

Theory-based Nutrition Education: A Review of Fresh Conversations

Sarah L. Francis PhD, MHS, RD
Associate Professor
Iowa State University

PART 1

FIDELITY ASSESSMENTS

Fidelity Assessment Update

- 7 completed for July 2017; 7 scheduled for August 2017
- No major concerns to report

LOGISTICS and PREPARATION CHECKLIST

	YES (1)	NO (0)	N/A
Arrives on time (~10 to 15 minutes early) for set up, start time and prepared to lead session.			
Recipe has been prepared and tasted before meeting to ensure confidence in high quality product.			
Has all meeting supplies needed.			
Arranges meeting space in a way that encourages discussion. (e.g. put tables and chairs in a u-shape; in large meeting area, chairs/tables for the meetings are moved away from those not participating, etc.)			
Room is appropriate for meeting:			
<ul style="list-style-type: none"> ● noise and distractions kept to a minimum 			
<ul style="list-style-type: none"> ● microphone available for larger groups or facilitator is located close to participants (they can easily hear) 			
<ul style="list-style-type: none"> ● attractive/welcoming space 			
<ul style="list-style-type: none"> ● ADA (handicap) accessible 			
<ul style="list-style-type: none"> ● space for physical activity demonstration 			
Greets participants as they arrive or gather for the meeting			
TOTAL			
Comments:			

MEETING CHECKLIST

	YES (1)	NO (0)	N/A
Clearly introduces key topic for meeting.			
Asks participants to share any action(s) taken since the last meeting.			
Follows the outline in the facilitator's guide.			
Encourages conversation: asks for comments, asks participants questions, engages participants in activities.			
Provides a food tasting sample.			
Provides tips and advice about the recipe (e.g., substitutions, where to find ingredients, cost).			
Food sample is presented in an attractive manner--serving plate, etc.			
Follows food safety practices during food demonstration and food sampling activities (clean surfaces, utensils, hands, etc.).			
Demonstrates a physical activity movement for the group before they try it; accommodates individual needs.			
Answers questions appropriately when asked.			
Meeting lasts about 30 minutes. If over, how long and did it interfere with any other activity?			
Total			

PRESENTATION SKILLS

	Excellent (4)	Good (3)	Fair (2)	Poor (1)	N/A
Presentation style is engaging. Examples: maintains eye contact, articulates clearly, avoids standing behind a table or other barrier.					
Presentation style is professional yet fun/friendly/likeable (people respond better to people they like).					
Accurately uses own words to communicate meaning and important points.					
Encourages participation from many individuals; successfully manages people who talk too much/too little.					
Positively reinforces participants (e.g., provides positive feedback or encouragement after a participant shared).					
TOTAL					

Comments:

Signature of Observer: _____

FIDELITY ASSESSMENT REPORT

This assessment report is to be completed by the *Fresh Conversations* Nutrition Education Coordinator based on the fidelity assessment results. Coordinators are to meet with the Facilitators to review these assessments and to work collaboratively to identify an action plan to improve in any identified areas.

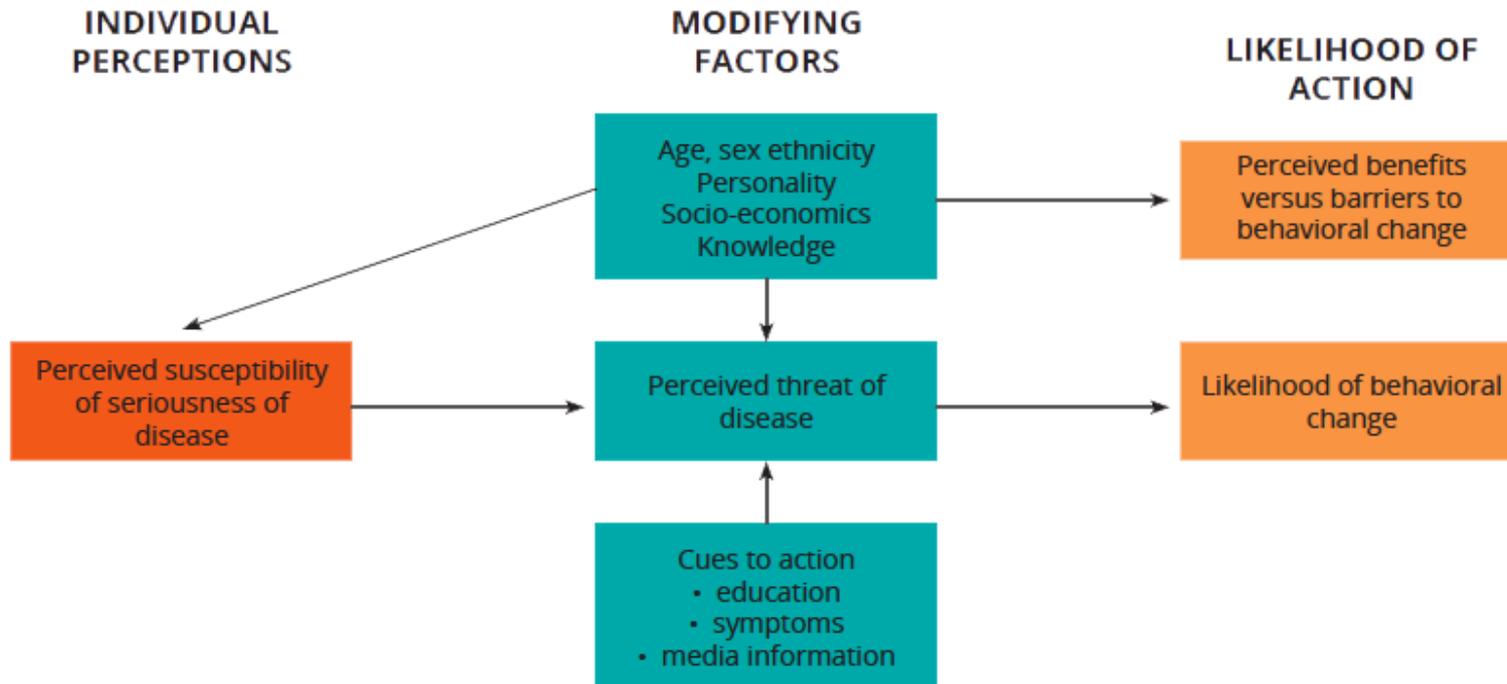
TOTAL FIDELITY ASSESSMENT SCORE:	
TOTAL FIDELITY ASSESSMENT CATEGORY: ***Need to determine point scale for these classifications***	<input type="checkbox"/> Excellent —no changes needed <input type="checkbox"/> Good —facilitation could be strengthened by improving in the areas discussed below <input type="checkbox"/> Needs Improvement —several steps will need to be taken to improve <i>Fresh Conversations</i> meeting facilitation
IDENTIFIED STRENGTHS	
AREAS FOR IMPROVEMENT	
ACTION STEPS (be specific with goals of when action should be completed)	
Facilitator's Signature: _____ Coordinator's Signature: _____ Date: _____	

PART 2

HEALTH BELIEF MODEL REVIEW

Health Belief Model (HBM)

(Maiman & Becker, 1974; Champion & Skinner, 2008)

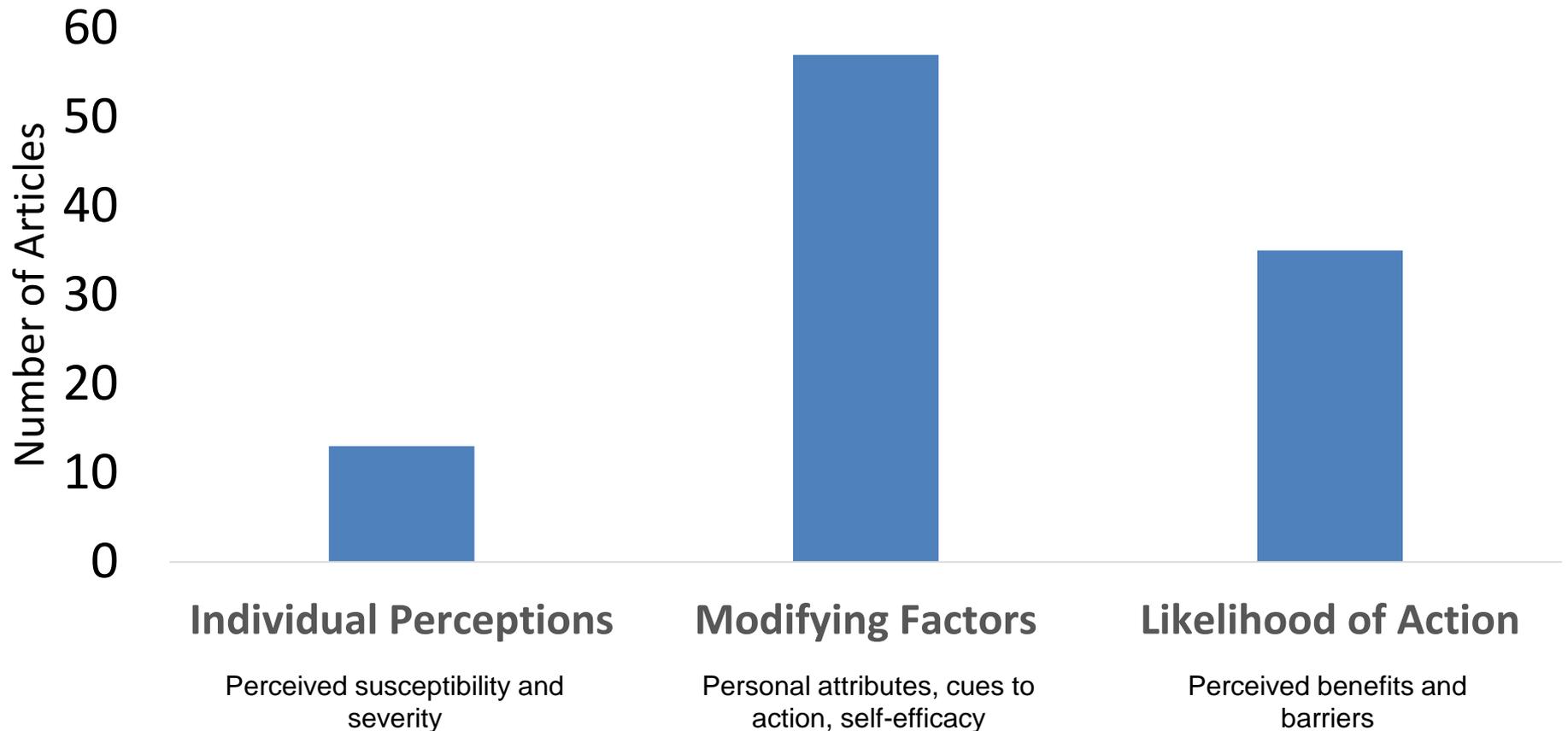


<https://sbccimplementationkits.org/urban-youth/health-belief-model/>

Methodology

- Newsletters and Guides independently reviewed using the Fresh Conversations HBM writing guide
- Review identified:
 - HBM category gaps
 - Topic gaps
 - Strengths and weaknesses
 - Recommendations for future newsletters and guides

HBM Category Gaps



Topic Gaps

MONTH	DIETARY	FOOD SAFETY	PHYSICAL ACTIVITY	FOOD SECURITY	GENERAL HEALTH	MAIN TOPIC
JANUARY	X	X	X		X	• PULSES
FEBRUARY	X	X	X		X	• FOOD POISONING
MARCH	X				X	• CAULIFLOWER
APRIL	X		X		X	• POTASSIUM RICH FOODS
MAY	X	X	X		X	• WHOLE GRAINS
JUNE	X	X	X			• VEGGIES AND FRUITS
JULY	X		X	X		• FATS
TOTAL TIMES INCLUDED:	7	4	6	1	5	

Recommendations for Fresh Conversations

- Better inclusion of perceived susceptibility and severity
- Balance of passive and active teaching
- Active interaction may include games or unique monthly activities in future meetings

References

- Champion VL, Skinner CS. The health belief model. In Glanz, K., Rimer, B. K., & Viswanath, K. (Eds.), *Health behavior and health education: theory, research, and practice*. (pp. 45-65). San Francisco, CA: Jossey-Bass, Inc. 2008.
- Maiman L, Becker M. The Health Belief Model: Origins and Correlates in Psychological Theory. *Health Education Monographs* 2, 1974; 336-353.

Next Steps

- Complete fidelity assessments (August 2017)
- Qualitative program evaluation (early Spring 2018)
- Physical activity needs assessments (late Spring-Summer 2018)