

Obesity Prevention and Control: Behavioral Interventions that Aim to Reduce Recreational Sedentary Screen Time Among Children

Summary Evidence Table

Screen-Time-Plus Interventions

Author & Year	Location	Target Population	Effect Measure Reported	Baseline Reported	Follow-Up	Summary Effect Value Used	Summary
Study Design	Intervention (content; component; length; follow-up; theory-based)	Study Population					
Quality of Execution	Comparison	Population characteristics					
Branscum 2011 Group RCT (2 Before/After arms) (Greatest) Fair (2 limitation) Interpretation of Results (1): Loss to follow up (39% completion rate) Other (1) – designed as RCT, but because control group received information on screen time split into before/after study arms and unable to use as RCT	Columbus, OH <u>Setting:</u> YMCA after school programs SCT arm: A social cognitive theory based childhood obesity comic book intervention with children in an after-school environment Knowledge arm: classroom-based childhood obesity program <u>Content:</u> SCT arm: Four, 30-minute sessions were based on the constructs of behavioral capabilities, self-efficacy, expectations and self-control and included : hands on activities to teach abstract, as well as role playing to practice learned skills, planning activities to practice self-regulatory behaviors Knowledge arm: Four 30-minute sessions based on knowledge about healthy eating and physical activities; had same amount of screen time information as the SCT group <u>Intensity:</u> Low	Target population: Children in afterschool programs Study population: Elementary school students enrolled in YMCA after school programs SCT arm: n=37 Knowledge arm: n=34 Sex: % female SCT arm: 53% Knowledge arm: 43% Mean age (SD): SCT arm: 8.86 yrs Knowledge arm: 9.12 yrs Race/ethnicity: SCT arm: 73% White, 14% Black, 5% Asian, 3% Hispanic 5% mixed race Knowledge arm: 6% Black, 82% White 12% Asian, 0%	Screen time (TV or movies or video game) (h/d) †: BMI-for-Age Percentile: Moderate to vigorous activity (mins/d): F&V consumption (9 items) (serv/d): Sugar sweetened beverages (serv/d):	SCT: 1.9 Knowledge: 1.4 SCT: 60.2 Knowledge: 55.5 SCT: 69.7 Knowledge: 65.3 SCT: 3.4 Knowledge: 3.4 SCT: 1.4 Knowledge: 0.9	SCT: 1.3 Knowledge: 1.2 SCT: 59.2 Knowledge: 57.3 SCT: 88.4 Knowledge: 69.7 SCT: 4.7 Knowledge: 4.2 SCT: 0.9 Knowledge: 1.0	Absolute change: SCT: -0.6 Knowledge: -0.2 SCT: -0.92 Knowledge: 1.8 SCT: 18.7 Knowledge: 4.4 SCT: 1.3 Knowledge: 0.8 SCT: -0.47 Knowledge: 0.06	This study found that BMI-percentile, all obesity related behaviors, and social cognitive theory constructs did not change between groups over the course of the intervention. There was however a significant main effect, indicating an improvement in both groups for fruit and vegetable consumption, the engagement in physical activity, the engagement in screen time, water and sugar free beverage consumption and self efficacy for fruit and vegetable

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	<p><u>Components:</u> SCT arm: Tracking/monitoring: goal setting + social and family support: (children participated in 'Role-Playing' with the instructor to practice skills learned in the lesson in two separate real-world examples: one with a parent or guardian, and one with a peer) + Classroom-based education</p> <p>Knowledge arm: classroom-based education</p> <p><u>Length:</u> 1 month</p> <p><u>Follow-up:</u> 1 month</p> <p><u>Theory:</u> SCT arm: Social Cognitive Theory</p> <p><u>Comparison:</u> Before/After</p>	<p>Hispanic 0% mixed race</p> <p>SES: NR</p>					consumption and physical activity.
Campbell 2013	Victoria, Australia	Target population: New parents			FU: 15 months	Adjusted mean difference (95% CI)	This study highlights the receptivity of first-time parents to interventions focused on their new infant's eating and active play and provides evidence of effectiveness on some obesity-
Group RCT (Greatest)	<p><u>Setting:</u> home, research center</p> <p>Intervention for first time parents, focused on parenting skill and behaviors that aimed to promote the development of healthy eating and physical activity in infants along with reduced sedentary behaviors</p> <p><u>Content:</u> Dietitian-delivered, six 2-hour sessions delivered quarterly during</p>	<p>Study population: First time parents and their infants</p> <p>Intervention: n=241 infants Control: n=239 infants</p> <p>Sex: % female Intervention: 53%</p>	<p>TV Viewing (h/d) †:</p> <p>BMIz:</p> <p>Physical activity (mins/d):</p>	<p>I: NR C: NR</p> <p>I: -0.4 C: -0.5</p> <p>I: NR C: NR</p>	<p>I: 0.59 C: 0.61</p> <p>I: 0.8 C: 0.8</p> <p>I: 228.3 C: 236.8</p>	<p>-0.03 (-0.18, 0.12)</p> <p>-0.02 (-0.18, 0.14)</p> <p>-2.0 (-9.8, 5.7)</p>	

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	<p>the first-time parents' group regular meeting. Intervention materials incorporated 6 purpose-designed key messages (for example, "Color Every Meal With Fruit and Veg," "Eat Together, Play Together," "Off and Running") within a purpose-designed DVD and written materials.</p> <p><u>Intensity:</u> Low</p> <p><u>Components:</u> Counseling + POI (in group sessions for parents) + small media (newsletters between sessions) + family support</p> <p><u>Length:</u> 15 months <u>Follow-up:</u> 15 months</p> <p><u>Theory:</u> Social Cognitive Theory</p> <p><u>Comparison:</u> Usual Care</p>	<p>Control: 48.3%</p> <p>Mean age (SD): Intervention: 3.9 months Control: 3.9 months</p> <p>Race/ethnicity: NR</p> <p>SES: Mother's education level (%): ≤ secondary school: Intervention: 22.0% Control: 20.1% Trade/certificate postsecondary school: Intervention: 26.5% Control: 22.9% University degree or beyond: Intervention: 51.5% Control: 56.8%</p>	<p>Sugar sweetened beverage intake (g/d):</p> <p>Fruit intake(g/d):</p> <p>Vegetable intake (g/d):</p> <p>Sweet snack intake (g/d):</p> <p>Salty snack intake (g/d):</p>	<p>I: NR C: NR</p> <p>I: NR C: NR</p> <p>I: NR C: NR</p> <p>I: NR C: NR</p> <p>I: NR C: NR</p>	<p>I: 23.7 C: 25.4</p> <p>I: 161.2 C: 152.9</p> <p>I: 85.3 C: 80.8</p> <p>I: 11.1 C: 14.7</p> <p>I: 4.8 C: 5.8</p>	<p>-5.6 (-17.5, 6.4)</p> <p>13.3 (-2.6, 29.3)</p> <p>6.6 (-2.5, 15.8)</p> <p>-3.6(-6.3, -0.86)</p> <p>-1.0 (-2.8, 0.79)</p>	<p>promoting behaviors in very early childhood.</p>
<p>Davison 2013 Before/After (Least)</p> <p>Quality of Execution: Fair (2 limitations) Interpretation of Results (2): Follow-up was 77% (<80% is assigned</p>	<p>Upstate New York</p> <p><u>Setting:</u> Head Start</p> <p>This is a parent-centered Community Based Participatory Research approach for obesity prevention in vulnerable families for improving food, physical activity, and medical-related parenting and children's behavioral and weigh outcomes in</p>	<p>Target population: families with children in Head Start</p> <p>n=55-152</p> <p>Study population: children ages 2-5 yrs and their parents</p>	<p>TV/DVD/videos (h/d):</p> <p>Physical Activity Light PA (min/h)</p>	<p>2.4</p> <p>21.2</p>	<p>6 mos</p> <p>1.6</p> <p>21.7</p>	<p>Absolute change</p> <p>0.8</p> <p>0.5</p>	<p>The consistent pattern of findings suggests that the program, and the process by which it was developed, is a promising approach that warrants future</p>

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a limitation); Bias: pretest occurred during the Fall and posttest during Winter/Spring; results may be confounded by differences in eating and activity patterns during different times of the years; also, families who consented to the study were more likely to speak English at home and families who did not consent to study.	<p>low-income families.</p> <p><u>Content:</u> 4 key components of program: a health communication campaign to develop increased awareness of childhood obesity and dispel myths around children's weight; letters mailed home by Head Start reporting children's BMI and other health indicators; informal nutritional counseling sessions were integrated into Head Start family engagement activities; and a Parents Connect for Healthy Living program, a 6-week, onsite, parent-led program to promote parent social networking, advocacy, communication skills, media literacy and conflict resolution.</p> <p><u>Intensity:</u> High</p> <p><u>Components:</u> Family social support, coaching/counseling, small media</p> <p><u>Length:</u> 6 months</p> <p><u>Follow-up:</u> 12 months</p> <p><u>Theory:</u> Empowerment theory, family ecological model</p> <p><u>Comparison:</u> Before/After</p>	<p>Sex (children, % female): 55%</p> <p>Age (SD) (children): 3.59 yrs</p> <p>Age (SD) (parents): 31.1 yrs</p> <p>Race/ethnicity (children): 6% non-Hispanic; 22% Black; 68% white; 4% other</p> <p>SES: low</p> <p>Parent overweight (%): 68%</p> <p>Parent obese (%): 36%</p> <p>Child overweight (%): 44%</p> <p>Child obese (%): 20%</p>	<p>Moderate PA (min/h)</p> <p>Total Energy Intake (Kcal/d)</p> <p>Fruit/vegetable Intake (servings/d)</p> <p>BMIz</p> <p>% Obese</p>	<p>4.7</p> <p>1514</p> <p>2.3</p> <p>0.86</p> <p>19.7%</p>	<p>4.9</p> <p>1396</p> <p>2.0</p> <p>0.72</p> <p>15.8%</p>	<p>0.2</p> <p>-118</p> <p>-0.3</p> <p>-0.14 (p<0.10)</p> <p>-3.9% (p<0.01)</p>	<p>attention in intervention design and Community Based Participatory Research initiatives overall.</p>

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Dennison, 2004 Randomized trial (Greatest) Fair (4 limitations)	Rural upstate New York within 45 min of Cooperstown, NY (does not include Cooperstown)	Children attending preschool or daycare (2.5 – 5 years)	TV/video viewing (h/d)			Adjusted mean difference (95% CI)	This study demonstrated that a preschool-based intervention can lead to reductions in young children's television/video viewing
Sampling (1): lost a large group before study began, unsure if differences between group that dropped out	<u>Setting:</u> preschool or daycare	Baseline Sample Size: 77	Weekday			-0.62 (-1.11, -0.12)	
Measurement (2) Exposure (1): did not measure attendance	Pre-school based intervention to increase healthy eating and reduce TV viewing	Intervention: n= 43 Control: n=34	Saturday			-0.63 (-1.44, -0.17)	
Outcome(1): questionnaire to measure screen time not shown to be valid or reliable	<u>Content:</u> (High Intensity) Brocodile the Crocodile: Program staff visited preschool daycare once a week for 39 weeks to provide a one hour long intervention. The intervention hour (10 minutes dedicated to eating a snack, 30 minutes to musical activities, and 20 minutes of education). The first 32 sessions were devoted to healthy eating. The last 7 sessions were designed to reduce children's television/video viewing. The intervention staff encouraged daycare staff and child's parents to participate. Children participated in a week without TV and the National TV-Turnoff Week.	Sex, % female: Intervention: 53% Control: 47%	Sunday			-0.99 (-1.73, 0.25)	
Interpretation of Results (1): 75%		Mean age (SD): Intervention: 3.9 (0.07) yrs Control: 4.0 (0.10) yrs	Computer/video game (h/d)				
			Weekday			-0.11 (-0.34, 0.13)	
			Saturday			0.07 (0.49, 0.34)	
			Sunday			-0.03 (0.27, 0.21)	
			Total TV/video/computer/v. game (h/d)†			-0.76 hrs/d (-1.58, 0.08)	
			Watching ≥2 h/d (%)			-21.5% (-42.5, -0.5)	
			BMIz			-0.19 (-0.83, 0.46)	
	<u>Components:</u> TV Turnoff, family social support, classroom-based education, small media						
	<u>Length of intervention:</u> 1.75 months						
	<u>Follow-up:</u> 6 months						
	<u>Comparison:</u> Participated in sessions						

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	focusing on different health or safety topics						
Epstein, 1995 Designed as Randomized trial (2 before/after arms) (Greatest) Fair (3 Limitations) Description (1): population and intervention not well described Measurement: Outcome (1) – not clear how percent overweight was calculated Other (1) – designed as RCT, but because control group received information on sedentary activity split into before/after study arms and unable to use as RCT	United States <u>Setting:</u> research institute Family centered intervention to reduce sedentary behaviors or increase physical activity <u>Content (3 study arms):</u> 1. Sedentary: reinforcing decreased sedentary activity 2. Exercise: reinforcing increased physical activity (not included in analysis) 3. Combined: reinforcing both increased PA and decreased sedentary activity. Parents and children attended weekly meetings for 4 months, followed by 2 monthly meetings. The Traffic Light Diet was used (children and overweight parents instructed to consume b/w 1,000 and 1,200 kcal/day). All groups received written materials on the positive effects of physical activity and negative effects of sedentary behavior.	8-12 yr old overweight/obese children Baseline Sample Size: 61 families (sample size for each group, not provided) Mean age: 10.1 yrs (child) Sex, % female: 73% Race/Ethnicity White: 96% SES: 48.7 Hollingshead four-factor index (medium-level business, minor professional, technical profession)	Percent overweight (%) Sedentary Combined			-18.7 [NR] -10.3 [NR]	Children in the sedentary group increased their liking for high-intensity activity and reported lower caloric intake than did children in the exercise group. These results support the goal of reducing time spent in sedentary activities to improve weight loss.

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	<p>Sedentary group was reinforced for decreasing amount of time in sedentary behaviors that compete with being active. Exercise group was reinforced for increasing physical activity. Combined group was reinforced for decreasing sedentary activity an increasing physical activity. At family meetings, the therapist would meet with the parent and child separately to get weighed and counseled.</p> <p><u>Components:</u> Tracking/monitoring, family social support, coaching or counseling, small media</p> <p><u>Length of intervention:</u> 4 months</p> <p><u>Follow-up:</u> 12 months</p> <p><u>Comparison:</u> Before/After</p>						
<p>Epstein, 2000 Designed as Randomized trial but treated as Pre-Post (Greatest)</p> <p>Good (1 Limitations)</p> <p>Other (1) – designed as RCT, but because control group</p>	<p>United States</p> <p><u>Setting:</u> research institute</p> <p>Family centered intervention to reduce sedentary behaviors or increase physical activity</p> <p><u>Content (4 study arms):</u></p> <ol style="list-style-type: none"> 1. Low sedentary behavior 2. High sedentary behavior 3. Low physical activity (not included in analysis) 4. High physical activity (not 	<p>Overweight/obese children and their parents</p> <p>Baseline Sample Size: 45 families</p> <p><u>Low Sedentary Child</u> Mean age: 10.7 yrs Sex, % female: 74%</p> <p>Parent Mean age: 39.6 yrs</p>	<p>Targeted sedentary time (%)¶</p> <p>Low Sedentary</p> <p>High Sedentary</p> <p>Non-targeted sedentary (%)††</p>			<p>Absolute change</p> <p>-15.1 (p<0.001)</p> <p>-20.3 (p<0.001)</p>	<p>Study demonstrated that targeting sedentary behaviors is associated with significant decreases in percent overweight and body fat and improved aerobic fitness.</p>

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received information on sedentary activity split into before/after study arms and unable to use as RCT	included in analysis) Common components to both groups: families received parent and child workbooks that introduced weight control, self-monitoring, and the Traffic Light Diet. At family meetings they met with therapist and they attended separate parent child group meetings. Sedentary group was reinforced for decreasing amount of time in sedentary behaviors that compete with being active. Low sedentary, goal is to reduce sedentary behavior 10 hours/week. High sedentary, goal is to reduce sedentary behavior 20 hours/week <u>Components:</u> Tracking/monitoring, family social support, coaching or counseling, small media <u>Length of intervention:</u> 6 months <u>Follow-up:</u> 6 months <u>Comparison:</u> Before/After	Sex, % female: 60% SES: 47.8 Hollingshead four-factor index <u>High Sedentary</u> Child Mean age (SD) 10.6 Sex, % female: 84% Parent Mean age (SD): 40.8 Sex, % female: 58% SES: 49.0 Hollingshead four-factor index	Low Sedentary High Sedentary Percent overweight (%) Low Sedentary High Sedentary Active Time (%) Low Sedentary Hi Sedentary PWC150 (kpm/min) Low Sedentary High Sedentary ¶ Sedentary time is defined as watching TV and videotapes, playing computer games, talking on the phone, or playing board games †† nontargeted			11.1 10.5 -22.4 (p<0.001) -27.4 (p<0.001) 4.0 9.7 113.3 (p<0.001) 95.2 (p<0.001)	

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			sedentary time could include homework, school work				
Ezendam 2012	Netherlands	12-13 year olds				Difference of Difference	This intervention was not effective in reducing screen time or BMI in 3 year-old children. After adjusting for baseline BMI, there was a reduction in the number of weekday meals in front of the TV.
Group Randomized Trial (Greatest)	<u>Setting:</u> School Web-based computer-tailored intervention to increase physical activity, decrease sedentary behavior, and promote healthy eating	Intervention: n=395 Control: n=340 Sex, % female: Intervention: 41.1% Control: 50.3% Mean age (SD): Intervention: 12.7 (0.7) yrs; Control: 12.6 (0.6) yrs Race/ethnicity: Intervention: 66% Western; 34% Non-Western; Control: 78.9% Western; 21.1% Non-Western	<u>Composite ST</u> Television + computer time (h/d): Step count, no. of (steps/d) Snacks (pieces/d): Sugary Sweetened Beverages, % >400 mL/d Fruit consumption (pieces/d)	I: 5.0 C: 5.2 I: 11578 C: 12097.0 I: 5.5 C: 5.2 I: 74.4 C: 78.1 I: 1.7 C: 1.6	4 mos I: 4.8 C: 4.9 I: 11335.7 C: 12847.7 I: 4.9 C: 5.5 I: 64.3 C: 75.8 I: 1.5 C: 1.5	0.09 -993 -0.90 -10.6 0.12	
Quality of Execution: Fair (2 limitations)	<u>Content:</u> Separate modules were presented that contained information about the behavior-health link, an assessment of behavior and determinants, individually tailored feedback on behavior and determinants, and an option to formulate an implementation intention to prompt specific goal setting and action planning.	Education: Intervention: 62.3% Vocational; 37.3% Preuniversity Control: 50.5% Vocational; 49.5% Preuniversity	Vegetable intake (g/d)	I: 107 C: 106	I: 118 C: 99	18.0	
Sampling (1): Did not specify inclusion criteria; unclear if all schools in the area were invited or a select population of schools.	<u>Intensity:</u> Low		BMI:	24 mos I: 19.5 C: 19.2	24 mos I: 21.1 C: 20.7	24 mos 0.16	
Interpretation of results (1): Groups not comparable at baseline	<u>Components:</u> tracking/monitoring, classroom-based education <u>Length:</u> 2.5 months <u>Follow-up:</u> 4 months and 24 months <u>Comparison:</u> Usual Care						

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			Overweight or Obese %:	I: 15.7 C: 13.0	I: 17.8 C: 16.2	-1.1	
			Waist Circumference (cm):	I: 67.9 C: 66.8	I: 74.7 C: 73.2	0.40	
			Shuttle-run test, min	I: 6.4 C: 6.8	I: 7.5 C: 7.9	0	
French 2011	Minneapolis area	Households (HH) that had at least one child ages ≥5 years and two HH members ages ≥12 years; residence 20 miles of the university; and HH TV viewing weekly average of ≥10 h per person; and no HH members with dietary, medical, psychological, or physical limitations that would prevent their participation in intervention.	TV Viewing (h/d)	I: 2.9 C: 2.7	I: 2.1 C: 1.9	Adjusted Change 0.11 (NS)	This was the first study to show that a family-based HH intervention can promote HHs to reduce TV viewing, increase PA and decrease intake of snacks, sweets and sugar-sweetened beverages over a 1 year time period.
Group Randomized Trial (Greatest)	<u>Setting:</u> home	N=90 households (45 Intervention, 45 Control) Mean age adults in study: 41.0 yrs	Adolescents	I: 2.8 C: 2.6	I: 1.5 C: 2.0	-0.55 (p<0.01)	
Quality of Execution Fair (4 of 9 limitations)	A family-based intervention to prevent excess weight gain among a community-based sample of households (HH).		Adults	I: 0.71 C: 0.76	I: 0.69 C: 0.67	0.06 (p=0.53)	
Description (1): Comparison group was not described	Content: The intervention program was 1 year in duration and included 6 monthly face-to-face group sessions at the University of Minnesota, monthly newsletters, and 12 home-based activities. Behavioral strategies, including goal setting, self-monitoring, and positive reinforcement, were used to promote and support behavior changes at the HH and individual level.		BMIz	I: 28.8 C: 29.6	I: 28.8 C: 29.9	-0.18 (p=0.48)	
Sampling (1): This is a nonprobability sample- participants were volunteers which could introduce a selection bias. Further, 70% of the sample consisted of 2-parent households	<u>Intensity:</u> High		MVPA) (min/d)	I: 118.4 C: 140.2	I: 123.6 C: 102.1	24.4 (p=0.39)	
	<u>Components:</u> TV Manager, family-based social support, environmental		Adolescents	I: 132.9 C: 104.9	I: 145.5 C: 103.6	29.6 (p=0.02)	
			Adults				
			Household PA				

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and about 60% had a college degree or more.	change, small media, counseling <u>Length:</u> 12 months	Household income: 34% ≤\$45K/yr; 29% \$50K-\$95K/yr; 37% ≥\$100K/yr	(d/wk) Adolescents	I: 1.2 C: 2.8	I: 1.1 C: 1.2	0.14 (p=0.75)	
Data analysis (1): adjusted to individual characteristics, cannot determine if adjusted for differential exposure.	<u>Follow-Up:</u> 12 months <u>Theory:</u> Social Cognitive Theory <u>Comparison:</u> Not described	Other characteristics: 63% college degree or more	Adults	I: 1.9 C: 2.0	I: 1.8 C: 1.5	0.37 (p=0.11)	
Interpretation of results (1): Confounding- did not report group comparability; author described contextual limitations around changing food and eating behavior.		BMI adults: 28.81 Intervention; 29.64 Control	Fruits/vegetables (servings/d) Adolescents	I: 1.9 C: 1.8	I: 2.1 C: 1.5	0.47 (p=0.05)	
		BMIz adolescents: 0.71 Intervention; 0.76 Control	Adults	I: 2.2 C: 2.1	I: 2.2 C: 2.1	0.12 (p=0.48)	
			Sugar sweetened beverages (servings/d) Adolescents	I: 0.46 C: 0.60	I: 0.53 C: 0.64	-0.01 (p=0.96) (relative % change=8.6%)	
			Adults	I: 0.40 C: 0.41	I: 0.20 C: 0.31	-0.11 (p=0.03) (relative % change=-25.6%)	
			Snacks/sweets (servings/d) Adolescents	I: 1.6 C: 1.4	I: 1.5 C: 1.3	0.19 (p=0.48)	
			Adults	I: 1.5 C: 1.4	I: 0.89 C: 1.3	-0.38 (p=0.002)	

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			Fast food (times/wk) Adolescents I: 1.3 C: 1.4		I: 1.4 C: 1.0	0.38 (p=0.27)	
			Adults I: 1.1 C: 1.4		I: 0.74 C: 1.0	-0.17 (p=0.34)	
			Family meals (times/wk) Adolescents I: 4.8 C: 5.6		I: 4.6 C: 3.2	1.4 (p=0.11)	
			Adults I: 5.9 C: 6.7		I: 5.6 C: 5.6	0.46 (p=0.37)	
			TV Usually on During Meals (% yes) Adolescents I: 59.8 C: 45.2		I: 36.8 C: 46.0	-14.5 (p=0.23)	
			Adults I: 52.1 C: 43.7		I: 29.2 C: 42.8	-18.0 (p=0.02)	
Gentile 2009	Lakeville, MN; Cedar Rapids, IA	Children from 10 elementary schools	Screen time (TV and electronic games):			Difference of Difference	This short-term intervention resulted in small increases in physical activity in intervention children compared to controls. Screen time and BMI increased slightly compared to
Group Randomized Trial (Greatest)	<u>Setting</u> : Multiple: School, community, and home	Intervention: n=529 Control: n=587	Child Report (h/d)	I: 4.1 C: 4.4	I: 4.6 C: 4.5	0.46	
Quality of Execution Good (limitation)	Switch® program which targets three behaviors (decreased screen time, increased fruit and vegetable consumption, and increasing physical activity).	Sex, % female: Intervention: 56.0%, Control: 49.6%	Parents Report (h/wk)	I: 3.0 C: 3.3	I: 3.3 C: 3.5	0.12	
Measurement (1): Poor compliance with wearing	<u>Content</u> : Specific goals are to be active 60 min per day, limit ST to 2	Mean age (SD): Intervention: 9.6 (0.9) years;	Body Mass Index (kg/m ²): Child	I: 18.4	I: 19.0	0.10	

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Author & Year	Location	Target Population	Effect Measure Reported	Baseline Reported	Follow-Up	Summary Effect Value Used	Summary
Study Design	Intervention (content; component; length; follow-up; theory-based)	Study Population					
Quality of Execution	Comparison	Population characteristics					
pedometer	<p>hours per day and eat five fruit and vegetables or more per day. Community component: Mass media campaigns in the community included paid advertising (e.g., billboards) and unpaid media emphasizing key messages. School component: Teachers asked to integrate key concepts in existing curricula, but not required. Family component: Parents (and children) provided with monthly materials and resources to facilitate the adoption of the healthy target behaviors.</p> <p><u>Intensity</u>: Low</p> <p><u>Components</u>: Classroom-based ed, family social support, small media</p> <p><u>Length</u>: 6 months</p> <p><u>Follow-up</u>: 12 months</p> <p><u>Comparison</u>: Control schools and families did not receive school-based intervention materials and no materials were sent home.</p>	<p>Control: 9.6 (0.9) years</p> <p>Race/Ethnicity: 90% White</p>	<p>Physical activity: Pedometer (steps/d)</p> <p>Fruit and vegetable consumption:</p> <p>Child Report (serv/d)</p> <p>Parent Report (serv/d)</p>	<p>C: 18.5</p> <p>I: 11,735 C: 11,594</p> <p>I: 4.9 C: 4.1</p> <p>I: 3.6 C: 3.3</p>	<p>C: 19.0</p> <p>I: 12,250 C: 11,870</p> <p>I: 4.4 C: 4.2</p> <p>I: 3.6 C: 3.2</p>	<p>239</p> <p>-0.60</p> <p>0.04</p>	<p>controls and fruit and vegetable consumption (child reported) decreased.</p>
Goldfield, 2006	Eastern Ontario, Canada	Overweight or obese 8-12 yr olds					
Randomized Control Trial (Greatest)	<u>Setting</u> : Home, Research Institute	Baseline Sample Size: 30	PA (counts/d)	I: 247.0 C: 206.8	I: 407.8 C: 239.8	Difference of Difference 127.8 (p = 0.019)	Compared with controls, the open-loop feedback plus reinforcement group demonstrated significantly
Good (1 limitation)	<u>Content</u> : PA monitoring and feedback plus reinforcement, which was a	Intervention = 14 (6 boys, 8 girls) Control = 16 (7 boys,	MVPA (min/d)	I: 14.4 C: 12.0	23.8 12.3	9.8 (p=0.050)	

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Study Design	Intervention (content; component; length; follow-up; theory-based)	Study Population					
Quality of Execution	Comparison	Population characteristics					
Sampling (1) No explanation of sampling frame	reward of 1 hr of TV/VCR/DVD or TV based computer games once the equivalent of 1 hr of PA was accumulated based on the PA monitor. TV access was controlled by a Token TV electronic device. Children were free to accumulate PA counts by engaging in any and all types of activities they desired, except swimming (accelerometers not water proof); had to visit the laboratory biweekly for activity-monitor downloading <u>Components:</u> TV manager, tracking and monitoring, family social support <u>Length:</u> 2 months <u>Follow-up:</u> 2 months <u>Comparison:</u> PA monitoring and feedback (no reinforcement) - Children were provided feedback on PA but did not have the token TV devices, hence had free access to TV. Families had to visit the laboratory biweekly for activity-monitor downloading, but were not given any activity targets.	9 girls) Sex, % female: Intervention: 57% Control: 56% Mean age (SD): Intervention: boys 10.4 yrs (0.93), girls 9.7 yrs (0.86) Control: boys 11.0 yrs (1.4), girls 10.5 (1.4) Race/Ethnicity: for total sample: 93% Caucasian, remaining 7% not reported	VPA (min/d) Targeted sedentary behavior (TV/VCR/DVD/video games) (min/d) Nontargeted sedentary behavior (e.g., reading, listening to music) (min/d)	I: 3.7 C: 1.2 I: 160.5 C: 152.1 I: 34.0 C: 41.5 I: 61.5 C: 65.6 I: 28.9 C: 28.2 I: 2498.9 C: 2401.6 I: 866.7 C: 790.5 I: 435.4 C: 309.0	1.2 4.3 I: 44.4 C: 166.3 I: 38.4 C: 38.9 I: 61.6 C: 67.2 I: 28.3 C: 28.6 I: 2165.8 C: 2690.5 I: 637.0 C: 891.8 I: 210.7 C: 366.2	2.70 (p=0.572) Total MVPA reported 12.5 min/d‡ 132.0 (-2.2 hrs/d‡) (p=0.001) 7 (p=0.321) Relative percent on table 20.6% -1.50 (p=0.044) -0.90 (p=0.037) -622.0 (p=0.253) -331.0 (p=0.037) -281.9 (p=0.015)	greater increases in daily physical activity counts and minutes per day of MVPA and greater reductions in minutes per day spent in television viewing.

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Study Design	Intervention (content; component; length; follow-up; theory-based)	Study Population					
Quality of Execution	Comparison	Population characteristics					
			Snack intake viewing TV (kcal/d)**	I: 216.7 C: 175.6	I: 65.2 C: 198.6	-174.6 (p=0.026)	
Gortmaker, 1999 (Eat Well, Keep Moving) Non randomized longitudinal (Greatest) Good (1 limitation) Interpretation of results: Follow-up was 61%	Baltimore, MD <u>Setting:</u> public school School-based intervention to reduce television viewing, consumption of high-fat foods, increase fruit and vegetable intake, and increase physical activity <u>Content</u> (Eat Well and Keep Moving): The program was taught by classroom teachers over 2 years (13 lessons in grades 4 and 5, there were also 5 physical education lessons) in math, science, language arts, and social studies classes. Three of the classroom lessons involved student movement; each lesson was 50 min. The focus of the lessons included decreasing TV viewing (“my TV unplugged”), decreasing fat intake, increasing fruit and vegetable intake, and increasing moderate and vigorous physical activity. Classroom campaigns included activities at home so they involved family members. <u>Components:</u> family social support,	4 th -5 th graders Baseline Sample Size: 479 Sex, % female: Intervention: 56% Control: 61% Mean age : Intervention: 9.2 yrs Control: 9.1 yrs African American Race/Ethnicity: Intervention: 92% African American Control: 90% African American	TV/video viewing (h/d) Vigorous PA (h/d) Energy from fat (%) Fruit and vegetables (no. per 1000 kcal)		I: 5.1 C: 5.5 I: 1.5 C: 1.7 I: 34.1 C: 35.1 I: 1.6 C: 1.5	Adjusted mean difference (95% CI) -0.44 (-1.34, 0.50) -0.15 (-0.41, 0.11) -1.12 (-2.01, -0.23) 0.13(-0.04, 0.30)	This intervention showed effectiveness in improving dietary intake and reducing TV viewing.

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Author & Year	Location	Target Population	Effect Measure Reported	Baseline Reported	Follow-Up	Summary Effect Value Used	Summary	
Study Design	Intervention (content; component; length; follow-up; theory-based)	Study Population						
Quality of Execution	Comparison	Population characteristics						
	classroom-based education, small media Length of intervention: 20 months Follow-up: 20 months Comparison: received usual care							
Gortmaker, 1999 (Planet Health)	Boston, MA	Baseline Sample Size: 1560				Adjusted mean difference (95%CI)	Planet Health decreased television hours in both girls and boys. Prevalence of obesity among female students was reduced and television viewing mediated the effects of the intervention on obesity. Planet Health appears to be a promising school-based approach to reducing obesity among youth.	
Randomized Trial (Greatest)	Setting: schools	Sex, % female: Intervention: 48% Control: 48%	TV/video viewing (hrs/d)	Boys I: 3.7 C: 3.8	Girls 3.0 3.1	Boys I: 3.0 C: 3.4	Girls 2.3 3.0	Boys: -0.40 (-0.56, -0.24); Girls: -0.58 (-0.85, -0.31) Sum: -0.47 hrs/d
Good (1 limitation)	School-based intervention to reduce television viewing, consumption of high-fat foods, increase fruit and vegetable intake, and increase physical activity	Mean age (SD): Intervention: 11.7 yrs Control: 11.7 yrs	MVPA (hr/d)	Boys I: 2.5 C: 2.5	Girls 1.7 1.7	Boys I: 2.4 C: 2.4	Girls 1.9 1.7	Boys: -0.40 (-1.00, 0.20); Girls 0.36 (-0.63, 1.35) Sum: -1.2 min/d
Sampling (1): 65% of eligible students participated. Lack of parental consent (80%) and absence from school (14%) were the main reasons for non-participations. No information given about non-participants, who, based on the above reasons for non-participation, may have varied systematically from participants. Additionally, there were some	Content: The program was taught by classroom teachers over 2 years (16 core classes per year plus a two-week "power down" campaign to reduce TV use) in math, science, language arts, social studies, and physical education classes. The classroom lessons were designed for 1 or 2 45-minute periods and the physical education lessons were designed as 30 5-minute microunits that were to be repeated over the course of the year. The focus of the lessons included decreasing TV viewing, decreasing fat intake, increasing fruit and vegetable intake, and increasing moderate and vigorous physical activity.	Race/Ethnicity: Intervention: 69% White, 11% African American, 11% Hispanic Control: 63% White, 15% African American, 16% Hispanic	Total Energy Intake (kcal/d)	Boys I: 2236.0 1797.7 C: 2256.1 1940.0	Girls	Boys I: 2344.1 1948.1 C: 2423.6 2151.8	Girls	Boys: -111.3 (-261.3, 39.2) Girls: -137.43 (275.9, 0) Sum: -123.95 kcal/d
		SES (Median household income of zip code): Intervention: \$36,020	Energy from fat (%)	Boys I: 32.0 C: 31.5	Girls 31.2 13.0	Boys I: 30.5 C: 30.5	Girls 29.4 29.8	Boys: -0.31 (-1.10, 0.48); Girls: -0.67 (-1.43, 0.09)

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Author & Year	Location	Target Population	Effect Measure Reported	Baseline Reported	Follow-Up	Summary Effect Value Used	Summary
Study Design	Intervention (content; component; length; follow-up; theory-based)	Study Population					
Quality of Execution	Comparison	Population characteristics					
baseline differences between the intervention and control schools in ethnic composition.	<p><u>Components:</u> TV turnoff campaign, classroom-based education</p> <p><u>Length:</u> 20 months</p> <p><u>Follow-up:</u> 20 months</p> <p><u>Comparison:</u> Usual care</p>	Control: \$34,200	<p>Fruit & vegetables (serv/d)</p> <p>Obesity Prevalence(%)</p>	<p>Boys I: 3.8 C: 4.1</p> <p>Girls 3.4 4.1</p> <p>Boys I: 29.3 C: 34.7</p> <p>Girls 23.6 21.5</p>	<p>Boys I: 3.6 C: 3.6</p> <p>Girls 3.6 3.9</p> <p>Boys I: 27.8 C: 31.8</p> <p>Girls 20.3 23.7</p>	<p>Sum: -0.55 pct pts</p> <p>Boys: 0.18 (-0.21, 0.56); Girls: 0.32 (0.14, 0.50) Sum: 0.25 serv/d</p> <p>Adj Odds Ratio: Boys: 0.85 (0.52, 1.4); Girls: 0.47 (0.24, 0.93) Sum: -2.05 pct pts</p>	
<p>Hardy 2010</p> <p>Group Randomized Trial (Greatest)</p> <p>Quality of Execution: Good (1 limitation)</p> <p>Sampling (1): Less than half of the invited schools agreed to participate; a source of self-selection bias</p>	<p>Sydney, New South Wales AUS</p> <p><u>Setting:</u> Day Care</p> <p>Professional development program for early childhood workers to assist preschools and day care centers promote strategies within their centers that encourage children’s healthy eating, active play, fundamental movement skills, and decreasing screen time.</p> <p><u>Content:</u> Preschool staff underwent one day professional training, were provided with resources including a manual and small grants to support staff and provide necessary equipment to preschools, had contact</p>	<p>Preschool aged children</p> <p>Intervention: n=218 Control: n=141</p> <p>Sex, % female: Intervention: 50.6%, Control: 49.7%</p> <p>Mean age (SD): Intervention: 4.4(0.5) years Control: 4.5 (0.3) years</p> <p>SES: Intervention: 47.5% Low income, 52.5%</p>	<p><u>Physical Activity (Fitness Test)</u></p> <p>Locomotor Fundamental Motor Skill (FMS) score</p> <p>Object Control FMS score</p> <p>Total FMS score</p>	<p>I: 23.1 C: 21.3</p> <p>I: 20.0 C: 19.0</p> <p>I: 43.3 C: 40.5</p>	<p>I: 25.2 C: 22.1</p> <p>I: 22.8 C: 20.7</p> <p>I: 48.0 C: 42.8</p>	<p>Adjusted mean difference (95% CI)</p> <p>3.4 (0.77 to 6.1)</p> <p>2.1 (0.76 to 3.4)</p> <p>5.3 (2.0 to 8.7)</p>	<p>This low intensity intervention resulted in significant improvements in healthy weight behaviors including increased physical activity fitness and reduced sugar-sweetened beverage consumption.</p>

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Study Design	Intervention (content; component; length; follow-up; theory-based)	Study Population					
Quality of Execution	Comparison	Population characteristics					
	<p>with health promotion professionals, were given food-based activities to incorporate into their education program and strategies to encourage children to limit recreational screen time, and opportunities for children to engage in unstructured physical activity</p> <p><u>Intensity:</u> Low</p> <p><u>Components:</u> Environmental, small media (manual) + classroom based education</p> <p><u>Length:</u> 6 months</p> <p><u>Follow-up:</u> 6months</p> <p><u>Comparison:</u> Usual care</p>	<p>middle/high income Control: 44.3% Low income, 52.5% middle/high income</p>					
<p>Harrison 2006</p> <p>Group nonrandomized trial (Greatest)</p> <p>Quality of Execution: Good (1 limitation)</p> <p>Measurement (1 of 2)</p> <p>Measurement of exposure to</p>	<p>Southeast regions of Ireland</p> <p><u>Setting:</u> School</p> <p>Switch Off-Get Active was a school-based program that was designed to complement the existing Social Personal and Health Education (SPHE) curriculum</p> <p><u>Content:</u> Lesson materials consisted of teacher resources with learning objectives, pupil workbook materials for each lesson and pupil diaries to record leisure time activity/screen time + posters; consisted of 10</p>	<p>9-11 year old school children</p> <p>n=284</p> <p>Sex, %female: Intervention: 44% female, control group 42% female</p> <p>Mean age: Intervention: 10.2 (1.2) yrs Control: 10.3 (0.8) yrs</p> <p>SES: all schools were</p>	<p>Screen Time (TV, videotape/ DVD, computer game) (h/d):</p> <p>MVPA (minutes/d)</p> <p>Aerobic fitness (laps)</p>	<p>I: 3.0 C: 3.0</p> <p>I: 93.3 C: 91.2</p> <p>I: 37.2 C: 34.6</p>	<p>I: 2.3 C: 2.6</p> <p>I: 178.2 C: 154.2</p> <p>I: 49.6 C: 46.2</p>	<p>Adjusted mean difference (95% CI)</p> <p>-0.21 (95% CI: -0.47, 0.06)</p> <p>25.2 (95% CI: 3.3, 47.1), p=0.03</p> <p>1.7 (95% CI: -3.5, 6.9)</p>	<p>This 10-lesson, 16-week health education intervention, in conjunction with simple behavior modification techniques, can be effective in increasing physical activity in Irish primary school children. Authors were unable to demonstrate a</p>

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Study Design	Intervention (content; component; length; follow-up; theory-based)	Study Population					
Quality of Execution	Comparison	Population characteristics					
intervention Not reported (although students had to go to the school and consent in order to be in study)	classroom lessons <u>Intensity:</u> High <u>Components:</u> TV turnoff challenge, tracking/monitoring, family social support, classroom health education, small media <u>Length:</u> 3 months <u>Follow-up:</u> 3 months <u>Theory:</u> Social Cognitive Theory Comparison: Regular health education classes	in areas of greatest social disadvantage according to a 5-point scale from national census data % Overweight Children (based on International Obesity Task Force cutoffs): Intervention: 35%; control: 32%	BMI	I: 19.0 C: 19.2	I: 18.8 C: 19.3	-0.08 (95% CI: -0.38, 0.22)	significant intervention effect on screen time. The intervention period was not sufficiently long to see changes in BMI or aerobic fitness.
Jago 2013 Randomized Trial (Greatest) Quality of Execution: Fair (3 limitations) Sampling (1): This was a convenience sample; no screening criteria were described. Measurement (1): Attendance at sessions ranged	Bristol, UK Setting: community centers This was a group-based parent intervention to decrease screen viewing and improve physical activity for 5- to 8- year-olds. <u>Content:</u> Group sessions were held for parents only. Each 2-hour session was made up of three main topic areas together with time for refreshments, games, parent feedback and the introduction of some tasks to be completed at home.	Parents with at least one child aged 6–8 years n=38 Sex, % female: Intervention: 61.9% Comparison: 68.8% Mean age (SD): Intervention: 6.6 (1.3) yrs Control: 8.0 (1.9) yrs Race/ethnicity Intervention: 48% : White British, 32%	% children watching <2 hrs TV/d % parents watching <2 hrs TV/d Children MVPA (min/d) Parent MVPA (min/d)	I: 73% C: 68% I: 67% C: 63.2% I: 57.8 C: 57.7 I: 50.9 C: 55.2	I: 79% C: 71% I: 93% C: 79% I: 65.3 C: 65.2 I: 61.4 C: 53.1	Difference of Differences 3.7% 10.5% 0.1 14.2	The data presented in this study have shown that it is possible to recruit parents to a Physical Activity/Screen Viewing parenting course but a relatively high number of participants withdrew from the study during the study process. The intervention

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Study Design	Intervention (content; component; length; follow-up; theory-based)	Study Population					
Quality of Execution	Comparison	Population characteristics					
from 52% to 84%. Interpretation of Results (1): 69% of those with baseline measure completed study (<80% is assigned a limitation).	<p><u>Intensity</u>: High</p> <p><u>Components</u>: small media, coaching and counseling, family social support</p> <p><u>Length</u>: 2 months</p> <p><u>Follow-up</u>: 4 months</p> <p><u>Comparison</u>: received no information during the period of the intervention, but was provided with written materials summarizing the intervention content at the end of the study</p>	<p>African, 8.0% Indian, 4.0% Caribbean, 0% Any other white, 0% Any other Asian, 4% Any other ethnic group</p> <p>Control: 65.2 % White, 4.3%, 4.3% Indian, 0% Caribbean, 17.4% Any other white, 4.3% Any other Asian, 0% Any other ethnic group</p> <p>Control: 65.2% White British; 32%; comparison: 4.3%; Indian: Intervention: 8.0%; comparison: 4.3%; Caribbean: Intervention: 4.0%; comparison: 0%; Any other White: Intervention: 0%; comparison: 17.4%; Any other Asian: Intervention: 0%; comparison: 4.3%; Any other ethnic group: Intervention: 4%; comparison: 0%;</p> <p>SES: Index of Multiple Deprivation (IMD): 1st quartile</p>					appears to have yielded an immediate positive effect on weekend MVPA and TV viewing but additional strategies will be needed to maintain these effects

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Study Design	Intervention (content; component; length; follow-up; theory-based)	Study Population					
Quality of Execution	Comparison	Population characteristics					
		(lowest IMD): Intervention: 16%; comparison: 34.5% 2nd quartile: Intervention: 32%; comparison: 17.1% 3rd quartile: Intervention: 20%; comparison: 30.4% 4th quartile (highest): Intervention: 32%; comparison: 17.1%					
Jouret 2009	Toulouse, France	Kindergarten students 3-4 years old	<u>BMIz</u> All	I: -0.43 C: -0.37	I: -0.03 C: 0.34	Difference of Differences -0.31	Significant reduction in BMIz and overweight prevalence in the intervention group compared to control.
Group Randomized Trial (Greatest)	<u>Setting:</u> School	Sex, % female: Intervention: 47.9% Control: 53.4%	Schools not in underprivileged area:	I: -0.48 C: -0.48	I: -0.19 C: -0.04	-0.15 (p=0.01)	Stratified analysis demonstrates that the prevalence of overweight was lower compared to controls in underprivileged areas.
Quality of Execution: Fair (2 limitations)	School-based intervention to promote healthy practices related to nutrition, physical activity, and sedentary behavior.	Mean age (SD): Intervention group: 3.7 (0.3) yrs Control: 3.9 (0.3) yrs	Schools not in underprivileged area:	I: -0.37 C: -0.26	I: 0.14 C: 0.71	-0.46 (p<0.001)	
Interpretation of Results (1): Loss to follow-up: 48%: 1107 of 2325 completed study	<u>Content:</u> Study team, comprising a dietitian and an education aide, conducted ten 20-min sessions (5 sessions/year) in the classroom. Sessions incorporated learning activities and games around the following themes: improved knowledge of food groups and their role in health, practicing physical activity, as well as, reducing sedentary behavior. Children also received audio cassette and a story book to reinforce these educational	SES: Intervention: 15.2% schools in underprivileged area; 34% Control: 25.9% schools in underprivileged area	<u>Overweight Prevalence (BMI ≥90th percentile)</u> All	I: 8.9 C: 8.5	I: 11.3 C: 17.8	-6.9 (p=0.003)	

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Study Design	Intervention (content; component; length; follow-up; theory-based)	Study Population					
Quality of Execution	Comparison	Population characteristics					
	<p>messages and parents received informational packets on nutrition, physical activity, and obesity.</p> <p><u>Intensity:</u> Low</p> <p><u>Components:</u> Family social support and peer social support, classroom-based ed, and small media</p> <p><u>Length:</u> Intervention: 24 months</p> <p><u>Follow-up:</u> 24 months</p> <p><u>Comparison:</u> Received same information about overweight, screening by physician, and information to parents as intervention group. Did NOT receive reinforced intervention in the classroom.</p>		<p>Schools not in underprivileged area:</p> <p>Schools in underprivileged area:</p>	<p>I: 8.3 C: 6.6</p> <p>I: 12.3 C: 14.2</p>	<p>I: 10.3 C: 11.2</p> <p>I: 17.0 C: 36.8</p>	<p>(P=0.69)</p> <p>(p=0.001)</p>	
<p>Lloyd 2012</p> <p>Group Randomized Trial</p> <p>Quality of Execution: Good (1 limitation)</p> <p>Interpretation of Results (1): Confounding: Did not account for baseline values that were different</p>	<p>Exeter; United Kingdom</p> <p><u>Setting:</u> School</p> <p>Healthy Lifestyles Programme (HeLP) is an innovative school-based intervention that aims to deliver a general healthy lifestyle message encouraging a healthy energy balance</p> <p><u>Content:</u> HeLP emphasizes three key behaviors: a decrease in the consumption of sweetened fizzy drinks, an increase in the proportion</p>	<p>Targeted population: 9-10 year olds</p> <p>Intervention: n = 80 Control: n = 122</p> <p>Sex, % female: Intervention group: 40% Control: 61%</p> <p>Mean age (SD): Intervention: 9.7 (0.3) yrs Control: 9.7 (0.3) yrs</p>	<p>TV/leisure screen viewing (h/d)</p> <p>BMI (kg/m²)</p> <p>BMIz</p>	<p>I: 2.5 C: 2.7</p> <p>I: 17.4 C: 17.8</p> <p>I: 0.3 C: 0.4</p>		<p>Adjusted mean difference (95% CI) -0.41 (-1.3 to 0.46)</p> <p>-0.95 (-3.8 to 1.9)</p> <p>-0.38 (-1.7 to 0.89)</p>	<p>Results from this exploratory trial show positive non-significant changes in favor of the intervention across all targeted behaviors (snacking, screen time, and physical activity).</p>

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Study Design	Intervention (content; component; length; follow-up; theory-based)	Study Population					
Quality of Execution	Comparison	Population characteristics					
across groups	<p>of healthy snacks to unhealthy snacks consumed and a reduction in television viewing and other screen-based activities. These behaviors are targeted across three phases using various content: 1) a school assembly, newsletter articles, and activity workshops to raise awareness and increase knowledge; 2) Drama workshop to increase self-awareness and self-efficacy; and 3) Goal setting to further increase self-efficacy for change and awareness.</p> <p><u>Intensity:</u> Low</p> <p><u>Components:</u> Tracking/monitoring, peer social support, family social support, classroom health ed, small media</p> <p><u>Length:</u> 12 months</p> <p><u>Follow-up:</u> 18 months</p> <p><u>Theory:</u> Information, Motivation, and Behavioral Skills Model</p> <p><u>Comparison:</u> Wait-listed control</p>	% children in schools eligible for free school meals: Intervention: 5.7% Control: 9.7%	<p>Body fat (%)</p> <p>Prevalence Overweight/Obese</p> <p>MVPA</p> <p>Sedentary activity</p> <p>Energy Dense Snacks</p> <p>Healthy snacks</p>	<p>I: 19.3 C: 20.0</p> <p>I: 17.1 C: 21.9</p> <p>I: 36.7 C: 49.5</p> <p>I: 16.2 C: 16.4</p> <p>I: 4.2 C: 4.1</p> <p>I: 3.2 C: 3.4</p>		<p>-0.83 (-6.3 to 4.60)</p> <p>-7.6 (-49.4 to 34.2)</p> <p>5.67 (-12.6 to 23.9)</p> <p>-0.04 (-1.9 to 1.84)</p> <p>-0.28 (-0.83 to 0.27)</p> <p>0.47 (-1.3 to 2.2)</p>	
Marcus 2009	Stockholm, Sweden	Students ages 6-10 years				Difference of Differences	After 4 years of intervention, the prevalence of overweight and obesity in grades 2, 3 and 4 children in the
Group Randomized Trial (Greatest)	School-based prevention program focused on reducing unhealthy eating and increasing PA during school time over a 4-year period to reduce the prevalence of overweight and obesity	Intervention: n = 1670 Control: n = 1465	Accelerometer Counts of PA (counts/min)	I: 789 C: 771	I: 805 C: 766	18 (0.3, 36)	
Quality of							

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Author & Year	Location	Target Population	Effect Measure Reported	Baseline Reported	Follow-Up	Summary Effect Value Used	Summary
Study Design	Intervention (content; component; length; follow-up; theory-based)	Study Population					
Quality of Execution	Comparison	Population characteristics					
<p>Execution: Fair (4 limitations)</p> <p>Description (1): demographic data not specific to sample</p> <p>Sampling (1): sample analyzed not entire population</p> <p>Measurement (1): food questionnaire was not validated</p> <p>Data Analysis (1): authors do not mention controlling for differential exposure, and student may have received intervention for anywhere from 1 to 4 years, about 1/3 participated in year 1</p>	<p>among 6- to 10- year-old children.</p> <p><u>Content:</u> The PA intervention included 30 minutes class daily added to curriculum; children were not allowed to bring handheld computer games to after school and maximum time on computer was 30 min/d. Dietary intervention included schools offering variety of vegetables and putting vegetables first in serving line, substituting white bread with whole-grain bread, reducing sugar in snacks. A newsletter was distributed to parents and school staff twice annually to increase awareness of the intervention. Children who entered school after first year received 3 years of the intervention.</p> <p><u>Intensity:</u> High</p> <p><u>Components:</u> Classroom-based health education, small media, environmental, family support</p> <p><u>Length:</u> 48 months</p> <p><u>Follow-Up:</u> 48 months</p> <p><u>Comparison:</u> Control schools held usual classes</p>	<p>Sex, %female: Intervention: 51.4%; Control: 46.5%</p> <p>Mean age (SD): Intervention: 7.4 yrs, Control: 7.5 yrs</p> <p>SES: mixed</p>	<p>Sugar Sweetened Beverage</p> <p>Fruit/vegetable intake</p> <p>Sweet Snacks</p> <p>Salty Snacks</p> <p>Fast Food</p> <p>BMIz</p> <p>Overweight Prevalence (%)</p> <p>Obesity Prevalence (%)</p>	<p>I: NR C: NR</p> <p>I: NR C: NR</p> <p>I: NR C: NR</p> <p>I: NR C: NR</p> <p>I: NR C: NR</p> <p>I: NR C: NR</p> <p>I: 16.7% C: 11.9%</p> <p>I: 3.6% C: 4.2%</p>	<p>I: NR C: NR</p> <p>I: NR C: NR</p> <p>I: NR C: NR</p> <p>I: NR C: NR</p> <p>I: -0.01 C: 0.30</p> <p>I: 13.9% C: 12.8%</p> <p>I: 3.2% C: 6.1%</p>	<p>-0.15</p> <p>0.025</p> <p>-0.12 (p=0.002)</p> <p>-0.05 (p=0.002)</p> <p>0.03</p> <p>-0.31</p> <p>-3.7% (p<0.05)</p> <p>-2.3% (p<0.05)</p>	<p>intervention schools was significantly reduced compared with an increase in control schools.</p>
<p>O'Connor 2011</p> <p>Randomized Trial (Greatest)</p> <p>Quality of</p>	<p>Houston, TX US</p> <p><u>Setting:</u> Pediatric Clinic</p> <p>Healthy Activity and Nutrition Directions (HAND) is an obesity</p>	<p>5 to 8 year old children who were overweight (BMI≥85% but not morbidly obese (BMI <99%))</p>	<p>Only examined families that targeted TV viewing behavior</p>			<p>Narrative Results:</p>	<p>Families that targeted TV viewing behavior had clinically important reductions in</p>

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Author & Year	Location	Target Population	Effect Measure Reported	Baseline Reported	Follow-Up	Summary Effect Value Used	Summary
Study Design	Intervention (content; component; length; follow-up; theory-based)	Study Population					
Quality of Execution	Comparison	Population characteristics					
Execution: Good: (0 limitation)	<p>intervention for children in pediatric clinics</p> <p><u>Content:</u> Families met with Health Advisors once a month to self-select one behavior to target which included: 'Be more active'; 'Watch less TV'; 'Eat more fruit'; Eat more vegetables'; 'Eat healthy snacks'; 'Drink less sweet drinks'; and 'Drink more water'. Worksheets were available to assist with goal setting and developing implementation plan. Health advisors telephoned two weeks after each session to assess progress of goal attainment.</p> <p><u>Intensity:</u> Low</p> <p><u>Components:</u> family social support, counseling, small media (worksheets/handouts)</p> <p><u>Theory:</u> Social Cognitive Theory and Parenting Theories</p> <p><u>Length:</u> 6 months</p> <p><u>Follow-Up:</u> 6 months</p> <p><u>Comparison:</u> Usual care</p>	<p>Intervention: n=18 families Control: n=16 families</p> <p>Parents: Sex, % female: 55%</p> <p>Mean age (SD): female parent: 43.8 (5.8) years; male parent: 42.2 (8.1) years</p> <p>Children Sex: Intervention group: 90%; Control group: 70%</p> <p>Parents Mean age: Intervention group: 34.7 (6.2) years; Control group: 31.8 (8.5) years</p> <p>Child Mean age: Intervention group: 7.0 (1.0) years; Control group: 6.6 (1.1) years</p> <p>Childs race/ethnicity Intervention group: 80% Hispanic; 15% African American, 5%</p>	<p>TV viewing</p> <p>BMIz</p>		<p>I: -8.9 C: -0.8</p> <p>I: -0.1 C: 0.1</p>	<p>NS</p> <p>The change in BMIz score for families that targeted TV viewing compared to those that did not target TV viewing were significantly different (p<0.05)</p>	<p>their child's TV viewing and significantly improved child BMI z-score compared with intervention families who did not target TV.</p>

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Author & Year Study Design Quality of Execution	Location Intervention (content; component; length; follow-up; theory-based) Comparison	Target Population Study Population Population characteristics	Effect Measure Reported	Baseline Reported	Follow-Up	Summary Effect Value Used	Summary
		White; Control group: 85% Hispanic; 10% African American; 5% White Completed high school/GED: Intervention group: 60%; Control group: 60% Annual household income < 30k: Intervention group: 50%; Control group: 80% BMI: female parent: 26.2, male parent: 35.5, child 22.2 BMI percentile: child 74.6 <u>Race/ethnicity:</u> all parents were non-Hispanic White					
Patrick 2006 Randomized Controlled Trial (Greatest)	San Diego, CA <u>Setting:</u> Clinic and home Intervention was designed to promote	11-15 year-olds Intervention n=424 Control n=395 Sex, % female:	Sedentary behaviors (TV, computer/video games/talking on phone. Listening to			Difference of Differences	The intervention was effective in reducing sedentary time in both girls and boys, with a

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Author & Year	Location	Target Population	Effect Measure Reported	Baseline Reported	Follow-Up	Summary Effect Value Used	Summary
Study Design	Intervention (content; component; length; follow-up; theory-based)	Study Population					
Quality of Execution	Comparison	Population characteristics					
Quality of Execution: Good (0 limitations)	<p>adoption and maintenance of improved eating and PA behaviors through a computer-supported intervention</p> <p><u>Content:</u> This was a computer-supported intervention initiated in primary health care settings. The computer portion of the intervention was a computer expert system on a kiosk in the clinical office to assess 2 nutrition target behaviors (total intake of fat, servings per day of fruits and vegetables), MVPA, and sedentary behaviors. The non-computer portion included a printed manual to take home and 12 months of stage-matched telephone calls and mail contact. There was a parent intervention to help parents encourage behavior change attempts through praise, active support, and positive role-modeling.</p> <p><u>Intensity:</u> High</p> <p><u>Components:</u> Family social support, small media, counseling</p> <p><u>Length:</u> 12 months</p> <p><u>Maintenance:</u> n/a</p> <p><u>Follow-up:</u> 12 months</p> <p><u>Theory:</u> a behavioral determinants model, social cognitive theory, and</p>	<p>Intervention: 52% Control: 55%</p> <p>Intervention girls: Mean age (SD): 12.8 (1.3) yrs; Race/ethnicity: 14.9% Hispanic, 0.90% American Indian or Alaskan; 4.1% Asian, 8.6% Black or African American; 54.4% White, 17.2% Other SES: mixed</p> <p>Intervention boys: Mean Age (SD): 12.6 (1.4) yrs; Race/ethnicity: 13.9% Hispanic, 0.5% American Indian or Alaskan, 4.0% Asian, 8.4% Black or African American; 55% White, 18.4% Other SES: Mixed</p> <p>Control girls: Mean age (SD): 12.6 (1.4) yrs; 13% Hispanic; 0.9% American Indian or Alaskan, 0.9% Asian, 2.8% Black or African</p>	<p>music) (h/d)</p> <p>Intrv Girls I: 4.3 Control Girls C: 4.2</p> <p>Intrv Boys I: 4.2 Control Boys C: 4.2</p> <p>Boys and Girls combined† I: 4.3 C: 4.2</p> <p>Percent watching <2 hrs TV/d</p> <p>Intrv Girls I: 71.1 Control Girls C: 71.8</p> <p>Intrv Boys I: 72.8 Control Boys C: 70.4</p> <p>BMIz</p> <p>Intrv Girls I: Not reported Control Girls C: Not reported</p> <p>Intrv Boys I: Not reported Control Boys C: Not reported</p> <p>Fruit and vegetable (servings/d)</p> <p>Intrv Girls I: 3.5 Control Girls C: 3.5</p> <p>Intrv Boys I: 3.5 Control Boys C: 3.7</p>	<p>I: 4.3 C: 4.2</p> <p>I: 4.2 C: 4.2</p> <p>I: 4.3 C: 4.2</p> <p>I: 71.1 C: 71.8</p> <p>I: 72.8 C: 70.4</p> <p>I: Not reported C: Not reported</p> <p>I: Not reported C: Not reported</p> <p>I: 3.5 C: 3.5</p> <p>I: 3.5 C: 3.7</p>	<p>I: 3.4 C: 4.4</p> <p>I: 3.2 C: 4.3</p> <p>I: 3.3 C: 4.4</p> <p>I: 80.6 C: 76.4</p> <p>I: 80.7 C: 77.7</p> <p>I: Not reported C: Not reported</p> <p>I: Not reported C: Not reported</p> <p>I: 4.2 C: 3.9</p> <p>I: 4.2 C: 4.4</p>	<p>-1.1 (p<0.001)</p> <p>-1.1 (p<0.001)</p> <p>-25.0% (relative change)</p> <p>+4.9 (NS)</p> <p>+0.6 (NS)</p> <p>"no differences were found"</p> <p>"no differences were found"</p> <p>0.30 (p=0.07)</p> <p>0.0 (p=0.49)</p>	<p>net change of approximately 1 hour per day. The intervention increased the number of days boys met the PA recommendation .</p>

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Author & Year	Location	Target Population	Effect Measure Reported	Baseline Reported	Follow-Up	Summary Effect Value Used	Summary
Study Design	Intervention (content; component; length; follow-up; theory-based)	Study Population					
Quality of Execution	Comparison	Population characteristics					
	<p>the Transtheoretical Model of Behavior Change</p> <p><u>Comparison:</u> Adolescents randomized to the comparison condition received an adaptation of the SunSmart sun protection behavior program</p>	<p>American, 62.5% White, 19.9% Other SES: Mixed</p> <p>Control boys: Mean age (SD): 12.8 (1.3) yrs; 10.1% Hispanic, 0.6% American Indian or Alaskan, 3.9% Asian, 6.7% Black or African American, 62% White, 16.7% Other SES: Mixed</p>	<p>Boys and Girls combined †</p> <p>Duration of MVPA (min/wk)</p> <p>Intrv Girls</p> <p>Control Girls</p> <p>Intrv Boys</p> <p>Control Boys</p> <p>Boys and Girls Combined †</p> <p>Frequency of PA (d/wk)</p> <p>Intrv Girls</p> <p>Control Girls</p> <p>Intrv Boys</p> <p>Control Boys</p> <p>Boys and Girls Combined †</p>	<p>I: 3.5 C: 3.6</p> <p>I: 316.1 C: 284.3</p> <p>I: 418.4 C: 374.0</p> <p>I: 52.5 C: 47.0</p> <p>I: 3.3 C: 3.1</p> <p>I: 4.1 C: 3.8</p> <p>I: 3.7 C: 3.5</p>	<p>I: 4.2 C: 4.1</p> <p>I: 324.6 C: 313.9</p> <p>I: 486.0 C: 419.8</p> <p>I: 57.9 C: 52.4</p> <p>I: 3.4 C: 3.3</p> <p>I: 4.4 C: 3.8</p> <p>I: 3.9 C: 3.6</p>	<p>0.16</p> <p>-3.0 (p=0.90)</p> <p>3.1 (p=0.17)</p> <p>0.0</p> <p>-0.10 (p=0.88)</p> <p>0.30 (p=0.01)</p> <p>0.10</p>	
<p>Puder 2011</p> <p>Group Randomized Trial (Greatest)</p> <p>Quality of Execution: Good (0 limitations)</p>	<p>Switzerland</p> <p><u>Setting:</u> School</p> <p>The intervention was based on the following four lifestyle behaviors: physical activity, nutrition, media use, and sleep.</p> <p><u>Content:</u> The intervention focused</p>	<p>4- to 6- year olds</p> <p>Intervention n=343 Control n=312</p> <p>Sex, % female: Intervention: 49% Control: 51%</p> <p>Mean age (SD):</p>	<p>Composite Screen Time (TV, video, computer games) (h/d) †</p>	<p>I: 1.1 C: 1.2</p>	<p>I: 1.1 C: 1.4</p>	<p>Adjusted mean difference (95% CI)</p> <p>-0.22 (-0.42, -0.03)</p>	<p>This intervention increased aerobic fitness and reduced body fat but not BMI in predominantly migrant preschool children.</p>

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Author & Year	Location	Target Population	Effect Measure Reported	Baseline Reported	Follow-Up	Summary Effect Value Used	Summary
Study Design	Intervention (content; component; length; follow-up; theory-based)	Study Population					
Quality of Execution	Comparison	Population characteristics					
	<p>on changes in education, attitudes, and behavior and on providing social support Trained health promoters intervened on the level of the teachers (workshops, visits with hands on training, assistance in the adaptation of the built environment), parents (events in collaboration with the teachers), and children (physical activity lessons). Children participated in a physical activity program consisting of four 45 minute sessions of physical activity a week. Additional sports equipment such as balls or skipping ropes was offered. Health promoters taught one physical activity sessions a week, which was reduced to twice a month after four months. The remaining sessions were provided by the regular preschool teacher. Additionally, there were 22 sessions on healthy nutrition, media use, and sleep. A CD with specific music for most physical activity cards was created to increase pleasure and define the minimal time the activity should be performed. In addition, healthy snacks during recess and healthy treats for anniversaries were promoted and preschool classes exclusively offered their children water and healthy food. Parents participated in three interactive information and discussion evenings about promotion of physical activity,</p>	<p>Intervention: 5.2 (0.6) yrs, Control group: 5.2 (0.6) yrs</p> <p>SES: Mixed for both groups</p>	<p>BMI</p> <p>% Body Fat Change</p> <p>Skin Fold Thickness</p> <p>% Overweight</p> <p>Waist Circumference (cm)</p> <p>Accelerometer counts of PA</p> <p>% Active</p> <p>20 minute Shuttle Run Test</p> <p>Key Demographic Group Results by Education Level of Parents:</p> <p>BMI (Middle/ High Education)</p> <p>BMI (Low Education)</p>	<p>I: 15.6 C: 15.8</p> <p>I: 23.7 C: 23.6</p> <p>I: 27.3 C: 26.6</p> <p>I: 10.5 C: 13.0</p> <p>I: 52.8 C: 52.8</p> <p>I: 724 C: 729</p> <p>I: 44.8 C: 49.0</p> <p>I: 2.9 C: 2.9</p> <p>I: 15.6 C: 15.8</p> <p>I: 15.8 C: 15.8</p>	<p>I: 15.7 C: 15.8</p> <p>I: 23.2 C: 24.1</p> <p>I: 25.7 C: 28.4</p> <p>I: 11.0 C: 14.9</p> <p>I: 53.3 C: 54.3</p> <p>I: 817 C: 820</p> <p>I: 53.1 C: 43.7</p> <p>I: 4.6 C: 4.3</p> <p>I: 15.5 C: 15.8</p> <p>I: 16.0 C: 16.0</p>	<p>-0.07 (-0.19, 0.06)</p> <p>-1.1 (-2.02, -0.20)</p> <p>-2.78 (-4.35, -1.2)</p> <p>-1.40 (unadjusted)</p> <p>-1.0 (-1.6, -0.42)</p> <p>-12.3 (-51.5, 26.9)</p> <p>1.7 (1.1, 2.6)</p> <p>0.32 (0.07, 0.57)</p> <p>-0.11 (-0.29, 0.08)</p> <p>0.04 (-0.15, 0.23)</p>	

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Study Design	Intervention (content; component; length; follow-up; theory-based)	Study Population					
Quality of Execution	Comparison	Population characteristics					
	<p>healthy food, limitation of TV use, and importance of sufficient sleep.</p> <p><u>Intensity:</u> High <u>Components:</u> classroom based health education, family based social support, environmental changes, small media, tracking/monitoring <u>Length:</u> 9.5 months <u>Follow-up:</u> 9.5 months</p> <p><u>Comparison:</u> regular school curriculum, which included one 45 minute physical activity lesson a week in the gym</p>		<p>% Body Fat (Middle/High Education) I: 23.3 C: 23.2</p> <p>% Body Fat (Low Education) I: 24.3 C: 24.3</p> <p>Fitness test (shuttle run) (Middle/High Education) I: 3.0 C: 3.0</p> <p>Fitness test (Shuttle run) (Low Education) I: 2.8 C: 2.8</p>		<p>I: 22.4 C: 23.6</p> <p>I: 24.2 C: 25.0</p> <p>I: 4.8 C: 4.3</p> <p>I: 4.2 C: 4.3</p>	<p>-1.3 (-2.33, -0.26)</p> <p>-0.43 (-1.63, 0.77)</p> <p>0.37 (0.08, 0.66)</p> <p>-0.05 (-0.36, 0.27)</p>	
<p>Riggs 2007</p> <p>Before/After (Least)</p> <p>Quality of Execution: Fair (2 Limitations)</p> <p>Description (1): Population not well described</p> <p>Sampling (1): Convenience sample included; population was not randomized</p>	<p>Large city in the southwest, US</p> <p><u>Setting:</u> School</p> <p>PATHWAYS is a pilot intervention that involved teaching possible solutions to health-related problems and teaching students to think through the consequences of making healthy decision.</p> <p><u>Content:</u> Classroom based lessons included stopping impulsive eating, identifying cues to emotions and skills to control emotions without eating unhealthy food, Television reduction messages and delivery methods were developed into</p>	<p>Three parochial, 5th grade classrooms from two schools</p> <p>Sex, % female: 57.5%</p> <p>Baseline: N=73 Follow-Up: N= 73</p> <p>Ethnicity/Race: 41.1% CAU; 39.7% Latino, 2.7% Afr Amer; 5.5% ASI; 9.6% Other</p>	<p>Commercial TV viewing (h/d)</p> <p>Chose to eat healthy snacks (no. days out of past 7 days)</p> <p>Fruit Consumption (no. times in past 7 days)</p> <p>Vegetable Consumption (no. times in past 7 days)</p>	<p>4.6</p> <p>4.1</p> <p>4.0</p> <p>3.2</p>	<p>4.6</p> <p>4.3</p> <p>4.4</p> <p>3.6</p>	<p>Absolute change 0.05 (NS)</p> <p>0.22 (NS)</p> <p>0.41 (p<0.05)</p> <p>0.41 (p<0.05) Rel Chg.</p>	<p>This pilot study resulted in positive changes in food choices and television viewing. Changes in fruit and vegetable consumption were significantly reduced.</p>

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Author & Year Study Design Quality of Execution	Location Intervention (content; component; length; follow-up; theory-based) Comparison	Target Population Study Population Population characteristics	Effect Measure Reported	Baseline Reported	Follow-Up	Summary Effect Value Used	Summary
	<p>individual handouts and education approaches based on the clients stage of change. and delivery method were developed. Individual handouts and education There are two modules that emphasize television reduction. Each module includes background materials, staff-training materials, banners, posters, interactive handouts for clients, bookmarks, children’s coloring materials, detailed plans for group sessions, and other supportive material in English and Spanish. Several different models of service delivery are used across the state.</p> <p><u>Intensity:</u> Low</p> <p><u>Components:</u> small media, counseling, family social support, classroom health ed</p> <p><u>Length:</u> 0.50 months</p> <p><u>Follow-up:</u> 0.50 months</p> <p><u>Theory:</u> social marketing, social-ecological models, and transtheoretical model of behavior change</p> <p><u>Comparison:</u> Before/After</p>		Sugary Sweetened Beverage Consumption (no. times in past 7 days)	3.2	3.2	1.58 (NS) Narrative Results: General linear models demonstrate no differences based on sex/ethnicity	

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Study Design	Intervention (content; component; length; follow-up; theory-based)	Study Population					
Quality of Execution	Comparison	Population characteristics					
Robinson, 2003 Randomized Trial (Greatest)	San Francisco, California <u>Setting:</u> Community and home	Low income, African American females 8-10 yrs, BMI \geq 50 th percentile and 1 overweight guardian	BMI (kg/m ²)	I: 21.0 C: 21.6	I: 21.5 C: 22.3	Adjusted mean difference -0.32 kg/m ² (-0.77, 0.12)	Girls in the treatment group, control group, exhibited trends toward lower BMI and waist circumference, increased after-school physical activity and reduced television, videotape, and video game use. The treatment group significantly reduced household television viewing and fewer dinners eaten while watching TV
Good (2 limitation)	Family-based intervention to reduce television viewing in African-American girls.	Baseline sample size: 61	MVPA (min/d)	I: 88.9 C: 80.5	I: 87.1 C: 75.5	9.2 min/d (-11.2, 29.6)	
Data analysis (1) did not control for differential exposure	<u>Intervention:</u> Dance classes (hip-hop, African, and step) were offered 5 d/w at 3 community centers. Girls were encouraged, but not required to attend the dance classes. Each session was 2.5 hrs (snack, 1 hr homework 45-60 min MVPA, 30 min talk on importance of African dance). Sisters Taking Action to Reduce Television (START) consisted of 5 lessons delivered at home (option 6 f/u visit offered). Interventionist acted at behavior change partner and included information on self-monitoring, 2 week TV turnoff, budgeting, intelligent viewing. Families were provided TV managers to help budget and parents were mailed 5 newsletters.	Sex, % female: 100%	TV, videotape, and video game (hr/d)†	I: 2.6 C: 3.0	I: 2.2 C: 3.1	-0.71 hr/d (-1.63, 0.21)	
Interpretation of Results (1) Bias – control group received PA and diet information that could underestimate the effectiveness of the program		Mean age (SD) : 9.5(0.8) years Control: 9.5 (0.9) years	Ate breakfast with TV ON (d/w)	I: 1.6 C: 1.1	I: 2.3 C: 2.3	-0.09 d/w (-1.52, 1.34)	
		Race/eth: 100% AA	Ate dinner with TV On (d/w)	I: 2.9 C: 3.4	I: 2.3 C: 4.0	-1.60 d/w (-2.99, -0.21)	
		SES: majority low Income neighborhoods)	Energy Intake (kcal/d)	I: 1561.5 C: 1627.8	I: 1601.4 C: 1545.0	84.3 kcal/d (-201.5, 370.1)	
	<u>Components:</u> TV manager, 2 wk TV turnoff, family social support, tracking and monitoring, environmental (dance classes offered at community center), small media		Additional outcomes reported on Table 2, but not reported here				
	<u>Length of intervention:</u> 3 months						
	<u>Follow-up:</u> 3 months						

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Author & Year	Location	Target Population	Effect Measure Reported	Baseline Reported	Follow-Up	Summary Effect Value Used	Summary
Study Design	Intervention (content; component; length; follow-up; theory-based)	Study Population					
Quality of Execution	Comparison	Population characteristics					
	<u>Comparison:</u> Active-placebo, received health education program to promote healthful diet and activity patterns (monthly meetings, 5 newsletters to parents and 11 to girls).						
Robinson, 2010 Randomized Trial (Greatest)	Oakland and East Palo Alto, California <u>Setting:</u> Community and home Family-based intervention to reduce television viewing in African-American girls. <u>Intervention</u> Dance classes (hip-hop, African, and step) were offered 5 d/w at community centers. Girls were encouraged, but not required to attend the dance classes. Each session was 2.5 hrs (snack, 1 hr homework 45-60 min MVPA, 30 min talk on importance of AA dance). Sisters Taking Action to Reduce Television (START) consisted of 5 lessons delivered at home (option 6 f/u visit offered). Interventionist acted at behavior change partner and included information on self-monitoring, 2 week TV turnoff, budgeting, intelligent viewing. Families were provided TV managers to help budget and parents were mailed 5 newsletters.	Low income, African American females 8-10 yrs, BMI \geq 25 th percentile and 1 overweight guardian Baseline sample size: 261 Sex, % female: 100% girls Mean age (SD): I: 9.5(0.9) C: 9.5(0.8) Race/eth: 100% AA SES: majority low Income neighborhoods)	BMIz Triceps skinfolds (mm) Obesity Prevalence (%) MVPA (min/d) Accelerometer (counts/min) Total Screen Time† (hr/d) TV viewing† (hr/d) VCR/DVD† (hr/d)	I: 0.94 C: 0.98 I: 17.2 C: 17.8 I: 32.8 C: 40.0 I: 35.7 C: 31.1 I: 666.2 C: 645.8 I: 2.7 C: 3.2 I: 1.9 C: 2.4 I: 0.67 C: 0.69	33.1 43.6	Adjusted mean difference (95% CI) 0.02 (-0.02, 0.06) -0.52 (-1.16, 0.13) -3.3 pct pt 0.43 (-1.31, 2.18) 3.6 (-13.8, 20.9) -0.37 (-0.77, 0.02) -0.23 (-0.50, 0.03) -0.10 (0.30, 0.09)	This intervention did not significantly reduce BMI gain compared with health education

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Study Design	Intervention (content; component; length; follow-up; theory-based)	Study Population					
Quality of Execution	Comparison	Population characteristics					
	<p><u>Components:</u> TV manager, 2 wk TV turnoff, family social support, tracking and monitoring, environmental (dance classes offered at community center), small media</p> <p><u>Intensity:</u> High</p> <p><u>Length of intervention:</u> 24 months</p> <p><u>Follow-up:</u> 24 months</p> <p><u>Comparison:</u> Active-placebo, received health education on nutrition, physical activity, reducing cardiovascular and cancer risk (24 monthly newsletters for girls and parents and community center lectures)</p>		<p>Video games† (hr/d) I: 0.15 C: 0.14</p> <p>Computer Use† (hr/d) I: 0.13 C: 0.11</p> <p>Ate breakfast with TV On (d/wk) I: 1.5 C: 2.2</p> <p>Ate dinner with TV On (d/wk) I: 2.7 C: 3.2</p> <p>Energy Intake (kcal/d) I: 1353.7 C: 1360.1</p> <p>Additional outcomes reported on Table 2, but not reported here</p>			<p>0.0 (-0.08, 0.09)</p> <p>0.0 (-0.05, 0.06)</p> <p>0.15 (-0.20, 0.50)</p> <p>-0.21 (-0.53, 0.12)</p> <p>-27.3 (-69.62, 15.00)</p>	
Roemmich 2004	Buffalo, NY	Families with children 8-12 year olds					
Randomized Trial (Greatest)	<u>Setting:</u> Home	Baseline n=18 Posttest n=13, conducted intent to treat	TV (h/d)			Difference of Differences -0.37 (p=0.03)	This study demonstrated that open-loop feedback of physical activity plus reinforcement through access to TV increases the physical activity of children and
Quality of Execution Fair (2 limitations)	To evaluate the influence of open-loop feedback and reinforcement on physical activity and television (TV) time.	Sex, % female: Intervention: 36% Control: 43%	BMIz			No change (p=0.30)	
Description (1) Authors only provide information	<u>Content:</u> Home-based open loop feedback through a physical activity		Duration of PA (min/d)			+50 (p=0.03)	

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Study Design	Intervention (content; component; length; follow-up; theory-based)	Study Population					
Quality of Execution	Comparison	Population characteristics					
on gender and age. Sampling (1) Not well described	<p>monitor (i.e., accelerometer) that displayed the participant's tallied activity counts and were reinforced for physical activity with access to TV. Participants were given a goal of 60 minutes of time that was programmed into a TV manager. TV Managers were placed on each TV in the home and controlled TV viewing, videos/DVDs, and television-based video game playing.</p> <p><u>Intensity:</u> High</p> <p><u>Components:</u> TV Manager, Contingent Screen Time, Tracking/Monitoring, Family Social Support</p> <p><u>Length:</u> 1.5 months <u>Follow-Up:</u> 1.5 months <u>Theory:</u> Reinforcement based</p> <p><u>Comparison:</u> Participants also given accelerometer, but received no feedback about PA. No TV Managers were provided. Participants given a goal of 60 minutes MVPA/day.</p>	<p>Mean age (SD): Intervention: 11.0 (0.4) yrs Control: 10.9 (0.5) yrs</p> <p>Race/ethnicity: Not reported</p> <p>SES: Not reported</p>	Accelerometer Counts (counts/d)			+150 (p=0.02)	that changes in TV viewing time are directly related to changes in BMI z-score.
Roemmich 2012	<p>Upstate NY</p> <p><u>Setting:</u> Home</p> <p>This study evaluated the effectiveness of an open-loop system that reinforces physical activity with TV watching to increase children's</p>	<p>Healthy weight 8-12 year old children (BMI for age percentile from 3rd to 85th)</p> <p>n=61: FB+R n=20; FB n=20; No FB</p>	Targeted Screen Time (TV viewing, h/d)	<p>FB+R: 2.6 FB: 2.8 No FB: 3.2</p>	<p>FB+R: 1.2 FB: 2.7 No FB: 3.3</p>	<p>Absolute Change</p> <p>-1.4 -0.1 -0.1</p>	For the FB+R arm, children did not fully substitute their loss of TV time with time spent engaged in non-TV sedentary

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Study Design	Intervention (content; component; length; follow-up; theory-based)	Study Population					
Quality of Execution	Comparison	Population characteristics					
<p>plus Reinforcement (FB+R) Arm 2: Feedback only (FB) Arm 3: No feedback or reinforcement, but PA goal setting (No FB)</p> <p>Quality of Execution: Good (1 limitations)</p> <p>Other (1) – designed as RCT, but because control group received information on screen time split into before/after study arms and unable to use as RCT</p>	<p>physical activity.</p> <p><u>Content:</u> FB+R arm given feedback through a PA monitor that tallied activity counts and were reinforced for PA with access to TV. Children recorded activity counts in a habit book daily. TV Manager was placed on each TV in the home. FB arm wore the PA monitor that tallied activity counts and were given a goal of 400 activity counts/d, but were not reinforced for PA. TV managers were placed on all TVs in the home, but there was no contingency for access to TV and no limitation on TV viewing. No FB arm: the PA monitor display was turned off so there was no feedback about PA although the monitor still recorded data. TV Managers were placed on all TVs in the home, but there was no contingency for access to TV and no limitation on TV viewing. Children were given a goal of 60 min of MVPA/d.</p> <p><u>Components by arm:</u> FB+R Arm: TV Manager, Contingent ST, Tracking/Monitoring, Family Social Support FB Arm: TV Manager, Tracking/Monitoring, Family Social Support No FB Arm: Family Social Support</p>	<p>n=21</p> <p>Sex, % female: FB+R: 45% FB: 50% No FB: 52%</p> <p>Mean age (SD): FB+R: Boys 10.5 (1.5) yrs, Girls 11.2 (1.1) yrs FB: Boys 10.5 (1.6) yrs, Girls 10.4 (1.4) yrs No FB: Boys 11.3 (1.8) yrs, Girls 10.5 (1.6) yrs</p> <p>SES (assumed Hollingshead Four-Factor Index of Social Status, but not described by authors. Sample is likely middle class): FB+R: Boys 44.6, Girls, 46.0 FB: Boys 42.4, Girls 48.8 No FB: Boys 47.4, Girls 45.4</p>	<p>Total Sedentary Screen time (TV, recreational computer use, hand-held video game, and reading, h/d)</p> <p>BMIz</p> <p>MVPA (min/d)</p> <p>Counts (counts/d)</p>	<p>FB+R: 3.0 FB: 3.3 No FB: 3.5</p> <p>FB+R: 0.18 FB: 0.10 No FB: 0.24</p> <p>FB+R: 86 FB: 67 No FB: 89</p> <p>FB+R: 395 FB: 395 No FB: 445</p>	<p>FB+R: 1.7 FB: 3.0 No FB: 3.4</p> <p>FB+R: Not reported FB: Not reported No FB: Not reported</p> <p>FB+R: 106 FB: 90 No FB: 108</p> <p>FB+R: 525 FB: 480 No FB: 560</p>	<p>-1.3 -0.3 -0.15</p> <p>No effects for BMIz</p> <p>20 23 19</p> <p>130 85 115</p>	<p>behaviors. Rather, some of this time was devoted to increases in physical activity.</p>

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Study Design	Intervention (content; component; length; follow-up; theory-based)	Study Population					
Quality of Execution	Comparison	Population characteristics					
	<p><u>Length</u>: 4 months</p> <p><u>Maintenance</u>: none</p> <p><u>Follow-Up</u>: 4 months and 12 months</p> <p><u>Theory</u>: Reinforcement Theory</p> <p><u>Comparison</u>: Before/After</p>						
Salmon 2008	Melbourne, Australia	Grade 5 children in low SES schools				Difference of Differences	This study found favorable outcomes for children's BMI and weight status. This intervention was not effective in reducing screen behaviors, with children in the BM group reporting higher mean time per week watching TV between baseline and post intervention compared with children in the control group. This difference may be due to a failure of the intervention to
Group Randomized Control Trial (2 Before/After study arms) (Greatest)	<u>Setting</u> : School	n=199; BM n=60; BM/FMS n=84; control n=55	TV viewing (h/d)	BM: 2.4 BM/FMS: 2.2 C: 1.8	BM: NR BM/FMS: NR C: NR	0.55 0.33	
Arm 1: Behavioral Modification (BM)	This intervention focused on screen time and physical activity by increasing children's awareness of these behaviors.	Sex, % female: 50.9%	Composite Screen Time (TV, computer, electronic games) (h/d)	BM: 3.5 BM/FMS: 3.4 C: 3.1	BM: NR BM/FMS: NR C: NR	0.60 0.28	
Arm 2: Behavioral Modification (BM) plus Fundamental Movement Skills (BM/FMS)	<u>Content</u> : Behavioral Modification (BM) Arm: received 19 lessons on self-monitoring of screen time and physical activity, benefits of PA, awareness of home and community PA, and sedentary behavior environments.	SES: low for entire sample	BMI	BM: NR BM/FMS: NR C: NR	BM: NR BM/FMS: NR C: NR	-0.06 -1.88	
Quality of Execution: Good (0 limitations)	Behavioral Modification/Fundamental Skills Movement (BM/FMS) arm: participants received the BM lessons above plus 9 lessons that focused on mastery of six FMS through games and activities.	Age: 10-11 years old	Duration of PA (min/d)	BM: 139.7 BM/FMS: 143.1 C: 115.6	BM: NR BM/FMS: NR C: NR	8.1 10.8	
			Counts of PA(counts/d)	BM: 488.4 BM/FMS: 524.2 C: 439.5	BM: NR BM/FMS: NR C: NR	47 40.8	
			Fundamental	BM: 0.19 BM/FM: -0.01	BM: NR BM/FMS: NR	0.47 (z score)	

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Author & Year	Location	Target Population	Effect Measure Reported	Baseline Reported	Follow-Up	Summary Effect Value Used	Summary
Study Design	Intervention (content; component; length; follow-up; theory-based)	Study Population					
Quality of Execution	Comparison	Population characteristics					
	<p>Components by arm: BM Arm: TV Turnoff Challenge, Tracking/Monitoring, Classroom Health Education, Small media BM/FMS Arm: TV Turnoff Challenge, Tracking/Monitoring, Classroom Health Education, Small media</p> <p><u>Length</u>: 1.75 months</p> <p><u>Maintenance</u>: none</p> <p><u>Follow-Up</u>: 6 months</p> <p><u>Theory</u>: Social Cognitive Theory, Behavioral Choice Theory</p> <p><u>Comparison</u>: usual classroom lessons</p>		Motor Skill Scores	C: -0.67	C: NR	0.35 (z score)	reduce children's TV viewing, instead increasing children's awareness and engagement with that behavior (an undesired outcome).
Salmon 2011	Melbourne, Australia	9-12 year olds in grades 5 and 6, low income				Difference of Differences	This brief intervention did not result in changes in children's behavior (apart from intervention boys reporting less screen time on weekend days compared with boys in the wait-list control group). There were
Group RCT (Greatest)	<u>Setting</u> : School	Intervention: n=436 Control: n=472	TV Screen Time, mean of Weekday and Weekend (h/d) †:	I: 1.7 C: 1.6	I: 1.7 C: 1.8	-0.11	
Quality of Execution: Good (0 limitations)	SCT-based intervention targeting changes in screen behaviors and physical activity directly, as well as through potential mediators of change	Sex, % female: 58.0% (Intervention and Control groups combined)	Composite Screen Time, mean of Weekday and Weekend (h/d) †:	I: 2.5 C: 2.7	I: 2.8 C: 3.1	-0.22	
	<u>Content</u> : 6 lessons utilized behavior change strategies such as self-monitoring, behavioral contracting and budgeting of TV viewing included: (i) introduction to physical activity and health; (ii) patterns of TV	Mean age (SD): 10.3 (0.62) (Intervention and Control groups combined)		I: 0.48 C: 0.56	I: 0.57 C: 0.66	-0.01	

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Study Design	Intervention (content; component; length; follow-up; theory-based)	Study Population					
Quality of Execution	Comparison	Population characteristics					
	<p>viewing and self-monitoring; (iii) selective TV viewing (teaching children to select what program they want to watch, and switching off after the completion of that program) and behavioral contracting where children nominate one program to switch off per week until they switch off 4 programs and sign a contract; (iv) decision-making and behavioral contracting (switch off two programs that week); (v) identifying alternative activities and development of 'Switch-2-Activity' games and behavioral contracting (switch off 3 programs that week); and (vi) walking (using one pedometer provided to each class) and 'Switch-2-Activity' games and activities developed by the children and behavioral contracting (switch off four television programs that week). Teachers were requested to incorporate these lessons as part of the school curriculum</p> <p><u>Intensity:</u> High <u>Components:</u> TV turnoff challenge, tracking and monitoring (pedometer), classroom based education,</p> <p><u>Length:</u> 7 weeks <u>Follow-up:</u> 8 weeks (2 months)</p> <p><u>Theory:</u> Social Cognitive Theory</p>	<p>Race/ethnicity: NR</p> <p>SES: low income</p>	<p>Videogame use, mean of Weekday and Weekend (h/d)†:</p> <p>Computer use, mean of Weekday and Weekend (h/d)†:</p> <p>MVPA mean of weekday and weekend (mins/d):</p>	<p>I: 0.41 C: 0.47</p> <p>I: 124.7 C: 122.8</p>	<p>I: 0.52 C: 0.58</p> <p>I: 137.6 C: 125.0</p>	<p>-0.00</p> <p>10.7</p>	<p>significant positive effects on children's self-efficacy for reducing TV viewing and on children's behavioral capability (TV viewing style).</p>

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Study Design	Intervention (content; component; length; follow-up; theory-based)	Study Population					
Quality of Execution	Comparison	Population characteristics					
	<u>Comparison:</u> Wait-listed control						
de Silva-Sanigorski, 2010	Greater Geelong and Queenscliffe, Victoria, Australia	0-5 yr olds and their families				Difference of Differences	A community-wide multi-setting, multi-strategy intervention in early-childhood settings can reduce childhood obesity and screentime and improve young children's diets.
Other design w/concurrent comparison group (repeat cross sectional w/comparison group) (Greatest)	<u>Setting:</u> Community-wide: child-care setting, home or family setting, community-based organization	Intervention: n=2085 Control: n=40961	BMI (kg/m ²):	I: 16.6 C: 16.7	I: 16.5 C: 16.4	-0.37 (NR)	
Quality of Execution Fair (4 limitations)	<u>Content:</u> Focused on community capacity building and environmental (political, sociocultural, and physical) changes to increase healthy eating and active play in early-childhood care and educational settings; included two additional programs: Smiles 4 Miles and Kids-Go-For-Your-Life; Both projects operated within a health-promoting schools' framework [ie, a holistic, whole-school approach to health promotion that includes a broad health-education curriculum, sociocultural and environmental changes, and policy implementation	Sex, % female: intervention: 51.2% Control: 49.5%	BMIz*:	I: 0.69 C: 0.55	I: 0.61 C: 0.53	-0.06 (NR)	
Sampling (1): said intervention targeted children 0-5 but gave no more screening criteria		Mean age (SD): Intervention: 2.9 (0.003) yrs Control: 2.8 (0.001) yrs	% Overweight (using IOTF standards):	I: 14.1 C: 12.2	I: 12.6 C: 11.8	-1.05 (NR)	
Measurement (1): Exposure: did not measure exposure to intervention		Both groups middle SES	% Obese (using IOTF standards):	I: 3.8 C: 2.6	I: 2.4 C: 2.4	-1.2 (NR)	
Interpretation of results (2): Follow up: 60% FU; 60%			TV and DVD viewing (h/d) †:	I: 1.8 C: NR	I: NR C: NR	Regression coefficient (95% CI) -0.03 (-0.04, -0.02)	
			Outside Physical Activity (times/wk)*:	I: 3.5 C: NR	bvvl: NR C: NR	0.05 (-0.02 - 0.12)	
			Servings previous day of	I: 1.1 C: NR	I: NR C: NR	0.10 (-0.01, 0.20)	

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Study Design	Intervention (content; component; length; follow-up; theory-based)	Study Population					
Quality of Execution	Comparison	Population characteristics					
of 2 yr olds and 50% of 3.5 yr olds attended the health checks Bias:; more data may have been collected from centers in which nurses were more motivated to distribute survey or were in centers that were better staffed; potential social desirability bias;	<u>Intensity:</u> High <u>Components:</u> family social support, environmental changes, small media <u>Length:</u> 48 months <u>Follow-up:</u> 36 months Comparison: nonintervention areas in Victoria		vegetables*: Servings previous day of fruit*: Servings previous day of packaged snacks: Servings previous day of chocolate/ candy: Servings previous day of cakes/muffins/ cookies: Servings previous day of fruit juice: Servings previous day of fast food	I: 1.3 C: NR I: 0.44 C: NR I: 0.45 C: NR I: 0.50 C: NR I: 0.34 C: NR I: 2.5 C: NR	I: NR C: NR I: NR C: NR I: NR C: NR I: NR C: NR I: NR C: NR	0.07 (-0.02, 0.16) -0.23 (-0.44, -0.03) -0.06 (-0.26, 0.14) 0.02 (-0.15, 0.19) -0.52 (-0.79, -0.25) 0.03 (-0.05, 0.12)	
Sanigorski 2008/Johnson, 2012 Randomized Trial (Greatest)	Barwon South Western region of Victoria, Australia (rural) <u>Setting:</u> school, supermarkets, home, community Multifaceted community capacity-	Target population: Families w/ children 4-12 years of age Study Population: Children age 4-12	Screen time usages (TV, DVD, computer,	I: 1.6 C: 1.5	I: 1.5 C: 1.5	Difference of Differences -0.1 (NR)	Intervention indicates that population obesity prevention strategies should not only

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Study Design	Intervention (content; component; length; follow-up; theory-based)	Study Population					
Quality of Execution	Comparison	Population characteristics					
<p>Quality of Execution: Fair (2 limitations)</p> <p>Description (1): No description of control group</p> <p>Sampling (1): Sampling frame and screening criteria both described, but there is a potential for bias due to self-selection to participate in the measurement; 58% of intervention group agreed to participate in measurement and 44% of control group agreed to participate.</p>	<p>building program (Be Active Eat Well (BAEW)), to promote healthy eating and PA and healthy weight among children aged 4-12 years and their families.</p> <p><u>Content:</u> Focused on 5 behavioral objectives: (reducing TV, reducing sugar drinks, increasing water consumption, reducing energy dense snack and increasing fruit intake, increasing active play, increasing active transport to school); environmental change (community garden, capacity building, broad actions around governance, partnerships, coordination, training and resource allocation, sports club equipment, canteen menu changes, school nutrition and PA policies;</p> <p><u>Intensity:</u> High</p> <p><u>Components:</u> TV turnoff, tracking and monitoring, family social support, classroom-based education, counseling, small media (parent tip sheets), mass media (broad media coverage)</p> <p><u>Length:</u> Intervention: 3 years (36 months) <u>Follow-up:</u> 3 years (36 months)</p> <p><u>Theory:</u> Socio-ecological model</p> <p><u>Comparison:</u> Other community, usual care</p>	<p>Johnson reported Intervention: n = 835 Control: n = 977</p> <p>Sex, % female: Intervention: 53.7% Control: 49.2%</p> <p>Mean age (SD): Intervention: 8.16 (2.3) yrs Control: 8.19 (2.2) yrs</p> <p>SES: mother's completion of high school: Intervention: 47.1% Control: 40.6%</p>	<p>electronic games) (h/d):</p> <p>BMI (kg/m²):</p> <p>BMI-z score,</p> <p>Waist circumference (cm),</p> <p>Waist-for-height, thinness (grades 1-3), %</p> <p>overweight, %</p> <p>obese, %</p> <p># servings of fruit (yesterday)</p> <p># servings vegetables (yesterday)</p> <p># sweet drink servings (yesterday)</p>	<p>I: 17.8 C: 17.8</p> <p>I: 0.59 C: 0.60</p> <p>I: 63.0 C: 63.1</p> <p>I: 3.1 C: 2.2</p> <p>I: 18.8 C: 19.8</p> <p>I: 8.5 C: 6.8</p> <p>I: 1.9 C: 2.0</p> <p>I: 1.8 C: 1.7</p> <p>I: 2.1 C: 1.8</p>	<p>I: 19.7 C: 19.2</p> <p>I: 0.54 C: 0.59</p> <p>I: 70.7 C: 68.0</p> <p>I: 3.6 C: 2.4</p> <p>I: 21.6 C: 20.4</p> <p>I: 8.8 C: 7.9</p> <p>I: 2.2 C: 2.0</p> <p>I: 2.0 C: 1.8</p> <p>I: 1.5 C: 1.5</p>	<p>-0.28* (-0.7, 0.15)</p> <p>-0.11* (-0.21, -0.01)</p> <p>-3.1* (-5.1, -1.2)</p> <p>0.33</p> <p>2.2 pct pts</p> <p>-0.91 pct pts</p> <p>0.25</p> <p>0.14</p> <p>-0.27</p> <p>Also reported</p>	<p>target individual behaviors such as decreasing use of screen-based media and consumption of sweet drinks, but also the household environment and family practices which can shape individual behaviors. It is important that obesity prevention efforts address both individual behaviors and the environmental context in which they occur. Importantly, this is the first obesity prevention program to show significant reductions in the social gradient in weight gain, and therefore this approach</p>

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Study Design	Intervention (content; component; length; follow-up; theory-based)	Study Population					
Quality of Execution	Comparison	Population characteristics					
						adjusted regression coefficients of change for waist, BMI, bmi-z score, weight, waist/height for individual-and area-level indicators of SES in the interv and control groups	may be very valuable for reducing obesity-related health inequalities in children.
Shapiro 2008	Chapel Hill, NC	Families with children between 5-13 years of age	TV viewing (h/d)†	SMS: 2.5 PD: 3.3 Treated C: 3.1	SMS: 1.3 PD: 1.7 Treated C: 1.9	Absolute change SMS: -1.2 PD: -1.6 Treated C: -1.3	All three groups demonstrated improved behaviors. This study also demonstrated that SMS messaging is a useful tool for self-monitoring healthful behaviors in children.
Randomized Controlled Trial (2 Before/After study arms (Greatest)	<u>Setting:</u> University research facility	Study Population: children's data were only included in the analysis	Steps (pedometer steps/d)	SMS: 7803.9 PD: 8589.6 Treated C: NR	SMS: 8187.0 PD: 10927.4 Treated C: NR	SMS: 383.1 PD: 2337.8 Treated C:	
Quality of Execution: Fair (3 limitations)	<u>Content:</u> 3 group sessions that targeted physical activity, screen time, and consumption of sugar-sweetened beverages. Session 1 provided instruction on all three target behaviors. Session 2 focused on physical activity and screen time and included methods to identify alternative behaviors to screen time and discovering physical activities that both parent and child could participate in. Session 3 focused on	SMS: n = 13 PD: n = 7 Control: 11	Sugar Sweetened Beverages (servings/d)	SMS: 1.8 PD: 2.0 Treated C: 1.5	SMS: 0.9 PD: 0.6 Treated C: 0.6	SMS: -0.9 PD: -1.3 Treated C: -0.9	
Measurement (1): Self-report questionnaires were not validated		Sex, % female: SMS: 72.2% PD: 56.6% Control: 59.1					
Interpretation of Results (1): Loss to follow-up: 53.4% = 31/58		Mean age (SD): SMS: 8.4 (2.3) yrs PD: 9.3 (2.2) yrs Control: 8.5 (2.3) yrs					

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Author & Year Study Design Quality of Execution	Location Intervention (content; component; length; follow-up; theory-based) Comparison	Target Population Study Population Population characteristics	Effect Measure Reported	Baseline Reported	Follow-Up	Summary Effect Value Used	Summary
<p>Other (1) – designed as RCT, but because control group received information on screen time split into before/after study arms and unable to use as RCT</p>	<p>the amount of sugar in SSB and health consequences of sugar consumption. All three study arms participated in all three sessions.</p> <p>Participants in the short messaging service (SMS; text message) and personal diary group were instructed to monitor their behaviors. The SMS group reported their adherence daily through text messaging and received feedback. The diary group recorded their adherence using forms that were returned at each session. Participants in the control arm (referred to as Treated Control) participated in the 3 intervention sessions but did not self-monitor.</p> <p><u>Intensity:</u> SMS and PD high; Treated Control low</p> <p>Components by Arm SMS: Tracking/Monitoring, Family Social Support, Counseling PD: Tracking/Monitoring, Family Social Support, Counseling Treated Control: Family Social Support, Counseling</p> <p>Theory: Behavioral theory of practice and reinforcement</p> <p><u>Length:</u> 3 weeks<u>Follow-up:</u> 2 months</p> <p><u>Comparison:</u> Before/After</p>	<p>Race/ethnicity: SMS: 57%White ; 39% Black; 0% Asian; 0% Latino PD: 50% White; 33% Black; 6% Asian; 0% Latino Control: 59% White; 32% Black; 0% Asian; 5% Latino</p>					

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Author & Year	Location	Target Population	Effect Measure Reported	Baseline Reported	Follow-Up	Summary Effect Value Used	Summary
Study Design	Intervention (content; component; length; follow-up; theory-based)	Study Population					
Quality of Execution	Comparison	Population characteristics					
Spring 2012 Randomized Trial (2 Before/After study arms) (Greatest) Quality of Execution: Good (2 limitations) Interpretation of Results (1): Analysis on raw data did not account for confounders Other (1) – designed as RCT, but because control group received information on screen time split into before/after study arms and unable to use as RCT	Chicago, IL US <u>Setting:</u> Research center Intervention to determine which combination of advice to change 1 dietary behavior (high saturated fat or low fruit and vegetable intake) and 1 activity behavior (high sedentary leisure or low physical activity) would maximize healthy diet and activity change <u>Content:</u> Coaches tailored behavioral strategies based on individual participant's baseline data. First week of treatment, daily goals were set midway between the baseline behavior and the ultimate daily goal. Beginning the second treatment week, full goals were set for the 2 targeted behaviors to which the participant was randomized: (1) 5 fruit/vegetable servings, (2) saturated fat intake less than 8% of calories, (3) physical activity of at least 60 min/d, or (4) sedentary leisure less than 90 min/d. Participants were expected to reach their behavioral targets during treatment week 2 and to maintain them during week 3. During the 3 treatment weeks, participants uploaded data daily and communicated as needed with their coaches via telephone or e-mail, per preference, to overcome challenges.	Targeted population: Adults aged 21 to 60 yrs with: (1) intake of <5 fruits/vegetables daily (2) > 8% caloric intake from saturated fat, (3) < 60 min/d of moderate or vigorous physical activity and (4) > 90 min/d of sedentary leisure (TV, movies, recreational Internet use, and video games). Study Population: Adults aged 21 to 60 yrs Saturated fat↓, Sedentary Leisure↓ (SF/SL) arm: n=52 FV↑, Sedentary Leisure↓ (FV/SL) arm: n=56 Sex: % female SF/SL: 77.4% FV/SL: 75% Mean age (SD): SF/SL: 30.8 (10.8) yrs FV/SL: 35.0 (12.1) yrs	Composite Screen time (TV, movies, recreation internet use, video games) (h/d)†: MVPA (mins/d) †: Fruits and vegetables (servings/d): Calories from saturated Fat (%):	SF/SL: 3.9 FV/SL: 3.7 SF/SL: 66 FV/SL: 49.6 SF/SL: 1.4 FV/SL: 1.2 SF/SL: 11.3 FV/SL: 12.0	SF/SL: 1.5 FV/SL: 1.5 SF/SL: 76.8 FV/SL: 64.0 SF/SL: 1.9 FV/SL: 5.5 SF/SL: 7.8 FV/SL: 9.5	Absolute change -2.2 -2.4 10.8 14.4 0.6 4.3 -3.5 -2.5	This study demonstrates the feasibility of changing multiple unhealthy diet and activity behaviors simultaneously, efficiently, and with minimal face-to-face contact by using mobile technology, remote coaching, and incentives.

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Study Design	Intervention (content; component; length; follow-up; theory-based)	Study Population					
Quality of Execution	Comparison	Population characteristics					
	<p>Participants could earn a \$175 incentive for meeting the goals for both targeted behaviors during the treatment phase.</p> <p><u>Intensity:</u> High <u>Components:</u> Tracking and monitoring (handheld tool to record and self-regulate target behaviors) + Coaching</p> <p><u>Length:</u> 3 weeks (.75 months) <u>Follow-up:</u> 3 weeks (.75 months) and 20 weeks (5 months)</p> <p><u>Theory:</u> Behavioral choice theory</p> <p><u>Comparison:</u> Before/After</p>	<p>Race/ethnicity: SF/SL: white: 60.4%; black: 11.3% Asian: 13.2% Hispanic/Latino: 9.4% Other or multiple: 1.8% FV/SL: White: 58.9%; Black: 21.4% Asian: 7.1% Hispanic/Latino: 10.7% Other or multiple: 5.7%</p> <p>Education: SF/SL: College degree: 77.4%; no college degree: 22.6% FV/SL: College degree: 78.6%; no college degree: 21.4%</p>					
<p>Spruijt-Metz 2008</p> <p>Group Randomized Trial (Greatest)</p> <p>Good (1 Limitation)</p> <p>Interpretation of Results (1): Loss to</p>	<p>California</p> <p><u>Setting:</u> Schools</p> <p>Get Moving! Is a school-based intervention to increase physical activity and decrease sedentary behaviors in predominantly Latina middle school girls.</p>	<p>Target population: Schools with high proportion of Latino students (above 60%)</p> <p>Sampled schools from three levels of SES based on % children utilizing free</p>	<p>Composite Screen Time(TV,Video, and Internet) (h/d)</p> <p>BMIz</p>	<p>I: 3.8 C: 3.3</p> <p>I: 0.59 C: 0.49</p>	<p>I: 3.4 C: 3.8</p> <p>I: 0.62 C: 0.54</p>	<p>Difference of Differences</p> <p>-0.44 (p<0.05)</p> <p>-0.02 (NS)</p>	<p>Get Moving! resulted in a decrease in sedentary behaviors but not in increasing physical activity or significantly changing BMI.</p>

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Study Design	Intervention (content; component; length; follow-up; theory-based)	Study Population					
Quality of Execution	Comparison	Population characteristics					
follow-up: Did not provide analytic sample size to be able to compute attrition rate	<p><u>Content:</u> Each intervention classroom developed animated Public Service Announcements (PSAs) over five to seven consecutive days. “Teachable moments” were delivered during each lesson either in print or verbally that were designed to increase positive meanings of physical activity.</p> <p><u>Intensity:</u> Low</p> <p><u>Components:</u> peer social support, classroom-based education</p> <p><u>Length:</u> 3 months</p> <p><u>Follow-up:</u> 9 months</p> <p><u>Comparison:</u> Usual care</p>	<p>lunch program: Level 1: no free lunch program, Level 2: 50% utilize free lunch, Level 3: 80% utilize free lunch</p> <p>Sex, % female: 100%</p> <p>Intervention: n=136 Control: =323</p> <p>Mean age (SD): 12.5 (0.6) yrs</p> <p>Race/Eth: 72.8% Latino; 15.7% Asian, 7.6% White, 3.9% White</p>	<p>%Body Fat</p> <p>Moderate-Vigorous Physical Activity (mins/d)</p>	<p>I: 28.5% C: 27.3</p> <p>I: 141.6 C: 147.0</p>	<p>I: 28.7 C: 27.4</p> <p>I: 114.0 C: 124.2</p>	<p>0.08 (NS)</p> <p>-4.8</p>	
Tavares 2011 Group Randomized Trial (Greatest) Quality of Execution: Good (0 limitations)	<p>Massachusetts, US (probably Boston area)</p> <p><u>Setting:</u> Healthcare organization</p> <p>Pediatric primary care based intervention to promote healthful behaviors among children</p> <p><u>Content:</u> changes to healthcare system + training all practice team members to play an active role in the intervention (pediatric NPs were trained in motivational interviewing and conducted chronic disease</p>	<p>Targeted population: youth age 2 to 6.9 yrs old</p> <p>Study population: Youth age 2 to 6.9 yrs old whose BMI was 95th percentile or higher or whose BMI was 85th to less than 95th percentile if at least 1 parent was overweight (BMI ≥25) and received care at Harvard Vanguard Medical</p>	<p>Composite Screen time (TV, DVD) (h/d):</p> <p>BMI (kg/m²):</p> <p>Outdoor active playtime (h/d):</p>	<p>I: 2.7 C: 2.4</p> <p>I: 19.2 C: 19.1</p> <p>I: 1.9 C: 2.1</p>	<p>I: 2.1 C: 2.4</p> <p>I: 19.5 C: 19.6</p> <p>I: 1.9 C: 2.3</p>	<p>Difference of Differences -0.45 (-0.71, -0.20) Adjusted: -0.36 (-0.64, -0.09)</p> <p>-0.19 (-0.50, 0.12) Adjusted: -0.21 (-0.50, 0.07)</p> <p>-0.13 (-0.44, 0.18) Adjusted: -0.24 (-0.57, 0.09)</p>	<p>After 1 year, the High Five for Kids intervention was effective in reducing television viewing but did not significantly reduce BMI or other obesity-related outcomes</p>

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Study Design	Intervention (content; component; length; follow-up; theory-based)	Study Population					
Quality of Execution	Comparison	Population characteristics					
	<p>management visits + trained primary care pediatricians in brief, focused negotiation skills) + education modules targeting TV viewing and fast food and sugar-sweetened beverage intake matched to family's stage of readiness to change + incentives + electronic tv monitoring device (optional)</p> <p><u>Intensity:</u> High <u>Components:</u> Coaching and counseling+ small media <u>Length:</u> 12 months <u>Follow-up:</u> 12 months <u>Theory:</u> Chronic Care Model <u>Comparison:</u> Usual care</p>	<p>Associates</p> <p>Intervention: n=253 Comparison: n=192</p> <p>Sex, % female Intervention: 48% Comparison: 49%</p> <p>Mean age (SD): Intervention: 4.8 (1.2) yrs Comparison: 5.2 (1.1) yrs</p> <p>Race/ethnicity: Intervention: White: 47% Black: 28% Latino: 19% Other: 8% Control: White: 70% Black: 7% Latino: 14% Other: 9%</p> <p>SES: Parent education: Intervention: some college or below: 42%; College graduate: 58% Comparison: some college or below: 34%; College graduate: 66%</p>	<p>FV intake (serv/d)</p> <p>Sugar-sweetened beverages (serv/d):</p> <p>Fast food consumption (serv/wk):</p> <p>TV in bedroom (%):</p>	<p>I: 2.4 C: 2.4</p> <p>I: 2.3 C: 2.0</p> <p>I: 1.2 C: 1.1</p> <p>I: 100 C: 58</p>	<p>I: 2.7 C: 2.6</p> <p>I: 1.7 C: 1.6</p> <p>I: 0.93 C: 1.1</p> <p>I: 75 C: 49</p>	<p>0.06 (-0.21, 0.33) Adjusted: 0.12 (-0.17, 0.42)</p> <p>-0.26 (-0.54, 0.01) Adjusted: -0.22 (-0.52, 0.08)</p> <p>-0.20 (-0.37, -0.02) Adjusted: -0.16 (-0.33, 0.01)</p> <p>0.71 (0.37, 1.33) Adjusted: 0.65 (0.32, 1.32)</p> <p>Also reported BMI by child age, sex, race/ethnicity, parent education, and household income</p>	

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Author & Year	Location	Target Population	Effect Measure Reported	Baseline Reported	Follow-Up	Summary Effect Value Used	Summary
Study Design	Intervention (content; component; length; follow-up; theory-based)	Study Population					
Quality of Execution	Comparison	Population characteristics					
		Annual household income Intervention: ≤\$50,000: 36% ≥\$50001:64% Comparison: ≤\$50,000: 20% ≥\$50001: 80%					
Tucker 2011 2 Before/After study arms (Least) Quality of Execution: Fair (3 limitations) Description (1): study populations not well described Data analysis (1): study does not appear to control for differential exposure Other (1): Treated as 2 before/after study arms	Minnesota, US <u>Setting:</u> School and home Intervention (Let’s Go 5-2-1-0) to promote healthy habits was focused on 4 messages: Eat fruits & vegetables at least 5 or more times per day & limit fruit juice, Cut screen time to 2 hours or less per day, Participate in at least 1 hour or more of moderate physical activity every day & 20 minutes of vigorous activity at least 3 times per week, Restrict sugar sweetened beverages <u>Content:</u> classroom education+ nurse counseling arm: received classroom delivery of the Let’s Go 5-2-1-0 Program curriculum by the Public Health Nurse. 1:1 student nurse coaching, parent evening offerings, and reinforcement incentives. Nursing students were trained in the 5-2-1-0 curriculum and in motivational interviewing principles and skills.	Targeted population: elementary school age youth Study population: Youth who ended 1 of 2 intervention schools EHS: n=70 (29 in control group; 41 in intervention group) HBS: n=29 (4 in control group; 25 in intervention group) Sex, % female EHS: 52.9% HBS: 48.3% Mean age: EHS: 9.7 HBS: 9.6 Race/ethnicity: NR SES: NR	TV viewing (h/d): BMI (kg/m ²): BMI percentile: Avg steps/d: FV intake (serv/d):	EHS: 1.9 HBS: 2.1 EHS: 18.7 HBS: 18.8 EHS: 61.2 HBS: 58.3 EHS: 12384 HBS: 10494 EHS: 3.6 HBS: 3.1	EHS: 1.4 HBS: 1.7 EHS: 19.2 HBS: 18.4 EHS: 64.8 HBS: 52.1 EHS: 12126 HBS: 15466 EHS: 3.4 HBS: 3.7	Absolute change EHS: -0.58 (p=0.001) HBS: -0.37 (p=0.15) EHS: 0.50 (p<0.001) HBS: -0.4 (p=0.28) EHS: 3.6 (p=0.005) HBS: -6.2 (p=0.018) EHS: -528 (p>0.05) HBS: 4972 (p<0.0001) EHS: -0.40 (p=NR) HBS: -.90 (p=NR)	A multi-partner, community approach to obesity intervention shows potential for improving health in elementary school children. BMI and BMI percentile increased at School A, but daily minutes of TV and servings of fruit juice decreased. At School B, there were decreases in BMI percentile and servings of soda/ punch, plus increases in servings of fruits/vegetables and daily steps.

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Study Design	Intervention (content; component; length; follow-up; theory-based)	Study Population					
Quality of Execution	Comparison	Population characteristics					
	<p>Training included didactic content, role playing, and use of video programs on motivational interviewing; Coaching sessions were designed to occur after school hours at the location preferred by parent, or by telephone. At EHS: the total number of sessions ranged from 1 to 12.5 sessions (15–75 min) At HBS: weekly sessions (range 10-14) were held at the school during the lunch hours+ 2 parent evening offers were held</p> <p><u>Intensity:</u> High</p> <p><u>Components:</u> Family social support + coaching and counseling+ classroom health education</p> <p><u>Length:</u> AT EHS: 7 months; at HBS: 4 months</p> <p><u>Follow-up:</u> AT EHS: 7 months; at HBS: 4 months</p> <p><u>Comparison:</u> Before/After</p>		<p>Sugar-sweetened beverages (serv/d):</p> <p>Fast food consumption (serv/wk):</p> <p>Breakfast (times/wk):</p> <p>Dinner with family (times/wk):</p> <p>TV in bedroom (%):</p>	<p>EHS: 1.7 HBS: 1.6</p> <p>EHS: 1.2 HBS: 1.1</p> <p>EHS: 6.2 HBS: 6.5</p> <p>EHS: 5.4 HBS: 4.9</p> <p>EHS: 49 HBS: 22</p>	<p>EHS: 1.3 HBS: 0.7</p> <p>EHS : 1.1 HBS : 1.4</p> <p>EHS: 6.5 HBS: 6.6</p> <p>EHS: 5.4 HBS: 6.0</p> <p>EHS: 36 HBS: 23</p>	<p>EHS: -0.20 (p=0.75) HBS: 0.60 (p=0.008)</p> <p>EHS: -0.10 (p=0.72) HBS: 0.30 (p=0.41)</p> <p>EHS: 0.30 (p=0.58) HBS: 0.10 (p=0.78)</p> <p>EHS: 0 (p=0.55) HBS: 1.1 (p=0.06)</p> <p>EHS: -13.0 (p=0.021) HBS: 1.0 (p=0.41)</p>	
Warren 2003	Oxford, England	Targeted population: children in years 1 and 2 (aged 5-7 yrs) in primary school	%overweight:	PA Arm (I): 11 Be smart (C): 8	PA Arm (I): 11 Be smart (C): 7	Difference of Differences 1.0 (p = NR)	This pilot study has demonstrated the potential of school as a suitable setting for the promotion of
RCT (Greatest)	<u>Setting:</u> Schools	Study population: children in years 1 and 2 (aged 5-7 yrs)		PA+Diet Arm (I): 2 Be smart (C): 8	PA+Diet Arm (I): 2 Be smart (C): 7	1.0 (p = NR)	
Quality of Execution: Good (1 limitation)	School- and family-based intervention to prevent obesity in children aged 5–7 years Intervention lasted 4 school terms						

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Study Design	Intervention (content; component; length; follow-up; theory-based)	Study Population					
Quality of Execution	Comparison	Population characteristics					
Interpretation of Results (1): Contamination from the different experimental groups being carried out in each school	<p>(about 14 mon), was held over 8 weeks per term, weekly in term 1, every other week in terms 2-4 for about 20 weeks total. Each lesson lasted 25 minutes.</p> <p><u>Content</u> Nutrition group (Eat Smart): In the first term, the Nutrition group (which we are not including alone here) learned about how food contributes to health. In the 2nd term, they covered fruits and vegetables, had tastes sessions and games based on Give me 5 message. For the 3rd term they received messages about power foods, included quizzes, flash cards and craftwork. The 4th term included tooth friendly foods. The Community Guide did not include this arm in the review.</p> <p>PA group (PA arm): Using insects as a theme, the concepts of energy and activity were explored in the first term. The promotion of activity in the playground and a reduction in television viewing were specifically addressed in the second and third terms, using team games, fun physical activities and quizzes. The US recommendations for physical activity in children have been translated into an 'activity pyramid', which formed the basis of the fourth term's lessons.</p>	<p>in primary school</p> <p>Play Smart: n=45 Eat/Play Smart: n=42</p> <p>Sex, % female: Play Smart: 50.0% Eat/Play Smart: 55.6%</p> <p>Mean age (SD): Play Smart: 6.1 (0.6) yrs Eat/Play Smart : 6.1 (0.7) yrs</p> <p>Race/ethnicity: NR SES: NR</p>	<p>%obese:</p> <p>% running during morning break :</p> <p>% running during lunch break :</p> <p>Average weekly consumption of:</p> <p>Vegetables:</p>	<p>PA Arm (I): 6 Be smart (C): 2</p> <p>PA+Diet Arm (I):6 Be smart (C): 2</p> <p>PA Arm (I): 66 Be smart (C): 80</p> <p>PA+Diet Arm (I):68 Be smart (C): 80</p> <p>PA Arm (I): 60 Be smart (C): 70</p> <p>PA+Diet Arm (I):60 Be smart (C): 70</p> <p>PA Arm (I): 5.3 Be smart (C): 5.2</p> <p>PA+Diet Arm (I):4.5 Be smart (C): 5.2</p>	<p>PA Arm (I): 2 Be smart (C): 0</p> <p>PA+Diet Arm (I):2 Be smart (C): 0</p> <p>PA Arm (I): 85 Be smart (C): 90</p> <p>PA+Diet Arm (I):91 Be smart (C): 90</p> <p>PA Arm (I): 72 Be smart (C): 66</p> <p>PA+Diet Arm (I):68 Be smart (C): 66</p> <p>PA Arm (I): 5.5 Be smart (C): 5.3</p> <p>PA+Diet Arm (I):5.0 Be smart (C): 5.3</p>	<p>-2.0 (p = NR)</p> <p>-2.0 (p = NR)</p> <p>9.0 (p = NR)</p> <p>12.5 (p = NR)</p> <p>16.0 (p = NR)</p> <p>12.0 (p = NR)</p> <p>0.10 (p=NR)</p> <p>0.40 (p=NR)</p>	<p>healthy lifestyles in children. The study resulted in knowledge improvements and modest improvements in weight-related outcomes, physical activity, and rises in fruit consumption.</p>

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	<p>Combined Nutrition/PA group (PA + Diet Arm): This group received ½ nutrition and ½ PA each term.</p> <p>All groups received an activity book for use at home with each term's lesson; weekly activities were included in the activity book, along with a weekly message for the children and parents based on the lesson. Parents were also targeted through a newsletter sent home at the conclusion of each term and listed the lessons of that term</p> <p><u>Intensity:</u> PA Arm: High PA+Diet Arm: Low</p> <p><u>Components:</u> Family-based social support (targeting parents) + small media (newsletters to parents, activity book) +classroom-based education</p> <p><u>Length:</u> 5 months <u>FU:</u> 15 months</p> <p><u>Theory:</u> Social Learning Theory</p> <p><u>Comparison:</u> Before/After</p>		<p>Fresh fruit:</p> <p>Play smart (I): 5.9 Be smart (C): 5.1</p> <p>PA +Diet Arm (I):5.3 Be smart (C): 5.1</p> <p>Confectionery:</p> <p>Play smart (I): 3.2 Be smart (C): 3.6</p> <p>PA +Diet Arm (I): 3.6 Be smart (C): 3.6</p> <p>Salty snack:</p> <p>Play smart (I): 4.4 Be smart (C): 3.7</p> <p>PA +Diet Arm (I): 4.1 Be smart (C): 3.7</p>	<p>Play smart (I): 5.9 Be smart (C): 5.1</p> <p>PA + Diet Arm (I):5.9 Be smart (C): 6.6</p> <p>Play smart (I): 3.2 Be smart (C): 3.4</p> <p>PA + Diet Arm (I): 3.5 Be smart (C): 3.4</p> <p>Play smart (I): 4.0 Be smart (C): 3.5</p> <p>PA + Diet Arm (I): 4.1 Be smart (C): 3.5</p>	<p>-1.3 (p=NR)</p> <p>-0.9 (p=NR)</p> <p>0.20 (p=NR)</p> <p>0.10 (p=NR)</p> <p>-0.20 (p=NR)</p> <p>0.20 (p=NR)</p>		
Whaley 2010 Non-Randomized Trial (Greatest)	Los Angeles and Orange Counties, CA <u>Setting:</u> Community	WIC participants with children under the age of 5 who are low income and at nutritional risk	TV watching (h/d)	I: 2.3 C: 2.3	I: 2.6 C: 2.9	Difference of Differences -0.3 (p<0.05)	This WIC based trial resulted in significant improvements in children's

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Study Design	Intervention (content; component; length; follow-up; theory-based)	Study Population					
Quality of Execution	Comparison	Population characteristics					
<p>Quality of Execution: Fair (3 limitations)</p> <p>Sampling: Convenience sample</p> <p>Data analysis: Did not account for baseline measures</p> <p>Interpretation of Results: Follow-Up: 72%=589/821</p>	<p>WIC-based intervention to influence dietary intake, physical activity, and/or television watching of children ages 1 to 5 via one-on-one education between WIC staff and the primary caregiver</p> <p><u>Content:</u> The intervention was provided every 6 months to the caregivers of all children ages 1-5 years during usual WIC recertification appointments. The intervention was embedded within the routine WIC individual nutrition education. Participants had the option to choose between 6 predetermined topics for discussion on fruit/vegetable intake, TV viewing, and physical activity. After the dialog, participants chose a 'change goal' for the next 6 months (e.g., limit the child's consumption of juice to no more than 4 ounces per day).</p> <p><u>Intensity:</u> Low</p> <p><u>Components:</u> Family social support, counseling, small media</p> <p><u>Length:</u> 6 months</p> <p><u>Follow-up:</u> 12 months</p> <p><u>Theory:</u> Transtheoretical Model</p> <p><u>Comparison:</u> Usual care</p>	<p>Intervention group: n=154; Control group: n=176</p> <p>Sex, % female: intervention: 51% female, Control: 48% female</p> <p>Mean age (SD): Intervention group: 23 (9.2) months Control: 22 (9.0) months</p> <p>Race/ethnicity: intervention: 93% Latino Control: 94% Latino</p> <p>Education: Intervention: 11 (3.1) years Control: 11 (3.4) years</p>	<p>>60 min of physical activity (d/wk)</p> <p>Fruit and vegetable consumption (serv/d)</p> <p>Sugar sweetened beverage consumption (serv/d)</p> <p>Snack Consumption (serv/d)</p>	<p>I: 4.5 C: 4.4</p> <p>I: 5.6 C: 5.8</p> <p>I: 1.1 C: 1.1</p> <p>I: 1.2 C: 1.2</p>	<p>I: 6.0 C: 5.9</p> <p>I: 4.8 C: 4.5</p> <p>I: 0.9 C: 1.0</p> <p>I: 1.4 C: 1.5</p>	<p>0 (NS)</p> <p>0.50</p> <p>Rel Chg: -9.1%</p> <p>DOD: -0.10</p>	<p>television watching, no change in physical activity, increased fruit and vegetable consumption, and decreased snack and sugar sweetened beverage consumption.</p>

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Screen-Time-Only Interventions

Author & Year	Location	Target Population	Effect Measure Reported	Baseline Reported	Follow-Up	Summary Effect Value Used	Summary
Study Design	Intervention (content; component; length; follow-up; theory-based)	Study Population					
Quality of Execution	Comparison	Population characteristics					
Birken 2012 Randomized Trial (Greatest) Quality of Execution: Fair (2 limitations) Sampling (1): Dropped subjects because did not have follow-up data Interpretation of results (1): Contamination possible because pediatricians gave some of their patients counseling and not others	Toronto, Canada <u>Setting:</u> Clinic Clinical trial to reduce screen time among preschool children <u>Content:</u> Parents of 3 year olds received one, ten minute counseling interaction with resident after health maintenance visit. Parents were given strategies to decrease screen time such as removing TV from a child’s bedroom, eating meals without TV on, budgeting child’s screen time, trying a 1-week TV turn off, given calendar and stickers to reward child for days without TV, given book regarding TV viewing (The Berenstain Bears and Too Much TV), and handout from Canadian Pediatric Society on promoting good TV habits. <u>Intensity:</u> Low <u>Components:</u> TV Turnoff, family social support, coaching and counseling, small media <u>Length:</u> 10 minutes <u>Follow-up:</u> 1 year (at next health maintenance visit) <u>Comparison:</u> Usual Care	3 year old children Intervention: n=64 Control: n=68 Sex, %female: Intervention: 56.3% Control: 51.5% Mean age (SD): Intervention: 3.1 (0.2) yrs Control: 3.1 (0.1) yrs Mother born in Canada: Intervention: 66% Control: 63% Mother completed university degree: Intervention: 81% Control: 87%	Weekday Screen time (h/d)†: Weekend Screen time (h/d)‡: Screen Time, mean of Weekday and Weekend calculated by CG(h/d): TV in BDRM (%): BMIz: No. Weekday Meals with TV on:	I: 1.57 C: 1.73 I: 1.93 C: 1.90 I: 1.67 C: 1.78 I: 7 C: 2 I: 0.66 C: 0.30 I: 1.9 C: 1.9	I: 1.42 C: 1.48 I: 1.78 C: 1.78 I: 1.52 C: 1.57 I: 11 C: 3 I: 0.4 C: 0.1 I: 1.6 C: 1.9	Adjusted mean difference (95% CI) -0.12 (-0.63, 0.38) 0.03 (-0.27, 0.33) -0.007 (-0.52, 0.37) 5 (-2, 11) 0.01 (-0.22, 0.24) -0.34 (-0.64, -0.04) (p=0.03)	This intervention was not effective in reducing screen time or BMI in 3 year-old children. After adjusting for baseline BMI, there was a reduction in the number of weekday meals in front of the TV.

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Author & Year	Location	Target Population	Effect Measure Reported	Baseline Reported	Follow-Up	Summary Effect Value Used	Summary
Study Design	Intervention (content; component; length; follow-up; theory-based)	Study Population					
Quality of Execution	Comparison	Population characteristics					
Epstein 2008	Buffalo, New York US	4-7 year olds at or above the 75 th percentile for BMI-for-age and sex; already engaged in at least 14 hours/week of TV and computer	TV and computer use (h/d)†:	I: 3.46 C: 3.73	6 mos I: -2.5 C: 0	Difference of Differences 6 mos -2.5	This randomized controlled trial showed a statistically significant and sustained reduction in television viewing and computer use that was associated with decreases in BMIz. Significant reductions were also observed in energy intake. No significant changes were observed for physical activity counts per minute.
Randomized Trial (Greatest)	<u>Setting:</u> Home	Intervention: n=35 Control: n=32	BMIz (Total sample)	I: NR C: NR	24 mos I: -2.5 C: -0.74	24 mos -1.75 (p<0.001)	
Quality of Execution Good (1 limitation)	<u>Content:</u> Time budgets given for TV viewing and computer use (50% of baseline TV/computer use), star charts used to reinforce decreases, monthly tailored newsletters provided to encourage reduced sedentary behavior and parental praise given for behavior change. Children in the intervention group earned \$0.25 for each half hour under budget, up to \$2.00 per week.	Sex, %female: Intervention: 47.2%, Control: 47.1%	BMIz Low SES	I: NR C: NR	6 mos I: -0.15 C: 0.05	6 mos -0.20 (p=0.02)	
Sampling (1): 185 families inquired; 70 participated (37.8%); 77 of 115 that inquired were not eligible to participate.	<u>Intensity:</u> High <u>Components:</u> TV Manager, family social support, small media, counseling <u>Length:</u> 6 months <u>Follow-up:</u> 24 months	Mean age (SD): Intervention: 5.8 (1.2) yrs Control: 6.1 (1.3) yrs	BMIz High SES	I: NR C: NR	24 mos I: -0.24 C: -0.13	24 mos -0.11 (p<0.05)	
	<u>Comparison:</u> Free access to TV and computers and \$2/week for participating. Families received newsletter with parenting tips, sample praise statements, and child-appropriate activities and recipes.	Minority race/ethnicity: Intervention group: 22% Control group: 27%			6 mos I: NR C: NR	6 mos -0.3 (p=0.002)	
		Both groups mixed SES			24 mos I: NR C: NR	24 mos -0.2 (p=0.02)	
			Duration of PA (activity counts/min)	I: 757.0 C: 783.5	6 mos I: NR C: NR	6 mos -0.2 (NS)	
					24 mos I: NR C: NR	24 mos -0.1 (NS)	
					6 mos I: 36.2 C: 43.7	6 mos -7.5	
					24 mos	24 mos	

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Author & Year	Location	Target Population	Effect Measure Reported	Baseline Reported	Follow-Up	Summary Effect Value Used	Summary
Study Design	Intervention (content; component; length; follow-up; theory-based)	Study Population					
Quality of Execution	Comparison	Population characteristics					
			Total calories per day (kcal/d):	I: 1551.4 C: 1562.6	I: +31.4 C: -62.7 6 mos I: -175 C: -100 24 mos I: -325 C: -175	+94.1 6 mos -75 24 mos -150(p<0.05)	
Escobar-Chavez 2010 Randomized Trial (Greatest) Quality of Execution: Fair (2 limitations) Description (1): No description of control group Measurement (1): Outcome data at baseline was face-to-face and via telephone at follow-up	Houston, TX US <u>Setting:</u> Multiple: Clinics, libraries, schools Theory-based parent-focused intervention to reduce media consumption among elementary children to prevent obesity. <u>Content:</u> The intervention consisted of a 2-h workshop and six bi-monthly newsletters. The intervention focused on five behavioral objectives: (i) reduce TV watching; (ii) turn off TV when nobody is watching; (iii) no TV with meals; (iv) no TV in the child's bedroom; (v) engage in fun, non-media related activities. <u>Intensity:</u> Low <u>Components:</u> Family social support, small media, counseling <u>Length:</u> Intervention: 1 week;	Target population: Families w/ children 6-9 years of age Study Population: Children age 6-9 Parents: Sex, % female: 88.6% Mean age (SD): 40 (7.6) yrs Minority race/ethnicity: 43.6% white SES: 46.9% Annual Household Income ≥ \$75,000 Bachelor degree or higher: 56% Children:	<u>Media Use (h/d)†</u> TV DVD Video game time Computer game Computer use Handheld games Total exposure	I: 2.08 C: 2.47 I: 0.50 C: 0.59 I: 0.71 C: 0.85 I: 1.19 C: 1.23 I: 1.06 C: 1.11 I: 0.25 C: 0.30 I: 5.80 C: 6.55	I: 1.55 C: 1.94 I: 0.29 C: 0.27 I: 0.75 C: 0.62 I: 1.09 C: 1.11 I: 1.01 C: 1.03 I: 0.13 C: 0.11 I: 4.85 C: 5.08	Difference of Differences 0 0.11 0.27 0.02 0.03 0.07 0.52	Although the reduction in media use in the intervention group compared to control group did not reach statistical significance, a positive impact was reported on proxy behaviors hypothesized to lead to reductions in media use and are recommended by the AAP, such as not having a TV in the child's bedroom and not eating with the TV on.

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Author & Year	Location	Target Population	Effect Measure Reported	Baseline Reported	Follow-Up	Summary Effect Value Used	Summary
Study Design	Intervention (content; component; length; follow-up; theory-based)	Study Population					
Quality of Execution	Comparison	Population characteristics					
	<p><u>Maintenance</u>: 5 months;</p> <p><u>Follow-up</u>: 6 months</p> <p><u>Theory</u>: Social Cognitive Theory</p> <p><u>Comparison</u>: Did not report what control group received.</p>	<p>Sex, % female: 48.5%</p> <p>Mean age (SD): 8.2 (0.8) yrs</p>	<p>TV in Bedroom (%)</p> <p><u>Eating with TV On</u></p> <p>Breakfast</p> <p>Lunch</p> <p>Dinner</p> <p>Snack</p>	<p>I: 39.6 C: 46.0</p> <p>I: 23% C: 24%</p> <p>I: 6% C: 9%</p> <p>I: 31% C: 35%</p> <p>I: 37% C: 40%</p>	<p>I: 33.7% C: 49.0</p> <p>I: 10% C: 15%</p> <p>I: 2% C: 4%</p> <p>I: 16% C: 26%</p> <p>I: 20% C: 33%</p>	<p>-9.3%</p> <p>-4.1%</p> <p>+1.4%</p> <p>-6.2%</p> <p>-10.6%</p>	
<p>Ford 2002</p> <p>Randomized Trial (2 Before/After study arms)</p> <p>Arm 1: TV Manager</p> <p>Arm 2: Advice Only (Greatest)</p> <p>Quality of Execution: Fair (2 limitations)</p> <p>Outcome (1): Poor description of findings</p> <p>Other (1) – designed as RCT,</p>	<p>Atlanta, GA US</p> <p><u>Setting</u>: primary care</p> <p>Primary care interventions reduce TV viewing among African American children</p> <p><u>Content</u>: Families receiving primary care at an urban community clinic were randomized to receive counseling advice alone (Advice arm) or counseling plus a behavioral intervention that included an electronic TV time manager (TVMGR arm) that was controlled by a parent.</p> <p><u>Intensity</u>: TVMGR: High; Advice: Low</p>	<p>Targeted population: African American children and parents in a low-income, urban community who presented to 1 of 3 family physicians for health supervision</p> <p>Study Population: 7-to12-year old African American children</p> <p>TVMGR arm: n=12 families</p> <p>Advice arm: n=13 families</p>	<p>Child’s TV, videotape, and video game use (h/d)†:</p> <p>Overall household TV use (h/d) †:</p> <p>No. days per week w/TV on during breakfast:</p>	<p>TVMGR (ARM 1): 7.7 Advice (ARM 2): 5.7</p> <p>TVMGR(ARM 1): 21.5 Advice (ARM 2): 20.1</p> <p>TVMGR (ARM 1): 4.6 Advice (ARM 2): 2.6</p>	<p>TVMGR (ARM 1): 5.7 Advice (ARM 2): 3.6</p> <p>TVMGR (ARM 1): 18.1 Advice (ARM 2): 18.1</p> <p>TVMGR (ARM 1): 2.9 Advice (ARM 2): 1.5</p>	<p>Absolute change</p> <p>-2.0</p> <p>-2.0 (p<0.05)</p> <p>-3.4</p> <p>-2.0</p> <p>-1.7 (p<0.05)</p> <p>-1.1</p>	<p>A simple counseling intervention and counseling plus a behavioral intervention that included an electronic television manager both were associated with self-reported decreases in television, videotape, and video game use, and eating breakfast or</p>

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Author & Year	Location	Target Population	Effect Measure Reported	Baseline Reported	Follow-Up	Summary Effect Value Used	Summary
Study Design	Intervention (content; component; length; follow-up; theory-based)	Study Population					
Quality of Execution	Comparison	Population characteristics					
but because control group received information on screen time split into before/after study arms and unable to use as RCT	<p><u>Components</u>: counseling, POI (brochures from AAP and a guide to reducing TV), TV manager, family support</p> <p><u>Length</u>: Advice: counseling lasted 5-10 minutes, TVMGR: Additional 15-to20-minute discussion and 4-weeks of TV manager; <u>Follow-up</u>: 4 weeks</p> <p><u>Theory</u>: Social Cognitive Theory</p> <p><u>Comparison</u>: Before/After</p>	<p>Sex, % female: TVMGR arm: 53.3%, Advice arm: 53.9%</p> <p>Mean age (SD): TVMGR: 9.5 (1.4) yrs Advice arm: 6.1 (1.3) yrs</p> <p>Minority race/ethnicity: 100% African American</p> <p>% families with college graduate: TVMGR: 20%; Advice arm: 15.4%</p> <p>SES: 100% low SES</p> <p>BMI ≥85th percentile: TVMGR: 33.3%; Advice: 23.1%</p>	<p>No. days per week w/TV on during dinner:</p> <p>Weekly hours playing outside:</p> <p>Weekly hours organized PA:</p>	<p>TVMGR (ARM 1): 4.6 Advice (ARM 2): 3.0</p> <p>TVMGR(ARM 1): 11.8 Advice (ARM 2): 15.9</p> <p>TVMGR(ARM 1): 4.4 Advice(ARM 2): 7.8</p>	<p>TVMGR (ARM 1): 3.2 Advice (ARM 2): 2.6</p> <p>TVMGR(ARM 1): 12.8 Advice (ARM 2): 11.3</p> <p>TVMGR(ARM 1): 6.9 Advice (ARM 2): 4.2</p>	<p>-1.4</p> <p>-0.4</p> <p>+1.0</p> <p>+4.7</p> <p>+2.5</p> <p>-3.6 (p<0.05)</p>	dinner with TV on. The TVMGR arm reported increases in playing outside and organized physical activity.
Gorin 2006	Providence, RI US	<u>Targeted population</u> : Families interested in modifying TV habits	Household TV viewing (h/d)	7.45 h/d	3.73 hrs	Absolute change per day:	The results suggest that the combined environmental/b
Before/After (Least)	<u>Setting</u> : home	<u>Study population</u> : Families interested in modifying TV habits;				-3.72 h/d (p=0.03)	ehavioral TV reduction program targeting household viewing was
Quality of Execution: Good: (1 limitation)	Family-based intervention (rather than child-focused program) to reduce TV viewing time.	n=7 families (6 completed)				Narrative results: 50% of families	
	<u>Content</u> : 8-week protocol given to households to reduce TV time by						

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Author & Year	Location	Target Population	Effect Measure Reported	Baseline Reported	Follow-Up	Summary Effect Value Used	Summary
Study Design	Intervention (content; component; length; follow-up; theory-based)	Study Population					
Quality of Execution	Comparison	Population characteristics					
<p>Sampling (1): No sampling frame described</p>	<p>50%. A 2-pronged approach was used: environmental and behavioral strategies. Environmental approach includes TV Allowances on all TVs in the home; behavioral strategy included an interactive kit sent to the home each week that included a TV plan (self-monitored their TV viewing via diary), negotiating viewing schedule, reinforcing positive behavior</p> <p><u>Intensity:</u> High</p> <p><u>Components:</u> small media (through interactive kits sent to the home), family social support, TV manager, tracking/monitoring</p> <p><u>Length:</u> 8 weeks</p> <p><u>Follow-Up:</u> 8 weeks</p> <p><u>Comparison:</u> Before/After</p>	<p>Parents: Sex, % female: 55%</p> <p>Mean age (SD): female parent: 43.8 (5.8) yrs male parent: 42.2 (8.1) yrs</p> <p>Children: Sex, % female: 70% Mean age (SD): 6.9 (3.4) yrs</p> <p>BMI: female parent: 26.2, male parent: 35.5, child 22.2</p> <p>BMI percentile: child 74.6</p> <p><u>Race/ethnicity:</u> all parents were non-Hispanic White</p>				<p>achieved the intervention goal and reduced their viewing time by ≥50%. The families who reduced their viewing time by ≥50% had both fewer children (1.3 vs. 2.0 children) and older children (10 vs. 4.8 years) than families who did not reduce their viewing time by ≥50%. Successful families also had fewer television sets in their homes (2.3 vs. 3 TVs) than families who did not reduce their viewing by ≥50%.</p>	<p>both effective and acceptable to families.</p>
<p>Johnson 2005</p> <p>Before/After</p> <p>Quality of</p>	<p>United States, Washington State</p> <p><u>Setting:</u> clinic</p> <p>Statewide campaigned designed to</p>	<p>Targeted population: All WIC clients and staff w/ one child that came to the clinics for any reason</p>	<p>% Watching ≤ 2 hrs of TV per day</p> <p>All</p>	<p>64.2</p>	<p>70.5</p>	<p>Absolute change</p> <p>+6.3 (p<0.001)</p>	<p>The proportion of families who met recommendation</p>

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Author & Year	Location	Target Population	Effect Measure Reported	Baseline Reported	Follow-Up	Summary Effect Value Used	Summary
Study Design	Intervention (content; component; length; follow-up; theory-based)	Study Population					
Quality of Execution	Comparison	Population characteristics					
<p>Execution: Fair (3 Limitations)</p> <p>Description (1): Population not well described</p> <p>Interpretation of Results(1): Bias – No standardization of intervention implementation since each of the 64 local WIC agencies uses an independent contractor with different models of service delivery</p> <p>Other (1): Displacement of media use to computers which was not objectively measured</p>	<p>reduce television viewing by clients and staff of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).</p> <p><u>Content:</u> Television reduction messages and delivery methods were developed into individual handouts and education approaches based on the clients stage of change. and delivery method were developed. Individual handouts and education There are two modules that emphasize television reduction. Each module includes background materials, staff-training materials, banners, posters, interactive handouts for clients, bookmarks, children’s coloring materials, detailed plans for group sessions, and other supportive material in English and Spanish. Several different models of service delivery are used across the state.</p> <p><u>Intensity:</u> Low <u>Components:</u> small media, counseling, family social support</p> <p><u>Length:</u> 1 day <u>Follow-up:</u> 6 months <u>Theory:</u> social marketing, social-ecological models, and transtheoretical model of behavior change</p> <p><u>Comparison:</u> Before/After</p>	<p>during a 3-week period before or after the intervention.</p> <p>Study Population: Children of WIC clients and staff</p> <p>79% of clients had been on WIC for more than 6 months</p> <p>Baseline: N=10,204 clients + 205 WIC staff</p> <p>Follow-Up: N= 8,977 clients + 211 WIC staff</p> <p>Ethnicity/Race: 59% CAU; 5% Afr Amer; 6% Am Ind or Alaska Nat; 4% ASI; 2% Hawaiian or Pac Isl; 25% HIS Education: 66% HS grad</p>	<p>American Indian</p> <p>Asian</p> <p>African American</p> <p>Hispanic</p> <p>Pacific Islander</p> <p>White</p> <p>Mixed Race</p> <p>% Television viewing with meals</p>	<p>54.0</p> <p>62.2</p> <p>55.9</p> <p>55.6</p> <p>55.6</p> <p>69.8</p> <p>58.5</p> <p>35.0</p>	<p>60.3</p> <p>69.0</p> <p>59.0</p> <p>64.6</p> <p>60.9</p> <p>75.1</p> <p>69.5</p> <p>31.0</p>	<p>6.3 (NS)</p> <p>6.8 (NS)</p> <p>3.1 (NS)</p> <p>9.0 (p<0.001)</p> <p>5.3 (NS)</p> <p>5.3 (p<0.001)</p> <p>11.0 (p<0.002)</p> <p>-4.0</p>	<p>s for television viewing increased, and the proportion who watched television during meals decreased. Greater changes were in families with lower parental education and those from non-white ethnic groups.</p>

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Author & Year	Location	Target Population	Effect Measure Reported	Baseline Reported	Follow-Up	Summary Effect Value Used	Summary
Study Design	Intervention (content; component; length; follow-up; theory-based)	Study Population					
Quality of Execution	Comparison	Population characteristics					
Ni Mhurchu 2009 Randomized trial (2 Before/After study arms) (Greatest) Quality of Execution: Fair (2 limitation) Description (1): Intervention was not well described. Cannot determine where the counseling session took place. Other (1) – designed as RCT, but because control group received information on screen time split into before/after study arms and unable to use as RCT	Auckland, New Zealand <u>Setting</u> : Home Pilot study evaluated the feasibility and preliminary efficacy of a six-week home-based electronic TV manager intervention on children's television watching. <u>Content</u> : TVMGR arm: Electronic TV time monitors and encouragement to restrict TV watching to 1hr/day or less, tokens were provided, which activate the TV for 30 minutes per token. Advice arm: Verbal advice on general strategies to decrease TV watching. <u>Intensity</u> : TVMGR: High; Advice: Low <u>Components</u> : TV manager (parent controlled), counseling, family social support <u>Length</u> : 6 weeks <u>Follow-up</u> : 6 weeks <u>Comparison</u> : Before/After	Target population: children who watch 20 hours or more of TV/week Study Population: children between the ages of 9-12 years who watched 20 or more hours of TV/week; TVMGR: n=15 Advice: n=14 Sex, % female: intervention: 33% Control: 43% Mean age (SD): TVMGR: 10.4 (0.9) yrs; Advice: 10.4 (0.9) yrs Race/ethnicity: Intervention group: 80% NZ European; 13% Maori; 21% Pacific; 21% Other; Control group: 70% NZ European; 20% Maori; 10% Pacific; 0% Other	TV time (h/d) † Screen time (h/d) † BMI Avg daily pedometer counts Energy intake from snacks (kcal/d) §	TVMGR (ARM 1): 1.9 Advice (ARM 2): 1.2 TVMGR (ARM 1): 4.1 Advice (ARM 2): 3.5 TVMGR (ARM 1): 19.3 Advice (ARM 2): 19.2 TVMGR (ARM 1): 9201 Advice (ARM 2): 10,399 TVMGR (ARM 1): 767 Advice (ARM 2): 690	1.5 months TVMGR (ARM 1): 1.3 Advice (ARM 2): 1.2 TVMGR (ARM 1): 2.5 Advice (ARM 2): 1.8 TVMGR (ARM 1): 19.3 Advice (ARM 2): 19.1 TVMGR (ARM 1): 10351 Advice (ARM 2): 11391 TVMGR (ARM 1): 533 Advice (ARM 2): 566	Absolute change: TVMGR: -0.6 Advice: -0.008 TVMGR: -1.7 Advice: -1.7 TVMGR: -0.04 Advice: -0.09 TVMGR: 1150 Advice: 992 TVMGR: -234 Advice: -124	This pilot study suggests that it is feasible to introduce TV monitors into the family environment and to use them as a means to decrease screen time, BMI, energy intake, and increase physical activity.

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Author & Year	Location	Target Population	Effect Measure Reported	Baseline Reported	Follow-Up	Summary Effect Value Used	Summary
Study Design	Intervention (content; component; length; follow-up; theory-based)	Study Population					
Quality of Execution	Comparison	Population characteristics					
Otten 2009 Randomized Trial (Greatest) Good (1 Limitation) Other (1): Displacement of media use to computers which was not objectively measured	Chittenden County, VT US <u>Setting:</u> Home TV manager intervention on energy intake in overweight and obese adults <u>Content:</u> TV managers were used to reduce electronic media use at home to 50% of objectively measured baseline TV viewing. <u>Intensity:</u> High <u>Components:</u> TV manager (researcher controlled) <u>Length:</u> 3 weeks <u>Follow-up:</u> 3 weeks Comparison: Usual TV viewing (electronic TV manager installed for observation; no instruction given)	Overweight (BMI between 25-50) adults aged 21-65 Intervention: N=20 Control: N=16 <u>Intervention</u> Sex, %female: Intervention: 70% Control: 68.8% Mean age (SD): Intervention: 42.8 (13.1) yrs Control: 42.4 (13.4) yrs Race/Ethnicity: Intervention: 95% White; Control: 93.8% white Education: Intervention: 20 % H.S. grad; 55% College; 25% Grad or Prof degree Control: 43.8% H.S. grad; 37.5% College; 18.8% Grad or Prof degree	Mean Change: TV viewing (h/d) BMI Time Spent in PA, % Time Spent in light activities, % Time spent in sedentary activities, % Energy Intake, kcal/d	I: 4.8 C: 5.3 I: 31.8 C: 32.3 I: NR C: NR I: NR C: NR I: NR C: NR I: 2299.7 C: 2207.6	0.75 months I: -2.9 (-2.3, -3.6) C: -0.8 (-0.4, -1.2) I: -0.3 (-0.5, -0.1) C: -0.1 (-0.4, 0.3) I: 0.7 (-0.5, 2.0) C: -2.2 (-5.8, 1.4) I: 3.1 (1.0, 5.2) C: 1.1 (-1.8, 4.0) I: -3.8 (-6.3, -1.3) C: 1.1 (-3.2, 5.4) I: -125 (-303, 52) C: -38 (-265, 190)	DOD: -2.1 (p<0.001) DOD: -0.19 (p=0.33) Abs Diff: 2.9% (p=0.09) Abs Diff: 2.0% (p=0.23) Abs Diff: -4.9% (p=0.04) DOD: -87 (p=0.52)	A reduction in TV viewing was associated with significant decrease screen time, energy intake, and time spent in sedentary activities. A non-significant reduction in BMI was observed in the intervention compared to control group.

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Author & Year	Location	Target Population	Effect Measure Reported	Baseline Reported	Follow-Up	Summary Effect Value Used	Summary
Study Design	Intervention (content; component; length; follow-up; theory-based)	Study Population					
Quality of Execution	Comparison	Population characteristics					
Robinson 2006 Group randomized controlled trial (Greatest) Quality of Execution: Good (0 limitations)	Location: San Jose, CA US <u>Setting:</u> School Theory-based curriculum delivered to all third and fourth grade classrooms in the intervention school over 6 month time period. <u>Content:</u> 18 lessons split among 4 sections: TV awareness, TV turnoff, staying in control of media use (including TV monitoring, goal setting), helping others (advocate limited media use to peers) <u>Intensity:</u> High <u>Components:</u> TV manager (parent controlled), TV turnoff challenge (10 days), classroom education, social support (peer and teacher), family support, small media (14 parent newsletters) <u>Length:</u> 6 months <u>Theory:</u> Social Cognitive Theory <u>Comparison:</u> all third and fourth grade classrooms in comparison school; no intervention	Target population: students and their families Study Population: 3 rd and 4 th grade students at 2 public schools Intervention: n=10 Control: n=18 Sex: intervention group: 44.6% female, control group: 47.2% female Mean age (SD): Intervention: 8.9 (0.6) yrs Control: 8.9 (SD) yrs Race/ethnicity: intervention: 80.6% White Control: 77.2% White SES: not reported	Weekday TV viewing (h/d), Saturday TV viewing (h/d), Mean Weekday TV viewing calculated by CG (h/d) Mother Weekly TV viewing (h/d), Father Weekly TV viewing (h/d), Siblings Weekly TV viewing (h/d), Weekday videotapes/VCR viewing (h/d), Saturday videotapes/VCR viewing (h/d),	I: 1.8 C: 1.9 I: 3.2 C: 3.0 I: 2.2 C: 2.2 I: 1.5 C: 1.6 I: 1.6 C: 2.2 I: 1.7 C: 1.8 I: 0.5 C: 0.7 I: 1.1 C: 1.0	I: 1.1 C: 2.0 I: 1.8 C: 2.4 I: 1.3 C: 2.1 I: 1.3 C: 1.8 I: 1.5 C: 2.3 I: 1.2 C: 1.8 I: 0.4 C: 0.6 I: 0.8 C: 1.0	Adjusted mean difference (95% CI): -0.8 (-1.2, -0.4) (p<0.001) -0.7 (-1.4, 0.03) (NS) -0.8 (-1.8, -0.2) -0.4 (-0.8, -0.1) (p<0.05) -0.6 (-1.0, -0.1) (p<0.05) -0.5 (-0.9, -0.2) (p<0.001) -0.2 (-0.4, 0.1) (NS) -0.2 (-0.7, 0.2) (NS)	This study suggests that a classroom-based intervention to reduce children's screen time is feasible to decrease TV watching among school children and their family/household members;

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Author & Year	Location	Target Population	Effect Measure Reported	Baseline Reported	Follow-Up	Summary Effect Value Used	Summary
Study Design	Intervention (content; component; length; follow-up; theory-based)	Study Population					
Quality of Execution	Comparison	Population characteristics					
			Weekday video games (h/d),	I: 0.3 C: 0.5	I: 0.2 C: 0.5	-0.2 (-0.5, -0.01) (p<0.05)	
			Saturday video games (h/d),	I: 0.6 C: 0.7	I: 0.3 C: 0.9	-0.53 (-1.0, -0.01) (p<0.05)	
			Composite Screen Time (TV, videotapes, video games) calculated by CG (h/d)	I: 3.2 C: 3.5	I: 2.0 C: 3.5	-1.1 (-2.4, -0.1)	
Robinson 1999	Location: San Jose, CA US	Target population: students and their families				Adjusted mean difference* (95% CI):	This Group RCT aimed at reducing television, videotape, and video game use was effective in reducing sedentary screen time and adiposity. Improvements in physical activity and diet were non-significant.
Group Randomized Controlled trial (Greatest)	<u>Setting:</u> School	Study Population: 3 rd and 4 th grade students at 2 public schools	Weekly TV viewing (h/d) †,	I: 2.2 C: 2.2	I: 1.3 C: 2.1	-0.8 (-1.2, -0.4) (p<0.001)	
Quality of Execution: Good (0 limitations)	Theory-based curriculum, with parental involvement component, to reduce TV, videotape, videogame use was delivered to third and fourth grade classrooms in the intervention school over 6 month time period.	Sex, % female: Intervention: 44.6%, Control: 47.2%	Weekly videotape viewing (h/d) †,	I: 0.7 C: 0.8	I: 0.5 C: 0.7	-0.2 (-0.5, 0.1) (NS)	
	<u>Content:</u> 18 lessons split among 4 sections: TV awareness, TV turnoff, staying in control of media use (including TV monitoring, goal setting), helping others (advocate limited media use to peers)	Mean age (SD): Intervention: 8.9 (0.64) yrs Control: 8.9 (0.7) yrs	Weekly video games (h/d) †,	I: 0.4 C: 0.6	I: 0.2 C: 0.6	-0.4 (-0.6, -0.1) (NS)	
	<u>Intensity:</u> High	Race/ethnicity: Intervention: 80.6% White	Composite Screen Time Calculated by CG (h/d) :	I: 3.2 C: 3.5	I: 1.9 C: 3.4	-1.4 (-2.4, -0.4)	
	<u>Components:</u> TV manager (parent						

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Author & Year	Location	Target Population	Effect Measure Reported	Baseline Reported	Follow-Up	Summary Effect Value Used	Summary
Study Design	Intervention (content; component; length; follow-up; theory-based)	Study Population					
Quality of Execution	Comparison	Population characteristics					
	<p>controlled), TV turnoff challenge (10 days), classroom education, social support (peer and teacher), family support, small media (14 parent newsletters), tracking and monitoring (food frequency recalls)</p> <p><u>Length</u>: 6 months <u>Follow-up</u>: 7 months <u>Theory</u>: Social Cognitive Theory</p> <p><u>Comparison</u>: all third and fourth grade classrooms in comparison school; no intervention</p>	<p>Control: 77.2% White</p> <p>SES: not reported</p>	<p>Meals in front of TV (child self-report) (0-3 scale),</p> <p># children's meals in front of TV (parent report) (0-14 meals),</p> <p>Percentage of children's TV viewing when snacking (parent report) (%),</p> <p>BMI, (kg/m²)</p> <p>Triceps skinfold thickness (mm),</p> <p>Waist circumference (cm)</p> <p>Hip circumference (cm),</p> <p>Waist-to-hip ratio</p>	<p>I: 2.4 C: 1.8</p> <p>I: 3.2 C: 3.5</p> <p>I: 17.3 C: 18.8</p> <p>I: 18.4 C: 18.1</p> <p>I: 14.6 C: 14.0</p> <p>I: 60.5 C: 59.5</p> <p>I: 72.8 C: 72.7</p> <p>I: 0.8 C: 0.8</p>	<p>I: 1.7 C: 2.0</p> <p>I: 2.2 C: 3.4</p> <p>I: 19.5 C: 20.3</p> <p>I: 18.7 C: 18.8</p> <p>I: 15.5 C: 16.5</p> <p>I: 63.6 C: 64.7</p> <p>I: 76.5 C: 76.8</p> <p>I: 0.8 C: 0.8</p>	<p>-0.5 (-1.0, -0.1) (p=0.01)</p> <p>-1.1 (-2.0, -0.2) (p=0.02)</p> <p>-1.9 (-9.1, 5.2) (NS)</p> <p>-0.5 (-0.7, -0.2) (p=0.002)</p> <p>-1.5 (-2.4, -0.5) (p=0.002)</p> <p>-2.3 (-3.3, -1.3) (p<0.001)</p> <p>-0.3 (-1.1, 0.5) (NS)</p> <p>-0.02 (-0.03, -0.01) (p<0.001)</p>	

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Author & Year	Location	Target Population	Effect Measure Reported	Baseline Reported	Follow-Up	Summary Effect Value Used	Summary
Study Design	Intervention (content; component; length; follow-up; theory-based)	Study Population					
Quality of Execution	Comparison	Population characteristics					
			Physical activity, metabolic equivalent weighted (MVPA)(child self- report) (min/wk),	I: 396.8 C: 310.2	I: 362.3 C: 337.8	-16.7 (-78.6, 45.3) (NS)	
			Children's physical activity (parent report (hrs/wk),	I: 11.2 C: 9.2	I: 16.1 C: 17.2	-2.0 (-4.6, 0.6) (NS)	
			20 min shuttle test (laps),	I: 15.2 C: 14.8	I: 19.7 C: 18.2	0.9 (-1.4, 3.2) (NS)	
			Other sedentary behavior (min/d)	I: 4.66 C: 4.47	I: 3.81 C: 4.05	-0.34 (-1.21, 0.52)	
			Frequency of snacking in front of TV (child self-report)(1-3 scale),	I: 2.2 C: 2.2	I: 1.9 C: 2.1	-0.1 (-0.3, 0.04) (NS)	
			Daily serving of high-fat foods (child self-report)	I: 6.2 C: 6.6	I: 5.1 C: 6.2	-0.8 (-1.9, 0.2) (NS)	

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Author & Year	Location	Target Population	Effect Measure Reported	Baseline Reported	Follow-Up	Summary Effect Value Used	Summary
Study Design	Intervention (content; component; length; follow-up; theory-based)	Study Population					
Quality of Execution	Comparison	Population characteristics					
			Daily servings of highly advertised foods (child self-report)	I: 1.4 C: 1.6	I: 1.5 C: 1.5	0.1 (-0.2, 0.4) (NS) * Differences between groups after adjustment by mixed-model analysis of covariance for baseline values, age, and sex	
Todd 2008 Randomized Trial (Greatest) Fair (2 Limitations) Description (1): Incomplete description of population Sampling (1): Poorly described	Harrisonburg, VA US <u>Setting:</u> Home Family centered electronic media intervention <u>Content:</u> TV and computer allowance devices were used to reduce electronic media use at home, 90-min family-centered interactive session and newsletters on reducing TV use <u>Intensity:</u> High <u>Components:</u> small media, TV manager (parent controlled), tracking/monitoring, counseling, family social support <u>Length:</u> 5 months <u>Follow-up:</u> 5 months	Target Population: 8-11 year old boys Study Population: 22 boys matched for baseline total electronic media use and subsequently randomly assigned to groups Intervention: n=11 Control: n=10 Sex, % male: Intervention: 100% Control: 100% Mean age (SD):	Electronic Media Use (h/d) † BMI (20 wk measurement only) % Body Fat (DXA) (20 wk measurement only) Steps per day	I: 2.6 C: 2.6 I: 18.8 C: 19.8 I: 26.1 C: 27.7 I: 10574 C: 10210	10 wks: 1.4 20 wks: 1.4 10 wks: 2.0 20 wks: 1.6 20 wks: 19.1 20 wks: 20.2 20 wks: 24.6 20 wks: 28.0 10 wks: 11117 20 wks: 13104 10 wks: 9951 20 wks: 13935	Adjusted mean difference * (95% CI) 10 wks: -1.4 (-1.5, -1.2) 20 wks: -1.2 (-1.3, -1.1) 20 wks: -0.44 (-0.73, -0.16) 20 wks: 2.54, (-2.56, -2.52) 10 wks: 298 (265, 331) 20 wks: 2074 (1059, 3089)	A family-centered electronic media intervention significantly reduced screen time, adiposity, snacking during media use, and increased physical activity.

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Author & Year	Location	Target Population	Effect Measure Reported	Baseline Reported	Follow-Up	Summary Effect Value Used	Summary
Study Design	Intervention (content; component; length; follow-up; theory-based)	Study Population					
Quality of Execution	Comparison	Population characteristics					
	<u>Comparison</u> : Same self-report instructions as the experimental group but no intervention components	Intervention: 10.0 (0.8) yrs Control: 9.7 (1.2) yrs	Meals and snacks per day with electronic media	I: 1.0 C: 1.4	10 wks: 0.3 20 wks: 0.3 10 wks: 1.3 20 wks: 1.9	10 wks: -0.60 20 wks: -1.20 (p=0.05) *Difference between intervention and control groups after adjusting for electronic media access and participation in organized activities.	
Zimmerman 2012 Randomized Trial (Greatest) Fair (2 Limitations): Description (1): Incomplete description of participants. Did not describe gender or mean age of participants. Sampling (1): Low	Seattle, WA US <u>Setting</u> : Home Clinical trial to reduce child's media use <u>Content</u> : Written materials/newsletters, parents asked to reduce child's media viewing to ≤ 1 h per day. Parents asked to replace recreational media viewing with educational viewing; counseling by case manager <u>Intensity</u> : High <u>Components</u> : Counseling, small	Targeted Population: Families with preschool-aged children Study Population: Children aged 2.5 to 4.5 years Intervention: N=34 Control: N=32 Education: Intervention: Mother's Education (N): 2 No College, 8 Some Coll., 13	Child's TV viewing (h/d)† Child's Commercial Viewing (h/d)†	I: 2.0 C: 2.1 I: 0.9 C: 1.2	4 months I: NR C: NR I: NR C: NR	Regression Coefficient: -0.6 (-1.1, -0.1) -0.5 (-1.1, 0.1)	An intervention designed to communicate to parents the adverse effects of viewing on their child's health was effective in reducing children's TV viewing time.

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Author & Year Study Design Quality of Execution	Location Intervention (content; component; length; follow-up; theory-based) Comparison	Target Population Study Population Population characteristics	Effect Measure Reported	Baseline Reported	Follow-Up	Summary Effect Value Used	Summary
response rate: 47.8%	media, family social support, tracking/monitoring <u>Theory:</u> Social-cognitive theory, Transtheoretical Stages of change <u>Length:</u> 4 months <u>Follow-up:</u> 4 months <u>Comparison:</u> Usual care	Bachelor, 11 Post-grad; Control: Mother's Education (N): 1 No College, 9 Some Coll., 20 Bachelor, 3 Post-grad Race/Ethnicity: Intervention (N): 2 Asian, 0 Afr. Americ., 6 Mixed race, 2 Hispanic, 24 White, non-Hispanic Control group (N): 0 Asian, 2 Afr. Americ., 5 Mixed race, 3 Hispanic, 23 White, non-Hispanic SES (N): Intervention group: 0 <\$10,000, 2 \$10k-\$25k, 4 \$25k-50k, 8 \$50k-75k, 18 ≥75k Control group: 1 <\$10,000, 1 \$10k-\$25k, 2 \$25k-50k, 5 \$50k-75k, 24 ≥75k					

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