

**RESEARCH & PRACTICE INNOVATIONS: STRATEGIES FOR LIFESTYLE CHANGES (PART 1)****Diet Quality Improved in Obese Older Women after a Behavioral Intervention as Measured by the Healthy Eating Index-2005**

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**Learning Outcome:** To describe the effect of a behavioral weight-loss intervention on diet quality.

Past behavioral lifestyle interventions showed participants can successfully lose weight and minimize weight regain with the inclusion of a follow-up intervention. There is a gap in the literature assessing whether diet quality improves in addition to weight-loss. This analysis examines the effect of a weight-loss intervention on the diet quality of subjects participating in the Treatment of Obesity in Underserved Rural Settings (TOURS) study. TOURS was a randomized trial to evaluate the effects of a 6 month weight management intervention with 12 months of follow-up. Participants included 209 older, obese women, (mean age=59.65±6.05, 78% Caucasian). As previously reported, participants lost weight during the weight-loss intervention [mean BMI was 36.74±4.82 at baseline (212.31±32.85lbs) and 32.89 ±4.97 after 6 months of intervention (190.07±32.54lbs)] and maintained most of the lost weight during the one year follow up [mean BMI=33.58-±5.47 (194.02±36.50lbs)]. Participants completed the Block 98.2 Food Frequency Questionnaire (FFQ) at these same assessment points. The FFQ was analyzed by NutritionQuest; we then converted scores to be consistent with results from a 24-hour recall to assess diet quality. The Healthy Eating Index-2005 (HEI-2005) was used to measure diet quality on a scale from 0-100 based on the 2005 Dietary Guidelines. Between baseline and 6-months the mean HEI-2005 score increased from 68.26±10.17 to 77.66±7.36 (p<.0001). During the 12-month follow-up intervention the HEI-2005 scores decreased from 77.66±7.36 to 75.88±8.37 (p<.024). Although weight-loss was the primary focus of the intervention, participants' diet quality also improved during the initial phase of treatment and some improvement was maintained over follow-up.

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**Focus on Fruits and Vegetables for Low-Income Families: Framework for the Food Hero Social Marketing Campaign in Oregon**

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**Learning Outcome:** Describe why multiple research methods and categories of outcome measures in social marketing needs assessments are important.

**Background:** Less than one third of Oregonians consume the recommended daily servings of fruits and vegetables. The research objective was to develop a social marketing campaign that would increase fruit and vegetable intake of low-income Oregonians.

**Methods:** The framework for the campaign was based on a formative needs assessment using four focus groups in two counties (n=25) and phone surveys in five counties (n=1486). Outcome measures fell into three categories: fruits and vegetables; shopping and meal preparation; and communication. Participants were Supplemental Nutrition Assistance Program (SNAP) recipients, primary shoppers in their homes, and had children living at home <18y.

**Results:** Most respondents were females (86.4%) who rarely (46.2%) received help preparing dinner. Respondents wanted information about healthy food choices from the internet (46.7%). This was more so with adults <35y and less in single adult households. Respondents found useful cooking tips and ideas from the internet (28%) and friends and family (25%). These results molded the campaign framework. Food Hero was designed as a multichannel campaign with foodhero.org as the primary channel. All channels incorporate social networking. The target audience is SNAP-eligible moms <35y with children living at home.

**Conclusion:** Researchers found low-income moms do have Internet access and want to learn about healthy eating online. However, to reach single-adult households and older parents other communication channels may be useful. Implications for practice include the importance of thorough needs assessments in social marketing and that the Internet can be an effective health education channel amongst limited income populations.

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**"Teens Talk Healthy Weight": The Impact of a Motivational DVD on Obesity Related Outcomes in an Adolescent Clinic**

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**Learning Outcome:** Be able to list the impact of a weight management DVD on overweight/obese adolescent patients and their parents in an outpatient clinic.

**Purpose:** To investigate the impact of a 7-minute motivational weight management DVD, that uses real patient/parent testimonials and provider-patient interactions, on adolescent and parent knowledge of obesity-related diseases; readiness, motivation, and self-efficacy to lose weight; perceived importance of family involvement; and connectedness to care provider.

**Design:** A randomized control trial was conducted among 40 overweight/obese adolescent patients and their parents (total N=80) who visited a referral-only Adolescent Clinic for the first time. Patients were randomly assigned to standard care alone or standard care plus DVD.

**Methods:** Standard care was provided to all patients by a Registered Dietitian and physician. Patients in the intervention group also viewed the DVD. Adolescents and parents completed assessments pre and post clinic visit.

**Analysis:** Group equivalence was determined using baseline data. Analysis of covariance was used to evaluate group differences, while controlling for pre-test scores and race/ethnicity, when necessary.

**Results:** Parents who viewed the DVD experienced greater improvements in obesity-related disease knowledge than parents who did not view the DVD. Adolescents in both groups improved their motivation, self-efficacy to lose weight, as well as their perceived importance of family involvement to assist with weight loss.

**Conclusion:** A 7-minute motivational DVD helped improve parent knowledge but was not more powerful than standard care alone in changing other weight-related outcomes in this adolescent specialty clinic. Future research should examine the impact of repeated DVD viewings and use of the DVD in a primary care setting where motivation and readiness to lose weight may not be as high.

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