

Title of Intervention	MEND: Mind Exercise Nutrition Do It! Program and Mini-MEND
Website	http://www.mendprogramme.org/home
	http://www.mendfoundation.org/
Intervention Strategies	Group Education
Purpose	"This course uses behavior change strategies to help families improve their physical activity levels and alter their diet in the home and surrounding environment."
Populations	3 separate programs are available:
	1) Overweight or obese 7-13 year olds and parents.
	2) Overweight or obese 5-7 year olds and parents.
	3) 2-4 year olds and parents.
Settings	Community-Based
Partners	Great Ormond Street Hospital for Children, NHS Trust, and University College London Institute of Child Health.
Intervention Description	MEND: The MEND course is 'ten weeks of twice-weekly intensive treatment embedded in a two-year weight management strategy with tapering support. Interventions include physical activity, nutrition, and behavior change. It focuses on practical and fun learning.' Sessions combine an hour's classroom-based interactive learning and an hour's exercise for children while parents engage in facilitated discussion. The classes alternating between 'mind' (behavior change) and nutrition (improving eating behavior) topics. Pre- and post-programmed measurements are taken to monitor children's progress.
	Mini-MEND: The MEND 2-4 program involves 10 weekly 90 minute workshops relating to general nutrition, physical activity and behaviors. Sessions are typically held at community health and maternal and child health centers, where parents and their preschool-aged children attend together. Each program group will consist of 6-10 child-parent dyads and a MEND 2-4 trained program leader. Each session involves 30 minutes of guided active play, where parents can learn how to play with their children; 15 minutes of healthy snack time based on an exposure-based technique to promote acceptance and increased intake of fruit and vegetables; and 45 minutes where the children participate in supervised, creative play activities while the parents attend an interactive education and skill development session. (Results from the Mini-MEND trials have not yet been published.)

Theory	No mentioned	
Resources required	Staff/Volunteers:	2-4 trained program leaders
	Training:	4 days of training. (http://www.mendfoundation.org/program/training)
	Technology:	Not mentioned
	Space:	Not mentioned
	Budget:	Not mentioned
	Intervention:	MEND training materials.
	Evaluation:	MEND: Scales, stadiometer, step test, Harter Self-Perception Profile, and physical activity questionnaire. Mini-MEND: The Children's Eating Behavior Questionnaire (CEBQ), Physical Activity Questionnaire for Preschool-aged Children (Pre-PAQ®), stadiometer, standardized digital scales, Preschool Child Feeding Questionnaire (PCFQ) and, National Nutrition Survey Food Frequency Questionnaire.
Evaluation	Design:	Randomized controlled trial
	Methods and Measures:	MEND: The MEND randomized controlled trial consisted of a 6-month intervention including the 9-week MEND Program followed by a 12-week free-family swim pass. All eligible participants were assessed at baseline and then randomly allocated to start the program immediately (intervention group) or receive the intervention 6 months later (control group). Measures included BMI, waist circumference, body composition, cardiovascular fitness, physical activity level, and self-esteem.
Outcomes	Short term impact:	"Participation in the MEND Program was associated with significant improvements in the degree of adiposity as well as indicators of cardiovascular health and psychological well-being."
	Long term impact:	"Waist circumference decreased by 4.1 cm in children in the intervention group compared to controls."
		"BMI was significantly reduced in the intervention group compared to the controls, with a mean adjusted reduction of 1.2

	kg/m ² for BMI and 0.24 for BMI z-score."
Maintenance	The MEND program has post-intervention support. Maintenance of MEND materials.
Lessons Learned	1) "A family-centered approach is necessary to ensure mutual support and an enduring approach."
	2) "A key strength of the MEND Program was its acceptability to families." General completion rates and participation rates are high (86-100%).
	3) Standardization of the MEND Program allowed the intervention to be delivered by community practitioners and non-specialist.
Citation(s)	Sacher, Paul M., Kolotouroul, Maria, Chadwick, Paul M., Cole, Tim J., Lawson, Margaret S., Lucas, Alan, and Singhal, Atul (2010) Randomized Controlled Trial of the MEND Program: A Family-based Community Intervention for Childhood Obesity. Obesity. Vol. 18 supp1 pp S62-68.
	Skouteris, Helen, McCabel, Marita, Swinburn, Boyd, and Hill, Briony (2010) Study Protocol: Eating and Obesity Prevention for Preschoolers: A Randomized Controlled Trial. BMC Public Health 2010, 10:220 http://www.biomedcentral.com/1471-2458/10/220
	Swain, C. (2009). MEND programmes: community solutions to a national problem. (Cover story). Primary Health Care, 19(6), 20-23.
Current Program Status	MEND is widely used in the UK and Australia and is growing in the United States as an effective evidence based program. For information on training in the US you can go to http://www.mendfoundation.org/program/training or e-mail: info@mendfoundation.org.