

Title of Intervention: EatSmart

Intervention Strategies: Provider Education, Individual Education, Supportive Relationships

Purpose of the Intervention: To improve dietary habits among adult primary care patients

Population: Generally healthy adults aged 21-89

Setting: Six group practices in the primary care research network Harvard Pilgrim Health Care, the largest health maintenance organization in New England; health care facility-based

Partners: Primary care providers (PCP)

Intervention Description:

- **Provider Education:** Providers endorsed the participants' personalized EatSmart recommendations at their routine office visits. PCPs were instructed to provide a brief two-part endorsement about healthy eating, not detailed nutrition counseling. At a minimum, providers were asked to stress that diet is an integral part of a healthful lifestyle. Providers were also asked to direct their endorsement on one food group based on patients' preferences and need for improvement. These recommendations were summarized on a laminated card for easy access. Participants were also instructed to bring their recommendations to the visit and initiate a discussion about nutrition with their PCP.
- **Individual Education:** Participants and their PCP received a personalized letter for each of the target food groups. The letter contained suggestions of actions the participants should take (increase, decrease or continue the same) for the food groups. Participants also received one of three booklets on fruits and vegetables and one of three booklets on red and processed meats. These booklets contained information on food selection, preparation and behavior change that was matched to participants' stage of readiness to change eating behavior.
- **Supportive Relationships:** To supplement the provider endorsement, trained telephone counselors conducted two motivational counseling sessions at two weeks and two months after the provider visit. As part of the motivational counseling method, telephone counselors encouraged participants to set dietary goals and assisted in identifying strategies to achieve these goals. The counselors incorporated the participant's stage of readiness to change in the messages. If nutrition questions arose during the sessions that counselors felt needed further expertise, they referred these participants to a nutritionist.

Theory: Stages of Change, Health Belief Model

Resources Required:

- **Staff/Volunteers:** PCP, counselors, dietitian
- **Training:** Counselors received two 4-hour training sessions on motivational counseling and 3-hour training on foods and nutrients related to the primary outcomes; PCPs received 1 hour of training
- **Technology:** Not mentioned
- **Space:** Not mentioned
- **Budget:** \$5 incentives for survey completion
- **Intervention:** Personalized letters, booklets on fruits and vegetables, booklets on red meat
- **Evaluation:** Surveys

Evaluation:

- **Design:** Randomized controlled trial
- **Methods and Measures:**
 - Surveys completed at baseline and follow-up assessed dietary intake of fruits, vegetables, dairy, and red meat as well as health habits, such as sources of nutrition information, credibility of those sources and stage of readiness to change eating behaviors

Outcomes:

- **Short Term Impact:** The intervention group progressed in readiness to lower saturated fat intake.

- **Long Term Impact:** There was an increase in the average number fruit and vegetable servings consumed each day. The intervention group also had increases in specific nutrients. The group increased their daily fiber intake, folate intake, lutein (an antioxidant) intake and vitamin C intake. Saturated fat intake decreased.

Maintenance: Not mentioned

Lessons Learned: Although physicians generally believe in the importance of nutrition counseling, only 20-50% of patients report that physicians give dietary advice. Physicians have cited several barriers to nutrition counseling, including limited time during an office visit, lack of training in behavior change, perception that many patients do not follow physician recommendations, and inadequate reimbursement for counseling. Innovations are needed that allow physicians and health care organizations to provide disease prevention/health promotion services in a way that is both efficacious and feasible.

Citation(s):

Delichatsios, H. K., M. K. Hunt, et al. (2001). "EatSmart: efficacy of a multifaceted preventive nutrition intervention in clinical practice." *Prev Med* 33(2 Pt 1): 91-8.