

## Recipe for In-Clinic Nutrition Education

BRENDA SEARS

*Program Officer-Healthy Living, The Colorado Health Foundation*

Each year, food and beverage companies spend billions to market their products to children in every environment where they live, learn, and play. In addition to commercials and print ads, food and beverage companies market their products to children through product placement in movies, television shows, and video games. They also use spokes-characters and celebrities to encourage consumption of products and offer free music downloads, cell phone ringtones, toys, and online games on their websites and in emails and text messages. These tactics affect not only which foods children ask their parents to purchase, but also which foods they are willing to eat. Unfortunately, the overwhelming majority of the food and beverage products marketed to children are high in calories, added sugar, saturated fat, and sodium.

### NUTRITION EDUCATION PROGRAMS CAN ENCOURAGE HEALTHY FOOD CONSUMPTION

When The Colorado Health Foundation began funding in the healthy living space in 2007, we saw nutrition education as an avenue to encourage the consumption of healthy foods. Some nutrition education classes were successful in changing dietary habits and improving health outcomes while others appeared to have no effect on participants. Recently we reviewed our investments and identified several lessons that have improved our funding strategies and that may help inform the field.

### CHARACTERISTICS OF EFFECTIVE NUTRITION EDUCATION PROGRAMS

► **Lesson One: Facts are not enough.** Food and beverage companies are skilled at persuading consumers that unhealthy food is healthy with words and phrases like “all-natural” and “low-fat.” It is important to provide basic and accurate information about food to program participants; however, providing dietary guidelines and recommendations alone does not change behavior. The foundation found that programs that only teach participants how to select foods with less fat or how to read a

food label accurately were able to show an increase in knowledge but had little to no effect on behavior or health outcomes.

- **Lesson Two: Values and beliefs are essential.** The foundation saw better outcomes when programs included time for participants to examine their personal perspectives about food. Children and their parents value food that is tasty, affordable, convenient, filling, or comforting. If they believe they can get these things from healthy foods, they are more likely to consume them. The most effective nutrition programs help participants identify their values and beliefs related to food, understand how their values and beliefs impact their food choices, and identify healthy foods that are aligned with their values.
- **Lesson Three: Address social pressures and influences.** Several studies show that people are happier if they are making similar choices to those sitting around them. It can be lonely, frustrating, and depressing for people to watch their friends and family eat sugary cereal, salty snacks, and supersized portions while they are limiting their own consumption. In addition, well-meaning friends can ask the wrong questions or give bad advice. The foundation realized that participants in the best programs developed skills related to talking to friends and family about their

---

*Tactics used by food and beverage companies—ads, product placement in movies and television shows, free music downloads, and toys—not only affect which foods children ask their parents to purchase, but also which foods they are willing to eat.*

---

new dietary lifestyle and soliciting support. Effective programs also linked participants to influential people (such as peers or parents) who affirm and reinforce healthy choices.

- **Lesson Four: Incorporate relevant cultural resources.** The best programs integrated culturally relevant songs, games, and traditions to promote learning. For example, one program used the colors of the Mexican flag to teach children and their families about healthy foods, and highlighted fruits and vegetables from Mexico.

## ENGAGING PRIMARY CARE

Most of the nutrition education classes funded by the foundation took place in community settings. At the same time, the foundation was growing increasingly interested in what we called the sweet spot—the areas in health care and healthy living that overlapped. The primary care practice is an ideal site to identify unhealthy behaviors, educate children and their parents about the risks of unhealthy nutritional habits, and establish and implement therapeutic interventions.

Several health professional associations recommend that primary care providers include nutrition interventions as part of routine medical care; however, many providers struggle with how best to intervene.

In 2010 the foundation partnered with the Colorado Academy of Family Physicians and the University of Colorado's Department of Family Medicine to develop a primary care, office-based program for children and their families that emphasized increasing fruit and vegetable intake and decreasing sugar-sweetened beverage consumption. The program, named Fit Family Challenge, makes nutrition education a part of routine primary care. Ten sessions are delivered monthly by clinic case managers to a group of children and their accompanying parents and siblings. The program provides nutrition education classes to children and families in a setting that is familiar and accessible and in a place they visit regularly for other reasons.

## SETTING MATTERS: CHARACTERISTICS OF SUCCESSFUL CLINICS

The Fit Family Challenge was implemented in family medicine and pediatric clinics all across the state. Overall, there were statistically significant increases in fruit and vegetable intake and physical activity, and statistically significant decreases in body mass index among overweight children in the program. While we expected changes in behavior, we were surprised to see a change in body mass index. However, the success varied from clinic to clinic. Implementing this type of program requires a shift in the way physicians think and the way clinic staff do their work. Here are some of the characteristics of a clinic most associated with success:

➤ **Lesson One: The program should align with the vision, mission, and strategic plan of the clinic.** A clinic with a goal of being a provider of innovative and complex care will prioritize different activities than a clinic with a goal of disease prevention. The nutrition education program needs to align with the organization's mission and vision. It is also important that the program supports the organization's approach to achieving its goals and objectives.

➤ **Lesson Two: The program needs to be consistent with the clinic's values and culture.** To implement a nutrition education program in a clinic, patient education must be a key value. The providers need to believe that dietary changes can be just as effective as prescriptions. The clinic needs to welcome and support innovation and creativity. In addition, staff must embrace a spirit of teamwork and be flexible about their roles.

---

*Nutrition education programs are an effective strategy for encouraging healthy dietary behaviors. The most effective programs address values and beliefs, social pressures and influences, and culture.*

---

➤ **Lesson Three: Support from leadership is key.** Leadership should believe that the program is needed and will be worthwhile. The most successful clinics had high levels of commitment from people in key decisionmaking positions. They made the nutrition education program an organizational priority and had the authority to allocate the time and resources to make the program a success. Additionally, they actively championed the program and its implementation.

➤ **Lesson Four: Resources need to be available.** Staff need to be available to plan and implement the nutrition education program. It is important that the clinic not have several other initiatives going on at the same time that could compete with the nutrition program. There should also be stability in staffing. Recent and high levels of turnover signal potential problems later with maintaining the program and the relationships with participants.

## CONCLUSION

Nutrition education programs are an effective strategy for encouraging healthy dietary behaviors. The most effective programs address values and beliefs, social pressures and influences, and culture. In addition, offering classes in the clinic setting presents health care providers as credible heroes to counter persuasive messages that come from food and beverage company spokes-characters and celebrities. Having a professional association develop and promote the in-clinic nutrition education program is key for creating buy-in and furthering success.

**VIEWS FROM THE FIELD** is offered by GIH as a forum for health grantmakers to share insights and experiences. If you are interested in participating, please contact Osula Rushing at 202.452.8331 or [orushing@gih.org](mailto:orushing@gih.org).