

# MIGRANT HEALTH Newsline

Health Centers are required to perform quality improvement and performance assessments on an ongoing basis. The Health Resources and Services Administration (HRSA) oversees these health centers and has provided a set of Clinical Performance Measures to help guide health centers in assessing their performance and setting goals for improvement. One of the performance measures put forth by HRSA deals with Body Mass Index and its use in determining obesity rates in patients served by health centers.

This particular performance measure involves percentages and it divides patients by age into two categories. The first involves the *percentage of patients, age 2 to 17 years, who had a visit during the current year and who had Body Mass Index (BMI) Percentile documentation, counseling for nutrition, and counseling for physical activity during the measurement year.* The second involves the *percentage of patients age 18 years or older who had their Body Mass Index (BMI) calculated at the last visit or within the last six months and, if they were overweight or underweight, had a follow-up plan documented.*

Nutrition education can be a very useful tool to ensure that a follow-up plan is in place for those patients whose BMIs place them in an overweight or obese category. Several resources exist to help health centers implement a nutrition education program. To help narrow those choices down, this issue of *Newsline* highlights three different entities that offer nutrition education to their population in different ways. Each article provides details on the development and implementation of their nutrition education program. Each program has a different approach and its own challenges and successes. However, they can serve as examples and inspirations to start nutrition education programs at your own health center.

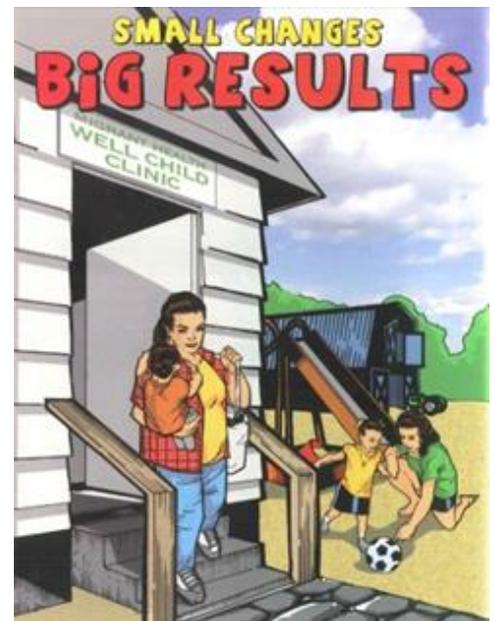
## Encouraging Healthy Weight among Kansas Farmworkers

By **Kendra Baldrige**, Eastern Regional Case Manager and **Pat Fernandez**, Central Regional Case Manager, Kansas Statewide Farmworker Health Program

The Kansas Statewide Farmworker Health Program (KSFHP) has been placing a greater focus on encouraging and teaching farmworker families to change eating habits in order to maintain a healthy weight. In 2009, KSFHP conducted a Health Status Survey with 584 farmworkers served by the program. Results showed that 35% of adult farmworkers surveyed reported height and weight that placed them in the obese category. These results jolted the staff into action. The staff began by reviewing already developed curricula to teach improved nutrition and food habits. Unfortunately, most of the curricula had multiple training sessions, which do not work well for the population served by KSFHP. Others included vocabulary and content that did not lend itself to working with populations that speak little English and or have limited reading skills. As a result of the review, the staff determined it would be best to develop an intervention that was active and interactive, presented in one session, and appropriate for low literacy or limited English populations. KSFHP decided to interview several farmworkers (content experts) that had successfully lost and maintained weight for ideas on content.

After a review of five different curricula, the staff chose to use resources found at [www.choosemyplate.gov](http://www.choosemyplate.gov), developed by the U.S. Department of Agriculture, as the basis of the intervention. KSFHP staff wrote an initial script for a workshop and then conducted workshops in Spanish and in English with the target population. A video

was recorded of each workshop and sent to all KSFHP staff and the farmworker content experts for review and feedback. The result was the development of a workshop curriculum named *Healthy Plate to a Healthy Weight*. To help supplement the concepts introduced in the workshop, KSFHP uses a bilingual comic book called *Small Changes, Big Results* that was created through collaboration between the Francis Payne Bolton School of Nursing and Case Western Reserve University. Also, colorful,



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Health (formerly La Clínica del Cariño). The program is now in its eighth year of outreach funding from the Office of Rural Health Policy of the Health Resources and Services Administration (HRSA). Some of the program's goals include providing participants the tools to make healthy lifestyle choices, encouraging more educated food selections, increasing greater awareness of important health indicator numbers (such as cholesterol, glucose, and blood pressure), as well as offering a supportive space for cooperative learning and questions. In the current three-year HRSA grant cycle, all of our course work is being taught in Spanish to reach the Spanish-speaking population in the target areas.



*Promoviendo Pasos a la Salud* is based on a curriculum of *tejidos*, or lesson plans, for each two-hour class. The lesson plans offer a solid foundation for staying on task, creating consistency from class to class, and adjusting to the different CHW facilitators. They were developed with popular education methods, allowing for built-in flexibility and opportunities for innovation. Facilitators are free to read and respond to the group energy and needs. Three out of the twelve classes offered in the program directly relate to nutrition. In class 4 of the curriculum, the CHW facilitators present the *health traffic light* activity, which places foods into red, yellow, and green categories. Red reflects what foods to avoid, yellow reflects what foods to eat with moderation, and green reflects what foods to eat more of. Instead of encouraging dieting, the aim is to teach people how to make educated food choices using what they already know to make critical conclusions. This method, one of many through popular education, allows participants to share and incorporate personal experiences, moving the class forward. Participants take note of any controversial questions that come up to ask the guest presenter, a nutritionist, at the following class. During Class 5, the nutritionist teaches participants how to read a food label, covering calories, portion size, fats, sodium, and carbohydrates. Class 6 is taught by the CHWs, reviewing what the nutritionist covered and then leading a discussion on the importance of eating a healthy breakfast. The lesson plans

for each class are available on the One Community Health [website](#).

Because of the use of popular education philosophy and techniques, the classes often transform into a support group where participants sustain and lift one another up, while also offering each other ideas when goals are difficult to reach. For instance, every week during the course of the program, participants work on self-management plans, or “action plans”, learning how to successfully set goals and achieve them. Each participant is able to assess their own success, and where there may be room for change and improvement. The group dynamic adds meaningful conversation and support, sometimes leading to increased self-esteem and less depression. If participants live or work near each other, they hold each other accountable. Some participants have organized walking groups during lunch breaks and many share what they learned with non-participants. Facilitators have also seen informal community leaders arise from within the group who assist others in these lifestyle changes.

Modeling, another popular education technique, has proven to be very successful in reinforcing the concept being taught. For each class, facilitators provide a small, healthy meal, usually a typical Mexican dish prepared in a healthier way. Participants who complete the program receive, among other items, a recipe book of the meals provided during the course among others to encourage healthier cooking beyond the program. Other healthy behaviors are included as a component of the course, such as exercising for 20 minutes during each class.

An integral component of the program consists of evaluating progress and learning. As part of our popular education methodology and in hopes of always improving the program, a class evaluation is conducted at the end of every class. Facilitators assess if participants learned the main points and then ask participants to offer suggestions on how to improve the class. Facilitators can consider and make these changes from class to class and course to course. Another evaluation form collects individual participant data before and after the course is completed. Each participant fills out an initial intake form, which includes basic participant information as well as nutrition, exercise, and stress questions. Some of the questions asked are “How many vegetables do you eat a week?” and “How often do you exercise?” A form with similar questions is completed at the end of the 12 weeks, assessing what participants learned and if behaviors have changed. Each participant's weight, height, blood pressure, and Body Mass Index (BMI) are measured at the beginning and at the end of the course. They also have the opportunity to have blood drawn at the clinic to determine their cholesterol and blood glucose (A1c) levels.



*“Promoviendo Pasos a la Salud creates a safe and engaging learning environment through popular education techniques, requiring active participation and creative learning.”*

**Calendar:****January**

18-21

**National Nutrition Week Conference**

Savannah, GA

**February**

3-4

**National Health Policy Conference**

Washington, DC

9-12

**Rural Health Care Leadership Conference**

Phoenix, AZ

**March**

24-27

**Congress on Health Care Leadership**

Chicago, IL

There are challenges in the implementation of the program, of course. Because there is so much material and CHW facilitators are limited to 12 classes, time is a constant challenge. Facilitators have to be mindful of the clock to fit in all important activities. In addition, not all guest speakers are Spanish speakers and may not be familiar with the popular education model. Facilitators provide translation and ease the interaction, but the process takes time and can limit the amount of information covered. Another challenge is participant retention and program completion. Facilitators aim at recruiting a class size of 25-30 participants, knowing that some will not complete the course for a variety of reasons. However, the intake process now includes a contract so participants are aware of the commitment they are making. They are asked to pay \$20 to cover a percentage of the lab fee to hold participants accountable.

*Promoviendo Pasos a la Salud* creates a safe and engaging learning environment through

popular education techniques, requiring active participation and creative learning. These techniques and methodology have driven the program's success. Changing lifestyle habits is a challenging goal, but through group support, weekly education, check-ins, and laughter, participants can empower themselves to make necessary changes. All can learn, teach, and question, no matter one's education level. When participants come to the classes, they break away from the daily routine for two hours to enjoy a healthy meal, the opportunity to learn and contribute to each other's health journey, take steps to put their goals into action, and have fun while doing so.

*One Community Health, previously known as La Clinica del Cariño, opened its doors in 1986 in Hood River, Oregon. A pioneer in using community health workers (CHWs) to help with health education, they offer both medical and dental care. The "Promoviendo Pasos a la Salud" Program started in 2006 and has seen many successes.*

For more information, contact **Bianca Fernandez**.

**Resources for Nutrition Education**

By **Veronica Saldate**, Health Education and Product Specialist, NCFH

NCFH has compiled the following resources in an effort to aid health centers in learning about and implementing nutrition education programs. Visit the links to learn more about each resource or contact **Veronica Saldate** for more information.

**Academy of Nutrition and Dietetics**

This academy is the largest organization of food and nutrition professionals. The organization strives to improve the nation's health and advance the profession of dietetics through research, education, and advocacy. They offer information for **professionals** and for the **general public** as well. Furthermore they offer free, electronic resources in **English** and **Spanish**.

**United States Department of Agriculture (USDA) ChooseMyPlate.gov**

This part of the USDA is entirely about nutrition and making healthy choices. The site offers information including games, trackers, and printable materials for both adults and **children**. The USDA also offers the same information in **Spanish**.

**WIC Works Resource System - Nutrition Education page**

The WIC Works Resource System is an online training center that offers a vast array of resources for conducting nutrition education. The site offers links to other websites as well, but also highlights their own resources. Most of what is available here is free of charge.

**National Agricultural Library**

This online library is part of the United States Department of Agriculture and it offers several curricula for nutrition education. Each one comes from a separate entity and most are available free of charge electronically. The curricula offered include programs for both adults and children.

**Cooking, Nutrition, and Food Systems Education from Sustainable Food Center's The Happy Kitchen/La Cocina Alegre®**

By **Molly Costigan**, Program Coordinator, **Sustainable Food Center**, Austin, TX

Sustainable Food Center's (SFC) The Happy Kitchen/La Cocina Alegre® began in the late 1990's in the Latino community of central east Austin to address diet-related issues. On a yearly basis, SFC offers between 25-30 Happy Kitchen

courses in various locations across Austin, all led by trained community-based facilitators. SFC works closely with community-based organizations as partners to implement the program. The classes are taught in either all English or all Spanish. This

removes the need for an interpreter and allows for more participation. Though The Happy Kitchen course focuses on the preparation of healthy food, the classes also integrate food systems education and direct participants to other SFC programs where appropriate.

When the program first started, a variety of teachers and curricula were trialed. It was quickly discovered that using chefs to teach a six-week series was not possible because of their other commitments. Thus, the Facilitator Model, which trains program participants to become facilitators, was implemented. The Happy Kitchen maintains a network of about 40 community facilitators who took the class themselves and were inspired to share their knowledge with others. Facilitators complete an initial training, as well as continuing education to keep up with emerging trends in cooking and nutrition. This provides a leadership role for community members in food systems change and community health. Each class is led by three co-facilitators, making the class environment feel much more familial, friendly and less like a clinical intervention.

In the early 2000's, the official six-week Happy Kitchen curriculum was developed. Each class features a blend of cooking demonstration and nutrition and food systems education. The recipes used come from The Happy Kitchen's cookbook, *Fresh Seasonal Recipes*, and all recipes are marked with the season, nutrition facts, and cost per serving. The average cost per serving of the meals is 78 cents. Participants who attend at least five of the six classes receive a free copy of the cookbook.

Though the facilitators follow the established curriculum, they are encouraged to incorporate their own stories and experiences with cooking. In a class where many participants have children, facilitators may share their own tips and tricks for getting kids excited about healthy eating. They may suggest making sure to leave ready-to-eat fruit at eye level in the fridge, or providing a variety of healthy options so the child can make his/her own choices. Many participants are especially curious about gardening, so facilitators may bring produce or herbs from their own gardens to use in the class. By working in teams of three for each class, facilitators also share knowledge with one another, and the peer-facilitated nature of the class helps participants feel comfortable to share as well. If a participant is looking for suggestions for other uses for nutmeg, or wants to hear about non-dairy milks, facilitators will often ask if someone else in the class can share their experiences first.



After each of the classes, participants go home with the ingredients so they can try the recipe themselves. At the following class, facilitators begin by asking participants to share their experiences making the recipe at home. In a recent class where facilitators made pumpkin muffins, some participants added an extra tea-

spoon of sugar, and other added nuts or raisins when they made it at home. Several participants were surprised at how much their families liked the muffins, and some had even recruited family members to help prepare the recipe. A few mentioned that their families had

been afraid that they would come from the Happy Kitchen class insisting that they start eating nothing but kale and spinach, so coming home with ingredients for pumpkin muffins was a pleasant surprise.

Another important component of The Happy Kitchen is providing information about the four SFC Farmers' Markets in Austin, and encouraging their use. All of these markets accept and double up to \$20 per week of SNAP (the *Supplemental Nutrition Assistance Program*, formerly known as food stamps) and WIC (*Women, Infants and Children*) benefits spent at the market. Class facilitators are asked to shop at the markets for at least one of the six classes.

This gives participants a chance to sample farm-fresh produce, and ensures that facilitators are familiar with the markets and can answer questions and share their shopping experiences. For participants who may not have visited a farmers' market or a community garden before, facilitators share photos of local markets and gardens. In The Happy Kitchen, facilitators also introduce SFC's *Grow Local* program. *Grow Local* empowers individuals to grow their own food by offering gardening resources and education, including a seed and resource library. At the conclusion of the course, participants can sign up to receive information about upcoming



*“Though many participants come simply looking for information about how to prepare healthier meals, most leave inspired to change not just the way they cook, but the way they participate in the entire food system.”*



## Health Observances

### January

Cervical Health Awareness Month

National Cervical Cancer Coalition

National Birth Defects Prevention Month

National Birth Defects Prevention Network

### February

American Heart Month  
Million Hearts Initiative

National Children's Dental Health Month  
American Dental Association

### March

Multiple Sclerosis Awareness Month  
Multiple Sclerosis Association of America

National Nutrition Month  
Academy of Nutrition and Dietetics

gardening classes. Some courses even organize their own gardening classes or farmers' market field trips to do as a group, which shows just how eager people are to engage in the healthy food system once they have the knowledge and resources to successfully navigate it.

Participants come to The Happy Kitchen for any number of reasons. Some are referred by friends or doctors, others want new recipes to use the seasonal vegetables that they find at the farmers' markets, and still others are concerned about their families' health. Many participants share stories about feeling more confident in the kitchen and being more willing to try new foods. In a recent class, one participant that had never tried a pear or a sweet potato ended up loving them both! Another participant was inspired to go out and buy a chef's knife and large cutting board. He used to use a small cheese board and paring knife, but after the six week series he wanted better tools to keep cooking. Though many participants come simply looking for information about how to prepare healthier meals, most leave inspired to change not just the way they cook, but the way they participate in the entire food system.

Inconsistent attendance is a challenge across the board for organizations offering

free programming, but The Happy Kitchen has found that this attrition can be mitigated when the classes are organized by a community-based organization with strong leadership. The Happy Kitchen works with these community leaders to make sure that they have the information and resources to successfully plan and execute a course.

SFC envisions food-secure communities where all individuals can grow their own food, connect with local sources for what they cannot grow themselves, and prepare food in a way that is easy, healthy, and delicious. The Happy Kitchen is helping make that vision a reality one class at a time.

*Sustainable Food Center was founded in 1993 and has received numerous awards while serving the Austin, Texas community. Sustainable Food Center cultivates a healthy community by strengthening the local food system and improving access to nutritious, affordable food.*

*For more information, contact **Molly Costigan**.*



## New Resource on Our Website!

### Factsheets on the Safest and Most Affordable Medicines

With support from Consumer Reports Best Buy Drugs™, NCFH is producing a series of factsheets about prescription medications to treat specific conditions or illnesses, such as diabetes, heart disease, menopause, depression, and many others.

These factsheets are based on reports published by Consumer Reports that compare the prescription drugs used to treat a specific condition or disease to determine the most **effective**, **safe** and **affordable** medicines for the consumer. At 3-4 pages in length, these factsheets present information in a concise, easy-to-read manner, and can be used to educate your patients and others in your community.

Visit the NCFH [website](#) to download a free copy of any of our “Factsheets on the Safest and Most Affordable Medicines”.



#### Disclaimer:

“In this document, unless otherwise noted, the term “health center” is used to refer to organizations that receive grants under the Health Center Program as authorized under section 330 of the Public Health Service Act, as amended (referred to as “grantees”) and FQHC Look-Alike organizations, which meet all the Health Center Program requirements but do not receive Health Center Program grants. It does not refer to FQHCs that are sponsored by tribal or Urban Indian Health Organizations, except for those that receive Health Center Program grants.”

# The Need for Access – Lessons Learned from the Hays County

## REACH *Su Comunidad* Project

By **Dahlia Ture**, Community Health Worker, NCFH

As someone with a nutrition background, I had long been of the opinion that education – and a bit of will power – is the key to making healthy dietary changes. But my role as a Community Health Worker in Hays County, Texas, has showed me differently. While for some it is simply a matter of making the healthy choice, for most communities facing health disparities, it is a matter of access: access to healthy options, like fruits and vegetables, in a sea of processed foods, sugary drinks, and fried foods.

Without access to healthy options, nutrition education is bound to fall on deaf ears. Nutrition education must be coupled with policies and systems changes that support access to healthy food. At the National Center for Farmworker Health, we are



working to improve access to healthy food in our own community through the Hays County REACH *Su Comunidad* Project. The goal of the REACH Project is to identify factors, policies, and practices that can be changed at the community level in order to improve access to healthy food, access to safe places to exercise, improve weight and health status, and create channels of communication for low income Hispanic families to be participants in leadership roles.

Hispanic residents in Hays County face similar health disparities as Hispanics around the United

States. One in three residents is obese, nearly one if four residents is overweight and just under one in ten people have diabetes. However, residents of eastern Hays County are aware of the health risks they and their community are facing. Many are eager to learn more about eating healthy and want better access to quality fruits and vegetables. They also want to engage in physical activity but cite the lack of sidewalks in the community and the pres-

ence of stray and unleashed dogs as obstacles to exercising outdoors.

A team of community leaders has come together to address these issues and to envision a healthier community. We are working with the Nutrition and Foods Program at Texas State University to conduct an extensive food environment assessment to better understand food security, food access, and food purchasing and preparation habits in eastern Hays County. We are also working with neighborhood food stores to help them understand how they can be agents of change towards a healthier community through the foods they market and sell, in a way that is still financially viable for their business.



It is our hope that through community empowerment to improve access to healthy food, coupled with the nutrition education provided by various community partners including the YMCA and the Hays Consolidated Independent School District, a healthier and more equitable community can be achieved in Hays County.



*The REACH *Su Comunidad* is a national CDC program focusing on comprehensive strategies to improve well-being and lessen and eliminate chronic disease disparities among African-Americans, Hispanics/Latinos, American Indians or Alaska Natives, Asian-Americans, and Pacific Islanders. This particular REACH project is being carried out in Hays County, Texas by NCFH.*

For more information contact **Dahlia Ture**.

*Migrant Health Newsline* is a quarterly electronic publication of the National Center for Farmworker Health, Inc. The opinions expressed herein do not necessarily reflect the position or policy of NCFH, BPHC/HRSA/DHHS, or any agency of the federal government. We encourage readers to submit articles and comments for inclusion in future issues and encourage distribution of this newsletter to colleagues. Information about NCFH can be found online at [www.ncfh.org](http://www.ncfh.org) or call (512) 312-2700.

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This publication was made possible through grant number 2 U30CS0 9737-04-00 from the Bureau of Primary Health Care, Health Resources and Services Administration, U.S. Department of Health and Human Services.

Photographs courtesy of :

- Alan Pogue
- Kansas Statewide Farmworker Health Program
- NCFH
- Sustainable Food Center