

**Title of Intervention:** Food for Heart Program

**Intervention Strategies:** Individual Education, Supportive Relationships, Provider Education

**Purpose of the Intervention:** To facilitate dietary counseling provided by primary care physicians

**Population:** Lower income patients at increased risk for cardiovascular disease

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

**Partners:** None mentioned

**Intervention Description:**

- Individual Education: Participants complete a brief dietary risk assessment. The scoring system allowed the health care provider to identify positive as well as negative dietary habits quickly. Behavior change suggestions on Tip Sheets were numerically linked to problematic eating practices identified in the dietary risk assessment. The assessment tool included attitude and knowledge questions important to behavior change that were used to tailor counseling. In general, materials were tailored to the reading level and regional cooking practices of the population.
- Supportive Relationships: Physicians provided tailored dietary counseling to their patients, based on the information gathered in the assessment tool.
- Provider Education: Organizational structures were included to aid physician counseling. The program treatment folder served as both a prompt and a monitoring system. Results of the dietary assessment were included as part of the patient's chart; therefore, the bright red materials and Food for Heart Program logo reminded the physician to inquire about previous goals and made it easy to record progress.

**Theory:** Behavioral change theory

**Resources Required:**

- Staff/Volunteers: Health care providers
- Training: Not mentioned
- Technology: Not mentioned
- Space: Physician's office
- Budget: Not mentioned
- Intervention: Dietary risk assessments, program folders with materials, tip sheets, logo
- Evaluation: Telephone interviewers

**Evaluation:**

- Design: Non-randomized controlled trial
- Methods and Measures:
  - A dietary risk assessment assessed diet intake as well as attitudes and knowledge
  - Telephone interviews

**Outcomes:**

- Short Term Impact: Participants at intervention clinics were more likely to discuss dietary issues with their doctor at some time during the prior two visits. Intervention patients were significantly more likely to report a focus on fat and cholesterol during discussions about diet. They also described more individualized dietary counseling. Many more intervention participants reported getting written information about their diet than participants who did not receive the intervention. Intervention participants reported more goal setting with physicians, were more likely to be able to state at least one goal, and reported greater progress on achieving these goals.
- Long Term Impact: Not measured

**Maintenance:** Not mentioned

**Lessons Learned:** Within the clinical setting, nurses or health educators may be able to provide counseling rather than the physician. While this might minimize the perception that the physician's authority is placed behind the recommendations, it may be a more cost effective strategy and permit lengthier counseling sessions. The program might also prove useful for nutritionists primarily engaged in maternal and child health counseling and who may be less experienced with diet therapy for chronic disease risk reduction.

**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