

GENIE : Guide for Effective Nutrition Interventions and Education

Category Examples

For information on the intended purpose of this document visit

<http://sm.eatright.org/GENIE>

GENIE™
Guide for Effective
Nutrition Interventions
and Education

 Academy of Nutrition and Dietetics
Academy of Nutrition and Dietetics
Foundation

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This chart was developed to illustrate examples of how criteria within each of GENIE's categories were fulfilled in published nutrition education programs. The following programs were all published in *The Journal of the Academy of Nutrition and Dietetics* (JAND) and therefore are free to members of the Academy of Nutrition and Dietetics. Follow this link to visit the JAND website <http://www.eatright.org/Members/content.aspx?id=8515>.

GENIE Total Score and Category Example	Study	Participants and Design
Category 1- Program Description and Importance GENIE SCORE: 17 Justify need to for program among type 1 DM who tend to have elevated HbA1c, few studies concerning CHO counting accuracy among youth despite recommended part of care; participants receiving routine services at childhood diabetes center a realistic, feasible audience	Spiegel et al 2012 ¹	N=33; Evaluation Retention: 100% Adolescent with passive caregiver involvement Group CHO counting class, with phone call follow up at 3 and 8 weeks; intervention was design for group classes, but more frequently 1-2 per class; Partially based on existing curricula used by diabetes center
Category 2- Program Goal GENIE SCORE: 26 Goal to evaluate the impact of program's nutrition component on food knowledge, behaviors, and attitudes (including both proximal and intermediate outcomes), healthy age-appropriate behaviors promoted	DeVault et al 2009 ²	N=70 program retention: 97% Children with their parents and caregivers Group intervention 6 in-school lessons aimed to improve food choices and increase physical activity to reduce obesity using All About Kids- based on CDC mode
Category 3- Program Framework GENIE SCORE: 30 Social cognitive theory used in program design; program attempts to influence home environment of children through their caregivers; meets need of target group through brief visits and at-home activities that engage the entire family	Shannon et al 1991 ³ Shannon et al 1994 ⁴	N=75; Evaluation Retention:85% Children (primary) caregivers (secondary); Individual Pilot tested "talking books" and associated material following NCEP guidelines used to educate children and their parents about dietary strategies to reduce hypercholesterolemia; pilot tested research designed materials
Category 4- Program Setting, Recruitment, and Retention GENIE SCORE: 21 Participants recruited through local community newspapers and volunteer database, excellent retention rate and participant preparation	Ireland et al 2010 ⁵	N=43 Evaluation Retention: 100% Adult individual and group intervention; 15 minute small group instruction at 0 weeks; 10 minute individual session at 4 weeks instructing participants to purchase lower sodium foods based on established guidelines

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Category 5- Instructional Methods GENIE SCORE: 24 Several techniques to promote behavior change, motivate participants and promote learning including group meditation, eating, practice of physical activity and body awareness; basic information regarding MNT also provided	Miller et al 2012 ⁶	N= 25 Evaluation Retention: 69% Adult Mindful eating intervention for weight management and glycemic control
Category 6-Program Content GENIE SCORE: 20 Patients treated according to North American Society for Pediatric Gastroenterology, Hepatology, and Nutrition guidelines for chronic constipation including instructions for diet modification; RD developed personalized diet plans using WHO pediatric nutrition guidelines fiber, hydration and energy	Karagiozogl ou- Lampoudi et al 2012 ⁷	N=86; Program retention: 100% Children and their caregivers Individual intervention Dietary management counseling delivered by RDNs for pediatric chronic constipation compared with physician consultation only; RD administered 24-hour recall used to assess dietary intake; RD tailored nutrition messages
Category 7- Program Materials GENIE SCORE: 24 Materials appropriate for audience, included mediation CDs for participants to use at home	Miller et al 2012 ⁶	N= 25 Evaluation Retention: 69% Adult Mindful eating intervention for weight management and glycemic control
Category 8- Evaluation GENIE SCORE: 30 Blood tests at multiple points during intervention; previously validated knowledge tests used; process evaluation used to gather feedback from youth and caregivers about audio books and background information, respectively	Shannon et al 1991 ³ Shannon et al 1994 ⁴	N=75; Evaluation Retention:85% Children (primary) caregivers (secondary); Individual Pilot tested "talking books" and associated material following NCEP guidelines used to educate children and their parents about dietary strategies to reduce hypercholesterolemia; pilot tested research designed materials
Category 9- Sustainability GENIE SCORE: 27 Program resulted in reduced health care expenditures and reduced inpatient admissions compared to control group; addresses coordinator across health care system; intervention discussed a cost-neutral addition to comprehensive medical care that could be replicated and expanded	Wolf et al 2007 ⁸	N=72 Program Retention: 98% Adult; 6 individual counseling sessions and 6 group education sessions; Lifestyle management program delivered by RDNs to high risk obese adults using LEARN manual

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1. Spiegel G, Bortsov A, Bishop FK, et al. Randomized nutrition education intervention to improve carbohydrate counting in adolescents with type 1 diabetes study: is more intensive education needed? *J Acad Nutr Diet*. 2012;112(11):1736–46. doi:10.1016/j.jand.2012.06.001.
2. DeVault N, Kennedy T, Hermann J, Mwavita M, Rask P, Jaworsky A. It's all about kids: preventing overweight in elementary school children in Tulsa, OK. *J Am Diet Assoc*. 2009;109(4):680–7. doi:10.1016/j.jada.2008.12.021.
3. Shannon B, Greene G, Stallings V, et al. A dietary education program for hypercholesterolemic children and their parents. *J Am Diet Assoc*. 1991;91(2):208–12.
4. Shannon BM, Martel JK, Achterberg CL, et al. Reduction of Elevated LDL-Cholesterol Levels of 4- to 10-Year-Old Children Through Home-Based Dietary Education. *Pediatrics*. 1994;94(6):923.
5. Ireland D-M, Clifton PM, Keogh JB. Achieving the salt intake target of 6 g/day in the current food supply in free-living adults using two dietary education strategies. *J Am Diet Assoc*. 2010;110(5):763–7. doi:10.1016/j.jada.2010.02.006.
6. Miller CK, Kristeller JL, Headings A, Nagaraja H, Miser WF. Comparative effectiveness of a mindful eating intervention to a diabetes self-management intervention among adults with type 2 diabetes: a pilot study. *J Acad Nutr Diet*. 2012;112(11):1835–42. doi:10.1016/j.jand.2012.07.036.
7. Karagiozoglou-Lampoudi T, Daskalou E, Agakidis C, Savvidou A, Apostolou A, Vlahavas G. Personalized diet management can optimize compliance to a high-fiber, high-water diet in children with refractory functional constipation. *J Acad Nutr Diet*. 2012;112(5):725–9. doi:10.1016/j.jand.2012.01.021.
8. Wolf AM, Siadat M, Yaeger B, et al. Effects of lifestyle intervention on health care costs: Improving Control with Activity and Nutrition (ICAN). *J Am Diet Assoc*. 2007;107(8):1365–73. doi:10.1016/j.jada.2007.05.015.