

Spotlight Education Prompts Intent to Change Dietary Behaviors

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INTRODUCTION

Behavior change theories and models have not been well used in interventions targeting Latin American audiences.¹ Limited literacy, linguistic barriers, lack of participant trust, and time and transportation constraints are all challenges that may impede theory-driven intervention.² Yet, public health efforts, informed by behavior change theories, are needed to raise awareness among Mexican immigrant families through culturally relevant messages that promote healthy lifestyles. In recent years, federally funded nutrition programs have increased emphasis on evidence-based strategies. Under scrutiny is the value of brief (≤15 minute) nutrition education that is designed to raise awareness and delivered in diverse settings.³ Although brief nutrition education is common, its effectiveness is not well documented. In such settings, examining intent-to-change (ITC) behavior may be an appropriate outcome. The purpose of this article is to examine intent to change-specific behaviors as an outcome of a brief nutrition education targeting low-income adults of Mexican heritage.

SPOTLIGHT EDUCATION

Spotlight education involves setting up an informational table in a community setting to educate participants one-on-one or in a small group of 3–4

people (Figure 1). Each session, which lasts about 10–15 minutes, focuses on a specific topic and follows a lesson plan (Table 1), which includes 1 or 2 learning objectives and key messages, open-ended questions to solicit engagement, and visuals (models, posters, handouts, and recipes). This delivery was effective in reaching a target audience for the *Supplemental Nutrition Assistance Program–Education* (SNAP-Ed) *GetFresh Project* in Eastern Coachella Valley, a largely agricultural and rural area with a high percentage of Latino people of Mexican heritage. At community locations such as social services lobbies, food pantries/food distribution sites, or health/resource fairs, spotlight education is useful in reaching individuals who are in the early stages of change (precontemplation or contemplation) and not particularly interested in learning about nutrition.⁴ In this study, 2 registered dietitians from the Riverside County Department of Public Health created spotlight topics (Table 1). These topics focused on specific behaviors: changes in food purchases and preparation for the 3 main eating occasions. A total of 83 spotlight sessions were conducted by 2 educators: a Latino female health educator who was bilingual and fluent in Spanish and English with 14 years of teaching experience, and a white, female, English-speaking registered dietitian with 16 years of teaching experience. Both educators were involved in the lesson planning and had

1-year of previous experience with spotlight delivery during the pilot period. Although some posters and displays were only in English, others were in both languages. All handouts were in both languages. The bilingual educator communicated in Spanish when participants preferred that language. The project team met monthly to coordinate and discuss progress and issues.

INTENT-TO-CHANGE QUESTIONS

According to the Theory of Planned Behavior, an important determinant of a behavior is the individual's intent to perform that behavior.⁵ Intention is a good predictor of future behavior change related to food choices.⁶ The Theory of Planned Behavior informed the evaluation strategy for spotlight education by focusing on ITC-specific behaviors. Nutrition educators administered the ITC questions (Figure 2) immediately after delivering the spotlight education. The ITC evaluation tools were in English and Spanish. Each respondent answered only the 2 questions for the specific target behavior reinforced in the spotlight topic: (1) a retrospective question about the behavior during the week before the contact and (2) a question about the participant's intent to increase (or decrease) frequency of that behavior in the future. The questions were developed and cognitively tested for face validity through the University of California *CalFresh Nutrition Education Program* (UC CalFresh). A comparison group of participants who were not exposed to spotlight education completed the same 2 ITC questions for a specific target behavior with demographic questions. The protocol for the study was approved by the University of California at Davis Institutional Review Board. *GetFresh* participants were mostly female (75%), Latino by self-report (76%), and aged

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Figure 1. Spotlight education at a WIC Clinic.

18–60 years (77%). Almost half were enrolled in SNAP (42%).

RESULTS AND DISCUSSION

Cultural food practices may differ among low-income, ethnically diverse audiences, so that some targeted nutrition messages resonate better than others. In this study, shopping with a list and not drinking sugar-sweetened beverages (SSB) daily were less frequently performed target behaviors; over 50% reported not performing the behaviors before spotlight contact

(Table 2). In contrast, eating >1 kind of vegetable daily, although an important message correlated with higher serum carotenoid levels,⁷ was a behavior that >70% of the largely Mexican heritage sample reported already performing, which left little room for improvement. *GetFresh* participants were more likely than were comparison respondents to intend to shop with a list ($P < .001$; $n = 622$ *GetFresh*; $n = 95$ comparison), avoid drinking SSB every day ($P < .001$; $n = 1,259$ *GetFresh*; $n = 161$ comparison), and eat fruit for breakfast ($P < .01$; $n = 342$ *GetFresh*; $n = 68$ comparison [Fisher exact test, 2-sided]) (version 9.3, SAS, SAS Institute, Cary NC, 2002–2010). No significant difference was seen for eating >1 kind of vegetable every day or eating whole grains for breakfast. Controlling for SNAP participation, prior behavior, gender, ethnicity, and age, odds ratios of the ITC behavior were estimated. *GetFresh* participants were 2.89 times more likely than comparison respondents to intend to avoid drinking SSB every day ($P < .001$; 95% confidence interval, 2.03–4.12) and 3.22 times more likely to shop with a list ($P < .001$; 95%

confidence interval, 1.90–5.45). The ITC for eating fruit for breakfast was no longer significantly different ($P = .03$) (significant at $P = .01$).

IMPLICATIONS FOR RESEARCH AND PRACTICE

This study provides evidence of the value of 15-minute spotlight education in SNAP-Ed programs. A brief intervention that focuses on a specific eating or food-shopping behavior could be beneficial to raise awareness that leads to behavior changes in a low-income population of Mexican heritage. In communicating consistent and culturally relevant messages, brief contacts may be important to clarify misconceptions and personalize the information to individuals. This evaluation approach is also useful to identify messages that resonate well in a particular audience by assessing the percentage of those not performing the target behavior at baseline and their ITC that behavior. Follow-up studies are needed to determine whether ITC actually results in behavior changes

Table 1. Spotlight Education Topics, Learning Objectives, Key Messages, and Open-Ended Questions

Topic	Learning Objective	Key Message	Open-Ended Question
A healthy breakfast with fruit and whole grains	Name at least 2 reasons why it is important to eat breakfast every day. Name 2 breakfast ideas that include fruits, vegetables, and whole grains.	A healthy breakfast includes fruit and whole grains.	Why do you think we need to eat breakfast every day? Why do you think it is important to eat fruits, vegetables, and whole grains for breakfast? What breakfasts do you eat or have you eaten that include these food groups?
A quick healthy lunch with a healthy beverage	Name at least 1 idea for a healthy drink choice at lunch.	Choose a healthy beverage without added sugar.	What do you usually drink at lunch? Why do you think too much sugar is bad for your health?
An easy, 1-pot dinner, providing half the plate as fruits and vegetables	Participants will be able to list 2 reasons to cook (prepare) meals more often. To improve the family’s ability and confidence level to include healthier foods in their meals.	Making a 1-pot dish is 1 way to make a quick meal that is healthy and does not require too much preparation time.	Why do you think people may not cook or prepare dinner every night? If you could make a meal using just 1 pot, what ingredients would you use?
Smart shopping tips focusing on use of grocery lists	Participants will be able to name 2 ways to save money when shopping at the grocery store/farmers’ market.	Making a list helps you stay within your budget.	What are your thoughts about making a shopping list and sticking to it? Why is it best not to shop when you are hungry?

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