

SNAP-Ed Toolkit

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Bienestar Health Program

The Social & Health Research Center

Overview

The Bienestar Health Program is a direct education, culturally tailored school-based diabetes mellitus prevention program for low-income Mexican-American children. There are four components to Bienestar: 1) health and physical education classes, 2) an after-school health club, 3) family activities, and 4) a food service component. These components cohesively address the individual, relevant social groups, culture, and health promotion environment that support behaviors consistent with diabetes mellitus prevention. The Bienestar Health Program is delivered over 7 months during the school year. **Target Behavior:** Healthy Eating, Physical Activity **Intervention Type:** Direct Education

Intervention Reach and Adoption

The Bienestar Health Program targets Mexican-American children in elementary schools. Participants who tested this program were 4th grade students from inner-city neighborhoods in San Antonio, TX; 82.5% were Mexican American; 7.0% were African American; 5.5% were Asian; and 5.0% were White (not of Hispanic origin). 94% were economically disadvantaged. This program is applicable to diverse populations. The intervention is suitable for implementation in the school, home, and after school care programs. **Setting:** Community, School **Target Audience:** Preschool, Elementary School, Middle School **Race/Ethnicity:** Hispanic/Latino Americans, All

Intervention Components

The Bienestar Health Program includes 4 main components: 1) health and physical education classes, 2) an after-school health club, 3) family activities, and 4) a food service component. The 13 health classes cover nutrition, physical activity, self-esteem, self-control, and diabetes mellitus. The physical education curriculum promotes an active lifestyle through 32 different activities. The after-school health club includes 26 sessions that reinforce classroom learning and promote leisure-time physical activity. Four parent activities allow for cooking demonstrations, salsa dancing, and nutrition and exercise related games. The food service component is designed to improve the nutrition knowledge of the food service staff and to persuade students to eat less fat and more fruits and vegetables during lunch. The Bienestar Health Program is delivered over 7 months during the school year. Health and physical education classes are held 5 days per week and are 45 minutes long. One day per week is a health education class, the other 4 days are devoted to physical activities. After-school health

club meetings are held weekly and are one-hour in length. Parent meetings are held every other month and last approximately one-hour. The food service program is delivered once per month and each lesson is 30 minutes long. There is also a one-hour on-site training available for school staff.

Intervention Materials

The Bienestar curricula are from pre-kindergarten to 8th grade level. The curricula materials include Bienestar Physical Education Activities Guide, Cafeteria Program Teacher's Guide, Bienestar Family Times Take-Home Activity Program, and the Health Curriculum Teacher's Guide (includes student handbook).

Intervention Costs

Costs are determined by paper copies, digital copies, grade levels, and how many books per student or teacher.

Evidence Summary

Twenty-seven elementary schools were randomized to the Bienestar Health Program or to the control group. All students attending Bienestar schools received the intervention, however outcome data were collected only for children with completed consent (N = 1,419). Bienestar was delivered over 7 months and included health and physical activity classes, after-school sessions, parent activities, and a food service program to increase fruit and vegetable consumption and decrease fatty food consumption at lunch. Surveys measured fasting capillary glucose levels, body fat, physical fitness scores, dietary fiber intake, and energy from saturated fat at baseline and immediately following intervention delivery. Results indicated:

- No statistically significant differences in body fat or energy intake from saturated fat (%).
- Bienestar students had decreased fasting capillary glucose levels (-0.20 mg/dL) and students in the control schools had increased levels (+0.52 mg/dL).
- Bienestar students increased their physical fitness scores by 1.81 points, whereas control students decreased their fitness scores by -0.73 points.
- Bienestar students consumed more dietary fiber than their control counterparts. Bienestar students increased their level of dietary fiber consumption by 0.38 grams while the control group decreased its level by -0.15 grams of dietary fiber.

[Trevino RP, Yin Z, Hernandez A, Hale DE, Garcia OA, Mobley C. \(2004\). Impact of the Bienestar School-Based Diabetes Mellitus Prevention Program on Fasting Capillary Glucose Levels. Archives of Pediatric and Adolescent Medicine, 158, 911-917.](#) **Classification:** Research-tested

Evaluation Indicators

Based on the SNAP-Ed Evaluation Framework, the following outcome indicators can be used to evaluate intervention progress and success.

**Readiness and
Capacity – Short
Term (ST)**

**Changes –
Medium Term
(MT)**

**Effectiveness and
Maintenance – Long
Term (LT)**

**Population
Results (R)**

Individual [ST1, ST3](#) [MT1, MT3](#)
Environmental
Settings
Sectors of Influence

Evaluation Materials

Currently, no evaluation tools or materials are available.

Additional Information

Website: The Bienestar Health Program website (<https://www.sahrc.org/health-programs.html>) includes sample lessons from the health class, PE, home and food service curricula. **Contact Person:** Bonnie Berkley Deputy Director Phone: (210)-533-8886 Email: bberkley@sahrc.org