

Title of Intervention: Brief dietary intervention to decrease consumption of fat and increase consumption of fruits and vegetables in females

Intervention Strategies: Supportive Relationships

Purpose of the Intervention: To decrease consumption of fat and increase consumption of fruits and vegetables

Population: Healthy women between the ages of 40 and 70

Setting: Portland, OR metropolitan area; health care facility-based, home-based

Partners: Kaiser Permanente Northwest HMO

Intervention Description: This intervention lasted six weeks.

- Supportive Relationships: There were two individual counseling sessions 45 minutes in length. The first counseling session started with an orientation and a description of the overall goals of the program. The participants were given feedback about their baseline assessments and were asked to set two personal goals for the session. Based on these goals the participants that chose dietary fat as a goal completed a touch screen computer assisted assessment and discussed their personal goals and plans for change. The automated touch screen program produced a personalized print out. The participant and counselor went over the print out before the end of the session. The participant left the session with the computer print and educational materials and recipes. If the participant chose fruit and vegetable consumption as a goal individual tailored counseling session focused on increasing consumption of fruits, vegetables and whole grains were conducted. The sessions were tailored along stage of change, most frequent type of barrier experienced and level of self efficacy. In the second individual counseling session, participants reported on their progress on the goals created in the first session. If the participant did not choose dietary fat the first time, they completed the automated program described above. Those who had already completed the automated program were asked to focus on fruit and vegetable consumption. All participants were asked to set new goals. Participants received a phone call from the interventionist two to three weeks after the second counseling session and again two to three weeks after the first phone call. The calls lasted five to ten minutes and served to provide support and personalized problem solving training, based on the barriers to dietary self-care as identified during baseline.

Theory: Transtheoretical Model, Social Cognitive Theory

Resources Required:

- Staff/Volunteers: Counselor
- Training: Not mentioned
- Technology: Computer
- Space: Room for sessions
- Budget: Not mentioned
- Intervention: Dietary assessment software, printer, educational materials, recipes
- Evaluation: Recall form, questionnaire

Evaluation:

- Design: Randomized controlled trial
- Methods and Measures:
 - Questionnaire assessed fat and fiber behavior
 - Dietary recall assessed intake

Outcomes:

- Short Term Impact: Not measured

- Long Term Impact: Percent energy from fat, servings of fruits and vegetables and fat behavior score were significantly different in the intervention and control groups. The intervention group had lower percent energy from fat, more servings of fruits/vegetables and lower fat behavior scores.

Maintenance: Not mentioned

Lessons Learned: A moderate-intensity intervention can result in significant dietary change in a general population of motivated HMO patients. This type of intervention may serve as a model for population-based dietary improvement interventions administered through the health care system.

Citation(s):

Stevens, V. J., R. E. Glasgow, et al. (2002). "Randomized trial of a brief dietary intervention to decrease consumption of fat and increase consumption of fruits and vegetables." *Am J Health Promot* 16(3): 129-34.