
GENIE : Guide for Effective Nutrition Interventions and Education

Definitions

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Guide for Effective
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Category 1:

Feasible- capable of being done; reasonable (Merriam-Webster) Ex: An organization has sufficient resources such as funding, skilled staff members, programming space, etc to carry out program.

Well-timed- happening at a good, or suitable time (Merriam-Webster) Ex: A program promoting breastfeeding is delivered to women while they are pregnant.

Novel- new and different from what has been known before (Merriam-Webster) Ex: A program using a new online application to track physical activity. Re-tailoring a successful cooking program developed for children to a new audience of developmentally disabled adults.

Target group-intended audience for intervention. Target group may be defined by age, gender, socio-economic status, location, health literacy, chronic disease risk factors (like blood pressure, cholesterol, BMI, A1C) or other factors. Ex: A diabetes prevention program targets overweight, Hispanic women who receive primary care at three area health clinics.

Health literacy- an individual's ability to read, understand, and use health care information to make decisions and follow instructions for treatment (Contento 2011) Ex: A group of adults may recognize the meaning of "high blood pressure", but may be unfamiliar with the medical term "hypertension".

Socio-economic status(SES) - the social standing or class of an individual or group. It is often measured as a combination of education, income and occupation. (APA) Ex: Within a single company, executives may have a higher socio-economic status (higher income, more education? than lower level employees (lower income, less education).

Health inequity-differences in health status or in the distribution of health determinants between different population groups. (WHO) Ex: Lower SES neighborhoods have higher obesity rates than higher SES neighborhoods. One suggested explanation for this is that lower SES neighborhoods have fewer quality physical activity facilities and lower physical activity levels than moderate and higher SES neighborhoods.

Related research- current, published scientific evidence that applies to the program Ex: A family weight-control program cites research that shows that social support can help participants meet weight loss goals.

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Best practice- a method that is generally accepted as being the best to use in a particular field (Cambridge Dictionary) Ex: A sphygmomanometer is considered the best tool for measuring blood pressure.

Needs assessment (proof of need) – identifying needs, problems, concerns, or areas of interest within the intended audience Ex: A survey of high school students shows that after the cafeteria closes, there are limited healthy snack options afterschool. A student advisory group is assembled to help choose and advertise healthier vending machine options.

Category 2:

Goal-the purpose towards which a program is directed. Ex: A program to reduce saturated fat consumption may have the following goal: Participants will switch from whole milk or reduced fat milk to 1% or fat-free milk.

Proximal goals- changes in knowledge Ex: Participants can identify three reasons why it's important to limit their consumption of high fat foods.

Intermediate goals-changes in behaviors, actions, or decisions. Ex: Participants reduce their consumption of high fat foods such as full fat dairy, pastries, and fried foods.

Distal goals- change in condition or physiology; Longer range impacts such as sustained weight loss, reduced risk of chronic disease or decreased healthcare spending can also be included. Ex: Participants have lower serum cholesterol concentrations. Participants have lower incidence of heart disease.

Measurable goal - An observable, preferably numerical, target that can be used to gauge the success of the program. Measurable goals should be clear, finite, and verifiable. Ex: A lactation support program for new mothers has a goal of increasing women's knowledge of the benefits of breast feeding (knowledge goal), sustaining breastfeeding among 90% of participants until infants are at least 6 months old (behavioral goal), and reducing "failure-to-thrive" diagnoses among infants (distal goal).

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Category 3:

Model/Frameworks- a systematic view of how concepts (such as nutrition-related behaviors, personal beliefs, environments, etc) are related to each other, and how these relationships can be used to explain and predict phenomena (such as whole grain consumption, label reading, diabetes self-management) (Kerlinger 1999 in Contento 2011). Examples include Social Ecological Model, Stages of Change, Social Cognitive Theory, Theory of Planned Behavior and others. Ex: A weight loss program uses a pre-test to measure the stage of change for each participant. Participants receive tailored weight loss education and support appropriate for their stage.

External influences- roots of behavior outside of one's personal control. This may include family, social networks, institutions, schools, worksites, childcare, health care, neighborhoods, food access and others. Ex: A workplace intervention provides education on healthy eating, but also works to create a social norm of lunchtime walks and a healthy meeting catering policy.

Category 4:

Setting- the time, place, and conditions in which a program takes place (Merriam Webster) An appropriate setting is determined by the needs of the target audience. Ex: An evening cooking program for low-income mothers is located in a community center accessible via public transportation and where child care is offered.

Retention- maintenance of participants in activities throughout program. Ex: In a 6 session program, how many participants attended all 6 sessions?

Category 5:

Techniques to promote learning- methods used to teach new ideas, skills or behaviors. Ex. May include Active involvement (such as food prep or role playing), verbal or written communication, group/partner work, peer educator format or others.

Techniques to motivate- strategies to inspire behavior change and/or promote continued program participation. Ex: include motivational interviewing, incentives, personal health risk assessments or others

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Behavior change-the modification of processes or actions undertaken by an individual or a group of individuals Ex: A family changes their after-dinner routine from watching TV to walking around the block.

Techniques to promote behavior change- strategies that lead to the modification of an individual's actions (UNICEF, adapted) Ex: include goal setting, monitoring, skill practice, building self-confidence or others

Teaching time-total instructional time provided Ex: A program provides 12 hours of contact time with participants.

Dose- number, length, and frequency of contacts Ex: A program consists of 12 sessions, each 60 minutes in length, over a 6 month period.

Guidance on dose may not be provided directly in the literature, but justification may be based on the success or failure of previous programs with reported dose, or stages of changes/behavior literature, resources, or population availability may also be used as justification

Motivational interviewing-“a client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence.” (Miller and Rollnick, 1991) Ex: A diabetes self-management program offers individual motivational interviewing sessions in addition to regular support groups for peer interaction.

Category 6:

Content- Description of what information or activities will be provided to program participants Ex: A kindergarten nutrition program to promote healthy eating will focus on learning about fruits and vegetables, trying new foods, basic food prep and table manners.

Expert/ key informant- a person having or showing special skill or knowledge because of what they have been taught or what they have experienced (Merriam-Webster) Ex: When developing a nutrition education program for Hispanic dialysis patients, one may consult with a Board Certified Specialist in Renal Nutrition (expert), a Hispanic health educator (expert/ key informant), or a group Spanish-speaking dialysis patients who are part of your target population (key informant).

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Relevant research- published research related to the topic at hand Ex: A program justifies their choice to include goal setting activities as part of each session by referencing a related study or studies that shows that goal setting can help participants change their behavior.

Government/ health society guidance – Official recommendations based on science, issued by a governing body or respected non-governmental organization Ex: MyPlate, USDA Dietary Guidelines, American Heart Association TLC diet

Category 7:

Materials- items used in the program Ex: pamphlets, worksheets, foods, pictures or models.

Culture- a set of beliefs, knowledge, traditions, values, and behavioral patterns that are developed, learned, shared, and transmitted by members of a group (Contento, 406). A workplace has a culture, as does a college campus, as does an ethnic group. Ex: A nutrition education program within a close-knit immigrant community is careful to acknowledge and respect the unique traditions, social structure, and foodways of the participant's culture.

Relevance- The extent to which an intervention plan addresses the needs of participants and of other community stakeholders. (Source: CDC, adapted) Ex: A faith community intervention focuses on healthy eating for cardiovascular disease prevention after a prominent community member suffers a stroke.

Household status-living environment Food security, physical resources, financial resources, time, family situation and others. Ex: A nutrition education intervention for parents also welcomes grandparents and other family members who serve as caregivers at home.

Food Insecurity- "Limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways". (Feeding America) Ex: A nutrition education intervention for food bank patrons includes recipes that can be prepared using foods available to participants.

Food/ Diet needs- eating patterns specific to each individual These could include food preferences, allergies, religious dietary rules, and others. Ex: A school foodservice intervention

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avoids pork and peanut products due common avoidance of these foods among the population and allergy concerns.

Learning style- a person's unique preferred mode of gaining knowledge; based on strengths and weaknesses. Educational programs should include activities that address each style to accommodate a variety of learners. Ex: A program for cancer survivors includes handouts, role playing, group discussion, and personal journaling to appeal to a varied audience.

Format- the method of program delivery. Format can be web-based, in person meetings, print materials, telephone counseling and others. Ex: A post-partum weight loss program includes a combination of support group meetings and telephone counseling to accommodate the needs of new mothers.

Category 8:

Reliability- a measure of the consistency and dependability of an evaluation tool (Contento, 333). A reliable tool will have the same result each time an identical thing (object, behavior, quantity is measured). Ex: A program chooses to use a survey that, has been shown to give the consistent estimates of whole grain consumption for a person over a defined time period.

Validity- the degree to which an evaluation tool adequately or correctly measures the variable or concept under study (Contento, 333). A valid tool will have an accurate result each time a measurement is taken. Ex: The same scale, calibrated for accuracy, is used to measure pre and post weights of all program participants.

Outcome evaluation- A type of evaluation to determine what results from a program and its consequences for people. Outcomes are the direct results or benefits for individuals, families, groups, communities, organizations, or systems. Examples include changes in knowledge, skills, behavior, health status, decision-making, policy development and others. (UW Extension) Ex: A pediatric obesity program evaluates children's knowledge of MyPlate, saturated fat intake, and change in BMI z.

Impact evaluation- A type of evaluation that determines the net causal effects of the program beyond its immediate results. Impact evaluation often involves a comparison of what appeared after the program with what would have appeared without the program. (UW Extension) Ex: A hospital institutes a new nutrition cardiac rehab program for patients discharged following a

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cardiovascular event (myocardial infarction, stroke). Hospital admission rates for repeat cardiovascular events are compared before and after program institution.

Process evaluation- A type of evaluation that examines what goes on while a program is in progress. It assesses what the program is. (UW Extension) Ex: Education sessions are monitored by a manager to ensure that a programming is delivery is consistent between community health educators. Health educators collect weekly food diaries from participants to monitor attendance and program compliance.

Proximal outcomes- changes in knowledge Ex: Participants can identify three reasons why it's important to limit their consumption of high fat foods.

Intermediate outcomes-changes in behaviors, actions, or decisions. Ex: Participants reduce their consumption of high-fat foods

Distal outcomes- change in condition or physiology. Weight loss, reduced risk of chronic disease, decreased healthcare spending and others are included. Ex: Participants have lower serum cholesterol levels. Participants have lower incidence of heart disease.

Analysis plan- explains the way data gathered from process and outcome assessments will be examined (usually with statistics) to determine if goals were met. Ex: A program develops a mean score on participants health beliefs by computing the average ratings for the importance of three diabetes prevention measures (reducing dietary fat, reducing added sugars, and physical activity).

Category 9:

Program elements that may increase program's expectation to continue- existing resources, stakeholder buy-in, target group adoption

Collective program impact- the commitment of a group of organizations from different sectors to a common agenda for solving a complex problem Ex: To create healthier environments for youth, a pediatric advocacy group works with the city council to create a healthy vending policy at recreation centers and coordinates with local community organizations to organize clean-up days for recreation center playgrounds.