

Bones For Change

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The purpose of the study was to measure the impact and changes a behavioral change modeled-bone health program could manifest for participants. The 3-week program was constructed around behavioral models (Transtheoretical, Health Belief, SMART Goals) to allow the program to target individuals in different states of change. There were 3 educational meetings and 3 interactive group meetings. Anonymous pre/post surveys (23 and 34 questions) and an osteoporosis risk assessment were completed. Participants were recruited from The Suppers Program. 17 pre and 10 post surveys were analyzed for bone health knowledge, behavioral/ nutritional changes, and self-reflection responses. Participants had at least 2 or more evidence-based risk factors on the osteoporosis risk assessment (2-10/18). Participant's knowledge about nutrition (function, daily need, and food sources) improved for magnesium (6%, 30%) and Vitamin D (38%, 86%). All participants were able to name three things that worsen bone health and made a commitment to avoid them. Likely due to stress reducing exercise, 62% reported improved mood/mindset. About 70% of participants completed their SMART goal, and 86% reported that they would continue using the SMART goal method. The program was effective in promoting nutritional changes as 9 participants were in an early state of change and 10 participants ended in a much later state of change. 7 responders had a Bone DEXA Scan and 4 had a Vitamin D concentration before the program, and 8 reported they would request one because of this program. Participants had little improvement in knowledge about non-dairy sources of calcium. A behavioral change and support group model enhances the participants' experience, and helps move them along the Transtheoretical Model to make positive changes for bone health. The Suppers Program will continue to run and collect data from this program every few months. Supported by R25ES020721 and the Rutgers Office of Research and Economic Development.

