflect on what messages they received and from whom, how these messages translate across cultures and ethnicities, and how these messages are internalized and acted on. The group selected specific photographs to discuss together and themes emerged to answer the research questions; themes were reinforced by journal responses and agreed on by the group at the concluding session. The participants identified the media, peers, and family as cultural influencers on body image but noted that these messages change depending on the delivering medium. Participants not only offered recommendations with policy implications for advertising and media giants but also urged public health practitioners, teachers, and other key stakeholders working with young women of color to simply provide them with more space for talking. While Photovoice served as an effective methodology for gaining a more expansive understanding of how body image messages are received with young women of color, the tool should be considered for youth development interventions that take a community-based participatory approach. References

- (102) Magana S, Li H, Miranda E, Paradiso de Sayu R. Improving health behaviours of Latina mothers of youths and adults with intellectual and developmental disabilities. *Journal of Intellectual Disability Research* 2015; 59(5):397-410.

Abstract: Background Latina mothers who care for children with intellectual and developmental disabilities (IDD) over the lifespan struggle to take care of their own health needs in the context of their caregiving experience. Services are typically aimed at the persons with IDD and not their family caregivers. Yet, attending to family caregiver needs may contribute to better long-term care of persons with IDD who remain at home. To address this unmet need, we developed a culturally sensitive health education intervention for Latina mothers who care for youth and adults with IDD. The aim of the intervention is to improve maternal health-related self-efficacy and health behaviours, and to reduce stress. Method A randomised control design was employed to determine preliminary efficacy of the intervention. Paired sample t-tests were conducted to examine within-group changes from baseline to 3-month post-test. Repeated-measures analysis of covariance was used to examine the group-by-time interaction effects. Results Intervention participants showed greater increases between pre- and post-test in health-related self-efficacy; self-care, nutrition and overall health behaviours. Both groups reported decreases in depressive symptoms and caregiver burden. Conclusions While additional research is needed to determine long-term effects and to replicate findings, our results suggest that this culturally sensitive health intervention is a promising way to increase health behaviours which may lead to overall good health for Latina mothers who care for children with IDD across the lifespan

Publication Type: Journal Article; research; tables/charts; randomized controlled trial. Journal Subset: Biomedical; Europe; Peer Reviewed; UK & Ireland. Special Interest: Psychiatry/Psychology. Instrumentation: Center for Epidemiologic Studies Depression Scale (CES-D); Chronic Disease Self-Efficacy Scales (Lorig et al). Grant Information: This study was supported by a grant from the National Institute on Disability and Rehabilitation Research (Grant # H133B080009).. NLM UID: 9206090

- (103) Malcolm E. The impact of exercise projects to promote mental wellbeing. *Journal of Mental Health*, 2013.

Abstract: There is a well-established link between physical activity and psychological wellbeing, but less evidence on whether it can increase comfort in disclosure of mental health problems and help to reduce the perceived stigma of mental illness. The aims of the study were to investigate whether exercise projects, funded by the time to change anti-stigma programme to reduce mental health-related stigma and discrimination in England, can improve (1) wellbeing, (2) participation in physical activity, (3) readiness to disclose mental health problems or (4) perceived reduction in levels of stigma and discrimination. Participants of exercise projects run in routine community settings by local Mind and Rethink Mental Illness associations completed the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) and questions addressing the other three outcomes at baseline and three month follow-up (N = 2,663 baseline; N = 531 three month follow-up). There was significant improvement at three months on the WEMWBS ( $t(386) = -7.64$ ,  $p < 0.001$ ,  $r = 0.36$ ); readiness to disclose ( $\chi^2(1) = 10.86$ ,  $p = 0.001$ ) and participation in physical activity outside of the project ( $\chi^2(1) = 12.01$ ,  $p = 0.001$ ). The conclusions were, community-based exercise projects have the potential to produce multifaceted positive outcomes for people with mental health problems; however, more methodologically robust studies are needed to adequately determine the effects of exercise. Cites numerous references. [Journal abstract]

- (104) Mammen G, Stone MR, Faulkner G, Ramanathan S, Buliung R, O'Brien C et al. Active school travel: An evaluation of the Canadian school travel planning intervention. *Preventive Medicine* 2014; 60:55-59.

Abstract: OBJECTIVE: Active school travel (AST) may provide a significant source of physical activity for children although rates of AST are declining in many countries. The objective of this study was to evaluate the Canadian School Travel Planning (STP) intervention by examining changes in school travel mode and predictors of mode change. METHODS: Schools (n=106) across Canada participated between January 2010 and March 2012. STP committees implemented school-specific strategies to increase active school transport (AST) which included educational strategies, activities and events, capital improvement projects and enforcement initiatives. Travel mode at each school was assessed by a hands-up survey and school travel plans were reviewed for content. RESULTS: Complete data were available for 53 schools. There was no increase in AST at follow-up after one year. There was variation in mode change between schools. Only season of data collection predicted a decrease in AST in the morning ( $B = -5.36$ ,  $p < .05$ ). CONCLUSION: This Canadian STP evaluation showed no change in AST after one year. There was evidence of some localized success at nearly half of the participating schools. More robust monitoring and evaluation are needed to examine STP effectiveness. Notes: Accession Number: 104026694. Language: English. Entry Date: 20141114. Revision Date: 20150710. Publication Type: Journal Article; research. Journal Subset: Biomedical; Peer Reviewed; USA. NLM UID: 0322116

- (105) Marcell AV, Allan E, Clay EA, Watson C, Sonenstein FL. Effectiveness of a Brief Curriculum to Promote Condom and Health Care Use Among Out-of-School Young Adult Males. *Perspectives on Sexual & Reproductive Health* 2013; 45(1):33-40.

Abstract: Context Out-of-school black males aged 15-24 have higher levels of sexual

risk-taking than in-school black males of the same age. However, few sexual risk reduction curricula are focused on out-of-school male youth. Methods A sexual and reproductive health intervention conducted at a Baltimore youth employment and training program in 2008-2010 was evaluated in a study involving 197 youth aged 16-24 from a predominantly black population. Ninety-eight participants received three one-hour curriculum sessions on consecutive days; 99 served as controls. At baseline and three months later, participants completed a survey assessing demographic characteristics and various knowledge, attitude and behavior measures. Regression analysis with random effects was used to assess differences between intervention participants and controls in changes in outcomes over time. Results In analyses adjusting for baseline characteristics, intervention participants showed greater improvements in outcomes between baseline and follow-up than did controls. Specifically, a male who received the intervention was more likely than a control male to report increases in knowledge of STDs and health care use (odds ratio, 1.6 for each), frequency of condom use (1.8), use of lubricant with condoms (23.6), communication with a provider about STDs (12.3) and STD testing (16.6). Conclusion These findings suggest the potential benefits of integrating safer-sex and health care information into a sexual and reproductive health curriculum for out-of-school male youth Publication Type: Journal Article; research; tables/charts. Journal Subset: Biomedical; Core Nursing; Double Blind Peer Reviewed; Expert Peer Reviewed; Health Promotion/Education; Nursing; Peer Reviewed; USA. Special Interest: Obstetric Care; Women's Health. NLM UID: 101140654

- (106) Martinez-Zaragoza Fn, Campillo-Martinez JM, Ato-Garcia M. Effects on physical health of a multicomponent programme for overweight and obesity for adults with intellectual disabilities. *Journal of Applied Research in Intellectual Disabilities* 2016; 29(3):250-265. Abstract: Background: Overweight and obesity are major health risk factors in people with intellectual disabilities. The aim of this study was to test the effectiveness of a multicomponent programme (physical activity, diet and motivation) for overweight and obesity in adults with intellectual disabilities. Material and Methods: A quasi-experimental design with repeated-measures and non-equivalent control group (n = 33, n = 31) was used. The programme was conducted over 17 weeks, with follow-up at 6 months in a sample of Spanish adults with a mild and moderate intellectual disability from a community occupational day centre, aged from 23 to 50, 40.6% of which were women. Results: A significant reduction in weight and diastolic blood pressure was obtained over time, and this reduction was maintained in the follow-up for weight. Reduction in heart rate was only marginally significant. Conclusions: The treatment was effective in reducing overweight and obesity, improving cardiovascular capacity and therefore the physical health of the participants. References
- (107) Massey S, Zahr R, Spencer N, Sawchuk L. Better Together: How BC is helping families to eat together more often. *Canadian Journal of Dietetic Practice & Research* 2015; 76(3):e20. Abstract: Purpose: The goal of this session is to provide insight into the family meal and an initiative designed to promote eating together. This can guide dietitians in the messaging they use when creating communications, resources or campaigns around family meals. Content: Family meals have received attention in both popular press and in public health campaigns as an important means of promoting children's health, from improving nutritional intake to improving social adjustment. But what is the impact of these public health messages or campaigns on families? Better Together BC is a health promotion initiative aimed at supporting eating together using various social media channels. The initiative is based on a theoretical model that provides insights into the factors and routines that are most likely to lead to eating together. Research using this theoretical model revealed that involving kids in the kitchen is an important precursor to eating meals together. Messages and contests created by Better Together are built around the key insights from this research, conducted at the beginning of the project in 2009. Six years

later we reflect on the success of this initiative. Project summary: The social media network continues to grow exponentially each year. The social media approach amplifies our reach to tens of thousands of individuals, via shared messages. Targeted content is reaching our ideal audience of women aged 25-55. Our annual Hands-on Cook-off Contest reinforces the behavior of cooking together, whether it is a multigenerational activity, important for young children, or between youth. New research examines the impact the initiative is having on participants. Recommendations and conclusions: Using the insights from a theoretical model can help craft messages and campaigns that are designed to tap into the underlying motivations for mealtime behaviors. These messages are having a positive effect on participants

Publication Type: Journal Article; abstract. Journal Subset: Allied Health; Canada; Double Blind Peer Reviewed; Expert Peer Reviewed; Peer Reviewed. Special Interest: Nutrition; Pediatric Care. NLM UID: 9811151

- (108) Maurer M, Warren KE, Pohl C. The Postcard Initiative: personal communication from students can increase timely compliance with health requirements. *NASN School Nurse* 2016; 31(3):147-149.  
Abstract: Background: Immunizations and physical exams ensure the health and safety of school children. Failure to comply with state regulations can lead to exclusion from school activities. Methods: Students in fifth and eighth grades personalized postcards that contained health requirements for entry into sixth (junior high) and ninth (high school). The postcards were mailed three times over the school year. The junior high had a decline in first-day exclusions that did not reach significance. The high school decreased first-day exclusions from 6.4% to 1.6%. Both schools had significantly more physicals turned in before August 1 when compared with the previous year. Conclusion: Communicating health requirements by personalized postcards provides information in a manner that is better understood by parents/guardians. References
- (109) McEwan A, Crouch A, Robertson H, Fagan P. The Torres Indigenous Hip Hop Project: evaluating the use of performing arts as a medium for sexual health promotion. *Health Promotion Journal of Australia* 2013; 24(2):132-136.  
Abstract: Issue addressed The Torres Indigenous Hip Hop Project (the Project) was conducted in the Torres and Northern Peninsula Area of Queensland during early 2010. This paper provides a critical analysis of project outcomes and identifies criteria that may form a suitable framework for the assessment of proposals for sexual health promotion using performing arts-based approaches in Aboriginal and Torres Strait Islander settings. Methods A case study method was used. The first phase of analysis assessed whether project objectives were met using data collected during project planning and implementation. The second phase used these findings, augmented by interviews with key personnel, to respond to the question 'How could this be done better?'. Results The Project required significant human and organisational implementation support. The project was successful in facilitating event-specific community mobilisation. It raised awareness of sexual health disadvantage and engaged effectively with the target group. It laid important groundwork to progress school-based and community mechanisms to address regional youth disadvantage. Against these benefits are issues of opportunity cost and the need for ongoing resources to capitalise on the opportunities created. Conclusions With substantial support and planning, such approaches can play an important role in engaging young people and bridging the gap between clinical interventions and improvements in health deriving from community-driven strategies. So what? This paper contributes to existing literature by identifying key elements of an effective approach to using performing arts in sexual health promotion in Aboriginal and Torres Strait Islander settings. It also provides guidance when consideration is being given to investment in resource-intensive health promotion initiatives  
Notes: Accession Number: 104108880. Language: English. Entry Date: 20140214. Revision Date: 20150710. Publication Type: Journal Article. Journal Subset: Australia &

- (110) McFadden A, Green JM, Williams V, McLeish J, McCormick F, Fox-Rushby J et al. Can food vouchers improve nutrition and reduce health inequalities in low-income mothers and young children: a multi-method evaluation of the experiences of beneficiaries and practitioners of the Healthy Start programme in England. *BMC Public Health* 2014; 14:148. Abstract: BACKGROUND: Good nutrition is important during pregnancy, breastfeeding and early life to optimise the health of women and children. It is difficult for low-income families to prioritise spending on healthy food. Healthy Start is a targeted United Kingdom (UK) food subsidy programme that gives vouchers for fruit, vegetables, milk, and vitamins to low-income families. This paper reports an evaluation of Healthy Start from the perspectives of women and health practitioners. METHODS: The multi-method study conducted in England in 2011/2012 included focus group discussions with 49 health practitioners, an online consultation with 620 health and social care practitioners, service managers, commissioners, and user and advocacy groups, and qualitative participatory workshops with 85 low-income women. Additional focus group discussions and telephone interviews included the views of 25 women who did not speak English and three women from Traveller communities. RESULTS: Women reported that Healthy Start vouchers increased the quantity and range of fruit and vegetables they used and improved the quality of family diets, and established good habits for the future. Barriers to registration included complex eligibility criteria, inappropriate targeting of information about the programme by health practitioners and a general low level of awareness among families. Access to the programme was particularly challenging for women who did not speak English, had low literacy levels, were in low paid work or had fluctuating incomes. The potential impact was undermined by the rising price of food relative to voucher value. Access to registered retailers was problematic in rural areas, and there was low registration among smaller shops and market stalls, especially those serving culturally diverse communities. CONCLUSIONS: Our evaluation of the Healthy Start programme in England suggests that a food subsidy programme can provide an important nutritional safety net and potentially improve nutrition for pregnant women and young children living on low incomes. Factors that could compromise this impact include erosion of voucher value relative to the rising cost of food, lack of access to registered retailers and barriers to registering for the programme. Addressing these issues could inform the design and implementation of food subsidy programmes in high income countries  
**Full text available:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3925963/>
- (111) McGill R, Anwar E, Orton L. Are interventions to promote healthy eating equally effective for all? : systematic review of socioeconomic inequalities in impact. *BMC Public Health* 2015; 15(457). Abstract: BACKGROUND: Interventions to promote healthy eating make a potentially powerful contribution to the primary prevention of non communicable diseases. It is not known whether healthy eating interventions are equally effective among all sections of the population, nor whether they narrow or widen the health gap between rich and poor. We undertook a systematic review of interventions to promote healthy eating to identify whether impacts differ by socioeconomic position (SEP). METHODS: We searched five bibliographic databases using a pre-piloted search strategy. Retrieved articles were screened independently by two reviewers. Healthier diets were defined as the reduced intake of salt, sugar, trans-fats, saturated fat, total fat, or total calories, or increased consumption of fruit, vegetables and wholegrain. Studies were only included if quantitative results were presented by a measure of SEP. Extracted data were categorised with a modified version of the "4Ps" marketing mix, expanded to 6 "Ps": "Price, Place, Product, Prescriptive, Promotion, and Person". RESULTS: Our search identified 31,887 articles. Following screening, 36 studies were included: 18 "Price" interventions, 6 "Place" interventions, 1 "Product" intervention, zero "Prescriptive" interventions, 4 "Promotion"

interventions, and 18 "Person" interventions. "Price" interventions were most effective in groups with lower SEP, and may therefore appear likely to reduce inequalities. All interventions that combined taxes and subsidies consistently decreased inequalities. Conversely, interventions categorised as "Person" had a greater impact with increasing SEP, and may therefore appear likely to reduce inequalities. All four dietary counselling interventions appear likely to widen inequalities. We did not find any "Prescriptive" interventions and only one "Product" intervention that presented differential results and had no impact by SEP. More "Place" interventions were identified and none of these interventions were judged as likely to widen inequalities. CONCLUSIONS: Interventions categorised by a "6 Ps" framework show differential effects on healthy eating outcomes by SEP. "Upstream" interventions categorised as "Price" appeared to decrease inequalities, and "downstream" "Person" interventions, especially dietary counselling seemed to increase inequalities. However the vast majority of studies identified did not explore differential effects by SEP. Interventions aimed at improving population health should be routinely evaluated for differential socioeconomic impact.

- (112) Meisel JD, Sarmiento OL, Montes F, Martinez EO, Lemoine PD, Valdivia JA et al. Network analysis of Bogota's Ciclovía Recreativa, a self-organized multisectorial community program to promote physical activity in a middle-income country. *American Journal of Health Promotion* 2014; 28(5):e127-e136.

Abstract: Purpose: Conduct a social network analysis of the health and non-health related organizations that participate in Bogota's Ciclovía Recreativa (Ciclovía-a). Design: Cross-sectional study. Setting: Ciclovía is a multisectorial community-based mass program in which streets are temporarily closed to motorized transport, allowing exclusive access to individuals for leisure activities and physical activity. Subjects: Twenty-five organizations that participate in the Ciclovía. Measures: Seven variables were examined by using network analytic methods: relationship, link attributes (integration, contact, and importance), and node attributes (leadership, years in the program, and the sector of the organization). Analysis: The network analytic methods were based on a visual descriptive analysis and an exponential random graph model. Results: Analysis shows that the most central organizations in the network were outside of the Health sector and include Sports and Recreation, Government, and Security sectors. The organizations work in clusters formed by organizations of different sectors. Organization importance and structural predictors were positively related to integration, while the number of years working with Ciclovía was negatively associated with integration. Conclusion: Ciclovía is a network whose structure emerged as a self-organized complex system. Ciclovía of Bogota is an example of a program with public health potential formed by organizations of multiple sectors with Sports and Recreation as the most central. **Full text available:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4752846/>

- (113) Melville CA, Mitchell F, Stalker K, Matthews L, McConnachie A, Murray HM et al. Effectiveness of a walking programme to support adults with intellectual disabilities to increase physical activity: walk well cluster-randomised controlled trial. *Int J Behav Nutr Phys Act* 2015; 12:125.

Abstract: BACKGROUND: Programs to change health behaviours have been identified as one way to reduce health inequalities experienced by disadvantaged groups. The objective of this study was to examine the effectiveness of a behaviour change programme to increase walking and reduce sedentary behaviour of adults with intellectual disabilities. METHODS: We used a cluster randomised controlled design and recruited participants over 18 years old and not regularly involved in physical activity from intellectual disabilities community-based organisations. Assessments were carried out blind to allocation. Clusters of participants were randomly allocated to the Walk Well program or a 12-week waiting list control. Walk Well consisted of three face-to-face physical activity consultations incorporating behaviour change techniques, written resources for participants and carers, and an individualised, structured walking programme. The primary outcome measured with accelerometers was change in mean step count per day between baseline and 12 weeks.

Secondary outcomes included percentage time per day sedentary and in moderate-vigorous physical activity (MVPA), body mass index (BMI), and subjective well being. RESULTS: One hundred two participants in 50 clusters were randomised. 82 (80.4%) participants completed the primary outcome. 66.7% of participants lived in the most deprived quintile on the Scottish Index of Multiple Deprivation. At baseline, participants walked 4780 (standard deviation 2432) steps per day, spent 65.5% (standard deviation 10.9) of time sedentary and 59% percent had a body mass in the obesity range. After the walking programme, the difference between mean counts of the Walk Well and control group was 69.5 steps per day [95% confidence interval (CI) -1054 to 1193.3]. There were no significant between group differences in percentage time sedentary 1.6% (95% CI -2.984 to 6.102), percentage time in MVPA 0.3% (95% CI -0.7 to 1.3), BMI -0.2 kg/m<sup>2</sup> (95% CI -0.8 to 0.4) or subjective well-being 0.3 (95% CI -0.9 to 1.5). CONCLUSIONS: This is the first published trial of a walking program for adults with intellectual disabilities. Positively changing physical activity and sedentary behaviours may require more intensive programmes or upstream approaches to address the multiple social disadvantages experienced by adults with intellectual disabilities. Since participants spent the majority of their time sedentary, home-based programmes to reduce sitting time may be a viable health improvement approach. TRIAL REGISTRATION: Current Controlled Trials ISRCTN50494254  
PT - Randomized Controlled Trial  
PT - Research Support, Non-U.S. Gov't  
**Full text available:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4587575/>

- (114) Menezes I. The individual and contextual impact of a school-based exhibition for AIDS prevention : a mixed methodology approach. *Health Education Journal*, 2013; 72.  
Abstract: The objective of the study was to consider the short- and medium-term impact of a school-based exhibition of prevention materials designed by adolescents in human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS) knowledge and attitudes and in the school's involvement in health education. The design was mixed-methodology that combines quantitative and qualitative methods to consider short- and medium-term impact of a school-based HIV prevention project. The setting was 13 basic and secondary schools across Portugal, randomly selected. The method was a one-group pre-post-test design study in 13 schools addressing changes in adolescents' HIV/AIDS knowledge and attitudes as mediated by gender and age, followed by a replicated field study design. Expert interviews and focus groups with teachers, school staff, students, and parents to explore medium-term impact. The results were, the project was effective in promoting students' AIDS-related knowledge and attitudes, especially for girls and younger adolescents. The project also inspired the participating schools to develop initiatives in the field of AIDS education. The paper demonstrates how AIDS education in the school context can be effective, but research must guarantee the quality of data collection instruments, consider the diversity and heterogeneity of adolescents as a target group, and disseminate the project's results in the school's context. Cites 36 references.
- (115) Merrill RM, Sloan A. Effectiveness of a Health Promotion Program Among Employees in a Western United States School District. *Journal of Occupational & Environmental Medicine* 2014; 56(6):639-644.  
Abstract: Objectives: To evaluate the effectiveness of a worksite Wellness program in decreasing health risk. Methods: Analyses were based on 2411 employees from a school district in the western United States that participated in the WellSteps Wellness program for 12 months. Results: The numbers of high-risk employees at baseline were 683 for body mass index, 360 for systolic blood pressure, 242 for diastolic blood pressure, 72 for blood glucose, and 216 for total cholesterol. Among participants, 46.0% lowered body mass index, 34.7% lowered systolic blood pressure, 56.3% lowered diastolic blood pressure, 65.6% lowered blood glucose, and 38.6% lowered total cholesterol. The percentages moving out of the high-risk categories after 1 year were 11.6%, 39.4%, 70.7%, 38.9%, and

- 40.7%, respectively. Conclusions: The worksite Wellness program effectively lowered risk measures among those identified in high-risk categories at baseline  
 Publication Type: Journal Article; case study; research; tables/charts. Journal Subset: Biomedical; Peer Reviewed; USA. Instrumentation: Personal Health Assessment (PHA); Checklist for Change; Precede-Proceed Model. NLM UID: 9504688
- (116) Monteiro SM, Jancey J, Dhaliwal SS, Howat PA, Burns S, Hills AP et al. Results of a randomized controlled trial to promote physical activity behaviours in mothers with young children. *Prev Med* 2014; 59:12-18.  
 Abstract: OBJECTIVE: Increasing levels of physical activity in mothers have long-term health benefits for the mother and family. The study aimed to evaluate the effect of a six-month, physical activity RCT for mothers of young children. METHODS: Women were recruited via playgroups and randomly assigned to intervention (n=394) or control group (n=322). The intervention group received a six-month multi-strategy programme delivered via playgroups in Perth, Australia. measures were mean minutes per week of moderate (M) and vigorous (V) intensity physical activity (PA), and number of days/week of muscle strength exercises. RESULTS: The intervention had a significant effect on mean time for vigorous (p=0.008), moderate (p=0.023) and total physical activity (p=0.001) when compared to the control group. The intervention group increased their vigorous activity by a mean of 24min/week, moderate activity by 23min/week and total physical activity by 72min/week. CONCLUSIONS: A relatively minimum home based intervention was able to demonstrate modest but statistically significant improvements in physical activity in a hard to reach group. These changes if maintained over a longer period are likely to improve the health of mothers and have a positive impact on their partners and children. Australian and New Zealand Clinical Trials Registry ACTRN12609000735257  
 PT - Randomized Controlled Trial
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<http://onlinelibrary.wiley.com/doi/10.1002/oby.20472/full>
- (118) Moore S, Jones L, Alemi F. Family self-tailoring: Applying a systems approach to improving family healthy living behaviors. *Nursing Outlook* 2016; 64(4):306-311.  
 Abstract: The adoption and maintenance of healthy living behaviors by individuals and families is a major challenge. We describe a new model of health behavior change, SystemCHANGE (SC), which focuses on the redesign of family daily routines using system improvement methods. In the SC intervention, families are taught a set of skills to engage in a series of small, family self-designed experiments to test ideas to change their daily routines. The family system-oriented changes brought about by these experiments build healthy living behaviours into family daily routines so that these new behaviours happen as a matter of course, despite wavering motivation, willpower, or personal effort on the part of individuals. Case stories of the use of SC to improve family healthy living behaviours are provided. Results of several pilot tests of SC indicate its potential effectiveness to change health living behaviors across numerous populations. References
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 Abstract: Hispanic girls are burdened with high levels of obesity and are less active than the general adolescent population, highlighting the need for creative strategies developed with community input to improve physical activity behaviours. Involving girls, parents, and the community in the intervention planning process may improve uptake and maintenance of physical activity. The purpose of this article was to describe how we engaged adolescent girls as partners in community-based intervention planning research. We begin with an

overview of the research project and then describe how we used Participatory Photo Mapping to engage girls in critical reflection and problems solving  
Publication Type: journal article; research. Journal Subset: Biomedical; Core Nursing; Nursing; Peer Reviewed; Public Health; USA. Special Interest: Public Health. Grant Information: R24 MD 005096/MD/NIMHD NIH HHS/United States. NLM UID: 7809641

- (120) Myneni S, Kayo F, Cobb N, Cohen T. Content-Driven Analysis of an Online Community for Smoking Cessation: Integration of Qualitative Techniques, Automated Text Analysis, and Affiliation Networks. *American Journal of Public Health* 2015; 105(6):1206-1212.  
Abstract: Objectives. We identified content-specific patterns of network diffusion underlying smoking cessation in the context of online platforms, with the aim of generating targeted intervention strategies. Methods. QuitNet is an online social network for smoking cessation. We analyzed 16 492 de-identified peer-to-peer messages from 1423 members, posted between March 1 and April 30, 2007. Our mixed-methods approach comprised qualitative coding, automated text analysis, and affiliation network analysis to identify, visualize, and analyze content-specific communication patterns underlying smoking behavior. Results. Themes we identified in QuitNet messages included relapse, QuitNet-specific traditions, and cravings. QuitNet members who were exposed to other abstinent members by exchanging content related to interpersonal themes (e.g., social support, traditions, progress) tended to abstain. Themes found in other types of content did not show significant correlation with abstinence. Conclusions. Modeling health-related affiliation networks through content-driven methods can enable the identification of specific content related to higher abstinence rates, which facilitates targeted health promotion  
Publication Type: Journal Article; research; tables/charts. Journal Subset: Biomedical; Core Nursing; Double Blind Peer Reviewed; Nursing; Peer Reviewed; Public Health; USA. Special Interest: Public Health. Grant Information: This study is supported in part by UTHHealth Innovation for Cancer Prevention Research Pre-doctoral Fellowship, University of Texas School of Public Health-Cancer Prevention and Research Institute of Texas (grant RP101503).. NLM UID: 1254074
- (121) Najib Balbale S, Schwingel A, Chodzko-Zajko W, Huhman M. Visual and Participatory Research Methods for the Development of Health Messages for Underserved Populations. *Health Communication* 2014; 29(7):728-740.  
Abstract: Mass communication health campaign messages play critical roles in public health, yet studies show mixed effectiveness in reaching and impacting underserved populations. The purpose of this study was to evaluate the benefits of using visual and participatory research techniques toward health message development targeting older Hispanic women. Demographic information and levels of physical activity were first obtained in a sample of older Mexican women (n= 23; ages 71.9 ± 7.6 years) living in the city of Chicago. Perceptions of physical activity were then assessed using a visual research method known as photo-elicitation. Health message concepts promoting physical activity were developed with a subsample of the target population using a participatory approach. Photo-elicitation helped develop a unique understanding into the many factors impacting physical activity among older Mexican women. Follow-up in-depth interviews provided detailed narratives that (a) built upon visual data and (b) identified characteristic differences between physically active and inactive women. Ultimately, these findings were beneficial in constructing new, culturally tailored message concepts. Findings suggest that this method may be a valuable tool in the development of mass communication health messages, extracting rich and meaningful data from target audiences while fostering a sense of partnership between researchers and community members. Tailoring and improving the message design process around the needs of underserved populations is essential in the effort to eliminate the burden of health disparities. This study uses innovative interdisciplinary research techniques to explore new approaches to public health communication in underserved populations

Publication Type: Journal Article; research; tables/charts. Journal Subset: Blind Peer Reviewed; Health Promotion/Education; Peer Reviewed; USA.

- (122) NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE. Community engagement: improving health and wellbeing and reducing health inequalities (NG44). 2016. London, National Institute for Health and Care Excellence. NICE guideline. Ref Type: Generic  
Abstract: This practice guideline covers approaches to involving local communities as a way of promoting health and wellbeing and reducing health inequalities. Recommendations cover: developing collaboration and partnership approaches encourage alliances between community members and statutory, community and voluntary organisations to meet local needs and priorities; involving people in peer and lay roles to represent local needs and priorities; local approaches to making community engagement an integral part of health and wellbeing initiatives; and making it as easy as possible for people to get involved. The guideline also makes recommendations for future research which include research on effectiveness and cost effectiveness; frameworks to evaluate the impact of community engagement; aspects of collaborations and partnerships that lead to improved health and wellbeing; and the effectiveness of social media for improving health and wellbeing. The guideline updates and replaces NICE guideline PH9 (published February 2008)  
**Full text available:** <https://www.nice.org.uk/guidance/ng44>
- (123) Nihiser A, Merlo C, Lee S. Preventing Obesity through Schools. *Journal of Law, Medicine & Ethics* 2013; 41:27-34.  
Abstract: This paper describes highlights from the Weight of the Nation 2012 Schools Track. Included is a summary of 16 presentations. Presenters shared key actions for obesity prevention through schools. The information provided at the Weight of the Nation can help school health practitioners access tools, apply evidence-based strategies, and model real-world examples to successfully start obesity prevention initiatives in their jurisdiction  
Publication Type: Journal Article; practice guidelines; review; tables/charts. Supplement Title: Winter2013 Supplement 2. Journal Subset: Biomedical; Peer Reviewed; USA.
- (124) Norbberg TR, Houlby L. Choice architecture interventions for increased vegetable intake and behaviour change in a school setting : a systematic review. *Perspectives in Public Health* 2016; 136(3):133-145.  
Abstract: AIMS: The primary objective of this review is to assess the prevalence and quality of published studies on the effect of choice architectural nudge interventions promoting vegetable consumption among adolescents. Additionally, this review aims to identify studies estimating adolescents' attitude towards choice architectural nudge interventions. METHODS: Web of Science, Scopus and PubMed were searched systematically for experimental studies with a predefined search strategy in the period November-December 2013. Publications were included following predetermined inclusion criteria. Studies were evaluated as of high, moderate or weak quality. Finally, studies were grouped by the type of intervention and underwent a narrative synthesis. RESULTS: The search showed that only very few studies investigated the effects of choice architectural nudging interventions on vegetable consumption, and none of them had attitude towards behavioural interventions as an outcome measure. Twelve studies met the inclusion criteria. The results of the twelve studies were inconclusive, and the majority of studies were of weak or moderate quality. CONCLUSION: This review uncovers a gap in knowledge on the effect of choice architectural nudge interventions aiming to promote the intake of vegetables among adolescents in a school context. It also highlights that no previous studies have considered the attitudes towards choice architectural nudge interventions as a potential factor for their success - or lack thereof - in achieving the desired goal of increased vegetable consumption.]

- (125) Orme J. A process evaluation of student participation in a whole school food programme. *Health Education*, 2013.  
 Abstract: Health promotion programmes are widely held to be more effective when the subjects of them actively participate in the process of change. The purpose of this paper is to report on an evaluation of the Food for Life Partnership programme, a multi-level initiative in England promoting healthier nutrition and food sustainability awareness for students and their families through involvement in cooking, growing, farm visits and School Nutrition Action Groups (SNAGs). The study adopted a mixed methods approach, drawing upon quantitative and qualitative data sources. The data sources included quantitative data on school level programme related activities, qualitative data collected through focus groups with children and reports from teachers and other staff involved in the delivery of the programme. The paper concludes that the pivotal role of SNAGs in catalysing and embracing a whole school approach must be seen as an important mechanism for any health promotion in complex school environments. This was a national evaluation of a unique school food project aiming to transform food culture in primary and secondary schools. The findings highlight the importance of a whole school approach to public health initiatives and the centrality of pupil participation in the success and sustainability of such interventions.
- (126) Pace WD, Lanigan AM, Staton EW, Graham DG, Manning BK, Dickinson LM et al. Effectiveness of 2 methods of promoting physical activity, healthy eating, and emotional well-being with the americans in motion--healthy interventions approach. *Annals of Family Medicine* 2013; 11(4):371-380.  
 Abstract: Purpose: An increasing number of Americans are putting their health at risk from being overweight. We undertook a study to compare patient-level outcomes of 2 methods of implementing the Americans In Motion-Healthy Interventions (AIM-HI) approach to promoting physical activity, healthy eating, and emotional well-being. Methods: We conducted a randomized trial in which 24 family medicine practices were randomized to (1) an enhanced practice approach in which clinicians and office staff used AIM-HI tools to make personal changes and created a healthy environment, or (2) a traditional practice approach in which physicians and staff were trained and asked to use the tools with patients. Of the 610 patients enrolled, 331 were in healthy practices, and 279 were in traditional practices. At 0, 4, and 10 months we assessed blood pressure, body mass index, fasting blood glucose and insulin levels, nuclear magnetic resonance lipoprotein profiles, fitness, dietary intake, physical activity, and emotional well-being. Outcome data were analyzed using linear, mixed-effects multivariate models, adjusting for practices as a random effect. Results: Regardless of patient group, 16.2% of patients who completed a 10-month visit (n = 378 patients, 62% of enrollees) and 10% of all patients enrolled lost 5% or more of their body weight; 16.7% of patients who completed a 10-month visit (10.3% of all enrollees) had a 2-point or greater increase in their fitness level; and 29.2% of 10-month completers (18.0% of all enrollees) lost 5% or more of their body weight and/or increased their fitness level by 2 or more points. There were no significant differences in these outcomes between groups. Conclusions: There was no difference between the 2 groups in the primary and most secondary outcomes. Both patient groups were able to show significant before-after improvements in selected patient-level outcomes  
 Publication Type: journal article; research; randomized controlled trial.
- (127) Pardo BM, Bengoechea EGa, Julian Clemente JA, Lanaspá EG. Empowering adolescents to be physically active: Three-year results of the Sigue la Huella intervention. *Preventive Medicine* 2014; 66:6-11.  
 Abstract: OBJECTIVE: To examine the effects of a school-based intervention called Sigue la Huella (Follow the Footstep) on adolescents' daily moderate-to-vigorous physical activity (MVPA). METHOD: This quasi-experimental, cohort study took place in four secondary schools in Huesca (Spain) during the 2009-2010, 2010-2011, and 2011-2012 academic years (students aged 12-15years). Two schools were assigned to the experimental condition (n=368) and two schools to the control condition (n=314). Sigue la Huella was

based on the social ecological model and self-determination theory. MVPA was measured for 7 days on 4 occasions using accelerometers. Data were analyzed with individual growth curve models. RESULTS: There was a significant difference in linear growth rate of daily MVPA between the experimental and the control group, independent of study wave, type of school (public vs. private), grade level and gender ( $p < 0.001$ ). Specifically, MVPA increased in the experimental group ( $[\beta] = 7.02$ , 95% confidence interval (CI) = 1.27 to 12.78,  $p = 0.017$ ) and tended to decrease in the control group ( $[\beta] = -5.26$ , 95% CI = -11.17 to 0.65,  $p < 0.081$ ). The observed increase was larger in boys than in girls ( $p = 0.003$ ). CONCLUSIONS: Sigue la Huella had a positive effect on adolescents' daily MVPA over three school years. Both genders benefited from the intervention, although boys to a greater extent  
 Publication Type: Journal Article; research. Journal Subset: Biomedical; Peer Reviewed;

- (128) Parisod H, Axelin A, Smed J, et al. Determinants of tobacco-related health literacy: A qualitative study with early adolescents. *International Journal of Nursing Studies* 2016; 62:71-80.  
 Abstract: Background Today's adolescents are used to a constant information flow, but many face difficulties in processing health-related information due to low health literacy. There is still need for deeper understanding on the determinants of health literacy in relation to adolescents to guide the development of health literacy instruments and interventions. Purpose The purpose of this study was to explore, from the perspective of early adolescents, the determinants of health literacy in the context of tobacco-related health communication. Design A qualitative descriptive study. Setting Two schools located in the south of Finland. One school represented a typical Finnish public school with students following general curriculum and the other represented a Finnish public school with students with special educational needs. Participants Purposively selected sample of 10-13-year-old early adolescents ( $n = 39$ ) from the two schools to obtain a varied group of early adolescents representing different kinds of literacy levels. Methods We conducted 10 focus groups with early adolescents and analyzed the data using the theoretical thematic analysis method. We used a combination of the determinants presented in three adolescent-specific health literacy models as the theoretical framework of deductive analysis. The remaining data extracts were coded inductively. We sorted the codes under sub-themes that represented different determinants of health literacy. These were further divided between three themes: "personal", "external", and "mediating" determinants. Finally, we named the themes with an expression that embodied the early adolescents' views and experiences. Results Early adolescents' descriptions revealed that the list of determinants presented in the three adolescent-specific health literacy models is not comprehensive enough. Early adolescents brought up how their motives, self-efficacy, and role expectations determine their health literacy in addition to the other personal determinants presented in the previous models. Their descriptions also suggest that external determinants include interpersonal relations with authorities, idols and random people, and the socio-cultural atmosphere as new factors. New mediating determinants that have a separate influence on health literacy were recognized based on early adolescents' descriptions as well. Conclusion Our findings give a new, adolescent-oriented insight on the determinants of adolescents' health literacy. Based on the findings, there are additional personal, external, and mediating determinants that are not included in the current adolescent-specific health literacy models. These newly found determinants require attention and further exploration. The acquired knowledge can be used for strengthening existing adolescent-specific health literacy models, and as a basis of health literacy instrument and intervention development. References
- (129) Paukste E, Harris N. Using rap music to promote adolescent health: pilot study of VoxBox. *Health Promotion Journal of Australia* 2015; 26(1):24-29.  
 Abstract: ISSUE ADDRESSED: Alcohol, tobacco and other drugs (ATODs) usage among adolescents, particularly those living in lower socioeconomic communities, is a population health problem in Australia that requires innovative health promotion strategies. There is a

growing recognition of the potential of arts-based approaches to engage youth in health promoting activities. This paper presents the process evaluation of the pilot VoxBox intervention that used rap to build adolescents' awareness of risks associated with ATODs. METHODS: The VoxBox intervention was piloted in Logan, Queensland, at five high schools with 18 adolescents completing the intervention. Data collection methods included observation, focus groups, semi-structured interviews and a survey of adolescent participants. RESULTS: The intervention was well received by participants and stakeholders. Three factors characterising the project's successful engagement of adolescents were: participate - go with the flow, learning from the real deal and resourced to make some noise. CONCLUSION: In VoxBox, the emphasis on engaging adolescents in an activity of real interest that was appropriately resourced and delivered was central to credibility and success. SO WHAT?: The findings highlight the importance of interventions matching the interests of the targeted population group  
 Publication Type: Journal Article; research. Journal Subset: Australia & New Zealand; Blind Peer Reviewed; Editorial Board Reviewed; Health Promotion/Education;

- (130) Phillips G, Bottomley C, Schmidt E. Well London Phase-1 : results among adults of a cluster-randomised trial of a community engagement approach to improving health behaviours and mental well-being in deprived inner-city neighbourhoods. *Journal of Epidemiology and Community Health* 2014; 68(7):606-614.  
 Abstract: BACKGROUND: We report the main results, among adults, of a cluster-randomised-trial of Well London, a community engagement programme promoting healthy eating, physical activity and mental well-being in deprived neighbourhoods. The hypothesis was that benefits would be neighbourhood-wide, and not restricted to intervention participants. The trial was part of a multicomponent process/outcome evaluation which included non-experimental components (self-reported behaviour change amongst participants, case studies and evaluations of individual projects) which suggested health, well-being and social benefits to participants. METHODS: Twenty matched pairs of neighbourhoods in London were randomised to intervention/control condition. Primary outcomes (five portions fruit/vegetables/day; 5x30m of moderate intensity physical activity/week, abnormal General Health Questionnaire (GHQ)-12 score and Warwick-Edinburgh Mental Well-being Scale (WEMWBS) score) were measured by post-intervention questionnaire survey, among 3986 adults in a random sample of households across neighbourhoods. RESULTS: There was no evidence of impact on primary outcomes: healthy eating (relative risk [RR] 1.04, 95 per cent CI 0.93 to 1.17); physical activity (RR:1.01, 95 per cent CI 0.88 to 1.16); abnormal GHQ12 (RR:1.15, 95 per cent CI 0.84 to 1.61); WEMWBS (mean difference [MD]: -1.52, 95 per cent CI -3.93 to 0.88). There was evidence of impact on some secondary outcomes: reducing unhealthy eating-score (MD: -0.14, 95 per cent CI -0.02 to 0.27) and increased perception that people in the neighbourhood pulled together (RR: 1.92, 95 per cent CI 1.12 to 3.29). CONCLUSIONS: The trial findings do not provide evidence supporting the conclusion of non-experimental components of the evaluation that intervention improved health behaviours, well-being and social outcomes. Low participation rates and population churn likely compromised any impact of the intervention. Imprecise estimation of outcomes and sampling bias may also have influenced findings. There is a need for greater investment in refining such programmes before implementation; new methods to understand, longitudinally different pathways residents take through such interventions and their outcomes, and new theories of change that apply to each pathway.
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 Abstract: Purpose. The purpose of this study was to determine whether weight loss and cardiovascular disease risk factor reduction was maintained following a lifestyle intervention. Methods. Five hundred fifty-five individuals without diabetes from 8 rural communities were screened for BMI  $\geq$ 25 kg/m<sup>2</sup> and abdominal obesity (86.1% female,

- 95.1% white, 55.8% obese). Communities and eligible participants (n=493; mean age, 51 years, 87.6% female, 94.1% Caucasian) were assigned to 4 study groups: face-to-face, DVD, Internet, and self-selection (SS) (n = 101). Self-selection participants chose the intervention modality (60% face-to-face, 40% Internet, 0% DVD). Outcomes included weight change and risk factor reduction at 18 months. Results. All groups achieved maintenance of 5% weight loss in over half of participants. Self-selection participants had the largest proportion maintain (89.5%). Similarly, nearly 75% of participants sustained risk factor reduction. After multivariate adjustment, participants in SS were 2.3 times more likely to maintain 5% weight loss compared to the other groups, but not risk factor reduction. Conclusion. Despite the modality, lifestyle intervention was effective at maintaining weight loss and risk reduction. However, SS participants were twice as likely to sustain improvements compared to other groups. The importance of patient-centered decision making in health care is paramount. References
- (132) Pons-Vigues M, Diez E, Morrison J. Social and health policies or interventions to tackle health inequalities in European cities : a scoping review. *BMC Public Health* 2014; 14(198). Abstract: BACKGROUND: Health inequalities can be tackled with appropriate health and social policies, involving all community groups and governments, from local to global. The objective of this study was to carry out a scoping review on social and health policies or interventions to tackle health inequalities in European cities published in scientific journals. METHODS: Scoping review. The search was done in "PubMed" and the "Sociological Abstracts" database and was limited to articles published between 1995 and 2011. The inclusion criteria were: interventions had to take place in European cities and they had to state the reduction of health inequalities among their objectives. RESULTS: A total of 54 papers were included, of which 35.2 per cent used an experimental design, and 74.1 per cent were carried out in the United Kingdom. The whole city was the setting in 27.8 per cent of them and 44.4 per cent were based on promoting healthy behaviours. Adults and children were the most frequent target population and half of the interventions had a universal approach and the other half a selective one. Half of the interventions were evaluated and showed positive results. CONCLUSIONS: Although health behaviours are not the main determinants of health inequalities, the majority of the selected documents were based on evaluations of interventions focusing on them.
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as a 'global public health problem' and has established minimum physical activity (PA) targets for people at different stages of the life-course. Yet, according to WHO, just under 1/3 of working age adults across the globe meet those targets and it is not at all clear how the disjunction between the recommendations of policy makers and the behaviour of ordinary people might be surmounted. Using an opportunity to examine the impact of an urban regeneration project on community residents in East Belfast (Northern Ireland) this paper examines the views of some 113 people on how to increase rates of PA in an area of multiple deprivation. The results of the analysis suggest that lay people rarely consider PA as a discrete issue, or one that centres on individuals and their motivation, but rather as one component in a complex web of concerns, processes and events that include such things as the actions of neighbours and relatives, material and political environments, vandalism, violence, and the weather. We explore and unravel the nature of those concerns using novel methods of content analysis that generate 'issue webs'. Particular attention is paid to the ways in which lay people conceptualize 'activity' and to the manner in which they point to ways of encouraging activity that are rooted in everyday life rather than in the corpocentric, agent-centred and often sport dominated strategies favoured by local policy makers. Our results support those who argue that interventions to increase rates of PA need to move beyond behavioural approaches that focus on individuals and consider the social, political and material contexts in which 'activity' occurs

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 Abstract: Objective: To review the importance of and evidence-based strategies to prevent tobacco use and promote tobacco cessation in the pediatric setting. Data Sources: Literature review of evidence-based resources on tobacco use and prevention/cessation interventions in the pediatric/adolescent population. Conclusion: Knowledge of the impact of tobacco use on cancer risk, second- and third-hand smoke carcinogenesis, and newer methods of tobacco delivery is necessary to select appropriate and effective prevention and cessation strategies. Implications for Nursing Practice: Systematic evaluation of both parents and children for tobacco use can identify patients that will benefit from tobacco cessation interventions. Patients and families need education and support so they can make good decisions and adhere to recommendations for prevention and cessation of tobacco use. References
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 Abstract: A mixed-methods approach was used to develop a culturally appropriate health intervention over radio within the Inuit community of Pangnirtung, Nunavut (NU), Canada. The radio dramas were developed, recorded and tested pre-intervention through the use of Participatory Process and informed by the extended elaboration likelihood model (EELM) for education-communication. The radio messages were tested in two focus groups (n = 4 and n = 5) to determine fidelity of the radio dramas to the EELM theory. Focus group feedback identified that revisions needed to be made to two characteristics required of educational programmes by the EELM theorem: first, the quality of the production was improved by adding Inuit youth recorded music and second, the homophily (relatability of characters) of radio dramas was improved by re-recording the dramas with voices of local youth who had been trained in media communication studies. These adjustments would not have been implemented had pre-intervention testing of the radio dramas not taken place and could have reduced effectiveness of the overall intervention. Therefore, it is highly recommended that media tools for health communication/education be tested with the intended target audience before commencement of programmes. Participatory Process was identified to be a powerful tool in the development and sustainability of culturally appropriate community health programming. References

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 Abstract: OBJECTIVE: To assess the impact of a 3year (2006-2009) community-based intervention for obesity and chronic disease prevention in four diverse 'Healthy Alberta Communities' (HAC). METHODS: Targeted intervention development incorporated the ANGELO conceptual framework to help community stakeholders identify environmental determinants of obesity amenable to intervention. Several inter-related initiatives were implemented. To evaluate, we surveyed separate samples of adults in HAC communities before and after the interventions and compared responses to identical survey questions asked of adults living in Alberta in two waves of the Canadian Community Health Survey (CCHS). RESULTS: The HAC sample included 4761 (2006) and 4733 (2009) people. The comparison sample included 9775 and 9784 respondents in 2005 and 2009-10 respectively. Self-reported body mass index showed no change, and neither were there significant changes in behaviors relative to secular trends. Most significant outcomes were relevant to social conditions, specifically sense of belonging to community in the intervention communities. CONCLUSION: Health outcome indicators at the community level may not be sufficiently sensitive to capture changes which, over a relatively short term, would only be expected to be incremental, given that interventions were directed primarily to creating environmental conditions supportive of changes in behavioral outcomes rather than toward health outcome change directly  
 Publication Type: Journal Article; research. Journal Subset: Biomedical;
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 Abstract: In Australia, 25,924 people aged 21-39 years are registered with the National Diabetes Service Scheme. Of those 5,962 come from Victoria, many of which live in regional and rural areas (NDSS, 2015) often with little access to appropriate health services. An Australian study has found current health services in rural and regional Victoria are not meeting the information and support needs of local communities (Speight et al. 2012); therefore placing this target group at risk of developing serious diabetes complications. To help address the issue, an online interactive version of an evidence-based self-management program for young people with type 1 diabetes (T1DM) living in regional and rural Victoria is being developed and trialed as part of a pilot study. The program, based on the Guided Self Determination (GSD) method, was developed by a Danish nurse researcher Professor Vibeke Zoffmann (Zoffmann, 2004). References
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 Abstract: This study examined the effectiveness of two cancer prevention interventions in improving balanced diet among French children aged 12-14 years. The educational techniques used were taken from the taxonomy of behaviour change techniques (BCTs; Abraham & Michie, 2008). Allocation to intervention group (intervention versus control) was randomised at the school-level, the intervention group received two interventions, each of 1-h duration, containing BCTs including advocated attitude, anticipated success/regret, behaviour modelling and barrier identification. Self-reported diet was assessed pre- and post-interventions. The resulting data were coded by a nutritionist and transformed into a novel measure representing the extent to which the participant achieved a balanced diet. Multilevel modelling indicated that, having taken into account the clustered nature of the data, gender and the differing socio-economic status of the participants, balanced diet decreased over time,  $b=-1.23$ ,  $t(1830)=-2.79$ ,  $p=0.005$ , but this was qualified by a significant interaction effect with intervention,  $b=1.42$ ,  $t(1830)=1.98$ ,  $p=0.047$ . Separate models for each intervention group revealed that balanced diet decreased over time in the control group,  $b=-1.25$ ,  $t(1195)=-2.47$ ,  $p=0.014$ , but did not in the intervention group,  $b=0.19$ ,  $t(635)=0.44$ ,  $p=0.66$ , suggesting a buffering effect of the interventions on

balanced diet over time. These findings demonstrate the effectiveness of educational interventions using established behaviour change techniques, to change behaviour  
Publication Type: journal article. Journal Subset: Biomedical; Blind Peer Reviewed; Double Blind Peer Reviewed; Editorial Board Reviewed; Expert Peer Reviewed; Health Promotion/Education; Peer Reviewed; USA. Special Interest: Evidence-Based Practice. Instrumentation: Behavior Rating Inventory of Executive Function (BRIEF).

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Abstract: Background: Face-to-face interventions for promoting physical activity (PA) are continuing to be popular but their ability to achieve long term changes are unknown. Objectives: To compare the effectiveness of face-to-face interventions for PA promotion in community dwelling adults (aged 16 years and above) with a control exposed to placebo or no or minimal intervention. Search methods: We searched CENTRAL, MEDLINE, EMBASE, CINAHL, and some other databases (from earliest dates available to October 2012). Reference lists of relevant articles were checked. No language restrictions were applied. Selection criteria: Randomised controlled trials (RCTs) that compared face-to-face PA interventions for community dwelling adults with a placebo or no or minimal intervention control group. We included studies if the principal component of the intervention was delivered using face-to-face methods. To assess behavioural change over time the included studies had a minimum of 12 months follow-up from the start of the intervention to the final results. We excluded studies that had more than a 20% loss to follow-up if they did not apply an intention-to-treat analysis. Data collection and analysis: At least two authors independently assessed the quality of each study and extracted data. Non-English language papers were reviewed with the assistance of an interpreter who was an epidemiologist. Study authors were contacted for additional information where necessary. Standardised mean differences (SMDs) and 95% confidence intervals (CIs) were calculated for continuous measures of self-reported PA and cardio-respiratory fitness. For studies with dichotomous outcomes, odds ratios (ORs) and 95% CIs were calculated. Main results: A total of 10 studies recruiting 6292 apparently healthy adults met the inclusion criteria. All of the studies took place in high-income countries. The effect of interventions on self-reported PA at one year (eight studies; 6725 participants) was positive and moderate with significant heterogeneity ( $I^2 = 74%$ ) (SMD 0.19; 95% CI 0.06 to 0.31; moderate quality evidence) but not sustained in three studies at 24 months (4235 participants) (SMD 0.18; 95% CI -0.10 to 0.46). The effect of interventions on cardiovascular fitness at one year (two studies; 349 participants) was positive and moderate with no significant heterogeneity in the observed effects (SMD 0.50; 95% CI 0.28 to 0.71; moderate quality evidence). Three studies (3277 participants) reported a positive effect on increasing PA levels when assessed as a dichotomous measure at 12 months, but this was not statistically significant (OR 1.52; 95% CI 0.88 to 2.61; high quality evidence). Although there were limited data, there was no evidence of an increased risk of adverse events (one study; 149 participants). Risk of bias was assessed as low (four studies; 4822 participants) or moderate (six studies; 1543 participants). Any conclusions drawn from this review require some caution given the significant heterogeneity in the observed effects. Despite this, there was some indication that the most effective interventions were those that offered both individual and group support for changing PA levels using a tailored approach. The long term impact, cost effectiveness and rates of adverse events for these interventions was not established because the majority of studies stopped after 12 months. Authors' conclusions: Although we found evidence to support the effectiveness of face-to-face interventions for promoting PA, at least at 12 months, the effectiveness of these interventions was not supported by high quality studies. Due to the clinical and statistical heterogeneity of the studies, only limited conclusions can be drawn about the effectiveness of individual components of the interventions. Future studies should provide greater detail of the components of interventions, and assess impact on quality of life, adverse events and economic data

**Full text available:**

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010392.pub2/full>

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Abstract: Background: Face-to-face interventions for promoting physical activity (PA) are continuing to be popular as remote and web 2.0 approaches rapidly emerge, but we are unsure which approach is more effective at achieving long term sustained change. Objectives: To compare the effectiveness of face-to-face versus remote and web 2.0 interventions for PA promotion in community dwelling adults (aged 16 years and above). Search methods: We searched CENTRAL, MEDLINE, EMBASE, CINAHL, and some other databases (from earliest dates available to October 2012). Reference lists of relevant articles were checked. No language restrictions were applied. Selection criteria: Randomised trials that compared face-to-face versus remote and web 2.0 PA interventions for community dwelling adults. We included studies if they compared an intervention that was principally delivered face-to-face to an intervention that had principally remote and web 2.0 methods. To assess behavioural change over time, the included studies had a minimum of 12 months follow-up from the start of the intervention to the final results. We excluded studies that had more than a 20% loss to follow-up if they did not apply an intention-to-treat analysis. Data collection and analysis: At least two review authors independently assessed the quality of each study and extracted the data. Non-English language papers were reviewed with the assistance of an interpreter who was an epidemiologist. Study authors were contacted for additional information where necessary. Standardised mean differences (SMDs) and 95% confidence intervals (CIs) were calculated for continuous measures of cardio-respiratory fitness. Main results: One study recruiting 225 apparently healthy adults met the inclusion criteria. This study took place in a high-income country. From 27,299 hits, the full texts of 193 papers were retrieved for examination against the inclusion criteria. However, there was only one paper that met the inclusion criteria. This study reported the effect of a PA intervention on cardio-respiratory fitness. There were no reported data for PA, quality of life, or cost effectiveness. The difference between the remote and web 2.0 versus face-to-face arms was not significant (SMD -0.02; 95% CI -0.30 to 0.26; high quality evidence). The risk of bias in the included study was assessed as low, and there was no evidence of an increased risk of adverse events. Authors' conclusions: There is insufficient evidence to assess whether face-to-face interventions or remote and web 2.0 approaches are more effective at promoting PA

**Full text available:**

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010393.pub2/full>

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Abstract: Adults with mental illness are at increased risk of being diagnosed with metabolic syndrome and consequently cardiovascular disease, diabetes, and stroke. The current article explores community-based interventions to decrease the risk of metabolic syndrome by changing health behaviors among adults with serious mental illness (SMI). Ovid Medline, PsycINFO, and CINAHL were searched for nonpharmacological studies of behavioral or lifestyle interventions addressing risk of metabolic syndrome among adults with SMI. Thirteen studies, seven with statistically significant results, were included in the review. Despite the well-known risks of metabolic syndrome, the majority of available studies had small samples with insufficient power. There was little consistency in methods or outcome measures. Studies that were client-directed and involved peer and staff support appeared most useful in changing health behaviors and improving quality of life. Further research is needed to guide nursing practice in implementing effective methods to reduce the risk of metabolic syndrome in community-dwelling adults with SMI

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Abstract: Background The Supporting breastfeeding In Local Communities (SILC) cluster randomized controlled trial evaluated whether a home visit focussed on infant feeding early in the postpartum period increased the percentage of infants breastfeeding at 4 months in low socioeconomic areas of Victoria, Australia. The visits were offered to women identified as at risk of early breastfeeding cessation after discharge home with a new baby. This paper describes the content of the home visits. Methods SILC visited 1,043 women from September 2012 to March 2013, and completed a data sheet for each visit documenting topics discussed, as well as what support and resources were offered. Frequencies and percentages are presented. Results Home visits most commonly included the provision of reassurance to women (91%). Topics discussed included general breastfeeding information (83%), supply and demand (83%), positioning (79%), and feeding frequency (78%). Newborn feeding/behavior (57%), expression of breastmilk (54%), nipple pain (41%), low breastmilk supply (41%), and the use of nipple shields (18%) were also prominent topics. The issues and support needs of women were similar across locations (rural, regional or metropolitan) and regardless of maternal parity or age. There was some variation in the resources suggested in different localities. Conclusions New mothers require help and reassurance independent of whether this is their first or subsequent child, reinforcing the need for support, breastfeeding information, and education about normal neonatal behavior. Key aspects of support are reassurance, normalization of infant behaviour, and education. References
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Abstract: Objective: to investigate how pregnant women deal with conflicting advice from their social networks and their caregivers and how this influenced their pregnancy-related behaviours. Design and methods: a qualitative study based on face-to-face interviews and focus-groups. We applied an inductive analysis technique closely following the 'Gioia method'. Setting: impoverished neighbourhoods in Rotterdam, the Netherlands. Participants: 40 women who were pregnant, or had given birth within the last 12 months. 12 women were Native Dutch, 16 had a Moroccan background, and 12 had a Turkish background. Findings: all women faced a misalignment of advice by health professionals and social networks. For the native Dutch respondents, this misalignment did not seem to present a challenge. They had a strongly articulated preference for the advice of health professionals, and did not fear any social consequences for openly following their advice. For the women with a Turkish/Moroccan background, however, this discrepancy in advice presented a dilemma. Following one piece of advice seemed to exclude also following the other one, which would possibly entail social consequences. These women employed one of the three strategies to deal with this dilemma: a) avoiding the dilemma (secretly not following the advice of one side), b) embracing the dilemma (combining conflicting advice), and c) resolving the dilemma (communicating between both sides). Key conclusions and implications for practice: we argue that the currently popular interventions geared towards increasing the health literacy of non-Western ethnic minority pregnant women and improving communication between ethnic minority clients and caregivers are not sufficient, and might even exacerbate the dilemma some pregnant women face. As an alternative, we recommend involving not only caregivers but also women's social network in intervention efforts. Interventions could aim to increase the negotiation capacity of the target group, but also to increase the health literacy of the members of their social network to enable the circulation of 'new' information within a rather homogeneous, tight-knit network. References
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Abstract: Home healthcare providers play a critical role in the prevention of unintended

pregnancies by providing evidence-based contraception education during home visits. This article describes an innovative and comprehensive contraception protocol that was developed for Nurse-Family Partnership to improve contraception education for home healthcare patients. The protocol focused on increasing uptake of long-acting reversible contraception (LARC) for high-risk prenatal and postpartum home healthcare patients. The protocol was designed to reduce early subsequent pregnancies and thereby improve outcomes for mothers and their infants. An evidence-based translation project was designed and piloted in three California counties. The protocol consisted of a contraception education module for nurses and a patient education toolkit. The toolkit included an interactive patient education workbook emphasizing LARC methods for nurses to complete with their patients along with other teaching tools. The project was evaluated using pre- and posttest surveys that measured changes in nurses' knowledge, attitudes, and practice before, after, and 2 months after implementation. Outcomes revealed the following statistically significant results: (a) nurses' knowledge doubled at the first posttest and persisted at 2 months, (b) nurses' attitudes improved on two of the three measures, and (c) there was a 17.7% increase in the frequency of LARC birth control education 2 months after implementation. An evidence-based contraception protocol can promote acceptance of LARC methods and improve home healthcare clinician comfort with and frequency of birth control education. References

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Abstract: Despite national guidelines for regular physical activity, most adolescents are not physically active. Schools serve an estimated 60 million youth and provide an educational environment to meet the current physical activity guidelines. The obesity epidemic and chronic disease comorbidities associated with physical inactivity are not likely to be reversed without a strong contribution from local schools. This article describes how a structured peer-mentoring method provides a feasible, flexible, and tailored means to meet the current guidelines for best practice in a school setting. Structured peer mentoring using trained high school mentors to support behavior change in younger peers is an innovative method to meeting the School Health Guidelines to Promote Healthy Eating and Physical Activity. Through structured peer mentoring, adolescents are provided consistent social support in a caring and personalized manner. This support builds skills and competencies enhancing self-efficacy to sustain a lifetime of physical activity behavior. References
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Abstract: Problem: A lack of exposure to diverse families and family interactions created a need to identify effective teaching strategies that emphasized diversity and health promotion in a Registered Nurse to Bachelor of Science in Nursing online transition course. Methods: A family assessment activity was designed to emphasize diversity and health promotion utilizing the Family Health Systems approach to family assessment and Healthy People 2020 as a framework for family health promotion. The activity was evaluated through faculty observation and student feedback, which is discussed in the article. Findings: Evaluation data indicated that students believed the activity provided a safe environment to practice assessment skills for working with diverse families, pushed them out of their comfort zones, enhanced their awareness of the need for health promotion, extended their definition of diversity, increased their cultural knowledge, expanded their personal perspectives on families, and provided them with a broader scope of nursing practice in the community. Conclusions: Using constructivist strategies that emphasize active learning and the use of cinema to teach family assessment results in increased awareness of diversity and increased knowledge of opportunities for health promotion in families. References
- (148) Sosa ET, Parra-Medina D, He M, Trummer V, Yin Z. ¡Miranos! (Look at Us! We Are Healthy!): Home-Based and Parent Peer-Led Childhood Obesity Prevention. *Health*

*Promotion Practice* 2016; 17(5):675-681.

Abstract: Parent interventions for childhood obesity prevention have traditionally experienced low participation rates or used passive methods such as newsletters. In contrast, the ¡Miranos! intervention home-based activities included parent-led face-to-face meetings delivered after school, take-home bags with educational materials, and scavenger hunt games to deliver health information to Head Start families regarding nutrition, physical activity, and healthy growth promotion for their preschooler. This study employed a quasi-experimental design with three intervention centers (two that received only center-based activities and one that received center- and home-based activities) and one comparison center. Data were collected on participating Head Start children and their parents/guardians and included parent attendance, parent health message recall through intercept interviews, parent knowledge through pre- and posttests, and family supportive behaviors and child health behaviors through a parent questionnaire. Parents/guardians that received both center- and home-based activities significantly increased knowledge scores ( $t = 2.50$ , degrees of freedom = 123,  $p < .05$ ) and family supportive behaviors from baseline to follow-up ( $t = 2.12$ , degrees of freedom = 122,  $p < .05$ ). This study demonstrates the effects home-based interventions can have when coupled with center-based activities and implemented in the center at the end of the school day.

References

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Abstract: BACKGROUND: Previous evaluations of area-based initiatives have not compared intervention areas with the full range of areas from top to bottom of the social spectrum to evaluate their health inequalities impact. SETTING: Deprived areas subject to the New Deal for Communities (NDC) intervention, local deprivation-matched comparator areas, and areas drawn from across the socioeconomic spectrum (representing high, medium and low deprivation) in England between 2002 and 2008. DATA: Secondary analysis of biannual repeat cross-sectional surveys collected for the NDC National Evaluation Team and the Health Survey for England (HSE). METHODS: Following data harmonisation, baseline and time trends in six health and social determinants of health outcomes were compared. Individual-level data were modelled using regression to adjust for age, sex, ethnic and socioeconomic differences among respondents. RESULTS: Compared with respondents in HSE low deprivation areas, those in NDC intervention areas experienced a significantly steeper improvement in education, a trend towards a steeper improvement in self-rated health, and a significantly less steep reduction in smoking between 2002 and 2008. In HSE high deprivation areas, significantly less steep improvements in five out of six outcomes were seen compared with HSE low deprivation areas. CONCLUSIONS: Although unable to consider prior trends and previous initiatives, our findings provide cautious optimism that well-resourced and constructed area-based initiatives can reduce, or at least prevent the widening of, social inequalities for selected outcomes between the most and least deprived groups of areas

PT - Controlled Clinical Trial

PT - Journal Article

- (150) Stotz S, Lee JS, Rong H, Murray D. The Feasibility of an eLearning Nutrition Education Program for Low-Income Individuals. *Health Promotion Practice* 2017; 18(1):150-157.

Abstract: Background. Online eLearning may be an innovative, efficient, and cost-effective method of providing nutrition education to a diverse low-income audience. Aims. The intent of this project is to examine perceptions of nutrition educators regarding the feasibility of an eLearning nutrition education program tailored to low-income Georgians. Method.

Semistructured individual interviews were conducted, guided by the constructivist theory. The interview guide focused on three themes: accessibility, literacy, and content. A prototype of the program also served as a talking point. Interviews were conducted in two

- urban Georgian counties in a location chosen by each participant. We recruited a convenience sample of Georgian nutrition educators (n = 10, 100% female, 50% Black). Interviews were transcribed and analyzed using constant comparative method. Results and Discussion. Motivation is considered the primary barrier to program feasibility. Neither access to the Internet nor literacy are considered significant barriers. Inclusion of skill-based, visual education methods such as cooking videos, recipes, and step-by-step teaching tools was highlighted. Nutrition educators perceived this program would be a feasible form of nutrition education for the priority audience. Conclusions. Findings from this study will inform the user-centered development of the program. References
- (151) Sundblom E, Bergstrom H, Ellinder LS. Understanding the implementation process of a multi-component health promotion intervention for adults with intellectual disabilities in Sweden. *Journal of Applied Research in Intellectual Disabilities* 2015; 28(4):296-306. Abstract: Background: There is a need to better understand implementation processes of health interventions. This study describes the implementation of a multicomponent intervention to improve diet and physical activity among adults with intellectual disabilities, viewed from the perspectives of staff and managers. Materials and Methods: All health ambassadors (n = 12), appointed among staff and managers (n = 5) taking part of a health intervention in community residences in Sweden, were interviewed with a focus on barriers and facilitators regarding implementation of the intervention. Data were analysed using content analysis. Results: The overarching theme describes the importance of supporting motivation for change among managers, caregivers and residents. The experiences of the implementation process are described in four main categories: intervention characteristics, individual commitment, organizational capacity and societal factors. Conclusion: The implementation can be facilitated by a programme meeting perceived needs, a flexible and participatory approach, external input and an extensive preparation phase
- (152) Swallow W, Roberts JC. An evidence-based project demonstrating increased school immunization compliance following a school nurse-initiated vaccine compliance strategy. *Journal of School Nursing* 2016; 32(6):385-389. Abstract: During the 2012-2013 school year, only 66% of students at a Northern Indiana High School were in compliance with school immunization requirements. We report here successful implementation of evidence-based, time, and cost-effective methods aimed at increasing school immunization compliance. A three-stage strategy initiated by the school nurse was employed. In the first stage, letters were sent home with students, indicating the lack of compliance with school immunization laws. The next stage involved a second letter sent home with the student which contained immunization information from the Indiana State Department of Health, appointment information, and a copy of the student's immunization record. In the final stage, letters were sent home via e-mail and phone calls were used for follow-up. At each stage, students and parents were given an explanation of exclusion and a date when exclusion would apply. Post intervention, vaccine compliance was 99.6%, exceeding both national and state averages. References
- (153) Syred J, Naidoo C, Woodhall SC, Baraitser P. Would you tell everyone this? Facebook conversations as health promotion interventions. *J Med Internet Res* 2014; 16(4):e108. Abstract: BACKGROUND: Health promotion interventions on social networking sites can communicate individually tailored content to a large audience. User-generated content helps to maximize engagement, but health promotion websites have had variable success in supporting user engagement. OBJECTIVE: The aim of our study was to examine which elements of moderator and participant behavior stimulated and maintained interaction with a sexual health promotion site on Facebook. METHODS: We examined the pattern and content of posts on a Facebook page. Google analytics was used to describe the number of people using the page and viewing patterns. A qualitative, thematic approach was used to analyze content. RESULTS: During the study period (January 18, 2010, to June 27, 2010), 576 users interacted 888 times with the site through 508 posts and 380 comments with 93% of content generated by users. The user-generated conversation continued while

new participants were driven to the site by advertising, but interaction with the site ceased rapidly after the advertising stopped. Conversations covered key issues on chlamydia and chlamydia testing. Users endorsed testing, celebrated their negative results, and modified and questioned key messages. There was variation in user approach to the site from sharing of personal experience and requesting help to joking about sexually transmitted infection. The moderator voice was reactive, unengaged, tolerant, simplistic, and was professional in tone. There was no change in the moderator approach throughout the period studied. CONCLUSIONS: Our findings suggest this health promotion site provided a space for single user posts but not a self-sustaining conversation. Possible explanations for this include little new content from the moderator, a definition of content too narrow to hold the interest of participants, and limited responsiveness to user needs. Implications for health promotion practice include the need to consider a life cycle approach to online community development for health promotion and the need for a developing moderator strategy to reflect this. This strategy should reflect two facets of moderation for online health promotion interventions: (1) unengaged and professional oversight to provide a safe space for discussion and to maintain information quality, and (2) a more engaged and interactive presence designed to maintain interest that generates new material for discussion and is responsive to user requests

**Full text available:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4042608/>

- (154) Taboada A, Taggart T, Holloway I, Houpt A, Gordon R, Gere D et al. A Critical Review of the Characteristics of Theater- Based HIV Prevention Interventions for Adolescents in School Settings. *Health Promotion Practice* 2016; 17(4):537-547.  
Abstract: Theater-based interventions are a viable prevention strategy for changing sexual health knowledge, attitudes, and behaviors related to HIV prevention. However, few studies have explored interventions in English-speaking, high-income countries such as the United States, Canada, or the United Kingdom. This article critically reviews the literature to identify key characteristics of theater-based HIV prevention strategies used for adolescents in school-settings in the United States, Canada, and the United Kingdom. Specifically, we identify the theatrical approach used in HIV prevention interventions, the behavioral theories inform such interventions, and the study design and results of existing evaluation studies conducted in school settings. In the 10 articles reviewed, we found limited grounding in theory and the use of nonrigorous study design. To strengthen the evidence and practical application of theater-based HIV prevention interventions, we highlight three specific recommendations for practitioners and researchers: (1) define and operationalize the theater approach and techniques used, (2) ensure theater-based interventions are grounded in theory, and (3) conduct rigorous evaluation of theater-based interventions. These recommendations are key to strengthening future research on and implementation of theater-based interventions for HIV prevention. References
- (155) Tanninen HM, Haggman-Laitila A, Pietila AM, Kangasniemi M. The content and effectiveness of home-based nursing interventions to promote health and well-being in families with small children: a systematic review. *Scandinavian Journal of Caring Sciences* 2016; 30(2):217-233.  
Abstract: Background: Although the use of preventive family nursing interventions in the home is increased, the literature on the content and effectiveness of these interventions remains fragmented. Aim: The aim of this review was to identify and describe the content of preventive family nursing interventions in families' homes and the effectiveness they had on the families' health and well-being. Methods: A systematic review was conducted using searches on the databases CINAHL, PubMed, Scopus and Web of Science (2003-2014). Results: Altogether, 2077 articles were identified, and 11 were selected based on the inclusion and exclusion criteria. The main types of interventions were discussions and practical exercises to help parents cope with parenthood and relationships and interactions in the family, together with health, well-being, social relations and socio-economic situations. The effectiveness of family interventions was reported in all the selected studies. Conclusions: Greater knowledge of interventions is needed in the future, to

develop program content and to explore the validity and reliability of used measurements. In addition, more effort is needed to develop quality appraisal tools for preventive interventions in families' homes. References

- (156) Tapper K, Jiga-Boy G, Maio GR, Haddock G, Lewis M. Development and preliminary evaluation of an internet-based healthy eating program: randomized controlled trial. *J Med Internet Res* 2014; 16(10):e231.

Abstract: BACKGROUND: The HealthValues Healthy Eating Programme is a standalone Internet-based intervention that employs a novel strategy for promoting behavior change (analyzing one's reasons for endorsing health values) alongside other psychological principles that have been shown to influence behavior. The program consists of phases targeting motivation (dietary feedback and advice, analyzing reasons for health values, thinking about health-related desires, and concerns), volition (implementation intentions with mental contrasting), and maintenance (reviewing tasks, weekly tips). OBJECTIVE: The aim was to examine the effects of the program on consumption of fruit and vegetables, saturated fat, and added sugar over a 6-month period. METHODS: A total of 82 females and 18 males were recruited using both online and print advertisements in the local community. They were allocated to an intervention or control group using a stratified block randomization protocol. The program was designed such that participants logged onto a website every week for 24 weeks and completed health-related measures. Those allocated to the intervention group also completed the intervention tasks at these sessions.

Additionally, all participants attended laboratory sessions at baseline, 3 months, and 6 months. During these sessions, participants completed a food frequency questionnaire (FFQ, the Block Fat/Sugar/Fruit/Vegetable Screener, adapted for the UK), and researchers (blind to group allocation) measured their body mass index (BMI), waist-to-hip ratio (WHR), and heart rate variability (HRV). RESULTS: Data were analyzed using a series of ANOVA models. Per protocol analysis (n=92) showed a significant interaction for fruit and vegetable consumption (P=.048); the intervention group increased their intake between baseline and 6 months (3.7 to 4.1 cups) relative to the control group (3.6 to 3.4 cups). Results also showed overall reductions in saturated fat intake (20.2 to 15.6 g, P<.001) and added sugar intake (44.6 to 33.9 g, P<.001) during this period, but there were no interactions with group. Similarly, there were overall reductions in BMI (27.7 to 27.3 kg/m<sup>2</sup>), P=.001) and WHR (0.82 to 0.81, P=.009), but no interactions with group. The intervention did not affect alcohol consumption, physical activity, smoking, or HRV. Data collected during the online sessions suggested that the changes in fruit and vegetable consumption were driven by the motivational and maintenance phases of the program. CONCLUSIONS: Results suggest that the program helped individuals to increase their consumption of fruit and vegetables and to sustain this over a 6-month period. The observed reduction in fat and sugar intake suggests that monitoring behaviours over time is effective, although further research is needed to confirm this conclusion. The Web-based nature of the program makes it a potentially cost-effective way of promoting healthy eating

PT - Research Support, Non-U.S. Gov't

Full text available: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4210956/>

- (157) Turner D, Harrison SL, Buettner P, Nowak M. Does being a 'SunSmart School' influence hat-wearing compliance. An ecological study of hat-wearing rates at Australian primary schools in a region of high sun exposure. *Preventive Medicine* 2014; 60:107-114.

Abstract: BACKGROUND: Childhood sun exposure is an important risk factor for skin cancer. Anecdotal evidence suggests that hats are under-utilized by Australian primary school students. METHODS: The proportion of students and adult role-models wearing hats was observed at 36 primary schools (63.9% SunSmart schools [SSS]) in Townsville (latitude 19.3°S; high to extreme maximum daily UV-index year round), Queensland, Australia, from 2009 to 2011. RESULTS: Overall, 52.2% of 28,775 students and 47.9% of 2954 adults were observed wearing a hat. Hat use (all styles) among SSS and non-SunSmart school (NSSS) students was similar before (24.2% vs 20.5%; p=0.701),

after (25.4% vs 21.7%;  $p=0.775$ ) and during school-hours (93.0% vs 89.2%;  $p=0.649$ ) except SSS students wore gold-standard (broad-brim/bucket/legionnaire) hats during school play-breaks more often in the warmer months (October-March) than NSSS students (54.7% vs 37.4%;  $p=0.02$ ). Although the proportion of adults who wore hats (all styles) was similar at SSS and NSSS (48.2% vs 46.8%;  $p=0.974$ ), fewer adults at SSS wore them before school (3.7% vs 10.2%;  $p=0.035$ ). CONCLUSIONS: SunSmart status is not consistently associated with better hat-wearing behavior. The protective nature of hats and the proportion of school students and adult role-models wearing them could be improved, possibly by offering incentives to schools that promote sun-safety  
Publication Type: Journal Article; research. Journal Subset: Biomedical; Peer Reviewed;

- (158) Turner J. Innovation from the inside: Collaborating for school readiness. *Community Practitioner* 2016; 89(8):42-48.  
Abstract: This paper will critically reflect on a service evaluation project that was undertaken within Sussex Community NHS Foundation Trust in 2014/15. The project sought to provide a new way of working that supported health visitors (HVs) and school nurses (SNs) in developing effective collaborative and partnership working practices in order to meet the health needs and improve the health outcomes of children aged four to five years in preparation and readiness for school. HVs and SNs are well placed to work with families and provide the early interventions and health support required to support school readiness, e.g. behaviour, sleep, eating and continence advice. Historically, within Sussex Community NHS Foundation Trust, this public health approach has been taken on by the SN service. However, problems were identified locally with this model due to several factors including reduced staffing and confusion regarding transition of care from HVs to SNs. In response, a new way of working was considered locally to ensure the best possible service for families
- (159) Tyler DO, Horner SD. A primary care intervention to improve weight in obese children: a feasibility study. *Journal of the American Association of Nurse Practitioners* 2016; 28(2):98-106.  
Abstract: Purpose: Examine the effects of a primary care weight management program, which used a parent-child-provider collaborative negotiation intervention, among rural-dwelling families with obese children. Data sources: Health histories, physical examinations, fasting blood samples, interviews, and questionnaires. Conclusions: Feasibility of implementing a family weight management intervention in a rural primary care setting was demonstrated. Few differences between the treatment and comparison groups were found; however, more favorable trends and outcomes occurred in those who received the intervention. Implications for practice: Positive provider-patient communication in helping families with obese children make difficult lifestyle changes should be encouraged in primary care clinics as small changes in behaviour can result in reducing risk and improving health outcomes. References
- (160) van de Glind IM, Heinen MM, Geense WW, Mesters I, Wensing M, Van Achterberg T. Exploring the Range of Lifestyle Interventions Used in Dutch Health Care Practice: A Qualitative Description. *Health Promotion Practice* 2016; 17(2):235-243.  
Abstract: Background. The application of evidence-based lifestyle interventions is suboptimal, but little is known what interventions are actually used. This study aimed to explore the range of lifestyle interventions used in Dutch ambulatory health care settings. Method. We conducted interviews ( $n = 67$ ) in purposefully selected hospitals, general practices, and community care organizations. Interviews focused on identifying activities to help patients stop smoking, reduce alcohol consumption, increase physical activity, eat a healthy diet, and lose weight. We also asked who developed the interventions. All reported activities were registered and analyzed. Results. Four categories of health promotion activities emerged: giving advice, making referrals, offering counseling, and providing lifestyle interventions organized separately from the care process. In total, 102 lifestyle interventions were reported. Forty-five interventions were developed by researchers, of

which 30 were developed by the Dutch Expert Center on Tobacco Control. Providers did not know the source of 31 interventions. Eighteen interventions were developed by the providers themselves, and eight were based on evidence-based guidelines. Conclusions. Health promotion activities seemed to be widely present in Dutch health care, in particular smoking cessation interventions. Although health care providers use many different interventions, replacing nontested for evidence-based interventions is required.  
References

- (161) Verdurmen JEE, Koning IM, Vollebergh WAM, van den Eijnden RJJM, Engels RCME. Risk moderation of a parent and student preventive alcohol intervention by adolescent and family factors: A cluster randomized trial. *Preventive Medicine* 2014; 60:88-94.  
Abstract: OBJECTIVE: To examine risk moderation of an alcohol intervention targeting parents and adolescents. DESIGN: A cluster randomized trial including 2937 Dutch early adolescents (m=12.68years, SD=0.51) and their parents randomized over four conditions: parent intervention, student intervention, combined parent-student intervention, and control group. SETTING: 152 classes of 19 high schools in The Netherlands (2006). METHOD: Moderators at baseline (adolescent: gender, educational level and externalizing behavior; parent: educational level and heavy alcohol use) were used to examine the differential effects of the interventions on onset of (heavy) weekly drinking at 22-month follow-up. RESULTS: The combined intervention effectively delayed the onset of weekly drinking in the general population of adolescents, and was particularly effective in delaying the onset of heavy weekly drinking in a higher-risk subsample of adolescents (i.e. those attending lower levels of education and reporting higher levels of externalizing behavior). CONCLUSION: Present and previous results have established the combined intervention to be universally effective in postponing weekly alcohol use among Dutch adolescents, with an added effect on postponing heavy weekly drinking in high risk subgroups. Therefore, implementation of this intervention in the general population of schools in The Netherlands is advised. Trial registration: NTR649  
Publication Type: Journal Article; research; randomized controlled trial. Journal Subset: Biomedical; Peer Reviewed; USA. NLM UID: 0322116
- (162) Vieth A, Woodrow J, Murphy-Goodridge J, et al. The Ability of Posters to Enhance the Comfort Level with Breastfeeding in a Public Venue in Rural Newfoundland and Labrador. *Journal of Human Lactation* 2016; 32(1):174-181.  
Abstract: Background: The acceptance and support of breastfeeding in public venues can influence breastfeeding practices and, ultimately, the health of the population. Objective: The primary aim of this study was to investigate whether posters targeted at the general public could improve acceptability of breastfeeding in public places. Methods: A convenience sample of 255 participants was surveyed at shopping centers in 2 rural communities of Newfoundland and Labrador. Experimentally, questions were posed to 117 participants pre- and post-exposure to 2 specific posters designed to promote public acceptance of breastfeeding in public. Results: Initially, we surveyed that only 51.9% of participants indicated that they were comfortable with a woman breastfeeding anywhere in public. However, context played a role, whereby a doctor's office (84.5%) or park (81.4%) were the most acceptable public places for breastfeeding, but least acceptable was a business office environment (66.7%). Of participants, 35.4% indicated previously viewing specific posters. We used a visual analog scale to test poster viewing on the acceptability of public breastfeeding in the context of a doctor's office and a restaurant. Results of pre-versus post-viewing of the promotional posters indicated significant improvements in both scenarios: in a doctor's office (P = .035) and in a restaurant (P = .021). Conclusion: Nearly 50% of the surveyed population indicated discomfort with a mother breastfeeding in public. Both cross sectional and interventional evidence showed that posters significantly improved the reported level of comfort toward seeing breastfeeding in public. 33 references

- (163) Wang HE. Process evaluation of healthy bodies, healthy souls : a church-based health intervention program in Baltimore City. *Health Education Research*, 2013.  
 Abstract: Soaring obesity rates in the United States demand comprehensive health intervention strategies that simultaneously address dietary patterns, physical activity, psychosocial factors and the food environment. Healthy Bodies, Healthy Souls (HBHS) is a church-based, community-participatory, cluster-randomized health intervention trial conducted in Baltimore City to reduce diabetes risk among urban African Americans by promoting healthy dietary intake, increased physical activity and improvement to the church food environment. HBHS was organized into five 3-8-week phases: Healthy Beverages, Healthy Desserts, Healthy Cooking, Healthy Snacking and Eating Out and Physical Activity. A three-part process evaluation was adopted to evaluate implementation success: an in-church instrument to assess the reach, dose delivered and fidelity of interactive sessions; a post-intervention exposure survey to assess individual-level dose received in a sample of congregants and an evaluation form to assess the church food environment. Print materials were implemented with moderate to high fidelity and high dose. Program reach was low, which may reflect inaccuracies in church attendance rather than study implementation issues. Intervention components with the greatest dose received were giveaways (42.0-61.7%), followed by taste tests (48.7-53.7%) and posters (34.3-65.0%). The dose received of general program information was moderate to high. The results indicate successful implementation of the HBHS program. Cites 30 references.
- (164) Warren CM, Knight R, Holl JL, Gupta RS. Using Videovoice Methods to Enhance Community Outreach and Engagement for the National Children's Study. *Health Promotion Practice* 2014; 15(3):383-394.  
 Publication Type: Journal Article; questionnaire/scale; research; tables/charts. Journal Subset: Biomedical; Core Nursing; Double Blind Peer Reviewed; Editorial Board Review
- (165) Wolfenden L, Wiggers J. Strengthening the rigour of population-wide, community-based obesity prevention evaluations. *Public Health Nutrition* 2014; 17(2):407-421.  
 Abstract: Objective: The aim of the present study was to review the methodological literature regarding evaluation methods for complex public health interventions broadly and, based on such methods, to critically reflect on the evaluation of contemporary community-based obesity prevention programmes. Design: A systematic review of the methods and community-based literature was performed by one reviewer. Results: The review identified that there is considerable scope to improve the rigour of community-based obesity prevention programmes through: prospective trial registration; the use of more rigorous research designs, particularly where routine databases including an objective measure of adiposity are available; implementing strategies to quantify and reduce the risk of selective non-participation bias; the development and use of validated instruments to assess intervention impacts; reporting of intervention process and context information; and more comprehensive analyses of trial outcomes. Conclusions: To maximise the quality and utility of community-based obesity prevention evaluations, programme implementers and evaluators need to carefully examine the strengths and pitfalls of evaluation decisions and seek to maximise evaluation rigour in the context of political, resource and practical constraints  
 Publication Type: journal article; research. Journal Subset: Allied Health; Biomedical; Blind Peer Reviewed; Double Blind Peer Reviewed; Europe; Expert Peer Reviewed; Peer Reviewed; Public Health; UK & Ireland. Special Interest: Nutrition; Public Health.
- (166) Yildirim M, Arundell L, Cerin E, Carson V, Brown H, Crawford D et al. What helps children to move more at school recess and lunchtime? Mid-intervention results from Transform-Us! cluster-randomised controlled trial. *British Journal of Sports Medicine* 2014; 48(3):271-277.  
 Abstract: BACKGROUND: To investigate the interpersonal and physical environment mediators of the Transform-Us! mid-intervention effects on physical activity (PA) during recess and lunchtime. METHODS: Transform-Us! is a clustered randomised school-based

intervention with four groups: sedentary behaviour intervention (SB-I), PA intervention (PA-I), combined PA+SB-I and control group. All children in grade 3 from 20 participating primary schools in Melbourne, Australia were eligible to complete annual evaluation assessments. The outcomes were the proportion of time spent in moderate-to-vigorous PA (MVPA) and light PA (LPA) during recess and lunchtime assessed by accelerometers. Potential mediators included: perceived social support from teachers; perceived availability of line markings; perceived accessibility of sports equipment; and perceived school play environment. Generalised linear models were used and mediation effects were estimated by product-of-coefficients (a-b) approach. RESULTS: 268 children (8.2 years, 57% girls at baseline) provided complete data at both time points. A significant intervention effect on MVPA during recess in the SB-I and PA-I groups compared with the control group (proportional difference in MVPA time; 38% (95% CI 21% to 57%) and 40% (95% CI 20% to 62%), respectively) was found. The perceived school play environment was significantly positively associated with MVPA at recess among girls. An increase in perceived social support from teachers suppressed the PA+SB-I effect on light PA during recess (a-b= -0.03, 95% CI -0.06 to -0.00). No significant mediating effects on PA during recess and lunchtime were observed. CONCLUSIONS: A positive perception of the school play environment was associated with higher MVPA during recess among girls. Future studies should conduct mediation analyses to explore underlying mechanisms of PA interventions  
 Publication Type: Journal Article; research; randomized controlled trial. Journal Subset: Allied Health; Biomedical; Double Blind Peer Reviewed; Europe; Expert Peer Reviewed; Peer Reviewed; UK & Ireland. Special Interest: Physical Therapy; Sports Medicine.

- (167) Young I, Leger L, Blanchard C. Health-promoting schools: working in partnership to address global needs, a collaboration leading to the production of practical tools for practitioners. *Global Health Promotion* 2013; 20(4\_suppl):122-127.  
 Abstract: Modern schools do their best to motivate young people to live fulfilling, healthy and productive lives and the United Nations has put school education at the heart of the Millennium Development Goals. The context of education in schools is changing, but there is evidence from across the world that school health promotion can make a difference to health and education outcomes. The International Union for Health Promotion and Education (IUHPE) has recognized this potential in schools and, for the last five years in its work globally, has been actively engaged in strengthening efforts through successful partnerships. This commentary explores aspects of global partnerships in school health and the progress of the IUHPE's leadership and partnership work in school health promotion. It also provides some reflections on what has been achieved to date and what might lie ahead in school health promotion globally  
 Publication Type: Journal Article. Supplement Title: Dec2013 Supplement. Journal Subset: Blind Peer Reviewed; Continental Europe; Europe; Health Promotion/Education; Peer Reviewed; Public Health. Special Interest: Public Health. NLM UID: 101497462

## Appendix 1.

After the main literature search had been undertaken, the King's Fund published on 20.01.17 the following childhood obesity plan case studies. There are good examples of local authorities and businesses working with families and schools to reduce childhood obesity.

[https://www.gov.uk/government/collections/childhood-obesity-plan-case-studies?utm\\_source=The%20King%27s%20Fund%20newsletters&utm\\_medium=email&utm\\_campaign=7933053\\_NEWSL\\_HMP%202017-01-24&dm\\_i=21A8.4Q16L,FLWRRS,HP0IB,1](https://www.gov.uk/government/collections/childhood-obesity-plan-case-studies?utm_source=The%20King%27s%20Fund%20newsletters&utm_medium=email&utm_campaign=7933053_NEWSL_HMP%202017-01-24&dm_i=21A8.4Q16L,FLWRRS,HP0IB,1)