

## **Effective Components for Nutrition Interventions - Summary January, 2000**

In December of 1999, the Prevention Unit within the Division of Preventive Oncology at Cancer Care Ontario commissioned a review of international literature on nutrition interventions, in the areas of policy, programs and media. The purpose of the review, which included literature from January 1995-January 2000, was to consolidate existing knowledge of nutrition intervention effectiveness in order to inform the development of a nutrition and healthy body weight strategy for cancer prevention for the province.

Fifteen interventions studies were included in the review, 10 of which reported positive outcomes, and 5 reporting negative outcomes, in well-designed studies (i.e. controlled trials with or without randomization). Among those reporting positive outcomes, five components were common:

- theoretically based (Sorenson, Glanz, Perry, Liquori, Nicklas, Forester)
- Involvement of the family as a source of support; (Sorenson, Glanz, Liquori, Perry, Coates, Havas)
- Use of participatory models for planning and implementing interventions; (Perry, Liquori, Havas, Nicklas, Sorenson, Glanz)
- Provision of clear messages for media campaigns; (Owen, Reger, Norum)
- Provision of adequate training and support to intervenors (Beresford, Perry, Liquori, Havas, Forester)

A number of lessons were learned by those reporting negative study outcomes including:

- Ensuring sufficient intensity and duration of the intervention to bring about change and behaviour maintenance. Repeated and on-going contact is necessary throughout the intervention including post follow-up (Glasgow, Resnicow, Kristal, Jeffrey)
- Making environments conducive to support behaviour change, in particular modification of food service policies for worksites and schools (Glasgow, Resnicow)
- Ensuring participatory mechanisms for planning, such as steering committees and, (Glasgow, Resnicow)
- Delivering school-based interventions either before the school day begins or during school hours; afterhours results in lower attendance (Resnicow)

Intervention settings, such as schools (Perry, Liquori, Niklas, Forester) , workplaces (Sorenson, Glanz) and health care institutions (Beresford), offered prime channels to employ these principles, especially when developing and implementing interventions for large groups of people. Community settings work well for women whose learning is enhanced by a family friendly atmosphere (Havas, Coates). The review suggests that these settings should be regarded as ideal places to focus a nutrition intervention strategy within Ontario.

The principles derived from this review equipped Cancer Care Ontario with the information necessary to develop a nutrition and healthy body weight strategy for the province of Ontario. This included establishing a reference group (known as the Ontario

Collaborative Group on Diet and Cancer) with a mandate to link practitioners in the areas of policy, community and public health programs and research and use them as a reference group. The Unit took the lead in developing a program logic model for the overall strategy (with guidance from the Collaborative Group) and invested in developing a behavioural change pilot project "Take 5" to increase vegetable and fruit consumption among women with children under the age of 14, based on stakeholder feedback, and is currently being piloted.

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