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Health Maintenance and Goal Setting for Women Joining and Re-joining the Workforce

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Health Maintenance and Goal Setting for Women Joining and Re-joining the Workforce

A project presented

by

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to

The faculty of the graduate college

of

The University of Vermont College of Nursing and Health Sciences, Department of Nursing

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Abstract

Poverty is a major health barrier in the United States which disproportionately affects women, who earn lower wages than men and are often single mothers responsible for the care and wellbeing of their families. Chronic socioeconomic depression is a cyclic, multigenerational problem that can make it difficult for women to adequately engage in healthy behaviors such as eating well and exercising. Poor self-care practices can in turn lead to cycle of poor health outcomes across the board, including depression, cardiovascular disease, diabetes and more. Poor health may subsequently pose a challenge for women trying to find the energy to devote to a career that could potentially break the harmful cycle of poverty.

The purpose of this project was to develop an educational module to be included in ongoing curriculum for students enrolled in Vermont Works for Women's Step In to Work program on nutrition and exercise, using techniques of SMART goal setting and motivational interview to effect empowerment and lasting healthy behavior changes. This educational intervention consisted of a 90 minute PowerPoint presentation and didactic lecture interspersed with group discussion, followed by a 30 minute individual goal setting activity and final goal-based discussion. Participants' perception of their knowledge relating to nutrition and exercise was measured using a pre- and post-survey, which showed overall improvement. Furthermore, all participants were able to create a SMART goal by the end of this module and most felt confident that they would be able to make the necessary changes to achieve their goal.

Table of Contents

Abstract.....2

Chapter 1: Introduction.....4

Chapter 2: Literature Review.....8

Chapter 3: Methods.....12

Chapter 4: Evaluation and Discussion.....18

References.....23

Appendix A.....28

Appendix B.....32

Appendix C.....33

Chapter 1: Introduction

The World Health Organization defines chronic conditions as those that require ongoing management over a period of years. Socioenvironmental conditions which may result in disability, such as limited food, financial and healthcare resources, are included under this definition as well (World Health Organization, 2005). Women in the United States earn lower wages on average than men and are disproportionately affected by poverty (Blau, et al, 2012). Poverty has been found to be strongly associated with depression as well as a variety of negative physical health outcomes, likely due in part to the challenge poverty presents to engagement in health maintenance practices such as adequate nutrition and exercise (Orzech, et al, 2012). Optimizing self-care in the face of chronic conditions such as poverty can enhance quality of life and functioning, helping people to build stable, healthy lives (World Health Organization, 2005).

Vermont Works for Women is a non-profit organization in Winooski, Vermont that helps women and girls throughout the state to explore, pursue and excel in work that leads to economic independence. The organization provides education and training to underserved communities of women including those with a history of poverty, addiction and incarceration to gain the skills they need to have stable jobs that enable them to be independent and to contribute to the stability of their families (Vermont Works for Women, 2014).

Project Purpose

In order to holistically address their clients' multidimensional needs as they work toward independence and professional success, Vermont Works for Women has requested the development of a self-care module to be incorporated into their Step In to Work work-readiness program. This self-care content focuses on the health maintenance practices of healthy nutrition and exercise. It complements the social and work skills focus of the program, contributing to the development of skills that will enable women to feel their best and stay healthy as they take on increasing responsibilities in the workforce.

Significance

This project supplements the work-readiness curriculum of Vermont Works for Women's Step In program. By teaching women important self-care fundamentals of healthy diet and exercise practices and encouraging goal setting, this module prepares women to maintain and improve health maintenance behaviors, better preparing them to enjoy a sustainable career while caring for themselves and their families. An effective educational module will address as many barriers to adequate nutrition and exercise among socioeconomically disadvantaged women as is reasonable for the time allotted while encouraging women to discuss resolutions for these barriers and set attainable personal health goals that are meaningful in each individual's life.

Theoretical Framework

Social cognitive theory was developed by Albert Bandura and first published in 1986. Social cognitive theory illustrates a unique perspective on human agency, describing persons as making causal contributions to their own motivation and action within a system of interacting environmental determinants. Therefore, according to social cognitive theory, personal agency

must operate in concert with the environment in order for change to most effectively occur (Bandura, 1989).

According to social cognitive theory self-efficacy beliefs are an important determinant of motivation, affect and action, determining an individual's motivation to change and the amount of effort they are likely to devote to this change (Bandura, 1989). By focusing on each participant's personal motivation to make health behavior changes while bearing in mind the individual sociocultural and economic environment informing these changes, this project will use the framework of social cognitive theory to increase the effectiveness of the materials presented and to improve buy-in and motivation for goal setting.

Relationship to Advanced Practice Nursing

This project has a strong focus on empowering participants to gain and use knowledge to create meaningful, personalized goals which will help them to make behavioral changes in the key areas of nutrition and exercise, both of which contribute significantly to health maintenance and preventive health. Accordingly, this project focuses on multiple core components of advanced practice nursing including patient-centered care and health maintenance. This is an interprofessional project which addresses the following leadership competency set out by the National Organization of Nurse Practitioner Faculties, "Provides leadership to foster collaboration with multiple stakeholders (e.g. patients, community, integrated health care teams and policy makers) to improve health care" (NONPF, 2012).

Patient-centered care is a central concept to advanced practice nursing in which patient-centered interventions are used to foster client buy-in and promote behavioral change. Patient centered interventions address salient characteristics of patients' experiences and beliefs, using

this information to promote actions that respond specifically to the client's own goals and preferences. Patient centered care respects and works within the context of the patient's life, supporting the patient in attaining and maintaining health according to their own priorities and abilities (Lauver, et al, 2002). The concept of patient-centered care also ties in closely with the NONPF health delivery system competency, "Provides patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision-making... Preserves the patient's control over decision making by negotiating a mutually acceptable plan of care" (NONPF, 2012).

Health promotion and health maintenance are emphasized in all nursing standards and serve as a cornerstone for advanced nursing practice. Nurse practitioners are leading the way as our society shifts focus from addressing health problems after they develop to preventing health problems from occurring in the first place by encouraging maintenance of healthy habits such as healthy nutrition and exercise, throughout the lifespan. This focus has been identified in research. Nurse practitioners have been found to offer more advice on self-care and management than physicians do while maintaining similar health outcomes among patient groups (Jansen & Swygart-Stauffacher, 2010). The importance of health promotion and preventive care is emphasized in the NONPF independent practice competency, "Provides the full spectrum of health care services to include health promotion, disease prevention, health protection, anticipatory guidance..." (NONPF, 2012).

Chapter 2: Literature Review

The aim of the literature review was to identify and better understand barriers to health maintenance practices among adult women with backgrounds of socioeconomic disadvantage. The effects of various interventions on health maintenance practices within this population was also explored. The literature search was conducted using the databases Google Scholar (scholar.google.com), CINAHL and PubMed for studies and articles published from the year 2006 to 2016 which examine barriers to health and the effects of various interventions on health maintenance practices of women affected by poverty. Key search terms included ‘women’ AND ‘poverty’ AND ‘nutrition’ AND ‘exercise’ AND ‘interventions.’ Eleven studies were included in this brief review. Nine were quantitative and two were qualitative (based on interviews).

Barriers

The literature focusing on barriers to adequate nutrition and exercise among socioeconomically disadvantaged women used interviews to garner qualitative information on challenges to making positive changes in health maintenance behaviors. Women self-identified multiple challenges that coexist and compound to get in the way of healthy nutrition and exercise practices, including lack of motivation to exercise, frustration with slow health and weight-loss results, lack of social support, lack of nutritional knowledge, social and emotional eating, lack of time to exercise and cook, and high cost of eating healthy and joining a gym (Baruth, et al, 2014; Dammann & Smith, 2009).

Another study identifies poverty itself as a barrier to adequate health maintenance activities, specifically adequate nutrition. There is an inverse relationship between energy density and energy cost of food in the United States. This means that the lowest-cost options for

food in this country are often composed of refined grains with added sugars and fats. This contributes to national obesity rates that are highest among populations with the highest poverty rates and the least education (Drewnowski & Specter, 2004).

A study using area-based socioeconomic measures (ABSMs) collected from existing census data identified several associations between poverty and poor health outcomes. These associations included associations of context, meaning a concentration of poverty exacerbates harmful social interactions leading to decreased participation in healthy practices as well as associations of location, meaning socioeconomically depressed areas are less likely to be close to supermarkets and more likely to be dangerous in terms of crime and proximity to industrial plants, causing challenges to adequate nutrition and exercise (Krieger, et al, 2003). This demonstrates the importance of geographical context in considering health practices and outcomes.

Effects of Interventions

Several case-control and prospective cohort studies were found that positively identified specific types of interventions as effective for promoting weight loss and behavior change. One key intervention that has been found to be effective is the motivational interview. Motivational interview is an interactive collaborative technique that aims to help foster behavioral change by emphasizing the importance of the change from the client's perspective. Motivational interview enhances motivation by focusing on the discrepancy between the client's current behavior and desired results and supporting this self-efficacy to make changes self-identified as necessary, all in the context of an empathic conversation. By understanding that clients know what is best for themselves and understand the strategies that will work well to create change in their own lives,

the motivational interview has been found to be effective in helping foster change across many situations and environments (Martins & McNeil, 2009).

Goal setting is another client-led intervention that empowers the person as they strive to make changes that resonate with their personal desires and fit into their own life. One study found that participants who set personal dietary modification goals were more likely to thoughtfully compare foods based on nutrition labels and to accurately choose healthy foods, regardless of the specific content of their dietary modification goals (Miller & Cassady, 2012).

Two case-control studies from Europe show that nutritional health interventions focusing on personalized nutrition are more effective than standard public health directed advice in inducing compliance with healthy eating recommendations. Personalized nutrition is defined as the delivery of personalized diets based on information relating to people's existing diets and lifestyle and/or phenotypic information including nutrition profile, lipid profile, body mass index (BMI), blood pressure, etc. and/or genetic data. These findings further demonstrate the importance of developing health maintenance interventions that are individualized and patient-focused (EUFIC, 2015; Hageman, et al, 2014).

In a study that closely echoes and ties in with specific barriers identified in this literature review, educational materials addressing several specific topics relating to a variety of subjects closely tied in to healthy behaviors and weight loss were found to be correlated with increased likelihood of losing weight and decreasing waist circumference. These topics included the health benefits of weight loss, appropriate portion size, interpretation of nutrition labels, healthy recipe modification and strength building exercises was also found to be helpful (Jordan, et al, 2008).

Finally, a study of women in Iran found that a multidimensional approach involving in-person meetings, multimedia teaching techniques and face-to-face interaction between teachers and students as well as among students was effective in promoting healthy eating and physical activity (Pazoki, et al, 2007). The results of this study demonstrate improved teaching efficacy with an intervention that engages participants on multiple levels.

Chapter 3: Methods

Vermont Works for Women's Step In program provides work readiness training for women with a history of poverty, trauma, addiction and incarceration to help them achieve financial independence, a key component of holistic wellbeing (Vermont Works for Women, 2014). As well as the training in social and technical skills included in the Step In program, it is important that participants in this program receive material covering health maintenance practices to help them gain the skills and knowledge to stay healthy as they experience the increased responsibilities and rewards of joining the workforce.

Education on exercise and nutrition is certainly an important component of this health maintenance lesson plan, but an engaging and effective module must include other strategies as well. By being interactive, using components of motivational interviewing and tying the class back into the Step In themes of setting student-directed, attainable goals, this module can contribute to women making healthy behavioral changes.

Development of Project Materials

A literature review was utilized to develop an interactive educational module covering the topics of healthy nutrition and exercise. The evidence-based techniques of motivational interview and SMART goal setting were used in the development of student worksheets to be completed and discussed as the final activity of this module. The project material developed by the graduate student was reviewed by University of Vermont graduate nursing faculty members on the student's committee as well as by the Vermont Works for Women Step In to Work program manager. The project received "not research" status from the Institutional Review Board at the University of Vermont.

Objectives

This project's aim was to increase participant familiarity with healthy recommendations for nutrition and exercise and to empower participants to set and meet personalized, realistic health maintenance goals with the ultimate aim of fostering an understanding of self-care as a crucial component of holistic success as women continue to work through Vermont Works for Women's Step In to work program and prepare for increased professional responsibility.

As such, the specific teaching objectives for participants in this module were as follows:

1. Improve understanding of nutrition and eating recommendations.
2. Become familiar with reading and comparing food labels.
3. Improve understanding of exercise recommendations.
4. Increase comfort with incorporating exercise into daily routine.
5. Discuss the role of deliberate vs. impulsive actions, personal values and support systems in nutrition and exercise.
6. Create a SMART goal related to nutrition and/or exercise.

Enhancements and Inhibitors

The student was approached by Vermont Works for Women Step In program staff requesting an educational module as a supplement to the existing Step In work readiness curriculum. Participants in the Step In program received this educational module as part of the Step In curriculum.

The graduate student is not affiliated in any other way with Vermont Works for Women, but is a registered nurse working for a women's correctional facility where many women participate in programs directed by Vermont Works for Women. The graduate student's

familiarity with the strengths, needs and challenges of the population benefiting from this project enhanced her ability to develop an effective, targeted product.

Existing barriers to adequate nutrition and exercise among socioeconomically disadvantaged women include lack of motivation to exercise, frustration with slow health and weight-loss results, lack of social support, lack of nutritional knowledge, social and emotional eating, lack to time to exercise and cook, and high cost of eating healthy and joining a gym. These barriers were addressed with the aim of increasing knowledge in areas of knowledge deficits and promoting self-efficacy to overcome motivational barriers to healthy behaviors.

Barriers to the creation and implementation of this project included many of the same barriers that Vermont Works for Women faces when developing and teaching its Step In curriculum. Due to Step In students' challenges with regards to psychosocial issues, transportation, child care and inflexible work schedules, not all students are able to attend all class sessions, leading to highly variable attendance rates. Additionally, the diverse backgrounds, learning styles and experiences of Step In students necessitates teaching that can be individualized to the women present at any given class session.

Persons Involved

The student worked closely with the Step In program director and Step In teacher over the course of several months to develop a lesson plan that was in keeping with the objectives and foci of the Step In program. The educational module was presented over the course of approximately two hours to a group of ten women participating in Vermont Works for Women's Step In program. All materials were made available to Step In staff members so the module can be used and adapted for the future, in which it will be presented by the Step In teacher. This

module will be repeated with a new group of Step In students every four weeks as part of the ongoing rolling admissions program for an indefinite period of time.

Project Materials

The didactic portion of the module addressed the basics of nutrition and exercise practices in a way that participants were likely to find helpful and engaging, based on information gleaned from the literature review. The concise, straightforward PowerPoint touched on nutritional basics like calories, carbohydrates, fats and proteins, and nutrition label interpretation as well as exercise basics including daily recommendations and health benefits of regular physical activity, culminating in slides explaining real-life applications for this information (Appendix A). Participants were given handouts containing each PowerPoint slide and wallet-sized “nutrition label cheat-sheet” interpretation cards for purposes of note-taking and future reference.

Throughout the module, participants were encouraged to participate through self-reflection, group discussion and goal setting. There were two structured group discussions, each addressing a specific objective. The first of these was an activity in which participants compared and interpreted nutrition labels, addressing objective #2. The next discussion involved incorporation of exercise into daily routine, addressing objective #3. The last discussion engaged the Step In themes of identifying barriers, personal values, deliberate vs. impulsive actions, and support systems, asking participants to give real-world examples of these themes in their exercise and eating practices and thereby addressing objective #5.

At the end of the module, participants were given a worksheet to complete which asked them to create a SMART goal (Appendix B). It was explained both verbally and in writing that a SMART goal needs to be specific, measurable, attainable, realistic and time-bound. Participants

were also asked to further reflect on their goal in writing using the framework of change talk developed for use in motivational interview, addressing the key aspects of desire, ability, reasons, need, commitment, activating and taking steps. Finally, participants were encouraged to share their goals with the group in a group discussion in which all students chose to participate.

Evaluation

The effectiveness of the educational module was evaluated with a pre- and post-survey (Appendix C). All ten students participated fully in the evaluation. Since Vermont Works for Women students typically share a background of low educational status and may have had adverse experiences with traditional school/test taking in the past, a pre- and post-test was foregone in favor of a Likert survey which was administered before and after the module. Both surveys contained six identical multiple choice items intended to assess student comfort with the materials covered in the didactic portion of the module, addressing objectives #1, #2 and #3 of the module.

The post-survey also contained two additional items asking participants to self-report on two further criteria addressing objective #6 of the module: whether they were able to create a SMART goal and how confident they felt that they would make the necessary changes to meet this goal. Participants were asked to refrain from revealing their identity on all parts of the evaluation.

Participation in group discussions topics which addressed objectives #4 and #5 was also used to evaluate the success of this module. The discussions asked students to consider incorporating exercise into their daily routine and to think critically about how the Step In

program's themes of barriers, values, deliberate and impulsive actions and support systems affect their eating and exercise practices.

Chapter 4: Evaluation and Discussion

Results

A total of ten Step In students participated in this educational module. There was a 100% completion rate for the pre- and post-surveys. All multiple choice statements were rated from 1 to 5 with the following scale, with the exception of item #7 , which was answered, “Yes / No”:

- 1: Strongly Disagree
- 2: Slightly Disagree
- 3: Neutral
- 4: Slightly Agree
- 5: Strongly Agree

The multiple choice items were as follows. Items 7 and 8 were only asked in the post survey only:

- 1. “I understand the roles of proteins in my diet” (objective #1)
- 2. “I understand the roles of fats in my diet” (objective #1)
- 3. “I understand the roles of fats in my diet” (objective #1)
- 4. “I know how to read nutrition labels to decide which foods are best for me” (objective #2)
- 5. “I can name three specific health benefits of exercising” (objective #3)
- 6. “I know how much time I should spend exercising each week” (objective #3)
- 7. “I was able to create a SMART goal today” (objective #6)

8. “I feel confident that I will make the changes I need to make in order to achieve my SMART goal” (objective #6)

In the pre-survey, the breakdown of answers was as follows:

| Answer | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| Number of participants choosing this answer for item #1 | 0 | 1 | 2 | 4 | 3 |
| Item #2 | 0 | 1 | 2 | 6 | 1 |
| Item #3 | 0 | 1 | 3 | 3 | 3 |
| Item #4 | 0 | 2 | 1 | 5 | 2 |
| Item #5 | 0 | 0 | 1 | 3 | 6 |
| Item #6 | 0 | 0 | 4 | 2 | 4 |

In the post-survey, the breakdown of answers was as follows:

| Answer | 1 | 2 | 3 | 4 | 5 |
|---|------------------------------------|---|---|---|----|
| Number of participants choosing this answer for item #1 | 0 | 0 | 0 | 2 | 8 |
| Item #2 | 0 | 0 | 0 | 3 | 7 |
| Item #3 | 0 | 0 | 0 | 2 | 8 |
| Item #4 | 0 | 0 | 0 | 2 | 8 |
| Item #5 | 0 | 0 | 1 | 0 | 9 |
| Item #6 | 0 | 0 | 0 | 0 | 10 |
| Item #7 | All 10 participants answered “yes” | | | | |
| Item #8 | 0 | 0 | 3 | 3 | 4 |

The mean score for each item in the pre- and post-survey was as follows (n=10):

| | Pre-survey mean | Post-survey mean |
|---------|-----------------|---------------------------------|
| Item #1 | 3.9 | 4.8 |
| Item #2 | 3.7 | 4.7 |
| Item #3 | 3.8 | 4.8 |
| Item #4 | 3.7 | 4.8 |
| Item #5 | 4.5 | 4.8 |
| Item #6 | 4.0 | 5.0 |
| Item #7 | | All participants answered "yes" |
| Item #8 | | 4.1 |

Objectives #4 and #5 were addressed through discussion only. One discussion asked participants to think of something they enjoy doing on a regular basis and find a way to incorporate exercise into that practice. The other discussion asked participants to choose one of the following questions and discuss with the group: "What barriers do you face that can make it hard to eat healthy and exercise regularly?" "What are your personal values about eating and exercising? How do they affect your actions?" "What are some examples of deliberate and impulsive actions about eating and exercising?" and "How can your support system help you meet your nutrition and exercise goals?" 100% of the students in attendance of the educational module participated in both of the discussions addressing these objectives.

Together, the results of the pre- and post-surveys as well as group discussions demonstrate an increase in participants' perception of their knowledge regarding nutrition and exercise across the board over the course of this module, the ability to discuss incorporating exercise into daily routine, the ability to discuss the interactions between nutrition, exercise and

the core themes of the Step In curriculum, as well as 100% ability to create a SMART goal and reasonable confidence in their likelihood of making the necessary changes to meet that SMART goal.

Limitations

Though this educational module will be re-used in an indefinite and ongoing way for future cohorts of Step In students, only ten students were present for this initial presentation. This resulted in a relatively small body of data garnered from pre- and post-surveys. A greater number of participants would have increased the findings related to this project that suggest that the module was effective in meeting the objectives.

Two of the ten participants of the educational module were known to the graduate student as former patients from Chittenden Regional Correctional Facility. It is possible that these pre-existing nurse-patient relationships may have affected the answers these participants gave on their pre- and post-surveys.

Discussion

As participants in Vermont Works for Women's Step In to Work program foster and develop the interpersonal and professional skills necessary to succeed as members of the workforce, it is important for them to bear in mind that healthy self-care practices are crucial to the sustainability of their success. Optimizing nutrition and exercise practices can keep women and their families physically and mentally healthy, giving them the resources they need to devote to their budding careers.

Discussion generated through this module and the results of evaluating surveys showed that this project resulted in increased knowledge of the importance of healthy nutrition and exercise, recommendations for daily diet and exercise practices and ability to set realistic personal goals related to nutrition and exercise among these participants in Vermont Works for Women's Step In to Work program. The project also contributed teaching materials, including a PowerPoint presentation, nutrition label interpretation cards and comprehensive SMART goal worksheet to be adapted and reused for ongoing Step In curriculum.

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Appendix A

Nutrition and
exercise doesn't
have to hurt

1

It's hard to get ahead and to care for yourself
and others when you feel like garbage.
Eating right and exercising can give you
energy and boost your mood.

2

What I hope you'll get out of this

- Improved understanding of nutrition and eating recommendations
- Familiarity with reading and comparing food labels
- Improved understanding of exercise recommendations
- Increased comfort with incorporating exercise into daily routine
- Ability to discuss the role of deliberate vs impulsive actions, personal values, and support systems in nutrition and exercise
- Creation of a SMART goal related to nutrition and/or exercise

3



Building blocks of nutrition

All food is a combination of **proteins**,
carbohydrates, and **fats**

4

Calories

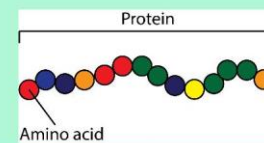
- All food has calories
- The body uses calories for energy
- Unused calories are stored as fat
- The USDA recommends eating about 2000 calories per day



5

Proteins

- Builds and maintains body tissues like muscle and blood cells
- Fills you up and keeps you full
- Each protein is made up of smaller components called amino acids



6

Animal proteins = "complete proteins"

- They have all the amino acids your body needs to create new tissue
- Red meat, poultry, fish, shellfish
- Eggs
- Dairy products like yogurt, cheese, milk



7

Plant proteins = "incomplete proteins"

- They have some of the amino acids your body needs to create new tissue
- By combining different incomplete proteins from different plants, your body can make complete proteins
- Legumes like peas, beans and lentils
- Nuts and seeds



8

Carbohydrates

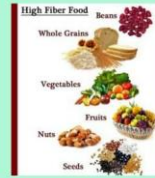
- Gives the body quick energy
- Broken down into sugars and stored as fat
- Grains (bread, pasta, rice)
- Fruits and vegetables
- Sugar



9

Some carbohydrate-rich foods are also rich in fiber

- The stuff in plants we can't digest
- Scrubs the digestive tract (keeps ya regular, prevents colon cancer)
- Reduces cholesterol a little
- Whole grains (not white bread/pasta)
- Fruits
- Beans
- Green leafy vegetables



10

Fats

- Stores energy
- Transports some vitamins into cells
- Builds cell membranes, kids' nervous systems, and hormones



11

Unsaturated fats - the good ones

- Liquid at room temperature
- Lower risk of heart disease and cancer
- Vegetable oils
- Fish



12

Saturated fats - the bad ones

- Solid at room temperature
- Clogs arteries, increasing risk of heart disease and stroke
- Fat from meat
- Dairy fat
- Anything that's "hydrogenated" or "partially hydrogenated"



13



14

What to do in your actual life

- Make half of each meal vegetables
- Eat a variety of different colored fruits and vegetables
- Choose whole wheat and whole grains
- Cook your own food when you can
- Drink water throughout the day
- Read nutrition labels to compare foods



15

Nutrition label cheat sheet

- Check serving size
- Calories: 100 or less per serving (less than 50 is great)
- Fat:
 - Less than 30% of calories from fat
 - Less than 3 grams of fat per serving
- Fiber: 3 grams or more per serving
- Sugar: Less than 10 grams per serving
- Think about % daily values (2000 calorie diet)
- Ingredients are listed in order of how much is in the food
- Avoid "hydrogenated" and "partially hydrogenated" ingredients

16

Group activity:

What do you notice about these labels?

17

Hot dogs

18

Peanut butter

19

Pasta

20

Exercise

21

Exercising regularly is great for your health

- Prevents heart disease, stroke, high blood pressure, diabetes and more
- Fights depression
- Contributes to weight loss
- Makes you strong like bull!
 - Strengthens heart, muscles, lungs and bones

22

Exercising doesn't have to hurt

- Walking
- Playing with kids
- Exertional housework like shoveling snow, stacking wood and vacuuming

23

How much is recommended

- At least 30 minutes of moderate intensity exercise 5 days/week
 - Can still have a conversation
- OR
- At least 15 minutes of vigorous exercise 5 days/week
 - Sweating and too out of breath to have a conversation
- Many of the benefits of exercise are dose-dependent
 - More exercise = more benefits

24

Group activity:
Think of something you enjoy doing on a regular basis and find a way to incorporate exercise

25

Discussion

- What barriers do you face that can make it hard to eat healthy and exercise regularly?
- What are your personal values about eating and exercising? How do they affect your actions?
- What are some examples of deliberate and impulsive actions about eating and exercising?
- How can your support system help you meet your nutrition and exercise goals?

26

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28

Appendix B

SMART Goal Worksheet

Nutrition and Exercise

- S:** Specific
- M:** Measurable
- A:** Attainable
- R:** Realistic
- T:** Time-bound

D: Desire - Why do you want to make this change? _____

A: Ability - How does your unique lifestyle, values and abilities make you able to achieve this goal?

R: Reason - What is one important benefit to making this change? _____

N: Need - On a scale from 1 to 10 how important is it for you to make this change? _____

C: Commitment - On a scale from 1 to 10 how likely is it that you will make this change? _____

A: Activating - What can you do to motivate yourself to make this change? _____

T: Taking steps - What do you already feel you are doing in your life to be healthy? _____

Appendix C

PLEASE FILL OUT THIS PAGE **BEFORE** THE LESSON STARTS

Anonymous survey - Please put a checkmark in the box that most accurately matches your answer to the question on the left

| | Strongly Disagree | Slightly Disagree | Neutral | Slightly Agree | Strongly Agree |
|---|-------------------|-------------------|---------|----------------|----------------|
| I understand the roles of proteins in my diet | | | | | |
| I understand the roles of fats in my diet | | | | | |
| I understand the roles of carbohydrates in my diet | | | | | |
| I know how to read nutrition labels to decide which foods are best for me | | | | | |
| I can name three specific health benefits of exercising | | | | | |
| I know how much time I should spend exercising each week | | | | | |

PLEASE FILL OUT THIS PAGE AT THE END OF THE LESSON

Anonymous survey - Please put a checkmark in the box that most accurately matches your answer to the question on the left

| | Strongly Disagree | Slightly Disagree | Neutral | Slightly Agree | Strongly Agree |
|---|-------------------|-------------------|---------|----------------|----------------|
| I understand the roles of proteins in my diet | | | | | |
| I understand the roles of fats in my diet | | | | | |
| I understand the roles of carbohydrates in my diet | | | | | |
| I know how to read nutrition labels to decide which foods are best for me | | | | | |
| I can name three specific health benefits of exercising | | | | | |
| I know how much time I should spend exercising each week | | | | | |

| | Yes | No |
|---|-----|----|
| I was able to create a SMART goal today | | |

| | Strongly disagree | Slightly disagree | Neutral | Slightly agree | Strongly agree |
|--|-------------------|-------------------|---------|----------------|----------------|
| I feel confident that I will make the changes I need to make in order to achieve my SMART goal | | | | | |