

**Title of Intervention:** Bienestar Health Program

**Intervention Strategies:** Group Education, Supportive Relationships, Individual Education, Campaigns and Promotions

**Purpose of the Intervention:** To decrease overweight and dietary fat intake among fourth-grade Mexican-American children

**Population:** Fourth-grade children, mostly Mexican-American and their parents, teachers and school staff

**Setting:** Elementary schools in an urban area; school-based, community-based

**Partners:** School districts and administrators

**Intervention Description:**

- **Group Education:** The goal was to provide children with 50 sessions of health programming over a seven-month period. The health sessions transmitted information related to decreasing dietary saturated fat intake, increasing dietary fiber intake and increasing physical activity. These behaviors were taught and reinforced through classroom, home, school cafeteria and after-school care educational activities.
- **Supportive Relationships:** Physical education teachers, parents, school cafeteria staff and after-school caretakers were asked to encourage less dietary saturated fat intake, more dietary fiber intake and more physical activity to children. They were also asked to serve as role models of those behaviors. Children were asked to encourage their peers and adult caretakers to practice the same health behaviors.
- **Individual Education:** Children set goals related to the targeted behaviors and kept records of their accomplishments.
- **Campaigns and Promotions:** Parents and students who practiced the targeted behaviors were rewarded with "Bienestar coupons." A tiendita, or little store, was held at each school to provide merchandise for purchase with their coupons.

**Theory:** Social Cognitive Theory, Social Ecological Theory

**Resources Required:**

- **Staff/Volunteers:** Parents, teachers, cafeteria work-staff, after-school caretakers
- **Training:** Not mentioned
- **Technology:** Not mentioned
- **Space:** Classroom
- **Budget:** \$10 incentive per participant
- **Intervention:** Health and physical education teacher guides; workbooks for students, parents and cafeteria staff; transparencies; extension lessons; donated clothes, household appliances, school supplies, toys, sporting goods and gift certificates
- **Evaluation:** Survey, supplies to test blood, food diaries, fitness test equipment

**Evaluation:**

- **Design:** Randomized controlled trial
- **Methods and Measures:**
  - Fingerticks were used to test blood glucose.
  - 24-hour dietary recalls assessed fiber, saturated fat and total energy intake.
  - Physical fitness was measured using a modified Harvard step test.
  - Bioelectrical impedance analysis and body mass index assessed body fat composition.
  - Demographic information was collected through a survey.

**Outcomes:**

- **Short Term Impact:** Not measured

- Long Term Impact: Students' fitness scores increased and they consumed significantly higher amounts of dietary fiber. There were no statistically significant differences in changes in percentage of body fat and percentage of energy intake from saturated fat. There was a significant decrease in fasting blood glucose levels.

**Maintenance:** Not mentioned

**Lessons Learned:** Positive results may have been the outcome of culturally-appropriate material, multiple systems of delivery and the frequency of contacts. The success of the program is credited to the coordinated approach and the collaboration among students, parents, teachers, coaches, school administrators, school nurses and cafeteria staff

**Citation(s):**

Trevino RP, Yin Z, Hernandez A, Hale DE, Garcia OA, Mobley C. Impact of the Bienestar school-based diabetes mellitus prevention program on fasting capillary glucose levels: a randomized controlled trial. Arch Pediatr Adolesc Med. Sep 2004;158(9):911-917.

Trevino RP, Pugh JA, Hernandez AE, Menchaca VD, Ramirez RR, Mendoza M. Bienestar: a diabetes risk-factor prevention program. J Sch Health. Feb 1998;68(2):62-67.