



Food Choices
Preventative Health Program
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Food Choices

COMMUNITY PROGRAM: FOOD CHOICES

Food Choices is a community preventative health program that involves empowering people on how to make healthy food choices to prevent and cure different diseases. Making sound Food Choices people will see improvement in both their health and wellbeing but it will also make an impact on the future of their children's health as well. Food Choices is a basic program that will all show the community that eating healthy can be money saving as well as time saving. Saving money and time will show different families how to enhance their culturally diverse population. The mission of the Food Choices program is to empower low income multi-culturally families with the means to make healthy food choices to prevent a multitude of health disparities.

RESEARCH

It is now a known fact that healthy food choices equal a healthy life but changing the behaviors associated with health food choices is where the real issues occur. The Stages of Change relating to making healthy food choices involves a behavioral approach where self-efficacy is learned and used as a means of success when making food choices long after a health program is over, and the learned behavior pattern is a way of life (Thomson, 2011). Taking into consideration the basis of health food choices the Food Choices considered the different aspects of the community such as: healthy adults, older adults, children, multi-cultural, and low-income populations, as well as workplace employees. Food Choices decided to focus on the multi-cultural and low-income populations as the target population to teach and empower.

ASSESSMENTS

Testing the target participants would be a little different and would involve many translators within the community to help with any language barriers that might exist. In order to see where the jumping off point would be in the Food Choices program, a questionnaire was sent out to the different community organizations that helped low-income families. These questionnaires included questions regarding how much money is spent on food and what type of food is purchased. After the questionnaires were filled out another form of assessments were made with regard to the health of the target populations, these were filled out at the different free clinics and hospitals around the area. Food Choice found that these assessments were useful to help plan a program that was geared toward each individual of the community that wanted to participate. Dividing the people into different groups according to the different needs Food Choice would be better acclimated to helping each group. It would also help those involved in the process of teaching and mentoring to focus on what they do best in their given area of expertise.

GOALS

The goals of the Food Choice plan are to teach participants to how to plan healthy menus, shop for healthy groceries, and prepare healthy food for themselves and their families while changing their association with the food they are eating. Instead of choosing what is pleasing to the eyes, participants will learn how to choose what is good for the body. These goals also have objective associated with them:

Goal 1: Plan healthy menus

Awareness objective: Offer workshops, seminars, nutritional talks on the ease and health benefits of preparing a weekly menu around food that is on sale and food that is given out from the food pantries. There will also be informational posters placed around the community with different celebrities surrounded with their favorite vegetables, and asking “What’s your vegetable IQ?”

Knowledge objective: Each week as the participants learn to prepare their healthy menus, they will also participate in a healthy food treasure hunt where the winners will win a week with a home economist from the local college.

Attitude objective: Participants will journal how they feel while they are planning the menu, they will answer questions: Are they more in control of what they are choosing to eat? Do they prepare the menus with all the family members involved? How do they feel about their new found healthy Food Choices?

Skill Development objective: participants will prepare healthy menus with confidence based on their families tastes are, food on sale, and food banks rations.

Access objective: Participants will understand and see the difference between a need and a want within the healthy menu.

Behavior objective: By preparing healthy menus, participants will associate the healthier they eat with how much better they feel, and be connected to food in a new healthier approach.

Risk Reduction objective: Menu planning will help save the participants money which will eliminate some of the stress they have. Less stress equals less sickness. A healthy menu will also curb their obesity, lack of nutrients and lower their risk of developing heart disease, diabetes, and cancer (Thomson, 2011, p 4).

Health Status Objective: From the first simple task of learning how to prepare a menu participants will be empowered to look for other ways to make healthy choices for themselves and their families.

Goal 2: Shop for healthy groceries

Awareness objective: Offer tip fact sheets, free workshops, grocery store training sessions where participants have hands-on-learning while shopping, free classes on grocery list preparation based on the store aisle placement, grocery store shopping one-on-one mentoring. Learn how to read food labels through phone tutoring.

Knowledge objective: Playing grocery store bingo game and winning healthy cash prizes to the grocery store of their choice.

Attitude objective: Participants will keep track of the money they save weekly and will see the difference in their health to continue with the program.

Skill Development objective: Shopping from a list will empower participants to enjoy grocery shopping again because they will be able to purchase healthy food that costs less.

Access objective: Participants will learn to how to navigate the aisles at the grocery stores, how to be health smart at food pantries, and farmer's markets. They will also look for ways to obtain healthy food that is low cost.

Behavior objective: Participants will gain the confidence to walk into any store and purchase healthy food for their family without spending all of their money.

Risk Reduction objective: By learning to read food labels and shopping for healthy foods, participants will extend their life and change the life course of their children without obesity, heart disease, diabetes and cancers (Thomson, 2011, p 4).

Health Status objective: Participants will notice that they will have less sick days, their weights will stabilize, and they will have more energy. These benefits will make them want to continue with the Food Choice program.

Goal 3: Prepare healthy food

Awareness objective: Place posters around the community of workshops offered by area chefs in meal preparation, send out flyers of seminars and mentoring programs teaching cooking basics.

Knowledge objective: Participants can test their skills in different cooking competitions in the community for prizes like a two-day stay at a local health spa, or subscriptions to different cooking magazines.

Attitude objective: Participants will see the advantage of cooking healthy meals for their families and will want to continue to change the health of their families.

Skill Development objective: Participants will hone their basic skills of healthy cooking and meal preparation through cooking for their families and feel confident in their ability to try new recipes.

Access objective: Participants will have access to healthy cooking techniques which will give them a better way to provide healthy food for their families.

Behavior objective: Participants will no longer be afraid to cook different vegetables or proteins which mean they will more likely serve healthier food to their families.

Risk Reduction objective: The participant's new found cooking skills means they will know how to broil instead of fry and will reduce the

development of heart disease, diabetes and some cancers (Thomson, 2011, p 4).

Health Status objective: Because of the healthy cooking techniques, participants will enhance their wellbeing with vitality and energy. They will look for ways to continue on this new found health path until it becomes a part of who they are.

These goals and objectives will result in the program being open-ended because there is always so much to learn about healthy food choices, menu planning, smart shopping strategies, and healthy cooking techniques.

EVALUATIONS

Different evaluations will be used throughout the program to see if the program is making an impact on the participants and on the community. For the process evaluation Food Choices has decided to use surveys and questionnaires, focus groups, and observations, (Hodges & Videto, 2005, p 121). Through the use of surveys and questionnaires program facilitators will see if the program is hitting the target audience in an influential manner. It will also look at any barriers that may come up during the program such as time constraints or travel issues. Using the focus groups, facilitators of the program will learn first-hand how the different aspects of the Food Choices program: menu planning, shopping, meal preparation is making a difference in the participants' lives. Using observation skills during the different workshops and classes facilitators can see how the participants are using the information taught, and what to change for future classes (Hodges & Videto, 2005, p 121).

To measure the impact of the Food Choices program observation, focus groups, and one-on-one interviews with a cross section of participants in the program. Observing how participants participate in the different workshops, classes and community outings is a good way to gauge the impact of the program. If a facilitator is among the participants watching how they interact with each other and with their surroundings, for example in the grocery store asking the produce manager for a discount on over ripe bananas, the facilitator can note that some people are reading the tip sheets. During one-on-one interviews with a cross section of participants, facilitators will notice how the Food Choices program has impacted the different ethnic groups involved in the program.

Since the Food Choices program is an open-ended program the outcome evaluations are done when a participant feels they are ready to graduate from the program and “fly solo.” At the graduation a participant is asked to fill out an exit questionnaire or exit interview (Hodges & Videto, 2005, p 123). The exit questionnaire and interview is based on the accomplishment of the initial goals and objectives, along with learning new life skills. After graduation, the participant has the opportunity to become a mentor and help beginning participants change their health by learning to change their Food Choices.

STAKEHOLDERS

Food Choice was designed by key community members, health officials, physicians, nutritionist, and economists from the local colleges, and chef’s from community restaurants. Each stakeholder has a different committee they are

responsible for. It makes good sense for the chefs to teach participants how to cook, while the nutritionists teach how to put together a healthy meal plan. The same holds true for the economists from the local colleges to help in finding cheaper ways to deliver healthy to the participants.

FUNDING

Funding of the program comes from donations from different organizations within the community such as the Lion's Clubs, Kiwanis Clubs, Women, Infants, Children (WIC), local college extension offices, and different grants, United States Department of Agriculture, Center for Disease Control, World Health Organization, and Local Harvest. Each of these entities contributes where they are needed and where they can with either money donations or people helping people.

SOCIO-ECONOMIC & MULTI-CULTURAL PERSPECTIVE

The Socio-Economic perspective on this program is that Food Choices can relate to all people in all the different financial brackets, but this program is geared more toward the low-income families who need to make their food dollar stretch as much as possible. According to Dr. Mr. Lino of the USDA a healthy meal plan should average around \$6.65 a person for each day in order to gain the nutritional benefits of healthy meal plan (2011). He goes on to say that in season fresh fruits and vegetables are at their cheapest but when they are not in season is when the frozen or canned varieties should be considered because they are equally nutritious and cost less (Lino, 2011).

The multi-cultural perspective the Food Choice program is one where all the boundaries of our past are torn down. Ridding ourselves of the notions that African

Americans and Spanish Americans are tied to frying as their major means of cooking methods helped these culturally diverse groups of participants embrace the premise and program itself (Garcia, 2011). The culturally diverse participants in the Food Choices program learned healthier ways to make their family favorites without giving up taste or nutrients.

ADMINISTRATIVE TASKS

The administrative tasks of the Food Choices program are housed in an empty office adjacent to the food pantry. Printing out questionnaires, interview questions, program outlines, and committee paperwork, answering phones, and handling all the correspondence would be some of the tasks of an office administrator. Researching the internet for appropriate marketing tools and forums would be the tasks of a marketing professional. Assembling the teachers, mentors, tutors, and chefs would also be the job of a marketing professional. Translators would also be helpful in several different languages and also a sign language interpreter to facilitate multicultural participants. One way to save money on this end is to hire several retired people who can do the work but only work part time, that way no health insurance will need to be paid out.

STAGES OF CHANGE AND SOCIAL COGNITIVE THEORY

In the pilot test of the program several different theories were employed to help us find out that in order to change behavior and relationship to our Food Choices. Since this is an open ended program and each participant will be progressing basically at their own rate within the different groups till their graduation day, the Stages of Change and Social Cognitive Theory are used throughout the program (Thomson, 2011, p 7).

Figuring out where each participant is in the beginning stages of the program translates into what stage of change they are in and moving toward the goal of graduation. The social cognitive theory is used because the participant's environment has much to do with the food choices that are made. An example of this is a child who will not eat vegetables because the child has not been exposed to them. The opposite is a tool to work with in getting children to try new foods, if they see their parent eating them.

STRATEGIES AND ACTIVITIES

Different techniques to employ while menu planning would be to scour the grocery store sale flyers and plan the menu around the sales. Teaching participants to cut coupons and use them on healthy Food Choices they purchase is another tool that is implemented. Asking the produce or bakery manager for a discount on over ripe produce or fresh made bread that has reached its expiration date is another tool that will be taught to extend the family food dollars. Other activities are offering workshops in food storage like canning, freezing, and drying produce and meat. Teaching participants that healthier food is purchased on the perimeter of the store is also another tool that empowers the participants.

CORPORATE PROGRAM: FOOD CHOICES

Food Choices can be translated and reconfigured to fit the corporate world and make the same gains in health and wellbeing. The constraints could be the same as the community program because corporate workplaces are multicultural, and many people are earning less money these days so the socio-economic portion is also relevant here.

The mission statement of the Food Choices Corporate Program is to empower the workers to think better while choosing healthier food options while at work and at home.

RESEARCH

Improving workers health is multifaceted as it improves productivity and the company's awareness and image. Offering Food Choices will help the company save money in the process because healthier food choices means less illness with translates into less sick days used which equals less money spent by companies paying for clinic visits. Plus offering this type of program companies will see people's weights stabilize as a result of maintaining quality nutrients (Ickes & Sharma, 2009, p 343).

ASSESSMENTS

The initial assessments of employees showed that the target participants would be workers who experienced pain and anxiety and time constraints when meal planning, shopping and preparing healthy Food Choices. The employees ranged in age and ethnic diversity. The pain associated with pleasing everyone in the family and the anxiety toward shopping and cooking food after a long day at work scored high. The only trepidation that came across from the initial assessments was that if it were possible to ensure that healthy Food Choices can meet their needs they would do it without a second thought.

GOALS

The goals of this corporate version of Food Choice are teach healthy menu planning, smart shopping strategies, and healthy time saving meal preparation. Within these goals are objectives that must be addressed for the program to forward. These

goals are time sensitive because workers do not have much time to begin with. So each goal and objective will have a deadline that will need to be reached.

Goal 1: Healthy Menu Planning

Awareness objective: Place fliers around workspace of upcoming Food Choices program; start email discussions around the subject of effective menu planning; set up signs on tables where workers can sign up for workshops and seminars to learn to tools necessary to plan healthy menus. The time frame for this would take about three months.

Knowledge objective: Workers would test their knowledge with simple menu planning games over the internet or through email trivia contests.

Time frame: 1 month

Attitude objective: Workers will not be as stressed in preparing a weekly menu and will want to do it more often. This will take approximately three months to master.

Skill Development objective: Workers will have the confidence to prepare healthy, money saving menus in a matter of minutes by reading the sales circulars and planning around the sales. Time frame: three months.

Access Objective: Workers will have access to online coupon pages, sales circulars, cooking magazines to make menu planning easier. Time frame: two months.

Behavior Objective: Workers will identify ways they are connected to the Food Choices they make by keeping a menu journal. Time Frame: six weeks.

Risk Reduction objective: Through the use of menu planning workers will have less stress in their lives because they will know what meal they will make or are making on any given day. Serving healthy Food Choices will mean their families will spend less time in the doctor's office, and more time at work and at school. They will also cut the risk of developing the three major health risks: heart disease, diabetes, and certain cancers (Thomson, 2011, p 4). Time frame: six months.

Health Status Objective: Their overall health status will improve which means that companies will save money because less trips to doctors means more productivity in the workplace (Ickes & Sharma, 2009, p 345). Time frame: six months.

Goal 2: Smart Shopping Strategies

Awareness objective: Offering workshops with speakers from local college extension offices on how to smart shopping strategies work; sending out flyers within the company to advertise about the ongoing smart strategy workshops. Time frame: three months

Knowledge objective: Playing game like smart shopping bingo at lunch where winners could win gift cards to their favorite grocery store. Time frame: three months

Attitude objective: Relieve the anger issues about grocery shopping by offering babysitting services to families with small children, and show workers that shopping while calm helps to make healthier decisions about Food Choices. Time frame: two months.

Skill Development objective: Worker will learn how to make grocery lists, shop with coupons and stay in the perimeter of the store for their healthy Food Choices. Time frame: three months.

Access Objective: Workers will use an easy grocery list that they can either print out and carry with them or download the list to their Smartphone. Time frame: two months.

Behavior Objective: Workers will see their relationship of using the smart shopping strategies to the reduction of stress in their lives. Time frame: six weeks.

Risk Reduction objective: Workers will reduce their stress surrounding this aspect of the Food Choice program and will begin to see a reduction in sick days. Time frame: three months

Health Status Objective: Using the smart shopping strategies, workers will see their own health reflect the healthy food choices they have purchased for their families. Time frame: six months.

Goal 3: Healthy Time Saving Meal Preparation

Awareness objective: Inform workers through emails, meeting, lunchroom bulletin boards about the workshops and cooking demonstrations. Time frame: three months.

Knowledge objective: Host monthly potlucks where workers can share the meals they have made for their families using time saving healthy meal preparation techniques. Time frame: three months.

Attitude objective: See the attitudes of workers approach to cooking for their families become optimistic with the new cooking methods. Time frame: two months.

Skill Development objective: Learning the different time saving, healthy cooking methods will spur the workers to share their knowledge with others not in the program. Time frame: three months.

Access objective: During down times of production in the workplace have chefs come in and prepare meals using different time saving healthy cooking techniques such as pressure cooking. Time frame: two months.

Behavior objective: Workers will not be stressed about what to feed their families with the use of crockpot, freezer meals, and pressure cooking. Cooking healthy for their families will be a joy again. Time frame: six weeks.

Risk Reduction objective: Workers will be giving their families healthy food choices which means they will be getting the needed nutrition to

function without the thought of contracting diabetes, heart disease, or some forms of cancer (Thomson, 2011, p 4). Time frame: three months.

Health Status objective: Workers will have more energy and vitality.

They will want to continue with the program long after the program has ended. Time frame: six months.

EVALUATIONS

The outcome evaluations used will be survey questionnaires, and observation.

The survey questionnaires will address the process, the impact and the outcomes of the Food Choices program to see if the program can be used again, as the target participants change with the change in staffing (Hodges & Videto, 2005, p 123).

Observation will be used in watching how the participants participate in the workshops, seminars and cooking demonstrations.

STAKEHOLDERS

The people involved in planning the program involve the human resource director, the CEO of the company, different health insurance groups, physicians, home economists from the college extension office, grocery store managers, and chefs from local restaurants. Each of the different stake holders will compile different committees and be responsible for the different aspects of the Food Choice program. For instance the physicians will be responsible for setting up the parameters of how the risk reduction will be attained by making healthy Food Choices.

SOCIO-ECONOMIC & MULTI-CULTURAL PERSPECTIVE

The socio-economic perspective of this type of corporate wellness program means that both the participant and the company will come out ahead financially. The healthier the worker, the less money is spent on healthcare. The preventative measures of Food Choice will benefit the company by having healthier more productive employees (Ickes & Sharma, 2009, p 346). From the multi-cultural perspective including a variety of activities at different levels and in different languages will help to spread the useful information (Ickes & Sharma, 2009, p 346).

ADMINISTRATIVE TASKS

The administrative tasks involved in this type of plan would most likely fall on the health insurance team along with the human resource director and in the future a health coordinator. Each of these entities will have their own administrative directives that need to be accomplished to make the program run smoothly. The health coordinator would be responsible for preparing the flyers, signs, questionnaires, games, emails, correspondence, and coordinate different speakers to come in to address the different aspects of the Food Choices program.

STAGES OF CHANGE AND SOCIAL COGNITIVE THEORY

The stages of change will be used as the theory to help facilitate the Food Choices program at the corporate level because each worker is at a different stage on their path to wellness. Some are contemplating a change while others have never thought about changing their Food Choices (Thomson, 2011, p 7). The Social Cognitive Theory was also used because workers will gain self-efficacy in this program as their

skill level and confidence level rise they will be more determined to continue in the program after the program has ended. They may even look further on their own into different opportunities for growth (Thomson, 2011, p 8).

STRATEGIES AND ACTIVITIES

The different activities of this corporate program involve participation from the participants to actively become involved with the different objectives that are related to the goals. For instance under smart shopping strategies one activity could be to organize a coupon and recipe club at work where workers could share coupons and recipes they have tried. Another activity would be a scavenger hunt for healthy Food Choices in the workplace to have workers become attuned to the words “healthy” “food” and “choices.” Also playing a type of bingo at where the workers play on teams and whichever team brings in healthy meal options for lunch for a week wins a prize.

IMPLEMENTING THE PROGRAM

By reviewing the data collected in the evaluation of the Food Choice Pilot Test Program the implementation process is easier because now we understand that workers want the program to last at least a year with different offerings of information on a weekly basis (Hodges & Videto, 2005, p 79). This means that throughout the year long program there will be more evaluations to see what the workers liked and what they did not, and how to tweak the program to help it evolve into something that is a regular aspect of the worker’s worker life.

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