

APPENDIX A

Healthy Immigrant Families: Working Together to Move More and to Eat Well

Family Intervention Manual

Content Modules

Module 1: Fruits & Vegetables

Module 2: Beverages

Module 3: Fats

Module 4: Snacks

Module 5: Portion Control

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FAMILY INTERVENTION LESSON: FRUITS & VEGETABLES

Background Information for Family Health Promoter

One of the most important things we can do to maintain a healthy lifestyle is consume adequate amounts of fruits and vegetables each day. Adequate fruit and vegetable consumption prevents certain cancers and heart disease and improves general health. Many experts focus on removing something from the diet such as fats and sugars, but with fruits and vegetables “more is better.” While fruits and vegetables contain a wide variety of nutrients the key nutrients associated with fruits and vegetables are vitamin A, vitamin C, and non-nutritive fiber. Vitamin A keeps skin healthy, promotes growth, increases the body’s resistance to infection, and helps eyes adjust to light. Vitamin C helps cuts to heal, holds cells together, may increase the body’s resistance to infections (like colds), promotes the development of strong bones and gums, and helps the body absorb iron. One of the purposes of fiber is to clean the digestive system. Since so few Americans eat five or more servings of fruits and vegetables each day, the Dietary Guidelines for Americans now recommends that most people double the amount of fruits and vegetables they currently eat.

Fruits and vegetables are protective foods, because they help fight and prevent illness. You will want to review these concepts in the first activity. It is also important to encourage participants to eat a *variety* of fruits and vegetables. This will increase their intake of the many nutrients provided by fruits and vegetables.

Some participating families may already eat sufficient servings of fruits and vegetables a day but may be limited in the variety they eat (e.g., they may only eat one type). In this situation, our goal is to have participants increase the *variety* of fruits and vegetables they eat and to continue to encourage them to eat half a plate of fruits/vegetables for most meals. It may be helpful to encourage families to eat a variety of fruits and vegetables by describing it in terms of a “variety of colors”, or “rainbow of colors.” If family members understand this concept, they may be more likely to discern variety more easily. For example, if a participant looks at his/her plate and sees that there is only one or two “colors” of food, he/she may be more likely to find some type of fruit or vegetable to increase the variety of colors on the plate.

Although many participants may come from warm climates, you should not assume that a variety of fruits and vegetables were a major part of their diets. Xerophthalmia, blindness due to vitamin A deficiency, is the leading cause of blindness in the world. It is particularly common in developing countries where fruits and vegetables rich in vitamin A are unavailable or unaffordable. Many participants may not be used to eating, or may not even recognize, some of the fruits and vegetables commonly sold in the United States. One purpose of this lesson is to familiarize recent immigrants with the fruits and vegetables available to them. As

they open cans, thaw frozen fruits and vegetables, and prepare new kinds of fresh produce, participants will be more open to trying different products.

Because many participants may not have experienced dramatic seasonal changes (extreme cold in winter, excessive heat in summer), it is important for participants to understand that while they should incorporate a variety of fruits and vegetables in their diet, not all fruits and vegetables are “in season” in Minnesota. If families report one of the barriers to increasing fruit and vegetable consumption to be lack of familiarity with the available produce, then one of the objectives of this Lesson may be to familiarize participants with the concept of “seasons” and help them identify which fresh fruits and vegetables are available during certain seasons, along with alternatives to fresh fruits and vegetables during the winter months.

****Note:** It is generally recognized that each person should eat at least 5 servings of fruits and vegetables every day, however, “serving size” may be confusing to explain to participants. For example, 2 cups of leafy greens count as 1 cup of vegetables, and 1/2 cup of dried fruit counts as 1 cup of fruit. In order to avoid confusion, it is recommended that you simply use “1 cup”, a standardized scoop or similar, (or half the plate at every meal), and emphasize *variety*.

**** We commonly say:** Fill half your plate with fruits and vegetables. Or half of what you eat should be fruits and vegetables.

Reference:

Brownell, K.D. (2004). *The LEARN Program for Weight Management*, 10th Edition. American Health Publishing Company. Texas: Dallas.

LESSON: FRUITS & VEGETABLES

Lesson Outline

LESSON OBJECTIVES/INTRODUCTION

- *“Hi. Thanks for meeting with me today. How is everyone doing?”*
- *“If it’s alright with you, I was hoping we could talk a little bit about fruits and vegetables today, as well as do a short activity. It shouldn’t take very long—probably 10-15 minutes. Afterwards, we can talk about any questions you have or anything else you’d like to discuss. Is that alright?”*

INTRODUCE TOPIC AND ASSESS EXISTING SUBJECT KNOWLEDGE & CURRENT BEHAVIORS

- Assess family’s level of knowledge regarding fruits and vegetables. Try to discern how much the family knows about the subject and whether or not there are misconceptions/misinformation that will need to be addressed. If the family already knows a lot about the topic, then move on to the activity.
- *“Have you heard people talk about how important it is to eat fruits and vegetables? Why do you think that is? What is that important?”*

Listen for the following key words/phrases:

- Lifestyle/general health
- Vitamins and minerals
- Different fruits/vegetables contain different vitamins
- Helps fight infection
- Helps heal cuts
- Keeps us from getting sick
- Helps clean the digestive system (fiber)

PROMPTS:

- *“You mentioned_____. Can you tell me more about that?”*
- *“What are some other things you’ve heard about why eating fruits and vegetables is important?”*

- Assess how often the family eats fruits and vegetables, and whether they feel that is enough.

PROMPTS:

- *“What kinds of fruits and vegetables do you like to eat? Anything else?”*
 - *“What are your favorite ways to eat them?”*
 - *“How often do you eat them? Do you think that is enough?”*
- IF THE FAMILY REPORTS EATING FRUITS AND VEGETABLES REGULARLY: Praise them for their efforts and move onto sharing information.
 - IF THE FAMILY REPORTS NOT EATING FRUITS AND VEGETABLES REGULARLY: Use motivational interviewing techniques to understand why.
 - Be careful not to “scold” or come across as an “expert.”
 - Use misconceptions or misinformation as “learning opportunities”—a time to clarify and/or share new information with family members.
 - Be careful not to come across as “scolding” or lecturing. Instead, ask questions in a non-threatening way to try to understand more about how the family feels, what they think about fruits and vegetables, and why.

SHARE INFORMATION

- *“You mentioned quite a few things about fruits and vegetables. Would it be alright if I share a little information with you about what I’ve learned?”*

Adjust the amount of information you share, based on how much the family already knows. It may be helpful to review content areas in order clarify information. Try to discuss information that is of interest to the family. For example, if the family is interested in weight loss, focus on how eating fruits and vegetables lets you eat more, while consuming less calories. Another example might be if families are interested in having “more energy”, you might discuss the nutritional value of fruits and vegetables and how that impacts energy levels.

Vitamin/Calcium benefits

- Vitamin A helps our eyes
- Vitamin A is found in dark orange vegetables.
- Vitamin B helps our brain and helps give us energy.
- Vitamin B is found in fish, nuts, and whole grain.
- Vitamin C prevents sickness and helps heal sickness.
- Vitamin C is found in many citrus fruits like oranges, lemons, limes, and grapefruits.
- Vitamin D helps our body use calcium.
- Vitamin D is found in eggs and many dairy products like milk. Vitamin D also comes from the sun.
- Calcium helps keep our teeth and bones strong.
- Calcium is found in many dairy products and many fruits and vegetables.

Following are some general topics that, if not already mentioned, can be discussed:

- Living a Healthy Lifestyle

“Eating fruits and vegetables is a part of an overall healthy lifestyle. When we eat things that are good for our bodies we are more likely to stay healthy, feel better mentally and physically, and improve our quality of life.”

- Vitamins

“Fruits and vegetables are very good for us because they have a lot of vitamins. Vitamins help make our bodies work properly, help us grow strong bones and teeth, make our skin, hair and nails healthy, and keep us from getting sick.”

“Different types of fruits and vegetables have different types of vitamins. For example, a lot of fruits have vitamin C, which helps our bodies heal when we get sick, keeps us from getting sick, helps us heal when we get sores or cuts. Many vegetables have vitamin A, which is what our bodies need to grow strong bones and teeth, and have healthy skin.”

“It’s important to eat different kinds of fruits and vegetables to make sure we get different kinds of vitamins our bodies need to be strong and healthy. When our bodies don’t get all the vitamins we need, we may get

sick more often, stay sick longer, feel tired a lot, and just not feel very well.”

- Digestive system

“Fruits and vegetables have something called ‘fiber’. When we eat, our stomach ‘digests’, or ‘breaks down’, our food and absorbs the vitamins and nutrients as it passes through our intestines. Our intestines do not absorb fiber; rather, fiber cleans our intestines and helps us use the toilet more regularly.”

“Eating enough fiber makes us less likely to get certain kinds of digestive diseases. For example, scientists have found that people who live in rural parts of Africa rarely get colon cancer. However, people who live in more industrialized countries are much more likely to get this type of cancer. After studying why this is, scientists found that over the last century, people who live in more industrialized countries have been eating less and less fiber, and as this happens, they become more and more likely to get colon cancer.”

- Weight loss

“Eating more fruits and vegetables can also help people who are trying to lose weight. This is because fruits and vegetables can help make us feel full, have low fat low sodium, low sugar, and no cholesterol. You might think of eating fruits and vegetables as a way to eat more food, without bad effects.”

- Fresh, Canned or Frozen Fruits & Vegetables

“Many people who come to the U.S. have grown up eating fruits and vegetables that are very fresh. In countries where it is warm most of the year, it’s very common for people to be able to buy fresh produce daily, to prepare their meals for that day. Here in Minnesota, because it’s cold for so many months of the year, we don’t always have the option of buying all the fresh fruits and vegetables we want all the time. Even if some of them are available, sometimes they are out of season, are not very ripe, or are pretty expensive.”

“A lot of people think that eating canned or frozen fruits and vegetables is not as healthy as eating them fresh. However, this is not true. Canned fruits and vegetables are still healthy when you buy the canned fruit with

water, no sugar added or in light syrup, and canned vegetables with no salt added, or low sodium.”

CONDUCT ACTIVITY

- Activity #1: What’s in My Fruits and Vegetables?
- Activity #2: Fresh, Canned or Frozen
- *“I’ve brought some different activities that might be fun, and show us a little more about how we can eat more fruits and vegetables. Would you like to try doing an activity? There are a couple of different options-- One of the activities helps show what kinds of vitamins and nutrients are in different kinds of fruits and vegetables and how much you should eat and the other activity helps us learn what types of fruits and vegetables are available at different times of the year. What sounds most interesting to you?”*
- ALLOW THE FAMILY TO CHOOSE THE ACTIVITY. IF THE FAMILY DOES NOT HAVE A PREFERENCE, TRY TO CHOSE ONE BASED ON THE INFORMATION THAT WOULD BE MOST HELPFUL TO THEM.
 - If the family says they don’t eat very many fruits/vegetables, you may want to focus on identifying half the plate as the recommended amount of daily servings.
 - If the family says they already eat quite a bit of fruits and vegetables, then you may want to focus on increasing the variety, by introducing them to new kinds.

IDENTIFY PERCEIVED BARRIERS AND DISCUSS POTENTIAL SOLUTIONS

- After completing the activity, ask the family what they thought about it, what they learned and if they have any questions. Use open-ended questions to encourage discussion.

PROMPTS:

- *“What are some things you learned from this activity that you didn’t know before?”*
- *“Why is it good to eat fruits and vegetables?”*

- Once you've reviewed some of the lessons learned from the activity, move into discussing how the family feels about their ability to incorporate what they have learned into their lives.

PROMPTS:

- *“At this time, how important is it for your family to eat enough fruits and vegetables?”*
- *“How confident do you feel about being able to eat more fruits and vegetables?”*
- Some families may feel more confident than others about their ability to increase their fruit and vegetable consumption. One of the primary purposes of these Lessons is to help families feel more confident about improving their health. In order to do this, it is necessary to identify specific fears, barriers, or other things that get in the way, and working with the family to help them identify solutions to overcome barriers.
- IF THE FAMILY IS CONFIDENT ABOUT BEING ABLE TO INCREASE THEIR FRUIT AND VEGETABLE CONSUMPTION: move on to the next section—determining behavioral goals.
- IF THE FAMILY IS NOT CONFIDENT ABOUT BEING ABLE TO INCREASE THEIR FRUIT AND VEGETABLE CONSUMPTION: use motivational interviewing techniques to identify barriers and potential solutions.

PROMPTS:

- *“What are some things that get in the way of eating more fruits and vegetables?”*
- *“What do you think would make it easier for you to eat more fruits and vegetables?”*
- *“Sometimes it is hard to try to change the way we eat—especially when we are busy and there is always so much to do. Many people feel the same way, but many people have found ways to overcome the things that seemed to get in the way of being healthy.”*
(Encourage reading newsletter that includes stories from leaders in

community if there is little social support within family or others etc.).

DETERMINE BEHAVIORAL GOALS

- Assist the family in setting realistic health behavior goals. It is important that the family come up with these goals. The types of goals for each family will likely depend on their confidence, and thus, it may be necessary to focus on encouraging families by reminding them that you are there as a *resource* and are there to support them.

PROMPTS:

- *“Now that we’ve talked quite a bit about some ways that might be helpful in incorporating more fruits and vegetables into your diet, what kinds of goals would you like to set for you and your family? These goals can be very simple—whatever you think is doable—and we can talk about ways that you think you can achieve those goals.”*
- *“Trying to make changes in our lives can be difficult, and sometimes it feels like we’ll never be successful. But taking little steps will help get us going. Even if you miss a few days or don’t do exactly what you had planned, it’s okay— change is a process and I’m here to help support and encourage you.”*
- Assist the family in determining ways to track their progress. Again, these strategies should come from the family. However, if the family has difficulty in coming up with ways to assess their progress, you may offer ideas or suggestions that have been effective for other families.
 - Examples of tracking could be:
 - Helping the family create a chart and have them each track their individual progress
 - Having one person be responsible for keeping track
- Create a plan for following-up with families, to help encourage accountability.
 - *“When I see you next week, we can talk about how things went in terms of the goals we talked about today, and anything that came up during the week. Is that okay?”*

CLOSE THE LESSON

- Thank the family and set up the next meeting time. Establish a “contact person” for each family, who will be the one contacted for meeting reminders, etc.
- Use the Family Health Promoter Lesson Checklist to track attendance, document lesson topics completed, document individual and family goals, and make notes for future lessons and follow-up.

Activity #1: What's in My Fruits and Vegetables?

Objectives:

- Participants will be able to identify at least one health benefit from eating a variety of fruits and vegetables
- Participants will be able to identify half of the plate at each meal as the minimum amount of fruits and vegetables to be eaten daily

Supplies:

- A variety of canned fruits and vegetables
- Enlarged fruit or vegetable food labels indicating vitamin A and vitamin C
- Enlarged My Plate Graphic
- Measuring cup

NOTE: IT IS POSSIBLE THAT SOME PARTICIPANTS MAY NOT BE ABLE TO, OR FEEL COMFORTABLE READING OR WRITING IN ENGLISH. FOR THIS REASON, IT IS IMPORTANT TO ASSESS WHO, AMONG THE FAMILY MEMBERS, IS ABLE TO READ IN ENGLISH. ONE WAY TO DO THIS IS TO ASK FOR A VOLUNTEER TO READ FOR THE FAMILY.

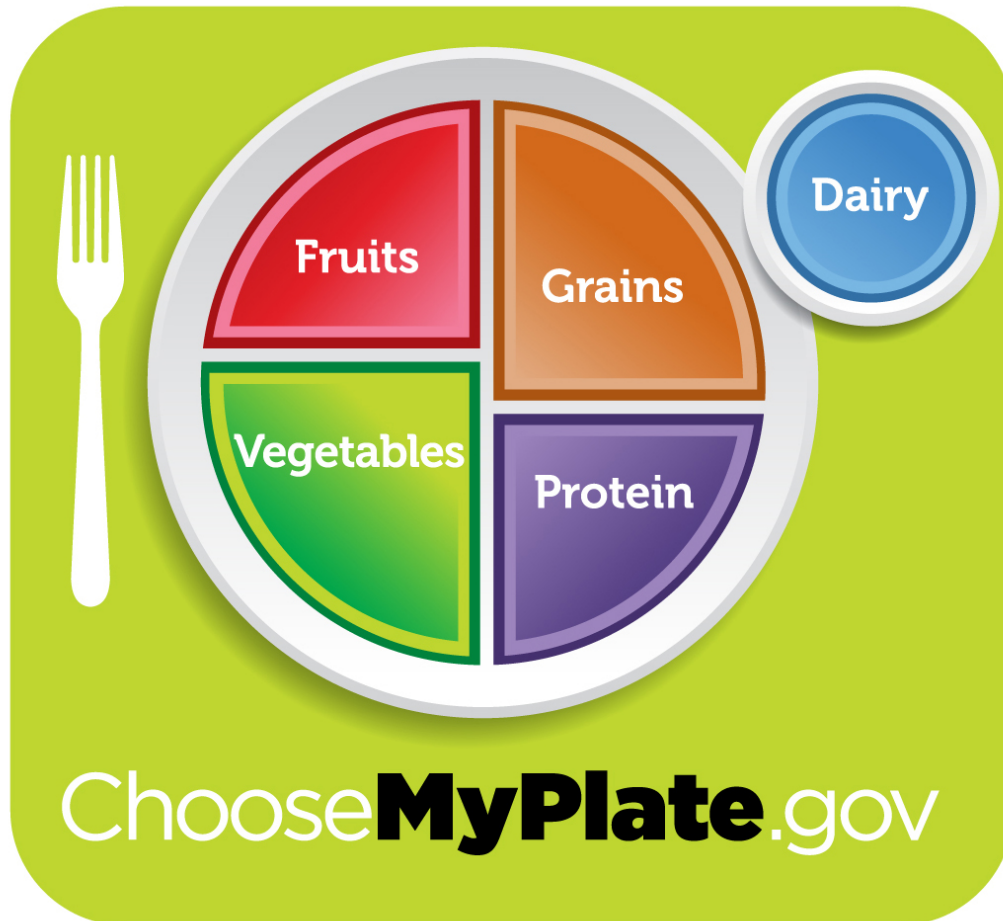
- *“As we talked about earlier, fruits and vegetables have vitamins in them. Vitamins are things that make us healthy. Without vitamins we are more likely to get sick and our bodies will not be able to work as well.”*
- *“Different kinds of fruits and vegetables have different vitamins that make our bodies healthy. For example, many kinds of fruits have vitamin C in them. Vitamin C helps our bodies heal when we get cuts or sores. It also helps our bodies fight off infections. Lots of fruits and vegetables have vitamin C, such as strawberries, oranges, cantaloupes and kale.”*
- *“Another vitamin is vitamin A, which also helps our bodies fight off infections. Vitamin A helps make our skin healthy and our eyesight better. Eating vegetables like carrots, broccoli and sweet potatoes are all good ways for your body to get vitamin A.”*
 - Show family members the enlarged food label.
- *“This label shows what vitamins are in this [fruit/vegetable]. Do you see any vitamin A or C?”*

- If possible, have family members identify what type of fruit or vegetable the label is for and what vitamins are present.
- *“Most fresh fruits and vegetables do not have labels on them. However, the darker green, orange, and yellow fruits and vegetables usually have a lot of vitamin A and C.”*
- *“Even though we eat fruits and vegetables, sometimes we don’t eat enough.”*
 - Show family My Plate picture to demonstrate the approximate amount of fruits and vegetables.
- *“It is recommended that half of your plate at every meal should be made up of fruits or vegetables. Everyone should try to eat at least 5 cups of fruits or vegetables every day. A cup is this much: “*
 - Show family the measuring cup, scoop, or similar measurement object. (Because literacy may be an issue for some participants, try to use items that are similar to what they already use or make similar comparisons).
 - Show the enlarged nutritional label.

Summarize

- *“Today we talked about some of the reasons why it is important to eat fruits and vegetables. Can you tell me why eating fruits and vegetables is good for you?”*
 - If family members cannot identify 1-2 benefits, repeat information.
- *“When you eat, how much of your plate should be fruits and vegetables?”*
 - Have family members show you (using the My Plate graphic) the proportion of fruits/vegetables to other food.

My Plate Graphic



***Focus on size of a realistic plate. Use a standard sized dinner plate/paper plate to demonstrate appropriate size. If families eat from large platters, find a way to convey appropriate individual size. ***

**Have families tell you a typical meal that they eat. Write foods in appropriate food groups on my plate. Praise if meals contain food from all food groups. Talk about possible ways to incorporate missing food groups if there are any missing. (e.g. missing dairy drink milk with meal or yogurt or have cheese/yoghurt/milk for snack)

* Retrieved from: <http://www.choosemyplate.gov/print-materials-ordering/graphic-resources.html>

Activity #2: Fresh, Frozen, Canned

Objective:

- Participants will be able to identify and taste a variety of canned, frozen and fresh fruits and vegetables.
- Participants will be able to understand that although fresh is best frozen and canned can still have nutrients.

Supplies:

- Cooler (For holding fresh/ frozen produce)
 - Variety of canned fruits and vegetables
 - (Peaches, Pineapple, Peas, carrots)
 - Variety of frozen fruits and vegetables
 - (Strawberries, Peaches, Raspberries, Peas, Corn)
 - Variety of fresh fruits and vegetables
 - (Apples, Oranges, Strawberries, Carrots, Asparagus)
- *“When people move to a place that is very different from their home country, sometimes it’s difficult to get used to new, unfamiliar foods. Also, that weather and temperature is sometimes very different from country to country. This makes buying foods even more confusing because not all fresh fruits and vegetables are in season all year.”*
- *“We are going to talk about the difference between canned, frozen and fresh fruits and vegetables.”*
- *“During the winter, sometimes it is more difficult to buy fresh fruits and vegetables, but frozen fruits and vegetables are just as healthy. Although raw fresh fruits and vegetables are the healthiest for you. Frozen fruits and vegetables are just as good for you.”*
- *“If you look at the handout. It shows although fresh and frozen produce is the best for you. Canned fruits and vegetables can still be good if you buy the canned fruit with water, no sugar added, or in light syrup, and canned vegetables with no salt added, or low sodium.”*
- Show canned, frozen and fresh produce, also show with the handout

- “Which of these canned/frozen fruits and vegetables have you tried?”
 - Use the can opener to open the cans and let the family members sample them. Ask the family members their opinion and if they would ever cook with them or eat them as a snack.
 - If possible, ask the family to look at the nutritional label on the cans/ frozen packages and identify what types of vitamins are present.

- *“You see, even though these are canned/frozen, they still have vitamins in them.”*

Summary

- *“We talked about how although fresh produce is the best for you. Canned fruits and vegetables can still have a lot of nutrients as long as you buy no salt added or low sodium for canned vegetables, or no sugar added, light syrup, or in water for fruits.”*

Suggestions for Overcoming Barriers

Depending on the family’s perceived barriers, the following are some examples of possible ways to increase fruit and vegetable consumption:

- If there is an overall lack of confidence:
 - Focus on past success--Was there a time that they did eat more fruits/vegetables? How did they do it? How can they do that again?
 - Talk about strengths -- Remind them of their attributes (e.g. resiliency, adaptability, supportiveness, etc.)
 - Talk about personal motivation
 - Talk about some of the specific benefits to eating more fruits and vegetables, as well as some of the broader/general benefits of trying to be healthy
 - Encourage them to make small changes over time
 - Encourage them not to be discouraged by setbacks

- If some family members are resistant:
 - Encourage them to make small changes each week—don't rush things
 - Encourage family members to try at least one change (for example, buying a few apples, oranges or bananas, and keeping them in a bowl on the counter)
 - Keep fruit in places where they are visible and easy to grab

- If family members don't like fruits/vegetables:
 - Start with finding a few fruits/vegetables that family members like, and then focus on eating those more often
 - Encourage trying products that contain fruit, such as applesauce (low sugar or naturally sweetened)
 - Try replacing some of the meat ingredients in meals with vegetables
 - Try including fruit/vegetables into dishes that family members like—use fruits in cereals, vegetables in traditional foods, etc.

- If cost is a barrier:
 - Talk about the Farmer's market, or buying things on sale (coupons)
 - Give examples of fruits/vegetables that are inexpensive—seasonal items
 - Try stocking up with canned or frozen vegetables when they are on sale.
 - Give examples of places where families can buy inexpensive fruits (e.g. Kwik Trip has bananas for \$.38/lb. or weekly fruit and vegetable specials at Aldi)

- If lack of time is a barrier:
 - Encourage them to look for fruit and vegetables options when eating out
 - Keep cut-up fruits and vegetables in Ziploc bags so it's easy to grab/take as snacks
 - Buy pre-chopped salad/lettuce mix
 - Buy instant brown rice

- Encourage cooking larger portions of vegetables when preparing meals, to be eaten as leftovers, and in lunches, throughout the week
- Suggest using a crockpot
- Drink 100% fruit juice



FAMILY INTERVENTION LESSON: BEVERAGES

Background Information for Family Health Promoter

This lesson focuses on helping families identify what types of beverages they consume, and how these beverages may impact their health. While much of the information is focused on helping raise awareness about the amount of sugar found in common beverages, additional information focuses on caloric, caffeine and alcohol content. Like all other lessons, some information may not be relevant to certain families. For example, some families may not consume alcohol or coffee, but drink lots of soda pop. Others may not drink soda pop at all but drink lots of coffee or tea with cream and sugar. There may also be differences in the types of beverage consumption between family members, such as children consuming a lot of soda pop, while parents consume a lot of coffee or tea. In these situations, take the family's lead in focusing on what they feel is important. It may be helpful to share information, if they are not aware of certain topics, and offer suggestions for healthy alternatives.

According to a report of the 2005 Dietary Guidelines Advisory Committee, people who consume food or beverages high in added sugars tend to consume more calories and fewer micro-nutrients than those who do not. Excess sugar intake, and excess consumption of pop and juice can also lead to tooth decay. The combination of sugar and acid in soda pop is especially damaging to teeth. Moreover, high sugar consumption can lead to obesity, which is a risk factor for diabetes and other chronic diseases. You may be asked if sugar causes diabetes. It does not. However, it may contribute to the disease if a person consumes too many calories and becomes overweight and/or does not get enough physical activity.

This lesson enables participants to estimate their actual sugar intake from beverages. The goal is to have participants reduce their intake of high-sugar beverages and drink water more often. Juice, milk, and tea may often be good substitutes. Filling up with sugary beverages also decreases the amount of room in the stomach for other nutritious foods.

Participants may want definitive guidelines on how much added sugar can safely be consumed. You might also want to consider that some families consider being thin as a sign of being unhealthy. Be aware that there is no Daily Value Limit established for the Nutrition Facts label, because there is no consensus on the optimal (or best) intake for added sugars. Some organizations have tried to define this limit. For example, the World Health Organization (WHO)

recommends limiting added sugar to less than 10 percent of our total Calories each day. If we were to apply the WHO's recommendation to a 2000 Calorie diet, the limit would be 50 grams of added sugar per day. Other organizations have recommended a limit of 40 grams per day. The Dietary Reference Intakes (DRI), or the Recommended Dietary Allowances, recommends limiting added sugar to no more than 25 percent of total Calories each day. In any case, we want to encourage participants to decrease their consumption of sugared beverages. This is consistent with the Dietary Guidelines for Americans, especially when there is a risk of obesity.

References:

Brownell, K.D. (2004). *The LEARN Program for Weight Management*, 10th Edition. American Health Publishing Company. Texas: Dallas.

National Academy of Sciences, Institute of Medicine, Food and Nutrition Board, Dietary Reference Intakes for Energy, Carbohydrate, Fiber, Fat, Fatty Acids, Cholesterol, Protein, and Amino Acids, 2002, available online at <http://www.iom.edu/?id=12702> [accessed February 20, 2007].

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World Health Organization, Diet, Nutrition and the Prevention of Chronic Diseases, WHO Technical Report Series 916, 2003, available online at http://www.who.int/entity/dietphysicalactivity/publications/trs916/en/gsfao_introduction.pdf [accessed February 20, 2007].

LESSON: BEVERAGES

Lesson Outline

LESSON OBJECTIVES/INTRODUCTION

- *“Hi. Thanks for meeting with me today. How is everyone doing?”*

- RECAP PREVIOUS GOALS
 - *“Last week we talked about _____, and you decided on some things you wanted to work on. How is that going?”*
 - *“Has there been anything that’s gotten in the way of you _____?”*
 - *“What are some things you’ve noticed since you’ve started _____?”*

- Discuss barriers to behavioral goals, as well as potential solutions. Help participants identify feasible solutions. Use the “General Suggestions for Overcoming Barriers” if necessary.
- Utilize motivational interviewing techniques and open ended questions to help families discuss goals, barriers, etc.
- Praise participant’s efforts and encourage them to continue.
- After discussing previous goals, transition to new topic.
 - *“Today I thought we might talk a little bit about ‘beverages’ or things we drink and how they impact our health. Would that be alright?”*

INTRODUCE TOPIC AND ASSESS EXISTING SUBJECT KNOWLEDGE & CURRENT BEHAVIORS

- Introduce the topic
 - *“Sometimes we don’t think about what we drink as having very much to do with our health. When we’re thirsty, we might just grab a drink without really thinking about what’s in it. Many people don’t realize that what we drink often impacts our health.”*

- Assess family’s knowledge about the differences between various types of beverages, especially in regards to sugar content. If the family already knows a

lot about this topic, move on to assessing the types of beverages the family consumes, along with frequency.

PROMPTS:

- *“What are some of drinks your family usually likes? How often do you have them?”*
 - *“How healthy do you feel the drinks you enjoy are? Why?”*
 - *“What are some other things that come to mind when you think about different kinds of beverages?”*
- IF THE FAMILY SEEMS TO HAVE A HIGH LEVEL OF AWARENESS REGARDING SUGARY/HIGH CALORIC BEVERAGES AND REPORTS LIMITED/MODERATE CONSUMPTION: Praise them and move onto sharing information and/or activities.
 - IF THE FAMILY SEEMS TO HAVE LOW AWARENESS REGARDING SUGARY/HIGH CALORIC BEVERAGES, OR REPORTS REGULARLY CONSUMING LOTS OF THESE TYPES OF BEVERAGES: Use motivational interviewing techniques to elicit more information.
 - *“You mentioned you like to drink_____. How many times a day would you say you drink_____? Is that pretty normal for you?”*
 - *“What do you enjoy about drinking_____?”*
 - Ask questions in a non-threatening way in order to try to understand more about the family’s current behaviors and perceptions toward various beverages.

SHARE INFORMATION

- *“Would it be alright if I share a little information with you about what I’ve learned about different types of beverages?”*

Adjust the amount of information you share, based on how much the family already knows. It may be helpful to review content areas in order to clarify information. Use this time to correct misinformation, if necessary. If the following topics were not already discussed, try to cover them.

- Sugar in Beverages

“The average person in United States drinks about 175 calories worth of sugar-sweetened beverages every day—that’s the same as about one can of soda pop and a cup of coffee with a little sugar. Even though that might not seem like very much, calories can add up very quickly. In fact, drinking just one soda a day can add up to nearly 10 lbs. of fat in one year.”

“Often, the reason beverages are high in calories is because they contain sugar. For some drinks, like coffee or tea, we add sugar so we are aware of how much is in there. However, for other drinks, such as soda pop, energy drinks or even fruit juices, it’s sometimes difficult to tell how much sugar is in them, unless we look at the nutritional label.”

“Most drinks have added sugars to make them taste better, but sugar has little nutritional value and too much of it can lead to health problems, such as tooth decay, obesity, diabetes and heart disease. Juices and soda pop also have acids that can cause tooth decay if you drink too much of them.”

“It’s important to be aware of how much sugar is in the beverages you drink so you are better able to manage how much sugar you consume.”

- Fruit Juice

“Some people don’t realize that there are big differences between certain types of juices, in regards to how much sugar is in them. Some fruit ‘juices’ are mostly made of water and sugar. These types of drinks have little nutritional value. Other drinks contain real fruit juice, but have added sugar to make them taste sweeter. Don’t assume that just because the bottle says ‘juice, it’s nutritious. Look for juices that say 100% FRUIT JUICE. Read the nutritional label and see how much sugar is in it.”

- Coffee, Tea

“Many people like to drink coffee or tea throughout the day. While coffee and tea have some health benefits when consumed in moderation, very often, people add sugar and cream, both of which are not very good for you if you have them every day. Coffee and tea without cream or sugar are not very bad for you, however, flavored lattes, Frappuccino’s and

other sweetened coffee drinks like the ones you can get from Starbucks or gas stations, often have a lot of fat and sugar in them.”

- Soda Pop and Energy Drinks

“Soda pop and energy drinks are beverages that often contain a lot of sugar and calories. One 12 oz. can of regular soda pop has approximately 8 teaspoons (40 grams) of sugar and 150 calories. A 16 oz. energy drink can have up to 12 teaspoons (60 grams) of sugar and approximately 200 calories.”

“Children and teens are especially likely to drink soda pop and energy drinks. Besides having a lot of sugar, many of these drinks have caffeine, which may cause sleeplessness or fast heart rates if you drink too much. Most soda pop brands contain between 30-50 mg of caffeine. The American Academy of Pediatrics recommends that teenagers not drink more than 100 ml of caffeine per day, and that children not consume caffeine regularly.”

- Alcohol (ONLY DISCUSS IN NON-MUSLIM HOUSEHOLDS)

“Many people don’t realize that alcohol has a lot of calories in it—almost twice the number of calories compared to the same amount of protein or carbohydrate. For example, a single can of regular beer has approximately 150 calories, a glass of wine has about 200 calories, and a shot of liquor has about 100 calories. Mixed drinks, which often contain sugary syrups and sweeteners can have double or even triple the amount of calories.”

“Alcohol has a lot of calories, no nutritional value, and may lead to other health problems and addiction. Some health literature compares alcoholic drinks to sweets and candies, in terms of calorie content. Many people have found that they are able to lose weight simply by cutting out alcohol from their diet. In general, hard liquor, or mixed drinks that contain sweeteners have the highest amount of calories, as opposed to light beer or white wine.”

“If alcohol is important to you and something you enjoy, it will take extra effort to monitor how many calories you consume with each drink, and

balance it with exercise and eating fewer calories with other types of food or drinks. When trying to control the amount of alcohol you consume, try pouring small amounts, sipping it, and not pouring repeated drinks, which can add up calories quickly.”

▪ Water:

“Water is the most important fluid in our bodies. Our bodies need water in order to work properly. Without water we would get dehydrated and our bodies would become very ill. Drinking lots of water is essential for good health. It is recommended that we drink at least 8 glasses of water every day. Many people are not in the habit of drinking enough water and are constantly dehydrated without even knowing it. It’s important to drink plenty of water if you are physically active, work outside or sweat a lot, or are older. By drinking water instead of some other types of beverages, we are not only keeping our bodies healthy, we can help control our weight by helping us feel full.”

“It is helpful to find ways to remind yourself to drink water. Those reminders may be different for everyone. For instance, some people fill a favorite glass or water bottle in the morning and try to drink it throughout the morning, and refill it at lunchtime for the afternoon.”

CONDUCT ACTIVITY

- Activity #1: **Where Is the Sugar?**
- Activity #2: **Where Are the Nutrients?**
- Activity #3: **The Fat in Milk**

ALLOW THE FAMILY TO CHOOSE THE ACTIVITY. IF THE FAMILY DOES NOT HAVE A PREFERENCE, TRY TO CHOOSE ONE BASED ON THE INFORMATION THAT WOULD BE MOST HELPFUL TO THEM.

IDENTIFY PERCEIVED BARRIERS AND DISCUSS POTENTIAL SOLUTIONS

- After completing the activity, ask the family what they thought about it, what they learned, and if they have any questions. Use open-ended questions to encourage discussion.

PROMPTS:

- *“Now that we’ve talked about different beverages, sugars, calories and nutrients, what are some things you learned that you didn’t know before?”*
- After discussing some of the lessons learned from the activity, move into discussing how the family feels about their ability to incorporate healthier beverage options into their lives.

PROMPTS:

- *“At this time, how important is it for your family to drink healthier, nutritious beverages?”*
- *“How confident do you feel about being able to drink more healthy beverages in your daily life?”*
- Some families may feel more confident than others about their ability to incorporate or apply what they’ve learned into their lives. One of the primary purposes of these Lessons is to help families feel more confident about improving their health. In order to do this, it is necessary to identify specific fears, barriers, or other things that get in the way, and working with the family to help them identify solutions to overcome barriers.
- IF THE FAMILY IS CONFIDENT ABOUT THEIR ABILITIES TO INCORPORATE THE INFORMATION: move on to the next section—determining behavioral goals.
- IF THE FAMILY IS NOT CONFIDENT ABOUT BEING ABLE TO INCORPORATE THE INFORMATION: use motivational interviewing techniques to identify barriers and potential solutions.

PROMPTS:

- *“What are some things that get in the way of drinking healthy beverages?”*
- *“What do you think would make it easier for you to drink healthier beverages?”*
- *“What are some simple ways that you might be able to overcome _____, so that you could drink more nutritious beverages?”*

- Offer healthy beverage alternatives or even drink recipes, such as smoothies or 100% fruit juices.
- Share examples of other families who drink nutritious beverages.
- Encourage reading newsletter that includes stories from leaders in community if there is little social support within family or others.

DETERMINE BEHAVIORAL GOALS

- Assist the family in setting realistic health behavior goals. It is important that the family come up with these goals

PROMPTS:

- *“Now that we’ve talked about different beverages and learned to be more aware of sugar and calorie content, is there anything that you would like to try as a goal?”*

- For families who already report regularly choosing nutritious beverages, this may be unnecessary.
- For families who report NOT drinking nutritious beverages, move on towards setting behavioral goals.
- Assist the family in determining ways to track their progress. Again, these strategies should come from the family. However, if the family has difficulty in coming up with ways to assess their progress, you may offer ideas or suggestions that have been effective for other families.
- Create a plan for following-up with families, to help encourage accountability.
 - *“When I see you next week, we can talk about how things went in terms of the goals we talked about today, and anything that came up during the week. Is that okay?”*

CLOSE THE LESSON

- Thank the family and set up the next meeting time

- Use the Family Health Promoter Lesson Checklist to track attendance, document lesson topics completed, document individual and family goals, and make notes for future lessons and follow-up.

Activity #1: Where's the Sugar?

Objective:

- To enable participants to identify how much sugar they consume in their beverages

Supplies:

- Handout: "Sugar Chart" (double-sided and then cut up) for participant reference
- Enlarged beverage label with the "carbohydrate" and "sugar" listings highlighted
- Food model of a serving size of juice
- Sugar
- Clear plastic container
- Teaspoons
- Paper cups
- Empty cans, containers, and labels from a variety of beverages that participants drink, including various sizes of some beverages

Introduction:

- Begin the activity with some general questions about sugar:
 - *"What do you know about sugar? Do you think you eat very much sugar? Is sugar good or bad?"*
- Adjust information according to the family's knowledge level. Give participants a chance to discuss these questions.
 - *"Sometimes we are not aware of the amount of sugar we eat or that sugar might cause a problem. In some families, being too thin means that a person is not healthy and eating sweet things helps people not be too thin. Sugar tastes good. However, too much sugar can be a problem. It is good to be aware of the types of beverages we drink and how much sugar is in them."*

Demonstrate

- Show the enlarged beverage label. Explain what the Nutrition Facts label is used for and where to find it on a beverage container. Point out where sugar

is listed on the label (under carbohydrates), the serving size, and servings per container. Discuss the meaning of “serving size” and “servings per container” so participants understand. Show an example of a serving size of juice (food model).

- Pass out the small, pocket-sized references you made from the handout “Sugar Chart.” Demonstrate and explain to participants that 4 grams of sugar is equal to 1 teaspoon. Together, look at a sample beverage container.

- *“How many grams of sugar per serving are there?”*

- Help participants calculate how many teaspoons of sugar are contained in one serving. Participants may use the handout or do the math in their heads to calculate the number of teaspoons. Together, measure the correct amount of sugar into a clear plastic container.
- Pass out the beverage containers and labels. Ask participants to choose their favorite beverages, if possible. Give everyone a paper cup and teaspoon. Help participants find the word “sugar” on their beverage labels and the number of grams of sugar, and then tell them to refer to their “Sugar Chart” to calculate how many teaspoons of sugar are in their drinks. Ask participants to measure the amount of sugar found in their drinks into cups. Remind them that a beverage container may have more than one serving and that the amount of sugar listed on the label is for one serving only. Encourage participants to look at the amounts of sugar on other labels when they are done.
- After measuring the sugar content for one beverage, ask participants to measure the amount of sugar for all the beverages they would drink in a day. If they have a child and time allows, ask them to measure the amount of sugar for the beverages their child would drink in a day. Remind them to include the juice the child drinks.
 - *“While juice does contain vitamin C, usually only 6 ounces of juice a day is needed to get the 100% Daily Value. [Remind them that a serving of juice is by showing the juice food model.] When a child drinks much more than that, it is really just adding more sugar and acid to their diet, which can be bad for children’s teeth and physical health.”*

- *“Does anyone drink coffee or tea? How many cups do you usually drink every day?”*
- Ask those participants who responded to measure the amount of sugar they would put in one cup of tea, coffee, or milk. Next, ask them to measure the amount for an entire day. Help them do the math, if needed.

Summarize

- Summarize activity information and ask questions to gauge receptivity and retention. Repeat content areas and utilize motivational interviewing techniques, if necessary.

PROMPT:

- *“What are some other things you learned today?”*
- *“How do you feel about what we talked about today?”*

Activity #2: Where are the Nutrients?

Objective: To enable participants to identify which beverages have more nutrients

Supplies:

- Enlarged beverage label
- Empty cans, containers, and labels from a variety of beverages that participants drink
- Headers: “Most Nutrients (3+)”, “Some Nutrients (1-2),” and “No Nutrients (0)”

Introduction:

- Arrange the headers “No Nutrients (0),” “Some Nutrients (1 or 2),” and “Most Nutrients (3+)” on a display board, felt board, or table so everyone can see them.
 - *“Do drinks contain other things besides sugar? What are they?”*
 - *“Some beverages contain only sugar, but some also contain other nutrients, such as vitamin C or protein. Let’s look at the label poster to see an example of the amount of sugar and other nutrients in a beverage.”*

Demonstrate:

- Display the enlarged beverage label and pass out a beverage container or label to each participant. Ask participants to look at their labels, and direct their attention to the nutrients protein, vitamin A, vitamin C, and calcium.
 - *“These are the nutrients that you will use to decide if your drink has ‘No Nutrients’, ‘Some Nutrients’, or the ‘Most Nutrients’.* If your drink contains one or two of these nutrients, we say it has ‘Some Nutrients’. If it contains three or more of these nutrients, we say it has the ‘Most Nutrients’.”
- Use the enlarged beverage label as an example. Place it in the correct category, using the headers. Ask participants to put their beverages in the correct category.

USE THE FOLLOWING AS A GUIDE:

- All sodas are placed in the No Nutrient category. Some participants may believe that unlimited amounts of diet sodas are okay. Placing all sodas in the “No Nutrient” category will help to get rid of this myth.
- Juices are placed in the “Some Nutrients” category.
- Milk is placed in the “Most Nutrients” category.
- Water is an essential nutrient. Although water usually does not contain any vitamins or minerals, our body needs it the most of any nutrient. Therefore, we suggest that it belongs in the “Most Nutrients” category.

Summarize:

Summarize the activity by asking participants what they learned and help them summarize their own findings.

PROMPT:

- *“As we talked about today, the things we drink can make a difference in our health. It’s best to limit the number of sugary beverages you drink every day and to try to drink more water and beverages that have more nutrients, to help keep a healthy weight, healthy teeth, and to keep our body healthy overall.”*

Activity #2: The Fat in Milk

Objective

- To enable participants to understand the fat content of different kinds of milk and choose the milk that is healthiest for them and their children

Supplies

- Milk jug labels (with different amounts of fat)
- Milk fat models

Introduction

- Since low-fat milk is an “Everyday Snack” and whole milk is a “Sometimes Snack”, this activity builds on information that participants learned in Activity 1, however it can be done alone and/or adjusted to fit the needs of the family. Before beginning this activity, ask the family what type of milk they drink normally—this will help you be able to teach to the specific needs of the family.
 - *“Why do you think whole milk is a Sometimes Snack not an Everyday Snack?”
“Although whole milk is a Sometimes Snack, babies between the ages of 1 and 2 years of age do need to drink whole milk every day.”*
 - *“Milk can be a big source of fat in our diet because many of us drink it every day in order to get the calcium we need. Let’s look at the difference in fat content of the different kinds of milk.”*

Demonstrate

- Ask for a volunteer to name the different kinds of milk. You may want to show the milk jug labels as a cue. Most people know the milk by the color of the caps or label.
- Show participants the four milk fat models.
 - *“These have different amounts of fat in them because the four different kinds of milk have different amounts of fat. The fat content in each jar is the amount of fat from 28 glasses of milk. The only difference in the four kinds of milk is the fat content.”* (Be sure to show the milk jug labels that match each fat jar).
 - *“The four different types of milk are whole milk, 2%, 1% and skim. Whole milk has the most amount of fat, 2% is next, then 1%, and skim has the least*

amount of fat and is the best for you.”

- Explain that only children under two years of age need to drink whole milk. Everyone else should drink skim milk, unless advised otherwise by their doctor.
- Point out that different kinds of milk taste different. Explain that it takes time to get used to lower-fat milk. Suggest that if participants drink whole milk, they should try 2%; if they drink 2%, they should try 1%; and if they drink 1%, they should try skim milk, or that they can mix milks. For example, if they only drink whole milk, mix whole milk and 2% and keep increasing amounts of 2% until they get use to the taste. Next they could try mixing 2% and 1% to get you to 1%.

****Note:** If the family reports drinking soy milk, goat milk or camel milk, you can use the cow milk models to demonstrate the different fat contents in milk and then show them the various milk nutrition labels to show them that all of these options have higher fat and caloric content than cow milk.

Summarize

- Review information and ask if anyone has question. Use this time to clarify information. Conclude:
 - *“If you drink high-fat milk, the fat adds up over time. But by choosing low-fat or skim milk instead, you get a healthy Everyday Snack.”*

NUTRITIONAL FACTS ABOUT MILK

The higher the NuVal score the healthier it is.



Skim milk has a NuVal score of 91. It is the healthiest for you, and has the least amount of fat.

Nutrition Facts

Milk - Nonfat (fat free or skim)

Servings:

Calories	86	Sodium	127 mg
Total Fat	0 g	Potassium	407 mg
Saturated	0 g	Total Carbs	12 g
Polyunsaturated	0 g	Dietary Fiber	0 g
Monounsaturated	0 g	Sugars	0 g
Trans	0 g	Protein	8 g
Cholesterol	5 mg		
Vitamin A	0%	Calcium	30%
Vitamin C	4%	Iron	1%



1% milk has a NuVal score of 81.

Nutrition Facts

Olma ,5 - Milk 1%

Servings:

Calories	88	Sodium	125 mg
Total Fat	1 g	Potassium	410 mg
Saturated	0 g	Total Carbs	13 g
Polyunsaturated	0 g	Dietary Fiber	0 g
Monounsaturated	0 g	Sugars	12 g
Trans	0 g	Protein	8 g
Cholesterol	10 mg		
Vitamin A	10%	Calcium	30%
Vitamin C	4%	Iron	0%



2% has a NuVal score of 55.

Nutrition Facts

Milk - Reduced fat, 2% milkfat

Servings:

Calories	122	Sodium	100 mg
Total Fat	5 g	Potassium	366 mg
Saturated	3 g	Total Carbs	11 g
Polyunsaturated	0 g	Dietary Fiber	0 g
Monounsaturated	1 g	Sugars	12 g
Trans	0 g	Protein	8 g
Cholesterol	20 mg		

Vitamin A	9%	Calcium	29%
Vitamin C	1%	Iron	0%



Whole milk has a NuVal score of 52. It is the least healthy for you and has the most amount of fat.

Nutrition Facts

Milk - Whole, 3.25% milkfat

Servings:

Calories	146	Sodium	98 mg
Total Fat	8 g	Potassium	349 mg
Saturated	5 g	Total Carbs	11 g
Polyunsaturated	0 g	Dietary Fiber	0 g
Monounsaturated	2 g	Sugars	13 g
Trans	0 g	Protein	8 g
Cholesterol	24 mg		

Vitamin A	5%	Calcium	28%
Vitamin C	0%	Iron	0%

Nutrition Facts

Milk - Goat

1. Servings:

Calories	168	Sodium	122 mg
Total Fat	10 g	Potassium	498 mg
Saturated	7 g	Total Carbs	11 g
Polyunsaturated	0 g	Dietary Fiber	0 g
Monounsaturated	3 g	Sugars	11 g
Trans	0 g	Protein	9 g
Cholesterol	27 mg		

Vitamin A	10%	Calcium	33%
Vitamin C	5%	Iron	1%

Nutrition Facts

Soy milk - Fluid

1. Servings:

Calories	127	Sodium	135 mg
Total Fat	5 g	Potassium	304 mg
Saturated	1 g	Total Carbs	12 g
Polyunsaturated	2 g	Dietary Fiber	3 g
Monounsaturated	1 g	Sugars	1 g
Trans	0 g	Protein	11 g
Cholesterol	0 mg		

Vitamin A	30%	Calcium	9%
Vitamin C	0%	Iron	15%

Nutrition Facts

Camelicious - Emirates Camel Milk

Servings:

Calories	150	Sodium	0 mg
Total Fat	9 g	Potassium	0 mg
Saturated	0 g	Total Carbs	11 g
Polyunsaturated	0 g	Dietary Fiber	0 g
Monounsaturated	0 g	Sugars	0 g
Trans	0 g	Protein	8 g
Cholesterol	0 mg		

Vitamin A	8%	Calcium	35%
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ig Barriers

re some examples of possible

- If there is an overall lack of confidence:
 - Focus on past success
 - Talk about strengths -- Remind them of their attributes (e.g. resiliency, adaptability, supportiveness, etc.)
 - Talk about personal motivation
 - Talk about some of the specific benefits to drinking more nutritious beverages, as well as some of the broader/general benefits of trying to be healthy
 - Encourage them to make small changes over time
 - Encourage them not to be discouraged by setbacks

- If some family members are resistant:
 - Encourage them to make small changes each week—don't rush things
 - If kids are resistant, encourage different types of fruit smoothies, fruit juices or milk as potential alternatives to soda or energy drinks.

- If cost is a barrier:
 - Encourage drinking water from the tap and filling up water bottles (it's free!)
 - Give examples of inexpensive alternatives

- If time is a barrier:
 - Encourage family members to have ready-to-go bottles of cold water, fruit juices or other low-calorie beverages in an accessible place where they are easy to grab on the way out the door.
 - Encourage family members to always carry a water bottle and to fill it often, wherever they go.



FAMILY INTERVENTION SESSION: FATS

Background Information for Family Health Promoter

Research has demonstrated that a high-fat, Western-style diet contributes to obesity, heart disease, cancer, and diabetes. As immigrants become accustomed to life in the United States, they often decrease intake of fiber and increase intake of fat. The relatively rapid development of chronic diseases among new immigrants appears to reflect their vulnerability to the effects of rapid dietary and lifestyle changes. For this reason, teaching newcomers early in their American experience about the risks associated with high-fat diets may allow them to choose better foods for their long-term health. Learning to identify different kinds of fat and low-fat preparation techniques will help to offset the pressures of consuming high-fat deli salads, fried foods and baked goods.

Avoid getting bogged down in the technical language of fats and heart disease. Instead, focus on the practical language of what to eat. The difficulty of identifying trans-fatty acids and their chemistry will only confuse most participants. It is not as important for people to be able to recite a list of monounsaturated fats as it is to know that olive oil is better to use than lard, "mono" is better than "saturated," and less is better than more. Finally, when teaching about choosing healthy fats, it is important to point out that even a good fat should be used sparingly (a little bit). When people decrease the fat in their diets, they often miss the flavor from the fat. Providing ideas on how to use spices and herbs for flavor can be helpful.

SESSION: FATS

Session Outline

SESSION OBJECTIVES/INTRODUCTION

- *“Hi. How are you doing? Thanks for letting me stop by and visit with you today.”*

- **RECAP PREVIOUS GOALS**
 - *“Last week we talked about _____, and you decided on some things you wanted to work on. How is that going?”*
 - *“Has there been anything that’s gotten in the way of you _____?”*
 - *“What are some things you’ve noticed since you’ve started _____?”*

- Discuss barriers to behavioral goals, as well as potential solutions. Help participants identify feasible solutions. Use the “General Suggestions for Overcoming Barriers” if necessary.
- Utilize motivational interviewing techniques and open ended questions to help families discuss goals, barriers, etc.
- Praise participant’s efforts and encourage them to continue.
- After discussing previous goals, transition to new topic.
 - *“Today I thought we could talk about different kinds of fat that we find in food, how those affect us, and some healthy options for cooking with fat. Would that be alright?”*

INTRODUCE TOPIC AND ASSESS EXISTING SUBJECT KNOWLEDGE & CURRENT BEHAVIORS

- Introduce the topic
 - *“As we’ve talked about before, when people come to the United States, their eating habits often change. One thing that is very common among immigrants to the U.S. is weight gain. While there are many reasons for this, often one of the main causes is a change in a person’s diet, and how much fat is in the food they eat.”*

➤ *“Sometimes it’s easy to tell what kinds of foods are very fattening, and sometimes it’s not as easy. It’s important to be able to tell which foods contain fats so that your family can make good health choices when deciding what to eat.”*

- Assess the family’s perception about fats. Are they able to accurately identify different types of fats and which ones are healthier? Do they understand the health risks associated with high fat foods? Ask open ended questions that will help you to understand more about the family’s daily habits.
- Discuss differences between the family’s overall eating/cooking styles prior to coming to the U.S. vs. after (e.g. do they eat a lot of fried food?).
- Discuss any potential concerns the family may have. Does anyone have a health concern, e.g. hypertension, high cholesterol, etc.? Are parents worried their children are gaining too much weight?
- Try to determine the frequency of which the family consumes high fat meals, their perceptions towards high fat meals, and cooking methods that involve high amounts of fat (i.e. frying).
- Based on this information, you may need to direct information and problem solving towards specific family members (such as the person responsible for cooking, or someone who has a specific health concern).

PROMPTS:

- *“What kinds of foods does your family usually like to eat?”*
- *“Do you think the foods you eat are pretty healthy? Why?”*
- *“Do you think your family eats more high-fat foods since coming to the U.S.? Why?”*
- *“How do you usually like to cook your meat—for example, frying, sautéing, roasting, boiling?”*

- DETERMINE THE OVERALL FAMILY PERCEPTIONS TOWARDS HIGH-FAT FOODS AND AVERAGE CONSUMPTION (PAY SPECIAL ATTENTION TO THE PERSON(S) RESPONSIBLE FOR COOKING MEALS). IF THE FAMILY REPORTS LIMITED

CONSUMPTION OF HIGH-FAT FOODS/COOKING METHODS, PRAISE THEM AND MOVE ONTO SHARING INFORMATION AND/OR ACTIVITIES.

- IF THE FAMILY REPORTS REGULAR CONSUMPTION OF HIGH-FAT FOODS OR COOKING METHODS, USE MOTIVATIONAL INTERVIEWING TECHNIQUES TO ELICIT MORE INFORMATION.

PROMPTS:

- *“I heard you say you like to eat _____. Can you tell me a little more about that? How often do you eat _____?”*
- *You said you usually cook your meals by _____ (frying, etc.), Tell me more about that.”*
 - Ask questions in a non-threatening way in order to try to understand more about the family’s eating practices and their perceptions towards screen time, in general.

SHARE INFORMATION

- *“Would it be alright if I share a little information with you about what I’ve learned about different types of fats and how we cook with them?”*

Adjust the amount of information you share, based on how much the family already knows. If the following topics were not already discussed, try to cover them.

- General Purpose of Fat

“Not all fats are bad. In fact, we need to have some fat in order for our bodies to be healthy. Fat is found in different types of foods—like meats and dairy. Certain types of vitamins need fat in order to be absorbed by our bodies. Sometimes our body makes its own fat when we eat more than we need. Whatever our body doesn’t need gets stored as fat. Fat can be helpful for people who go for long periods of time without eating because the body will use the fat as energy. However, this is rarely the case in the U.S., where most people have regular access to food.”

- Differences in Fats

“Just like there are different types of food, there are different types of fat. Some fats are good for you, and can help lower cholesterol and blood pressure and lessen the risk of developing heart disease and type-2 diabetes. Other types of fats are not good for you and can increase cholesterol and blood pressure and increase your risk for heart disease and type-2 diabetes.

GOOD FATS:

‘UNSATURATED FATS’ are generally considered ‘good fats’ and help to lower cholesterol, balance sugar levels, and decrease the risk of heart disease and type-2 diabetes. Unsaturated fats are usually liquid when left at room temperature. Some examples of unsaturated fats are: olive oil, peanut oil and corn oil.”

BAD FATS:

‘SATURATED FAT’ is generally not very good for you and should be eaten sparingly. This type of fat comes from animals, in the form of meat and dairy, and has been shown to increase cholesterol levels, increase the risk of heart disease and developing type-2 diabetes.”

*“You may have seen food packages that say ‘No Trans Fat’, and wondered what exactly that is. ‘**Trans Fats**’ are made during the production of processed food, and are commonly known as ‘synthetic fats’. Trans fats are usually easier to cook with and are less likely to spoil, but they are also more likely to increase cholesterol levels and increase the risk of heart disease.”*

“Trans fats and saturated fats (bad fats) are usually solid when left at room temperature. Some examples of these include butter or margarine, shortening, beef fat or pork fat.”

▪ **Cooking with Fats**

“While having SOME fat in your diet is fine, having too much fat in your diet can lead to many different types of health problems. Even though we may eat foods that seem to be low in fat (for example, chicken or vegetables), the way we cook those foods can actually make a big difference in terms of how much fat we take into our bodies.”

“Many immigrants who come to the U.S. are used to cooking their food by

frying it in different types of animal fats or butter. In general, frying foods is one of the least healthy ways to cook. This is because the oils and fats we usually use to fry them are unhealthy fats, or saturated fats. When we fry things in butter, shortening or lard, we are making the foods much less healthy than if we used some other type of oil.”

- Hidden Fats

“It’s easier to control the kinds of fats or oils we use, and how much we use, when we cook at home. However, when we eat out, sometimes it’s a little harder. Some foods are obviously fried—like French fries. However, other foods might not be as easy to tell. In these situations, it’s probably a good idea to ask. If you are in a restaurant and are ordering a particular food ask if there is different option—for example, instead of getting fried chicken, ask for ‘baked’ chicken. When you are eating out or shopping, look for foods that are labeled ‘baked’, as things that are baked are generally cooked with less fat or oil.”

*Note: (Try to give culturally specific examples: For Somalis, reference sambosas, ghee; For Cambodians, reference foods fried in peanut oil, etc., For Hispanics, reference fried tortillas, etc.).

CONDUCT ACTIVITY

- Activity #1: The Good and the Bad of Fat
- Activity #2: Choosing Healthy Fat
- Activity #3: Preparing and Cooking with Less Fat

DESCRIBE THE ACTIVITIES AND ALLOW THE FAMILY TO CHOOSE THE ACTIVITY THEY FEEL WOULD BE MOST BENEFICIAL FOR THEM. IF THE FAMILY DOES NOT HAVE A PREFERENCE, TRY TO CHOOSE ONE BASED ON THE INFORMATION THAT WOULD BE MOST HELPFUL TO THEM.

IDENTIFY PERCEIVED BARRIERS AND DISCUSS POTENTIAL SOLUTIONS

- After completing the activity, ask the family what they thought about it, what they learned, and if they have any questions. Use open-ended questions to encourage discussion.

PROMPTS:

- *“Now that we’ve talked about different kinds of fats, how they impact our health, and some ways we can use them to cook, what are some things you learned that you didn’t know before?”*

- After discussing some of the lessons learned from the activity, move into discussing how the family feels about their ability to incorporate the things they’ve learned into their lives.

PROMPTS:

- *“How important is it for your family to be aware of how much fat is in your meals and to cook with ‘good fats’?”*
- *“How confident do you feel about being able to reduce the amount of fat in your family meals, as well as cook more with ‘good fats’?”*

- Some families may feel more confident than others about their ability to incorporate or apply what they’ve learned into their lives. One of the primary purposes of these sessions is to help families feel more confident about improving their health. In order to do this, it is necessary to identify specific fears, barriers, or other things that get in the way, and working with the family to help them identify solutions to overcome barriers.
- IF THE FAMILY IS CONFIDENT ABOUT THEIR ABILITIES TO INCORPORATE THE INFORMATION: move on to the next section—determining behavioral goals.
- IF THE FAMILY IS NOT CONFIDENT ABOUT BEING ABLE TO INCORPORATE THE INFORMATION: use motivational interviewing techniques to identify barriers and potential solutions.

PROMPTS:

- *“What are some things that make it difficult to decrease the amount of fat in your meals/cook with better fats/oils?”*

- *“What do you think would make it easier for you to reduce the amount of fat in your family meals/cook with better fats/oils?”*
- *“What are some simple ways that you might be able to overcome _____, so that you can help reduce the amount of fat in your meals?”*
- *“Is there anyone who might be willing to help you?”*
 - Encourage reading newsletter that includes stories from leaders in community if there is little social support within family or others.

DETERMINE BEHAVIORAL GOALS

- Assist the family in setting realistic health behavior goals. It is important that the family come up with these goals. The types of goals for each family will likely depend on their confidence, and thus, it may be necessary to focus on encouraging families by reminding them that you are there as a *resource* and are there to support them.

PROMPTS:

- *“Now that we’ve talked quite a bit about good and bad fats and ways to limit fats, what are some goals you might want to work on?”*
- Assist the family in determining behavioral goals. Examples of goals may include switching from deep frying to baking or roasting, or canola oil using olive oil instead of shortening or lard.
- Assist families in determining ways to track to their progress. Again, these strategies should come from the family. However, if the family has difficulty in coming up with ways to assess their progress, you may offer ideas or suggestions that have been effective for other families.
- Create a plan for following-up with families, to help encourage accountability.
 - *“When I see you next week, we can talk about how things went in terms of the goals we talked about today, and anything that came up during the week. Is that okay?”*

CLOSE THE SESSION

- Thank the family and set up the next meeting time.
- Use the Family Health Promoter Session Checklist to track attendance, document session topics completed, document individual and family goals, and make notes for future sessions and follow-up.

Activity #1: The Good & Bad of Fat

Objective

To introduce participants to the concept of fat, its purpose, and its potential hazards.

Supplies

- Heart model and/or artery model
- 1 lb. body fat model
- Fats Vocabulary List

Introduction

- The goal of this activity is to help participants understand the differences between fats, as well as potential health consequences for consuming high saturated and trans fats.
 - *“When you think of ‘fat’ what are some things that come to mind?”*
 - Potential responses may include:
 - Meat
 - Butter
 - It tastes good
 - It fills you up
 - It is in good food
 - It’s useful for cooking
 - It can be expensive (such as olive oil and high-fat meat cuts), or inexpensive (such as vegetable oil, potted meats, etc.)

Discuss

- *“How is fat good for us?”*
- *“How is it harmful?”*
- During the discussion, try to point out the following:
 - Fat is necessary for our bodies and gives us the energy we need.
 - Fat is necessary for the rapidly growing infant and young child.
 - Fat is important when food is limited. It is a great source of energy.
 - However, in the United States, most Americans usually don’t go long periods of time without food, and our diets are often too high in fat.

In this country, we usually see the bad effects of too much fat.

- Using a heart or artery model, show the relationship between fat intake and heart disease.
 - *“Blood goes through the arteries to bring nutrients and oxygen to the body. If an artery to the heart gets blocked by fat that accumulates in the arteries, this is called a heart attack. If an artery to the brain gets blocked, it is called a stroke.”*
- Pass around a 1-pound model of human fat. Explain:
 - *“Because the fat we eat has so much energy, too much of it can make us gain too much weight when the extra energy is not used or exercised off. The extra weight looks like the mode, and can put too much pressure on the heart and on the body’s joints and muscles, making it more difficult to move comfortably.”*

Summarize

- Distribute “Fats Vocabulary List”
- Remind participants:
 - *“In some countries, being overweight is a sign of having money or being healthy, but being overweight can cause many health problems. There are two important things to remember. With all fats, ‘less is best,’ and some fats are healthier than others.”*

Activity #2: Choosing Healthy Fat

Objective

To enable participants to distinguish between different types of fat and choose healthier types of fat

Supplies

- “Fats Chart”
- Handout: “Choosing Healthy Fat”
- Laminated Headers: “Not So Good Fat,” “Good Fat,” “Best Fat,” and “No Fat”
- Fat product samples or labels (could also use product pictures)
- Non-stick pan

- Poster enlargement of the handout “Choosing Healthy Fat”

Introduction

- Pass out fat products or labels from fat products. Assemble headings on the table or floor.
 - *“As I said earlier, there are different types of fat. Some are better than others when it comes to preventing heart disease and clogged arteries. In general, it is good to think, ‘With all fats, less is best.’”*

Demonstration

- Ask participants, one by one or in groups, to put the products into the correct categories, using the headers. If you color-coded the headers, be sure to explain the colors to participants. Ask them to say the name of each fat product and how they might use it.
- After everyone has a turn, ask if anyone would change any of the product placements. Participants will probably make some mistakes. Let them know you do not expect them to put all the products in the correct categories. Then make corrections and explain why.

****NOTE: Refer to the educator reference “Fats Chart” for correct category placement****

- Pass out copies of the handout “Choosing Healthy Fat.”
- Draw the four columns from the handout on a white board. As you say the name of the product a participant just classified, write the word in the correct column on the board. Start with the “Not So Good Fats”. Allow time for participants to copy the word on their handouts. This gives them practice writing, and the handout can be used as a reference tool later. (If literacy is an issue, you may just discuss the categories or have someone from the family who is comfortable do the writing).
- This topic often produces a great deal of discussion, especially around food preparation. If at all possible, allow enough time to do at least part of Activity 3.
- You may need to explain:
 - “Not So Good Fat is more ‘artery clogging’ than some of the Good Fat and Best Fat.”
 - “Name-brand fats are not always better than generic fats.”

- Show how to use a non-stick spray. For many participants, this may be an unfamiliar product.
 - *“When cooking with a non-stick pan, you can use little or no fat.” (Show participants a non-stick pan, and explain how to use it.)*
 - *“If you don’t have non-stick pans, using a cooking spray, such as an olive or vegetable-based cooking spray.”*
 - *“Cholesterol is only in animal products. The only products discussed in this activity that contain cholesterol are butter and ghee. All other products come from plants.”*

NOTE: If possible, avoid getting into discussions about HDL, LDL, etc. It usually confuses people

Summarize

- Review information and ask if anyone has questions. Reiterate major points.
 - *“It is healthier to use smaller amounts of the ‘Not So Good Fats’ and to use more of the ‘Best Fats’ or ‘Good Fats’. However, the goal is to use less of all kinds of oils and fats and to cook using ‘No Fats’.”*

Activity 3: Preparing and Cooking with Less Fat

Objective

To provide participants with alternative preparation and cooking methods to lower the fat in their diets; specifically modification of one favorite family recipe

Supplies

Handouts:

- “Looking at Food Labels”
- “Ways to Cook Vocabulary List”
- “Ways to Cook” (double-sided)
- Pictures of four potato products used in the handout “Looking at Food Labels”: baked potato, mashed potato, French fries, potato chips

Introduction

- Hold up pictures of a baked potato, mashed potatoes, French fries, and potato chips. Ask participants to put them in order from the least amount of fat to the most fat. (They are in

the correct order above.) Avoid correcting mistakes at this time.

- Pass out the handout “Looking at Food Labels.” Call participants’ attention to the “Total Fat” listing on the labels and the % Daily Value for fat.
 - *“Were you surprised by anything? What can cooking do to our food?”*
 - *“The ways we cook food can change the fat content. Let’s talk about that a little more.”*

Demonstration

- Distribute the handout “Ways to Cook Vocabulary List.” Review each method.
- When you are looking at the pictures, you may need to explain the words “over” and “under” (needed for grilling and broiling). While reviewing each cooking method, ask:
 - *“What kinds of foods, especially traditional foods, would you make using this cooking method?”*
 - Participants’ responses will help you understand their individual family food practices.
- Tell participants to put away the handout, because you are going to check that they understand the name and the meaning of each cooking method.
- Distribute the handout “Ways to Cook.” Ask participants to work alone or in pairs. If time is short, you could assign two terms to each pair of participants.
 - *“Draw a line from the cooking word to the correct picture.”*
- After participants have completed the handout, ask them to report their answers. Note that there are more than two ways to cook with lower fat. When discussing each method, ask:
 - *“Does this add fat or not?”*
 - Be sure to correct any misinformation
- Ask participants to turn over the “Ways to Cook” handout and complete the fill-in-the-blank activity. Ask for volunteers to report back. If necessary, review the cooking methods that add little fat.

Summarize

- Review information and ask if anyone has questions. Reiterate major points.
 - *“For our health, we should try to use cooking methods that add little or no fat.”*

Suggestions for Overcoming Barriers

Depending on the family's perceived barriers, the following are some examples of possible phrases for overcoming barriers and fostering motivation:

- If there is an overall lack of confidence:
 - Focus on past success
 - Talk about strengths -- Remind them of their attributes (e.g. resiliency, adaptability, supportiveness, etc.)
 - Talk about personal motivation
 - Encourage them to make small changes over time
 - Encourage them not to be discouraged by setbacks

- If family members are resistant:
 - Encourage them to make small changes each week—don't rush things
 - Don't force, pressure or demand radical changes from family members
 - Remind them of reasons to change behavior (research about high-blood pressure, heart disease, type-2 diabetes, weight gain)
 - Encourage the person responsible for cooking to try a different way of cooking a normal family dish (e.g. instead of frying, try baking or grilling)
 - Encourage the use of spices for flavor

- If cost is an issue:
 - Encourage participants to shop at bulk food stores (i.e. Costco, Sam's Club)
 - Remind participants that cheaper cuts of meats often include high fats, which reduce in overall volume while cooking
 - Remind participants that buying canola oil or olive oil in bulk can be cheaper, depending on where they shop

FATS CHART

For Family Health Promoter Reference Only

Credits: Mary Beth Penisten, Ruth Litchfield, and Diane Nelson, Dietary Guidelines Recommend... Know Your Fats (Ames, IA: Iowa State University, 2005); Eating Right, PM 1979a (Syracuse, NY: New Readers Press, 1994); and Vincent Hegarty, Nutrition: Food and the Environment (St. Paul, MN: Eagan Press, 1995).

Not So Good Fat	Good Fat	Best Fat	No Fat
Lard Ghee Coconut Oil (although metabolized differently in the body from other Not So Good Fats) Butter Stick Margarine	Sesame Oil Corn Oil Most Vegetable Oils Light Vegetable Oil Margarine or Spread	Olive Oil Canola Oil Peanut Oil	Non-stick Spray
Not So Good Fat is “saturated fat”—	Good Fat is “polyunsaturated fat”—	Best Fat is “monounsaturated fat”—	No Fat—
Contained in highest amounts in animal fats such as butter or the fat on meat. The hardest fat at room temperature. In scientific terms, it is a fatty acid, with all carbons saturated with a hydrogen atom. While trans fat is not technically a saturated fat, it is considered a Not So Good Fat.	Contained in highest amounts in vegetable fats and oils. Soft or liquid at room temperature. In scientific terms, this fatty acid lacks at least four hydrogen atoms.	Contained in highest amounts in vegetable fats and oils. Often soft or liquid at room temperature. In scientific terms, this fatty acid lacks two hydrogen atoms.	Contains no fat.

FATS VOCABULARY LIST

artery – a tube that carries blood from the heart to other parts of the body (plural: arteries)

Example: A blocked artery may damage your heart.

clogged – the way an artery is blocked so blood cannot move easily

Example: A clogged artery can cause a stroke.

fat – an oily product found in some plant seeds and animal tissues

Example: Peanut oil is a fat that comes from peanuts.

heart attack – a serious condition where the heart suddenly stops or beats irregularly

Example: He was in the hospital after his heart attack.

heart disease – a problem that happens when the heart gets weak; can lead to a heart attack or stroke

Example: Grandma takes medicine for her heart disease.

high-fat – with a lot of fat; can describe a food or way of cooking

Example: Bacon is a high-fat food.

low-fat – with only a little fat; can describe a food or a way of cooking

Example: Steaming is a low-fat way of cooking.

stroke – the blocking of an artery in the brain

Example: After the stroke, she could not move the left side of her body.

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Fats Handout 1

WAYS TO COOK VOCABULARY LIST

bake – to cook with dry heat, usually in the oven; when meat is put in the oven it is called “roasting”

boil – to cook in hot liquid with lots of bubbles

broil – to cook under direct heat

fry – to cook in a lot of hot fat

grill – to cook over hot coals or other direct heat

steam – to cook over boiling water, but not in the water

stir-fry – to cook in a small amount of fat over high heat while stirring food all the time

Leave Behind

(Create the following on laminated cards to leave with the family)

THINGS FOR THE FAMILY TO REMEMBER ABOUT FATS

1. Use olive oil, canola oil, or peanut oil instead of butter, margarine, or animal fat.
2. Eating foods with too much unhealthy fat can harm our heart.
3. To get less fat in your diet, try baking meat instead of frying it.
4. When you cook with a non-stick pan, you don't need to use oil.
5. We can gain weight easily if we eat too many high-fat foods.

LOW FAT FOODS OFTEN HAVE WORDS LIKE:

- **Low Fat**
- **Reduced Fat**
- **Fat Free**
- **Baked**
- **Roast**
- **Grilled**
- **Skim**
- **Light**

Instead of: Foods HIGHER in fat	Try: Foods LOWER in fat
Regular cream cheese	Low Fat cream cheese or Whipped cream cheese
Cheddar cheese	Low Fat cheddar cheese
Buttered popcorn	Fat Free popcorn
Original wheat thins	Reduced Fat wheat thins
Classic potato chips	Baked potato chips
Fried chicken	Grilled chicken or Roast chicken
Whole milk	Skim milk or Reduced Fat, 1% or 2% milk



Healthy Immigrant Families

FAMILY INTERVENTION LESSON: SNACKS

Background Information for Family Health Promoter

Eating snacks can be a healthy practice or an unhealthy practice depending on the choices participants make. Healthy, nutritious snacks can be a part of overall healthy daily eating habits because they help a person maintain energy, consume a variety of foods, and avoid feeling hungry between meals or overeating at meals. However, eating too many snacks, or the wrong kinds of snacks, can cause weight gain or become an unhealthy habit. They can make a person feel too full and then unable to eat a well-balanced meal.

In general, children benefit the most from snacks. Because of their small stomachs and relatively high energy needs, children may need one or two small snacks during the day to keep them going between meals. However, too large of a snack or the wrong choice of snack foods may be more harmful than helpful.

We have found that the issue of snacking is new to many immigrants. Snacks, including sweets, may have been eaten in their birth countries, but probably not often. In the United States, snack foods, especially unhealthy ones, are available wherever you go. Snack foods are found not only at grocery stores, where they are displayed in easy-to-see places, but also in vending machines at schools and workplaces, at gas stations, and even at children's sporting events. Moreover, families often eat when they are hungry, and parents may not wish to refuse their children a snack when they ask for one. For these reasons and many more, it is important to give participants correct information and more ideas about snacking.

LESSON: SNACKS

Lesson Outline

LESSON OBJECTIVES/INTRODUCTION

- *“Hi. How are you doing? Thanks for letting me stop by and visit with you today.”*

- **RECAP PREVIOUS GOALS**
 - *“Last week we talked about _____, and you decided on some things you wanted to work on. How is that going?”*
 - *“Has there been anything that’s gotten in the way of you _____?”*
 - *“What are some things you’ve noticed since you’ve started _____?”*

- Discuss barriers to behavioral goals, as well as potential solutions. Help participants identify feasible solutions. Use the “General Suggestions for Overcoming Barriers” if necessary.
- Utilize motivational interviewing techniques and open ended questions to help families discuss goals, barriers, etc.
- Praise participant’s efforts and encourage them to continue.
- After discussing previous goals, transition to new topic.
 - *“Today I thought we might talk a little bit about different types of snacks. Would that be alright?”*

INTRODUCE TOPIC AND ASSESS EXISTING SUBJECT KNOWLEDGE & CURRENT BEHAVIORS

- Introduce the topic
 - *“‘Snacks’ are typically small portions of food that we eat between meals to help keep our energy level up. Snacks can be anything from an apple or banana, to chips or cookies—things like that.”*
 - *“Here in the U.S., we are very used to the idea of ‘snacks’ and it is a very common for people to eat between meals. You’ve probably noticed that*

there are lots of commercials on television that advertise different kinds of snacks.”

- *“The idea of ‘snacking’ is often a new concept for people from other countries. Some people who have immigrated to the U.S. have said that it isn’t as common to eat a lot of foods between meals---especially sweets, as they are more for special occasions and not meant to be eaten every day. This is different than U.S. culture, where eating sweets and other snacks daily is common.”*

- *“Although eating between meals is not necessarily bad, just like other foods, some snacks are better for us than others. Because there are so many choices for snacks here in the U.S., sometimes it’s difficult to tell which are good for us and which are not as good.”*

- Discuss differences between current and prior eating behaviors, specifically snacking. Are families eating more or less? What types of snacks are they eating?
- Discuss any potential concerns the family may have. Try to identify potential reasons why learning more about the difference between healthy and unhealthy snacks may be helpful for the family and use these reasons to reinforce behavior change.
- Assess the family’s knowledge and perceptions regarding snacks. Ask open ended questions that will help you to understand more about the family’s general eating habits. Pay special attention to the snacking habits of the children in the family.

PROMPTS:

- *“Do you notice that your family eats more snacks now than before coming to the U.S.?”*
- *“What types of food would you consider to be a ‘snack’?”*
- *“Do you eat snacks? How often?”*
- *“When do you normally eat snacks? Why?”*
- *“Do your children eat different snacks than you? What kinds of snacks do they like?”*

- DETERMINE WHAT TYPES OF FOODS THE FAMILY NORMALLY CONSUMES AS SNACKS. IF THE FAMILY DOES NOT NORMALLY CONSUME SNACKS, OR CONSUMES HEALTHY SNACKS, PRAISE THEM AND MOVE ONTO SHARING INFORMATION AND/OR ACTIVITIES.
- IF THE FAMILY REPORTS FREQUENTLY CONSUMING HIGH CALORIC SNACKS, OR PRESENTS SOME MISUNDERSTANDING/MISINFORMATION REGARDING DIFFERENT TYPES OF SNACKS, USE MOTIVATIONAL INTERVIEWING TECHNIQUES TO ELICIT MORE INFORMATION.

PROMPTS:

- *“I heard you say you like to snack on _____. Can you tell me a little more about that?”*
- *“How often do you usually eat _____? Is that pretty normal for you?”*
- *“Do you think _____ (type of snack food) is healthy or unhealthy? Why?”*
- *“When you eat _____, how much do you eat? Can you show me how much a normal portion would be?”*

- Ask questions in a non-threatening way in order to try to understand more about the family’s eating practices and their perceptions towards snacks, in general.

SHARE INFORMATION

- *“Would it be alright if I share a little information with you about what I’ve learned about different kinds of snacks?”*

Adjust the amount of information you share, based on how much the family already knows. If the following topics were not already discussed, try to cover them.

- General Information

“As I said earlier, snacks are foods that are eaten between meals to help us keep our energy up during the day. Snacks can be especially important for children. It’s important to be aware of what types of snacks are good for us and those that are not as good for us, so we do not eat them

instead of balanced meals. We also want them to contribute variety to our diet. Too much snacking can easily lead to weight gain (make you fatter)."

- Snacks and Advertising

"Here in the U.S., advertising companies are constantly trying to get us to buy something—often their advertisement feature high calorie, high fat foods. The average child in America sees approximately 10,000 food commercials every year, and most of those food commercials are advertising foods that are not healthy, such as highly processed foods, sugary drinks and foods that are high in fats. Unfortunately, the advertisements don't tell us how healthy or unhealthy their products are, so it is important to know what to look for, so we can make healthy choices."

- Sweet Snacks and Desserts

"We sometimes don't realize it, but sometimes snacking isn't always good thing. If we eat a lot of sweet snacks rather than healthy snack the calories can add up without realizing it. Eating sweet snacks and desserts is worse than no dessert and occasional sweet snacks."

ACTIVITY

- Activity #1: "Everyday Snacks" and "Sometimes" Snacks
- Activity #2: The Fat in Milk

ALLOW THE FAMILY TO CHOOSE THE ACTIVITY. IF THE FAMILY DOES NOT HAVE A PREFERENCE, TRY TO CHOOSE ONE BASED ON THE INFORMATION THAT WOULD BE MOST HELPFUL TO THEM.

IDENTIFY PERCEIVED BARRIERS AND DISCUSS POTENTIAL SOLUTIONS

- After completing the activity, ask the family what they thought about it, what they learned, and if they have any questions. Use open-ended questions to encourage discussion.

PROMPTS:

- *“Now that we’ve talked about different kinds of snacks, what are some things you learned that you didn’t know before?”*
- After discussing some of the lessons learned from the activity, move into discussing how the family feels about their ability to incorporate the things they’ve learned into their lives.

PROMPTS:

- *“How important is it for your family to choose healthy snacks?”*
- *“How can your family benefit from choosing healthier snacks?”*
“Healthy snacks equal to better nutrients and energy. Unhealthy snacks lower energy levels, causes sugar spikes, weight gain, and there are no nutrients.”
- *“How confident do you feel about being able to choose more healthy snacks?”*
- *“What snack do you eat that are healthy? What are some unhealthy snacks that you regularly eat?”*
- *“What do you think you could do to eat more of the healthier foods?”*
- Some families may feel more confident than others about their ability to incorporate or apply what they’ve learned into their lives. One of the primary purposes of these lessons is to help families feel more confident about improving their health. In order to do this, it is necessary to identify specific fears, barriers, or other things that get in the way, and working with the family to help them identify solutions to overcome barriers.
- IF THE FAMILY IS CONFIDENT ABOUT THEIR ABILITIES TO INCORPORATE THE INFORMATION: move on to the next section—determining behavioral goals.
- IF THE FAMILY IS NOT CONFIDENT ABOUT BEING ABLE TO INCORPORATE THE INFORMATION: use motivational interviewing techniques to identify barriers and potential solutions.

PROMPTS:

- *“What snacks do you eat regularly, do you think are healthy and unhealthy?”*

- *“What are some things that make it difficult to eat healthier snacks?”*
- *“What do you think would make it easier for you to eat healthy snacks?”*
- *“What are some simple ways that you might be able to overcome _____, so that you could eat healthy snacks?”*
- *“Is there anyone who might be willing to help you?”*
 - Encourage reading newsletter that includes stories from leaders in community if there is little social support within family or others.

DETERMINE BEHAVIORAL GOALS

- Assist the family in setting realistic health behavior goals. It is important that the family come up with these goals. The types of goals for each family will likely depend on their confidence, and thus, it may be necessary to focus on encouraging families by reminding them that you are there as a *resource* and are there to support them.

PROMPTS:

- *“Now that we’ve talked about different snacks and some healthy options, what are some goals you might want to set, in terms of eating healthy snacks?”*
- Assist the family in determining behavioral goals. Examples of goals may include eating fruits and vegetables for snacks instead of chips, or drinking low-fat or reduced fat milk instead of soda, etc.
- Assist families in determining ways to track their progress. Again, these strategies should come from the family. However, if the family has difficulty in coming up with ways to assess their progress, you may offer ideas or suggestions that have been effective for other families.
- Create a plan for following-up with families, to help encourage accountability.
 - *“When I see you next week, we can talk about how things went in terms of the goals we talked about today, and anything that came up during the week. Is that okay?”*

CLOSE THE LESSON

- Thank the family and set up the next meeting time.
- Use the Family Health Promoter Lesson Checklist to track attendance, document lesson topics completed, document individual and family goals, and make notes for future lessons and follow-up.

Activity #1: “Everyday” Snacks and “Sometimes” Snacks

Objective

To increase participants’ awareness of healthy snacks, which may be eaten every day, and unhealthy snacks, which should be eaten sometimes.

Supplies

- “Snacks Classification Sheet”
- 1-lb. body fat model
- Headers: “Everyday Snacks” and “Sometimes Snacks,” common snacks (food labels, packages, Dairy), snacks from home country that are healthy and unhealthy
- Council food cards, and/or Fresh Fruit and Vegetable Photo Cards)

Introduction

- Before beginning, arrange the headers “Everyday Snacks” and “Sometimes Snacks” on the floor or table so everyone can see them.
 - *“We see a lot of TV advertisements for snacks. Cashiers give children snacks in stores, and even teachers at school give snacks. We see a lot of people eating snacks. But it does not mean that all snacks are healthy.”*

Demonstrate

- Tell participants that they are going to put snacks into two categories: “Everyday Snacks” and “Sometimes Snacks,” using the headers.
 - *“‘Everyday’ Snacks are healthy choices. Everyday Snacks can be eaten daily. ‘Sometimes’ Snacks are not as healthy, because they contain few nutrients and are usually high in fat and/or sugar. Sometimes Snacks should be eaten at special times but not every day. Sometimes Snacks are also called “Junk Food”.*
- Give each participant a snack food card, label, or package. Ask participants to say the names of their snacks and place each snack in the correct category, using the headers, based on whether they think the snack is healthy or not healthy.

- When a participant places a food in a category, ask who has eaten the food, especially if you think it may be unfamiliar. Stop sometimes and ask the group whether they agree with all the choices made so far. Make changes, as needed. Continue going through the rest of the foods.
- After categorizing the foods, pass out the handout “Snacks.” First, ask participants to write down the Everyday Snacks they would choose (or, if literacy is an issue, ask them to just verbalize them). Then ask them to write down the Sometimes Snacks that are important to them. Emphasize that older children and adults do not need to eat snacks every day, especially if the family eats regular meals. Finally, ask each participant to choose one new healthy snack to try that week. Encourage them to share their choices with each other.
- Describe the roles of parent and child:
 - *“Parents are responsible for offering the Everyday Snacks (healthy foods) to their children at planned times when they are hungry. Snacks can be an important part of the variety needed in a child’s diet.”*
 - *“We can offer Sometimes Snacks at special times but not every day. Generally, it is not a good idea to use food to reward your child.”*

Summarize

- Remind participants, “Snacks can be used to give quick energy, to satisfy hunger, to eat a variety of foods, and to avoid overeating at mealtime because we are too hungry.”
 - *“Snacks can be important for young children but are not necessary for older children and adults if regular meals are eaten. When we eat snacks, remember to choose Everyday Snacks more often and Sometimes Snacks only at special times. Snacks can cause energy to spike if the snack is high in sugar.”*

Activity #2: The Fat in Milk

Objective

- To enable participants to understand the fat content of different kinds of milk and choose the milk that is healthiest for them and their children

Supplies

- Milk jug labels (with different amounts of fat)
- Milk fat models

Introduction

- Since low-fat milk is an “Everyday Snack” and whole milk is a “Sometimes Snack”, this activity builds on information that participants learned in Activity 1, however it can be done alone and/or adjusted to fit the needs of the family. Before beginning this activity, ask the family what type of milk they drink normally—this will help you be able to teach to the specific needs of the family.
 - *“Why do you think whole milk is a Sometimes Snack not an Everyday Snack?”
“Although whole milk is a Sometimes Snack, babies between the ages of 1 and 2 years of age do need to drink whole milk every day.”*
 - *“Milk can be a big source of fat in our diet because many of us drink it every day in order to get the calcium we need. Let’s look at the difference in fat content of the different kinds of milk.”*

Demonstrate

- Ask for a volunteer to name the different kinds of milk. You may want to show the milk jug labels as a cue. Most people know the milk by the color of the caps or label.
- Show participants the four milk fat models.
 - *“These have different amounts of fat in them because the four different kinds of milk have different amounts of fat. The fat content in each jar is the amount of fat from 28 glasses of milk. The only difference in the four kinds of milk is the fat content.”* (Be sure to show the milk jug labels that match each fat jar).
 - *“The four different types of milk are whole milk, 2%, 1% and skim. Whole milk has the most amount of fat, 2% is next, then 1%, and skim has the least*

amount of fat and is the best for you.”

- Explain that only children under two years of age need to drink whole milk. Everyone else should drink skim milk, unless advised otherwise by their doctor.
- Point out that different kinds of milk taste different. Explain that it takes time to get used to lower-fat milk. Suggest that if participants drink whole milk, they should try 2%; if they drink 2%, they should try 1%; and if they drink 1%, they should try skim milk, or that they can mix milks. For example, if they only drink whole milk, mix whole milk and 2% and keep increasing amounts of 2% until they get use to the taste. Next they could try mixing 2% and 1% to get you to 1%.

****Note:** If the family reports drinking soy milk, goat milk or camel milk, you can use the cow milk models to demonstrate the different fat contents in milk and then show them the various milk nutrition labels to show them that all of these options have higher fat and caloric content than cow milk.

Summarize

- Review information and ask if anyone has question. Use this time to clarify information. Conclude:
 - *“If you drink high-fat milk, the fat adds up over time. But by choosing low-fat or skim milk instead, you get a healthy Everyday Snack.”*

NUTRITIONAL FACTS ABOUT MILK

The higher the NuVal score the healthier it is.



Skim milk has a NuVal score of 91. It is the healthiest for you, and has the least amount of fat.

Nutrition Facts

Milk - Nonfat (fat free or skim)

Servings:

Calories	86	Sodium	127 mg
Total Fat	0 g	Potassium	407 mg
Saturated	0 g	Total Carbs	12 g
Polyunsaturated	0 g	Dietary Fiber	0 g
Monounsaturated	0 g	Sugars	0 g
Trans	0 g	Protein	8 g
Cholesterol	5 mg		
Vitamin A	0%	Calcium	30%
Vitamin C	4%	Iron	1%



1% milk has a NuVal score of 81.

Nutrition Facts

Olma ,5 - Milk 1%

Servings:

Calories	88	Sodium	125 mg
Total Fat	1 g	Potassium	410 mg
Saturated	0 g	Total Carbs	13 g
Polyunsaturated	0 g	Dietary Fiber	0 g
Monounsaturated	0 g	Sugars	12 g
Trans	0 g	Protein	8 g
Cholesterol	10 mg		
Vitamin A	10%	Calcium	30%
Vitamin C	4%	Iron	0%



2% has a NuVal score of 55.

Nutrition Facts

Milk - Reduced fat, 2% milkfat

Servings:

Calories	122	Sodium	100 mg
Total Fat	5 g	Potassium	366 mg
Saturated	3 g	Total Carbs	11 g
Polyunsaturated	0 g	Dietary Fiber	0 g
Monounsaturated	1 g	Sugars	12 g
Trans	0 g	Protein	8 g
Cholesterol	20 mg		

Vitamin A	9%	Calcium	29%
Vitamin C	1%	Iron	0%



Whole milk has a NuVal score of 52. It is the least healthy for you and has the most amount of fat.

Nutrition Facts

Milk - Whole, 3.25% milkfat

Servings:

Calories	146	Sodium	98 mg
Total Fat	8 g	Potassium	349 mg
Saturated	5 g	Total Carbs	11 g
Polyunsaturated	0 g	Dietary Fiber	0 g
Monounsaturated	2 g	Sugars	13 g
Trans	0 g	Protein	8 g
Cholesterol	24 mg		

Vitamin A	5%	Calcium	28%
Vitamin C	0%	Iron	0%

Nutrition Facts

Milk - Goat

1. Servings:

Calories	168	Sodium	122 mg
Total Fat	10 g	Potassium	498 mg
Saturated	7 g	Total Carbs	11 g
Polyunsaturated	0 g	Dietary Fiber	0 g
Monounsaturated	3 g	Sugars	11 g
Trans	0 g	Protein	9 g
Cholesterol	27 mg		

Vitamin A	10%	Calcium	33%
Vitamin C	5%	Iron	1%

Nutrition Facts

Soy milk - Fluid

1. Servings:

Calories	127	Sodium	135 mg
Total Fat	5 g	Potassium	304 mg
Saturated	1 g	Total Carbs	12 g
Polyunsaturated	2 g	Dietary Fiber	3 g
Monounsaturated	1 g	Sugars	1 g
Trans	0 g	Protein	11 g
Cholesterol	0 mg		

Vitamin A	30%	Calcium	9%
Vitamin C	0%	Iron	15%

Nutrition Facts

Camelicious - Emirates Camel Milk

Servings:

Calories	150	Sodium	0 mg
Total Fat	9 g	Potassium	0 mg
Saturated	0 g	Total Carbs	11 g
Polyunsaturated	0 g	Dietary Fiber	0 g
Monounsaturated	0 g	Sugars	0 g
Trans	0 g	Protein	8 g
Cholesterol	0 mg		

Vitamin A	8%	Calcium	35%
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Suggestions for Overcoming Barriers

Depending on the family's perceived barriers, the following are some examples of possible phrases for overcoming barriers and fostering motivation:

- If there is an overall lack of confidence:
 - Focus on past success
 - Talk about strengths -- Remind them of their attributes (e.g. resiliency, adaptability, supportiveness, etc.)
 - Talk about personal motivation
 - Talk about how healthy snacks can help manage weight and provide energy between meals
 - Encourage them to make small changes over time
 - Encourage them not to be discouraged by setbacks

- If family members are resistant:
 - Encourage them to make small changes each week—don't rush things
 - Don't force, pressure or demand radical changes from family members
 - Suggest keeping a bowl of fruit (such as apples, oranges, bananas or pears, in an obvious place on the counter so they are visible
 - Put away not-so-healthy snacks in cupboards so they are not visible
 - Suggest only buying more healthy or "Everyday" snacks instead of high calorie, sugary or high-fat snacks.

- If time is a barrier:
 - Suggest buying fresh fruits and vegetables and then cutting/preparing them and putting them into containers or Ziploc bags so they are easy to grab
 - Encourage giving children fruits (like apples, bananas or oranges) instead of chips or cookies, etc.
 - Encourage buying ready-packaged snacks that are more nutritious (like packages of nuts or baby carrots)

- If cost is a barrier:

- Suggest shopping at bulk food stores for items (Some places may need a membership, for example: Sam's club, and Costco)
- Remind participants that preparing snacks at home and in advance is probably cheaper than repeatedly buying snacks whenever/wherever they happen to be at the time
- Remind participants that processed snacks which are heavily marketed are likely to be more expensive than many other healthier options
- Encourage participants to look for sales often and to buy in bulk, when possible (e.g. nuts, dried fruits, etc.)



FAMILY INTERVENTION LESSON: PORTION CONTROL

Background Information for Family Health Promoter

People who immigrate to the United States often comment on the large food portion sizes that exist in this country. Research indicates that over the past 20 years, food portions size in the U.S. have doubled (and in some instances, tripled), while at the same time, nutritive quality has decreased. This means that while people are eating more food (more calories), they are getting less nutrients (vitamins).

People have strong feelings about how they nourish themselves, which often impacts the amount of food they serve their family members, their children, and others. Having “enough” food may be a concern for some families and this concern is likely to impact the size of food portions consumed. This is an especially sensitive issue for parents, who may have very strong beliefs or customs regarding feeding their children. A recent study found that many immigrant mothers exhibit a “low demanding/high responsive” feeding style with their children; meaning, mothers offered and encouraged their children to eat, but had little rules or guidelines for the specific types of foods eaten. For example, a mother tries to be “nice” to her child during meals by allowing him/her to decide what and how much to eat. This type of parent-child feeding style is associated with eating less fruits and vegetables, eating more nutrient-deficient foods, overeating, and unnecessary weight gain. Parents are responsible for modeling appropriate food portion sizes for their children. However, a parent’s perception of what is and isn’t “enough” is often dictated by deeply entrenched personal beliefs, culture values, and social norms, so it is important to tread lightly when discussing this topic.

It may be helpful to describe food portions as something that can be healthy or unhealthy, depending on how much is appropriate for each person, while providing general recommended guidelines. Discussing the topic with neutrality is likely to allow participating family members to determine what is appropriate for their children, hopefully taking into account the information and guidelines provided to them.

Before you begin the lesson, carefully consider your own values and customs and how they might be different from the customs of your participants. If you begin the lesson by acknowledging that all families generally share the same first priority—trying to do their best for their family—the lesson will probably be more successful. Furthermore, remember to be

respectful of participants and sensitive to their feelings. Avoid telling them what they should do. Instead, provide information that research has shown to be helpful. Some of this may directly contradict family practices, so be sure to choose your words carefully. It is also very important that you consider your audience. Who in the family may have most influence on portion sizes? The answer will help you decide which parts of the lesson to emphasize.

*References:

American Academy of Pediatrics, Committee on Nutrition, "The Use and Misuse of Fruit Juice in Pediatrics," *Pediatrics* 107, 5 (May 2001): 1210-1213. This policy statement and the 2007 statement of reaffirmation are available online.

Brownell, K.D. (2004). *The LEARN Program for Weight Management*, 10th Edition. American Health Publishing Company. Texas: Dallas.

Tovar, A., E. Hennessy, et al. (2012). "Feeding styles and child weight status among recent immigrant mother-child dyads." *International Journal of Behavioral Nutrition and Physical Activity* 9: 62.

LESSON: PORTION CONTROL

Lesson Outline

LESSON OBJECTIVES/INTRODUCTION

- *“Hello. Thanks for meeting with me today.”*

- RECAP PREVIOUS GOALS
 - *“Last week we talked about _____, and you decided on some things you wanted to work on. How is that going?”*
 - *“Has there been anything that’s gotten in the way of you _____?”*
 - *“What are some things you’ve noticed since you’ve started _____?”*

- Discuss barriers to behavioral goals, as well as potential solutions. Help participants identify feasible solutions. Use the “General Suggestions for Overcoming Barriers” if necessary.
- Utilize motivational interviewing techniques and open ended questions to help families discuss goals, barriers, etc.
- Praise participant’s efforts and encourage them to continue.
- After discussing previous goals, transition to new topic.
 - *“Today I thought we might talk a little bit about ‘food portions’ or how much we put on our plates, or in our cups, when we eat or drink something, and how that impacts our health. Would that be alright?”*

INTRODUCE TOPIC AND ASSESS EXISTING SUBJECT KNOWLEDGE & CURRENT BEHAVIORS

- Introduce the topic
 - *“It is common for people who are new to the United States to say that the food portion sizes here are much bigger than in other countries. In fact, portion sizes in the U.S. have doubled, and in some cases, tripled in the past 20 years. This has caused people in America to become more and more heavy, and to be larger than is healthy.”*

- *“When people move to the United States, they often gain weight because the types of foods and portion sizes are different than what they are used to. While trying to adapt to U.S. society, many people begin to eat more like Americans, and thus, often gain weight.”*
 - *“Have you noticed a difference between how much you eat now, versus before you came to the U.S.?”*
 - *“Because there are so many food choices in the U.S., is it difficult to tell which foods are the best, and how much of those foods your family should eat?”*
- Discuss differences between current and prior eating behaviors, specifically towards portion size. Are families eating more or less? What types of foods are they eating?
 - Discuss any potential concerns the family may have. For example, parents may notice that some family members are gaining excessive weight, or some may have other health conditions. Try to identify potential reasons why learning more about food portions may be helpful and use these reasons to reinforce.
 - Assess the family’s knowledge and perceptions regarding what is an appropriate “portion” for each of their family members. It may be helpful to ask the person responsible for cooking how s/he typically prepares food and whether or not each person serves his/herself. Ask open ended questions that will help you to understand more about the family’s general eating habits/dynamics.

PROMPTS:

- *What are some of the dishes your family usually eats? How often do you have them?”*
- *“When your family has meals, does everyone eat the same thing or do people eat different things?”*
- *“Do you usually eat together as a family or separately?”*
- *(If they have children) “Who usually feeds the children? Do they usually serve themselves?”*
- *“How large would you say a normal meal would be for each person? Can you show me on one of your plates?”*

- DETERMINE AN AVERAGE PORTION SIZE FOR FAMILY MEMBERS (TAKING INTO ACCOUNT CHILDREN AND ELDERLY). IF THE FAMILY PORTION SIZES SEEM APPROPRIATE, PRAISE THEM AND MOVE ONTO SHARING INFORMATION AND/OR ACTIVITIES.
- IF THE FAMILY REPORTS EXCESSIVE PORTIONS OR MISUNDERSTANDING/ MISINFORMATION REGARDING PORTION SIZE, USE MOTIVATIONAL INTERVIEWING TECHNIQUES TO ELICIT MORE INFORMATION.

PROMPTS:

- *“You mentioned that an average portion during a meal is _____ (show family members on a plate). Is that pretty normal for you?”*
- *“Do you think it’s more important to feel ‘full’ when you eat, or to have just enough to stop feeling hungry?”*
 - Ask questions in a non-threatening way in order to try to understand more about the family’s attitudes and perceptions, along with what some of their concerns are, and why.

SHARE INFORMATION

- *“Would it be alright if I share a little information with you about what I’ve learned about portion sizes?”*

Adjust the amount of information you share, based on how much the family already knows. It may be helpful to review content areas in order to clarify information. Use this time to correct misinformation, if necessary. If the following topics were not already discussed, try to cover them.

- General Portions

“The amount of food we eat depends on a number of factors, such as how old we are, how active we are, our eating habits, and the availability of food. Choosing our portion sizes, or the amount of food we eat, is important to our health because it impacts whether or not we get the

amount of nutrients and energy we need to feel strong, healthy, and think clearly.”

“In general, our society in the U.S. encourages eating more than is necessary to keep us healthy. You may have noticed that it is very easy to over eat because of the way foods are packaged when you buy them, or the amount of food that is served in restaurants.”

“Over the past many years, people have gotten used to being served and eating larger portions. At the same time, people are becoming less and less physically active, and so they don’t need so much food to give them energy. In general, most people can eat much smaller portions and still get enough to be healthy.”

- Cultural Differences in Perceptions of Weight

“In many other countries and cultures, to be ‘fat’ is not seen as a bad thing at all. Often, being overweight is seen as a sign that a person enjoys life, or may even be interpreted as a sign of health or wealth.”

PROMPT:

➤ *“In general, how do people view being thin or heavy in your culture?”*

“There have been studies that show that in many developing countries, people who are wealthier tend to be heavier than the general population. However, in most western countries such as the U.S., it is just the opposite—wealthier people tend to be thinner than the general population.”

- Calories and Weight

“You may have read or heard people say the word ‘calorie’ when talking about food. Although the science behind gets pretty complicated, basically, different foods have different amounts of calories. The word ‘calorie’ is what we use to describe how much energy it will take for our body to break down a specific food.”

“How much food (and calories) we actually ‘need’ depends on how much energy we use. When we eat more food than our body needs, it stores the food as fat.”

“Depending on how much food we eat, we will either gain weight, lose weight or stay the same. When we continually eat more food than our body uses, we will gain weight. When we eat less food than the amount of energy our body uses, we will lose weight.”

“It is very easy to eat more than we need to. Most containers of food we buy actually have enough for several people or for several meals. If we are not aware of the appropriate portion size, it is very easy to eat enough food for several people, just because of the way the food is packaged or served.”

- Food Density

“When we eat large portions of high-fat and high-sugar foods, it can make us feel too full and unable to eat a well-balanced meal with other foods such as fruits, vegetables and proteins. When this happens, it becomes much easier to gain too much weight, while not getting the right nutrients to be strong and healthy.”

“By choosing foods that are healthier, such as fruits, vegetables and whole grains, we are able to eat more food and feel ‘full’, without gaining as much weight.”

- Food Portions when Eating Out

“It is very easy to overeat when you go out to a restaurant because you are not in control of how much food will be served. You may have noticed that the portions served at many restaurants are enough for two people. Many fast food restaurants encourage people to order larger sizes of drinks and side items, like French fries, by making it seem like it’s a ‘good deal’.”

“Research has shown that most people will eat whatever portion is served to them, regardless of what size it is. However, people who eat small portions are just as satisfied as those who ate larger portions. This means that we don’t have to eat a lot to feel satisfied—we can eat smaller portions and enjoy it just as much.”

“A lot of families like to go to ‘all-you-can-eat’ restaurants because you can get a lot of food for little money. It’s easy to over eat at these types of restaurants. When eating out, you don’t need to order a larger size just because it seems like a good deal. If you do go to a restaurant that has large portion sizes, try splitting it with another person. If you are eating by yourself, try eating only half of it and take the rest home for later.”

“When eating at someone else’s house, it may not be appropriate to leave food on your plate or to ‘waste food’. In these situations, try starting with smaller servings so that you can finish everything on your plate.”

▪ Different Portions for Children

“Most parents are very concerned about whether or not their child is eating ‘enough’. Consequently, parents may encourage their children to eat, but let them choose what they want. Given the choice, many children may choose foods that contain a lot of sugar, are high in fats, or are highly processed. They may also tend to eat more of these foods than other healthier foods. It is important for parents to help children learn which foods are healthy foods and more unhealthy foods and snacks. Children will also learn appropriate food portion choices by watching their parents and ‘modeling’ what they do.”

“Children do not need to eat as much food as adults in order to grow healthy and strong. The general rule for child-size portions is one tablespoon per year of life. However, portion sizes can vary greatly from child to child. This general rule is a good place to start but should not be used to limit the child.”

“We can do some activities that will help us figure out the appropriate portion sizes for people in your family by using simple things like different sized plates, cups, and even our hands.”

CONDUCT ACTIVITY

- Activity #1: Increasing Portion Awareness
- Activity #2: Using Plates to Learn Portion Control
- Activity #3: Portion Control When Eating Out

ALLOW THE FAMILY TO CHOOSE THE ACTIVITY. IF THE FAMILY DOES NOT HAVE A PREFERENCE, TRY TO CHOOSE ONE BASED ON THE INFORMATION THAT WOULD BE MOST HELPFUL TO THEM.

IDENTIFY PERCEIVED BARRIERS AND DISCUSS POTENTIAL SOLUTIONS

- After completing the activity, ask the family what they thought about it, what they learned, and if they have any questions. Use open-ended questions to encourage discussion.

PROMPTS:

➤ *“Now that we’ve talked about food portion size, what are some things you learned that you didn’t know before?”*

- After discussing some of the lessons learned from the activity, move into discussing how the family feels about their ability to incorporate the things they’ve learned into their lives.

PROMPTS:

➤ *“How important is it to make changes in your family’s portion sizes?”*

➤ *“How confident do you feel about being able to eat appropriate portion sizes?”*

- Some families may feel more confident than others about their ability to incorporate or apply what they’ve learned into their lives. One of the primary purposes of these lessons is to help families feel more confident about improving their health. In order to do this, it is necessary to identify specific fears, barriers, or other things that get in the way, and working with the family to help them identify solutions to overcome barriers.
- IF THE FAMILY IS CONFIDENT ABOUT THEIR ABILITIES TO INCORPORATE THE INFORMATION: move on to the next section—determining behavioral goals.
- IF THE FAMILY IS NOT CONFIDENT ABOUT BEING ABLE TO INCORPORATE THE INFORMATION: use motivational interviewing techniques to identify barriers and potential solutions.

PROMPTS:

- *“What are some things that make it difficult to eat healthy portions?”*
- *“What do you think would make it easier for you to eat healthy portions?”*
- *“What are some simple ways that you might be able to overcome _____, so that you could eat healthier portions?”*
- *“Is there anyone who might be willing to support you?”*
 - Encourage reading newsletter that includes stories from leaders in community if there is little social support within family or others.

DETERMINE BEHAVIORAL GOALS

- Assist the family in setting realistic health behavior goals. It is important that the family come up with these goals. The types of goals for each family will likely depend on their confidence, and thus, it may be necessary to focus on encouraging families by reminding them that you are there as a *resource* and are there to support them.

PROMPTS:

- *“Now that we’ve talked about how portion sizes can impact our health, what are some goals you might want to set, in terms of eating healthy portion sizes?”*
- Assist the family in determining behavioral goals. Examples of goals may include eating on smaller plates, not taking second servings, splitting meals when eating out, etc.
- Assist families in determining ways to track to their progress. Again, these strategies should come from the family. However, if the family has difficulty in coming up with ways to assess their progress, you may offer ideas or suggestions that have been effective for other families.
- Create a plan for following-up with families, to help encourage accountability.

- *“When I see you next week, we can talk about how things went in terms of the goals we talked about today, and anything that came up during the week. Is that okay?”*

CLOSE THE LESSON

- Thank the family and set up the next meeting time.
- Use the Family Health Promoter Lesson Checklist to track attendance, document lesson topics completed, document individual and family goals, and make notes for future lessons and follow-up.

Activity #1: Increasing Portion Awareness

Objective

The purpose of this activity help families become more aware of their eating styles and food portion sizes. They will also learn a simple strategy of using their hands to become more aware of general portion sizes.

Supplies

- Various Food Models
<http://www.healthedco.com/index.php/faux-foods-deluxe-starter-package-57.html>
- Culturally specific food models for each ethnic group
- “The Secret to serving size is in your hand” paper handout
<http://www.myeatsmartmovemore.com/Texts/RightSize/handportion.pdf>
- Portion Control Activity Models
<http://www.healthedco.com/index.php/portion-patrol-activity-set.html>

Introduction

- *“Eating is an important part of our lives. When we get together with family, or go out with friends-- eating is often a part of our interactions. Food is built into our society and culture, and the way we view food, the kinds of food we eat and how much we eat is often something we are not consciously aware of.”*
- *“Today I thought we could talk about some ways to help us become more aware of how much we normally eat, and some ways that can help us eat more healthy portions sizes.”*

Demonstrate

- Try to gauge family member’s general eating behaviors. Do children and adults tend to eat the same size portions? How about the elderly? Try to gauge what the eating situation is for breakfast, lunch and dinner—they may be quite different. For example, are teenagers responsible for making their own breakfasts? Is someone in charge of making/packing lunches? This will help you tailor the information to the needs of the family.
- *“Can you describe a normal meal situation for your family? Does everyone eat the same thing? Does everyone eat together at the table or separately? Do people serve themselves? How about the children?”*

- Allow family members to explain their normal meal process. Try to ask questions in non-confrontational way, in order to clarify, if needed.
 - *“As we talked about before, in general, most people eat larger portions than necessary. Let’s look at some examples of different foods. (Show food models) Do you see any foods here that you usually eat? What are they?”*
- Encourage family members to choose models of food that they would normally eat.
 - *“What do you think about the size of these portions? If you were to serve yourself a portion of this food how would it compare? Would it be bigger, smaller or about the same?”*

Take out the Portion Control Models (includes different portion sizes for drinks, pasta, beans and brownies).

- *“It’s easy to serve ourselves a larger portion than necessary, simply because we are not aware of how much we should be eating. As you can see here, we have some different kinds of food here—pasta, beans, brownies and drinks. Which do you think is the ‘right’ size for an average adult?”*
- Allow family members to choose which they think is appropriate. Commend them if they choose the correct answer, gently correct if not. Show family members the appropriate portion size for each item.
 - *“These are recommended portion sizes for adults. This means that for children, the portion size would probably be less. What do you think about that?”*
- Discuss with family members.
 - *“Sometimes it’s difficult to know how much the appropriate portion size for each type of food is. While there are very specific guidelines that measure things out in cups and tablespoons, that can be confusing and difficult to remember. There are some general guidelines that might be more helpful.”*
- Show family the “Secret to serving size is in your hand” paper handout.

- *“This is a simple way to remember to remember portion sizes using our hands. Because everyone’s hand size is different, it’s important to remember that these are just GENERAL GUIDELINES. Remember, children probably don’t need the same portion size as an adult.”*
- *“In general, 1 cup is about the size of a fist. When we are eating cereal, pasta or rice, a recommended portion would be a ½ cup, or the size of half your fist. For meat, a portion would be about the size of the palm of your hand. For a portion of cheese, it would be about the size of your thumb, and for high-fat foods such as peanut butter or mayonnaise, or other things like that, the recommended portion is the tip of your thumb (which is equal to about 1 teaspoon).”*
- *“For fresh fruits and vegetables, the general recommendation is that we eat at least five servings a day. A serving is about the size of a tennis ball, although, in general, when it comes to fresh fruit and vegetables, ‘more is better’, so you don’t really have to worry about eating too much of those things.”*
- Ask the family if they have any questions. Use this time to clarify information or answer questions. Reiterate that these are general guidelines. If a family member asks a very specific question that you don’t know the answer to, acknowledge the question, say that you find the answer and get back to them. Write the question down, contact the study staff after the meeting for the answer and then follow-up with the family at the next visit.

Summarize

- *“It can be very easy to over eat, simply because we are serving ourselves larger portion sizes than we need. By being aware of what the recommended serving sizes are, we can try to gradually start eating smaller portions.”*
- *“As you try to reduce your portions, at first you might feel like you’re not eating enough or that you’re still hungry. One way to help change that is to try eating slowly, chewing each bite well before swallowing. Research shows that people who eat slowly, take smaller bites and take time to chew their food tend to eat less and feel more satisfied with less food than those who eat very quickly. It might take some practice at first, but after a while you will get used to it and it will get easier and easier.”*

Activity #2: Using Plates Size to Learn Portion Control

Objective: Family members will become aware of different sizes of serving plates and cups. Families will also become familiar with the “My Plate” standards for food portions and proportion.

Supplies:

- Plates in varying sizes (i.e. serving plate, three different sized dinner plates, salad plate, dessert plate).
- My Plate model for adults
<http://www.healthedco.com/index.php/adult-s-portion-plate.html>
- My Plate model for children
<http://www.healthedco.com/index.php/child-s-portion-plate.html>
- As the family members for some of their own plates to use as examples
- Dry erase marker (for drawing lines/portion sizes on glass plates)
- Regular markers (for drawing on paper plates)
- Paper plates or cut-outs of recommended plate size (same size as appropriate models)
- “The Secret to serving size is in your hand” paper handout
<http://www.myeatsmartmovemore.com/Texts/RightSize/handportion.pdf>

Demonstrate

- Ask the family to show you a plate that they normally use for meals. Try to find out if they use different plates for different meals, along with general eating behaviors. Do children and adults use the same size plates? Are their different plates for different meals?
 - *“When you get a plate to serve yourself some food, what size plate do you usually get? Do you think the plate you use is a pretty standard size, or is it larger or smaller than average?”*
- Using the family’s plate, ask a family member to describe what a “normal” breakfast, lunch or dinner would consist of and how much they would put on their plate. Ask family members to choose some common items from the selection of food models.
 - *“Imagine you were eating a normal meal; choose some items that you would most likely eat.”*

- Next, using the family’s plate, ask the family members to place the food models they’ve chosen on their plate.
 - *“Does the plate look empty or full? If you were to serve yourself real food, and real portion size, would it be the same, less or more?”*

- Discuss with family members. Notice if the family reports that the food model portions match what they would normally serve.
 - *“When we serve ourselves it’s very common to try and fill up our plate. This isn’t necessarily bad, depending on how big the plate is and how much of each food we put on it. I’ve brought some different plates so we can see how much the size of plates varies, and how our portion sizes are related to the size of our plates.”*

- Show the different sized plates and let family members compare their plate size to the others.
 - *“Research has shown that people tend to eat however much food is in front of them, but that people are equally as satisfied with smaller portions of food as they are with much larger portions. This means that it doesn’t really matter if someone gets a small plate of food or a big plate of food—either way, if the food is enjoyable, the person will feel satisfied.”*
 - *“In general, people will serve themselves much more food than is recommended by nutrition experts.”*

- Show My Plate Models for children and adults.
 - *“These are plate models that we used when we were learning about the benefits of fruits and vegetables. They show how much of each food group is recommended we eat during meals. As you can see, the plate is divided into four sections—meats and protein, whole grains, fruits and vegetables. As we talked about before, we should always try to have half our plate made up of fruits and vegetables. However, for this activity, I want you to pay attention to the size of the plate itself.”*

- Compare plate models to other plate sizes, along with the family’s plate.
 - *“What do you notice about the size of this plate model compared to the other plates?”*
- Discuss the differences with the family. Be careful to not come across as scolding or lecturing. Rather, use positive, affirmative language to help the family recognize the differences (if any) between their current portion sizes and what is generally recommended.
- Emphasize that it’s easier to eat smaller portions simply by using smaller plates.

Summarize

- *“It can be very easy to over eat, simply because we are serving ourselves larger portion sizes than we need. By being aware of what the recommended serving sizes are, and by using smaller plates, we can reduce the overall amount of food we eat without it seeming like we are limiting ourselves.”*
- *“Just like anything else, it may seem strange when we try to eat smaller portions—like it doesn’t feel like it’s enough. However, over time your body will get used to it and soon it will become a normal part of eating.”*

Activity #3: Portion Control When Eating Out

Objective

The purpose of this activity is to help families become more aware of the differences in common fast-food/restaurant portions, while learning strategies for choosing more appropriate portions sizes when eating out.

Supplies

- Pictures of “Then and Now” portion sizes
<http://hp2010.nhlbihin.net/portion/>
- Empty Fast Food Packages
- Common “fast food” food model items

Introduction

- *“Over the last several decades, food portion sizes in the U.S. have doubled and sometimes tripled. That means that the amount of food people used to eat thirty or forty years ago is less than half the amount of food that the average person eats today. The reason for this is not that people back then needed less food; rather, people today generally eat much more food than they need.”*
- *“There are many reasons for this; one of them being that the average portion size—what people consider a ‘normal size serving of food’—has gotten much larger than in the past.”*

Demonstrate

- *“I’ve brought some pictures that show how much food sizes have changed in the past few decades.”*
- Show family the pictures depicting “then and now” portion sizes. Emphasize that people often don’t realize how much larger portion sizes have gotten than in the past.
 - *“What do you think about these pictures? Are you surprised at all? Have you noticed any differences in the portion sizes of food from where you came from versus here in the United States?”*
- Show common “fast food” models (French fries, burgers, ice cream)
 - *“These are models of some common foods that you find in a fast-food restaurant. They made to be the recommended portion size for adults. What do you think about them? Do they seem small? Large? Just right?”*
 - *“In most fast-food restaurants you have the option of ordering items in different sizes. A lot of times you might be asked if you want to make your order larger. Let’s look at some different packaging to see the difference between ‘small’, ‘medium’ and ‘large’.”*

- Show family different sizes of fast food packaging, like French fry, burger and drink containers.
 - *“If these packages had food in them, do you think they would have more, less or just the right amount of food, compared to a recommended portion size?”*
 - *“Most people will eat however much food is put in front of them. That’s why when we order foods in large sizes, it’s easy to eat much more than our body needs. If we continually eat more food than our bodies need, we will gain weight.”*

Additional Information

- *“It’s okay to eat out. Just try to be aware of how big the portion sizes are and try to order things that aren’t considered ‘large’ or ‘extra-large’, unless you plan on sharing with others.”*
- *“Here are few things that may help you choose smaller portion sizes when you’re eating out at restaurants:*
 - Always order small or regular sized meals--some restaurants even offer ‘kid’s size’ meals.
 - Think about what you are going to order—as you saw, many meal portions are several times larger than what you need.
 - Eat slowly and take time to enjoy your food.
 - If you are with someone who doesn’t mind sharing, try splitting a meal. It will not only save money, but will also keep you from eating much more than you need.
 - If you are at a restaurant where a server waits on you, ask the server to put half your meal in a to-go box and take it home with you for later.

Summarize

- *“By paying attention to the amount of food we are served at restaurants, we can learn how to eat smaller portions, and thus, become better at controlling our weight.”*

Suggestions for Overcoming Barriers

Depending on the family's perceived barriers, the following are some examples of possible phrases for overcoming barriers and fostering motivation:

- If there is an overall lack of confidence:
 - Focus on past success
 - Talk about strengths -- Remind them of their attributes (e.g. resiliency, adaptability, supportiveness, etc.)
 - Talk about personal motivation
 - Talk about some of the specific benefits of healthy portion sizes, as well as some of the broader/general benefits of trying to be healthy
 - Encourage them to make small changes over time
 - Encourage them not to be discouraged by setbacks

- If family members are resistant:
 - Encourage them to make small changes each week—don't rush things
 - Encourage using smaller plates, cups
 - Try little behavioral changes, such as putting the fork down in between bites while eating
 - Don't force, pressure or demand radical changes from family members

- Tips for the person responsible for preparing food:
 - If food is cooked in large batches, encourage cooking less food. This will not only conserve ingredients and save money, but will help reduce overall portion sizes
 - Encourage using more fresh fruits/vegetables in preparing meals, and less meats and processed foods
 - Try removing food dishes immediately after people have been served. This will help people avoid taking second servings

- Tips for eating out
 - Encourage ordering more salads or fresh fruits

- Order an appetizer instead of an entrée, or ask for a ½ size or a “lunch serving.”
- Split a single meal between two people
- Eat only half of what is served and take the rest home for later
- If drinking soda or alcohol order a small size and don’t get refills



Healthy Immigrant Families

FAMILY INTERVENTION LESSON: SMART SHOPPER

Background Information for Family Health Promoter

Many people new to the United States are used to shopping in outside markets, small stores, or individual vendors, not large supermarkets. In other countries, one is often able to walk short distances to buy food, and there are many mobile vendors. However, in the U.S., most people shop for food at grocery stores, which often requires traveling a significant distance. In addition to adjusting to purchasing food in a single location, learning to differentiate between many similar products may be difficult or confusing. Being able to identify specific foods and ingredients by their labels is important for all shoppers.

While the issue of shopping for food may seem simple to some, it is often complicated for new immigrant and refugee families, as it often involves reading labels, comparing products, computing costs and navigating large stores. Depending on the family's familiarity with shopping in the U.S., it may be necessary to spend more time on specific topics—such as how to navigate large supermarkets, learning how to differentiate between similar products, or reading labels for fat or sodium content. The literacy level of the family member(s) responsible for purchasing and preparing foods may also have a dramatic impact on the way they shop for food. When one is learning a new language or is unfamiliar with certain measuring units, it is often easier to purchase items that are familiar.

If literacy appears to be an issue, focus on simple, general topics and activities, such as learning to navigate supermarkets, where to find fresh produce, or learning to differentiate between similar products. Becoming familiar and comfortable with new products is important because people are much more likely to purchase things they know than to experiment with things they do not. Some participants may not be aware of other inexpensive or higher quality food options, simply because they are not comfortable with deciphering product labels. If the family has been in the U.S. for some time, and is already comfortable shopping, it may be helpful to focus on more specific topics, such as encouraging reading food labels, paying attention to fat, sodium and sugar content, etc.

Cost is often considered a significant barrier to consuming high quality nutritious foods. Many immigrants and refugees experience lower socio-economic status compared to the general populations, and thus, may be more impacted by the cost of food. Many families may

feel uncomfortable discussing financial barriers, so it is important to be especially sensitive when discussing this topic, in order to not embarrass family members. Speaking generally about strategies for shopping and where to find higher quality foods is likely to be helpful, while allowing family members to ask questions. Some families may have been in the U.S. for quite a while and are already skilled at shopping and being able to identify “good deals”, while others may be less skilled. It is important to determine who in the family is primarily responsible for purchasing food, assess that person’s comfort level in shopping, and whether or not they are aware of other options for purchasing good quality foods.

It is also important to adapt the lesson by spending more or less time on specific topic areas, depending on the needs/wants of the family. It may be helpful to first ask general questions, provide general information, and allow the family to ask questions, in order to assess the family’s overall familiarity and comfort level with the topics.

****Note:** Many religious or cultural beliefs have a direct impact on the types of foods a family consumes. It is essential that you become familiar with the dietary constraints/concerns of your participants so that you select appropriate products for demonstration.

LESSON: SMART SHOPPER

Lesson Outline

LESSON OBJECTIVES/INTRODUCTION

➤ *“Hi. Thanks for meeting with me today. How is everyone doing?”*

- **RECAP PREVIOUS GOALS**

➤ *“Last week we talked about _____, and you set some goals—things you wanted to work on. How are things going with that?”*

➤ *“Has there been anything that’s gotten in the way of you _____?”*

➤ *“What are some things you’ve noticed since you’ve started _____?”*

- Discuss barriers to behavioral goals, as well as potential solutions. Help participants identify feasible solutions. Use the “General Suggestions for Overcoming Barriers” if necessary.
- Utilize motivational interviewing techniques and open ended questions to help families discuss goals, barriers, etc.
- Praise participant’s efforts and encourage them to continue.
- After discussing previous goals, transition to new topic.

➤ *“Today I was thinking we might talk about shopping for food, some of the differences between shopping in the U.S. and other places, and some techniques that might be helpful when shopping for food. There are lots of things we can talk about, and I’ve brought some different activities that might be interesting. How does that sound?”*

INTRODUCE TOPIC AND ASSESS EXISTING SUBJECT KNOWLEDGE & CURRENT BEHAVIORS

- Assess the family’s overall level of knowledge/comfort level regarding grocery shopping. If the family already knows a lot about a specific shopping topic, then move on to another topic or skip to the activity.
 - *“Many people who come to the U.S. have said that there are a lot of things that are different between their home countries and the U.S., and one of those things is the way they buy food. Have you noticed anything*

different about the way you shop for food here, as opposed to the way you shopped before you came to the U.S.? What are some specific things that are different?"

Listen for the following key words/phrases:

- Selection/variety of food
- Where they buy food (grocery stores vs. food vendors or growing it themselves)
- Distance to markets/vendors vs. distance to grocery stores
- Prices
- How food is packaged
- Differences in familiarity with food products

PROMPTS:

- *"You mentioned _____. Can you tell me more about that?"*
- *"What are some other things that are different?"*

- Assess who is primarily responsible for shopping for food and or/preparing food for the family, and where they usually buy food.

PROMPTS:

- *"Who, in your family, usually does the grocery shopping?"*
- *"Where do you usually shop? Why do you shop there?"*
- *"What kinds of problems have you had shopping?"*
- *"How comfortable do you feel shopping?"*
- *"What is the most important thing you think of when shopping for food?"*

- IF THE FAMILY REPORTS HIGH CONFIDENCE IN THEIR FOOD SHOPPING ABILITIES AND NO PROBLEMS: Praise them and move onto sharing information or activities.
- IF THE FAMILY REPORTS LOW CONFIDENCE IN THEIR FOOD SHOPPING ABILITIES AND/OR PROBLEMS WITH SHOPPING: Use motivational interviewing techniques to understand why.

- *"You said _____. Can you tell me more about that?"*

- Ask questions in a non-threatening way in order to try to understand more about the family's attitudes and perceptions towards shopping, what some of their concerns are, and why.

SHARE INFORMATION

- *"You mentioned quite a few things about shopping for food here in Rochester. Would it be alright if I share a little information with you?"*

Adjust the amount of information you share, based on how much the family already knows. It may be helpful to review content areas in order to clarify information. If the family did not mention these topics, try to cover them:

- Food costs vary by location

"As you've probably already noticed, the price of some foods can be much cheaper or more expensive, depending on where you buy them. Have you noticed any foods that you normally buy, that are much cheaper or more expensive in certain stores?"

- Grocery Store Layout

"Grocery stores are usually set up in similar ways, with similar foods kept in the same place. For example, fruits and vegetables are usually kept together in the same area of the store, fresh meats, frozen foods, bakery items, deli items and canned foods all usually have a specific location in the store. Depending on what you need, you would go to that specific section."

"Usually, grocery stores have big signs on the ends of their food aisles that show what is in that row. However, the signs don't show every item, but group them with other items that are similar."

"Have you ever had trouble finding certain foods when you are shopping at the grocery store? What specifically made it difficult?"

- Shopping during sales

"You've probably noticed that prices for food don't always stay the same. There are a lot of reasons for this—for example, if the store has a lot of one type of food, they might offer a "sale", where the price goes down for that specific food, so they can sell more of it. Most grocery stores offer

sales for certain types of foods, but you've probably already noticed that sometimes the sale prices are less in some stores than in others.

"Have you noticed any grocery stores that usually have the foods you buy on sale? Which stores are they?"

"There are different ways to find out about grocery sales. One way to know when a store is having a sale is to look in the newspaper. Many stores print advertisements with pictures that show what is on sale. Sometimes grocery stores will mail flyers that say what is on sale and other times, grocery stores will have 'coupons'."

"When you buy foods that are on sale, you will probably get more food for less. Sometimes it's good to stock up and buy several items of a food that is on sale so you can get them at a cheaper price."

- **Food labels**

"Here in the U.S., most foods we buy from the store have a label that says what is in the package, as well as all the ingredients that are used to make it. For example, how many calories are in it, how much fat, sugar, salt, along with the different vitamins, minerals and preservatives."

"Companies that sell us food try to get us to buy their products by packaging them in different ways. Often, there are many food items that look like they are the same, but have different ingredients; different amounts of salt, sugar, etc."

"On the food label, listed under 'ingredients,' is what's in the product. Whatever is listed first under 'ingredients' is what there is most of, followed by second, third, fourth, etc." When there are many choices and you are trying to decide which to buy, it is helpful to look at the labels because the label tells how much of each ingredient is in the package, which helps us determine which product is better."

CONDUCT ACTIVITY

- Activity #1: Where do I shop?
- Activity #2: Where do I find it?

- Activity #3: Looking for Sales
- Activity #4: Reading Labels

*****SEE ACTIVITY OPTIONS & INSTRUCTIONS*****

➤ *“I’ve brought some different activities that demonstrate some of the things we’ve been talking about. Here are a few different options.”*

- LIST ACTIVITY OPTIONS

➤ *“Which activity sounds most interesting to you?”*

ALLOW THE FAMILY TO CHOOSE THE ACTIVITY. IF THE FAMILY DOES NOT HAVE A PREFERENCE, TRY TO CHOOSE ONE BASED ON THE INFORMATION THAT WOULD BE MOST HELPFUL TO THEM.

- If the family says they only shop in one store, or very limited number of stores, consider doing activity #1, “Where do I shop?”, and talk about differences in prices between stores, and other locations for buying food.
- If the family is very new to the U.S. and is still getting used to shopping in large grocery stores, or reports experiences where it has been difficult to find things in a store, consider doing activity #2, “Where do I find it.”
- If the family is unfamiliar with “sales”, coupons or food benefits (food stamps, farmers market vouchers, etc.), consider doing activity #3: “Looking for Sales.”
- If the family is already familiar with all other topics in this lesson, consider doing activity #4: “Reading Labels.”
- If the family is interested and engaged, it is okay to do multiple activities.

IDENTIFY PERCEIVED BARRIERS AND DISCUSS POTENTIAL SOLUTIONS

- After completing the activity, ask the family what they thought about it, what they learned, and if they have any questions. Use open-ended questions to encourage discussion.

PROMPTS:

➤ *“What are some things you learned from this activity that you didn’t know before?”*

- Once you've reviewed some of the lessons learned from the activity, move into discussing how the family feels about their ability to incorporate what they have learned into their lives.

PROMPTS:

- *“At this time, how important is it for your family to buy food that is on sale?”*
 - *“At this time, how important is it for your family to be aware of food labels and to pay attention to ingredients?”*
 - *“How confident do you feel about being able to find what you need in a grocery store?”*
- Some families may feel more confident than others about their ability to incorporate or apply what they've learned into their lives. One of the primary purposes of these lessons is to help families feel more confident about improving their health. In order to do this, it is necessary to identify specific fears, barriers, or other things that get in the way, and working with the family to help them identify solutions to overcome barriers.
 - IF THE FAMILY IS CONFIDENT ABOUT THEIR ABILITIES TO INCORPORATE THE INFORMATION: move on to the next section—determining behavioral goals.
 - IF THE FAMILY IS NOT CONFIDENT ABOUT BEING ABLE TO INCORPORATE THE INFORMATION: use motivational interviewing techniques to identify barriers and potential solutions.

PROMPTS:

- *“What are some things that get in the way of _____?”*
- *“What do you think would make it easier for you to _____?”*
- *“Sometimes it is hard to try to change the way we do things—including the way we eat, where we shop and what we buy. Hopefully, some of this information will be helpful for you. I am here to help answer questions and support you if you need. (Encourage reading newsletter that includes stories from leaders in community if there is little social support within family or others).”*

DETERMINE BEHAVIORAL GOALS

- Assist the family in setting realistic health behavior goals. It is important that the family come up with these goals. The types of goals for each family will likely depend on their confidence, and thus, it may be necessary to focus on encouraging families by reminding them that you are there as a *resource* and are there to support them.

PROMPTS:

- *“Now that we’ve talked about some ways that might help us as we are shopping for foods, is there anything that you would like to try as a goal? It can be very simple—whatever you think is feasible—and we can talk about ways that might help you do that.”*
- *“Change is a process. Be patient with yourself and ask for help if you need it. I’m here to support you.”*
- Assist the family in determining ways to track their progress. Again, these strategies should come from the family. However, if the family has difficulty in coming up with ways to assess their progress, you may offer ideas or suggestions that have been effective for other families.
 - Examples of tracking could be:
 - Helping the family create a chart and have them each track their individual progress
 - Having one person be responsible for keeping track
- Create a plan for following-up with families, to help encourage accountability.
 - *“When I see you next week, we can talk about how things went in terms of the goals we talked about today, and anything that came up during the week. Is that okay?”*

CLOSE THE LESSON

- Thank the family and set up the next meeting time. Establish a “contact person” for each family, who will be the one contacted for meeting reminders, etc.

- Use the Family Health Promoter Lesson Checklist to track attendance, document lesson topics completed, document individual and family goals, and make notes for future lessons and follow-up.

Activity #1: Where do I shop?

Objective:

- To help participants understand that the price of an item can vary by store.

Supplies:

- “Product Comparison Sheet”
- Directory of local farmer’s markets, meat distributors, discount grocers and food assistance programs
- iPad to demonstrate interactive web-based asset map

PRIOR TO MEETING WITH FAMILY: Visit three different grocery stores in the area (or call them to get information), including an ethnic store, if possible. Gather price information about the same three items (e.g., rice, milk, bananas) in each store. Write this information down on the “Product Comparison Sheet.”

- *“Have you noticed that you usually go to the same grocery store to buy certain foods? Sometimes we get used to going to the same store because it is familiar to us, we know where things are, we like the service, or for some other reason. Sometimes it’s just convenient to buy everything in the same place. However, the price of a certain food can vary quite a bit, depending on the store.”*
- *“Before I came to visit you today, I went to three different stores here in Rochester and wrote down the prices of the same three items.”*
 - Show family the “Product Comparison Sheet”
 - Continue on to ask the following questions:
 - *“Which three stores did I visit?”*
 - *“Which three foods did I write down?”*
 - *“Are you surprised by the difference in price?”*
 - *“Is price the only thing you think about when you decide where to shop?”*
 - *“What else is important to you?”*
 - You may want to mention that although small stores, including ethnic stores, may feel more comfortable to shop at, they are often more expensive than larger stores.
 - After discussing the former questions, use the RHCP Asset Map to

demonstrate to the family other nutrition resources in Rochester. You may also use Google maps to locate grocery stores that the family is not aware of. Use the map to show the family the location of the farmer’s markets, along with any “food shelves.”

- Give the family information about meat distributors, discount grocers and, programs such as WIC, Fare-for-All (Minnesota Program), and the Food Stamp Program.

Summarize:

- “When we are deciding where to shop, we think about a lot of things, like the price of the food, how easy it is to find what we need, how far away the store is, and if we enjoy shopping there. It is helpful to know more about the stores you can choose from, so that you will have more options, and may be able to find better food while spending less money.”

Product Comparison Sheet

	Product	Product	Product
Store	\$	\$	\$
Store	\$	\$	\$
Store	\$	\$	\$

Additional Resources

1. Directory of local farmer’s markets
2. Directory of meat distributors
3. Directory of discount grocers
4. Directory/Information about food assistance programs

Activity #2: Where Do I Find It?

Objectives:

- Participants will be able to more easily find specific food products by using aisle signs in grocery stores

Supplies:

- Aisle signs with the main grocery store category headings
 - Food cards or empty product packages
- *“Grocery stores in the United States are usually organized into departments such as produce (fruits and vegetables), meats, dairy, canned foods and baking. Can you name any other departments? There are big signs at the ends of each aisle showing what is in that aisle. If you can match the food you are looking for to the right aisle, it is easier to find things.”*
- Arrange the aisle signs on the floor and have participants match the food cards or empty product packages with the appropriate aisle sign.
 - Assist participants if they get stuck or have questions. It may be necessary to explain certain products they are not familiar with.
 - Ask participants what kinds of products they usually buy and where they are in the grocery store.
 - It may be helpful to ask family members, by giving examples of items not included in the activity, where they think it would be located, in order to assess comprehension.

Summarize

- *“Sometimes it is uncomfortable to go into a store when we don’t know where to find things. Hopefully, after doing this activity you’ll have a little better idea how to use the aisle signs and displays to look for what you need. If you can’t find an item, or have a problem, find an employee and ask them to help you find the item. Most employees are happy to help you.”*

Activity #3: Looking for Sales

Objectives:

- Participants will be able to identify how to find sale items
- Participants will be able to identify other means of saving money on groceries

Supplies:

- A local newspaper with an advertisement section
 - A coupon booklet or coupon sheet for a local grocery store
 - A grocery membership savings card
 - iPad to demonstrate RHCP Asset Map
- *“Stores offer sales when they want to encourage people to buy certain items. They tell people about these sales in different ways, such as through television commercials, radio advertisements, in newspapers, coupon booklets or advertising membership cards.”*
- Have family discuss the following:
 - *“Which advertisements for sales have you seen or heard lately?”*
 - *“What was it for?”*
 - *“What was the store?”*
 - *“How long was the sale going to last?”*
 - Arrange newspapers on the floor.
 - *“You can find coupons in many local newspapers, on newsstands, or sometimes even in your mailbox. Here are a few recent examples of newspapers advertising sales for food products.”*
 - Ask the participants to select any items that they might be interested in, or any that they have purchased before. Was the sale price less or more than what they paid?
 - Ask participants to identify what store is being advertised, what products are on sale, how much the sale item is, and how long the sale will last.
 - Show participants an example of a grocery membership savings card. Explain what the card is used for, how it is used, and how they can get one.

Summarize

- *“There are many ways to save money when shopping for food. By looking for sales, using coupons and buying multiple items that are on sale, so we will have them for later, we are able to get more food for less money.”*
 - Offer the family additional resources and information, such as farmers markets, meat distributors, food subsidy programs, etc.
 - Use the RHCP Asset map to help families locate resources in relation to their residence.

Activity #4: Reading Labels

Objectives:

- Participants will learn to identify product ingredients by looking at the food labels
- Participants will be able to identify the volume in each product container
- Participants will be able to compare multiple products based on ingredients, volume and price

Supplies:

- Three sets of foods, each containing two or more brands of the same products, with full product labels, price, and unit price
 - “A Healthy Habit: Read Food Labels” poster
 - Pencils/Pens
 - Food ads from newspapers and magazines
- *“There are many companies who try to sell food to customers by advertising— either on television, magazines, newspapers, or radio. Sometimes, these products are more expensive than other products but are not always healthier or “better.” The purpose of this activity is to compare a few items, using their labels, in order to choose one that you think would be best for your family.”*
 - *“There are three sets of foods here. In each set, there are [at least] two different brands.”*
 - Invite participants to examine the different food products.
 - Ask participants to compare the products by looking at the picture, name,

- and lettering on the package for the size and price.
- Display the poster, “A Healthy Habit” poster and pass out copies of the handout “Reading Labels.”
 - Have each participants choose a product that they will use to complete the handout.
- Explain: *“Everything on the handout has been left blank. Use the label information on your products to fill in the missing information.”*
- Explain: *“When an ingredient is listed first on the label, it means that there is more of this ingredient in the food than any other ingredient.”*
- Once everyone has completed their sheets, ask family members to compare their products.
 - Ask family members to decide which product they would buy, based on everything they looked at (volume, ingredients, cost).

Summarize

- *“What did you learn in this activity?”*
- *“Do you have any questions about anything we’ve talked about?”*
- *“There are many reasons why we buy what we buy. It is important to know that companies try to get us to buy their products. It is our job to make the best decisions we can by using the information we find on the labels—not just advertising information.”*

Reading Labels

Directions: Using the information on the food packages, fill in the blanks on this sheet.

Brand and Name of Food #1: _____

Price: \$ _____

What are the first 3 ingredients?: 1. _____

2. _____

3. _____

Brand and Name of Food #2: _____

Price: \$ _____

What are the first 3 ingredients?: 1. _____

2. _____

3. _____

Brand and Name of Food #3: _____

Price: \$ _____

What are the first 3 ingredients?: 1. _____

2. _____

3. _____

Activity #5: NuVal Exercise

Objective:

- Participants will be able to determine which products are healthier by using the NuVal system
- Participants will be able to compare and contrast products by using the NuVal system

Supplies

- A grocery list
- Hy-Vee Scavenger Hunt sheet
- NuVal Brochures
- Money gift card to Hy-Vee

- *“Hy-Vee has been working with a system called NuVal. This system is intended to help the costumers determine which products are healthier and more nutritional.”*
- *“The NuVal system is a system that uses numbers. The higher the number the better the nutrition.”*

- Show the family the scavenger hunt sheet
 - *“Ok, now were going to try and do this scavenger hunt.”*
 - *“We are going to go around the store and try and find these items and find their NuVal number and write them on the paper.”*
 - *“This is intended to help you become a NuVal shopper. It is supposed to help you choose the highest score on the foods you eat.”*
- Have the families go around the store and look at the food they normally buy, and have them compare and contrast the NuVal numbers to other NuVal numbers of the same product.
 - *“Is the product you buy have a high or low NuVal number?”*

- If low-*“Is there a higher number for the same product that you could possibly choose instead?”*
- Help the participants with grocery shopping and show them which products are healthier and more nutritious for them within the products that they would like to purchase.

Summarize

- “Does anyone have any questions?”
- “What did you learn about doing this activity?”
- “This activity taught us that even the same products can have different nutritional value. For example, un-salted can peas are more nutritional for you than salted can peas.
- “It is also able to show us and teach us what products are nutritional for us and what products aren’t very nutritional for us. The NuVal system also shows us that the more nutritional the food doesn’t always mean it’s going to cost more.

Suggestions for Overcoming Barriers

Depending on the family’s perceived barriers, the following are some examples of possible phrases for overcoming barriers and fostering motivation:

- If there is an overall lack of confidence:
 - Focus on past success
 - Talk about strengths -- Remind them of their attributes (e.g. resiliency, adaptability, supportiveness, etc.)
 - Talk about personal motivation
 - Talk about some of the specific benefits to eating more fruits and vegetables, as well as some of the broader/general benefits of trying to be healthy
 - Encourage them to make small changes over time
 - Encourage them not to be discouraged by setbacks
- If some family members are resistant:

- Encourage them to make small changes each week—don't rush things
- If cost is a barrier:
 - Talk about the Farmer's market, or buying things on sale (coupons)
 - Give examples of items that are inexpensive—seasonal items
 - Talk to coupons, sales
 - Try stocking up with canned or frozen vegetables when they are on sale.
 - Provide resources for food subsidy programs, i.e. WIC, Food Stamps, Food Shelves, Vouchers, etc.
 - Encourage gardening—growing own produce. Refer to Olmstead County website for information on how to register for a community garden (very low cost). This will encourage physical activity, increase access to vegetables and save money.



Healthy Immigrant Families

FAMILY INTERVENTION LESSON: INCREASING PHYSICAL ACTIVITY

Background Information for Family Health Promoter

Changes in physical activity as a result of immigration to the United States are common among immigrant and refugee groups. The reasons for this are complex and include societal, cultural and individual factors. Regardless, physical activity is an issue vital to promoting and sustaining health, and should be encouraged in all populations. Ample research indicates that physical activity is directly related to overall physical and mental health. Those who exercise are less likely to develop various types of chronic diseases and illness such as cardiovascular disease and hypertension. At the same time, physical activity has been shown to decrease blood-pressure and cholesterol, while improving metabolism. Those who engage in regular physical activity are also more likely to experience improvement in mood, self-confidence and overall mental health. Studies have shown that exercise may help control appetite, as well as help those trying to overcome certain addictive behaviors, such as smoking and drinking alcohol.

The issue of physical activity for immigrant and refugee groups is often complicated by various socio-economic/ socio-environmental factors. Those who immigrate to the U.S. often experience drastic lifestyle changes and are forced to adapt to different living environments, work settings and methods of transportation. As opposed to many societies where daily life involves a certain level of “inherent” physical activity, western lifestyles, on a whole, are increasingly sedentary. Thus, engaging in physical activity is something that requires conscious effort.

It is recommended that all adults engage in at least 150 minutes (2.5 hours) of physical activity every week. That’s equivalent to 30 minutes of activity five days per week, or about 20 minutes of activity seven days per week. For children, it is recommended that they engage in at least 60 minutes of physical activity every day. There is a general misconception that physical activity is something that must be strenuous, painful and take a lot of time in order to be effective. However, this is simply not true. Within the past few years, health research has shown that doing short intervals of moderate-intensity physical activity multiple times a day results in the same health benefits as doing it all at once. Often, when people think of “exercise”, they think of lifting weights, running, or doing aerobics. However, research has also shown that many of the things we do every day, such as walking up and down stairs, raking leaves or pushing a lawn mower, can all be considered physical activity.

People who engage in regular physical activity are most likely to lose weight and keep it off. Thus, the focus of this lesson is to encourage physical activity as part of an overall healthy lifestyle. This requires helping family members identify what physical activities they are already doing on a regular basis, what types of activities they enjoy (that can also be considered physical activity), and how they can incorporate more of those activities into their daily lives. Because every family's situation is different, it is important to focus on helping participants identify barriers to physical activity, as well as help them come up with feasible solutions for overcoming those barriers. While it is likely that each family will have different physical activity goals, it may be helpful to offer general strategies for overcoming barriers and increasing support.

When discussing physical activity, it is important to be sensitive to the specific needs of the family. Each family may have specific cultural, religious, or personal factors that impact what types of activities they do, where they do them, and with whom. For example, in some cultures, it is not appropriate for women to exercise with men, or wear certain types of exercise clothing that is generally acceptable in western culture. Other families may not feel comfortable allowing their children to participate in certain activities, or may prefer to participate in activities as a family rather than each individual on his/her own. Whatever the situation, it is important to meet the family wherever they are, and to help them come up with a plan that is feasible and acceptable to them.

It is important to remember that cultural beliefs may also play a role in influencing people's perception of what is considered "physical activity." For example, some people believe that as long as they "sweat" they are being physically active. Others believe that being outdoors, or in the sun is essential to "exercise", and that one loses fat by sweating. These misconceptions may come up especially when discussing barriers to physical activity. For example, some participants may have the misconception that they must work hard or run outside in the sun, and sweat a lot, in order to exercise. When working with families, pay special attention to whether there are misconceptions/ misunderstandings about physical activity and try to politely correct them.

**** Note:** Although family members will be responsible for identifying their own method(s) of physical activity and fitness goal(s), it is important to be aware of potential situations, such as disability or illness, which may impact an individual's ability to engage in certain levels of physical activity. When working with families, remind family members to set reasonable goals and to seek medical clearance or consultation prior to engaging in any activity that may result in harm or exacerbate an existing condition.

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LESSON: INCREASING PHYSICAL ACTIVITY

Lesson Outline

LESSON OBJECTIVES/INTRODUCTION

- *“Hi. Thanks for meeting with me today. How is everyone doing?”*

- RECAP PREVIOUS GOALS
 - *“Last week we talked about _____, and you decided on some things you wanted to work on. How is that going?”*
 - *“Has there been anything that’s gotten in the way of you _____?”*
 - *“What are some things you’ve noticed since you’ve started _____?”*

- Discuss barriers to behavioral goals, as well as potential solutions. Help participants identify feasible solutions. Use the “General Suggestions for Overcoming Barriers” if necessary.
- Utilize motivational interviewing techniques and open ended questions to help families discuss goals, barriers, etc.
- Praise participant’s efforts and encourage them to continue.
- After discussing previous goals, transition to new topic.
 - *“Today I was hoping we might talk about being physically active—what it means to be ‘physically active’, why it’s important, and some ways that we can be more physically active in our daily lives. There are lots of things we can talk about, and I’ve brought some different activities that might be helpful. Is that okay?”*

INTRODUCE TOPIC AND ASSESS EXISTING SUBJECT KNOWLEDGE & CURRENT BEHAVIORS

- Introduce the topic
 - *“Many people have said that their lifestyles have changed since immigrating to the United States, especially how physically active they are. When I say, ‘physically active’ I mean doing anything that makes you breathe harder than normal, or takes up energy. Have you noticed a*

change in how active you are, since coming to the U.S.? Why do you think that is?"

Listen for the following key words/phrases:

- Change in profession
- Change in proximity to stores, work, school, etc.
- Change in climate
- Access to physical activity
- Knowledge of feasible physical activities based on environmental factors
- Cultural, religious, individual factors
- Change in mode of transportation, for example walking, biking, car, bus, etc.

PROMPTS:

- *"You mentioned _____. Can you tell me more about that?"*
- *"What are some other things that come to mind?"*

- Assess family's current level of physical activity, types of physical activities they engage in, along with frequency. If the family is already relatively physically active (adults more than 20 min/day; children more than 60 min/day) move into conducting activities.

PROMPTS:

- *"What does being 'physically active' mean to you?"*
- *"Do you think it is important to be physically active? Why?"*
- *"What are some other things that come to mind when you think about being physically active?"*
- *"What are some things that you like to do to keep physically active? Where do you usually do those things?"*
- *"How often do you usually do things that make your heart speed up, or cause you to sweat? When do you usually do these things? How long (how many minutes) do you usually do them?"*
- *"Do you ever do things as a family to try to be physically active?"*
- *"You mentioned _____. Can you tell me more about that?"*

- IF THE FAMILY REPORTS ENGAGING IN THE TIME AND FREQUENCY RECOMMENDED FOR PHYSICAL ACTIVITY: Praise them and move onto sharing information and/or activities.
- IF THE FAMILY REPORTS ENGAGING IN LESS THAN THE RECOMMENDED TIME AND FREQUENCY FOR PHYSICAL ACTIVITY: Use motivational interviewing techniques to understand why.
 - *“What are some things that get in the way of being physically active?”*
 - *“What are some ways you’ve tried to be physically active in the past?”*
 - *“Was there ever a time that you were physically active? Can you tell me about that?”*
 - Ask questions in a non-threatening way in order to try to understand more about the family’s attitudes and perceptions towards physical activity, what some of their concerns are, and why.

SHARE INFORMATION

- *“Now that we’ve talked a little bit about physical activity, would it be alright if I share a little information with you about what I’ve learned?”*

Adjust the amount of information you share, based on how much the family already knows. It may be helpful to review content areas in order to clarify information. Use this time to correct misinformation, if necessary. If the following topics were not already discussed, try to cover them.

- Benefits of Physical Activity
“Most people know that being physically active is good for us—both physically and emotionally. Being active regularly can help us decrease our risk for many types of disease, help us lose weight, help us feel less stressed, sleep better and feel better about ourselves.”
- Recommended amount of physical activity
“It’s recommended that adults get at least 2 ½ hours of physical activity every week. That’s about 30 minutes of activity, five days a week. For

children, it's recommended that they get at least 1 hour of physical activity every day."

- Physical activity does NOT have to be done all at once

"30 minutes a day may sound like a lot, but the good news is, you don't have to do it all at once. Studies have shown that doing several short activities, 10 minutes at a time, have the same positive health effects as doing it all at once. That's good news because a lot of people are very busy and have a lot of things going on in their lives."

- You don't have to sweat, be outside, or in the sun to be physically active

"Some people think that in order to be physically active they have to either be outside, in the sun, or sweat a lot. This is not true. The main purpose of 'sweating' is to cool our body down. While it's true that we often sweat when we are doing something physically demanding, we may also sweat when we are sitting in a hot room or sauna—times when we are not physically active at all."

"It's important to remember that you don't have to be sweating in order to be physically active or 'exercising'. You also don't have to be outside or in the sun. You can be physically active anywhere-- whether you're indoors or outdoors, when it's hot, cold, day, night—whatever. You don't even have to be sweat. All you have to do is move more."

- Daily activities can be considered physical activity

"Many people think that in order to 'exercise' or be 'physically active', they need to lift weights, or buy expensive exercise clothes, or go to a gym and things like that, however, that isn't true. Many of the things we do every day can count as physical activity. Things like walking, going up the stairs, mowing the lawn or raking leaves can all be considered physical activity."

- Start with walking

"One of the easiest ways to incorporate more physical activity into your life is walking. Walking is great because almost anyone can do it, it doesn't cost anything and you don't need any special clothing or equipment to do it."

“There are lots of ways to start walking more. Simple things like parking your car at the back of the parking lot when you go to work, taking a 10 minute walk around the block on your lunch break, or even walking around the mall--- all those short walks can really add up. Remember, 30 minutes a day may seem like a lot at first, but when you start to break it down, you realize it’s actually not as much as it seems.”

▪ For Youth

Try to engage youth in the discussion. It is likely that the activities that they are interested in are different from their parents. However, it is important to be especially sensitive when discussing topics related to teens, as parents are ultimately responsible for deciding which activities are appropriate for their children.

CONDUCT ACTIVITY

- Activity #1: Walking is Simple: A demonstration
- Activity #2: Identifying Opportunities for Physical Activity
- Activity #3: Using the RHCP Asset Map to find Physical Activities

ALLOW THE FAMILY TO CHOOSE THE ACTIVITY. IF THE FAMILY DOES NOT HAVE A PREFERENCE, TRY TO CHOOSE ONE BASED ON THE INFORMATION THAT WOULD BE MOST HELPFUL TO THEM.

- If the weather is okay, you may suggest Activity #1, to demonstrate what a 10 minute walk at moderate-intensity feels like.
- If Activity #1 is not feasible, demonstrating how to find activities using the RHCP Asset Map may be appropriate.

IDENTIFY PERCEIVED BARRIERS AND DISCUSS POTENTIAL SOLUTIONS

- After completing the activity, ask the family what they thought about it, what they learned, and if they have any questions. Use open-ended questions to encourage discussion.

PROMPTS:

- *“Now that we’ve talked about what physical activity is, and did an activity, what are some things you learned that you didn’t know before?”*

- After discussing some of the lessons learned from the activity, move into discussing how the family feels about their ability to incorporate physical activity into their lives.

PROMPTS:

- *“At this time, how important is it for your family to be more physically active?”*
 - *“How confident do you feel about being able to incorporate more physical activity into your daily life?”*
- Some families may feel more confident than others about their ability to incorporate or apply what they’ve learned into their lives. One of the primary purposes of these lessons is to help families feel more confident about improving their health. In order to do this, it is necessary to identify specific fears, barriers, or other things that get in the way, and working with the family to help them identify solutions to overcome barriers.
 - IF THE FAMILY IS CONFIDENT ABOUT THEIR ABILITIES TO INCORPORATE THE INFORMATION: move on to the next section—determining behavioral goals.
 - IF THE FAMILY IS NOT CONFIDENT ABOUT BEING ABLE TO INCORPORATE THE INFORMATION: use motivational interviewing techniques to identify barriers and potential solutions.

PROMPTS:

- *“What are some things that get in the way of physical activity?”*
- *“What do you think would make it easier for you to be physically active?”*
- *“What are some simple ways that you might be able to overcome _____, so that you could be more physically active?”*
- *“Is there anyone who you think would be willing to do some activities with you, to support you?”*

- Encourage reading newsletter that includes stories from leaders in community if there is little social support within family or others.

DETERMINE BEHAVIORAL GOALS

- Assist the family in setting realistic health behavior goals. It is important that the family come up with these goals. The types of goals for each family will likely depend on their confidence, and thus, it may be necessary to focus on encouraging families by reminding them that you are there as a *resource* and are there to support them.

PROMPTS:

- *“Now that we’ve talked about different ways to be more physically active, is there anything that you would like to try as a goal? It can be very simple—whatever you think is feasible—and we can talk about ways that might help you do that.”*
- For families who already report regular physical activity, it may be beneficial to focus on increasing these activities from low-level to moderate-level, or even vigorous exercise.
 - *“Since you said that you are already pretty physically active, it might be good to try increasing the intensity or amount of time you spend being active. What are some ways you think you might do that?”*
- For families who express little confidence or engagement in physical activity, it may be helpful to do Activity #2, and focus on existing daily tasks or chores that can be considered “exercise”, while assisting them in increasing the intensity or duration of these activities.
- Assist the family in determining ways to track their progress. Again, these strategies should come from the family. However, if the family has difficulty in coming up with ways to assess their progress, you may offer ideas or suggestions that have been effective for other families.
- Create a plan for following-up with families, to help encourage accountability.

- *“When I see you next week, we can talk about how things went in terms of the goals we talked about today, and anything that came up during the week. Is that okay?”*

CLOSE THE LESSON

- Thank the family and set up the next meeting time. Establish a “contact person” for each family, who will be the one contacted for meeting reminders, etc.
- Use the Family Health Promoter Lesson Checklist to track attendance, document lesson topics completed, document individual and family goals, and make notes for future lessons and follow-up.

Activity #1: Walking is Simple

Objective:

- Participants will be able to distinguish between “light”, “moderate” and “vigorous” physical activity

Supplies:

- Nothing needed

➤ *“If it’s all right with you, I’d like us to do an activity together to show how easy it can be to break up the 30 minute time that is recommended to be physically active, and also to show you what may be considered “moderate” physical activity. It will only take a few minutes.”*

- Ask the family to follow you outside. Tell them that you will be walking together for 10 minutes—it can be around the block, up and down the hall—wherever. During the walk, demonstrate the difference between “light”, “moderate” and “vigorous” physical activity--this can be done by walking at different paces.
- For “light” activity, show the family that simply walking at a normal pace is sufficient.
- To demonstrate “moderate” activity, walk at a brisk pace (3-4 mph). For “vigorous” activity, jog or run. Those who wish to participate with you are welcome, although this may not be feasible in all situations. Once the family has walked for 10 minutes, return to the house to discuss the activity.

➤ *“How was that? Did it seem like a long time?”*

- Ask the family to give feedback about what they felt and if they had any concerns or ideas. After discussing the activity, move into a discussion about ways to incorporate brief activities into their everyday life.

Summarize

➤ *“Now that you know what light, moderate and vigorous physical activity feels like, you can work on turning some of the simple things you do every, into physical activity.”*

Activity #2: Identifying Opportunities for Physical Activity

Objective:

- Participants will be able to identify at least one opportunity for incorporating physical activity into their daily life

Supplies:

- Chart paper
 - Markers
- *“This activity might be helpful when trying to figure out things that you do every day, that might be considered physical activity.”*
- Using the chart paper and marker, list all of the possible activities the family suggests. Some examples may be when a person goes to work; they could park down the street from their office or at the back of the parking lot. Other options might be sweeping or mopping the floor—anything that might be modified to make them into light or moderate activity.
- *“Would it be all right if I shared some things that have helped other people in similar situations?”*
- Share tips or suggestions (such as using the stairs instead of taking the elevator, walking around the block during coffee breaks or after work, walking to a different floor to use the restroom while at work or school, playing sports, etc.). Use examples that are specific to the family’s situation.
 - Offer suggestions for group fitness, and/or utilize the RHCP Asset map
- *“Do any of those things sound like things you could do?”*
- If the answer is “Yes”, then move onto identifying a specific activity or activities, how often they want to engage and how they can keep track of their progress.
 - Write down each family member’s name and the activity they suggested. Some of these things might be, “Taking the stairs instead of the elevator”, “walking after dinner”, etc. It is important to note individual family

member's goals (type of activity, frequency and intensity) for tracking purposes. It may also be helpful to encourage family members to set familial goals for physical activity, such as playing a game outside or taking a walk once a week.

Summarize

- *“Today we talked about different ways that we can be physically active, simply by changing the way we do every day activities. I know sometimes it's difficult to change, but with practice, you'll start to notice that it gets easier.”*

Suggestions for Overcoming Barriers

Depending on the family's perceived barriers, the following are some examples of possible phrases for overcoming barriers and fostering motivation:

- If there is an overall lack of confidence:
 - Focus on past success
 - Talk about strengths -- Remind them of their attributes (e.g. resiliency, adaptability, supportiveness, etc.)
 - Talk about personal motivation
 - Talk about some of the specific benefits to being physically active, as well as some of the broader/general benefits of trying to be healthy
 - Encourage them to make small changes over time
 - Encourage them not to be discouraged by setbacks
- If some family members are resistant:
 - Encourage them to make small changes each week—don't rush things
- If cost is a barrier:
 - Encourage walking
 - Give examples of free activities that are happening in the community
 - Utilize the RHCP Asset map to help participants identify activities that are free, that they might not be aware of.

- Rent exercise DVDs/videos from the library
- Look up YouTube exercise videos to get ideas of exercises you can do at home.



FAMILY INTERVENTION LESSON: INCREASING MUSCLE STRENGTH & FLEXIBILITY

Background Information for Family Health Promoter

Strength training, along with aerobic activity and a nutritious diet, is part of an overall healthy lifestyle. The benefits of improving muscle strength include increasing metabolism, relieving arthritis pain, improving balance and improving mood. Experts recommend engaging in strength training 2-3 times per week, along with regular aerobic physical activity. While there are many different styles and methods, the basic principles of strength training involve muscle resistance, which gradually increase over time. At first, one may start with relatively little resistance and then gradually increase the resistance as the muscles become stronger.

Some people believe that they can't strength train unless they're at a gym, lifting weights or using exercise equipment. However, this simply isn't true. Because increasing muscle strength is based on resistance, one can do a number of exercises utilizing free-weights, resistance bands, or simply using the weight of one's own body. Whatever the style, the basic method for increasing muscle strength involves doing a motion against some type of resistance, also called a "repetition" or "rep". An example of a rep is a single push up, pull up, sit-up, or lifting and releasing a weight a single time. Doing multiple reps in succession is called a "set". For most people, doing a single set of reps with enough weight to tire the muscles after 12-15 reps is enough to build strength. When doing muscle strength activities, it is important to do things that work different parts of the body, such as the legs, hips, back, chest, stomach, shoulders and arms. This will help develop muscle strength in a balanced way, throughout the body. It is best to stagger strength building activities every few days, so that they are not done one day after another. This will allow the muscles to rest and heal. Also important during strength building, along with other aerobic activities, is proper "stretching".

Stretching is very important because it improves the range of motion for joints, improves circulation, helps posture, helps prevent injury and helps relieve stress by relaxing the muscles. It is good to stretch before and after any physical activity to help prevent injury and to warm up the muscles. It is normal to feel some soreness after exercising, however, if one experiences pain, it may be a good idea to stop and rest, to see if the pain subsides. If one experiences chest pain or tightness, dizziness or faintness, pain in the arms or jaw, severe shortness of breath, excessive fatigue, bursts of very slow or fast heart rate, irregular heartbeat, severe joint or muscle pain or swelling, one should stop the exercise and seek out medical help immediately.

*Sources:

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LESSON: INCREASING MUSCLE STRENGTH & FLEXIBILITY

Lesson Outline

LESSON OBJECTIVES/INTRODUCTION

- *“Hi. How are you doing? Thanks for letting me stop by and visit with you today.”*
- **RECAP PREVIOUS GOALS**
 - *“Last week we talked about _____, and you decided on some things you wanted to work on. How is that going?”*
 - *“Has there been anything that’s gotten in the way of you _____?”*
 - *“What are some things you’ve noticed since you’ve started _____?”*
- Discuss barriers to behavioral goals, as well as potential solutions. Help participants identify feasible solutions. Use the “General Suggestions for Overcoming Barriers” if necessary.
- Utilize motivational interviewing techniques and open ended questions to help families discuss goals, barriers, etc.
- Praise participant’s efforts and encourage them to continue.
- After discussing previous goals, transition to new topic.

INTRODUCE TOPIC AND ASSESS EXISTING SUBJECT KNOWLEDGE & CURRENT BEHAVIORS

- Introduce the topic
 - *“Today I thought we could talk about improving muscle strength and flexibility. Would that be alright?”*
- Ask questions that will help elicit family member’s perceptions regarding strength training and flexibility.
- Try to identify if there are certain family members who are more interested in strength training and/or flexibility than others.

- Determine if there are any concerns the family has, or if any family members have certain limitations that may impact their ability to engage in strength training or exercises aimed at increasing flexibility.
- Assess the family’s current level of muscle fitness—does anyone currently lift weights, do calisthenics or any other physical activity meant to increase muscle strength?

PROMPTS:

- *“When you hear the term ‘strength training’ what comes to mind? Why?”*
 - *“When you hear the word ‘flexibility’, what do you think of? Why?”*
 - *“Is there anyone in your family who currently does any type of exercise to increase their muscle strength? What kind? How often?”*
 - *“Does anyone in your family do any type of exercise to be more flexible?”*
 - *“Does anyone in your family have any type of condition that might make it difficult to do muscle strengthening exercises?”*
 - *“Overall, how fit—in terms of muscle strength and flexibility—do you feel your family members are?”*
- DETERMINE WHAT, IF ANY, STRENGTH BUILDING AND FLEXIBILITY EXERCISES THE FAMILY ENGAGES IN. IF THE FAMILY REPORTS A HIGH LEVEL OF KNOWLEDGE AND REGULARLY ENGAGES IN EXERCISES, PRAISE THEM AND MOVE ONTO SHARING INFORMATION AND/OR ACTIVITIES.
 - IF THE FAMILY REPORTS NOT ENGAGING IN STRENGTH BUILDING / FLEXIBILITY EXERCISES, REPORTS LIMITED KNOWLEDGE REGARDING THESE ACTIVITIES, OR BOTH, USE MOTIVATIONAL INTERVIEWING TECHNIQUES TO ELICIT MORE INFORMATION.

PROMPTS:

- *“I heard you say you _____. Can you tell me a little more about that?”*

- *“Is there anything about strength building or flexibility exercises that you would like to know more about?”*
 - Ask questions in a non-threatening way in order to try to understand more about the family’s eating practices and their perceptions towards screen time, in general.

SHARE INFORMATION

- *“Would it be alright if I share a little information with you about what I’ve learned about increasing muscle strength and flexibility?”*

Adjust the amount of information you share, based on how much the family already knows. If the following topics were not already discussed, try to cover them.

- Strength training is for everyone

“Some people think that strength training is only for athletes, or that only people who want big muscles should lift weights. However, the truth is, it is important for everyone because having strong muscles is an important part of being healthy, overall.”

“You don’t have to go the gym or even buy special equipment to improve your muscle strength. There are many exercises that you can do that use the weight of your body to build and strengthen muscles. And just like any other physical activity, you can start off easy and build up over time.”

- Benefits of increasing muscle strength

“There are lots of good reasons to work on strengthening your muscles. Research shows that increasing muscle strength also may increase metabolism, (the rate at which our body breaks down and digests food), helps to relieve pain caused by arthritis, improves balance and even improves mood.”

- Recommended amount of strength building activities

“It is recommended that adults engage in strength training 2-3 times per week, in addition to other types of physical activity. For children, it is 3 times per week. There are lots of different ways to increase muscle strength, but all of them are based on the same idea--which is basically

using your muscles until they get tired, and then slowly increasing that activity over time.”

- Different activities for increasing muscle strength

“There are lots of ways to increase muscle strength. Things like lifting weights, working with resistance bands, doing exercises that use your body weight, for example, doing pull-ups, push-ups, sit ups, etc., can all help increase muscle strength. ”

- Building “core” muscles

“The area of your body from your hips to just under your shoulders is called your ‘core’. This part of your body is where almost all of your movement begins, so it’s very important to keep this area strong. When you have a strong core, the muscles in your pelvis, lower back, hips and stomach work together to keep your spine where it should be.”

“Often, we don’t realize how important this group of muscles is to our overall health. However, keeping a strong core helps decrease the likelihood of back injury, promotes good posture, and improves balance and stability. Having a strong core makes it easier to do everything from lifting things, to sitting up straight, to playing any sport.”

- The importance of stretching & flexibility

“Another important part of being fit is having muscle flexibility. Many people think of stretching as something that they only need to do if they are running or doing something strenuous, but stretching your muscles is something that you can do anytime. Benefits of stretching include increasing blood flow to your muscles and helping to prevent injury by increasing your range of motion.”

“Stretching is something that many people come to enjoy. At first it can feel a little uncomfortable, but like other things, over time you’ll get better and better at it.”

- A word of caution: Warning signs

“Although it’s normal to feel some soreness after exercising, if you

experience pain, it's probably a good idea to stop and rest, to see if the pain goes away. If you experience any of the following, you should stop the exercise and get medical help immediately:"

- *Chest pain or tightness in the chest*
- *Dizziness or the feeling like you are going to faint*
- *Pain in your arms or jaw*
- *Difficulty breathing*
- *Bursts of very slow or fast heart rate*
- *Irregular heartbeat*
- *Severe joint pain, muscle pain or swelling.*

CONDUCT ACTIVITY

- Activity #1: Basic forms of strength training
- Activity #2: Introduction to stretching

ALLOW THE FAMILY TO CHOOSE THE ACTIVITY THEY FEEL WOULD BE MOST BENEFICIAL FOR THEM. IF THE FAMILY DOES NOT HAVE A PREFERENCE, TRY TO CHOOSE ONE BASED ON THE INFORMATION THAT WOULD BE MOST HELPFUL TO THEM.

IDENTIFY PERCEIVED BARRIERS AND DISCUSS POTENTIAL SOLUTIONS

- After completing the activity, ask the family what they thought about it, what they learned, and if they have any questions. Use open-ended questions to encourage discussion.

PROMPTS:

- *"Now that we've talked about different ways we can increase our muscle strength and flexibility, what are some things you learned that you didn't know before?"*

- After discussing some of the lessons learned from the activity, move into discussing how the family feels about their ability to incorporate the things they've learned into their lives.

PROMPTS:

- *“How important is it to be increase our muscle strength?”*
- *“How confident do you feel about being able to increase your muscle strength?”*

- *“How confident do you feel about improving your flexibility?”*

- Some families may feel more confident than others about their ability to incorporate or apply what they’ve learned into their lives. One of the primary purposes of these lessons is to help families feel more confident about improving their health. In order to do this, it is necessary to identify specific fears, barriers, or other things that get in the way, and working with the family to help them identify solutions to overcome barriers.

- IF THE FAMILY IS CONFIDENT ABOUT THEIR ABILITIES TO INCORPORATE THE INFORMATION: move on to the next section—determining behavioral goals.

- IF THE FAMILY IS NOT CONFIDENT ABOUT BEING ABLE TO INCORPORATE THE INFORMATION: use motivational interviewing techniques to identify barriers and potential solutions.

PROMPTS:

- *“What are some things that might get in the way of you increasing your muscle strength? How about your flexibility?”*
- *“What do you think would make it easier for you to increase your muscle strength/improve your flexibility?”*
- *“What are some ways that you might be able to overcome _____, so that you can increase your muscle strength and improve your flexibility?”*
- *“Is there anyone who would be willing to do some activities with you, or support you?”*
 - Encourage reading newsletter that includes stories from leaders in community if there is little social support within family or others.

DETERMINE BEHAVIORAL GOALS

- Assist the family in setting realistic health behavior goals. It is important that the family come up with these goals. The types of goals for each family will likely depend on their confidence, and thus, it may be necessary to focus on encouraging families by reminding them that you are there as a *resource* and are there to support them.

PROMPTS:

➤ *“Now that we’ve talked about some different strength training and stretching exercises, what are some goals you might want to work on?”*

- Assist the family in determining behavioral goals.
- Assist families in determining ways to track to their progress. Again, these strategies should come from the family. However, if the family has difficulty in coming up with ways to assess their progress, you may offer ideas or suggestions that have been effective for other families.
- Create a plan for following-up with families, to help encourage accountability.
 - *“When I see you next week, we can talk about how things went in terms of the goals we talked about today, and anything that came up during the week. Is that okay?”*

CLOSE THE LESSON

- Thank the family and set up the next meeting time.
- Use the Family Health Promoter Lesson Checklist to track attendance, document lesson topics completed, document individual and family goals, and make notes for future lessons and follow-up.

Activity #1: Basic Forms of Strength Training

Objective

To introduce participants to the different types of strength training exercises.

Supplies

- Handout: Exercising at home

Introduction

- Provide an overview of strength training, along with some potential activity options for participants.
 - *“Some people really enjoy going to the gym and using exercise equipment or free weights. While these are definitely good options, you don’t HAVE to go to a gym in order to strengthen your muscles. There are several activities that you can do right in your home that are fine too.”*

Demonstrate

- Distribute the “Exercising at Home” Handout. Explain the basic exercises, the differences between “reps” and “sets”, and other general guidelines.
 - *“These are some different strength training exercises that you can do at home.”*
- Explain the exercises and demonstrate if necessary.

Summarize

- Remind participants:
 - *“There are lots of ways we can keep our muscles strong and toned by doing simple exercises at home. You don’t need to spend a lot of money on equipment or gym memberships to get in shape or stay in shape—you just need to devote a little time every day to working at it.”*

WORKOUT WITH HOUSEHOLD ITEMS

Tools Required:

- 1 Hand Towel
- 2 Chairs
- 2 Soup cans
- 2 Jugs of milk or detergent



1. Gliding Reverse Lunge.

- To be completed on hardwood or tile floor.
 - Start with one foot on Fit Cloth or towel and opposite foot on floor.
 - Slide rear foot backwards.
 - Push off front heel and return to starting position.
 - Complete 10-15reps/leg
- TIP: try not to pull with rear foot and keep pressure on front heel throughout.



2. Chair Push up

- Position two stable chairs further than shoulder width apart.
 - With one hand on each chair in a kneeling position descend between chairs
 - Exhale and push yourself back up to start position
 - Complete 15 reps.
- TIP: to increase difficulty, try from a standing position. Ensure you keep your core engaged throughout the exercise.



3. Reverse Flye

- Holding two soup cans, bend parallel to ground with palms facing inward.
- Elbows in a fixed but slightly bent position, raise arms towards ceiling.
- Slowly return arms back to starting position.
- Complete 15 reps

TIP: keep head neutral and do not elevate shoulders towards your ears.



4. Biceps Curls

- Holding jugs by their handles standing with knees bent.
- Keeping chest high and shoulders back lift jugs upward towards shoulders.
- Slowly lower back to starting position.
- Complete 15 reps.

TIP: Ensure elbows stay directly at your side and in line with your shoulders throughout the movement. Rotate palms towards thighs in bottom position.



5. Gliding Abdominal Tuck

- Place hands on floor, shoulder width apart and feet on Fit Cloth or towel.
- Pulling from the waist, glide the feet towards your hands while hips elevate.
- Extend back out to starting position.
- Complete 15reps

TIP: Ensure shoulders are directly above your hands throughout the exercise.

- To increase difficulty, try with straight knees.



6. Gliding Hamstring Curl

- Lying on your back place heels on Fit Cloth or towel and toes facing up
- Lift hips off the floor, tighten abs and glide the feet towards your hips
- Return the feet to starting position without dropping hips.
- Complete 15reps

TIP: Try to maintain hip elevation throughout reps.

REPEAT (complete 2 sets of this 6 exercise sequence)

REFERENCE: http://www.marilyn.ca/HealthFitness/segments/Daily/March-2011/03_22_2011/SoupcanWorkout

Suggestions for Overcoming Barriers

Depending on the family's perceived barriers, the following are some examples of possible phrases for overcoming barriers and fostering motivation:

- If there is an overall lack of confidence:
 - Focus on past success
 - Talk about strengths -- Remind them of their attributes (e.g. resiliency, adaptability, supportiveness, etc.)
 - Talk about personal motivation
 - Encourage them to make small changes over time
 - Encourage them not to be discouraged by setbacks

- If family members are resistant:
 - Encourage them to make small changes each week—don't rush things
 - Don't force, pressure or demand radical changes from family members
 - Remind them of reasons to change behavior (increasing muscle strength is associated with better posture, increasing flexibility may decrease injury during exercise)

- If cost is as barrier:
 - Remind participants that they don't have to spend money to increase muscle strength or flexibility—there are lots of activities that can be done at home

- If time is a barrier:
 - Encourage them to set aside time for strength activities at least 2-3 days a week, and stress that it doesn't have to be a lot of time.
 - Encourage participants to try to get in the habit of doing strength training at certain times of day (for example, push-ups or stretching right after waking up or after work)



FAMILY INTERVENTION LESSON: DECREASING SCREEN TIME

Background Information for Family Health Promoter

Market research indicates that U.S. households watch more television than any other country in the world, and that the average adult (18+ years old) watches over five hours of television per day. While TV remains the most common method of media exposure, others include internet use, video games, and smart phones. When people are in front of a screen, they are usually not being physically active. The more time spent in front of a screen, the fewer calories they are burning through activity. Studies have shown that people often eat when they are in front of a screen, and that can be a double challenge for balancing nutrition and physical activity.

When people watch TV they are exposed to food commercials, which can encourage them to eat. Many of the foods advertised on TV are high in calories and low in nutrients (When was the last time you saw an ad for carrots?). This is especially pertinent to families with children, as every year the average child is exposed to approximately 40,000 television commercials, nearly 75% of which feature advertisement for candy, high-sugar cereals and fast food.

On average, children and teenagers watch about four hours of television, spend about one hour on the computer, and about 50 minutes playing video games. Altogether, that adds up to almost six hours a day of screen time. While children and teens are spending quite a bit of time in front of screens, more than half (53%) of children/teens say that their families have no rules about watching TV, and of those who report they *do* have rules, only 20% of them report their parents enforcing them... "most of the time." While it is up to parents to determine what is allowable, in terms of number of hours of television viewing, it is important for parents to set rules and enforce them—whatever they are. Children who report that their parents enforce rules about television, on average, watch two hours less TV per day than children who report no rules or no enforcement of rules.

While some may not understand the negative impact of television on physical health, several studies have shown that the more time one spends in front of a screen, the higher the likelihood of adverse physical effects. This is especially true for children, whose bodies are still developing. Studies have shown that obesity rates are lowest among children who watch less than one hour of TV per day and highest for those watching four or more hours of TV per day. Other research has shown that watching significant amounts of TV in childhood has been associated with higher BMIs in adulthood, increased abdominal fat and poorer performance in

athletic performance tests.

When discussing this topic, remember to be careful to not come across as scolding or telling parents what to do. Rather, a helpful strategy might be to begin speaking generally about screen time, and then ask questions to help gauge the parent's perception of whether or not they feel their family engages in too much screen time. Use motivational interviewing techniques, open ended responses and affirmations during discussions with family members. Try to include children in the conversation, and highlight how spending too much time in front of a screen and not being physically active can actually make their muscles and bones not as strong, which may impact their ability to play sports and engage in other activities not only as children and teens, but also as adults. Again, be sensitive to the family, and affirming—not scolding or lecturing. Try to frame the issue of reducing screen time as part of an overall “healthy lifestyle”, along with a healthy diet and physical activity.

*References:

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Henry J. Kaiser Foundation. (2005). *Generation M: Media in the Lives of 8- to 18-Year-Olds*, March 2005. www.kff.org/entmedia/entmedia030905pkg.cfm

Crespo, C.J., Smit, E., Troiano, R.P., Bartlett, S.J., Macera, C.A. & Andersen, R.E. (2001). Television watching, energy intake, and obesity in U.S. children: results from the third National Health and Nutrition Examination Survey, 1988-1994. *Archives of Pediatric & Adolescent Medicine*, 155, 3, 360-365.

LESSON: DECREASING SCREEN TIME

Lesson Outline

LESSON OBJECTIVES/INTRODUCTION

- *“Hi. How are you doing? Thanks for letting me stop by and visit with you today.”*

- **RECAP PREVIOUS GOALS**
 - *“Last week we talked about _____, and you decided on some things you wanted to work on. How is that going?”*
 - *“Has there been anything that’s gotten in the way of you _____?”*
 - *“What are some things you’ve noticed since you’ve started _____?”*

- Discuss barriers to behavioral goals, as well as potential solutions. Help participants identify feasible solutions. Use the “General Suggestions for Overcoming Barriers” if necessary.
- Utilize motivational interviewing techniques and open ended questions to help families discuss goals, barriers, etc.
- Praise participant’s efforts and encourage them to continue.
- After discussing previous goals, transition to new topic.
 - *“Today I thought we could talk about watching TV, or going online and how spending time in front of different media impacts us. Would that be alright?”*

INTRODUCE TOPIC AND ASSESS EXISTING SUBJECT KNOWLEDGE & CURRENT BEHAVIORS

- Introduce the topic
 - *“You’ve probably noticed that here in the U.S., there are lots of ways for people to entertain themselves—like watching TV and movies, going online, playing video games and using apps on our phones.”*

 - *We usually refer to anytime we are in front of a television, computer or something similar, as ‘screen time’.*

- *“The most common way people entertain themselves is by watching television, although more and more people are using the internet and smart phones to watch movies, play games and other things like that.”*
- *“Because it is so convenient, and it is something we probably enjoy, it is very easy to lose track of how much time we actually spend in front of the television or computer screen.”*
- Discuss differences between the amount of time they spent watching TV, going online, etc. prior to coming to the U.S. vs. after.
- Discuss any potential concerns the family may have. Do parents feel their children are spending too much time in front of the TV/computer? Do children feel their parents spend too much time in front of the TV/computer?
- Assess the family’s perception about watching television, going online, playing video games, etc.—Is it good or bad? Why? Ask open ended questions that will help you to understand more about the family’s daily habits.
- Try to determine how much time family members spend watching TV/Computer, playing video games, etc. Based on this information, you may need to direct information and problem solving towards specific family members.

PROMPTS:

- *“What are some benefits of watching TV, playing video games, being on the internet—things like that? How about some not-so-good things?”*
- *“Do you think your family spends more time watching TV, going online, or playing video games since coming to the U.S.? Why?”*
- *“What shows or games does your family like to watch/play? How often do you usually watch/play them?”*
- *“Do you think your family spends too much time in front of the television/computer? Why?”*
- DETERMINE HOW MUCH SCREEN TIME THE FAMILY ENGAGES IN (PAY SPECIAL ATTENTION TO CHILDREN AND ADOLESCENTS). IF THE FAMILY REPORTS LOW TO MODERATE LEVELS OF SCREEN TIME, PRAISE THEM AND MOVE ONTO SHARING INFORMATION AND/OR ACTIVITIES.

- IF THE FAMILY REPORTS HIGH AMOUNTS OF SCREEN TIME, USE MOTIVATIONAL INTERVIEWING TECHNIQUES TO ELICIT MORE INFORMATION.

PROMPTS:

- *“I heard you say you like to watch/play _____. Can you tell me a little more about that?”*
- *What do you enjoy about watching/playing _____?*
 - Ask questions in a non-threatening way in order to try to understand more about the family’s screen time practices and their perceptions towards screen time, in general.
 - Also, try to ask questions to gauge whether they eat/snack while watching television. If so, try to address this as something to work on.

SHARE INFORMATION

- *“Would it be alright if I share a little information with you about what I’ve learned about screen time?”*

Adjust the amount of information you share, based on how much the family already knows. If the following topics were not already discussed, try to cover them.

- Recommended Amount of Screen Time

“As I said earlier, watching TV, going online and playing video games is very common and is something that most people like to do. In fact, people in the U.S. watch more television than any other country in the world. On average, adults spend about five hours a day or more watching television. However, this may not include the time spent in front of a computer at work.”

“On average, children and teens spend about six hours a day watching television, playing video games, going online or using their smart phones. Experts recommend that people should not engage in more than two hours of screen time per day.”

“You may wonder what is so bad about being in front a screen or why it is recommended that we not watch more than two hours per day. There is quite a lot of discussion among scientists, educators and policy makers on the effects of television on different aspects of our lives. While watching television, playing video games or being on the computer are not necessarily ‘bad’ things, like most other things, if we do too much of it, it can be bad for our health.”

- Screen Time and Physical Activity

“When people are in front of a screen, they are usually not being physically active. The more time in front of a screen, the fewer calories they are burning through activity. Studies have shown that people often eat when they are in front of a screen, and that can be a double challenge for balancing nutrition and physical activity—they are consuming calories, but using very little. Overtime, eating more calories than we use will lead to weight gain.”

“There have been studies that show that the more time one spends in front of a screen, the more likely one is to gain weight and have other kinds of negative physical effects.”

“This is important for children and teens because their bodies are still developing. Spending a lot of time in front of the TV has been shown to increase the likelihood of children being heavy when they are older, have more fat around their stomachs, and do more poorly in physical activities than those who don’t watch very much TV.”

Screen Time and Physical Activity

“When people are in front of a screen, they are usually not being physically active. The more time in front of a screen, the fewer calories they are burning through activity. Studies have shown that people often eat when they are in front of a screen, and that can be a double challenge for balancing nutrition and physical activity—they are eating lots of calories, but using very little. Overtime, eating more calories than we use will lead to weight gain.”

“There have been studies that show that the more time you spend in front of a screen, the more likely you are to gain weight and have other kinds of bad health effects. For example, when you are in front of a screen you are not being physically active, which means you are most likely not using your muscles. Over time, when we don’t exercise our muscles they

become weaker. When our muscles are not strong, we are at a higher risk many types of health problems, from back aches and pains to being more likely to injure ourselves if we fall or exert ourselves.”

“This is important for children and teens because their bodies are still growing. Spending a lot of time in front of the TV increases the likelihood of children being heavy when they are older, have more fat around their stomachs, and doing more poorly in physical activities than those who don’t watch very much TV. Even if being good at sports is not a priority, being physically fit is important because it impacts almost all areas of your life.”

- Screen Time and Advertising

“Advertising companies use the television and internet to try and get us to buy things. A lot of advertisements are for unhealthy foods. Repeatedly viewing these commercials over and over again may make it harder to eat healthy—especially for children, who, on average, see around 40,000 food commercials every year.”

“Companies often advertise sugary cereals, unhealthy snack foods and drinks to children and teens because they know that children will ask their parents to buy those things for them. Yet, children do not even realize that the advertised food is unhealthy.”

- Setting Rules for Screen Time

“Sometimes it can seem overwhelming to try and change the way we do things—especially when our lives are so busy. It may seem like it takes so much effort to set rules and enforce them—especially with children and teens. However, by setting rules for them to follow, we are actually helping them by providing guidelines that will allow them to grow and develop as healthily as possible.”

CONDUCT ACTIVITY

- Activity #1: How Much is Too Much Screen Time?
- Activity #2: Helping Families Reduce Screen Time

DOING BOTH ACTIVITIES IS PREFERABLE. HOWEVER, IF THAT IS NOT POSSIBLE, ALLOW THE FAMILY TO CHOOSE THE ACTIVITY THEY FEEL WOULD BE MOST BENEFICIAL FOR THEM. IF THE FAMILY DOES NOT HAVE A PREFERENCE, TRY TO CHOOSE ONE BASED ON THE INFORMATION THAT WOULD BE MOST HELPFUL TO THEM.

IDENTIFY PERCEIVED BARRIERS AND DISCUSS POTENTIAL SOLUTIONS

- After completing the activity, ask the family what they thought about it, what they learned, and if they have any questions. Use open-ended questions to encourage discussion.

PROMPTS:

- *“Now that we’ve talked about the recommended amount of screen time and some ways we can help reduce our screen time, what are some things you learned that you didn’t know before?”*

- After discussing some of the lessons learned from the activity, move into discussing how the family feels about their ability to incorporate the things they’ve learned into their lives.

PROMPTS:

- *“How important is it to be aware of how much screen time your family engages in?”*
- *“How confident do you feel about being able to reduce your family’s overall screen time?”*

- Some families may feel more confident than others about their ability to incorporate or apply what they’ve learned into their lives. One of the primary purposes of these lessons is to help families feel more confident about improving their health. In order to do this, it is necessary to identify specific fears, barriers, or other things that get in the way, and working with the family to help them identify solutions to overcome barriers.
- IF THE FAMILY IS CONFIDENT ABOUT THEIR ABILITIES TO INCORPORATE THE INFORMATION: move on to the next section—determining behavioral goals.

- IF THE FAMILY IS NOT CONFIDENT ABOUT BEING ABLE TO INCORPORATE THE INFORMATION: use motivational interviewing techniques to identify barriers and potential solutions.

PROMPTS:

- *“What are some things that make it difficult to limit screen time?”*
- *“What do you think would make it easier for you to limit the amount of screen time for your family?”*
- *“What are some simple ways that you can overcome _____, so that you can help reduce your family’s screen time?”*
- *“Is there anyone who would be willing to support you?”*
 - Encourage reading newsletter that includes stories from leaders in community if there is little social support within family or others.

DETERMINE BEHAVIORAL GOALS

- Assist the family in setting realistic health behavior goals. It is important that the family come up with these goals. The types of goals for each family will likely depend on their confidence, so it may be necessary to focus on encouraging families by reminding them that you are there as a *resource* and are there to support them.

PROMPTS:

- *“Now that we’ve talked about some of the guidelines for appropriate amount of screen time, what are some goals you might want to work on?”*
- Assist the family in determining behavioral goals. Examples of goals may include limiting video games to the weekend, or only watching two television shows in the evening.
- Assist families in determining ways to track their progress. Again, these strategies should come from the family. However, if the family has difficulty in

coming up with ways to assess their progress, you may offer ideas or suggestions that have been effective for other families.

- Create a plan for following-up with families, to help encourage accountability.
 - *“When I see you next week, we can talk about how things went in terms of the goals we talked about today, and anything that came up during the week. Is that okay?”*

CLOSE THE LESSON

- Thank the family and set up the next meeting time.
- Use the Family Health Promoter Lesson Checklist to track attendance, document lesson topics completed, document individual and family goals, and make notes for future lessons and follow-up.

Activity #1: How Much is Too Much Screen Time?

Objective

To introduce participants to the concept of screen time, concerns presented by too much screen time, and familiarize the family with how much screen time is common for their family.

Supplies

- Markers; easel and large paper
- Handouts: Screen time statistics (p. 141); We Can! Help Children Reduce Screen Time (adapt to Help Families Reduce Screen Time, p. 143); We Can! Reduce Children’s Screen Time Log (adapt to Help Families Reduce Screen time, p. 145); Diagram of Core Muscles

Introduction

- The goal is for youth to spend no more than 2 hours of screen time a day and get at least 60 minutes of physical activity each day to help maintain a healthy weight. The goal for adults is to participate in physical activity for at least 30 minutes each day.
 - *“Many people are concerned with how much family members spend in front of screens—TV, videogames, Facebook, computers. In this lesson we’re going to discuss what we mean by “screen time” and why screen time is an issue for being healthy.”*
 - *“Why do you think health experts would recommend no more than 2 hours of screen time a day and at least 60 minutes of physical activity each day for children and at least 30 minutes of physical activity for adults?”*

Discuss

- Distribute the “Help Family Members Reduce Screen Time” Handout. Ask adults to follow along on the handout and read the tips to start the following discussion. (If literacy appears to be an issue, ask someone, such as a teenager, or someone who is comfortable, to read the handout aloud).

Youth Screen Time Statistics*

Every day, on average, 8- to 18-year-olds spend:

- Nearly 4 hours watching TV, videos, DVDs, and prerecorded shows
- Just over 1 hour on the computer
- About 50 minutes playing video games

Media in the Bedroom

- Two-thirds of young people have a TV in their bedroom; 1/2 have a video game player and nearly 1/3 have a computer in their bedroom.
- Youth who have TVs in their rooms spend almost 1 1/2 more hours a day watching TV than youth without a set in their room.

Parental Rules

- About half (53 percent) of all 8- to 18-year-olds say their families have no rules about TV watching.
- Forty-six percent said they do have rules, but only 20 percent said the rules are enforced “most” of the time.
- Youth with TV rules that are enforced most of the time report 2 hours less daily media exposure than in homes without rules enforced.

***Source: Henry J. Kaiser Foundation. Generation M: Media in the Lives of 8- to 18-Year-Olds, March 2005.**

www.kff.org/entmedia/entmedia030905pkg.cfm

➤ *“What do you think about these statistics? Were they surprising? Why or why not?”*

- Pass out and review tips from the “We Can! Help Children to Reduce Screen Time” handout. Briefly summarize each tip and ask the following questions after each tip to stimulate discussion. Explain to your family members that it’s important to sit less and move more so they can maintain a healthy weight, be more energized, have a chance to practice certain skill sets (such as riding a bike or shooting hoops), and socialize with friends and peers. Tell them that you also are going to limit your screen time and increase your physical activity, so you will all be working toward this goal together.

Summarize

- Remind participants:
 - *“Watching television, spending time online or playing video games are all ways that we enjoy ourselves. But, like most things in life, we should do so in moderation, and limit ourselves to an amount that is healthy.”*

Activity #2: Helping Families Reduce Screen Time

Objective

To enable families to set family goals for decreasing screen time and strategies to meet those goals

Supplies

- Easel and large paper; markers, watch or timer
- Handout: Master list of physical activities (from Lesson 4 of We Can! Curriculum); Less Sit, More Fit Role Play (p. 149 We Can!); Try Tips to Eat Well and Move More handout (p. 59 We Can!); Try Tips to Eat Well and Move More tracking grid, p. 61 We Can!)

Introduction

- Many people acknowledge that they could probably cut back on the amount of time they spend in front of the TV or computer, but find that it's difficult to do so.
 - *"Have you ever tried talking about reducing your family's screen time? What happened? How did people react?"*
 - *"There are a few strategies that might be useful in helping to reduce family screen time. Would it be alright if we talked about a few of those strategies?"*

Discuss

- Minimize TV in Bedrooms
 - *"It has been found that children who have TVs in their room watch almost 1 ½ hours more TV a day than children who don't have TVs in their room. Having TVs and computers in bedrooms tends to physically isolate and decrease interaction between family members."*
 - *"How many people in your family have TVs in their room?"*
 - *"Has anyone ever tried moving the TVs out of the bedrooms? What happened?"*
- Make Meal Time, Family Time
 - *"Research has shown that families who eat together tend to eat more"*

nutritious meals than families who eat separately. For many of us, our lives are so busy, it's often difficult to find a time to eat at all, much less eat with the entire family. However, if you're able to do so, eating meals together as a family is a good time to 'check in' with each other, and reinforce good eating behaviors."

➤ *If you happen to have a TV in the area where you eat, it might be a good idea to turn it off, or move it out of the space. This will allow everyone to be more aware of the food their eating, how much their eating, how fast they eat, and whether or not they have second helpings. It may also help encourage communication between family members."*

- Good Role-Modeling

➤ *"Children and teens look to their parents to model behavior. Often, when parents engage in healthy behaviors, their children are more likely to behave in similarly."*

➤ *"Sometimes setting rules and modeling healthy behavior is difficult. Similarly, ENFORCING rules can be even more difficult. By setting rules regarding the amount of screen time allowed for families, parents help their children develop healthy habits that will assist them in staying healthy throughout their lives."*

Summarize

- Review information and ask if anyone has question. Use this time to clarify information. Conclude:
 - *"Trying to change behaviors within our family can be difficult and tiring. It's important to remember that things take time, and to give yourself and your family time to get used to doing things differently. It may be difficult at first, but overtime, it will get easier."*

Suggestions for Overcoming Barriers

Depending on the family's perceived barriers, the following are some examples of possible phrases for overcoming barriers and fostering motivation:

- If there is an overall lack of confidence:
 - Focus on past success
 - Talk about strengths -- Remind them of their attributes (e.g. resiliency, adaptability, supportiveness, etc.)
 - Talk about personal motivation
 - Encourage them to make small changes over time
 - Encourage them not to be discouraged by setbacks

- If family members are resistant:
 - Encourage them to make small changes each week—don't rush things
 - Don't force, pressure or demand radical changes from family members
 - Remind them of reasons to change behavior (research regarding amount of screen time and increase in weight, decrease in fitness levels)
 - Encourage parents to be consistent and follow-through



FAMILY INTERVENTION LESSON:
OVERCOMING BARRIERS TO PHYSICAL ACTIVITY

Background Information for Family Health Promoter

Most people understand the relationship between physical activity and health, however, many are not regularly active or do not engage in the recommended amount of daily physical activity (20-30 minutes of moderate-intensity physical activity for adults, and 60 minutes of activity for children). Research has shown that individuals belonging to minority groups and those of lower socio-economic status experience disproportionately higher rates of obesity and report lower rates of physical activity. These groups include immigrants and refugees. Some of the most pronounced reasons for this disparity include changes in diet (increased caloric intake) and an overall decrease in regular daily physical activity (reduced caloric expenditure).

In focus groups conducted among these populations, participants reported numerous factors that influence physical activity. These included factors related to culture, religion, gender, social and familial relationships, as well as socioeconomic and environmental barriers. Examples may include cultural perceptions which make exercise among females difficult, religious tenets that prohibit mixed-gender association in certain settings or activities (such as exercise), cultural norms that do not historically include exercise during leisure time, and beliefs that health is determined by religious or spiritual fate, not individual effort. Physical activity among children of immigrant and refugees may also be affected by factors including fears of exclusion or bullying, safety concerns, and emphasis on academic success over physical fitness.

Many immigrants and refugees report more barriers to being physically active in the United States than their home countries. These include an overall change in lifestyle, from one of “outdoor living” to “indoor living”, not needing to be physically active to maintain a household, less physical activity in work and leisure activities, lack of time, lack of transportation to exercise facilities, lack of motivation or interest in formal exercise, increased time spent viewing technology and electronics, and a lack of opportunities to gather for group fitness in locations that are affordable and easily navigable for group fitness (especially for those who have limited English proficiency).

When discussing barriers to physical activity with members of these populations, it is important to keep in mind that each family is at a different stage of acculturation. For example, some families may have been living in the U.S. for many years and are thoroughly familiar with opportunities for exercise, while others may have only recently immigrated, and thus, may be in need of more guidance and support. Also important to keep in mind is the potential for substantial acculturative differences within the family—for example teens and children may be very familiar and comfortable with accessing various means of physical activity, while parents are less comfortable. In any case, solutions that may appear acceptable from a western perspective may be unacceptable to certain participating families. It is important to work with each family based on their situation, needs, and level of comfort.

Examples of strategies that may be helpful include focusing on familiarizing participants with existing opportunities for physical activity (utilizing the RHCP Asset Map), identifying and fostering social support, increasing confidence, and reiterating the role of exercise in overall health and wellbeing. Feedback from these groups indicates that although family members are aware of the benefits of physical activity, there is difficulty in taking “first steps” towards doing so. Introducing family members to various opportunities for physical activity based on their preferences, along with helping them identify a support person(s), such as a family member or friend who is willing to go with them, is more likely to facilitate long-term behavior change than simply telling them to try an activity by themselves. Also, try to encourage families to try activities together and to identify other families or “role models” who are physically active.

Depending on the family’s situation, the RHCP Asset Map may be an especially useful tool in helping family members identify activities based on their specific needs and preferences. Once participants have identified prospective activities, work with them to create a plan for getting there, identify support and a means for “checking in” to see how it went. Use the “Suggestions for Overcoming Barriers” section during discussions and follow-up, as needed.

*References:

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LESSON: OVERCOMING BARRIERS TO PHYSICAL ACTIVITY

Lesson Outline

LESSON OBJECTIVES/INTRODUCTION

- *“Hi. Thanks for meeting with me today. How is everyone doing?”*

- RECAP PREVIOUS GOALS
 - *“Last week we talked about _____, and you decided on some things you wanted to work on. How is that going?”*
 - *“Has there been anything that’s gotten in the way of you _____?”*
 - *“What are some things you’ve noticed since you’ve started _____?”*

- Discuss barriers to behavioral goals, as well as potential solutions. Help participants identify feasible solutions. Use the “General Suggestions for Overcoming Barriers” if necessary.
- Utilize motivational interviewing techniques and open ended questions to help families discuss goals, barriers, etc.
- Praise participant’s efforts and encourage them to continue.
- After discussing previous goals, transition to new topic.
 - *“Today I was hoping we might talk about how we can be more physically active—things that get in the way, and ways that we might overcome them. Is that okay?”*

INTRODUCE TOPIC AND ASSESS EXISTING SUBJECT KNOWLEDGE & CURRENT BEHAVIORS

- Introduce the topic
 - *“Many people who come to the United States say that they aren’t as physically active as they used to be. Often, it’s because they have different jobs here in the U.S. or work different schedules, they aren’t used to the climate here in Minnesota, or they just aren’t aware of many things to do.”*
 - *“Have you noticed a change in how physically active you are since moving to the U.S.? What’s different?”*

Listen for the following key words/phrases:

- Change in profession
- Change in proximity to stores, work, school, etc.
- Change in climate
- Access to physical activity
- Knowledge of feasible physical activities
- Cultural, religious, individual factors
- Comfort trying new/unfamiliar activities

PROMPTS:

➤ *“You mentioned _____. Can you tell me more about that?”*

- Assess family’s general perceptions of physical activity, types of physical activities they engage in (if any), along with frequency and duration. Pay special attention to potential barriers. If the family is already relatively physically active (adults more than 20-30 min/day; children more than 60 min/day) move onto conducting activities.

PROMPTS:

➤ *“How important is it for your family to be physically active? Why?”*

➤ *“What are some things that your family likes to do to keep physically active? Where do you usually do those things?”*

➤ *“How often (how many times per week) do you usually do those things and how long (how many minutes) do you do them?”*

➤ *“You mentioned _____. Can you tell me more about that?”*

- IF THE FAMILY REPORTS ENGAGING IN THE TIME AND FREQUENCY RECOMMENDED FOR PHYSICAL ACTIVITY: Praise them and move onto sharing information and/or activities.
- IF THE FAMILY REPORTS ENGAGING IN LESS THAN THE RECOMMENDED TIME AND FREQUENCY FOR PHYSICAL ACTIVITY: Use motivational interviewing techniques to understand why.

- *“What are some things that get in the way of being physically active?”*
- *“What are some ways you’ve tried to be physically active in the past? What happened?”*
 - Ask questions in a non-threatening way in order to try to understand more about specific family dynamics, potential barriers or concerns, etc.

SHARE INFORMATION

- *“Would it be alright if I share a little about what’s been helpful for other families to be more physically active?”*

Adjust the amount of information you share, based on how much the family already knows. It may be helpful to review content areas in order to clarify information. Use this time to correct misinformation, if necessary. If the following topics were not already discussed, try to cover them.

- Recommended amount of physical activity
“One of the things we talked about during our earlier visits is how much physical activity we should do. In general, it’s recommended that adults do about 20-30 minutes of moderate-intensity physical activity every day, and for children, it’s recommended that they do at least 1 hour of physical activity every day.”
- Physical activity does NOT have to be done all at once
“Remember, you don’t have to do all of your physical activity all at once—you can break it down into several 5-10 minute activities.”
- Daily activities can be considered physical activity
“There are lots of things we do every day that count as ‘physical activity’. Things like walking, going up the stairs, mowing the lawn or raking leaves all count. The key is doing those things with enough intensity.”
- Start with walking
“One of the easiest ways to incorporate more physical activity into your life is just walking more. Walking is great because almost anyone can do

it, it doesn't cost anything and you don't need any special clothing or equipment."

"There are lots of ways to start walking more. Simple things like parking your car at the back of the parking lot when you go shopping or to work, taking a 10 minute walk around the block on your lunch break, or even walking around the mall--- all those short walks can really add up."

- Identify activities that are enjoyable

"It's hard to keep doing an activity you don't enjoy. This is especially true for being physically active. If you set a goal of running three times a week, but you don't really enjoy running, you are more than likely NOT going to stick with it. However, if you set a goal of doing an activity you enjoy—for example, doing a fitness class with friends--it doesn't seem like such a burden, and you're more likely to stick with it."

- Identifying social support

"Getting together with friends and family is something that most people enjoy. Often, our family and friends are the people we go to when we need help, support or just want to have fun. Having people around that can exercise with you, to encourage and motivate you, is a big help when you are trying to be more physically active."

"Sometimes it can be scary to try new activities that we've never tried before. We may have seen or heard about a certain activity and were interested, but felt hesitant to try it by ourselves. That's where it's helpful to go with a family member or a friend. If you go with another person, or a group of people, it's less scary and you'll probably feel more comfortable trying something new."

"Everyone has those days where you just feel too tired to get up and do something active. That's when it's really helpful to have someone you can call who can encourage you. Often, even if we don't want to go do something, if we know there is someone else who will be going, and is counting on us to be there, we're more likely to do it."

"Doing activities as a family—even once or twice a week—is a great way for everyone to be together and to be physically active. Sometimes it is

nice for several families to get together and do an activity. That way, you get a chance to socialize, spend time with people you enjoy, and be more physically active. Doing these activities as a family also encourages lifelong healthy habits in children.”

- Taking first steps & setting realistic goals and expectations

“As with most things, taking the first step is often the most difficult. It’s important to try new activities and find those you enjoy so that you are more likely to keep doing it. There’s nothing wrong with trying something, deciding you don’t like it, and trying something else. The main thing is that you keep trying to be active.”

“One of the most common mistakes people make is to set unrealistic goals or expectations for themselves. If you set a goal of running five miles every day, but have never run even a half a mile before, you are probably going to end up disappointed with yourself and become discouraged. However, if you set small goals at first, and then work up to bigger goals, you are much more likely to be successful.”

- Being accountable and tracking progress

“Many people do better with setting goals and keeping them when they are accountable to someone else. That ‘someone’ can be anyone—a friend, partner, relative—anyone that knows about your goal and is willing to check in with you about how you’re doing. That person can also help by giving feedback and helping you remember your progress—something that we tend to forget when we try to remember on our own.”

- Involving Teens and children

“Kids and teens often like to do activities that may not be of interest to adults. While some activities, like biking, may appeal to a broad age range, other activities like skateboarding or martial arts, may not. It is important for children to discover appropriate physical activities that they enjoy, so that they can develop healthy habits that will benefit them in the long-run.”

CONDUCT ACTIVITY

- Activity #1: Utilizing the RHCP Asset Map to Explore options for Physical Activity

- Activity #2: Exploring Opportunities for Group Fitness

ALLOW THE FAMILY TO CHOOSE THE ACTIVITY. IF THE FAMILY DOES NOT HAVE A PREFERENCE, TRY TO CHOOSE ONE BASED ON THE INFORMATION THAT WOULD BE MOST HELPFUL TO THEM.

IDENTIFY PERCEIVED BARRIERS AND DISCUSS POTENTIAL SOLUTIONS

- After completing the activity, ask the family what they thought about it, what they learned, and if they have any questions. Use open-ended questions to encourage discussion.

PROMPTS:

- *“Now that we’ve talked about some ways to overcome barriers to being more physically active, what are some things you learned that you didn’t know before?”*

- After discussing some of the lessons learned from the activity, move onto discussing how the family feels about their ability to incorporate what they’ve learned into their lives.

PROMPTS:

- *“At this time, how important is it for your family to be more physically active?”*
- *“How confident do you feel about being able to incorporate more physical activity into your daily life?”*

- Some families may feel more confident than others about their ability to incorporate or apply what they’ve learned into their lives. One of the primary purposes of these lessons is to help families feel more confident about improving their health. In order to do this, it is necessary to identify specific fears, barriers, or other things that get in the way, and working with the family to help them identify solutions to overcome barriers.
- IF THE FAMILY IS CONFIDENT ABOUT THEIR ABILITIES TO INCORPORATE THE INFORMATION: move on to the next section—determining behavioral goals.

- IF THE FAMILY IS NOT CONFIDENT ABOUT BEING ABLE TO INCORPORATE THE INFORMATION: use motivational interviewing techniques to identify barriers and potential solutions.

PROMPTS:

- *“What are some things that get in the way of being physically active?”*
 - *“What do you think would make it easier for you to be physically active?”*
 - *“What are some simple ways that you might be able to overcome _____, so that you could be more physically active?”*
 - *“Is there anyone who you think would be willing to do some activities with you or support you?”*
 - *“Do you know of anyone in your community who is very fit? How do they do it?”*
- Encourage reading newsletter that includes stories from leaders in community if there is little social support within family or others.

DETERMINE BEHAVIORAL GOALS

- Assist the family in setting realistic health behavior goals. It is important that the family come up with these goals. The types of goals for each family will likely depend on their confidence, and thus, it may be necessary to focus on encouraging families by reminding them that you are there as a *resource* and are there to support them.

PROMPTS:

- *“Now that we’ve talked about different ways to be more physically active, is there anything that you would like to try as a goal?”*
- Assist the family in determining ways to track their progress. Again, these strategies should come from the family. However, if the family has difficulty in

coming up with ways to assess their progress, you may offer ideas or suggestions that have been effective for other families.

- Create a plan for following-up with families, to help encourage accountability.
 - *“When I see you next week, we can talk about how things went in terms of the goals we talked about today, and anything that came up during the week. Is that okay?”*

CLOSE THE LESSON

- Use the Family Health Promoter Lesson Checklist to track attendance, document lesson topics completed, document individual and family goals, and make notes for future lessons and follow-up.

Suggestions for Overcoming Barriers

Depending on the family's perceived barriers, the following are some examples of possible phrases for overcoming barriers and fostering motivation:

- If there is an overall lack of confidence:
 - Focus on past success
 - Talk about strengths -- Remind them of their attributes (e.g. resiliency, adaptability, supportiveness, etc.)
 - Talk about personal motivation
 - Talk about some of the specific benefits of being physically active, as well as some of the broader/general benefits of trying to be healthy
 - Encourage them to make small changes over time
 - Encourage them not to be discouraged by setbacks

- If some family members are resistant:
 - Encourage them to make small changes each week—don't rush things
 - Utilize motivational interviewing to elicit potential fears, barriers, as well as potential motivators

- If time is a barrier:
 - Try using short breaks during the work day to take walks
 - Take the stairs while at work or while doing errands, instead of the elevator
 - Make an "exercise appointment" with yourself, with your partner or friend
 - Keep your exercise stuff in the car with you so you don't have to waste time going home to get it

- If cost is a barrier:
 - Encourage walking
 - Give examples of free activities that are happening in the community
 - Utilize the RHCP Asset map to help participants identify activities that are free, that they might not be aware of
 - Discuss opportunities for scholarships, if applicable

- More ideas:
 - Send yourself an email reminding you to exercise
 - Leave yourself a voicemail reminder to exercise
 - Take a walk right after work, before going into the house
 - Set up a time for you and some friends to get together to exercise
 - If childcare is an issue, consider having a group of friends alternate watching each other's children while the rest of the group exercises
 - Set a time to be physically active as family once or twice a week. This also encourages family conversations.
 - If family members don't feel comfortable exercising in public, encourage the use of exercise videos that can be done in the home. These videos are often relatively inexpensive and can even be borrowed from the library



FAMILY INTERVENTION LESSON:
EXERCISE/FOOD/WORK/LIFE BALANCE

Background Information for Family Health Promoter

Learning to balance eating well, getting enough exercise, working, and spending time with family is often a challenge. For immigrants and refugees, working long hours or multiple jobs, coupled with social and familial responsibilities is common. Feedback from focus groups indicates that many immigrants and refugees feel that lack of time, money and “energy” are common barriers to health. Such factors cannot be minimized while discussing physical activity and nutrition, as these factors play an inherent role in perceived self-efficacy.

During this module, try to help family members increase their perceived self-efficacy by helping them identify opportunities for them to be more physically active, as well as opportunities to limit unhealthy foods and increase healthy food. Try to refrain from lecturing, scolding or telling participants how to change. Instead, ask open-ended questions, listen to participant’s concerns and help them come up with their own solutions and goals.

LESSON: EXERCISE/FOOD/WORK/LIFE BALANCE

Lesson Outline

LESSON OBJECTIVES/INTRODUCTION

- *“Hi. How are you doing today?”*

- RECAP PREVIOUS GOALS
 - *“Last week we talked about _____, and you decided on some things you wanted to work on. How is that going?”*
 - *“Has there been anything that’s gotten in the way of you _____?”*
 - *“What are some things you’ve noticed since you’ve started _____?”*

- Discuss barriers to behavioral goals, as well as potential solutions. Help participants identify feasible solutions. Use the “General Suggestions for Overcoming Barriers” if necessary.
- Utilize motivational interviewing techniques and open ended questions to help families discuss goals, barriers, etc.
- Praise participant’s efforts and encourage them to continue.
- After discussing previous goals, transition to new topic.

INTRODUCE TOPIC AND ASSESS EXISTING SUBJECT KNOWLEDGE & CURRENT BEHAVIORS

- Introduce the topic
 - *“Today I thought we might talk about ways to balance work, family responsibilities and all of the other things we have to do, while still finding time to exercise and eat well.”*

- Ask family members to describe a typical day for them, specifically, their work/school schedules and any other daily responsibilities they have.
- Try to identify if there are certain family members who have more demanding/complicated schedules than others. Focus on helping these family members.

- Ask questions that gauge overall motivation to engage in healthy physical activity and eating behaviors.

PROMPTS:

- *“Describe a typical day for you.”*
- *“How important is it for your family to eat well and be physically active?”*

- IF THE FAMILY REPORTS BEING ABLE TO INCORPORATE REGULAR PHYSICAL ACTIVITY AND HEALTHY EATING INTO THEIR DAILY LIVES, COMMEND THEM AND MOVE ONTO SHARING INFORMATION AND/OR ACTIVITIES.
- IF THE FAMILY REPORTS NOT BEING ABLE TO INCORPORATE REGULAR PHYSICAL ACTIVITY AND HEALTHY EATING INTO THEIR DAILY LIVES, USE MOTIVATIONAL INTERVIEWING TECHNIQUES TO ELICIT MORE INFORMATION.

PROMPTS:

- *“I heard you say you _____. Can you tell me a little more about that?”*
- *“What do you think your biggest barriers to being healthy are?”*
 - Ask questions in a non-threatening way in order to try to understand more about the family’s eating practices and their perceptions towards screen time, in general.

SHARE INFORMATION

- *“Would it be alright if I share a few things I’ve learned, as well as some strategies that have helped other families?”*

Adjust the amount of information you share, based on how much the family already knows. If the following topics were not already discussed, try to cover them.

- Setting health as a priority

“Being healthy is one of the most important things we can do for ourselves and our families. It’s very easy to get so caught up with work and other responsibilities that we don’t put as much effort into eating well and being physically active—two very important factors in overall health. Even though it takes effort, it’s important to focus on trying to be healthy, not only to be good role models for our families, but so that we are healthy enough to continue taking care of them.”

- Being aware of changes in lifestyle

“Many people who move to the United States from other countries say that their lifestyles have changed. Some say that in their home countries, being physically active was a part of everyday life—that they didn’t really have to make a conscious effort to exercise because the things they did every day counted as exercise.”

“Some people have said that one of the reasons people gain weight after coming to the U.S. is that they are eating the same amount they used to, but are much less physically active. Also, the types of food they eat in the U.S. are often not as fresh and are much more ‘processed’.”

“Many parents who have immigrated to the U.S. have said that even though they still prefer to eat the foods from their home country, their children often want to eat ‘American’ food, which often has a lot of calories and not very many nutrients.”

“Being aware of the differences between how active your family was and the way your family ate before coming to the U.S., and now, can help you try to figure out what has changed; whether or not those changes are good for your family, and how to modify your lifestyle so that your family can be healthy.”

- Adapting to new living and working environments

“In many other countries, walking is part of everyday life. Going to work, going to the market, and visiting friends often involves walking. As you’ve probably noticed, it is different here in the U.S., where it is generally less convenient to walk, and most people have cars and drive to where they need to go.”

“When people come to the U.S. they may do different types of work, some which are less physically demanding, so they don’t use as many calories during the day. Also, because it’s cold here in Minnesota for many months out of the year, people stay inside more, rather than getting out and being active.”

“Because of these factors, it often takes more conscious effort to be active and eat healthy foods. This doesn’t mean that we have to completely change everything in our lives. Making small changes over time is fine, starting with things that seem reasonable.”

▪ Limiting unhealthy foods

“In general, the less physically active we are, the fewer calories our body needs. Many of the foods we find in fast food restaurants and convenience stores have a lot of calories, but not a lot of vitamins and nutrients. When we eat a lot of these types of food and are not being very physically active, we are giving our bodies a lot of calories that our body is not using, and so our body stores the calories as fat.”

“There are many ways to limit the amount of unhealthy foods we eat. Here are a few ideas that have helped others:

- *When shopping, try not to buy sweets, unhealthy snacks or sugary cereals. If you don’t buy them, they won’t be in the house so you can’t eat them. Instead, buy healthier snacks and more fruits and vegetables.*
- *Try to eat out only once-in-a-while. Eating out at fast food restaurants may be convenient, but the food is often very high in calories. Cooking meals at home, taking your lunch from home to work, and limiting the number of times we eat fast food helps us better control what’s in our food. It also helps save money.*
- *Replace snacks like chips, candies or cookies with fresh fruits and vegetables. Try to have sliced fruits and veggies on hand so that they are convenient to grab when someone is hungry.”*

- Making physical activity a priority

“Lack of time’ and having ‘low energy’ are some common reasons people give for being physically inactive. And while it is true that our lives can be very hectic, most people find that if they set something as a priority, they can find time to do it, no matter how busy they are.”

“It is pretty normal to feel tired after work, whether you work in an office, do manual labor, or work at home. It’s easy to say, ‘I’m too tired to exercise’. However, if you make it a priority to do some kind of activity every day, you are more likely to feel the benefits of exercise, such as sleeping better at night, feeling more energy during the 3 day, experiencing better mood and feeling better about yourself, in general.”

“Remember, adults should get a minimum of 30 minutes of moderate-intensity physical activity five days a week, but that 30 minutes can be broken down into shorter increments. It may help you to plan your 30 minutes at the beginning of the day, like you plan when to take a lunch break. By adjusting small things in our schedules, we make time for physical activity. For example, parking a little further away from work or the grocery store so that we walk more, taking the stairs instead of the elevator, or taking a walk during a lunch break or right before or after work are all things that don’t take much time, but can really add up to help us reach at least 30 minutes of activity.”

CONDUCT ACTIVITY

ACTIVITY #1: Comparing Costs: Eating In vs. Eating Out

IDENTIFY PERCEIVED BARRIERS AND DISCUSS POTENTIAL SOLUTIONS

- After completing the activity, ask the family what they thought about it, what they learned, and if they have any questions. Use open-ended questions to encourage discussion.

PROMPTS:

➤ *“Now that you’ve seen some examples of different fast-food vs. home-made food options, what are some things you learned that you didn’t know before?”*

- Ask questions that will help gauge family member’s perceived self-efficacy (their belief that they can achieve their goals).

PROMPTS:

➤ *“How confident do you feel about being able to balance eating well and being physically active in your daily life?”*

- Some families may feel more confident than others. One of the primary purposes of these lessons is to help families feel more confident about improving their health. In order to do this, it is necessary to identify specific fears, barriers, or other things that get in the way, and working with the family to help them identify solutions to overcome barriers.
- IF THE FAMILY IS CONFIDENT ABOUT THEIR ABILITIES TO INCORPORATE THE INFORMATION: move on to the next section—determining behavioral goals.
- IF THE FAMILY IS NOT CONFIDENT ABOUT BEING ABLE TO INCORPORATE THE INFORMATION: use motivational interviewing techniques to identify barriers and potential solutions.

PROMPTS:

- *“What are some things that get in the way of balancing eating well and being active, along with everything else in your life?”*
- *“What do you think would make it easier?”*
- *“What are some ways that you might be able to overcome _____, so that you can better balance eating well and being physically active every day?”*
- *“Is there anyone who could support you?”*

- Encourage reading newsletter that includes stories from leaders in community if there is little social support within family or others.

DETERMINE BEHAVIORAL GOALS

- Assist the family in setting realistic health behavior goals. It is important that the family come up with these goals. The types of goals for each family will likely depend on their confidence, and thus, it may be necessary to focus on encouraging families by reminding them that you are there as a *resource* and are there to support them.

PROMPTS:

- *“Now that we’ve talked about some different ways to be healthier, what are some goals that you might want to work on to help you become more physically active?”*
- *“How about goals that would help you eat better?”*
- Assist the family in determining behavioral goals.
- Assist families in determining ways to track to their progress. Again, these strategies should come from the family. However, if the family has difficulty in coming up with ways to assess their progress, you may offer ideas or suggestions that have been effective for other families.
- Create a plan for following-up with families, to help encourage accountability.
 - *“When I see you next week, we can talk about how things went in terms of the goals we talked about today, and anything that came up during the week. Is that okay?”*

CLOSE THE LESSON

- Thank the family and set up the next meeting time.
- Use the Family Health Promoter Lesson Checklist to track attendance, document lesson topics completed, document individual and family goals, and make notes for future lessons and follow-up.

Activity #1: Comparing Costs: Eating In vs. Eating Out

Objective

To increase participants' awareness of the differences in cost, caloric value and quality between common fast-food options and home-made food options.

Supplies

- Laminated Cost Comparison Pictures (C. Bergstralh)

Introduction

- *“A lot of people like to eat out at restaurants, especially fast food restaurants, because it’s convenient, tastes good and is relatively inexpensive. However, as we’ll see, sometimes eating out isn’t as good a deal as it seems, when we consider the number of calories, portion size, and cost of eating out versus preparing food at home.”*

Demonstrate

- Ask participants what some of their favorite fast-food restaurants are and what they like to order. Ask them what they like about eating there-- whether it’s convenient, inexpensive, tastes good, etc.
 - *“I have some pictures of very common foods that people get when they eat out. Maybe you’ve eaten some of these things. While we look through these, pay attention to how many calories each item has, the portion size, and how much each costs.”*
- Show participants each food comparison photo and point out the information. Ask them if they’ve tried any of the items and what they think about it. After reviewing the examples, ask the family if they think any of the fast foods they like to normally eat could be eaten at home, and whether or not they think they could make them cheaper, or if there are other similar foods they could buy that are healthier.
 - *“Now that we’ve seen some examples of the differences between some fast foods and other products. What do you think about it? Where you surprised by anything? ”*
 - *“Can you think of any examples of foods that you like to get when eating out, that have more healthier options? What are they?”*

Summarize

- Remind participants:
 - *“It’s nice to eat out every once-in-a while, but when we are doing it on a regular basis, it’s harder to be aware of how many calories we’re consuming. As we’ve seen through some of the examples, eating out can be more expensive and less healthy.”*

Suggestions for Overcoming Barriers

Depending on the family’s perceived barriers, the following are some examples of possible phrases for overcoming barriers and fostering motivation:

- If there is an overall lack of confidence:
 - Focus on past success
 - Talk about strengths -- Remind them of their attributes (e.g. resiliency, adaptability, supportiveness, etc.)
 - Talk about personal motivation
 - Encourage them to make small changes over time
 - Encourage them not to be discouraged by setbacks
 - Share inspirational stories
 - Ask if they know of anyone who is successful at being physically fit and who eats well, and how they do it
- If family members are resistant:
 - Encourage them to make small changes each week—don’t rush things
 - Don’t force, pressure or demand radical changes from family members
 - Remind them of reasons to change behavior (focus on overall improved health, as well as specific reasons to be more fit and to eat healthy)
 - Encourage doing physical activities with friends
- If cost is as barrier:

- Remind participants that being healthy saves money in the long run (less doctor's visits, medication, missed days of work)
 - Assist participants in identifying opportunities for physical activity that are free. Encourage walking more, doing exercises around the house.
 - Help participants identify things that they spend money on that are non-essential, and re-prioritize those funds to be used for healthy activities and food
- If time is a barrier:
 - Encourage them to make being more active and eating better a priority for themselves and their families
 - Remind them that regardless of how busy life is, people find time to do things that are important to them; Plus, they are worth it!
 - Encourage participants to find times during the day, such as breaks at work, while on errands or after work, to become more physically active
 - Encourage participants to prepare healthy snack options in advance and have them readily available throughout the week

Food Comparison Facts

(Compiled by C. Bergstrahl)

McDonald's **Crispy** Ranch Snack Wrap

- Cost: \$1.49
- Serving Size: 1 wrap
- Calories: 350 cal
- Fat: 19g



Whole Grain Flatbread Wrap with Turkey

- Cost: \$0.82
- Serving Size: 1 wrap with 2 turkey slices
- Calories: 130 cal
- Fat: 3g



Food Comparison Facts
(Compiled by C. Bergstrah)

McDonald's Oatmeal

- Cost: \$1.99 for 1 bowl
- Serving Size: 1 bowl
- Calories: 270 cal
- Fat: 8g
- Sugar: 19g



Lower Sugar Instant Oatmeal

- Cost: \$0.30 for 1 packet
- Serving Size: 1 packet
- Calories: 120 cal
- Fat: 2g
- Sugar: 4g



Food Comparison Facts

(Compiled by C. Bergstrahl)

McDonald's Yogurt Parfait

- Cost: \$1.00
- Serving Size: 5.2 oz.
- Calories: 150 cal
- Fat: 2g
- Sugar: 23g



Dannon **Light** and Fit Yogurt

- Cost: \$0.80
- Serving Size: 6 oz.
- Calories: 60 cal
- Fat: 0g
- Sugar: 7g



Food Comparison Facts

(Compiled by C. Bergstralh)

KFC Chicken Little Sandwich

- Cost: \$1.29
- Serving Size: 0.23 lb
- Calories: 320 cal
- Fat: 19g



Grilled Chicken and Whole Grain Sandwich

- Cost: \$0.66
- Serving Size: 0.23 lb
- Calories: 241 cal
- Fat: 4g



Food Comparison Facts

(Compiled by C. Bergstralh)

McDonald's French Fries

- Cost: \$0.99
- Serving Size: 1 small order
- Calories: 230 cal
- Fat: 11g



Snap Peas and Grated Parmesan

- Cost: \$0.65
- Serving Size: 2 oz. package of peas and 0.21 oz. parmesan
- Calories: 85 cal
- Fat: 3g



Food Comparison Facts

(Compiled by C. Bergstralh)

McDonald's Cheeseburger

- Cost: \$1.00
- Serving Size: 1 cheeseburger
- Calories: 300 cal
- Fat: 12g



Whole Grain Peanut Butter and Jelly Sandwich

- Cost: \$0.54
- Serving Size: 1 sandwich
- Calories: 195 cal
- Fat: 9g





FAMILY INTERVENTION LESSON: CELEBRATING ACCOMPLISHMENTS

Background Information for Family Health Promoter

This is the last Family Learning Lesson included in the family intervention, and is focused on briefly recapping knowledge areas that are pertinent to the family, their respective goals, progress and accomplishments. This interaction will also serve as a transition point for the family, during which a system for follow-up will be established. Assure the family that you will continue to follow-up with them and that they can contact you with questions or concerns.

Use this interaction as an opportunity to revisit any lessons that were especially relevant to the family (i.e., experiences reducing screen time, beverages, etc.). Review goals that the family has been working on and encourage them to continue working towards them. Remind participants that change is difficult sometimes, and that small changes over time are most likely to lead to long-term improvement. Focusing on additional means of problem solving, overcoming barriers and identifying means of social support may also be helpful during this interaction.

LESSON: CELEBRATING ACCOMPLISHMENTS

Outline

LESSON OBJECTIVES/INTRODUCTION

- *“Hi. How are you doing today?”*

- RECAP PREVIOUS GOALS
 - *“Last week we talked about _____, and you decided on some things you wanted to work on. How is that going?”*

- Discuss barriers to behavioral goals, as well as potential solutions. Help participants identify feasible solutions. Use the “General Suggestions for Overcoming Barriers” if necessary.
- Utilize motivational interviewing techniques and open ended questions to help families discuss goals, barriers, etc.
- Praise participant’s efforts and encourage them to continue.
 - *“Since this is the last time we will be meeting weekly, I thought it might be a good time to re-cap some of the things we’ve learned over the past few months and talk about how things have been progressing, whether you’ve noticed anything that’s been particularly helpful, challenging, as well as your successes. Is that alright?”*

REVIEW RELEVANT LESSONS BASED ON NEEDS OF THE FAMILY

- *“We’ve talked about a lot of different topics over the past few months. Are there any topics that you found especially interesting, helpful or difficult? What were they?”*

- Review relevant lesson topics, re-cap information and answer questions and clarify misinformation, if necessary.

POTENTIAL TOPICS FOR REVIEW:

- Increasing Fruits & Vegetables
- Portion Control
- Decreasing Screen Time
- Fats
- Beverages
- Snacks
- Smart Shopper
- Increasing Physical Activity
- Overcoming Barriers to Physical Activity
- Increasing Muscle Strength & Flexibility
- Exercise/Food/Work/Life Balance

REVIEW ACCOMPLISHMENTS

- This is a good opportunity to review some of the past accomplishments. Examples of accomplishments may be increasing fruits and vegetable consumption, cutting back on sweets or switching to diet soda.
- Even if the family cannot readily identify accomplishments, stress their success in continuing in the program.

CONTINUATION OF GOALS

- Help the family to identify and prioritize their long term health goals.

PROMPT:

- *“What are some general health goals that you want to set for your family?”*

- Assist the family in developing feasible plans to achieve their goals, based on the lessons they’ve learned and experiences they’ve had throughout the previous lessons.

PROMPT:

- *“What are some specific things that you think are reasonable, that would help you reach your goals?”*

SOCIAL SUPPORT

- Help the family identify additional social support (within the family, relatives, friends, role models, etc.).
- Help participants create a plan for accessing continued support.

PROMPT:

- *“Everyone needs help at some point—someone who knows what our goals are and can be there to encourage us. Some people who have immigrated to the United States have said that having friends and family to give encouragement and support is very helpful, as well as getting together with others in your community to help support each other.”*
- *“Who are the people in your life that might be willing to support you?”*

CLOSE THE LESSON

- Thank the family and set up a time for following-up.
 - Complete the Family Health Promoter Lesson Checklist to track attendance, document lesson topics completed, document individual and family goals, and future follow-ups.
- *“Thanks for letting me come and meet with you these past few months. It’s been great learning together. Although I won’t be coming by every week, I’d like to keep following up with you, just to touch base about how you’re doing. Is that alright?”*