Small Bites: Setting Smart Goals One Step at a Time

Background: Many Afro-Caribbean primary care (PC) patients live with uncontrolled diabetes (32%, A1C<8) and hypertension (23%). Standard 20 minute visits with patients do not permit adequate conversations on lifestyle change. Group education for behavioral change works. We created a transferrable standardized low-literacy health curriculum using motivational interviewing readiness rulers and SMART (specific, measurable, achievable, relevant, timely) goals.

Methods: A resident MD standardized slides/script: intro (5 min), topic (20 min), SMART goals (5 min), reflection (5 min). 4 public high school students (HSS) created "Small Bites" workshops based on the National Diabetes Prevention Program. Coached in content design and oral presentation, students piloted workshops in waiting rooms/classrooms during PC visits. Faculty provided individualized HSS feedback.

Patients completed a questionnaire to assess confidence and motivation towards individualized healthy lifestyle SMART goals. Results were analyzed using a SPSS Pre-Post design for non-parametric analysis.

Results: 68 patients participated. Wilcoxon Signed Ranks Test revealed statistically significant results for improved confidence after workshops on eating plants (n=11,Z=-2.410,p=0.016), eating well (n=22,Z=-2.856,P=0.004), shopping (n=14,Z=-2.200, p=0.028), energy (n=8,Z=-2.060,p=0.039) and diabetes (n=6,Z=-2.049,p=0.040); stress (n=4) and fitness (n=3) had too few participants to compare. Classes on eating well (Z=-2.683, p=0.007), shopping (Z=-2.070,p=0.038), energy (Z=-2.023, p=0.043) improved motivation. Eating plants (Z=-1.725, p=0.084) and diabetes (Z=-1.841, p=0.066) did not. HSS found transient waiting area teaching difficult. All improved visual and oral presentation skills.

Discussion: Structured educational sessions are effective at promoting healthy lifestyles. 30-minute sessions work best in classrooms. HSS gained skills delivering health information to a diverse audience.