

Beverly Gor, EdD, RD, LD, CDE, was named a 2010 Top Innovator by ADA's Council on Future Practice for her work with nutrition and cancer prevention in minority populations. Photo: Eric Kayne



Portraits of Prevention: Approaches to Launching Successful Programs

BY ALLISON MACMUNN, MA, AND LIZ SPITTLER

When Beverly Gor co-founded the Asian American Health Coalition 17 years ago, she did more than start a nonprofit organization for her community in the greater Houston area. She joined a growing movement of practitioners focused on health promotion and disease prevention. Today, national attention on chronic diseases, health care expenses, preventive services and the role of diet and nutrition in all of the above, has put prevention at the top of the list of priorities for many stakeholders. But the cornerstone of dietetics is evidence-based practice—and proving a negative can be an elusive target.

While there was much anticipation within the food and nutrition community for the release of the 2010 *Dietary Guidelines for Americans* in January, the Advisory Committee Report released last June prior to the *Guidelines* also broke new ground.

For the first time in the 30 years that the *Dietary Guidelines* have been published, the report was entirely evidence-based, with rigorous application of a new systematic review process developed as part of the U.S. Department of Agriculture's Nutrition Evidence Library.

The Advisory Committee report also addressed an unhealthy American public in which 72 percent of women and 64 percent of men are overweight or obese—and placed unprecedented emphasis on the primary prevention of obesity.

“The Committee was united in its conviction that every adult—parent, teacher, coach, family member—is a role model for a child,” says Linda Van Horn, PhD, RD, Editor-in-chief of the *Journal of the American Dietetic Association*, who served as chair of the Committee. “Only with collaborative effort among all adults is there hope to make a difference in the health of the next generation.”

The recommendations, in addition to national attention on chronic diseases, health care expenses, preventive services and the role of diet and nutrition in all of the above, has put prevention at the top of the list of priorities for many stakeholders. And as the focus on prevention initiatives increases, particularly on local and community levels, so will the competition for funding opportunities to develop and implement prevention initiatives.

“Evidence and evaluation allow us to promote the value of prevention in terms of lives saved, diseases prevented and dollars and cents saved in health care costs,” says Elvira Souza, MPH, MS, RD, public policy chair of the Public Health and Community Nutrition dietetic practice group. “Providing the evidence that programs are effective puts us in a better position to compete for resources.”

However, when funders, legislators or even other researchers want irrefutable proof that an otherwise inevitable future event was evaded, some of the challenges of proving prevention emerge.

“One touchy aspect of this endeavor is that one never knows what would have happened without preventive protocols,” says medical researcher Tom Wnorowski, PhD, CNCC, who specializes in neuropilids studies. “Without trials of some sort,

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convincing a hard scientist can be difficult. If you drive to work and do not have an accident, what did you do to prevent it? If you go the same route, follow the same routine and keep everything else constant, how do you explain the fender bender from the man who rear-ended you?”

“Sometimes professionals, in addition to lay people who are tuned into the scientific method, run the risk of always thinking in terms of treatment and control,” says Suzanne Pelican, MS, RD, a recently retired food and nutrition specialist from the University of Wyoming Cooperative Extension Service. “It is the way many of us were trained to evaluate data, and that is just not the way it works in large-scale community-based interventions, where you have people who are free living surrounded by lots of variables that cannot be controlled.”

In addition, pre- and post-intervention biomarker measurements can help demonstrate efficacy, but empirical science generally requires a control group—which most community nutrition programs will not have.

“You can't withhold intervention from people to see if there is a different health outcome,” says Robin Foroutan, RD, communications chair of the Dietitians in Integrative and Functional Medicine dietetic practice group. Preventive care is a major component of functional medicine—a field that, according to Foroutan, faces many of the same challenges as prevention when it comes to generating evidence-based research.

“We address what is regarded as pre-disease conditions and that, when corrected, theoretically stop the path of disease,” says Foroutan. But another factor—and central tenet of functional medicine—is the individual's genetic uniqueness. “In terms of research and evaluation, this proves to be a challenge because it means that different therapies work for different people.”

Despite the challenges associated with proving that prevention works, registered dietitians are finding ways to address these challenges through strategies in program design and evaluation.

PREVENTION TAKING CENTER STAGE

It hasn't been easy getting legislators to recognize the value of investing in community prevention and public health initiatives, but it is quickly gaining acceptance, according to Mary Pat Raimondi, MS, RD, ADA's vice president of strategic policy and partnerships.

“When the Obama administration started looking at health care expenses and drivers, its conclusion was a message that ADA has promoted for a long time: *Prevention can drive down costs*,” says Raimondi. “A key tenet of health care reform and making the health care system sustainable for the future is the recognition that most chronic diseases can be prevented—and a major component is access to healthy foods and nutrition information.”

In February, the Department of Health and Human Services announced a \$750 million investment in prevention and public health—funded through the Prevention and Public Health Fund created by the Affordable Care Act—to help prevent tobacco use, obesity, heart disease, stroke and cancer; increase immunizations; and empower individuals and communities with tools and resources for local prevention and health initiatives.

The new funds are dedicated to expanding on four critical priorities:

- **Community Prevention** (\$298 million) to promote health and wellness in local communities, including efforts to prevent and reduce tobacco use; improve nutrition and increase physical activity to prevent obesity; and coordinate and focus efforts to prevent chronic diseases like diabetes, heart disease and cancer.
- **Clinical Prevention** (\$182 million) to improve access to preventive care, including increasing awareness of the new prevention benefits provided under the new health care law. This will also help increase availability and use of immunizations and help integrate behavioral health services into primary care settings.
- **Public Health Infrastructure** (\$137 million) to help state and local health departments meet 21st century challenges, including investments in information technology and training for the public health workforce to enable detection and response to infectious disease outbreaks and other health threats.
- **Research and Tracking** (\$133 million) to collect data to monitor the impact of the Affordable Care Act on Americans' health and identify and disseminate evidence-based recommendations on public health challenges.

Eliminate Assumptions and Assess Actual Needs

“Sometimes researchers approach a problem with preconceived ideas about the issues and challenges. To be effective, you need to truly understand the people and the underlying causes of an issue in a community,” says Beverly Gor, EdD, RD, LD, CDE. Gor is a postdoctoral fellow and Texas Scholar in Health Disparities at the Center for Research on Minority Health at the University of Texas M.D. Anderson Cancer Center in Houston, where she researches nutrition and cancer prevention in minorities.

“When I finished my doctoral degree, I met a student who was Vietnamese and working on her master’s degree in public health. We were both concerned that Asian health disparities were not being addressed,” says Gor, who is Chinese-American. “At the time, the most common perception in the medical field was ‘Asians must not have many health problems because they are not visiting the public health clinics.’ But we knew that was wrong because we were hearing all kinds of stories from people [in the community] with health problems.”

In 1994, Gor co-founded the Asian American Health Coalition—dedicated to improving the health of Asian Americans in the greater Houston area by promoting health access, knowledge and disease prevention activities. One of its first projects was through a grant from the Susan B. Komen Foundation for mammography screenings.

According to Gor, the main reason the community members were not going to clinics was culture, not for lack of need.

“In Asian populations as a whole, the traditional perspective when it comes to preventive services like screenings is somewhat suspicious,” says Gor. “The thought is, ‘As long as I eat well and sleep well, why should I go looking for problems?’ So the way we addressed that was to bring [the topic of] cancer and other chronic diseases out of the closet and to get women to start discussing it,” says Gor.

Linda Snetselaar, PhD, RD, director at the University of Iowa’s College of Public Health, reviews research proposals for the National Institutes of Health. She says there is increased emphasis by the NIH, and funders everywhere, on translational research.

“Be sure your intervention has fidelity—that you can sustain the intervention over a long period of time and that the people in your study actually are able to make those changes,” says Snetselaar. “It’s a good idea to begin by going into the community and asking, ‘What would it take to be able to follow an eating pattern like this? What are your ideas to make this work on a daily basis for you?’”

Dawn Ballosingh, MPA, RD, LMNT, is coordinator of the Womens, Infants & Children program at the OneWorld Community Health Center in Omaha, Neb., where 80 percent of the clientele is limited-English or non-English speaking. Among them are refugee communities from Africa and Haiti, and Ballosingh found there was very little research on bridging the cultural gap.

“There were cultural practices we were unfamiliar with, so we immersed ourselves by attending the different communities’ extracurricular activities,” says Ballosingh, who emphasizes that effective interventions require respect for culture, and that once that is established, most people will welcome prevention programs. “For example, for our Islamic population from Africa, we got one of the fathers to speak with imams [religious leaders] to make special provisions for breast-feeding mothers during the [fasting] month of Ramadan.”

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Rebecca Fliszar leads a Heart-Healthy Holiday cooking class for the Heart of New Ulm project. Photos: Steve Niedorf





OneWorld Community Center in Omaha, Neb., adapted its Toddler Learn & Play program from a best practice program in Florida. Photos: Alyssa Schukar

Use Best Practices and Adapt Interventions from Similar Programs

“We are beer, brauts and butter,” jokes Rebecca Fliszar, RD, CSP, LD, about the German-American town of New Ulm, Minn., home to breweries and the world’s largest butter churn. (Only a few years ago, the streets literally flowed with millions of pounds of melted butter after a fire at the local butter packaging plant.)

But with obesity and overweight rates high above the national average, one of this community’s leading cause of death was heart disease.

Enthusiastic about the opportunity to help family and neighbors in the small Midwest town where she grew up, Fliszar began as a community dietitian working with Hearts Beat Back: The Heart of New Ulm Project. Now in its second year, the project’s goal is to prevent cardiovascular disease and reduce heart attacks in a decade.

“The program is getting people moving and eating well, and the quality of life in New Ulm is just so much better. People are more social and engaged and they care about the people around them,” says Fliszar. “You can’t go anywhere without a story of someone who lost 40 pounds or their cholesterol dropping 20 points. It is just absolutely pervasive throughout our community.”

The inclusion of evidence-based prevention strategies and techniques, such as best practices, promising practices or what the U.S. Centers for Disease Control and Prevention call “map strategies,” may not only strengthen the program and increase its likelihood to be effective, but also provide funders with science-based evidence of its preventive effectiveness even before outcomes can be measured.

When Jackie Boucher, MS, RD, LD, CDE, vice president of education at the Minneapolis Heart Institute Foundation, developed the Heart of New Ulm Project, her team literally went the distance to learn more about a model program—flying to Finland to meet with the coordinators of the North Karelia Project, a similar prevention-based project that has significantly reduced heart attacks in its population for more than 30 years.

“Before we even wrote the grant to get funding, we reviewed community-wide cardiovascular programs that had already been done and took what we felt worked best,” says Boucher. “We factored in current technology and newer medications for groups with the highest risk factors, and then prioritized and developed interventions for our target population.”

In Omaha, Ballo Singh centered her key programs around best practices, not only to build on what works in other states, but because Nebraska’s WIC data system does not enable local agencies to access or extrapolate data for analysis—making it very difficult to prove effective behavior change as a result of prevention programs.

“We ended up developing our own database and currently are amassing data, and will be until 2015, so we can see if there is effective behavior change as related to nutrition education,” says Ballo Singh. Meanwhile, she hopes their initial pilot results, in addition to the best practices they have applied, will help sustain their funding in the short term.

Build Ongoing Evaluation Into Your Design

Veterans in the field emphasize the importance of determining how a program’s effectiveness will be measured, particularly if you must supply annual data in order to receive further support.

“Decision makers will ask for evidence of a program’s benefits sooner or later. Evaluation as an afterthought to implementation is a costly mistake,” says Souza, adding that it often results in managers and staff scrambling for outcomes to measure.

“Part of the reason we picked the city of New Ulm was that more than 90 percent of the community receives care at the New Ulm Medical Center, which uses electronic health records,” says Boucher. While it takes time to work with information technology teams to add fields so data are entered correctly or to pull data for analysis, using EHRs as a surveillance tool has saved the program a lot of money, allowing for additional measures—such as evaluations from participants in specific components and surveys on behavior change—that demonstrate results early on. “For example, we know fruit and vegetable daily consumption has increased by almost one full serving per person,” says Boucher.

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Diversification is key when trying to make and measure changes at a community level, agrees Pelican, who served as a co-principal investigator on Wellness In (or WIN) the Rockies, a four-year project that spanned six rural communities in three states—Idaho, Montana and Wyoming.

“Different components will resonate with different people. One person might praise a lesson on portion sizes, while another says the pedometer you gave them changed their life, and another feels so much better about their body image that they are going outside and being active. Those are three completely

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different actions, and one survey can't track every possible outcome," says Pelican. "You may be intervening at the community level, but consider doing targeted evaluations for the programs within your overarching project. Being able to provide this data can help strengthen your summary."

Patricia Boyd, MPH, RD, manages a \$10.5 million grant for Colorado's Tri-County Health Department, which serves communities where cancer and heart disease are the leading causes of death. The grant, received through the CDC's Communities Putting Prevention to Work program, focuses on policy systems and environmental change.

"As we developed the scope of work for each program, we included a plan for evaluation," says Boyd. "One example is that we installed monitors that count pedestrians and bikes on our pedestrian walkways, and the technology is such that it can tell the difference between humans and deer or dogs."

The program recorded path activity at the beginning of the initiative and, as improvements are made such as signage or connecting them to other paths (one of its map strategies), it will measure variances in the number of people using the paths, how and when.

"One of the major challenges of doing a study with prevention is that it can take a very long time to see whether positive eating habits actually can prevent a disease," says Snetselaar, adding that many grants are for only one or two years at a time.

Her recommendation is to always consult a statistician, who will use data from other studies to calculate how many participants are needed and how long the study must last in order to show whether there has been any impact.

"In some cases, you may find a study would have to go on for such a long time that it's cost prohibitive," says Snetselaar. "But in other cases, the projections from a good statistician may help you build a case to fund longer projects."

Generate PR for Your Program

When time is not on your side, strategies such as conducting a community needs assessments, using best practices and performing ongoing evaluations are imperative. But so is personalizing your reports with stories or profiles of participants in the program, according to Mary Pat Raimondi, MS, RD, ADA's vice president of strategic policy and partnerships.

ADA's Policy Initiatives and Advocacy office in Washington, D.C., shares information about nutrition, health and the role of the registered dietitian with legislators every day—and prevention is a large piece of nearly all of ADA's priority areas, from child nutrition to food safety, nutrition monitoring and research to healthy aging.

"I really find it useful to include emotion-based messaging," says Raimondi. "The return on investments numbers work well for stopping power—things like '\$10 per person per year in

proven community-based programs could save the country more than \$16 billion annually within five years'—but it is key to follow it up with a story that makes it relevant... the reason that this should be important to them personally."

After all, says Raimondi, even if you cannot always prove it conclusively, evidence indicates strongly that prevention works. But stories about lives changed remind legislators, funders and ourselves that prevention is about people, not just numbers.

Tactics include:

- Keep the community engaged by reaching out to religious congregations, fraternal organizations, social clubs or similar groups. Most will have a communications network in place.
- Get your local media involved by keeping the papers, television stations and other outlets posted on upcoming events.
- Always invite your local leaders and elected officials to program events, whether they were involved with the initial planning or not.
- Take a lot of pictures. Professional photography is ideal, but with digital cameras improving in quality and lowering in price, amateur photo enthusiasts can do a fine job.

Learn more about generating PR for your programs in an article to come in the Summer issue!

MacMunn is the public relations manager for ADA's Strategic Communications team. Spittler is managing editor of ADA Times.



Dawn Ballosingh is the WIC coordinator at the OneWorld Community Health Center in Omaha, Neb. Photo: Alyssa Schukar

ADA Foundation Announces \$35k Research Grant

A one-year grant of up to \$35,000 is available to ADA members for a research project that explores lifestyle interventions to reduce the risk of childhood obesity. Strategies should focus on nutrition and physical activity and be culturally and developmentally appropriate for children in preschool through high school. The Foundation encourages applications that support formative work or a pilot study and can be used in a much larger grant that would explore lifestyle interventions.

The ADA Foundation Research Endowment was established by the contributions of ADA members and friends to support food and nutrition research by ADA members.

Key dates: July 1 - application deadline
November 1 - award decision

More info: www.eatright.org/Foundation