

COOKING TOWARDS HEALTH



November 6th, 2017

Presented by:

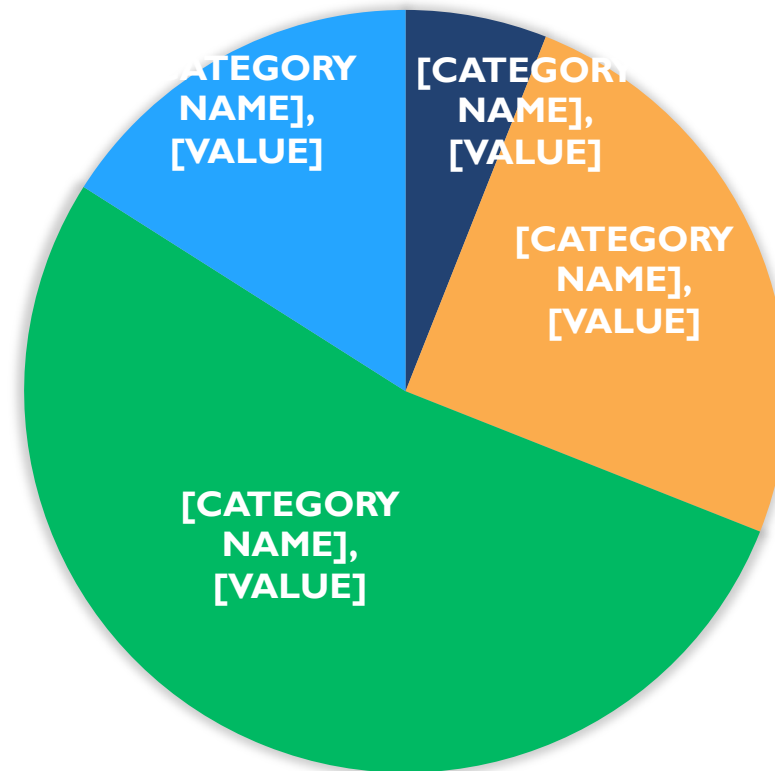
Ana Torres-Leon, MA, RD, LD, Marissa Rodriguez, RD LD CDE, Angelica Garcia, CHW, Kristin Brookshire, MPH, RD, LD

WHO ARE WE?

- Federally Qualified Health Center (FQHC)
- We serve as the “Safety Net” - uninsured and underinsured



PATIENT DEMOGRAPHICS



SOUTHEAST HEALTH & WELLNESS CENTER

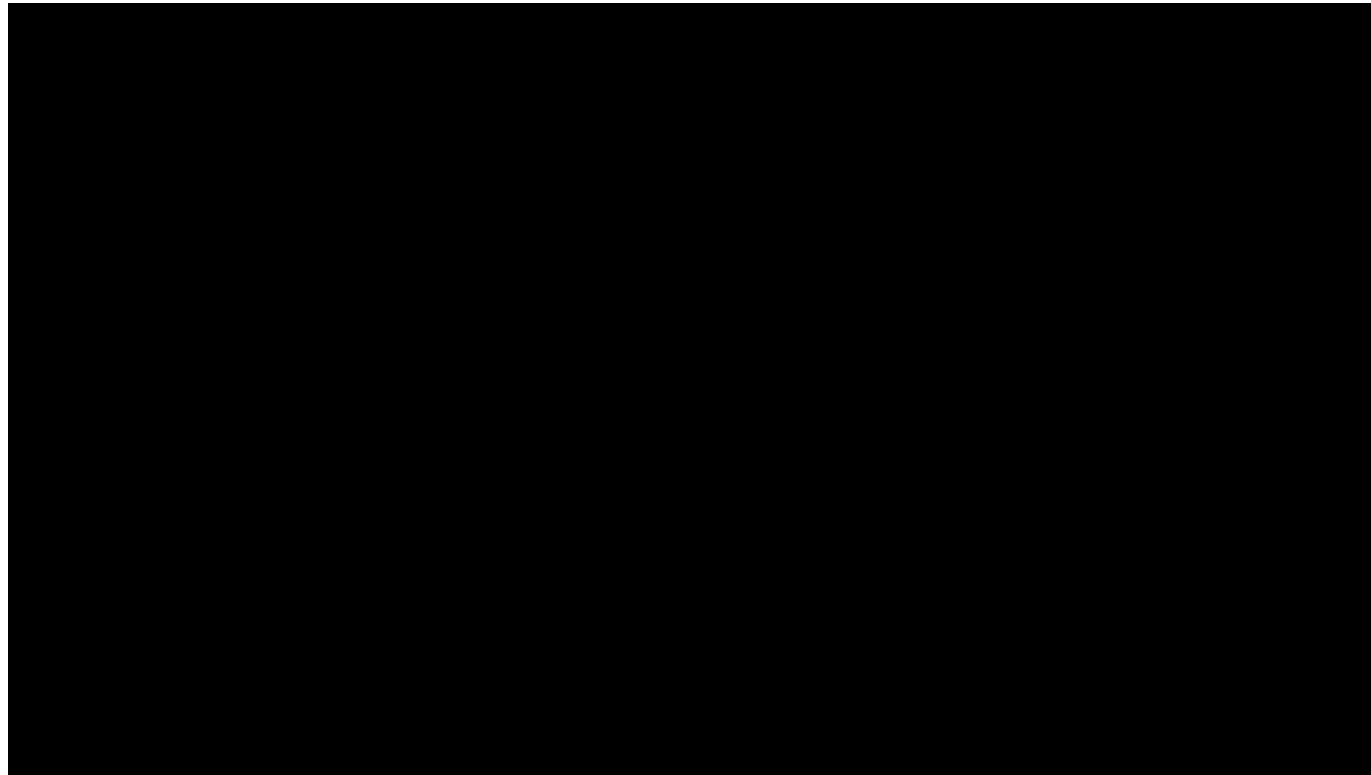


SOUTHEAST HEALTH & WELLNESS CENTER

- Flagship clinic, opened in 2015
- True medical home –
 - Model or philosophy of primary care
 - Patient-centered, comprehensive, team-based, coordinated, accessible, and focused on quality and safety
- Variety of services available:
 - Medical
 - Dental
 - WIC
 - Community Space
 - Demonstration Garden
 - Demonstration Kitchen



OUR COOKING CLASSES



HOW THE PROGRAM GOT STARTED

- Dietitians' Interest and Expertise
- Central Health – Seeking Health & Wellness Programs
 - Demo Kitchen
 - Demo Garden
- Healthy cooking class interest in the community
- Mission driven: Helping our patients develop better eating habits can prevent and make improvements in health conditions that are common in the population served by the SEHWC such as diabetes, heart disease and obesity



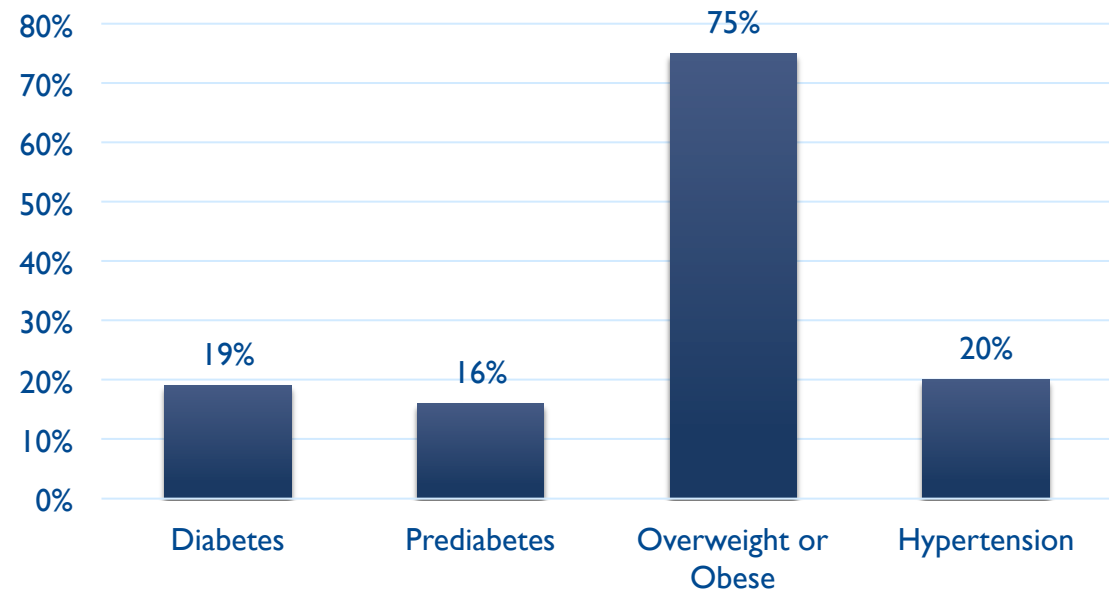
8 STEPS TO CREATING A PROGRAM



I. NEEDS ASSESSMENT

- Nutrition Consults
 - Applying nutrition knowledge at home
 - Lack of confidence and knowledge in preparing healthy meals at home
- Patient and community members requests
- Successful Programs Research
 - Cooking Matters – food insecure, obese, low income
 - Significant increase- fruit intake, choosing low fat dairy options and healthy meals at restaurants.
 - iCook 4H Program- obese children and their families
 - Decrease in adults purchasing fast food, 76% to 54%
 - Increase in meal preparation by youth, 63% to 96%

Chronic Disease at CommUnityCare



2. TARGET POPULATION

- Who would be your target audience/population?
 - Consider:
 - Cultural background
 - Language
 - Community needs
 - Age
 - Economic Background



3. PARTNERSHIPS AND FUNDING

- Awarded City of Austin Mini Grant – 6 Month Pilot
- Partnerships
 - Central Health
 - Supplies, groceries and materials
 - Annual budget
 - CommUnityCare
 - Staff time cost for development and implementation
- Creating a Budget
 - Staff time
 - Kitchen equipment
 - Materials/supplies
 - Account for inventory loss
 - Marketing



CENTRAL HEALTH



ACTION QUESTION: WHO CAN YOU PARTNER WITH TO SECURE FUNDING?

Go to www.menti.com and use the code **38 00 2**

Who can be potential partners

Mentimeter



Slide is not active

Activate

Show image

0

4. OUTCOME MEASURES & EVALUATION PLAN

“A goal without a plan is just a wish.”

-Antoine de Saint-Exupéry



CREATE AN EFFECTIVE EVALUATION PLAN

- Evaluation plan should be in place before implementation
- Content
 - Background
 - Project Description
 - Purpose
 - Methods
 - Measurements
 - Data Analysis
 - Limitations
- Example Evaluation Tools & Measures
 - Pre, Midpoint, and Post Surveys
 - Qualitative Data
 - Self-efficacy
 - Attitude
 - Satisfaction
 - Quantitative Data
 - Labs
 - Weight
 - Skills
 - Knowledge
 - Attendance/Retention Rate

HEALTHY CHEF GOALS & OBJECTIVES

- Program Goal
 - “The Healthy Chef cooking class series aims to increase participant knowledge and confidence in preparing healthy foods and meals at home.”
- Sample Objectives
 - Improve knowledge of healthy eating and cooking
 - Apply nutrition information and cooking techniques to every day cooking at home
 - Increase confidence in making better healthy food choices when grocery shopping and preparing meals at home
 - Understand that healthy eating can be low cost, simple to make, and flavorful
 - Understand the health benefits of healthy eating and cooking

HEALTHY CHEF EVALUATION

- Methods
 - PDCA (Plan-Do-Check-Act)
 - The “Plan” is the class curriculum which is executed (Do) then evaluated after each lesson (Check) and applied to make improvements (Act) to the lesson and future classes, as appropriate
 - Using this continuous quality improvement method will ensure timely feedback for instructors and maximize results for participants



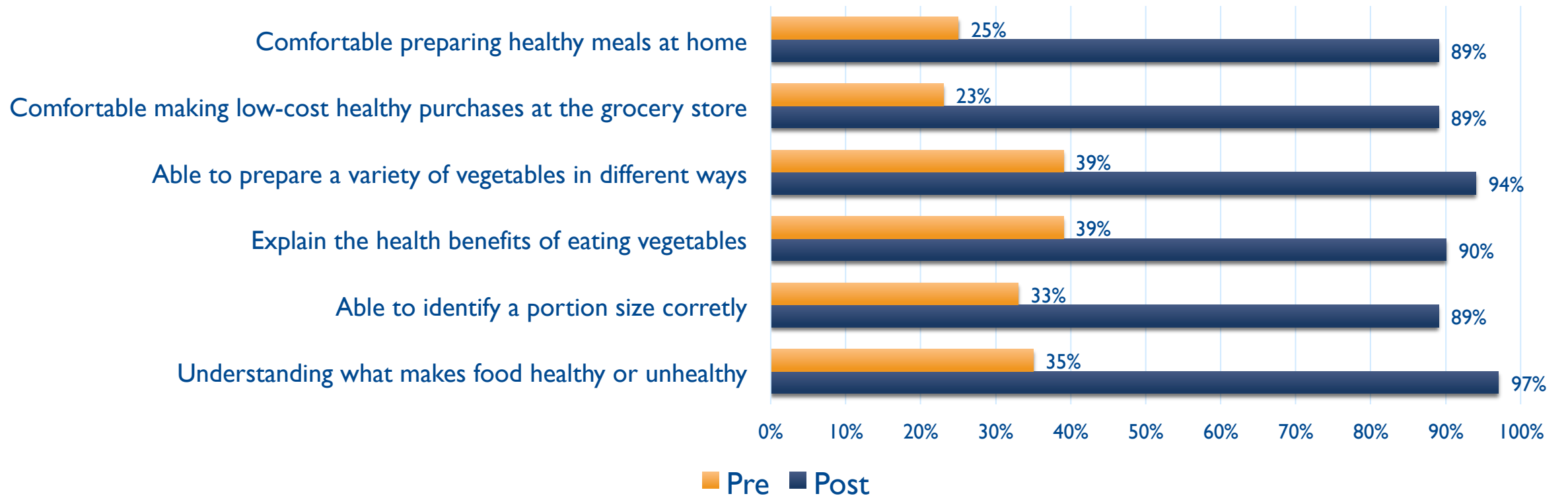
HEALTHY CHEF EVALUATION

- Measurements
 - Pre-test - Baseline measurement given by telephone at registration for the course
 - Post-test - Given in-class after each lesson
 - Direct Observation - Notes from facilitators taken after each class that describe what went well and what can be improved for next time
 - Interviews – Questions about class format, instructors, etc.
 - Follow-up - Telephone call 8-12 weeks after completion of the course to measure long-term behavior change



HEALTHY CHEF COOKING CLASS SERIES RESULTS

Pre-Post Survey Results



5. CREATE A TIMELINE

- Schedule for implementation
 - Major Milestones
 - Ex: grant application, securing funding, program start date
 - Deliverables
 - Ex: purchasing supplies, completing curriculum, reserving space, sending out marketing materials



6. CURRICULUM DEVELOPMENT

- Considerations
 - Goals and Objectives
 - Outcome Measures
 - Target Audience
 - Cultural backgrounds, age, community needs, and language
 - Class times
 - Program Duration
 - Team Members and Facilitators
 - Program Space



CURRICULUM DEVELOPMENT CONT.

- Healthy Chef Cooking Classes
 - Hands-on skill building to strengthen kitchen skills
 - Exposure to new healthy foods and healthy cooking methods
 - Bilingual Program (English/Spanish)
 - Curriculum
 - Lesson 1- Healthy Chef Cooking Basics (added after pilot)
 - Lesson 2- Plate Method: Preparing Well-Balanced Meals
 - Lesson 3- Cooking Fun Vegetarian Meals
 - Lesson 4- Favorite Meals Made Healthy
 - Lesson 5- Low Cost One Pan Meals
 - Lesson 6- Dining Out and Party Foods (added after pilot)



7. MARKETING

- Often forgotten budget item
- Flyers in clinics and in patient appointments
- Recruiting at Clinic Events
 - National Health Center Week
 - Farm Share Austin
 - Health Fairs
- CommUnityCare patients
- Word of Mouth
- CommUnityCare and Central Health Social Media
- Utilizing Community Health Workers/Promotoras

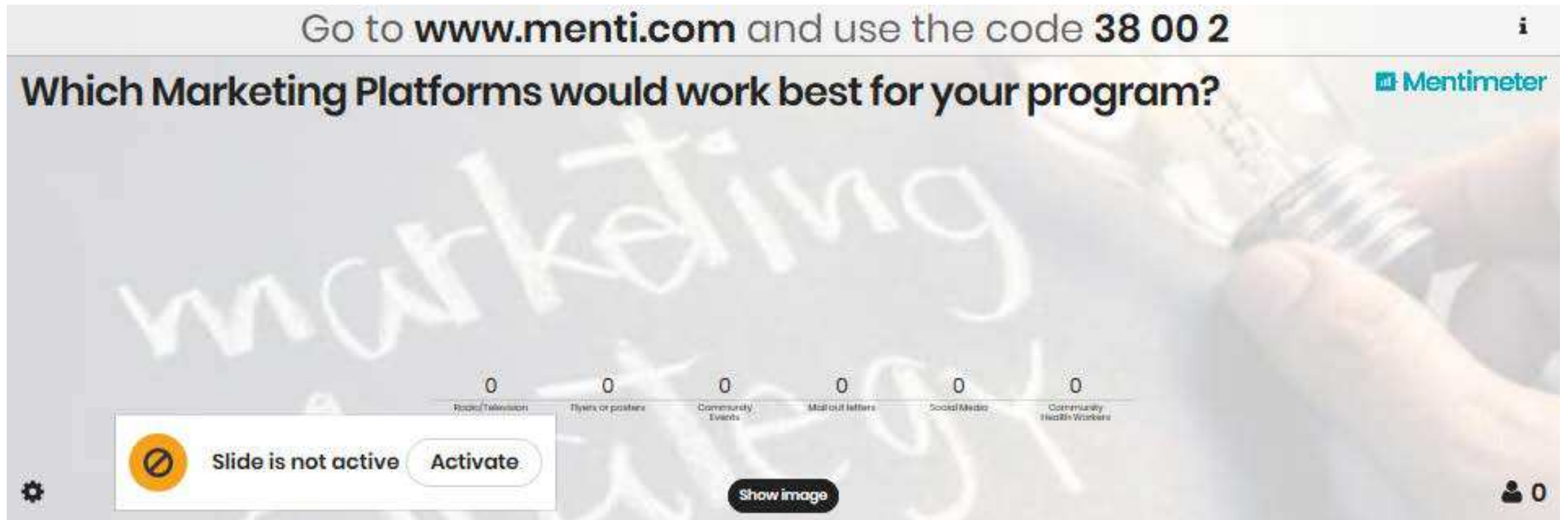


ACTION QUESTION: MARKETING PLATFORM

Go to www.menti.com and use the code **38 00 2**

Which Marketing Platforms would work best for your program?

Mentimeter



Marketing Platform	Count
Radio/Television	0
Flyers or posters	0
Community Events	0
Mail out letters	0
Social Media	0
Community Health Workers	0

Slide is not active

Show image

0

8. IMPLEMENT YOUR PLAN!



PARTICIPANT RETENTION STRATEGIES

- Ice breakers during first lesson
- Participation awards
 - Ex. Measuring cups, aprons, grocery bags
- Weekly reminder calls and texts
- Evaluation tool
 - Feedback from surveys
- Transportation assistance
 - Ex. Bus passes and taxi vouchers



USE LESSONS LEARNED TO INFORM FUTURE ITERATIONS

- Opportunities for Improvement Identified

- Longer class time

“Two hours sounds like a lot of time but it's actually not. Add a half hour to the class at least.”

- Longer class series

“I love the class. I wish it had been longer than 4 weeks. I hated when it ended.”

- Build basic cooking skills into the program

“Some of [the participants] don't know how to chop, they don't know how to measure.”

- Offer a more advanced class for those who have completed the program

“I would like to return to the class but with different recipes almost like an advanced/graduate course. A way to continue the class would be great.”

- Ask participants to help promote the program

“I got a bunch of flyers and gave it to a friend of mine that works at a foodbank.”

POSITIVE MEMORIES – ANGELICA GARCIA, CHW

■ Participant Quotes

- *“Usually people say only eating green stuff is healthy but I've learned healthy foods are all different colors and it's all about having the right amount of everything”*
- *“I used to cook with a lot of salt and fried food, you know, soul food. She showed us how to bake and use spices instead of salt”*
- *“I love to make something healthy for my kids. I didn't really feel that way before. They like the foods I prepare now and now they ask me to make certain things [that I learned]”*
- *“Because I have been eating healthier and not snacking so much, I lost 12 lbs. I snack on fruits and veggies instead of chips, cookies or peanut butter and jelly [sandwiches]”*





THANK YOU!