Lessons Learned from the Spend Less; Eat Well; Feel Better Program Efficacy

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The purpose of this project was to evaluate the “Spend Less; Eat Well; Feel Better” (SLEWFB) educational intervention in enhancing four targeted variables over a one month period:

1. Household food security status.
2. Ability to pay rent.
3. Average daily fruit and vegetable intake.
4. Success in accomplishing self-set financial and food goals.

SLEWFB is an educational program initiated and delivered by the Family Service Office (FSO), The Salvation Army, Honolulu, Hawaii. FSO is the primary distributor of emergency housing and utility assistance in Honolulu. SLEWFB is a three-hour session on financial resource management and on food, diet and health. It is intended to provide resources, skills and motivation that will “teach participants how to fish; rather than just giving them fish.”

Eligible participants included 438 FSO clients who entered FSP offices between January 1 and August 10, 2001. Upon their initial entry to the FSP office, participants were randomly placed in the intervention group, which received the SLEWFB session, or in the control group, which received a one hour course in food safety.

The study design was a randomly controlled evaluation at two time periods. Survey instruments included (1) a pre-intervention survey completed in person, and (2) a follow-up survey administered 4-6 weeks after the intervention either via mail, phone, or in-person. A third interview, scheduled for 6 months after the intervention was aborted due to initially poor response rates to the follow-up survey. Both surveys included seven questions that measured household food security, a question about ability to pay rent on time, and two questions relating to frequency of fruit and vegetable consumption. Pearson’s Chi-Square analysis and Repeated Measures ANOVA were utilized to assess statistical significance of variables over time and by intervention. Two focus groups were held to clarify the perceived value of the SLEWFB.

Two hundred participants, or 46% of those eligible, completed either the SLEWFB session or the food safety course. Of the two hundred participants, 115 completed the SLEWFB session and 85 completed the food safety course. About half (47%) of all participants completed the follow-up survey, 48 of those who SLEWFB and 47 of those who received the food safety course. The authors found that food security status improved overall, but did not improve only with the SLEWFB intervention. SLEWFB participants were 26% more likely than the control group to report they could pay rent on time at both before and after the intervention. They were also significantly more likely to report they no longer had to choose between food and rent in the follow-up survey. Small but statistically significant improvements in fruit and particularly vegetable intake were demonstrated only in the SLEWFB group. Goal progress did not vary by intervention type; 88% of subjects reported at least some progress on their financial goal. Focus group participants confirmed that the SLEWFB intervention improved their ability to manage their resources and their self-perception. Participants confirmed the value of dialogue with their peers in similar circumstances. Notably, most felt a financial incentive was required to entice their participation in either educational class.

Unexpectedly, 4 of 6 focus group participants reported they had decreased the number of packages of cigarettes smoked a day because of the SLEWFB intervention.

These findings, which have implications for faith-based charitable service providers, confirm that even a short three-hour contact can be effective in improving desired outcomes if delivered in a manner that encourages self-assessment, motivates clients, and provides adequate monitoring of project variables for every client. However, a six-month follow-up evaluation was not possible due to infrastructure and participant issues within a faith-based institution; nor was it possible to motivate SLEWFB attendance without a financial incentive.