**Evidence Table 36. Description of the interventions used in home settings with primary care and consumer health informatics components**

| **Author, year** | **Arm** | **Description** | **Psychosocial dietary intervention** | **Physical/environ-mental dietary intervention** | **Psychosocial physical activity/ exercise intervention** | **Physical/environ-mental physical activity/ exercise intervention** | **Decrease sedentary behavior intervention** | **Other interventions** | **General Comments** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Patrick, 20061 | 2 | PACE+ intervention  Setting: Home A printed manual to take home and 12 months of stage-matched telephone calls and mail contact and an intervention to help parents encourage behavior change attempts through praise, active support, and positive role-modeling.  Primary care A computer-supported intervention initiated in primary health care settings + brief counseling  Consumer health informatics telephone counseling | Summary: computer-based counseling+ brief provider counseling+16-section printed Teen Guide, mail, and telephone counseling  Step 1:  Aimed at Child: Computer-Based Expert Assessment for 2 nutrition target behaviors (total intake of fat, servings per day of fruits and vegetables), PA target behaviors (moderate and vigorous PA), and sedentary behaviors.   Aimed at Provider: A Provider Summary highlighted patient-reported behaviors (both PA and nutrition), compared them with national guidelines, and displayed the behaviors the adolescent targeted for change. The Provider Summary alerted providers to areas of concern related to weight, disordered eating, or unwillingness to make changes  Step 2:  Aimed at child: Teen Guide was provided to the adolescent after provider visit, and each section provided 2 to 3 pages of information on a specific target behavior or behavior change strategy (e.g., decisional balance, self-monitoring).   Eleven telephone counseling calls were scheduled throughout the 1-year intervention period, each lasting 10 to 15 minutes. During the first 6 months, 5 intervention calls were directed at the nutrition and PA behaviors that the adolescent chose to target in the initial clinical visit. A call after the 6-month measurement visit used staging data gathered in that visit to develop new Progress Plans for the remaining 2 target behaviors. Five calls were then made over the next 6months directed primarily at the remaining 2 target behaviors. Counseling calls were structured interactions using the teen guide to help adolescents learn and apply relevant cognitive or behavioral change strategies to modify diet and PA behaviors.  Target: Child  Other: Provider  Delivery: Researcher  Duration:  10-15 minutes/phone call  Frequency: 11 calls/year  Comment: 3-5 minutes counseling after assessment; Study did not break out how much time was spent on dietary intake (vs. exercise) |  | Step 1:  Aimed at Child: Computer-Based Expert Assessment for 2 nutrition target behaviors (total intake of fat, servings per day of fruits and vegetables), PA target behaviors (moderate and vigorous PA), and sedentary behaviors.   Aimed at Provider: A Provider Summary highlighted patient-reported behaviors (both PA and nutrition), compared them with national guidelines, and displayed the behaviors the adolescent targeted for change. The Provider Summary alerted providers to areas of concern related to weight, disordered eating, or unwillingness to make changes  Step 2:  Aimed at child: Teen Guide was provided to the adolescent after provider visit, and each section provided 2 to 3 pages of information on a specific target behavior or behavior change strategy (eg, decisional balance, self-monitoring).   Eleven telephone counseling calls were scheduled throughout the 1-year intervention period, each lasting 10 to 15 minutes. During the first 6 months, 5 intervention calls were directed at the nutrition and PA behaviors that the adolescent chose to target in the initial clinical visit. A call after the 6-month measurement visit used staging data gathered in that visit to develop new Progress Plans for the remaining 2 target behaviors. Five calls were then made over the next 6months directed primarily at the remaining 2 target behaviors. Counseling calls were structured interactions using the teen guide to help adolescents learn and apply relevant cognitive or behavioral change strategies to modify diet and PA behaviors.  Target: Child  Other: Primary Care Provider  Delivery: Researcher  Duration: 10-15 minutes/call  Frequency: 11 calls/year  Comment: Study did not break out how much time was spent on exercise (vs. dietary intake) |  | Target: Researcher  Delivery: See previous information on intervention above. |  | Parents were also involved in the study. Meetings were organized whereby parents in the intervention group were given a file containing their child's screening results. Presentation on the importance of topics relevant to dietary and exercise habits of the children were issued. Parents were encouraged to modify their dietary habits as well as those of their children and support them in increasing their physical activity. |

PA = Physical Activity; PACE+ = Patient-centered Assessment and Counseling for Exercise + Nutrition