

## THE CASE FOR VIDEOS

Studies assessing the effectiveness of educational videos as a tool for changing behavior have consistently shown positive results. One study examined the use of videos to improve dietary behavior among low income (up to 150% of poverty level), female homemakers enrolled in the Expanded Food and Nutrition Education Program (EFNEP) and the Food Stamp Nutrition Education Program (FSNEP). Ninety-three participants were randomly assigned to either a traditional, face-to-face contact group or a video group with both groups receiving twelve lessons covering “the food guide pyramid, food preparation and safety, meal planning and budgeting, and healthful snacks and breakfasts.” (Cox, 2003) The results of the study were very clear that watching a video is as effective in changing dietary behavior as face-to-face lessons. “Both groups had significantly improved intakes for the fruit group, calcium, Vitamin A and Vit C. The video group also had significantly improved intake of dietary fiber. Scores revealed no significant differences between the two groups and the amount of change in dietary intakes, nor on change in food related behaviors.” (Cox, 2003)



Another study also examined the effectiveness of video tapes versus peer counseling in the WIC clinics on the ability to increase the duration of breastfeeding among low-income (up to 185% of poverty level) African American women. In four clinics, 115 women who had initiated breastfeeding were divided in a two-by-two factorial intervention where the clinics received no intervention, a video package intervention, a peer counseling intervention or both interventions. (Gross, 1998) In the video intervention group, the participants reviewed a motivational video on breastfeeding in the WIC clinic waiting room before routine scheduled appointments. The counseling group received “one-on-one counseling or one hour group support sessions at the WIC clinic.” (Gross, 1998) The results clearly showed that watching a video is as effective in increasing the duration of breastfeeding as receiving one-on-one counseling. “The proportion of women reporting breastfeeding declined at eight and sixteen weeks postpartum, but the rate of decline was slower in the three intervention clinics than in the control clinic....Women in the intervention clinics were about one third less likely to stop breastfeeding before sixteen weeks postpartum compared with women in the control clinic; however there was no striking differences depending on the type of intervention (video or peer counseling).... and no advantage was seen in having both interventions (i.e. peer counseling and video) present.” (Gross, 1998)

The implications of these results are staggering as the ability to reach a large target audience and improve dietary behavior is obviously more cost effective and feasible through the use of video than through individual and small group face-to-face contact.

## WORKS CITED

1. Cox, R.H., White, A.H., Gaylord, C.K. (2003). A Video Lesson Series Is Effective in Changing the Dietary Intakes and Food-Related Behaviors of Low-Income Homemakers. *Journal of the American Dietetic Association*, 103 (11), 1488-1493
2. Gross, S.M., Caulfield, L.E., Bentley, M.E., Bronner, Y., Kessler, L., Jensen, J., Paige, D.M. (1998). Counseling and Motivational Video Tapes Increase Duration of Breast-Feeding in African-American WIC Participants Who Initiate Breast-Feeding. *Journal of the American Dietetic Association*, 98 (2), 143-148.

Respectfully Submitted:

Jennifer Wadner  
Research Consultant  
Moonshadow Productions