Background
During the past 2 decades, childhood overweight has steadily increased in the United States, and the increase in childhood diabetes is alarming. These changes have highlighted the importance of developing and disseminating effective programs to increase physical activity and improve diet among children and to coordinate health messages in schools and communities.

Context
Researchers at the University of Texas Health Science Center, in conjunction with experts from Tulane University, the University of California at San Diego, and the University of Minnesota, developed an interdisciplinary program (originally named the Child and Adolescent Trial for Cardiovascular Health [CATCH]) for elementary schools, under the auspices of the National Institutes of Health (NIH). The program is unique in that it includes not only educational classroom curriculum components but also school physical education, school food service, and family components. The intent is to improve a whole set of environmental influences to support behavior change. The program emphasizes decreasing consumption of high-fat foods and increasing physical activity, both inside and outside of school.

Methods And Results
A 3-year randomized controlled trial* of the CATCH Program in 56 intervention and 40 control elementary schools in 4 states (Texas, Minnesota, California, and Louisiana) resulted in children significantly increasing time (from 40% to 50%) spent in moderate to vigorous physical activity within physical education classes, as well as significantly decreasing consumption of fat (from 39% to 32%) in school meals. According to follow-up surveys, the significantly increased physical activity and reduced fat intake persisted over 3 consecutive years without additional intervention.

A subsequent study of the program in El Paso, Texas, an economically disadvantaged community on the U.S.-Mexico border, showed that the program eliminated the significant increase in overweight between grades 3 and 5 among both girls and boys. Without intervention, overweight increased among youths in these grades from 26% to 40% for girls and from 39% to 49% for boys.

Consequences
With support from CDC, the University of Texas (Houston) Prevention Research Center (PRC) endeavored to disseminate, implement, and institutionalize the CATCH Program in schools. Staff were hired to dedicate their time to foster and sustain partnerships and to develop and conduct training for school personnel (more than 3,000 school employees have been trained in the past 2 years alone). The name of the program was modified to reflect the change in focus from efficacy research to program dissemination, and became the Coordinated Approach To Child Health. Partnerships to disseminate CATCH have included the Texas Department of Health; Texas Education Agency; Paso del Norte Health Foundation; National Heart, Lung, and Blood Institute; American Heart Association; Texas Medical Association; Bexar County Community Health Collaborative; and many other organizations. Dedicated dissemination staff has proven invaluable in coordinating partnerships, maintaining momentum, and ensuring quality control as the program grows.

CATCH staff became motivated to educate policymakers in Texas, which resulted in the development and passage of Senate Bill 19 in 2001 mandating that all elementary schools have a coordinated school health program by 2007.
Impact And Potential Impact
In Texas alone, more than 1,500 elementary schools (approximately one-third of all schools) have adopted CATCH, thereby potentially reaching over 750,000 school children. Schools in several other states (Illinois, Maine, Florida, Georgia, North Dakota, North Carolina, and New Mexico) have begun to use the program as well, and the U.S. Department of Defense uses it in 320 of its overseas elementary schools. Furthermore, the program has been adapted for low-income Hispanic communities in the United States.

CATCH is proving to be sustainable and feasible in a wide variety of settings. The program provides hands-on training and is designed to minimize the burden on teachers. Dissemination is well under way, and interest continues to grow.

References


*The original efficacy study was conducted with funding from the National Heart, Lung, and Blood Institute of the National Institutes of Health.