

Title of Intervention: Learn, Taste, and Share

Intervention Strategies: Group Education, Supportive Relationships

Purpose of the Intervention: To improve dietary habits of adult African American females

Population: Adult African American females

Setting: Churches; community-based, faith-based

Partners: Churches, medical community, community agencies, grocery stores

Intervention Description:

- Group Education: The Learn, Taste and Share program included four, 2-hour sessions, each focused on diabetes and nutrition. Each session involved games with prizes, giveaways and either a cooking demonstration or cooking participation. The first session focused on fiber, the second session involved a grocery store tour and the last two sessions provided more time for hands-on cooking experiences.
- Supportive Relationships: Community members served as role models and advocates not only for the program but for positive changes in eating behaviors. Community members self-selected themselves for one of three tasks: 1) recruiting/marketing, 2) developing materials, 3) teaching.

Theory: Social Learning Theory

Resources Required:

- Staff/Volunteers: Community volunteer 'teachers', registered dietitian
- Training: Not mentioned
- Technology: Not mentioned
- Space: Meeting and cooking facilities
- Budget: \$10 incentive for participation
- Intervention: Food for focus groups; recruitment flyers; foods to serve as learning tools during class sessions; prizes- butter buds, Mrs. Dash, spray oils, bags of beans, boxes of high fiber/low fat cereals, boxes of whole grain crackers; grand prizes- food/fruit baskets; snacks for each session; transportation to sessions; childcare during sessions
- Evaluation: Materials to measure blood glucose and lipids

Evaluation:

- Design: Pre- and post-test
- Methods and Measures: Blood samples were collected to measure glucose and lipid levels.

Outcomes:

- Short Term Impact: The supermarket used for tours began to supply more of the healthy foods emphasized in the program.
- Long Term Impact: Of the participants who agreed to have lab work done, most had a decrease in hemoglobin A₁C.

Maintenance: Participants showed a high level of enthusiasm and interest in learning and participating in the series. Interest was so high that many participants didn't want the series to end. Ongoing support sessions were started with different health care providers teaching and facilitating. Social workers, podiatrists, exercise physiologists, nurses and dietitians led support sessions. A Learn, Taste and Share cookbook was completed and well-received by the community.

Lessons Learned: It was easier getting people to share than to teach. Volunteers were put off by the word "teacher" because to them it meant that they had to be experts. They knew that they were not experts in any given nutrition/diabetes topic area. Convincing volunteers to share their experiences with modifying their sodium intake or fat intake was an easier approach. The diabetes dietitians had to take a significant "letting go" step to allow community members to teach part of the session. What may have helped with letting-go was not

feeling ownership of the program. Instead the community owned the program and the facilitators just provided some of the information.

Citation(s):

Hahn JM, Gordon DH. "Learn, taste, and share": a diabetes nutrition education program developed, marketed, and presented by the community. *Diabetes Educ.* Mar-Apr 1998;24(2):153-154, 161.