

# Good food does not need to be expensive

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<b>Registration date</b> 09/03/2017	<b>Overall study status</b> Completed	<input type="checkbox"/> Protocol
<b>Last Edited</b> 07/05/2020	<b>Condition category</b> Nutritional, Metabolic, Endocrine	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

The aim of this study is to assess the effects of the course 'Good food does not need to be expensive' on diet and product choice. The course aims to increase dietary variety, decrease the intake of saturated fat, and increase consumption of fruit and vegetables among people with financial problems. The key message of the course is that healthy eating does not need to be expensive, thus trying to remove a barrier to healthy eating that is often perceived by people who have little money to spend. The course comprises of two two-hour sessions, led by a dietician, as part of an obligatory household budgeting course for people with financial problems. The course uses strategies such as skills training, information, active learning and tasting. This study aims to update and test the course, including an assessment of the long-term effects.

### Who can participate?

People age 18-90 with a low income who live in neighborhoods in Limburg

### What does the study involve?

Participants in one neighbourhood attend either two sessions on healthy affordable foods or a seven-session budgeting course including the nutrition sessions. Participants in a different neighbourhood attend the budgeting courses without the nutrition sessions. Before, immediately after the courses and at a follow-up test six months after the courses, all participants are contacted by telephone and asked about their diet, including their intake of calories, saturated fat, and fruit and vegetables.

### What are the possible benefits and risks of participating?

Participants receive personal advice on their diet. There are no risks of participating in the study.

### Where is the study run from?

Maastricht University (Netherlands)

### When is the study starting and how long is it expected to run for?

November 2011 to November 2014

### Who is funding the study?

Netherlands Organisation for Health Research and Development (Netherlands)

Who is the main contact?  
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## Contact information

**Type(s)**  
Scientific

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## Additional identifiers

**Protocol serial number**  
200130001

## Study information

**Scientific Title**  
An update and evaluation study of the course 'Good food does not need to be expensive'

**Study objectives**  
This study examines the effectiveness of the Good and Healthy Food programme among low income adults in deprived neighborhoods or adults in debt repayment. Hypotheses are that the program supports participants in reducing their saturated fat intake and in increasing their intake of fruits and vegetables.

**Ethics approval required**  
Old ethics approval format

**Ethics approval(s)**  
The study was exempt from ethical review by the Medical Ethical Committee of the MUMC+, 23 /05/2012

**Study design**  
Quasi-experimental control group design with a pretest, posttest directly after the program and a follow-up test after six months

**Primary study design**  
Interventional

## **Study type(s)**

Prevention

## **Health condition(s) or problem(s) studied**

Obesity, diabetes, cardiovascular diseases, cancer, osteoporosis and dental diseases

## **Interventions**

The main goal of this project is to assess the effects of the intervention 'Good food does not need to be expensive' on dietary intake and product choice. The intervention is currently certified as 'theoretically well founded' by the Centre for Healthy Living. The intervention aims to increase dietary variety, decrease the intake of saturated fat, and increase consumption of fruit and vegetables among people with a limited income. The key message of the intervention is that healthy eating does not need to be expensive, thus trying to remove a barrier to healthy eating that is often perceived by people who have little money to spend. The intervention comprises of two two-hour sessions, led by a dietician. The intervention is organized as part of an obligatory household budgeting course for people with financial problems or as a standalone intervention in low SES neighborhoods. The intervention uses evidence-based intervention methods and strategies such as skills training, information, active learning and tasting.

This project aims to update the intervention using key aspects of the intervention mapping protocol and to evaluate it, including an assessment of the long-term effects. An effectiveness study will be conducted among 100 participants of 20 nutrition education courses. All courses are led by a dietician.

People in region A were automatically enrolled in the intervention condition, while people in region B were automatically enrolled in the control condition:

1. People in the intervention group either participate in the standalone intervention (two sessions on healthy affordable foods) organized in a low SES community or in a 7-session budgeting course (including the same two sessions on healthy affordable foods). The budgeting course is organized as part of a debt repayment trajectory.
2. People in the control group are recruited in other neighboring low SES communities; about half of them participate in comparable budgeting courses. The control group receives no education on the topic of healthy food.

A quasi-experimental design with a pretest, a posttest immediately after the course and a follow-up test six months after the course will be conducted, using multiple telephone 24-hour dietary recalls with intake of energy, (saturated) fat, and fruit and vegetables as primary outcome measures. Process data will be collected using observations, structured telephone and personal interviews with participants and dieticians.

## **Intervention Type**

Behavioural

## **Primary outcome(s)**

1. Daily saturated fat intake in grams and energy percentage
2. Daily energy intake in kcal
3. Daily vegetable intake in grams
4. Daily fruit intake in portions

These outcomes are all measured by means of 24-hour recall telephone interviews by trained interviewers at three points in time: baseline before program implementation, posttest within a month after program implementation and at follow-up six months after program

implementation. At each time point three recalls are collected (two measurements on a week day and one measurement on a weekend day). For each measurement data is collected on one weekend day and two week days. The estimated total enrollment period is 21 months. The phone calls take place in the evening and the participants do not know on which days they will be called. They are questioned about the foods and drinks they have taken during the day, yesterday's hot meal as well as foods and drinks consumed yesterday evening.

### **Key secondary outcome(s)**

1. Food choice behaviors and change among outcomes, assessed using the same dietary recalls as described in the primary outcome measures section:

1.1. Number and type of meals a day

1.2. Consumption of snacks

1.3. Intake of nutrients

2. Implementation data, assessed by means of a structured observation of each session by a researcher and a brief interview with the dietician directly after the session

3. Program appreciation by participants, assessed by means of a telephone interview with participants within two weeks after the second program session

### **Completion date**

01/11/2014

## **Eligibility**

### **Key inclusion criteria**

1. Age 18-90

2. Low income

3. Region: low SES neighborhoods in Limburg

The intention is to recruit a diverse group regarding age, gender, employment status, family status and migrant status

### **Participant type(s)**

Other

### **Healthy volunteers allowed**

No

### **Age group**

Adult

### **Lower age limit**

18 years

### **Upper age limit**

90 years

### **Sex**

All

### **Total final enrolment**

237

**Key exclusion criteria**

High income

**Date of first enrolment**

01/10/2012

**Date of final enrolment**

01/07/2014

## **Locations**

**Countries of recruitment**

Netherlands

**Study participating centre**

Maastricht University, Department of Health Promotion

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## **Sponsor information**

**Organisation**

ZonMW Netherlands

**ROR**

<https://ror.org/01yaj9a77>

## **Funder(s)**

**Funder type**

Research council

**Funder Name**

ZonMw

**Alternative Name(s)**

Netherlands Organisation for Health Research and Development

**Funding Body Type**

Private sector organisation

### Funding Body Subtype

Other non-profit organizations

### Location

Netherlands

## Results and Publications

### Individual participant data (IPD) sharing plan

The current data sharing plans for the current study are unknown and will be made available at a later date.

### IPD sharing plan summary

Data sharing statement to be made available at a later date

### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	results	07/04/2020	07/05/2020	Yes	No
<a href="#">Participant information sheet</a>	Participant information sheet	11/11/2025	11/11/2025	No	Yes