Title of Intervention: Food for Heart Program

Intervention Strategies: Provider Education, Individual Education, Supportive Relationships

Purpose of the Intervention: To increase dietary counseling by primary care physicians

Population: Health care providers and participants

Setting: Outpatient clinic of a university teaching hospital, rural North Carolina; health care facility-based

Partners: Agricultural Extension Service, Health care facility

Intervention Description:

- Provider Education: Health care providers were trained on how to use the Dietary Risk Assessment system. The Dietary Risk Assessment treatment folder served as both a prompt and a flow sheet or monitoring system. The assessment pages stayed with the patient's chart. The folder reminded the physician to ask about previous goals and to record progress.
- Individual Education: Individuals received counseling tailored to their dietary habits. After completing the Dietary Risk Assessment form, customized tip sheets and recipes were generated for use in counseling sessions by health care providers. A tip sheet (single page of illustrated recommendations) was developed for four dietary risk assessment food categories (meat, dairy, starches, added fats). Tip sheets focused on common misconceptions and on specific behavior change strategies. Stop sign symbols marked foods that should be eaten infrequently. Additional educational tools included "Good Food for Your Heart" (simplified explanation of diet and heart disease), "Fast Food Facts" (suggestions on eating sensibly at fast food restaurants) and a Southern style cookbook with low-cost recipes.
- Supportive Relationships: A Heart Helper pamphlet was provided to a support person identified by the patient. The brochure offered suggestions on how to assist and encourage someone who is trying to change his or her diet. Individual Dietary Risk Assessment results and educational materials were sent to the participants and discussed by phone.

Theory: Behavior Change Theory, Social Learning Theory

Resources Required:

- Staff/Volunteers: Health care providers
- Training: Not mentioned
- Technology: Computer, Dietary Risk Assessment program
- Space: Not mentioned
- Budget: Not mentioned
- Intervention: Dietary risk assessment, nutrition education materials for southern low literacy patients, dietary tip sheets, supplemental educational pamphlets, Southern Style cookbooks and recipes
- Evaluation: Telephone, questionnaires

Evaluation:

- Design: Cohort
- Methods and Measures:
    - Dietary risk assessment measured meat, dairy, starch and fat consumption
    - Dietary behavior-related attitude and knowledge questions
    - Health care provider interviews

Outcomes:

- Short Term Impact: Health care providers reported an increase in setting short-term goals with patients. Patients were also more likely to report goal setting during visits with their health care providers. Health care providers showed a significant improvement in their reported preparedness to offer diet counseling. There was also a reduction in their perception of inadequate educational resources as a barrier. Intervention participants were more likely to report receiving written information about diet from their health care providers. Health care providers who implemented the program more fully

demonstrated a highly significant increase in their feelings of self-efficacy regarding dietary counseling and a reduction in skepticism about patient interest and compliance. Significantly more intervention group participants reported discussing dietary issues with their health care providers. Intervention participants were significantly more likely to report a belief that their health care provider was knowledgeable in the field of nutrition.

- Long Term Impact: Not measured

Maintenance: Not mentioned

Lessons Learned: Although designed specifically for use by health care providers serving low-income individuals, it may have broader applicability. Within the clinical setting, nurses or health educators could provide counseling rather than the physician. This may be more cost effective and permit lengthier counseling sessions. The program could be used as an adjunct to public cholesterol screening or in worksite health promotion. Lay health care providers might be particularly appropriate counselors for individuals of a similar socio-cultural background. While lay health care providers would need careful supervision and back-up, the nature of the Food for Heart Program materials is such that minimal nutrition expertise is required. With minimal alterations in the dietary risk assessment food lists and accompanying recommendations, the Food For Heart Program (FFHP) could be modified for use in different regions of the country.

Citation(s):

Ammerman, A. S., B. M. DeVellis, et al. (1992). "Nutrition education for cardiovascular disease prevention among low income populations--description and pilot evaluation of a physician-based model." Patient Educ Couns 19(1): 5-18.