



Using School Staff Members to Implement a Childhood Obesity Prevention Intervention in Low-Income School Districts: the Massachusetts Childhood Obesity Research Demonstration (MA-CORD Project), 2012–2014

The United States of America has an extremely high childhood obesity rate, especially among children from disadvantaged backgrounds. There is consensus that interventions work best when the community finds them acceptable, culturally relevant and sustainable.

This intervention was one component of the Massachusetts Childhood Obesity Research Demonstration (MA-CORD), "a multilevel, multisector intervention to prevent or control obesity among children aged 2 to 12 years in 2 low-income communities." The aim of this was to identify "barriers and facilitators" to the success of a school-based intervention to prevent excess weight among children from disadvantaged districts. Teachers received training on nutrition education and were then asked to conduct "at least 6 lesson plans aligned with MA-CORD behavioural targets per academic year." Schools were also provided with sports equipment. Researchers collected data from interviews with teachers and through of surveys regarding readiness and curriculum among school staff. The findings of the study were as follows:

- One district experienced a high rate of staff turnover and a therefore lower amount of "organization readiness" to implement the intervention, resulting in worse outcomes
- "Using school wellness champions was one of the strongest reported facilitators of MA-CORD implementation." School wellness champions included nurses and teachers who conducted "school-wide wellness activities (eg, improved policies, fun runs, student media competitions) that reinforced MA-CORD messages and classroom interventions"
- "Teachers consistently conveyed satisfaction with the lesson plans and print materials adapted from existing interventions" although adding financial and equipment incentives was also beneficial
- While high turnover was detrimental to the sustainability of the study after the first year, some "strategies, which included incorporating the curricula into lesson plans that continued year-to-year (eg, math lessons, writing), acknowledging MA-CORD activities in performance evaluations, and schoolwide policies supporting messages taught during lessons (eg, no sugary drinks on campus)" were able to combat this barrier.

Limitations to the study include the use of convenience sampling and self-reporting, inability to collect data on students directly and short-term follow-up of the study.

Reference: Blaine RE, Franckle RL, Ganter C, et al. Using School Staff Members to Implement a Childhood Obesity Prevention Intervention in Low-Income School Districts: the Massachusetts Childhood Obesity Research Demonstration (MA-CORD Project), 2012-2014. *Prev Chronic Dis.* 2017;14:E03. Published 2017 Jan 12. doi:10.5888/pcd14.160381