



PREVENTION RESEARCH CENTERS

BUILDING THE SCIENTIFIC RESEARCH BASE WITH COMMUNITY PARTNERS

2009

Maine-Harvard Prevention Research Center Clinicians in Maine Address Overweight in Youth

From the 1970s to the early years of 2000, the prevalence of overweight more than quadrupled among children aged 6–11 years and nearly tripled among adolescents aged 12–19 years.

In 2004, the Maine Bureau of Health, the Maine Center for Public Health, and the Harvard University PRC formed the Maine Youth Overweight Collaborative. The collaborative partnered with the Maine Chapter of the American Academy of Pediatrics to use the physician's office to address overweight in children. They developed a set of simple, low-cost tools to make it easy for clinicians to talk about excess weight with children and adolescents. The tools include weight charts, communication guidelines, and suggestions for motivating patients and their families.

The slogan "5-2-1-0" was used to promote health messages:

- Eat 5 fruits and vegetables a day.
- Limit screen time (television and computer use) to 2 hours per day.
- Get 1 hour of physical activity every day.
- Do not drink sugar-sweetened beverages.

Over 18 months, 12 practice teams took part in surveys and training in monitoring children's weight and counseling children and their families using brief, focused negotiation. After the intervention, progress was assessed through chart review, surveys of practice teams and parents or caretakers, and a telephone interview of providers.

In comparing data from before and after the intervention, large and statistically significant improvements were seen in chart documentation of children's body mass index (BMI), BMI percentile, and classification of overweight. Surveys also showed improvements in physicians' knowledge about ideal weight, ability to identify children at risk of becoming overweight, and recognition of the importance of medically evaluating overweight children. New practice teams have been trained and the possibility of on-site training has been explored to minimize the time and cost associated with this useful training.

University of Washington Health Promotion Research Center

PEARLS (Program to Encourage Active, Rewarding, Lives for Seniors) Helps Older Adults Beat Depression

Depression affects 15%–20% of older adults and is known to profoundly compromise health and quality of life. People who are socially isolated and in frail health are especially at risk for depression. Doctors and their older patients often incorrectly assume that depression is an unavoidable consequence of aging, and many depressed older adults do not receive treatment.

The University of Washington Health Promotion Research Center (PRC) worked with the City of Seattle's Aging and Disability Services and Senior Services (a local nonprofit group) to develop and test a program to reduce depressive symptoms among homebound, chronically ill, and frail, low-income older adults.

PEARLS helps older adults define the factors contributing to their depression and develop their own solutions. It also helps them plan pleasurable events and schedule social and physical activities. In the study phase of PEARLS, 43% of seniors who participated in the program reported less depression, and more than 33% of participants reported that they were no longer depressed.





The Substance Abuse and Mental Health Services Administration includes PEARLS on its National Registry of Evidence-Based Programs and Practices. Researchers are working to expand PEARLS' reach and to ensure that the intervention retains the key components of the original study.

The PRC has developed a free, online implementation tool kit. Researchers at the PRC are evaluating a version of PEARLS that has been adapted for use with adults who have epilepsy.

University of California at Los Angeles: UCLA/RAND Center for Adolescent Health Promotion

Work Site Parenting Program Promotes Communication About Sexual Health Between Parents and Their Adolescents

Parents can affect the sexual health of their adolescent children. Many parents, however, report feeling embarrassed, believing that they are inadequately informed, or being unsure of what to say or how to begin when talking with adolescents, especially younger adolescents, about sexual topics.

The UCLA/RAND Center for Adolescent Health Promotion (PRC), explored bringing a health intervention to parents at their workplaces. The center developed "Talking Parents, Healthy Teens" to help parents improve communication with their adolescent children, promote healthy adolescent sexual development, and reduce adolescent sexual risk behaviors.

The intervention consists of eight, weekly lunch-hour sessions delivered at the work site to groups of about 15 parents of children in 6th–10th grades. Following formative research and three pilot tests, the center developed a curriculum to influence parents' communication and monitoring skills, intention to talk about and monitor adolescents' sexual behavior, and perceptions of barriers and facilitators that influence talking about sexuality. The program teaches skills, facts, and options, and offers advice on how and when to talk with children; it does not dictate to parents what their values should be or how they should feel.

At 13 work sites in southern California, 569 parents completed baseline surveys, gave permission for surveys to be administered to their adolescent children, and were randomly assigned to intervention or control groups. The average number of new

sexual topics that parents and adolescents reported discussing differed significantly between intervention and control groups. Both parents and adolescents in the intervention group reported greater ability to communicate with each other about sex and more openness in communication about sex. Results have shown that public and private employers—large and small—are enthusiastic about helping parents of adolescents.

West Virginia University Prevention Research Center

N-O-T (Not On Tobacco) Program Spurs Innovative Web-Based Dissemination Tool

Public health professionals are demanding cost-effective ways to find and deliver health promotion and disease prevention programs. The PRC Program is testing the feasibility of a Web-based tool that will help public health practitioners effectively implement evidence-based programs. CDC chose to pilot this implementation tool with Not on Tobacco (N-O-T), an evidence-based youth tobacco cessation program. N-O-T was developed at the West Virginia University PRC and is packaged and disseminated by the American Lung Association. A rigorous evaluation of the N-O-T program showed that 15% of N-O-T participants quit smoking, compared with 8% of those who received a brief intervention (15 minutes of advice to quit). A Web-based tool that helps practitioners implement N-O-T could greatly expand the application and impact of this effective program.

The tool, developed by representatives from academia and the public, private, and nonprofit sectors, follows best-practice guidelines. Usability testing is being conducted to ensure that it serves all audience types. Users include potential and existing facilitators and public health professionals.

The tool will have two components. A public section explains the history of the intervention, the evidence behind it, benefits of implementing the intervention, and how to start the program. A password-protected section for facilitators contains technical assistance tools, implementation tips, discussion areas, and online evaluation forms.

If the tool proves effective and useful, other programs could benefit from a comparable Web-based dissemination tool.