

‘What’s in a name?’ SNEB webinar Follow-up Q&A

<http://www.sneb.org/nutrition-education-enact-social-marketing-efnep-health-promotion-sbcc.html> (recorded 4/27/2016)

- **Responses in red from Ann Jimerson**
- **Responses in blue from Jane Sherman**
- **Responses in orange from Melissa Vargas**
- **Responses in green from Susan Baker**
- **Responses in dark red from Mary Packard**
- **Responses in bright blue from Isobel Contento**
- **Responses in purple from Shubhada Kanani**

Most of the participants’ questions were very to the point. We discarded a few (already answered, difficult to understand etc.). We asked panelists to answer their own questions and any others that took their interest. Questions centred on these issues:

- **Terminology:** Change the name “nutrition education”? What do we mean by “communication”? What do we mean by “education”?
- **The enabling environment:** What is the balance between educational and environmental influences and action in different contexts? What can NE/BCC do in case of real poverty/ scarcity/ lack of choice? How to create and support an enabling environment – what are the most effective actions? Is bottom-up community/ consumer action effective?
- **Advocacy:** what, where and how?
- **Formative research:** How to do audience research? Too expensive? What questions to ask about health beliefs? Which are more powerful - rational or emotional drivers? What are the effects of food advertising on consumption?
- **Management and funding:** Who runs and pays for EFNEP? Social marketing campaigns? How are national programs integrated? Is the EFNEP model exportable?
- **Implementation:** How long does it take to change behavior? How can social media be put to use? What knowledge do nutrition educators need?
- **Evaluation and evidence of impact** (does it work?) was a running theme in many of the answers. We hope to follow up this and other questions in further discussions.

QUESTIONS FOR ISOBEL CONTENTO

1. General question about the definition of nutrition education and a nutrition educator: there are so many "new" areas now where folks are getting degrees in "health communications" "community health education", etc. Do all of these folks possess qualifications to become nutrition educators as it is defined? Why have a nutrition degree to become a nutrition educator? I would like to see more emphasis on the importance of nutrition background in varying levels of nutrition education perhaps? Are there thoughts on this?

Those who get degrees in "health communications" "community health education", etc learn about theory-based processes for how to help people make health behavior changes but you are right, they most often do not have the content knowledge about food and nutrition. A nutrition educator has to have both content knowledge about foods and nutrition AND behavior change process knowledge. Please see the SNEB website for the new "Nutrition Educator Competencies For Promoting Healthy Individuals, Communities, And Food Systems".

http://www.sneb.org/documents/SNEB_Nutrition_Education_Compencies.pdf

JS Would it also be a good idea for nutritionists and educators to work in tandem?

Agreed that nutrition educators need both kinds of knowledge – but can we make a distinction between declarative knowledge (*know that*) and procedural knowledge (*know how*) (John Anderson, many publications)? We know that learning things from books and repeating them in exams does not make skilled practitioners. Procedural knowledge demands practice and habituation, and includes a repeated cycle of concrete action, observation and reflection, conceptualization, active experimentation (see Kolb on experiential learning, many publications). This applies to behavior change of all kinds, including direct nutrition education and professional training.

2. If "nutrition education" is an old term maybe it would be good to change so that everyone can switch mindset. Are you using strength based counseling?
3. This may be out of ignorance, but if the 21st century definition is significantly different from the traditional definition, why stick with the same term?

I think both of you are asking the same question – why not change the name? That is one option. In the US, the term is very entrenched and in so many government policy documents that it would be difficult to change. So a second option is for SNEB or other organization to undertake a strong campaign to "re-brand" nutrition education. We can think about how to do that! JS Hope that these webinars will start the rebranding process!

4. I'm not sure if knowing the definition is so very important - when I think the ideal implementation of most nutrition education doesn't reflect this definition.

I agree that unfortunately this kind of the “new” nutrition education is not always implemented. But maybe the name creates mindset for this implementation?

5. Economist colleagues argue that as educators we assume that individuals are rational and that they rationally make food choices weighing knowledge and other influences. But choices are often impulsive and not made rationally. What do you think?

It is true that decisions are often made impulsively or based on emotion. These are still “motivators” and we should seek to understand them. Food and other product marketers spend considerable resources in seeking such understandings. We can then (a) incorporate these understandings in our work. AND/OR (b) we can help people pause and think, and go from mindless eating to mindful eating.

6. Isobel could mention the Barrier Analysis Study as a way to understand those motivators. Sounds like a good idea!

7. What about food access barriers?

I think that nutrition education can be thought of as consisting of 3 components: (1) enhancing motivation, (2) facilitating behavior change (knowledge and skills), and (3) environmental and policy supports for change. Addressing food access barriers requires addressing the third component through advocacy and collaboration with policy-makers to increase access to food. JS I have an extra question: since “access” is an important term in food security definitions, can we say it is mental as well as physical? Take the case of villagers who suffer from vitamin A deficiency, grow pumpkins but feed them to their pigs (which they sell). If people can't benefit from the vitamin A in pumpkins (and the zinc in the pumpkin seeds) because of how they think of pumpkins, is this “lack of access”?

QUESTIONS FOR MARY PACKARD (SBCC)

8. According to the definition you gave, it involves action at individual, community and social level. It was not clear to me how the enabling environment of the socio-ecological model is targeted, as for me, that would require policy-level action as well. Could you give an example please?

The enabling environment in the socio-ecological model is targeted through advocacy activities. Just like with individual and community level SBCC activities, when we target government policy makers, it requires understanding the ‘audience perspective’ and begins with research and identification of behavior and communication objectives, articulates the benefits and barriers to change and designs a strategy for messaging and engagement that addresses those factors. Examples of SBC advocacy on nutrition policy at this level can be found on our FANTA website:

<http://www.fantaproject.org/search/site/advocacy>

9. Related to that last question about choices, my question is about the lack of choices. I'm working in Chin State, Myanmar where food availability is extremely limited and choices are scarce. I'm struggling with promoting nutrition SBCC in such a food insecure context. What are your thoughts on implementing in such a context?

It is a major, perpetual challenge we all face, promoting dietary diversity in such resource-constrained settings. When we investigate barriers, we always hear: 'lack of food' and 'lack of money'. We try several things: a) make sure that community workers and people doing nutrition counseling are well informed about local resources and capable of making referrals to any programs that could help—e.g. government social welfare systems, peer groups, church programs, etc. b) look for the kernels of 'positive deviance' and enabling forces that can be found in the community. A bit more research into local community realities could find people who are implementing strategies that could be promoted, e.g. neighbors sharing mango preservation techniques so others may capture nutrients from one season to bolster intake in another, etc. Sometimes it's a matter of helping them think outside the box. Check out the old but good example of Vietnamese moms using greens and crustaceans collected from rice paddies in the terrific book *Switch*: <http://heathbrothers.com/books/switch/>

10. What are the challenges of implementing SBCC? It seems resource intensive so I'm wondering if it's possible to implement it piecemeal? or with limited resources?

Absolutely! I work on a project without resources for major SBCC efforts, so I had to find ways to integrate formative research and communication strategies into our ongoing program. It's more like quality improvement; we mobilize existing systems and inject some SBCC elements like inquiring into details of the social context/audience perspective, training workers to sensitize them to social context and develop interpersonal communication skills, and creating communication tools that incorporate more tailored messaging. JS. I think it's a good idea for a lot of formative research to be ongoing, in the program. No-one knows all the right questions to ask before the program begins, and quality dialogue comes from everyone finding out more as they go along.

11. Hi Mary! Do you think there is another type of approach that we could call - Social and Behavior Change - omitting the word Communication? I think the use of the word communication makes people think of 'telling' people what to do. Your thoughts?

Yes, the terminology has evolved to capture the realities that social and behavior change sometimes happens without 'communication campaigns' – e.g. policy or legal change, interventions at the sub-conscious level to change habits, etc. Most involve *some* kind of communication, but not all.

Working in Vietnam years ago with colleagues on translation of a BCC training, I learned that the word they used for 'communication' is identical to the one for 'propaganda'. That alerted me to the challenge of our own communication about what we mean by communication! Whenever we teach

or work on SBC/SBCC, we need to allocate time for activities/discussions that ensure that everyone gets on the same page with definitions – ‘communication’ = a two-way exchange of meaning, a relationship, etc.

12. The example that Mary just gave (?) is a perfect example of why the use of the word 'communication' is misleading.

13. For me it is SBC, as 'communication' is one method to affect SBC

JS. I have a lot of questions about what we mean by “communication”: Does it refer to one-way communication or to equal dialogue? Does it refer to communication between people and their peers, families and communities (inspired by an intervention), or does it refer only to communication between change agents and the community? Is it initiated by the people (e.g. are they asking questions to which they want answers, or explaining how they see things?) or is it always initiated by the change agents? Is the voice it comes from acceptable? Should nutrition education objectives include “communication” objectives (e.g. being able to get good answers out of the health worker, explaining to your family why eggs are good for infants?) Who should do the most communicating? – for example in a school class about snacks who would you expect to talk most about snacks and to whom? I believe the Spanish-language webinar is going to raise some questions about what we mean by communication.

MV We hope it will. In Latin America the term IEC (Information, education and communication) is widely used, but it has no clear definition and professionals use it to refer to a wide variety of actions and initiatives, especially communication.

QUESTIONS FOR ANN JIMERSON (SOCIAL MARKETING)

14. How have social media influenced social marketing? Is social media marketing a new/emerging field or something we should be considering? How relevant are social media to poor communities in developing countries? Social media platforms are another set of tools that social marketing programs can employ. These are less likely to be used in poor communities, of course – but it’s wise to use recent/current market research to determine whether they’re relevant. Access to phones and internet is changing fast and may surprise you. Alive & Thrive’s Viet Nam comprehensive program (<http://aliveandthrive.org/countries/viet-nam/>) reached urban mothers through a website with a mothers’ forum and online counseling on infant and young child feeding, social media, a mobile app, and internet ads. JS Is the density of the media a determining factor? E.g. Do video/TV/ads /SMS (if accessible) have more impact in contexts where they are rare and new than in places where people are swamped with them? Would we need to measure/estimate existing exposure to these media before deciding how much to spend on them as channels?

15. If there is no behavior change component is it still social marketing? “Behavior change” figures in most definitions of social marketing, with the “behavior” treated as the “product”. Some social marketing programs promote actual products like condoms or multinutrient powders (or sprinkles). In these cases, the behavior is to purchase and use the product.
16. What do you see as being the most effective way to use social marketing in regards to nutrition education in a school setting? Several years ago, AED contributed to a social marketing campaign that was conducted in U.S. middle schools to encourage students to drink water instead of sugary drinks and to exercise. The marketing activities were not “education” or classroom-based, but instead used schoolwide events and the cafeteria or after-school settings to help shift social norms and promote behaviors. JS I would call this “education”!
17. Do you see the application of Social Marketing for the private sector only or could that be applied at the Government level? Many government programs use social marketing, in the U.S. and in other countries. In fact, USAID funded some of the first international social marketing programs, and these were conducted through ministries of health. The U.S. Center for Disease Control and Prevention (CDC) has invested in promoting the use of social marketing, including through an online planning tool, [CDCynergy Social Marketing Edition](#). MV. Costa Rica is another example of how social marketing has been used by the Ministry of Health and Ministry of Education (Plan Movéte, Disfrutá la vida) to promote physical activity to teenagers (<https://www.ministeriodesalud.go.cr/index.php/centro-de-prensa/noticias/664-noticias-2012/470-plan-movete-disfruta-la-vida>)
18. How important is education... then? I was wondering about outcomes and can emotional triggers result in lasting change? Does Alive & Thrive have data on that? Some behaviors may change simply as a result of educating people or informing them of a best practice. For example, when parents were advised to put their babies to sleep on their backs because emerging studies showed that could protect them from Sudden Infant Death Syndrome (SIDS), the practice was adopted widely, almost overnight. Most health behaviors require more than knowledge – for example, beliefs about outcomes of the behavior (benefits), sense of self-efficacy, or perception of social norms; and emotion can play a big role in motivating people to adopt a behavior. Alive & Thrive does not frequently use the term “social marketing” to describe our comprehensive approach, though many of our methods derive from social marketing. We have data from our Viet Nam program that shows that exposure to our emotion-based Talking Babies [TV ad campaign](#) is associated with changes in beliefs; and we can show an association between holding those beliefs and practicing exclusive breastfeeding.

QUESTIONS FOR SUSAN BAKER (EFNEP)

19. Is the (EFNEP) program government funded? **Yes** What evidence do you use to get sustained funding?

EFNEP is a line item in the federal budget. It is funded through Smith Lever 3(d) funds and is authorized through Farm Bill legislation every 5 years. Specific funding is determined each year based on Congressional appropriations. Thus, evidence of program impact as well as the need for and the significance of the program needs to be provided annually, and especially when the Farm Bill is up for re-authorization. Program staff across the country work hard to keep legislators informed and educated about the program – including seeing the program in action, since “evidence” alone does not fully capture the essence of EFNEP. Additionally, data is collected annually that reflects program reach, behavioral change, etc. EFNEP also has a long history of program success, which certainly helps. Still, NIFA, and the USDA, must make the case constantly for continued funding.

20. How do you reconcile the inclusion of PSE (policy, systems and environmental change strategies) in the nutrition education definition presented here and EFNEP as a nutrition education program?

Not sure that I understand the question. If you are questioning our application of PSE to nutrition education, I would refer you to the definition of nutrition education referenced by the Society for Nutrition Education and Behavior: *Nutrition education is any combination of educational strategies, accompanied by environmental supports, designed to facilitate voluntary adoption of food choices and other food- and nutrition-related behaviors conducive to health and well-being. Nutrition education is delivered through multiple venues and involves activities at the individual, community, and policy levels.*

Contento IR. *Nutrition education: Linking research, theory and practice.* Jones & Bartlett, 2007. (see www.sneb.org)

21. How do SNAP Ed and EFNEP work together?

They are funded by different agencies within the USDA (FNS and NIFA, respectively) and therefore have differences in program oversight. However, they have similar missions and both agencies encourage the programs to coordinate and complement each other. As an example, the recently published SNAP-Ed 2017 Guidance states: “*States must meet SNAP-Ed statutory, regulatory, and policy recommendations including:... Coordinating with and complementing nutrition education and obesity prevention services delivered in other U.S. Department of Agriculture (USDA) nutrition and education programs, such as the Expanded Food and Nutrition Education Program (EFNEP).*”

<https://snaped.fns.usda.gov/sites/default/files/uploads/Final%20FY%202017%20SNAP-Ed%20Plan%20Guidance%2004-04-2016.pdf>

Similarly, within the land-grant university system, through which EFNEP is implemented and SNAP-Ed is largely implemented – in some cases working with other implementing agencies, the universities are strongly encouraged to coordinate efforts both through the university programs and with other implementing agencies for SNAP-Ed to extend the influence of low-income nutrition

education. About half of the 1862 LGUs have the same coordinator for EFNEP and SNAP-Ed and about a third of 1890 LGUs receive SNAP-Ed funding and have the same coordinator. This allows for close coordination of efforts. Additionally EFNEP 5-Year plans provide opportunities for EFNEP coordinators to indicate how they plan to partner or collaborate with SNAP-Ed.

22. How is the EFNEP program evaluated?

Through the Web-Based Nutrition Education Evaluation and Reporting System (WebNEERS). Basic demographic information is collected for all adult participants and for youth groups (demographics for youth groups are collected in aggregate), together with addition, adults' self-reported behaviors via a standardized checklist survey and a 24 hour diet recall. These are collected at entry and exit to measure change. For youth, there are grade-appropriate checklist surveys that are collected at entry and exit to measure change. This data is also used for program management. Data is submitted annually. The program also submits 5-year program plans and annual updates to those plans and budgets/budget justifications to ensure that programming follows legislation, policy and guidelines and that costs are allowable and allocable.

23. Is it safe to say that EFNEP participants are generally a highly motivated group?

Similar to other sectors of the population, some individuals are more motivated than others. Two factors that may contribute to motivation in EFNEP: 1) participation is voluntary; and 2) paraprofessionals are employed who are indigenous to the target population. Establishing relationships of trust, nurturing, and learning is very important to the success of EFNEP.

24. How can we implement this in other countries?

EFNEP is a domestic program, which means funds are only available for 1890 and 1862 LGUs (land grant universities). So, it cannot be directly implemented in other countries. However, there are lessons learned and experience gained in program development, delivery, and organizational structure from this nearly 50 year old program that could help inform other programs and nutrition education efforts. Similarly, we are always interested within EFNEP as to what we can learn from others. As an example, insights could be gained to help us work more effectively with our immigrant and refugee populations. EFNEP is tailored to meet the needs of the audiences it serves, so if someone was to replicate it in other countries, it would be important to adjust programming so it's relevant to low-income audiences in those countries. As above, using paraprofessionals (members of the communities they serve) to deliver educational lessons, having a strong evaluation component, and making sure lessons include opportunities for hands-on learning are important aspects to include in any new model.

25. With regard to similar programs in other countries how does EFNEP compare?

I don't know that a comparison has been made. From our perspective, that could be helpful for domestic and global programs alike.

JS I have been looking for something like EFNEP in the rest of the world and have not found any parallels until recently, when I discovered that Australia has an education program called FOODcents “to help families eat healthily and affordably”, funded by the Dept of Health. They train FOODcents Advisors and hold education workshops. (See NOURISHING Framework <http://www.wcrf.org/int/policy/nourishing-framework>)

26. Is EFNEP used in developing countries?

No. As noted above, we are interested in establishing a dialogue to benefit our respective populations through learning and sharing about our respective programs.

FOR JANE SHERMAN/MELISSA VARGAS (ENACT)

27. Re advocacy, does the investment for nutrition programming include nutrition education or is it nutrition in general (changing food environment etc.)? What ministries do you target?

JS It is still difficult to get food and nutrition education (FNE) included explicitly in national food security and nutrition policies, or in development projects and programs. Widespread assumptions are that (a) improvements in food supply and/or supplements are enough to solve malnutrition problems, (b) nutrition understanding or mindset is somehow covered by such strategies, (c) FNE can only make a minor difference, or is expensive or slow. Much of the investment is therefore limited to nutrition in general, as the question suggests.

The ministries of most interest are

- a. Agriculture and food security: many have adopted nutrition objectives and are thinking of training field staff
- b. Health, who are involved in training health workers and may be responsible for public health campaigns, developing food-based dietary guidelines etc.
- c. Education, who generally need to revise and extend their FNE curriculum, orient it more towards action and practice and involve parents and families
- d. Social Protection, who are beginning to recognize that cash or food transfers are much more likely to affect nutrition status if accompanied by FNE.

Also very important are the institutions which train agricultural officers, health professionals, nutritionists and teachers, who need to review and revise their curricula and often their teaching approaches.

We have been discussing FNE policy and have arrived at FNE policy recommendations across the sectors (see FEDS archive <https://dgroups.org/fao/feds/library/z3nv01wh?o=lc>); however the evidence base needs strengthening in order to produce policy briefs which will convince donors and governments. This is where we are directing our efforts at the moment.

MV. In Latin America the situation is a bit different. Many countries are interested and include FNE in their national nutrition policies, and now it is a specific target of the Community of Latin American and Caribbean states, CELAC (<http://www.fao.org/3/a-i4493e.pdf>). As Jane mentioned,

Health, Education, Agriculture, Women's and Social Protection are the key ministries.

28. It takes time to establish a behavior, how long will it take to change people's behavior through education?

It depends on how difficult it is to achieve, how embedded it is in practices, social norms, preferences, how easy it is, how dependent on circumstances and resources, if the motivations already exist, what "competition" there is and if people know how to do it (read Isobel Contento's book on nutrition education, it has them all). As Ann mentions above, changes can be very rapid and easy if all the right factors are in place. A few thoughts:

- Some determining factors need to be recognized more clearly – e.g. mothers generally want to do the right thing for their children, and (in the question of food) babies usually have very little choice. This is a significantly different situation motivationally and practically from overweight adolescents with lots of pocket money surrounded by sweet shops and junk food commercials.
- A lot of FNE interventions have aimed at high impact in the short term (a problem for timebound projects which have to show rapid results). Long-term behavior change (e.g. through schools, in-service on-the-job training, restrictions on food advertising for children), which can establish habits and outlooks through practice, has more chance of shaping norms, practices and capacity. (Provided it is done well – we need much more attention to improving public services.)
- This question about *How long?* should always be asked with other questions *Will the change last?* and *What does it cost?* Both depend very much on the approach, which is one reason for asking the third question: *How exactly is it done?* We need to know a lot more about all of these (they are often not mentioned in research articles.)

FOR SHUBHADA KANANI (HEALTH PROMOTION AND SOCIAL LEARNING THEORY)

29. We can use all these models for public health work but to find an environment supportive of healthy behaviors our governments have to control food industry and demand compliance. How can we achieve this? Is anything being done successfully in this area?

To create and support an environment promoting healthy food-lifestyle behaviors,

- We begin from where we are, each of us: as consumers, do not purchase unhealthy foods and discourage our neighbors/colleagues/friends from purchasing them.
- Lodge complaints with authorities online wherever consumers are being misled; for example, the Advertising Council of India has a section where you can draw attention to misleading ads; it also has a facebook page:
<http://www.ascionline.org/>
<https://www.facebook.com/ascisocial/>
- Join professional associations (Dietetics; Nutrition) of your country to strengthen the collective voice against policies and practices which harm health.

Regarding success stories, here are two examples –

- In response to a public interest litigation, the Delhi High Court passed an order regulating sale of unhealthy snacks/foods/drinks in school (and other states are following gradually)- <http://www.downtoearth.org.in/news/delhi-high-court-orders-curb-on-junk-food-sale-in-schools-across-india-49038>

Community empowerment models have worked too - <http://www.japi.org/november2006/O-858.pdf>

30. What are the appropriate policy levels?

One can create maximum impact if one works bottom-up, starting from policy in one's own city-village /region or district/state. For example, urban policies have been framed and undergo revisions; or new policies are introduced- align yourself to the group which makes them. I have found civic authorities do welcome technical expertise, provided we are patient and persistent.

FOR ALL

Policy

1. Food security is not about voluntary or facilitation - it is a political and social justice issue - how to manage it re behaviour change?
MV. Environment and education are both part of the picture of poor nutrition. If it is a question of sheer poverty, it certainly calls for changes in the political and social environment, but nutrition education can impact food insecure households, through managing better their available resources and improving homestead production. EFNEP is a good example.

Situation analysis

2. How does advertising influence nutrition behavior for good and bad?
MV. A considerable amount of research has been done on this topic. Recently a review was published in the AJCN, which concluded that repeated food advertisement exposure increases children's unhealthy food consumption, although in adults the relationship seems to be weak. (<http://ajcn.nutrition.org/content/early/2016/01/20/ajcn.115.120022>). Regulation of advertising to children seems to be a priority for some countries with high levels of obesity, however we believe that these initiatives should be integrated with educational efforts to promote healthier food choices and not only to restrict "poor choices".
3. Please explain how you systematically get information about your target audience. AJ. Alive & Thrive's process for formative research is described in the journal article "Using an evidence-based approach to design large-scale programs to improve infant and young child

feeding" ([Baker et al, 2013](#))

4. What specific strategies did you use to get target audience information and feedback? **AJ:** For a detailed description of the process Alive & Thrive followed to develop our "Talking Babies" media campaign in Viet Nam, please view A&T's example on [Health COMpass](#).
5. Can you give some examples of questions you ask on "beliefs" about nutrition?
AJ. To measure beliefs about outcomes of the behavior "do not give water to a child under 6 months" (a component behavior of exclusive breastfeeding), Alive & Thrive asked mothers the degree to which they agreed with this statement: "If I am breastfeeding, but do not give my infant water until s/he completes 6 months, my infant will be thirsty." If you would like a copy of our questionnaire with several dozen questions to measure beliefs about outcomes, social norms, and self-efficacy, please write to aliveandthrive@fhi360.org to request the Viet Nam mass media evaluation instruments. **JS.** So many people in the countries I know do not see a strong connection between diet and health, and have mistaken ideas of good diet. They think for example that infants only need watery porridge, that fruit is nice but not necessary, and that really good food is chicken and chips. If these are their startpoints, they will simply not see any urgent need to act, and they won't get support from their friends and families either. So my two big "belief" questions (for informal discussions, not to be seen as platforms for didactic messages) are: (a) Do you think what you eat affects your health? How? For example? and (b) What do you think are really good foods? What would you eat every day if you could? These will begin to bring out the range of outlooks (although they won't show what to do about them). **JS**

Implementation

6. Are there specific approaches for increasing motivation that work with specific groups or did all of the examples use the same approach?
AJ. At Alive & Thrive, we tailor the messages and motivations to the target audience. **JS.** It's good to tie in with pre-existing motivations. Most parents already have strong desires for healthy children who grow well and do well at school; some kids want to be good at football; some want to look beautiful; many of the Zambian children we interviewed wanted to be nurses and doctors and loved role-playing health advice sessions. Often the desire not to get sick is much stronger than the desire to be well, and it helps to recognize healthy diet as a preventive measure. And we shouldn't neglect food snobbery and status and peer influence – very strong influences on adolescent snacking habits.
SK. To make impact at scale, we have found that identifying, and then teaming up, with those in decision-making positions who are already convinced about the need for diet and lifestyle change, is a good starting point. They have similar concerns, but have either not

begun or do not know precisely how – your technical support will set the ball rolling; we have found this has worked to strengthen school nutrition and urban nutrition interventions.

7. Can you describe how we address environmental factors in nutrition education?

SK. My answers above do address a few of these concerns.

8. How does one adapt to context? First find out about the context: look into and discuss why people do things the way they do and how they feel about it. JS

SK. It is especially important to address the resistance factors (cognitive and emotional) which vary in different contexts.

Evaluation/Impact

9. Are there any examples of success stories from these theories? AJ. The literature abounds with examples of how theories may improve behavior change programs. Alive & Thrive's evaluation of our mass media campaign in Viet Nam offers strong measures of behavioral determinants that are common to several behavior change theories. We found associations between the behavioral determinants and the behaviors we were promoting, and greater uptake of the behaviors with more exposure to our program. The article is currently under consideration for a peer review journal. To be notified when that article appears, please write to aliveandthrive@fhi360.org.

SK. A useful manual on how to use communication theory in the context of health promotion and nutrition focused interventions can be downloaded from here: <http://sbccimplementationkits.org/demandrnmnch/ikitresources/theory-at-a-glance-a-guide-for-health-promotion-practice-second-edition/>