

Promoting Healthy Habits: Innovative Nutrition Education Programs for Homeless Children and Families

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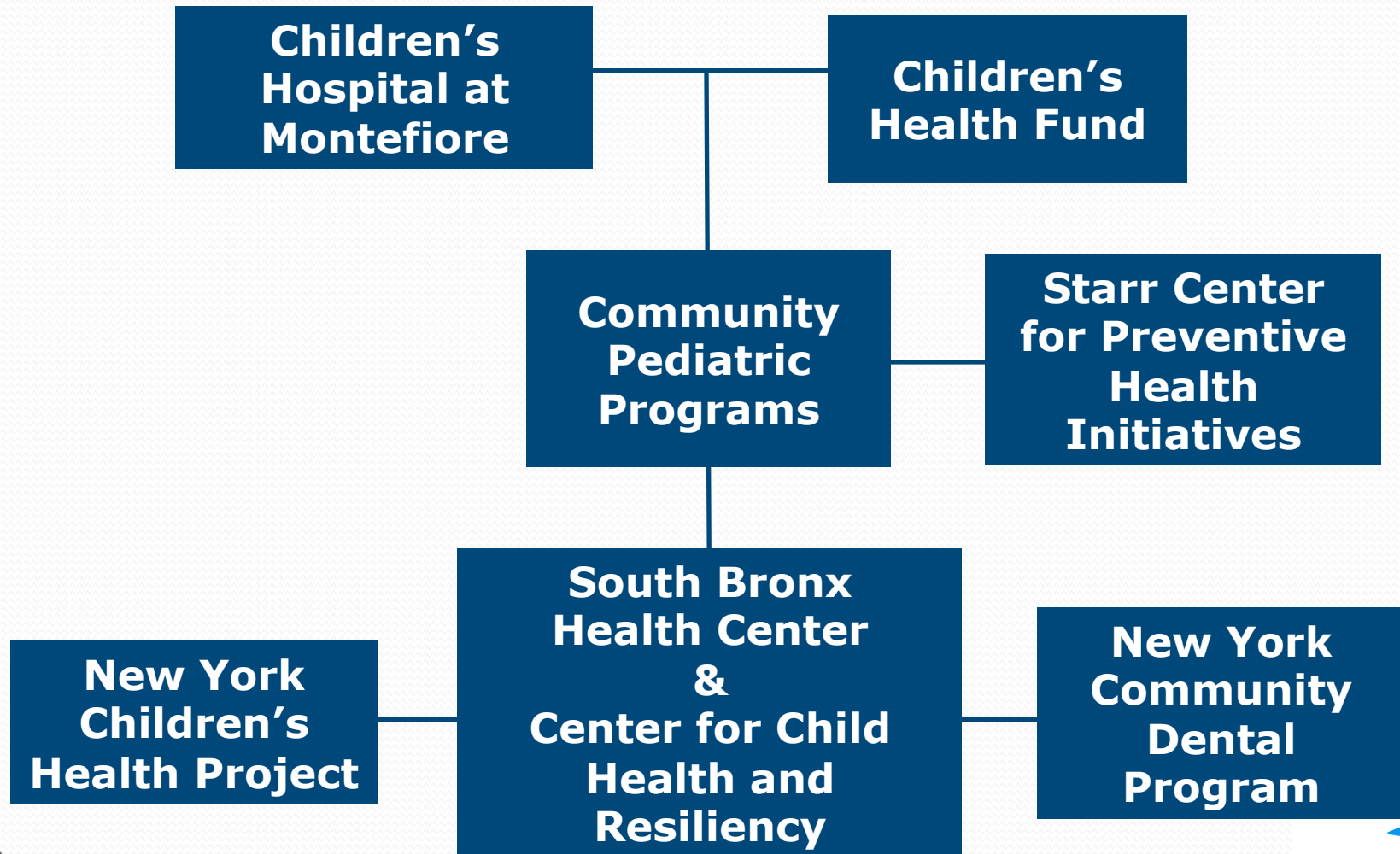
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Community Pediatric Programs; a partnership of
Montefiore Medical Center and Children's Health Fund

Objectives

- Identify challenges in addressing nutrition in homeless populations
- Describe innovative methods of teaching nutrition education with limited resources
- Understand the value of multi-method evaluation of a pediatric nutrition education curriculum

Community Pediatric Programs Organizational Overview



New York Children's Health Project (NYCHP)

- Launched in 1987
- Provides comprehensive primary health care to homeless children and families via mobile medical units and on-site clinics at family shelters, domestic violence shelters, and a shelter for homeless youth
- 13 sites throughout NYC
- Mental health, case management, nutrition, emergency food pantry
- 2012: 4,253 patients, 23,158 visits

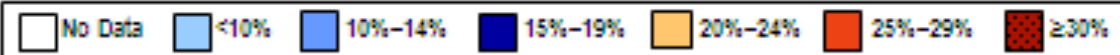
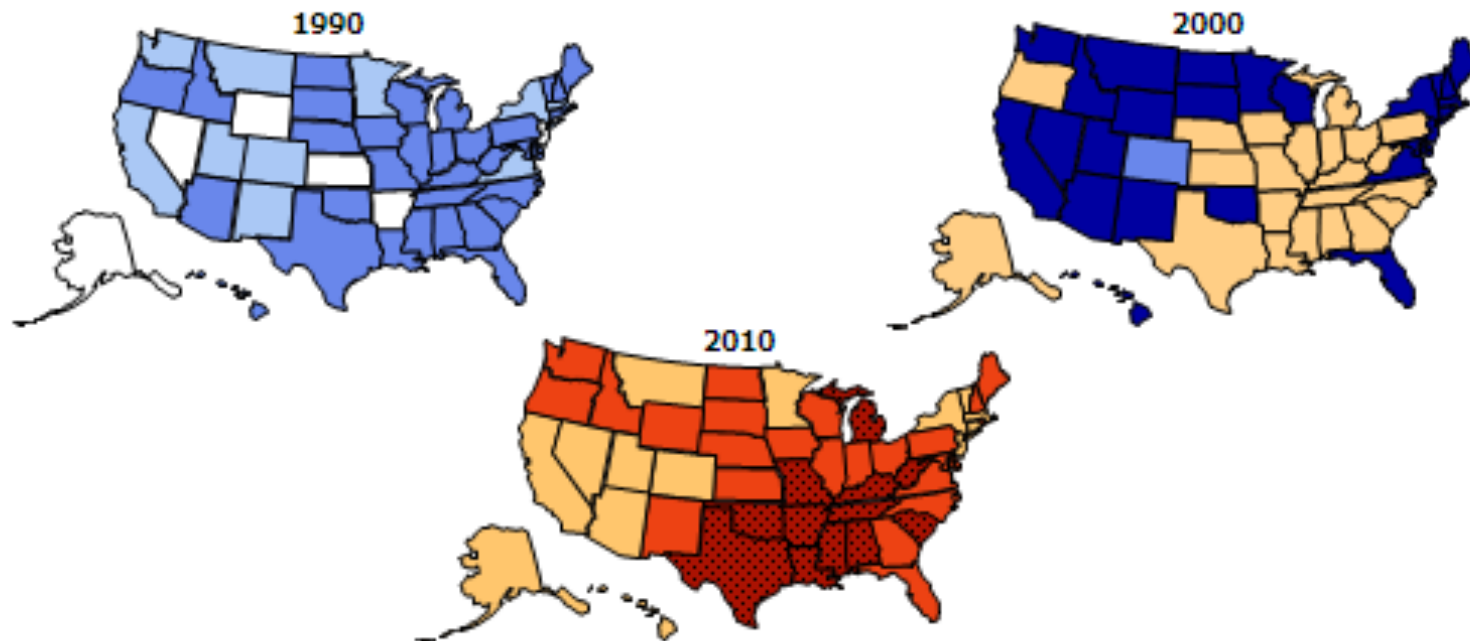


Obesity Trends in the United States

Obesity Trends* Among U.S. Adults

BRFSS, 1990, 2000, 2010

(*BMI ≥ 30 , or about 30 lbs. overweight for 5'4" person)



Source: Behavioral Risk Factor Surveillance System, CDC.

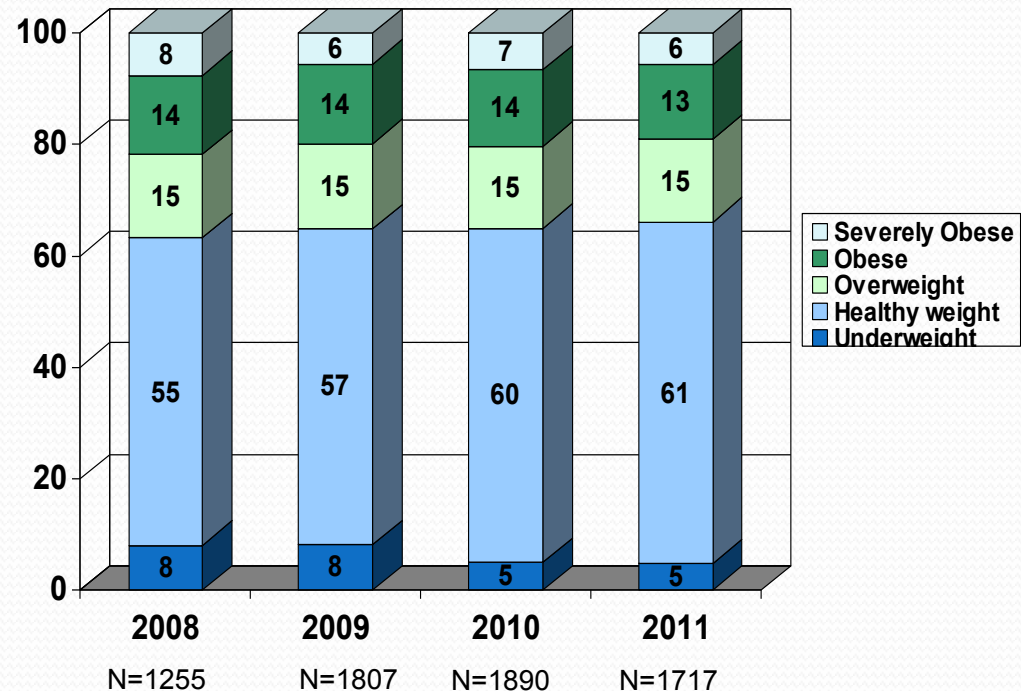


Overweight/Obesity in NYC (2010)

- Adults: 58% overweight (35%) or obese (23%)¹
 - 30% consumed one or more sugary drinks per day²
 - 12% consumed no fruits or vegetables in previous day²
 - 27% did not engage in any physical activity in previous 30 days²
- Children: 39% overweight or obese
 - 21% of 6-11 year olds were obese^{1,2}

Homelessness and the “Hunger-Obesity Paradox”

- “The co-existence of hunger and obesity ...same person”³
- High prevalence of overweight and obesity in our population.
- In 2011 of our 2-19 year old patients: 34% were overweight (15%) or obese (19%)
- NYCHP provides nutrition services based on provider referrals for both adults and children at our fixed site



Cooking Healthy Eating Fitness and Fun

2007-08: CHEFF's
created – 1st survey

2009: 1st year
evaluation results in
monitoring tools

End 2010: Survey revised
and piloted, new delivery
method

2011-2012: CHEFF's
data analyzed

Jan 2013: Article written
and submitted

CHEFF's at a Glance: Program

- Program Methods
 - Nutrition education, physical activity, and media literacy program for children aged 6-14 (all are welcome)
 - Run after school at two homeless shelters in the Bronx
 - 1hr and 15 minute bi-weekly classes
 - Nutrition education portion, “Action Break”, Snack Preparation
 - Two-question pre/post survey
 - Facilitated by health educator, program assistant and Americorp

CHEFF's at a Glance: Topics

- Curriculum Topics

- Physical Activity (types, duration, intensity)
- Food Groups and Nutrients
- Balanced Meals
- Portions
- Fast Food
- Sugary Beverages
- Self Esteem
- Media Literacy

*Each session had a discrete message, lessons are not dependent upon each other

A Tale of Two Sites...

Shelter “A”

- Tier II family shelter in the Bronx
- Students are placed in classes based on age
- Education Programs Coordinator onsite
- Homework help and enrichment activities offered
- Families have no cooking facilities; served meals
- Average attendance: 9

Shelter “B”

- Tier II family shelter in the Bronx
- Childcare facilities and recreation are available for children of all ages who have working parents.
- One recreation teacher for all children ages 3.5-18 yo
- Kitchens in units
- Average attendance: 17

A Sample Day @ CHEFF's*

- 4:15-4:30: Team arrives and helps get children “settled”
- 4:30-4:40: KAB survey administered “individually”
- 4:40-5:15: Lesson and corresponding activities
- 5:15-5:22: “Action Break”
- 5:22-5:30: Snack (prep)
- 5:30-5:45: Survey administered and clean-up

The Power of a Pilot

What we learned

- Evidence of “answer sharing”
- Participants’ observations, attitudes insights and interpretations of content not reflected on survey
- Notable quotes
- Important classroom dynamics and facilitators’ observations

How we addressed it

- Each pre/post KAB is administered individually by staff
- Qualitative monitoring tool was developed for an “observer” (co-facilitator) to record events in real time
- “Facilitator” monitoring tool

Sample KAB Questions

Pre/Post: _____

Circle the food that is high in protein.



Pre/Post: _____

Circle the picture of physical activity.

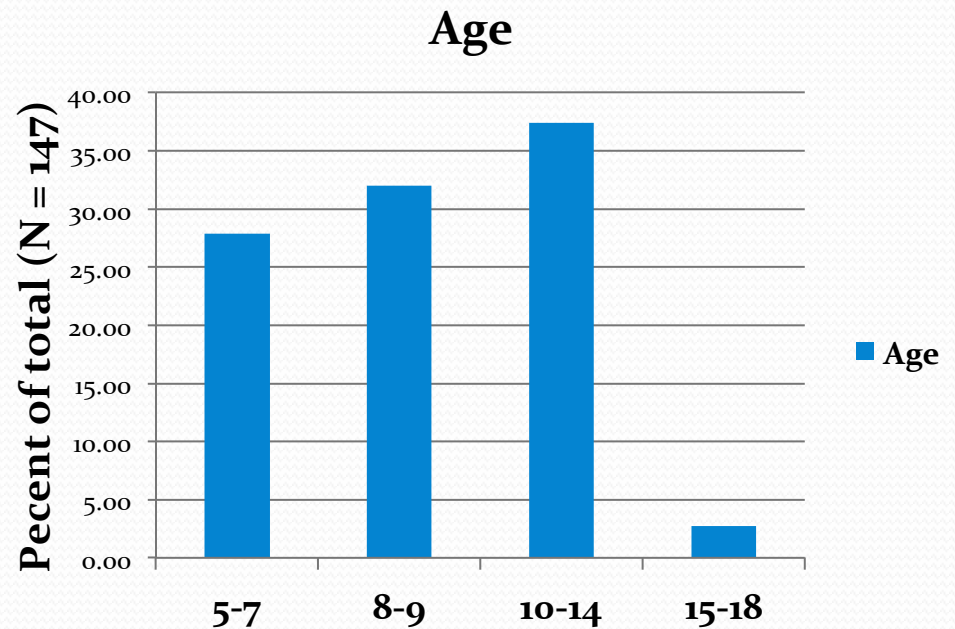
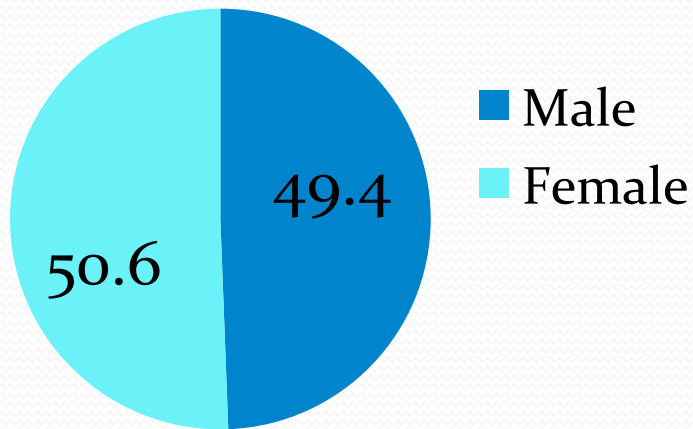


Pre/Post: _____

Circle the ad that shows healthy eating as fun.

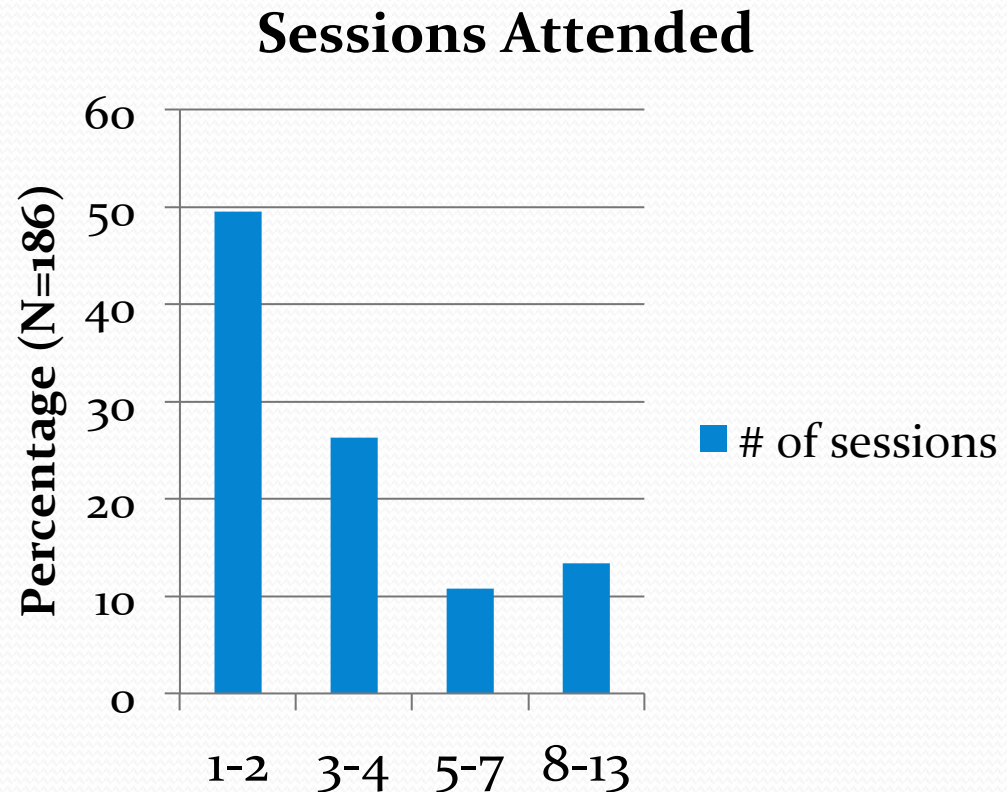


Who Showed up to Class?



How Many Times Did They Show Up?

Total	Fall 09- Spring 12
Participants	186
Encounters	655
Sessions	86
Participants/ Session	7.6



What Did They Learn?

Measure	Percentage
Completed at least 1 pre/post questionnaire	92.7%
Overall pre/post completion rate	83.6%
Improved pre/post score	65.7%
Improvement (nutrition)	53.5%
Improvement (PA)	41.3%
Improvement (media)	30.3%

What They REALLY Learned

Demonstrations of Knowledge

- “It’s not good without the label because if someone eats something then you don’t know how many calories there is [sic]”
- “Lettuce and tomato on a sandwich make it healthier”
- “Fruits are different than veggies because they have seeds in them”
- “Fiber is like a broom in our body”
- “Aerobic activity is like running”
- “If it’s high intensity it needs a lot of your energy to do it”
- “If someone decides to put up a one way sign on a two way street, you would not just follow what that random person wrote because the sign is not official, it could get you killed or hurt”

Attitudes and Observations

- “You have to taste something once to know if you like it”
- “This is the first time I ate so many fruits and vegetables!”
- “All the cereals that are good for you are expensive”
- “It’s hard to stop drinking sugar”
- “I’m going to read the newspaper to get information”
- “You don’t know what parents can afford so you can’t judge what people wear”
- “When you go to McDonald’s® you can get something healthier, like a salad”

What We REALLY Learned

● Interpretations Through Life Experience

- When asked what they could do with the “extra” sandwich from McDonald’s “2 for \$3” deal, one student replied: “you could give your extra [sandwich] to a homeless person”
- ”Downstairs, they keep giving us just chicken, can we survive on just chicken and rice?” “Half your plate should be fruits and vegetables” “Without fruits and vegetables only half of your body is complete.”
- When discussing the benefits of physical activity and weight management a few children mentioned that being overweight would help them survive a disaster that might leave them stranded without food for a long time.
- When asked about the benefits of exercise, one child responded that “exercise is good because you can protect your mom from being robbed.”
- Leader: “You need muscles, because no one wants to be a skeleton right? Student: “Yes we do, because if someone shoots us it will go right through”

Challenges, Successes and The Future of CHEFF's

- Staffing, travel, budget
- Pediatric based intervention (no parental involvement)
- Students' varied social, behavioral, and cognitive abilities
- Shelter management, turnover, communication
- Strong quantitative results
- Demand for the program
- “Training the Trainer”

Mommy and Me Cooking Class

New York Children's Health Project's Microwave
Cooking Class for Women and Children :
Cooking and Conversation in a Safe and Healthy
Environment

Mommy and Me- Microwave Cooking

- Tier II Shelter
- Shelter Population : Women and children
- Residents have a recreation area
- Onsite Family Programs Director, Coordinator and Case workers
- Job readiness assistance and support programs

Mommy and Me Microwave Cooking Class

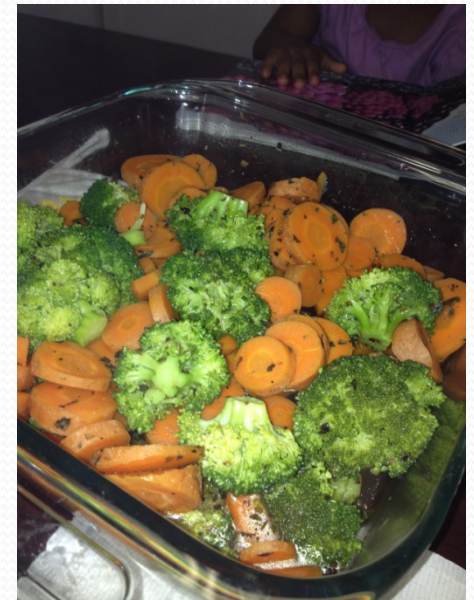
Microwave cooking class was developed to address the need for less processed, healthier food choices for shelter families with limited cooking facilities, as well as time and skill needed to cook nutritious, affordable meals.



Vegetable Lasagna and Garden Salad

Teaching Points

- Shopping on a budget
- Incorporating fruit and vegetables into our diets
- Cooking skills
- Microwave safety



Structure of the Class

- We create teams
- We follow a recipe
- Learning is informal
- Everyone can cook
- We eat together

Cooking Class Attendance

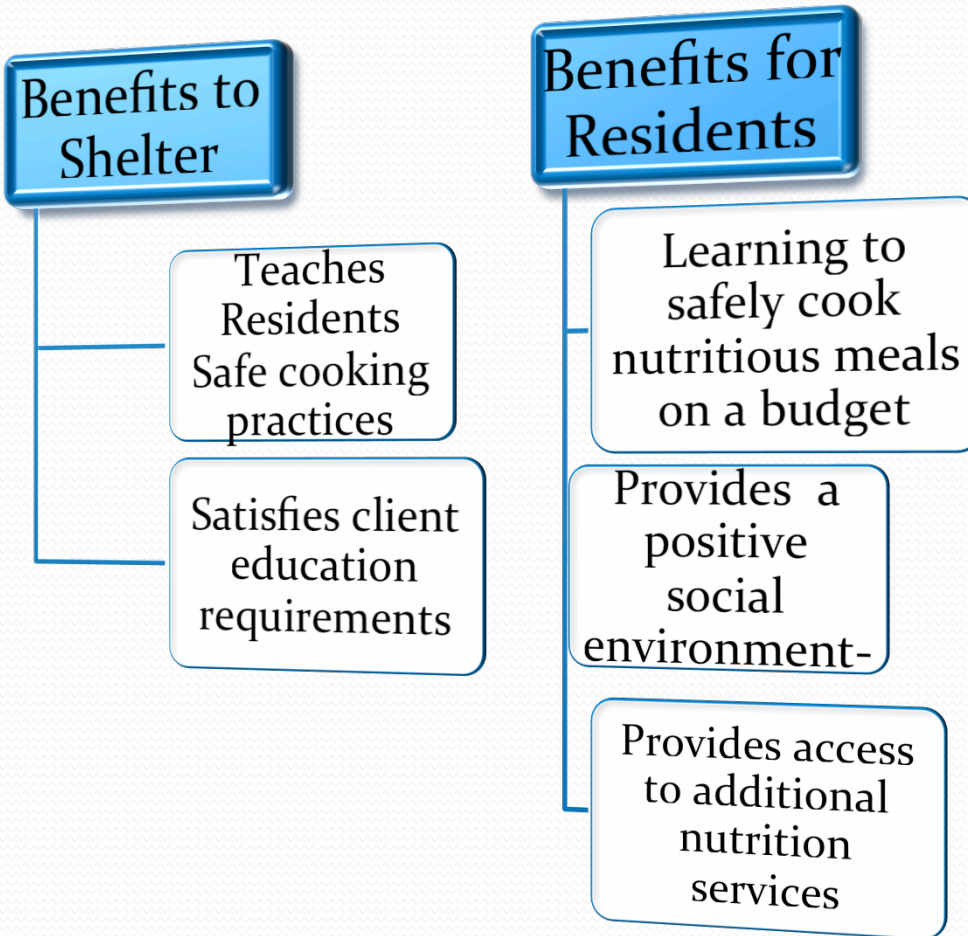
2009	2010	2011	2012
88	61	80	106



Challenges

- Fears or Perceptions about Microwaves
- Client Resistance/Reluctance
- Purchasing Food
- Transportation of Staff and Supplies
- Shelter Staff and Policies

Who Benefits?



Testimonials

- 27 y.o female

“Today was my first day at microwave cooking class. I enjoyed sharing, and learning new ways to prepare meals. I’m grateful for the class and hope to come back to others like it. I’d like to thank the other people in class, teachers, and cook’s for their patience and creativity”

- 25 y.o

“This cooking class is very creative! Personally, I didn’t know I was able to do a whole cooked meal in the microwave from scratch. I always thought the microwave was for heating up food”

- 37 y.o

“I thought that microwave food would make me sick, but because of this class, I learned that microwaves won’t make me sick. With this class I learned how to cook different foods”

- 26 y.o

“I started saving so much more money by learning that there is such a thing as making dinner in the microwave. So long story short, from my little tummy, thank you for your time”

- 45 y.o

“I enjoyed the experience of cooking in a whole different way from what I know with the conventional oven. It’s different and convenient, tasty and delicious”.

Microwave Cooking Demo

Menu:

1st Course: Vegetable Cheese Frittata

2nd Course: Very Berry Parfait

Microwave Cooking Experience

- What were some obstacles you encountered while preparing the meals?
- Could you replicate this in the setting in which you work currently
- What are some elements that are absolutely necessary for this kind of class to be effective? What elements could be substituted?
- Did you enjoy yourself? Learn something?

Acknowledgements

- Montefiore Medical Center
- Children's Health Fund
- Ariel Sarmiento, MPH, CPH
- Jo Applebaum, MPH, CPH
- Sandra Arevalo, MPH, RD, CDE
- The many staff and clients who coordinate and participate in the aforementioned programs

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Questions? Comments?

THANK YOU!!!

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