

**Title of Intervention:** TEENS: Peer-led, school-based nutrition education

**Intervention Strategies:** Group Education, Supportive Relationships, Environments and Policies

**Purpose of the Intervention:** To increase intake of fruits, vegetables and lower fat foods

**Population:** Seventh grade students

**Setting:** Schools in the Minneapolis/St. Paul, Minnesota metropolitan area; school-based

**Partners:** School districts

**Intervention Description:**

- **Group Education:** A classroom-based component was administered by classroom teachers in health and consumer science classes. These sessions emphasized skill-building and decision-making for healthful food choices. Trained peer leaders helped deliver the curriculum, which involved ten classroom sessions designed for a 40-45 minute period. Classroom teachers monitored all peer leader activities and had overall responsibility for program organization, class management and program content. Sessions were experiential and behavioral. A unifying theme included two characters, Cheesewhiz and Nuthead.
- **Supportive Relationships:** Family involvement was encouraged through newsletters and behavioral coupons that emphasized making healthy foods available at home and modeling healthful eating behaviors. Peer leaders were used to lead small group discussion, conduct hands-on activities, organize the food preparation and facilitate group decision-making and problem-solving during classroom sessions. Each class had 5-6 elected peer leaders, and each peer leader was assigned a small group of 4-5 students. Peer leaders were selected from the same classes where the curriculum was administered. To elect peer leaders, students were asked to write the names of three girls and three boys in their class whom they respected and admired and believed could help teach the class. The six students who received the most votes were informed by the teacher and invited to participate as a peer leader.
- **Environments and Policies:** The intervention aimed to increase healthful food options in the school cafeteria, in vending machines and at extramural school activities and functions.

**Theory:** Social Cognitive Theory

**Resources Required:**

- **Staff/Volunteers:** TEENS staff, teachers, student peer leaders
- **Training:** Student peer-leaders to assist teacher, centralized trainings for teachers addressing curriculum and the peer leader component
- **Technology:** Not mentioned
- **Space:** Classroom
- **Budget:** Not mentioned
- **Intervention:** Manuals for peer leaders, newsletters, materials for education sessions
- **Evaluation:** Surveys, interviewers, observers

**Evaluation:**

- **Design:** Group randomized controlled trial
- **Methods and Measures:**
  - Peer leader and classroom student feedback
  - Direct classroom observation
  - Teacher ratings and interviews

**Outcomes:**

- **Short Term Impact:** Nearly all peer leaders enjoyed being a peer leader and thought they did a good job. A majority of their friends thought it was cool to be a peer leader. More than half the peer leaders

felt the training was helpful. Teachers reported most peer leaders conducted the activities they were trained to do and that peer leaders were useful.

- Long Term Impact: Positive effects were seen only for a food choice score (suggesting that the students usually choose lower versus higher fat foods) and not for measures of food intake.

**Maintenance:** Not mentioned

**Lessons Learned:** Peer-led nutrition education programs in schools are feasible, and they have high acceptability among peer leaders, students and teachers. Future interventions should include peer-leader training for managing groups, communication skills and group leadership techniques.

**Citation(s):**

Story, M., L. A. Lytle, et al. (2002). "Peer-led, school-based nutrition education for young adolescents: feasibility and process evaluation of the TEENS study." *J Sch Health* 72(3): 121-7.

Lytle, L.A., Murray, D. M., Perry, C.L. (2004) School-based approaches to affect adolescents' diets: Results from the TEENS study. *Health Education & Behavior*. 31(2):270-287.