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Initiating C.H.E.W. at Maternity Care Coalition

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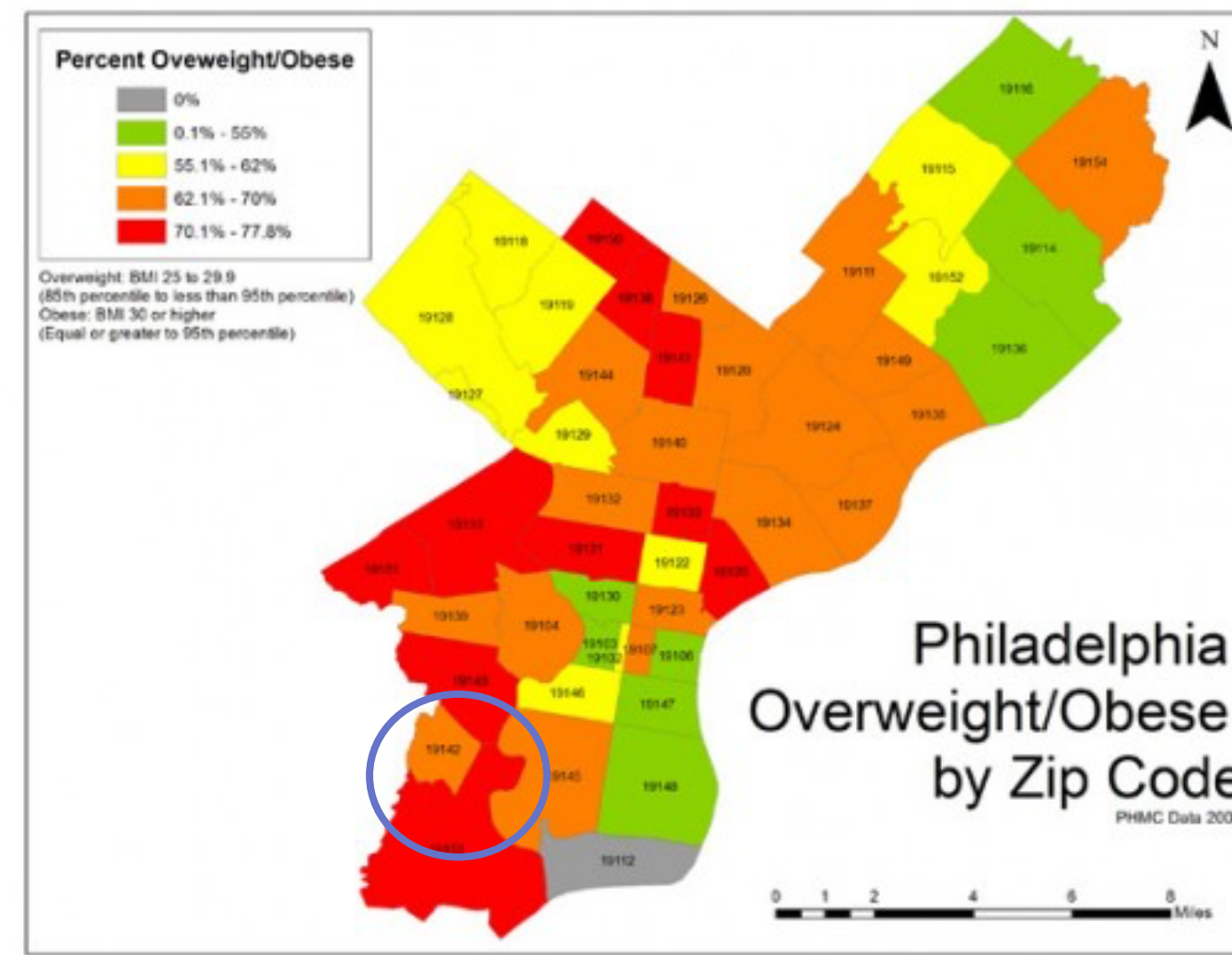
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Background: Obesity in Philadelphia

- Increased chronic diseases such as cardiovascular disease and diabetes
- Philadelphia 2nd highest obesity rate among nations largest cities
- 19146 zip= High risk vulnerable Philadelphia neighborhood
- Why? The barriers the population faces
 - Access to healthy food
 - Being able to afford the food
- We are focused on changing the diets of children:
 - Children who are overweight by age 5 are 5x more likely to be overweight or obese as an adult, putting them at increased risk of early onset of associated diseases such as cardiovascular disease, diabetes, and hypertension. ¹
 - Obesity in children ages 2-5 = 8.9%.
 - Obesity in WIC children ages 2-4 = 14.5%. ³



How does implementing a C.H.E.W. at an Early Head Start program impact the health and dietary practices of families and staff participating in the program?

Our Partners: MCC and SHARE

Maternity Care Coalition

- Different styled programs have been implemented at an attempt to lower these rates, some of the most helpful have been linked to the child's school as a way to build a healthier community. ²
- The Early Head Start Program, for 0-3 aged children, focuses on pregnant women and young families. We partnered with Early Head Start in order to begin the lifestyle of healthy eating early in the child's life. In this way, we can educate role models (entire faculty) in order to create a "culture of health".
- C.H.E.W. stands for Cultivating Healthy Eating and Wellness: It encompasses a food Buying Club through Philadelphia SHARE as well as workshops throughout the year focusing on nutrition education.
 - Cooking demonstrations
 - Nutrition classes
 - Elaboration of food garden
 - MCC cookbook

Philadelphia SHARE

- Potential local food sources were assessed for affordability, convenience, and food variety. Assessment results were shared during a MCC parent advisory group meeting and with MCC staff to gain input about preferences and concerns about the various food access programs.
- A north Philadelphia based food buying club that will deliver whole sale priced healthy food to MCC once a month. Example: The Value Package Option. Chicken breasts, turkey medallions, ground beef, ground turkey, local seasonal fruits and vegetables, onions, sweet potatoes, white potatoes, and eggs. Unit Price \$20.00.

Methods: Pre-Test Survey

Objectives

SMART objectives were discussed and established to create a set of goals in place that the project could advance towards. A logic model was then developed as a visual path on how these objectives would plan to be met.

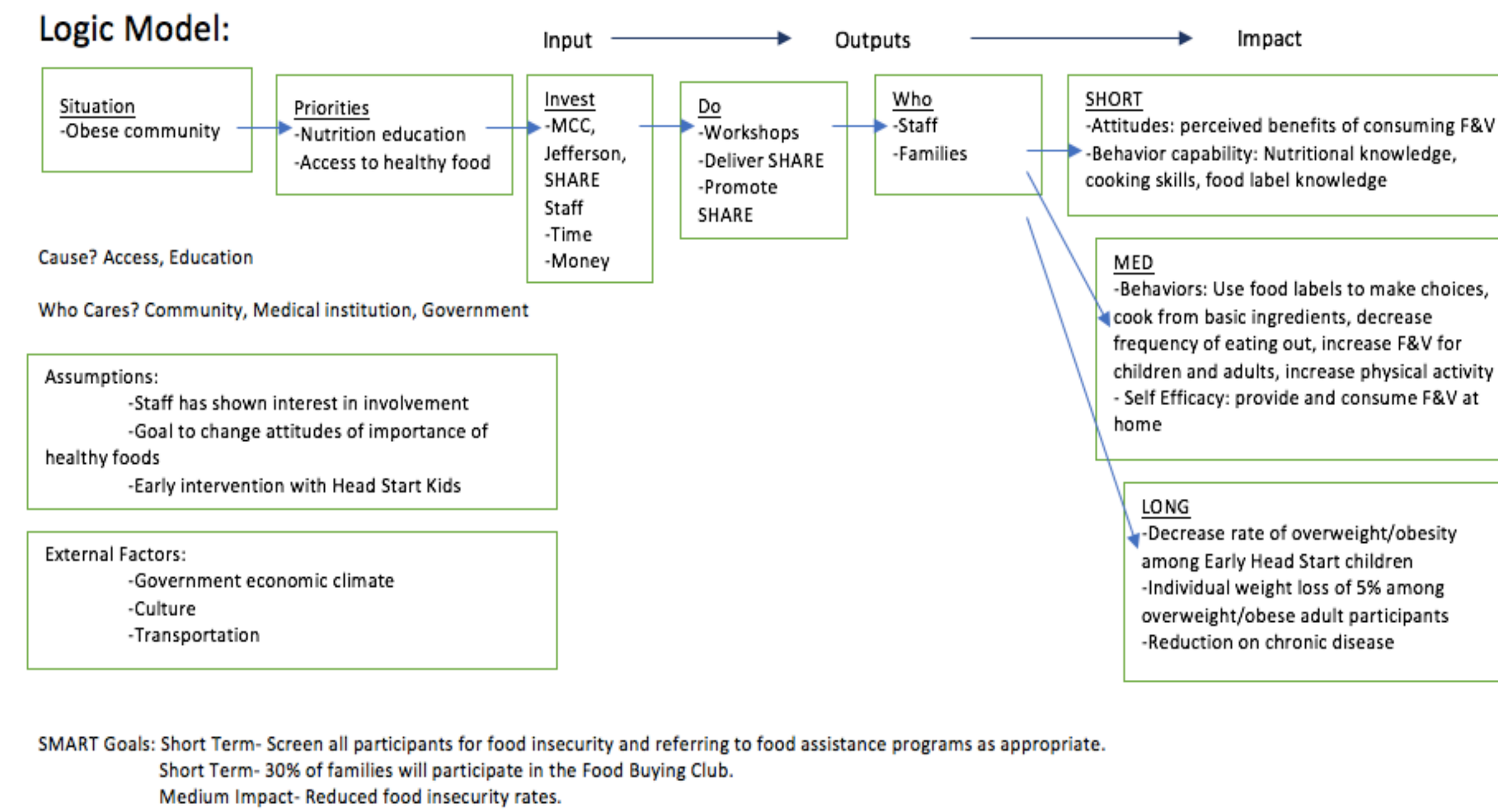


Figure 1 illustrates the completed logic model that goes into detail of the short, medium, and long term outcomes.

Rooted in the Theory of Planned Behavior

The theory explains that a person's intentions are based in their attitudes, knowledge, and subjective norms; their intentions then develop into their behaviors.

To change a person's behavior, their attitudes, knowledge, and subjective norms must be assessed and understood. The specific survey questions were developed using a variety of validated questions from previous studies to evaluate:

- Attitudes on healthy eating
- Nutrition health knowledge
- Self-efficacy
- Current behaviors
- Food Insecurity

The survey was reviewed by project staff and pretested for ease of completion and appropriateness for the target audience.

S.M.A.R.T. Objective	Indicator	Data Source	Timeframe
By July 2018, at least 30% of MCC families and staff will participate in the Food Buying Club	Attendance Retention	• Sign up sheets	ongoing
By July 2018, 80% of program participants will demonstrate increased knowledge, self-efficacy/ improved attitudes towards healthy eating and report improved dietary behaviors (pre-post survey).	Knowledge, self efficacy, behavior	• Q 201-206 • Q 301-304 • Q 401-409 • Champions for Change • FDA 2014 Health and Diet • CDC NHANES 2015-2016	Pre & Post
By July 2018, the rate of food insecurity among program participants will be reduced by 20% (pre-post survey).	Food insecurity	• Q 601-613 • Food Standards Agency • Journal of Healthcare for the Poor and Underserved	Pre & Post
Within 2 years of program initiation, the rate of overweight/obese among 2-3 year olds in MCCs Early Head Start Program will decrease by 20%	Ht/Wt/BMI	• Growth screening requirement	Pre & Post
Within 1 year of program initiation, 30% overweight/obese individuals participating in the Food Buying Program will reduce their weight by 5%.	Ht/Wt/BMI	• Screening at program	Pre & Post

Figure 2 illustrates each objective's question source and how it would be measured.

Results:

Content Feedback

The majority of the pre-test results provided that the participant found themselves not "buying fruits and vegetables because they cost too much".

Formatting Revisions

The places for improvement stemmed from formatting confusion.

There was confusion switching between "past week" questions and "past 24 hour" questions as well as confusing switching between Yes/No styled questions and Likert scale styled questions

Discussion:

Conclusions

This project has illustrated that the MCC/TJU team is on the correct path, but improvement is still necessary in some places. The feedback given explained that the survey was understandable, culturally appropriate, and easy to complete.

Next Steps

- Development of the requested workshops
- Data expansion for all MCC families participating

The C.H.E.W. program will be expanded to the community in proximity to the MCC Early Head Start site in South Philadelphia and to other MCC Head Start programs.



References and Acknowledgments:

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THANK YOU!

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