COMMUNITY BASED PARTICIPATORY

CAPSTONE PROJECT

Healthy Life: Using Community-Based Participatory Research to Develop a Fitness & Weight Loss Intervention for Flint Residents

Genesee County Health Department YOUR Center

Dana Banks

Presented to the Public Health Faculty at the University of Michigan-Flint in partial fulfillment of the requirements for the Master of Public Health

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Dedication

This capstone is dedicated with love to my parents:

Mr. Percy C. Richards, Jr. & Mrs. Helen A. Richards

and Mrs. Cynthia J. Richards

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I would like to thank the following people for their assistance in the development of this capstone:

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- ❖ My husband, Charles L. Banks, Jr. M.S.W., for being you, for loving me & supporting me unconditionally.
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- ❖ Everyone who has read, edit, or offered suggestions on this capstone.
- ❖ Let it be known "The tassel is worth the hassle"

Abstract

Background: Obesity in AA. City of Flint residents are disproportionately impacted by obesity. The average BMI of Flint residents is 31. (Speak to Your Health, 2013. Purpose: The purpose of this capstone was to develop a culturally appropriate weight loss and fitness intervention for African American adults living in Flint, MI. Methodology: The methodology for implementing the capstone was 1) met with researchers to develop a data collection process 2) collected data to develop the intervention and 3) created the intervention from using the modified data collection process of community-based participatory research (CBPR). A capstone research work group used CBPR data and best practice research to guide intervention development. Conclusion: In developing culturally relevant interventions, it is important to utilize CBPR and work with the population that the intervention will impact.

Chapter 1: Introduction

STATEMENT OF PURPOSE

Background: Obesity in United States

Obesity has become an epidemic and public health crisis in the United States (CDC). Data from the National Health and Nutrition Examination Survey from 2009-2010 states more than 2 in 3 adults are considered to be overweight or obese and more than 1 in 3 adults are considered to have extreme obesity (Ogden P. C., Carroll, Kit, & Flegal, 2012). In addition, the report continues to state about one-third of children and adolescents ages 6 to 19 are considered to be overweight or obese. The prevalence of obesity in the United States has increased steadily among all US population groups over the past 30 years (Ogden & Carroll, 2010). In 1960, one in four American adults was overweight (Kuczmarski, Flegal, Campbell, and Johnson, 1994) in the 2003 and 2004 period that proportion had increased to two in three (Frumkin, 2010). Currently, nearly four out of five or (75%-80%) of black women are considered to be overweight or obese and more than twenty-two percent of Black youth between the ages of 6 and 17 are obese-which is 30 percent more than non-Hispanic whites in that age range (Black Women's Health Imperative, 2012). To further increase the health disparity, 1 in 4 Black women ages 55 years and older have diabetes (25%) and diabetes is listed as the fourth leading cause of death for all ages (Black Women's Health Imperative, 2012). According to an epidemiological report estimating obesity prevalence in the United States, by 2048, all American adults would become overweight or obese, while black women and their children will reach that state by 2034 (Wang, Beydoun, Liang, Cabellero, & Kumanyika, 2008).

There are many public health implications for individuals and society for the increased prevalence of obesity. These implications include economic impacts of increased healthcare

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costs; social, psychological, physical health consequences to individuals which leads to shorter life expectancy. (Beydoun, Caballero, Liang, Kumaniyka, Wang, 2008). Total health-care costs attributable to obesity and being overweight will more than double every decade. By 2030, health-care costs attributable to obesity and overweight could range from \$860 to \$956 billion, which would account for 15.8-17.6% of total health-care costs, or for 1 in every 6 dollars spent on healthcare (Wang, Beydoun, Liang, Cabellero, & Kumanyika, 2008). These researchers report their estimations could be an underestimate of true impact.

The city of Flint has a higher proportion of residents that are obese at 30.9% than Genesee County as a whole at 25.3% and the state of Michigan at 25.4%. (Genesee County Health Department, 2005). African American residents of Flint comprise over one-half the population of the city (Michigan Department of Community Health, 2005). While the overall county health status data indicates poor population health, it is the uninsured, poor, minorities who are experiencing greater health disparities when compared to the population as a whole (2012 Community Health Needs Assessment for the Genesee County/City of Flint Community, 2012) (gfhc.org/publications) Twenty-four percent of Flint residents report they have some or a lot of difficulty getting to a grocery store or supermarket that has a good variety of fresh fruit or vegetables compared to seven percent of Genesee county residents (Genesee County Health Department, 2012). The health disparities of African Americans in Flint are greatest regarding life expectancy, sexually transmitted diseases, obesity, heart disease and low birthweight (2012 Community Health Needs Assessment for the Genesee County/City of Flint Community, 2012)

STATEMENT OF HEALTH PROBLEM

The research partners include the YOUR Center, the Genesee County Health Department (GCHD) and this student capstone researcher. This group seeks to address the health condition of obesity which disproportionately affects African-Americans in the city of Flint.

The focus of this project is the collaborative development of a demographic specific fitness and weight loss intervention using best practices research and data from sourced community based participatory research (CBPR) in Flint. Despite multiple attempts at using research-based approaches to address obesity among African-American adults in Flint, the health outcomes for this population remains disproportionate in comparison to the county and state level data. The public health implications of high levels of obesity include an increase in all-cause mortality rates as obesity is a root cause of many chronic illnesses (Befort, Thomas, Daley, Rhode, & Ahluwalia, 2008)). The research partners hypothesized an intervention developed directly from Flint community based project research (CBPR) data, along with best practice research would yield an effective intervention design for future implementation and evaluation. This intervention will provide lessons learned for designing demographic specific interventions using a modified data collection process and a research partner group/collaborative. It is the intended outcome this intervention will be implemented and evaluated for effectiveness.

CBPR is an applied collaborative approach that focuses on the social, structural, and physical environmental inequities through active involvement of community members, organizational representatives, and researchers in all aspects of the research process (Israel BA, Schulz AJ, Parker EA, Becker AB, 2001). When conducted as defined, community based project research is an active approach with ongoing community involvement. Community partners contribute their expertise to enhance understanding of a phenomenon and integrate the

knowledge with action to benefit the community involved. The CBPR participants are a part of the entire process from conception, data collection to communication of the results. (National Institute of Health, 2014)

For the purposes of this project a modified data collection process was used due to "results of other community based surveys showed Flint residents were "survey or research weary" and no longer had the desire to assist researchers in "writing scholarly papers" without any direct benefit. (In: The Examining Community-Institutional Partnerships for Prevention Research Group. Developing and Sustaining Community-Based Participatory Research Partnerships: A Skill-Building Curriculum, 2006). The capstone research partners participated in the original CBPR and would be able to provide contextual data for the completion of this project.

Chapter 2: Literature Review

SOCIAL DETERMINANTS OF HEALTH

The term "urban health" has become synonymous with "the health of poor people" as it tends to reflect large amounts of concentrated poverty, high rates of unemployment, substandard housing, social breakdown, poor health and raises questions of equity and social justice (Frumkin, 2010). Many factors combine to influence the health of individuals and communities. Social determinants of health are the structural determinants and conditions in which people are born grow, live, work and age. They include factors like socioeconomic status, education, the physical environment, employment, and social support networks, as well as access to health care (Heiman & Artiga, 2015).

Flint resides in Genesee County, the fifth most populous county in Michigan. African-Americans are 52% of the residents within the city (U.S. Bureau of the Census, 2010). Flint, Michigan, was once the home of General Motors and almost 200,000 residents, 80,000 of whom were employed in the auto industry (Highsmith, 2009). At this time, Flint is a city of 99,763 residents with an unemployment rate that fluctuates between 8.5% and 11.5%, according to 2012 Community Health Needs Assessment for Genesee County (U.S. Census Bureau of Labor Statistics, 2013). The loss of jobs impacted residents' ability to pay for and acquire the type of quality healthcare available with General Motors. The city of Flint loss income tax revenue from unemployed residents and the disinvestment of General Motors which contributed to a decrease in quality of life services further increasing the health disparities and the social determinants of health of Flint residents.

The built environment affects health and wellness of the community. The built environment constitutes all systems in a community including the buildings, parks, green spaces, transportation and food systems. Unhealthy built environments impede physical activity, social interaction, access to healthy foods and easy access to employment while increasing social isolation (Frumkin, 2010). Poorly designed or contaminated built environments increase health disparities among residents. Environmental challenges offered no respite to city of Flint residents with respect to poor air quality, green space and grocery store access, and increased criminal activity. Plagued with abandoned homes, vacant businesses and vast acreages of closed automotive factories, Flint's built environment directly affects the health of residents by limiting physical activity, easy access to fresh foods and increasing social isolation. According to the biennial individual and community health survey of Genesee county residents, Speak to Your Health, 49.9% of Flint residents report it was extremely or somewhat dangerous to walk around alone in their neighborhood after dark compared to only 13.6% of residents living outside of Flint within the county (Prevention Research Center, 2015). The violent crime rate in Flint is 400% of the national average and the African American residents of Flint experience overwhelmingly poor measures for health factors, outcomes and unemployment (2012 Community Health Needs Assessment for the Genesee County/City of Flint Community, 2012). With the disinvestment of General Motors and negative twenty percent (-20%) migration rate, Flint has over 10,800 residential abandoned properties and over 365 acres of abandoned property related to automobile factories. The abandoned properties further increases the health disparities of residents as the neighborhoods are likely to be unsafe, have exposed garbage, no sidewalks, parks or playgrounds. (US Department of Housing and Urban Development HUD Sustainable Communities Initiatives Office of Sustainable Housing and

Communities, 2013) Residents living under these conditions are more likely to be stressed, have higher likelihood of obesity, smoking and shorter life expectancy (Heiman & Artiga, 2015).

In 2012, there were only two grocery stores which offered fresh fruits and vegetables in the city of Flint proper while there were 54 liquor stores that primarily offer convenience foods (Genesys Health System, Hurley Medical Center, McLaren-Flint, Greater Flint Health Coalition, 2012). Physical inactivity is also a risk factor for weight gain which leads to overweight and obese individuals. If residents are unhealthy, it is very difficult to obtain and maintain employment or remain a productive member of the community.

LITERATURE REVIEW: HISTORICAL TRENDS ON OBESITY- EFFECTIVE PROGRAMS, STRATEGIES AND BEST PRACTICES

In order to develop a demographic specific intervention, the research partners requested a review of best practices and methodologies designed for populations similar to Flint residents.

This literature review will focus on the following areas:

- Cultural attitudes on weight, diet, and physical activity.
- Weight/body image perception of children and adults within racial/ethnic categories.
- Weight loss and physical activity interventions for children and adults.
- Tailoring and framing health communication messages and interventions.

It was also important to review literature of programs for children and programs for adults due to the age standardization of the Body Mass Index, the recognized assessment to determine classifications of obesity. For the purpose of measuring body mass index, the National Institute of Health defines 'children' from ages 2 to 19 years old. In the United States, individuals are recognized as adults at age 18 years old. In this situation, there is an overlap of science and community practice in regards to target population of intervention participants,

African-American adult age 18 years and older; and BMI standard assessment to determine levels of obesity defines children to age 19 years old. This overlap in age definition made it necessary to conduct literature reviews aligned with best practices for children and best practices for adults to ensure accurate and researched based strategies are selected for the intervention.

LITERATURE REVIEW: WEIGHT PERCEPTION AND CULTURAL ATTITUDES

African-American females, youth and adult have consistently perceived a more positive body image and higher satisfaction with body weight than other racial groups. Parker, Nichter, Nichter, Vuckovic, Sims, & Ritenbaugh found that African-American youth reported more self-satisfaction than their White counterparts and high satisfaction with their body weight. (Parker, et al., 1995) These results converge with similar studies comparing African American and White youth in which African-American youth had more self-satisfaction than their White counterparts. (Boyington, et al., 2008).

Most importantly, African-American youth perceived themselves along a continuum of a healthy body size instead of a specific ideal body weight or body size in comparison to White female youth. African-American females have been found to prefer and tolerate heavier body weight and are more satisfied with their body image and larger body sizes (Boyington, et al., 2008) (Wrobleski, 2007) (Parker, et al., 1995).

These studies highlight the importance of cultural attitudes in shaping attitudes toward body image, weight perception, food and physical activity. Culture, defined as the unique shared values, beliefs, and practices of a group, can influence the behaviors of individuals by affecting their thoughts, feelings, acceptance, and adoption of health education messages (Boyington, et

al., 2008) making them less likely to reduce their weight, adopt healthier habits regarding food and physical activity (Martin, Frisco, & May, 2009).

The results of this study imply perceptions of weight and healthy lifestyle behaviors are largely influenced by immediate social circle and environmental factors and less influenced by those outside of the social circle. Other studies confirm the perceptions of weight, healthy lifestyle behaviors and exercise are largely influenced by family influence, role modeling and learned behaviors from one generation of Black women to the next. A focus group of Black women 18-45 years old in Broward County, Florida sought to identify whether knowledge or attitudes to healthy food and physical activity were related to motivations to healthy behavior for working age Black women. This study found that Black women had knowledge of healthy food strategies and motivation to implement elaborate pre-planning food preparation rituals; however, the motivation to complete fitness activities was lacking although there was adequate knowledge fitness activities would be helpful to weight loss and overall fit wellness (Doldren & Webb, 2013). These studies suggest health communication messages and interventions should consider cultural norms, attitudes and beliefs to effectuate change for groups whose belief systems are connected to their social support networks.

HEALTH BEHAVIOR THEORIES

The Theory of Reasoned Action (TRA), Theory of Planned Behavior (TPB) and Social Cognitive Theory (SCT) were the guiding frameworks for the development of the *Healthy Life* intervention. The Theory of Reasoned Action posits a person's behavior is predicted by his attitude toward that behavior and how he thinks other people would view them if they performed the behavior. A person's attitude combined with subjective norms, forms behavioral intention

(Montano & Kasprzyk, 2008). Both TRA and TPB focus on individual motivational factors as determinants of the likelihood of performing a specific behavior. TRA and TPB both assume the best predictor of a behavior is behavioral intention, which is determined by attitude toward the behavior and social normative perceptions regarding the behavior (Montano & Kasprzyk, 2008). If a person has a positive attitude towards a behavior they are more likely to have stronger intentions to complete the said behavior and alternatively so if they have a negative attitude.

Theory of Planned Behavior takes into account environmental constraints and a person's perceived control over performance of the behavior (Montano & Kasprzyk, 2008). TPB posits that perceived control is an independent determinant of behavioral intention, along with attitude toward the behavior, subjective norms, and most important for behaviors over which people have less volitional control (Montano & Kasprzyk, 2008). A person's subjective norm is determined by his normative belief whether important referent individuals approve or disapprove of performing the behavior, weighted by his motivation to meet the expectations of the referents (Montano & Kasprzyk, 2008).

The Social Cognitive Theory emphasizes reciprocal determinism in the interaction between people and their environments (McAlister, Perry, & Parcel, 2008). SCT focuses on the interplay of personal, behavioral and environmental influences and people's potential ability to effectuate change on and within their environment and by capitalizing on community collective action to achieve environmental changes that benefit the entire group or community. (McAlister, Perry, & Parcel, 2008).

MESSAGE FRAMING AND TAILORING

A successful design would meld research with practice. The intervention would respect African-American standards of beauty and provide culturally relevant real-time strategies to overcome environmental barriers to affect behavior change. Studies show that tailored messages are more likely than non-tailored messages to be read and remembered (Hawkins, Kreuter, Resnicow, Fishbein, & Dijkstra, 2008) (Kumanyika, et al., 2005). Interventions that have been culturally tailored have been shown to be more effective when they were specifically designed for the populations they serve (Thompson, Berry, & Hu, 2013).

Chapter 3: Methods

POPULATION OF INTEREST

The participants for this project live in an urban postindustrial city. The fitness and weight loss intervention was developed for African-American adults in the post industrial city of Flint, MI. The research team from the Genesee County Health Department (GCHD), YOUR Center (YC) and this capstone student researcher comprise the capstone research group. There was one representative from each of the organizations and their role was to provide contextual information from the CBPR data and provide their guidance and decades of expertise from working with the residents of Flint to development of the intervention. The capstone student researcher developed and wrote the intervention. There were no financial supports for any members of this group. This goal to develop a demographic specific fitness and weight loss intervention that would provide African-American adults living in Flint with real-time lifestyle strategies to increase personal positive health outcomes. The final intervention will not be discussed in this report.

DESIGN

The project began with several partner meetings to review the data from the CBPR and determine the constructs to be included in the intervention. A mixed method research model was employed to reduce researcher and sampling bias. Logic models (see Appendix A) were created to structure the intervention development process; double check best practice with science; and to reduce researcher bias from the data sourced from the CBPR. The data from the CBPR identified the following were important to residents:

- Interventions should incorporate the cultural traditions and teachings of African-Americans families.
- 2. Interventions should acknowledge and provide realistic solutions to barriers in environment.
- 3. Interventions should acknowledge the preference and acceptance of a heavier body size among African-Americans.

Next this capstone student researcher conducted a literature review of culturally specific weight loss programs that included the following: adult male and female, male and female youth in urban environments; the use of spiritual connections for encouragement; and best practices for obese and overweight individuals for populations similarly-situated to Flint. The research team requested the inclusion of academic and research journal articles which supported overweight or obese physical trait connections between African-American people with enslaved Africans brought to America. The journal articles would also confirm these genetic connections were due to forced methods of "selective breeding". Other articles requested were those which identified a connection between enslaved Africans' food preparation and present day food preparation of African-American people. After the selection and review of journal articles, logic models were developed to align with best practice research on topical lessons needed in health behavior change informatics and the data of the demographic specific CBPR.

The logics models (see Appendix A) detailed the following: problem, goal, sub problem, activities, objective, output measures, short and long term outcome measures and the associated research which supported the strategies detailed in the logic model. The topical lessons of the logic models are outlined below:

1. Acknowledge/Cultural Norms: Identify the Cultural Rituals; Personal Identity

- 2. Personal Activity Levels (PAL): Roadblocks and Biometrics Apps
- 3. Healthy Eating: What and how much to eat?
- 4. Healthy Weights: Body Mass Index (BMI)/10% weight loss
- 5. Goal Setting: Action steps

The research team held multiple "logic model guiding sessions" to ensure the techniques and strategies developed aligned with the data from the CBPR.

The Master of Public Health foundational competencies and knowledge areas enabled the work for this research and development of the *Healthy Life* intervention.

Planning & Management to Promote Health

- Assess population needs, assets and capacities that affect communities' health
- Apply awareness of cultural values and practices to the design or implementation of public health policies or programs
- Design a population-based policy, program, project or intervention
- Select methods to evaluate public health programs

Interprofessional Practice

• Perform effectively on interprofessional

Health Education

- Apply theoretical constructs in the development of intervention strategies specific to health issues.
- Apply data collection methods and strategies through an ecological framework to assess community needs, assets, and capacity.
- Develop and deliver a variety of health communication strategies, methods and techniques to promote behavior change.

Chapter 4: Results

The intervention includes a wellness journal for participants and a wellness instructional manual for the facilitator of the intervention. The manual and the journal includes information sheets. The manual includes a healthy food selection card game. All of the items in the appendix are products of the intervention development by the capstone student researcher.

Appendix A-Logic Models

Appendix B- Manual Healthy Life

Appendix C- Journal Healthy Life

Appendix D- Resource Sheets Healthy Life

Appendix E- Food Playing Cards

Appendix F- Recipes

Chapter 5: Discussion & Conclusion

DISCUSSION

This capstone research team brought several concerns to this partnership. All partners were concerned about the lack of relevant obesity reduction interventions designed and currently available for African-Americans. They hypothesized residents would develop increased personal efficacy for positive behavior changes if the intervention design addressed specific demographic issues within their community and built environment. The modified approach used to develop this fitness and wellness intervention proved to be utilitarian as an approach. This process also provided many process and partnership-related lessons learned. A major strength of this study was the ability to develop the intervention through a modified data collection process that used the Community-Based Participatory Research approach to decrease the survey weariness of the community. Significant community involvement can lead to scientifically sound and culturally appropriate research; however, community involvement on same or similar topics without results can lead to survey weariness. (In: The Examining Community-Institutional Partnerships for Prevention Research Group. Developing and Sustaining Community-Based Participatory Research Partnerships: A Skill-Building Curriculum, 2006)

PROCESS LESSONS LEARNED

A strength of this capstone research project was the design. This process allowed for a streamline approach for creative development and allowed frequent monitoring and adherence of the work group to the CBPR data results and the lessons learned from previous research based studies. Efforts at using more than one method to gather data, and more than one investigator to reduce the threats to validity proved to be challenging. A weakness of the modified data process was the unbalanced influence the work group had on the intervention. The work group attempted

to influence the type of research articles included in the literature review. The work group also requested specific historical perspectives to be included in the intervention curriculum materials as facts for participants. Some of the perspectives were not proved as facts in science or history and as a result were not included in the final intervention product. There were also biases with the contextual interpretation of the CBPR data due to the small number of people working on the intervention. The project timeline was affected by the difficulties and challenges in the lives of the researchers. There were delays due to familial death, parenting responsibilities and geriatric care of parents. These delays could have been mediated if there were a larger number of people participating in the intervention development to continue the work and conclude the intervention on a shorter timeline.

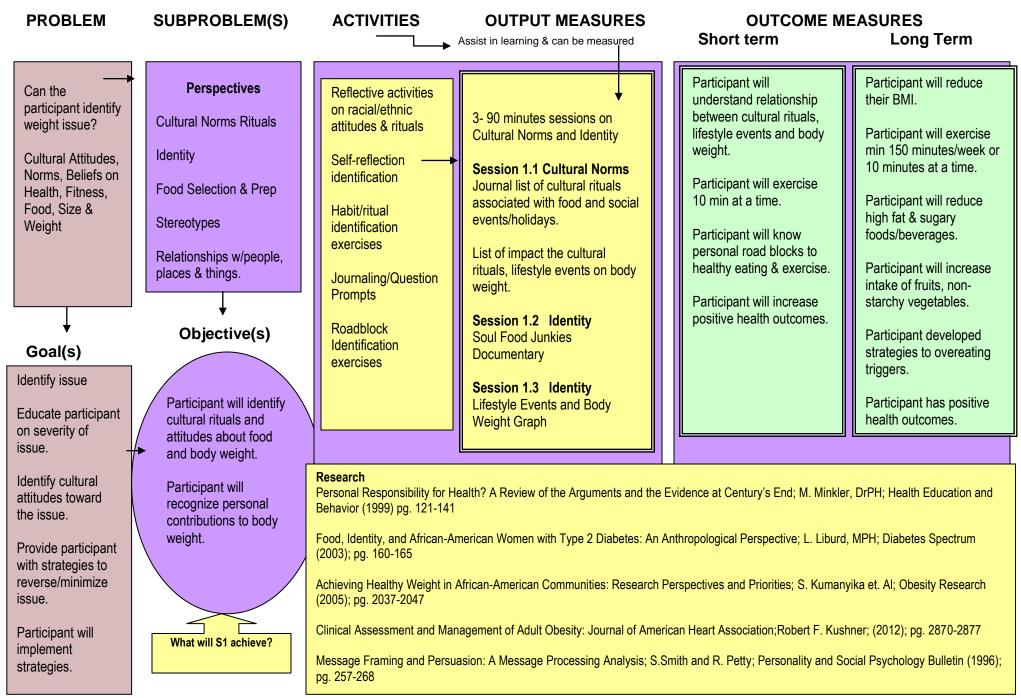
LIMITATIONS

The lessons learned in this study can also serve as limitations. The extended timeline was a limitation of the capstone project. The extended length of time between analyzing data and reviewing additions to the intervention allowed for inconsistency in perceptions. Another limitation was the capstone research group was both part of the intervention development and research design/analysis and created biases. Successful implementation and evaluation of the intervention is necessary to determine the efficacy of design and project intervention.

Appendices

APPENDIX A: LOGIC MODELS

Fitness and Weight Loss Intervention for African-American Adults living in Flint area Intervention Outline



Fitness and Weight Loss Intervention for African-American Adults living in Flint area

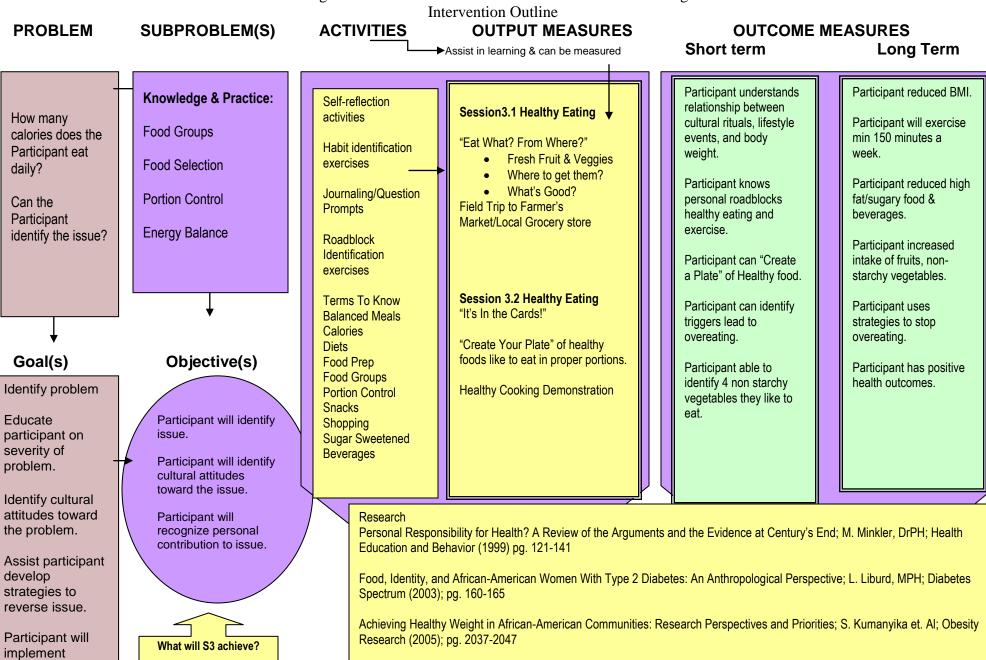
Intervention Outline

PROBLEM OUTCOME MEASURES SUBPROBLEM(S) **ACTIVITIES OUTPUT MEASURES** Short term **Long Term** Assist in learning & can be measured Participant will Participant will reduced **Activity Levels:** 2-90 minute session What is the Self-reflection understand relationship their BMI participant current activities between cultural rituals. Sedentary **Session 2.1 Activity Levels** Activity Level? lifestyle events, body Participant exercises Little to No exercise Habit identification weight and fitness level. min.150 minutes/week. Identify Current Activity Level exercises Moderate Roadblocks to Fitness Participant will use Participant reduce intake Can participant < than 150 minutes/week Personal Activity Level (PAL) Journaling/Question strategies to incorporate high fat & sugary identify issue with moderate aerobic activity Goal Prompts Active Living. foods/beverages. activity level? Daily Strategies High Types of Exercise Roadblock Participant will identify Participant will increase At least 75 minutes of Physical Activity Journal Identification roadblocks to PAL. intake of fruits, nonvigorous activity weekly. exercises starchy vegetables. Session 2.2 Exercise Participant will provide "There is an App for THAT!" Technology Intro examples of Active Participant developed **Electronic Physical Activity Journal** Living strategies. strategies to overeating Terms to Know: triggers. Participant will participate and Fitness Participant will list document # preferred fitness Goal(s) Objective(s) Active Living Participant has positive aerobic activities. activities. Aerobic health outcomes. Identify PAL Duration Participant will increase Resting and Active Heart Rates Heart Rate Personal Activity Levels. Identify will be recorded. Muscle strengthening roadblocks to Participant will identify Repetitions role of cultural PAL Intensity Levels attitudes as roadblock Moderate to Active Living. Participant will Vigorous develop practical Participant will strategies for recognize personal Research Active Living Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report contributions to current Activity Level. National Institute of Health Participant will implement Active 2014 State Indicators Report on Physical Activity Living strategies. CDC National Center for Chronic Disease Prevention and Health Promotion Participant will Physical Activity and Public Health: Updated Recommendations for Adults From the American College of Sports Medicine and the increase Activity American Heart Association (2008) pg. 1081-1093 What will S2 achieve? Level using Active Living American College of Sports Medicine position stand. Appropriate intervention strategies for weight loss and prevention of weight Strategies. regain for adults.

Roadblocks & BioMetrics Apps

S2.1-S2.2

Fitness and Weight Loss Intervention for African-American Adults living in Flint area

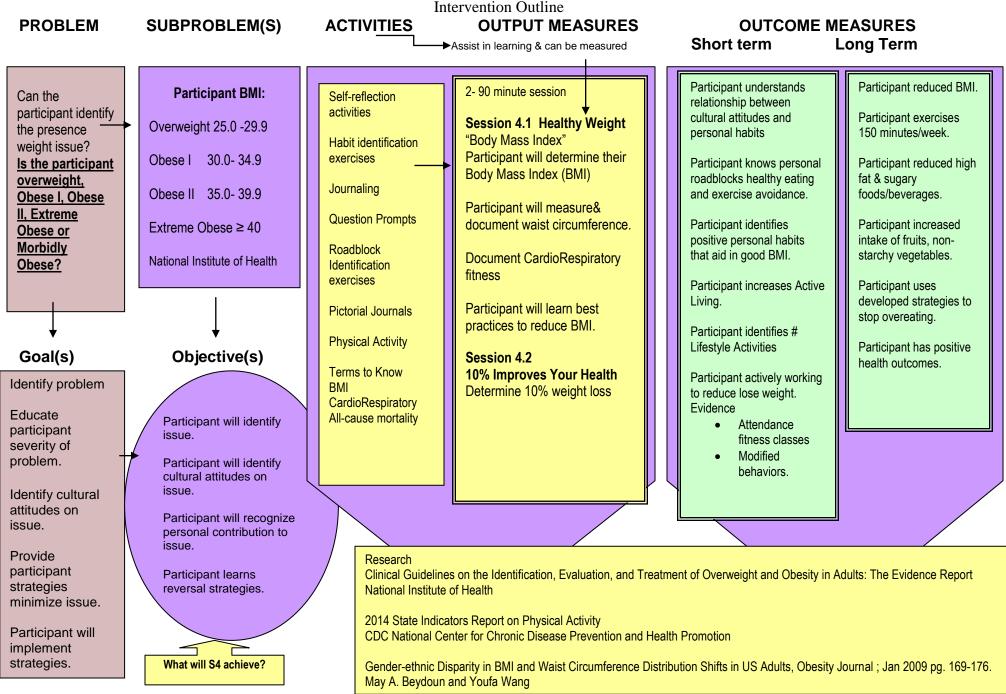


Bulletin (1996); pg. 257-268

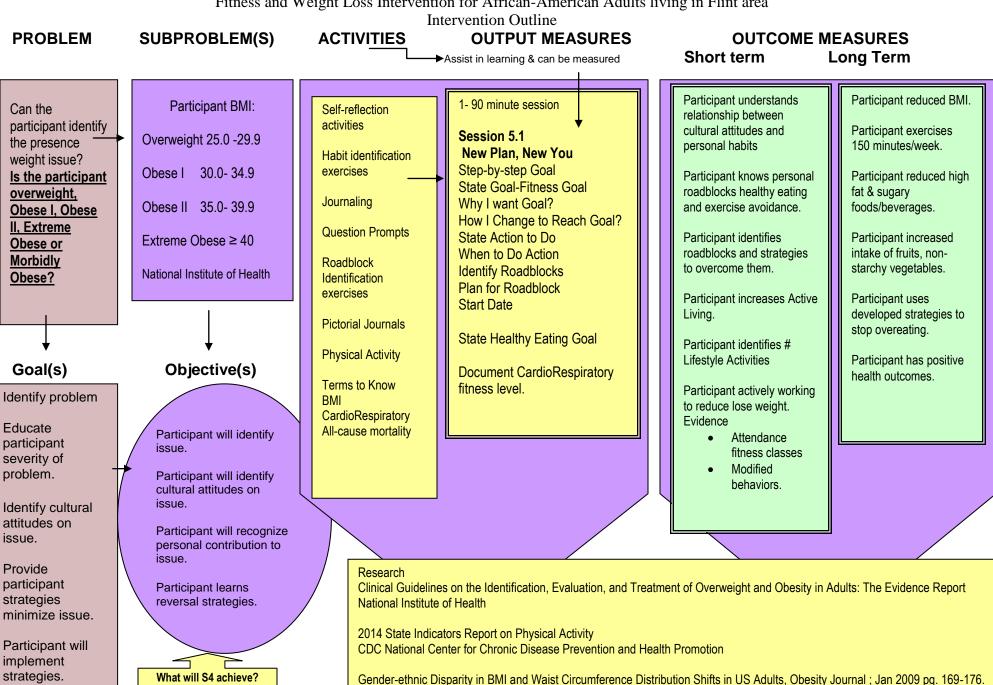
Message Framing and Persuasion: A Message Processing Analysis; S.Smith and R. Petty; Personality and Social Psychology

strategies.

Fitness and Weight Loss Intervention for African-American Adults living in Flint area



Fitness and Weight Loss Intervention for African-American Adults living in Flint area



May A. Beydoun and Youfa Wang

APPENDIX B: MANUAL HEALTHY LIFE

AFRICAN –AMERICAN FITNESS AND WEIGHT LOSS INTERVENTION



NEXT EXIT

FACILITATOR MANUAL

DANA BANKS MPH CAPSTONE Winter 2015

Session 1.1 Cultural Norms

90 minute session

Topic: Identify and acknowledge cultural norms

Objective: Participants will identify common foods within the African-American culture and the traditional seasons or events in which these foods are prepared and consumed. Participants will identify their food habits in relation to these traditional holidays and social events. Participants will understand relationship between life events, cultural rituals and weight management.

Materials: Photo slides with prepared food items on a plate for introductory game of *Name that Social Event/Holiday Menu*. Self-reflection activities; habit identification exercises; journaling/question prompts.

Introduction: The historical experience of slavery had a profound impact on the shaping of African-American life. Dietary practices are deeply rooted in history and culture. Anthropologists have long recognized that food choices and modes of eating reflect many symbolic, affective, familial, and gender-specific associations. In the African-American culture, there are traditional foods that are prepared during social events or holidays and the modification of dietary patterns beyond ritualized food selections and the meanings encoded in foods and food-centered events in the African-American experience. (Liburd, Leandris C. 2003)

Activity: Name That Social Event/Holiday Menu

Participants are shown multiple plates of cooked food. The foods are placed on a plate together to signify a traditional meal prepared within the African American culture during a specific social event or holiday. The participants are asked to identify the social event or holiday in a 'round robin' discussion.

Variation: This can be played as a game by dividing the class into two groups and have each group press a buzzer to signify knowledge of the answer. The group who buzzes first is selected to identify the answer to the entire class. For each correct answer the team earns one point. If the team's answer is incorrect, the other team receives the opportunity to answer and earn one point. **Variation:** Participants will work individually and write down their answer on a answer key. The

answer key will be discussed by the facilitator and the participants at the end of the slide show.

This method will allow for quiet self and cultural reflection.

Outputs: Journal entry- bulleted list of identified personal habits around cultural food traditions and the impact these habits had on their health, wellness and lifestyle.

Fitness: Participants will complete 20 minutes of exercise to get their heart rates up. Exercise portion can be divided into 10 minutes in beginning of session and 10 minutes at the end.

Evaluation: Pre/post test survey; Identify 3 ways cultural traditions impact choices.

* Facilitator needs to request participants bring photos of themselves from youth to date at different weight points to complete the activity session.



Session 1.2 Soul Food Junkies

90 minute session

Topic: Food, Race/Ethnic Rituals

Objective: Participants will watch the documentary "Soul Food Junkies" and discuss as a group the concept of "soul food', "soul food junkie" and "diet related disease".

View: PBS Documentary "Soul Food Junkies" by Byron

Hurt

August 1, 2013

https://www.youtube.com/watch?v=9lvggBwtDPk

Materials: Wi-Fi and internet; projection device to play YouTube video; purchase of documentary from PBS.



Introduction: The documentary is being viewed to spark conversation and enthusiasm for the concepts to be discussed later in the sessions. The ideas of cultural rituals as a pattern for long held behavior and beliefs. The ultimate goal is to inspire an opportunity for individual or community action to initiate positive change without abandoning the culture held dear. The documentary can spark discussion without assigning blame or passing judgement on practices. The facilitator should view the documentary prior to the participants. When the movie is viewed with the participants the facilitator should document points in time in which the movie seemed to resonate strongly with the participants and write down the playing time to point to be reviewed at a later point for discussion.

Activity: Journal entries and open discussion. Plan to openly discuss each question and either use a "Discuss-write" method; or allow "Open discussion for a designated time period" then reflective writing.

The questions to review are below:

- What are some of your memories, feelings, or other associations with food? How do they compare with those expressed in the film?
- Why are eating habits so hard to break? Do you think it's possible to be addicted to be addicted to a specific food or to food in general? Why or Why not?
- Is eating just a matter of personal behavior and preference? When do eating habits-or the effects of eating habits and food choices-step over into learned or taught behavior?
- After watching the movie, are there any cultural rituals that you identify in your own family that you want to stop immediately? Or have a discussion about with your family? How do you think your family or friends will react?

Outputs: Reflective writing in the wellness journal.

Evaluation: Pre-test/post test; Identify 3 food habits learned from parents/relative.



Session 1.3 Identity

Topic: Weight perception and body image within cultural norms

Objective: Participant will identify self-perception in regards to mind, body-complete health and wellness. Participants will seek to identify the impact cultural food rituals, stressful life events have on current body weight.

Materials:

- Facilitator-writing prompts; mirrors; must have requested participants bring photos.
- Participants-photos of themselves at different life/weight points from youth to date.



90 minute session

Introduction: Racial/ethnic differences in the acceptance and desire of certain physical attributes influences self-perceptions of body image, body weight and potential associated risks within the racial/ethnic group. Social and cultural factors are important in shaping body image and acceptable weight limits and body size. The belief among overweight people that they are healthy was more common in blacks than in whites and more common in men than women. Understanding weight perception among racial/ethnic groups; men and women; key tool in intervention to reduce obesity and disparities in obesity. (Dorsey,R.R., Eberhardt, M.S., & Ogden, C.L. (2009)) A useful, practical, and reflective technique to quickly identify the behavioral and biopsychosocial determinants of weight gain is to ask patients to complete a lifestyle events—body weight graph (Kushner,R. (2012)

Activity: "Where I & What Was I Doing?" *

In the previous session, the facilitator asked the participants to bring photographs of themselves at different weight points to current date. Participants will create a "Lifestyle Body Weight Graph" that will identify various weight points in relation to life events. Participants will begin with their first photo/oldest in date/youngest in regards to age-this photo will be the baseline of beginning weight on the graph. Reviewing the photos in sequential order from first photo to closest-to-session-date photo, participants should identify life events and indicate weight by placing a point on the graph. If their weight was higher or lower, the point on the graph should either be higher or lower than the previous point on the graph. Lines should be drawn from the first point on the graph, sequentially to the next point on the graph, until the line reaches the final point on the graph which represents the current day.

Next, the participant should write below each inflection or deflection point on the graph major life event or lifestyle change occurring during that point in time.

(pg. 1 of 2 continued)



Session 1.3 Identity

90 minute session

Topic: Weight perception and body image within cultural norms

Notes to Facilitator: Using the Lifestyle events and body weight graph as a conversation map to discuss some of the major contributing factors of weight gain and weight loss is helpful to releasing the embarrassment and shame of being obese to the participant understanding and acknowledging contributing factors to obesity--which could lead to behavior identification and future behavior changes. (Kushner, R. (2012)

Using columns, the participants should identify the occurrence of any life events below at each weight point in the graph. Participants should respond to the questions below by indicating appropriately in the column for each weight point.

While participants are reviewing photos and marking weight points on the graph, ask them to make a short lists under each column identified for each weight point answering the following:

- Did you experience any stressful life events?
- Death of loved one? Pregnancy? Menopause?
- Did you exercise daily, generally?
- Experience change in marital status?
- Initiate new medication? Major illness?
- New occupation? Commute distance or commuting style change?
- How did you get around town? Bike? Walk? Car?
- Stop smoking?
- What did you eat, generally?
- Were you on a diet? Type? Why?
- What type of job did you hold?
- What was going on in your life during that time?

Outputs: Lifestyle Events and Body Weight Graph-a pictorial representation of lifestyle and body weight changes over the course of time from youth to current date of session.

Evaluation: Pre/post test; Identify 3 stressors that can impact weight loss or weigh gain.

(pg. 2 of 2 continued)



Session 2.1 Activity Levels

90 minute session

Topic: Personal Activity Levels (PAL)

Objective: Participant will identify personal activity level. Participant will take fit tests, whole body fitness (cardiorespiratory; muscular strength and endurance; flexibility; and body composition). Participants will learn optimal activity levels for weight loss and weight maintenance.

Materials: PAR-Q & You form; Fit testing step; measuring tapes, stop watch.

Introduction: To determine current Personal Activity Level (PAL),

it is first important to complete a PAR-Q form to determine safety of exercise. In all cases, consulting a doctor prior to beginning an exercise routine is vital. Review all tests; participants divided into pairs and complete fit tests and record results in wellness journals.

Activity:

- 1. PAR-Q Form
- 2. BMI-
- 3. Flexibility
- 4. Waist-to-Hip ratio
- 5. Step Test
- 6. Exercise Personality Quiz

Discuss the following:

- 1. Benefits to Exercise
 - a. Improved cardio functioning, reduce negative health risk CVD, diabetes, cancer
- 2. Definition of ACTIVITY LEVEL
 - a. Sedentary- little to no exercise
 - b. **Moderate** less than 150 minutes/week moderate aerobic activity
 - c. **High-**at least 75 minutes of vigorous activity weekly
- 3. Measuring the intensity of physical activity.
 - a. Talk Test-simple way to measure relative intensity.
 - b. **Moderate**-If you are doing moderate intensity activity you can talk, BUT NOT SING during the activity.
 - c. **Vigorous-**If you are doing, vigorous intensity activity, you will NOT be able to say more than a few words without pausing for a breath.
- 4. Are you too heavy to exercise?
- 5. Benefits of aerobic exercise
- 6. Benefits of strength training
- 7. Roadblocks to Exercise

Outputs: Results of the tests above documented in Wellness Journal

Evaluation: Pre/Post survey; identify 3 levels of physical activity.

Handouts:

PAR-Q Form





Sessions 2.1 Activity Levels-PAL

Endurance-How long are you able to exercise or move vigorously without stopping?





Muscular Endurance-Can you complete your activities with agility, balance and coordination?

Online Resource:

http://www.whyiexercise.com/definition-of-physical-fitness.html

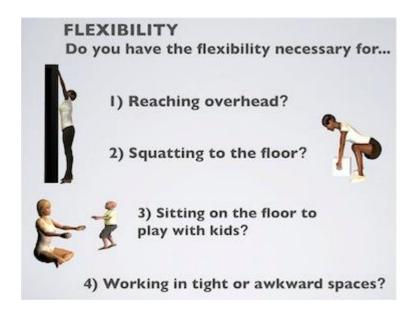


Session 2.1 Activity Levels-PAL

Muscular Strength-How easy is it for you to PUSH, PULL and CARRY objects?



Flexibility- Do you have the ability to move your joints without strain or pain? Includes bending, squatting, reaching.



Online Resource:

http://www.whyiexercise.com/definition-of-physical-fitness.html



Session 2.1 Personal Fitness Waist-to-Hip Ratio

Waist to Hip Ratio

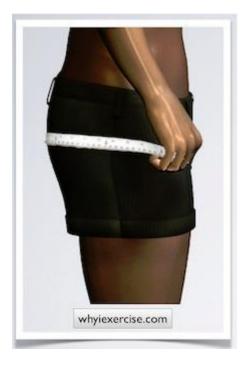
According to research, having a small waist in comparison to your hips has significant health benefits. The smaller your waist circumference in relation to your hips, the lower your risk for cardiovascular disease, type 2 diabetes and death. Abdominal fat is a strong marker of disease risk. The fat surrounding the liver and abdominal organs is metabolically active. This fat releases fatty acids, inflammatory agents and hormones. Ann Med. 2001 Nov;33(8):534-41. Health Consequences of Visceral Obesity



Place measuring tape around the most narrow point between your hips and your lower rib cage, which is usually about an inch above your navel.

Stand relaxed. Don't suck your belly in or stick it out. The tape should not pinch your skin at all. Make sure the tape is flat on your skin all the way around your waist.

Next Measure your hips......



Wrap the tape around the widest point of your buttocks. Make sure the tape is flat on your hips all the way around, and that it is level (not running at an angle) as it wraps around your body. To get the most accurate results, wear no more than 1 thin layer of clothing for the measurement.

Now, check your results on the chart against people who are similar to you.



Session 2.1 Personal Fitness Waist-to-Hip Ratio Women

Find your hip measurement at the left side of the chart.

Then find your waist inside the chart on the same row as your hip measurement. Are you in the green, yellow, orange or red zone? Your WHR is at the top of the column where you find your weight.

Waist-Hip Ratio Chart for Ladies 0.67 0.70 0.72 0.75 0.77 0.80 0.82 0.85 0.87 0.90 0.92 0.95 0.97 1.00 1.02 WHR 24.5 25.0 26.0 27.0 28.0 28.5 30.0 30.5 31.5 32.0 36 24.0 25.0 26.0 27.0 28.0 29.0 29.5 30.5 31.5 32.5 33.0 34.0 36.0 36.0 37.0 25.0 26.0 27.0 28.0 28.5 29.5 30.5 31.5 32.5 33.5 34.0 35.0 36.0 37.0 38.0 38 25.5 26.5 27.5 28.5 29.5 30.5 31.0 32.0 33.0 34.0 35.0 36.0 37.0 38.0 39. 39 260 27.5 28.5 29.5 30.0 31.0 32.0 33.0 34.0 35.0 36.0 37.0 38.0 39.0 40 27.0 28.0 29.0 30.0 31.0 32.0 33.0 34.0 35.0 36.0 37.0 38.0 39.0 40.0 41. 41 27.5 28.5 30.0 31.0 32.0 33.0 34.0 35.0 36.0 37.0 38.0 39.0 40.0 41.0 HIPS 42 280 29.5 30.5 31.5 32.5 33.5 34.5 35.5 37.0 38.0 39.0 40.0 41.0 42.0 43. 43 290 300 31.5 32.5 33.5 34.5 35.5 36.5 37.5 38.5 40.0 41.0 42.0 43.0 44. 44 295 31,0 32,0 33,0 34,0 35,0 365 37,5 38,5 39,5 41,0 42,0 43,0 44,0 45,0 45 30.0 31.5 32.5 34.0 35.0 36.0 37.0 38.5 39.5 40.8 41.5 43.0 44.0 45.0 48.0 46 31.0 32.0 33.0 34.5 36.0 37.0 38.0 39.0 40.5 41.5 42.5 43.5 45.0 46.0 47. 47 31.5 33.0 34.0 35.0 36.5 37.5 38.5 40.0 41.0 42.5 43.5 44.5 48.0 47.0 48. 48 32.0 33.5 35.0 36.0 37.0 38.5 39.5 41.0 42.0 43.0 44.5 45.5 47.0 48.0 49. 49 33.0 34.5 35.5 36.5 38.0 39.0 40.5 41.5 43.0 44.0 45.5 46.5 48.0 49.0 50. 33.5 35.0 36.0 37.5 38.5 40.0 41.0 42.5 43.5 45.0 46.0 47.5 48.5 WAIST whyiexercise.com

The "X" is the average for women in the U.S.

The average WHR in US women is about 0.79. See the red "X" on the chart. According to research, for a significantly lower health risk, the average US woman needs to lose 2-3 inches off her waist.

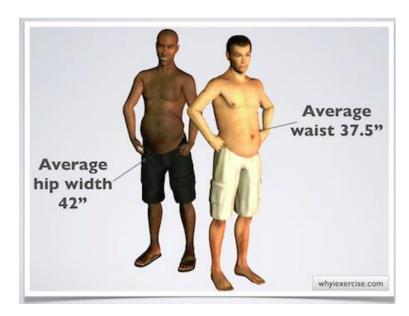
This would give her a WHR of around 0.75

For a more complete profile of your body weight, take the <u>body mass index test also</u>. Then find your results on the obesity scale, which will analyze your health risk using your body mass index, waist hip ratio and waist circumference.





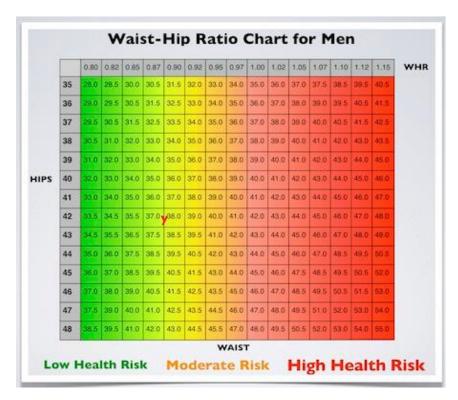
Session 2.1 Personal Fitness Waist-to-Hip Ratio Men



The average Waist-Hip Ratio in US men is 0.89. See the red "y" on the chart.

For a significantly lower health risk, the average US male needs to lose 2 inches off his waist. (or a little more if his hips also get smaller with diet and exercise)

This would give him a WHR of 0.85.



As you can see on the chart, a WHR of 1.0 or higher gives you a high health risk.



Session 2.1 Personal Fitness Waist Circumference-ALONE

Generally, these numbers are valid for waist circumference for U.S. citizens. The numbers may vary slightly for different groups; however, the truth remains the larger circumference of your waist the increase risk of disease and poor health.

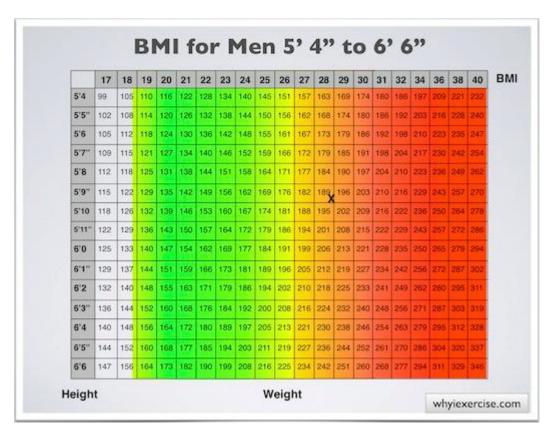
Health risk	WOMEN	MEN
Low Risk	below 31.5 inches	below 37 inches
Moderate Risk	31.5 to 35* inches	37 to 40 inches
High Risk	35* inches or more	40.2 inches or more

Session 2.1 Personal Fitness Body Mass Index MEN

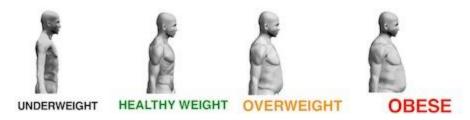
When weighing in, be sure your scale is accurate. Remove your belt, shoes, phone, etc. Wear only undergarments if possible

Find your height at the left side of the chart. Then find your weight within the chart on the same row as your height. Your BMI is at the top of the column where you find your weight.

If you are in the **obese** (**red**) or **overweight** (**orange**) category, your chart shows you how much weight you need to lose to be in the healthy weight category.

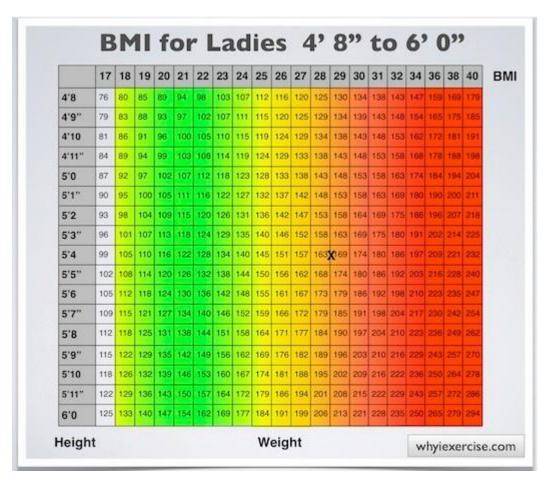


The **Y** on the chart represents the average male in the U.S. Your weight loss requirements depend on the amount of muscle mass in your body.





Session 2.1 Personal Fitness Body Mass Index WOMEN



The average man and woman in the U.S. needs to lose 25lbs to lower their health risks.

The average woman is represented by the "X" in the chart.

Waist circumference and waist hip ratio are equally important measurements. One reason you benefit from the other tests is that the BMI can't account as well for differences in muscle mass.

For example, if you have a very muscular build, you could get an 'overweight' rating even though you may be in good physical condition. Or, if you are thin but sedentary (you don't exercise), you could get a 'healthy weight' rating even though you don't have enough muscle in your body. For a more complete profile of your body weight, take the waist circumference and waist-hip ratio tests also. Then find your results on the obesity scale, which will analyze your health risk using your body mass index and the results of the other 2 tests.

Do you need to lose weight? Regular exercise will burn extra calories and build lean muscle mass, which will improve your metabolism. Begin a new active lifestyle that includes a healthy diet, and you'll make the changes your body needs for you to be well.



Step Test

- purpose: a step test provides a submaximal measure of cardio-respiratory or endurance fitness (see also other step tests)
- Materials/Equipment required: 12 inch (30 cm) step, stopwatch, metronome or cadence tape, stethoscope.
- Procedure: Begin by demonstrating the alternating stepping cadence to the subject. In time with the beat step one foot up on the bench (1st beat), step up with the second foot (2nd beat), step down with one foot (3rd beat), and step down with the other foot (4th beat.) Allow the subject to practice the stepping to the metronome cadence, which is set at 96 beats per minute (4 clicks = one step cycle) for a stepping rate of 24 steps per minute. The athlete steps up and down on the platform at the given rate for a total of 3 minutes. The athlete immediately stops on completion of the test and sits down and remains still. Starting within 5 seconds, the tester is to count the subject's heart rate (ideally with a stethoscope) for one complete minute.
- Scoring: The total one-minute post-exercise heart rate is the subject's score for the test.
- Advantages: all step tests require minimal equipment and costs, and if required the test can be self-administered.
- Disadvantages: As the step is the same size for all people (men and women),
 biomechanical characteristics such as height and lower limb length may give an advantage.



Step Test Ratings for Women, Based on Age

	18-25	26-35	36-45	46-55	56-65	65+
Excellent	52-81	58-80	51-84	63-91	60-92	70-92
Good	85-93	85-92	89-96	95-101	97-103	96-101
Above Average	96-102	95-101	100-104	104-110	106-111	104-111
Average	104-110	104-110	107-112	113-118	113-118	116-121
Below Average	113-120	113-119	115-120	120-124	119-127	123-126
Poor	122-131	122-129	124-132	126-132	129-135	128-133
Very Poor	135-169	134-171	137-169	137-171	141-174	135-155

Step Test Ratings for Men, Based on Age

	18-25	26-35	36-45	46-55	56-65	65+
Excellent	50-76	51-76	49-76	56-82	60-77	59-81
Good	79-84	79-85	80-88	87-93	86-94	87-92
Above Average	88-93	88-94	92-88	95-101	97-100	94-102
Average	95-100	96-102	100-105	103-111	103-109	104-110
Below Average	102-107	104-110	108-113	113-119	111-117	114-118
Poor	111-119	114-121	116-124	121-126	119-128	121-126
Very Poor	124-157	126-161	130-163	131-159	131-154	130-151

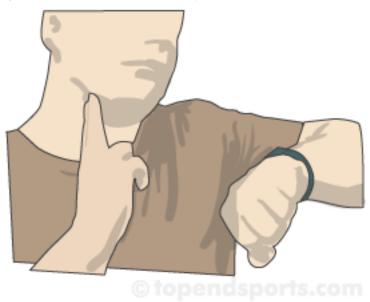
Measuring Heart Rate

Your heart rate can be taken at any spot on the body at which an artery is close to the surface and a pulse can be felt. The most common places to measure heart rate using the palpation method is at the wrist (radial artery) and the neck (carotid artery).

Other places sometimes used are the elbow (brachial artery) and the groin (femoral artery). You should always use your fingers to take a pulse, not your thumb, particularly when recording someone else's pulse, as you can sometimes feel your own pulse through your thumb.

Manual Method

Radial Pulse (wrist) - place your index and middle fingers together on the opposite wrist, about 1/2 inch on the inside of the joint, in line with the index finger. Once you find a pulse, count the number of beats you feel within a one minute period.



Carotid Pulse (neck) - To take your heart rate at the neck, place your first two fingers on either side of the neck. Be careful not too press to hard, then count the number of beats for a minute.

You can estimate the per minute rate by counting over 10 seconds and multiplying this figure by 6, or count over 15 seconds and multiply by 4, or over 30 seconds and doubling the result. There are obvious potential errors by using this shorthand method. If you have a heart rate monitor, this will usually give you an accurate reading.

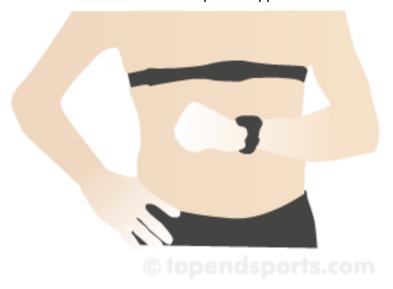
Online Resource:

http://www.topendsports.com/testing/heart-rate-measure.htm



Monitor Method

A heart rate monitor or ECG/EEG can be used to get a more accurate heart rate measurement. There is now also a heart rate phone App that can measure heart rate too.



This is particularly important during exercise where the motion of exercise often makes it hard to get a clear measurement using the manual method. Using a heart rate monitor is also useful when you wish to record heart rate changes over short time periods, where the heart rate may be changing. Many heart rate monitors are able to record the heart rate values to be reviewed later or downloaded to a computer.

Many heart rate monitors require at least a little body perspiration between the chest strap and the skin for best conduction of the signal. Make sure that there is a good connection between the chest strap and your chest, and you can add some water or other fluid to increase the conductivity too.

Online Resource:

http://www.topendsports.com/testing/heart-rate-measure.htm



Session 2.2 Fitness & BioMetrics

Topic: There is An App for That!

Objective:

- Heart Rate
- Intensity levels
- Lifestyle Activity
- Moderate
- Muscle strengthening
- Repetitions
- Step Count
- Vigorous

Materials: Smart phone or electronic device;

Introduction: Lifestyle activity may be an effective option for increasing fitness and modifying body weight in overweight adults. When combined with dietary intervention lifestyle activity resulted in weight loss comparable to aerobic forms of exercise after both 16 weeks and 68 weeks of treatment (Jakicic, et al., 2001).

90 minute session



Activity: Participants will develop daily lists with all of their normal activities in a day and week. The facilitator will lead them in brainstorming sessions on how to increase the intensity of each activity or how to incorporate additional tasks to reach the recommended daily Physical Activity Level (PAL). Smart devices will be used to track the results with a focus on daily step counts, minutes of activity and intensity level of activity. Review activity intensity levels.

Outputs: Participants will be asked to document Physical Activity Levels in personal wellness journals by creating a list of lifestyle activities that can be transformed into an opportunity to improve personal cardio-respiratory functioning. Using a smartphone/device application and discuss numbers during sessions. Levels to record include: daily step count, Number of minutes in each intensity level; low, moderate & high; Method to increase steps and intensity level

Evaluation: Pre/Post-test survey; identify how to increase the intensity of 2 lifestyle activities; completion of PAL in wellness journals.





Session 3.1 Healthy Eating

90 minute session

Topic: Eat What? That's All? From Where? Seriously?

Objective: Learn to read nutrition labels; (calories, trans-fat, fat, sugar, carbs, diet(s), energy balance, food groups, food Labels, snacks, sugar-sweetened beverages, portion control, serving size.

View: Center for Disease Control Video Salt Matters: Preserving Choice, Protecting Health

https://youtu.be/XQ9e766K5ZI



Materials: Healthy Life Wellness journal; African Heritage food pyramid; 10 Super Market Survival Tips handout.

Introduction: Participants need 'real-life' strategies to manage their eating and physical activity habits. These strategies need to be easy to do and personalized to each participant.

Activity: Field trip or virtual trip to local Farmer's Market or grocery store; groceries purchased for discussion and review by participants. Discuss effective shopping strategies; healthy food cooking demonstrations.

Outputs: Wellness journal shopping list complete with a variety of foods (staples, new intro foods); participation in healthy food demonstration; use of \$6 fruit and vegetable voucher from Farmer's Market.

Evaluation: Pre-test/Post-test; Identify 2 effective grocery shopping strategies; identify 2 strategies to reduce sodium intake; identify 3 Healthy Life Eating strategies.

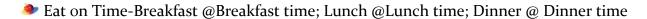
Journal Resource:

3.1 Habits to Healthy Life Eating 10 Super Market Survival Tips African Heritage Food Pyramid African Heritage Shopping List



Habits to Healthy Life Eating

- A T & T- Avoid Technology & TV
- Better Snacks & Desserts
- Build a Better Breakfast
- Don't Drink Your Calories
- Don't Skip Meals
- Drink water instead of sugary drinks
- Eating Well- Eat Good (nutritious) Foods
- $\stackrel{\bullet}{\longrightarrow}$ Eat 3 ½ cups of rainbow-colored vegetables a day
- Eat more whole grains



- Don't take long breaks from eating food; breakfast = break-fast which means break the fast from NOT eating while you were sleep- eat within 1 ½ hours of waking.
- Make half your plate fruits and non-starchy vegetables
- Plan meals and snacks and shop in advance
- Pleasures of the Table- Make Love to Your Food
- Practiced portion control
- Healthy Life Shopping Habits

3,500 calories= 1 pound of FAT!

Reduce your calorie intake by 500 calories per day to lose 1 pound a week

Online Resource:

www.choosemyplate.gov

Journal Activity:

3.1 Habits to Healthy Life Eating





Session 3.2 Healthy Eating

Topic: It's In the Cards-"Portion Distortion"

Objective: Participants will learn how to "Create-a-Plate" of healthy food that consists of appropriate amounts of each food group. Knowledge and Practice of the terms introduced in Session 3.1. Healthy food demonstration; self-serve appropriate amounts of food. "Create-a-Plate" card game.

Materials: Food playing cards; African Heritage Food Pyramid; shopping trip strategies (virtual trip or actual)

90 minute session



Introduction: The basis for creating a card game to improve mastery is the social cognitive theory states an intervention should provide opportunities for healthy behavior and social support and increase perceived self-efficacy through small practical steps and provide opportunities to practice skills and problem solving (McAlister, Perry, & Parcel, 2008)

Nationally, health communication messages are re-teaching people about portion sizes- "Portion Distortion" uses commonly used, known products to re-teach the proper size of foods in each food group (National Heart, Lung, and Blood Institute, 2014).

Activity: Participants will play the "Create-A-Plate" card game. The goal of the game is to "Create-A-Plate" of healthy nutritious food that includes at least four different food groups.

Variations: Healthy food demonstration, self-serve dinner activity in the food demonstration with field trip to Farmer's Market. Virtual shopping trip to teach Healthy Life shopping strategies.

Outputs: New shopping lists for the grocery store,

Evaluation: Participants will successfully "create-a-plate" during session; identify portion size of different food groups using the serving size reference guide nomenclature.

Handouts:

Portion Distortion Serving Size Reference Guide

Online Resource:

https://www.supertracker.usda.gov/default.aspx



Portion Distortion



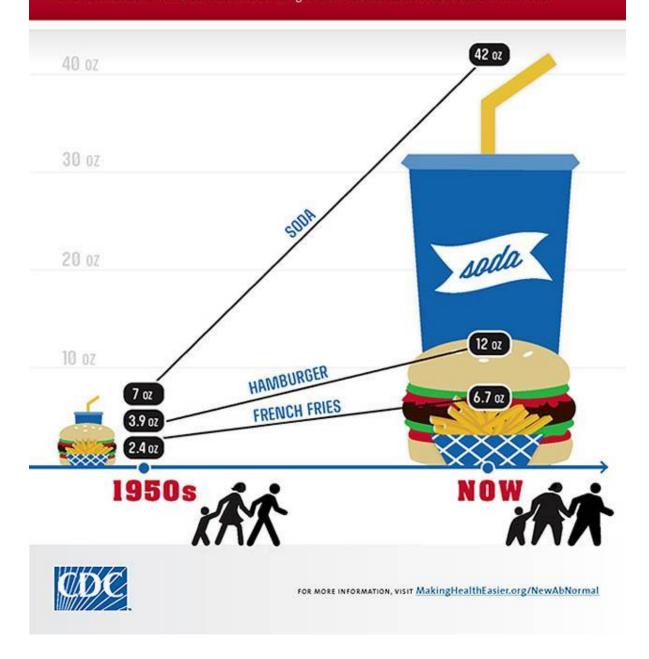
Online Resource:

https://thecurvyroadrunner.files.wordpress.com/2014/01/serving-size-of-common-foods1.jpg?w=640



THE NEW (AB)NORMAL

Portion sizes have been growing. So have we. The average restaurant meal today is more than four times larger than in the 1950s. And adults are, on average, 26 pounds heavier. If we want to eat healthy, there are things we can do for ourselves and our community. Order the smaller meals on the menu, split a meal with a friend, or, eat half and take the rest home. We can also ask the managers at our favorite restaurants to offer smaller meals.



Online Resource:

https://thecurvyroadrunner.files.wordpress.com/2014/01/burgers24n-1-web.jpg



Session 4.1 My Healthy Weight

90 minute session

INTAKE

Calories

From Foods

Calories Used During

Physical Activity

THE ENERGY BALANCE

Topic: Body Mass Index- Energy Balance

10% Improves Your Health

Objective: Participants must determine balance with physical activity and food intake. Participants will determine a goal weight based on the Lifestyle Events and Body Weight graph, BMI, Waist-to-Hip ratio, waist circumference and help of physician. First goal is 10% of current body weight.

View: Center for Disease Control Health Matters

Video: Finding Balance

https://youtu.be/1DloJanE-OQ

Review terms below:

- 1. Body Mass Index-
- 2. Energy In vs. Energy Out- Energy Balance
- 3. Exercise Personality Quiz
- 4. Waist-to-Hip ratio

Materials: Healthy Life Wellness Journal, report from physician regarding optimal weight.

Introduction: Functional fitness is the primary goal of any person with the desire to become fit and lose weight. The primary goal for most cases is to be functional in terms of independence to complete daily lifestyle activities without limitations.

Activity: Participants will determine appropriate calorie intake for self; take exercise personality quiz in wellness journal; determine roadblocks to fitness-cultural rituals, relationships with food, people and things; fitness exercise of choice;

Outputs: Results of step test, Hip-to-Waist ratio measurement, exercise personality quiz; personal roadblocks to fitness; participation in fitness activity.

Evaluation: Pre/post-test for knowledge regarding energy balance;

Handouts:

Calorie Intake Guide

Journal Activity:

Exercise Personality Quiz

Online Resource:

http://www.cdc.gov/healthyweight/calories/index.html

Image: http://www.docruppel.com/images/energy_balance.gif



Why Do **YOU** want to be Healthy?

What is YOUR motivation?

- 1. Improves energy
- 2. Improves mood and reduces depression, stress, and anxiety
- 3. Improves sleep quality
- 4. Increased self-confidence
- 5. Improves sex by increasing blood flow
- 6. Helps to control addictions to tobacco, alcohol, and other drugs.
- 7. Healthier teeth and gums
- 8. Overall feeling of well-being
- 9. Strengthens and boosts immune system
- 10. Sharpens your memory, slows aging process and makes older years more enjoyable.

List your motivations to live a healthier life:

1

- The C

A CO

- State

- Side

-

- Sie

-

- Side

-

When you want to quit; focus on your motivation to reach your goals!

Journal Activity:

4.1 Motivation List

Session 5.1 Goal Setting

90 minute session

Topic: New Plan, New You

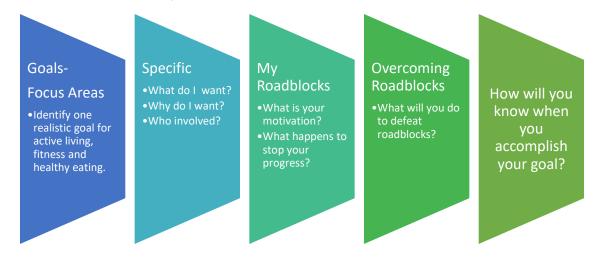
Objective:

- Goal Development
- Step-by-step Goal
- State Goal-Fitness Goal
- Why I want Goal?
- How I Change to Reach Goal?
- State Action to Do
- When to Do Action
- Identify Roadblocks
- Plan for Roadblock
- Start Date
- State Healthy Eating Goal
- State Physical Activity Goal

YOUR DESIRE TO CHANGE MUST BE GREATER THAN YOUR DESIRE TO STAY THE SAME.

Materials: Healthy Life Wellness Journal

Introduction: Goal setting and behavior change. Goals should be **S**pecific, **M**easurable, **A**ction-oriented, **R**ealistic and **T**imely or **S.M.A.R.T**.



Activity: Participants will develop S.M.A.R.T. goals for Healthy Life Plan using the Wellness Journal and facilitated discussion.

Outputs: Wellness Journal Motivations for Healthy Life; Goal Setting Activity

Evaluation: Pre/post survey; identify one goal; identify why you want to achieve goal; identify how you will know goal is accomplished.

Journal Resource:

5.1 Goal Setting Worksheets



My Healthy Life Goals

Goals-The Focus Areas

- Active Living
- Fitness
- Healthy Eating

I Want to...

- Walk 10,000 steps daily
- Take aerobics class
- Eat 5 or more fruit and vegetables daily.

I Want

to...

My Road Blocks

- Sit down job
- Cost of class
- Hard to remember

Overcoming Roadblocks

- Every hour walk for 10 minutes in my office without stopping.
- •Find FREE classes for month & put on my calendar
- •Lunch & Snack Prep ahead.

Accomplished?

- I will get 10,000 steps a day
- I will attend 4 FREE class each month.
- I will prep my snack & lunch on Sunday.

Goals-The Focus Areas

- Active Living
- Fitness
- Healthy Eating

My Road Blocks

- •
- ____

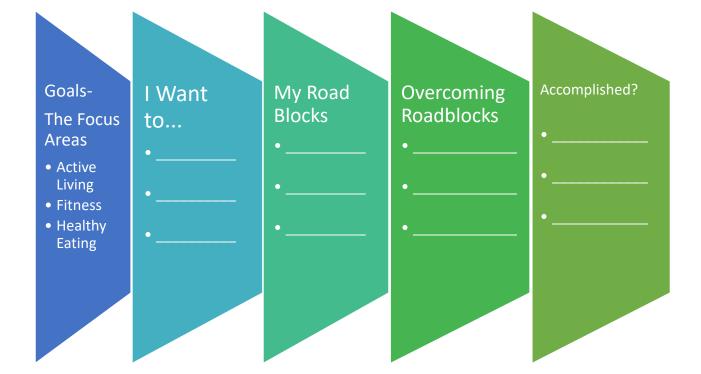
Overcoming Roadblocks

- •
- •

Accomplished?

- •
- •
- •







~ Top 80 Health Foods ~

Start Eating Healthy Today!

Veggies

Asparagus
Carrots
Celery
Kale
Onions
Spinach
Squash
Sweet Potatoes
Yams
Tomatoes

Fruits

Apples Cranberries Blueberries Grapefruit Oranges Pears Plums Rasberries Watermelon Strawberries

Grains

Barley
Brown Rice
Buckwheat
Corn
Millet
Oats
Quinoa
Rye
Spelt
Whole Wheat

Spices

Basil
Cilantro
Ginger
Oregano
Parsley
Peppermint
Rosemary
Sage
Thyme
Tumeric

Beans

Black Beans
Garbanzo Beans
Kidney Beans
Lima Beans
Miso
Pinto Beans
Navy Beans
Soy Beans
Tofu
Tempeh

Seafood

Cod Halibut Mackerel Oysters Salmons Sardines Scallops Shrimp Talapia Tuna

Nuts

Almonds
Cashews
Flaxseed
Macadamia Nuts
Peanuts
Pistachios
Pumpkin Seeds
Sunflower Seeds
Sesame Seeds
Walnuts

Drinks

Cranberry Juice
Fat Free Milk
Fruit Smoothie
Green Tea
Mint Tea
Orange Juice
Soy Milk
Tomato Juice
Vegetable Juice
Water



Physical Activity Readiness Questionnaire - PAR-Q (revised 2002)

PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

YES	NO		
		1.	Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?
		2.	Do you feel pain in your chest when you do physical activity?
		3.	In the past month, have you had chest pain when you were not doing physical activity?
		4.	Do you lose your balance because of dizziness or do you ever lose consciousness?
		5.	Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
		6.	ls your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
		7.	Do you know of <u>any other reason</u> why you should not do physical activity?

lf

you

answered

YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- · Find out which community programs are safe and helpful for you.

NO to all questions

If you answered NO honestly to $\underline{\text{all}}$ PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal this is an excellent way to determine your basic fitness so
 that you can plan the best way for you to live actively. It is also highly recommended that you
 have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor
 before you start becoming much more physically active.



DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- if you are or may be pregnant talk to your doctor before you start becoming more active.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional.

Ask whether you should change your physical activity plan.

Informed Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME	
SIGNATURE	DATE
SIGNATURE OF PARENT	WITNESS
SIGNATURE OF PARENT	WITNESS

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.





WHY CARBOHYDRATES MATTER TO YOU

Over the last 10 years, opinions have ranged wildly on carbohydrates. Some diets promote carbs as healthy, while others shun them. So are carbohydrates good or bad? The short answer is: they're both.

CARBS ARE EVERYWHERE!

Carbohydrates are not just bread, rice or pasta - all of the following foods are examples of carbohydrates:







Rice &



Nuts &



Vegetable & Evolte



Milk



Juice &



Cand

COMPLEX CARBS = GOOD

Good carbs are also referred to as complex carbohydrates. Their chemical structure and fibers require our bodies to work harder to digest, and energy is released over a longer time.

For the most part, good carbs are in their 'natural' state – or very close to it (including whole-grain breads, cereals and pastas).



Whole Grai



Bram.



Green



Fresh

WHY ARE THEY GOOD?

- HIGH IN FIBER & NUTRIENTS
- LOW GLYCEMIC INDEX (SEE BELOW)
- HELP YOU FEEL FULL WITH FEWER CALORIES
- MATURALLY STIMULATES METABOLISM

SIMPLE CARBS = BAD

Simple carbohydrates are smaller molecules of sugar that are digested quickly into our body. The energy is stored as glycogen in our cells, and if not used immediately gets converted to fat.

Bad carbs are generally 'processed' carb foods that have been stripped of their natural nutrients and fiber to make them more 'consumer friendly.'















- LOW IN FIBER & NUTRIENTS
- HIGH GLYCEMIC INDEX (SEE BELOW)
- EMPTY CALORIES CONVERTED TO FAT
- HIGH BLOOD GLUCOSE LEVELS = FEEL TIRED

Hip Stretch - Stand with the leg to be stretched behind the other.

Lean over to the non-stretching side.

Push the hip you wish to stretch out to the other side. Hold for between 10 and 30 seconds.



Heel Raises - Standing by a counter or chair for support, rise up on your toes with your knees straight and your body tall.

Slowly lower down onto your heels and repeat.

Dumbell Curls - Sit or standing by a counter or chair for support, rise up on your toes with your knees straight and your body tall.



Slowly lower down onto your heels and repeat. Allow dumbbell to roll out of palm down to fingers. Raise dumbbell back up by gripping and pointing knuckles up as high as possible. Lower and repeat.

Good Morning with Bicep Curl - Step 1

Stand with your feet hip-width apart and pointing straight ahead while holding a dumbbell in each hand. Draw your navel in toward your spine, and contract your abdomen to stabilize your spine.

Step 2

Bend your arms and draw the dumbbells up to rest on your shoulders. Keep your elbows wide and your palms facing forward.

Step 3

Keep your legs straight and your back flat as you hinge forward at your hips, and lower your torso parallel to the floor while keeping the dumbbells glued to your shoulders. Pause for one count.

Step 4

Return to the starting position without releasing your abdominals.

Lateral Raises - Grasp dumbbells in front of thighs with elbows slightly bent. Bend over slightly





with hips and knees bent slightly. Raise upper arms to sides until elbows are shoulder height. Maintain elbows' height above or equal to wrists. Lower and repeat.

Leg Abduction with Band

Step 1. Attach one end of the band to a stationary object and the wrap the other end around the ankle closet to it. Step 2. Start with the leg abducted (away from the other leg) and pull it in, across your body, keeping the knee straight.

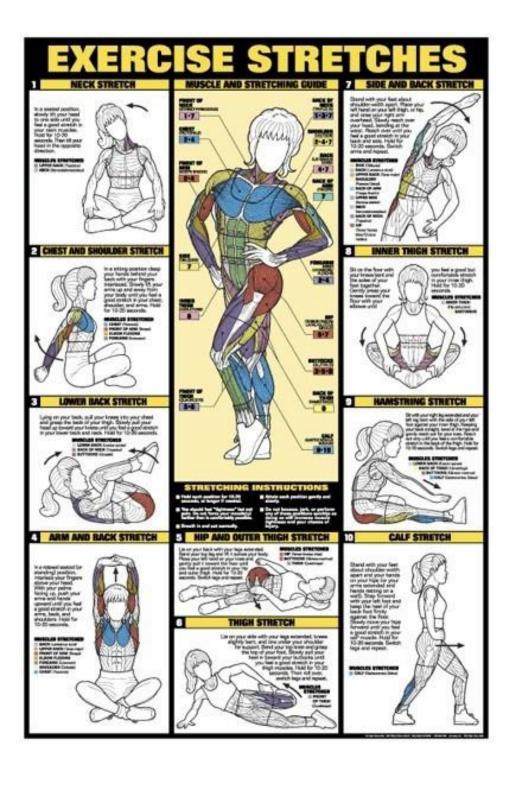
Step 3. Try to keep the hips level throughout the exercise. Step 4. Hold onto something for balance if you need to. Slowly return to the starting position.





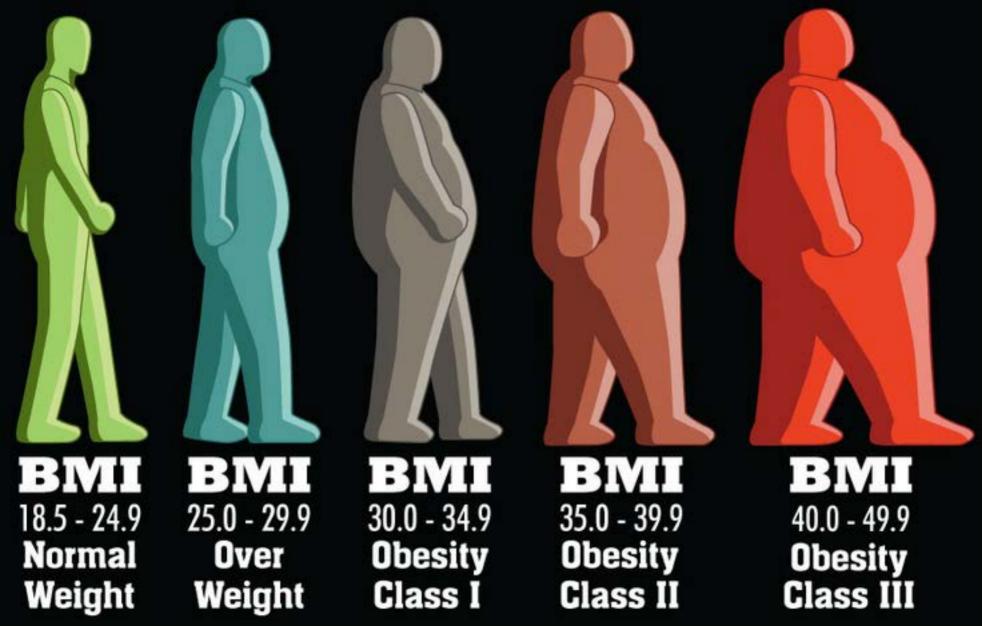


Static Squat + Punches: Starting with a very shallow squat and a punching motion without any extra weight, only hold your squat for a few seconds before coming up continuing your punches. As you progress stay down longer (until the maximum time), squat lower, and start using dumbbells with your punching motion. Do not, however, speed up your punches, especially if using extra weight.



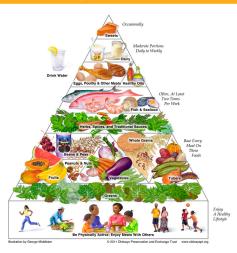
kwws=221p j1z hep g1frp 2gwp fp v2dyh2z hep g2frqvxp hubdvvhw2v1whb1p djhv2wrrov2sruw1rqvl}h2l p djhv2svsbp hdwbfk1fnhq1msj





COMMON FOODS OF AFRICAN HERITAGE The Traditional Foods of Africa, the Caribbean, South America, and the American South beet greens, callaloo, chard, collard greens, dandelion greens, kale, LEAFY GREENS mustard greens, spinach, turnip greens, watercress asparagus, beets, brussels sprouts, broccoli, cabbage, carrots, cauliflower, eggplant, garlic, green beans, lettuce, long bean, okra, VEGETABLES onions, peppers, pumpkin, radish, scallions, squashes, yambean (or jicama), zucchini avocados, baobab, bananas, blackberries, blueberries, cherries, dates, dewberry, figs, grapefruit, guava, horned melon, lemons, limes, mangos, FRUITS oranges, papaya, peaches, pineapples, plums, pomegranates, oranges, tamarind, tomatoes, watermelon STARCHES & amaranth, barley, couscous, fonio, kamut, maize/corn, millet (pearl and finger), rice, sorghum, tef, wild rice WHOLE GRAINS TUBERS breadfruit, cassava, plantains, potatoes, sweet potatoes, yams, yucca black-eyed peas, broad beans, butter beans, chickpeas, cowpeas, BEANS kidney beans, lentils, lima beans, pigeon peas benne seeds, Brazil nuts, cashews, coconuts, dika nuts, groundnuts, NUTS, SEEDS peanuts, pecans, pumpkin seeds, sunflower seeds HERBS, SPICES apple cider vinegar, annatto, arrowroot, bay leaf, cinnamon, cilantro, & HOMEMADE cloves, coconut milk, coriander, dill, ginger, mustard, nutmeg, oregano, SAUCE paprika, parsley, peppers, sage, sesame, (other) vinegar INGREDIENTS bream (or porgy), catfish, cod, crappie, crayfish, dried fish, mackerel, FISH & SEAFOOD mussels, oysters, perch, prawns, mackerel, rainbow trout, sardines, shrimp, tuna POULTRY, EGGS, chicken, turkey, eggs, lamb, beef & OTHER MEATS OILS coconut oil, olive oil, palm oil, peanut oil, sesame oil, shea butter DAIRY buttermilk, yogurt (non-lactose sources: almond milk, rice milk, soy milk) (if tolerated) cakes, custards, cobblers, pies made with fruits, nuts, and whole grains, **SWEETS** and light on added sugars

African Heritage Diet Pyramid



The African Heritage Diet Pyramid is a guide to the healthy traditional diets of African American ancestors. Base your meals mostly on a variety of foods nearest the base of the pyramid.

- Go For Greens. Greens like spinach, collards, mustards and turnip greens are a big part of African heritage cuisine; they help keep your blood, liver, and kidneys in top health. Cook them lightly to retain all of their extraordinary nutrients!
- Every day, enjoy vegetables, fruits, mostly whole grains and cereals, beans, herbs and spices, peanuts and nuts, and healthy tubers like sweet potatoes. These are the core African Heritage foods to shop for, prepare, and eat most often.
- Tuna, mackerel, and salmon are rich in heart-healthy omega-3 fatty acids. Sardines and other small, bony fish are rich sources of calcium and vitamin D. Enjoy them grilled, broiled, or lightly pan cooked in water and a tiny bit of oil.
- Use small amounts of healthy oils, like sesame or olive oil for dressings, and canola, red palm oil, or extra virgin coconut oil for cooking.
- Eat eggs, poultry and other meats moderately, in small portions, or use as garnishes for other dishes.
- Consume dairy in small portions, and if you are lactose intolerant, enjoy other calcium-rich foods like greens, beans, and almonds.
- Sweets, at the top of the pyramid, are foods to eat less often, limiting them to once a week or at special meals.
- Drink plenty of water throughout the day. If you drink alcohol, limit it to one glass per day for women, two for men.

Health Through Heritage

The diseases we know today, like diabetes, heart disease, cancer, and obesity, were much less common with traditional diets in earlier times. Scientific studies show that conditions like these skyrocket as traditional diets are left behind.

The African Heritage Diet Pyramid is based on scientific research that shows eating like your ancestors can help:

- Lower your risk of heart disease, high blood pressure, and stroke
- Avoid or help treat diabetes
- Fight certain cancers and many chronic diseases
- ◆ Reduce asthma, glaucoma, and kidney disease
- Nurture healthy babies
- Achieve a healthy weight and avoid obesity
- Reduce depression
- ♦ And more!

Easy African Heritage Recipes

Use healthy African heritage foods to style any meal:

- Hearty Pumpkin or Squash Soup
- Delicious Rice and Bean Medleys
- Stewed Tomatoes and Okra
- Healthy Potato Salad and Corn Bread
- Plus dozens more!

To find recipes and details on the latest scientific studies for enjoying health through heritage, visit the African Heritage section of the Oldways website at:

www.oldwayspt.org



Boston, MA 02116 USA 617-421-5500

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Welcome to the African Heritage Diet

Claiming Your Health by Claiming Your History



Red Tomatoes, 1992, Oil on Canvas, 16" x 10" © Jonathan Gree

Diabetes is not part of your heritage.

Neither is heart disease.

What is in your heritage is a healthy heart, a strong body, extraordinary energy, vibrant and delicious foods, and a long, healthy life.

You have the power to claim all of this, using heritage as your guide.

Brought to you by





With national support from the Walmart Foundation



Your Healthy Heritage

The ancestors of African Americans brought many wonderful food traditions to parts of the Caribbean, South America, and the southern states of the U.S. Maybe these were your great, great, great grandparents.

Over the generations, many of these food traditions have been lost, with the influences of modern, American eating habits. And health has suffered because of this loss.

The African Heritage Diet is a way of eating based on the healthy food traditions of people with African roots. This healthy way of eating is powerfully nutritious and delicious, and naturally meets the guidelines that health professionals promote today.



Healthy Heritage Living

Good health is not just about food. Good Health = healthy eating + healthy living. Healthy living doesn't just mean joining a gym. Rather, find simple and fun ways to fit physical activity in every day—a walk alone or with family, gardening, or dancing. Consider adding creativity to your life through art and music, writing, cooking or other fulfilling hobbies. Family meals and family time, plus community activities add to well-being. Also, get plenty of sleep every night.

In other words, activate your body, mind, and heart each day to keep your body working at its best.

10 Steps For Your Health Through Heritage



1. Boost Flavor With Spice. Curries, peppers, coconut, fresh herbs, garlic, onions, fresh lemon, and all spices are low-sodium ways to add incredible flavors to grains, beans, vegetables, and seafood. Try a different herb every week for a touch of African heritage.

2. Make Vegetables the Star of Your Plate. Steamed, sautéed, roasted, grilled or raw, enjoy veggies like okra, cabbage, green beans, or eggplant in larger portions than the other parts of your meal. If you're grabbing seconds, go for the veggies!



even notice the meat's not there. We've got plenty of vegetarian recipes an a guide to help you on the Oldways website.



5. Mashes & Medleys. Bake or boil sweet potatoes, yams and potatoes or mash them with eggplants, beans, grains, onions and seasonings. One-Pot Cooking lets flavors sing together! Let okra, corn and tomatoes collide in a "Mix Up," or add extra color and flavor to your greens with purple cabbage and leeks.

6. Find Real Foods Everywhere. At a corner store, buy peanuts or fruit; at a lunch buffet, load up your plate with salad, veggies, fruit, and beans. Look to African heritage whole foods, in their natural state, to crowd out processed and packaged "convenience foods."



- **7. Family Support & Food Fellowship.** Food is meant to be shared, and so is good health. Think of your dinner table as a "healing table," a place where people come to share beautiful, fresh foods and reinforce a long, happy and healthy life.
- **8. Make Room for Celebration Foods.** We all have special foods that have always been in our families. Some of these foods may fall outside the guidelines of the African Heritage Pyramid. Save these foods of meaning and memory for special occasions. Enjoy them infrequently, but when you do have them, enjoy them whole-heartedly!



- **9. Jazz Up Fruits for Dessert.** Fresh or frozen fruits like melons, peaches, berries, and mangos—plain or sprinkled with chopped nuts or coconut—add a sweet taste of satisfaction at the end of a meal.
- 10. Drink to Your Health. A splash of flavor can make water your go-to drink. Add crushed fruits or small amounts of 100% fruit juice to water or sparkling water to make refreshing "ades" (like lemonade!). Iced tea with a little honey is another refreshing alternative to soda and other highly sugared drinks.



African Heritage Diet Pyramid



Enjoy A Hlv.Wly Ufr#yk

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www.oldwayspt.Ol'Q



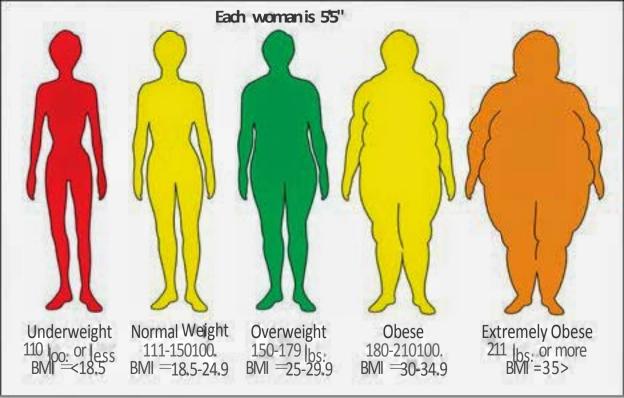


African Heritage Diet Grocery List

Choose mostly whole grains. These contain the word "whole" as the first ingredient. Ex: "whole wheat." Some products also have the Whole Grain Stamp on their packages. Couscous ☐ Rice and Wild Rice Millet ☐ Whole Grain Grits Oats or Oatmeal Barley ☐ Whole Wheat Flour ☐ Teff (grain or flour) ☐ Sorghum ☐ Whole Cornmeal Seafood Salmon and other oily fish contain healthy Omega-3s. White fish is a great lean protein. ☐ Red Snapper Catfish Cod Scallops Clams Tilapia Tuna Salmon Sardines Healthy Oils, Vinegars and Sauce Bases Store oils in a cool, dark place to make them last longer. Olive Oil (Extra-Virgin) ☐ Apple Cider Vinegar Canola Oil ☐ Other Favorite Vinegars Unrefined Red Palm Oil ☐ Light Coconut Milk Coconut Oil (Extra Virgin) Sesame Oil **Herbs and Spices** Fresh and dried herbs and spices are a great way to add flavor without adding fat or salt. Cilantro Coriander Parsley □ Dried Peppers Mint Cumin Ginger \Box Dill Cayenne Pepper Cinnamon **Beans** Beans are a great way to add fiber and protein to meal. Black-eyed Peas **Butter Beans** Black Beans Kidney Beans Fava Beans (Broad Beans) Lima Beans Chickpeas (Garbanzos) ☐ Pigeon Peas Eggs, Dairy & Meats ☐ Low-fat Milk (or Milk Alternatives) ☐ Chicken & Poultry ☐ Fresh Lean Meats Yogurt Eggs ☐ Tofu

African Heritage Diet Grocery List

Nuts and Seeds			
Both are a great source of protein, fib	er, and	d healthy fats.	
☐ Peanuts			
☐ Almonds	H		
☐ Cashews	H		
☐ Brazil Nuts	П		
☐ Sunflower Seeds	H		
☐ Pumpkin Seeds	П		
□ Natural Peanut Butter	H		
Fruits			
Fresh fruits are important for weight c fruit and canned varieties without add			
☐ Peaches		Dates	
☐ Cherries	$\overline{\Box}$	Avocado	
☐ Blackberries	П	Grapefruit	
☐ Oranges	П		
☐ Watermelon	П		
Blueberries	П		
☐ Mangoes	П		
☐ Bananas	$\overline{\Box}$		
☐ Papaya	$\overline{\Box}$		
☐ Pineapples	П		
Lemons & Limes			
Vegetables & Tubers Fresh veggies are important for weigh Frozen and low-sodium canned veggi Tomatoes (fresh, canned, pastes	ies are	also good choices.	
Okra		Cassava	
Cabbage (Green or Purple)		Potatoes	
Red / Green Bell Peppers		Sweet Potatoes	
Green Beans		Pumpkin	
Eggplant		Plantains	
Broccoli	닏		
Beets			
Radishes Brussels Sprouts			
Zucchini			
Squash			
Carrots			
Onions (yellow, red or Vadalia)	님		
Garlic	ш		
J Garile			
Leafy Greens Greens are a staple food of African H and experiment with ways of preparin of their valuable nutrition.			
☐ Collard Greens		Lettuce	
☐ Mustard Greens		Watercress	
Spinach		Dandelion Greens	
☐ Kale			
☐ Beet Greens			
☐ Turnip Greens			
Miscellaneous Including other pantry essentials and supplies so you don't forget! Low-Sodium Soups Sea Salt Tea	home	goods like cleaning	
Coffee			
☐ Hummus			
Low-Sodium Pickles			



APPENDIX C: JOURNAL HEALTHY LIFE



Wellness Journal

Are you ready to improve your Health?

Are you ready to live a long Life?

Take the next exit to HealthyLife...

Your friends and family will be glad you did!

Daily Food, Exercise, Goal-Setting Journal



The Healthy Life wellness journal will introduce you to facts about Healthy Activity, Healthy Eating and Healthy Habits which will help you on your new journey to a Healthy Lifestyle. How will your Healthy Life wellness journey be different from other weight loss and fitness journeys you have taken in the past? Your Healthy Life journey will allow you to reflect on the "Why?" of "Where Am I Now?" and "How Did I Get Here? The Healthy Life wellness journey allows you to look deeply into your cultural rituals which shapes your knowledge and shapes you into the person you are today!









Your *Healthy Life* wellness journal contains tools to help you identify YOUR road blocks and help YOU develop *Real Life* strategies to get around them. Your program leaders will guide you through a series of sessions that will empower you to take charge of your own health and wellness. Small steps can make a big difference in how you look and feel.

We all want to live a long *Healthy Life* and the decisions we make NOW will impact the life we will have LATER. Make a commitment TODAY to live a *Healthy Life*! In your *Healthy Life* wellness journal you will find:

- ✓ Food Habits and Relationships-What are food habits and relationships?
- ✓ Pathways to Lose Weight- How do I avoid roadblocks?
- ✓ Strategies for Success- How do I develop an action plan to SUCCESS?





Session 1 Cultural Norms and Rituals

1.1 Holiday Food Trivia

1.2 Soul Food Junkies-Who Am I?

1.3 How Did I Get Here?

Session 2 Physical Activity

2.1 Personal Activity Levels- PAL2.2 There is an App for THAT!

Session 3 Healthy Eating

3.1 Eat What? From Where?

3.2 It's All in The Cards- "Portion Distortion"

Session 4 My Healthy Weight

4.1 Body Mass Index- Energy Balance

4.2 10% Improves Your Health

Session 5 Goal Setting

5.1 New Plan, New You





Session 1

Cultural Norms and Rituals

- 1.1 Holiday Food Trivia
- 1.2 Soul Food Junkies-Who Am I?
- 1.3 How Did I Get Here?

Congratulations, YOU have chosen the road to Wellness and a *Healthy Life*! In Sessions 1 we will take a trip down memory lane to explore your childhood, your family patterns and your community's rituals. We will explore African-American culture and how it has shaped our daily lives from our shared thoughts and beliefs to our shared morals and values. Our African-American culture has even shaped our shared eating patterns to our shared risk of food related illness, such as Type 2 Diabetes, High Blood Pressure and Obesity.



The time is <u>NOW</u> to face our African-American culture directly in the face and say enough is enough...we love you but we must modify you! We must make a few small changes to be around for our families and friends for as long as the traditions have been around for US!

5

Holiday Food Trivia? Which Social Event or Holiday does this meal represent?

What are some of the differences in your family?







- ✓ What food(s) helped you to identify the holiday or social event?
- ✓ Was it a combination of certain items?
- ✓ Discuss with the group the traditions you have in your family.
- ✓ Take notes on the traditions that are the same and those that are differ.

Same	Different



	nkies-Who Am I? cumentary "Soul Food Junkies". Write down your reactions to the film.
view the do	cumentary Sour Food Junkies. Write down your reactions to the min.
	me of your memories, feelings or other associations with food? How do the h those expressed in the film?
_	ng habits so hard to break? Do you think it's possible to be addicted to a or to food in general? Why or Why not?
	a matter of personal behavior and preference? When do eating habits or-ceating habits and food choices step over into learned or taught behavior?



Cultural Norms and Rituals How Did I Get Here?

First Photo

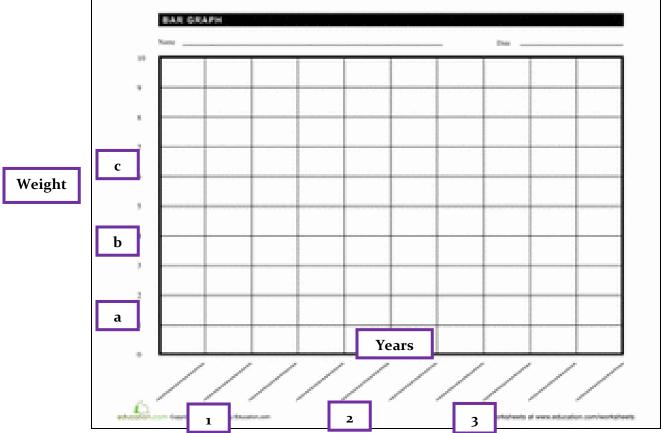
Second Photo

Third Photo



Cultural Norms and Rituals How Did I Get Here?

"Lifestyle Body Weight Graph"



Write the earliest year of the photos you have posted on space marked "1".

Write the second year of the photos you have posted on the space marked "2".

Write the latest year of the photos you have posted on the space marked "3".

Write the lowest weight of the photos you have posted in space marked "a".

Write 2nd lowest weight of the photos you have posted in the space marked "b".

Write the highest weight of the photos you have posted in the space marked "c".

What is the trend of your "Lifestyle Body Weight Graph"? Going Up? Down?



Write below the life circumstances that occurred during each weight-point in time.

1 st Weight Point	2 nd Weight Point	3 rd Weight Point

At each weight point, write down if you experienced any stressful life events such as:

- ✓ Accident?
- ✓ Change in marital status? Relationship break-up?
- ✓ Commute to work? Did your commute change in some way?
- ✓ Death of a loved one?
- ✓ Major illness?
- ✓ Menopause? Pregnancy?
- ✓ New medication?
- ✓ New occupation?
- ✓ Stop smoking?

Describe your lifestyle:

- ✓ Did you exercise daily? Regularly?
- ✓ How did you get around town? Bike? Walk? Car?
- ✓ What did you eat, generally?
- ✓ What type of job did you hold?
- ✓ Were you on a diet? Which type? Why?



Session 2 Physical Activity

2.1 Personal Activity Levels- PAL2.2 There is an App for THAT!

Now that we have uncovered some of our habits and patterns around eating and preparing food, it is also important that we determine our habits and patterns around physical activity and personal fitness.



The following sessions are designed to help you determine a baseline of your whole body fitness. We will conduct fit tests of your cardio-respiratory health; muscular strength and endurance; flexibility; and body composition. You will learn optimal activity levels for weight loss and weight maintenance. Know your BMI, weight, blood pressure, cholesterol and blood sugar numbers.

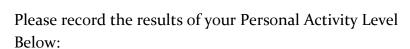


BEFORE starting any fitness activity, please **consult** with your doctor **and** complete a PAR-Q & You Form.

Session 2 Physical Activity

2.1 Personal Activity Levels- PAL

PAR-Q & You Form 3-Minute Step Test Waist to Hip Ratio Body Mass Index (Inserts PAR-Q Form)





3 min. Step Fit Test	—— Step Test Rating	Fit or Not Fit?
Hip to Waist ratio	Hip to Waist Ratio	—— Risk Level
Body Mass Index	ВМІ	Healthy Weight, Overweight, Obese
You should call your doctor and make an appointment to determine your baseline physical numbers. Know your numbers for:		
Blood Pressure	Blood Su	ıgar
Cholesterol	Weight	



Session 2 **Physical Activity** There is an App for THAT! 2.2 Activity is EXERCISE! Increase your Personal Activity Level by completing your daily tasks! List your daily tasks and think of ways to increase the intensity! 3,500 calories = 1 pound of FAT Increase the intensity to burn FAT Record your PAL Lifestyle Activity Increase the Intensity Lifestyle Activity **Increase the Intensity Record your PAL** Walk the Check your App to perimeter of **Grocery Shopping** see the number of store 5 X's before steps & record # you shop

Exercise With It

Session 2.2 Fitness & BioMetrics



Daily PAL Journal

- Record your daily step count
- Number of minutes in each intensity level; low, moderate & high
- What you will do to increase steps and intensity level

Daily Step Count	Minutes in Low	Minutes in Moderate	Minutes in High	Increase the Intensity



Session 3.1 Healthy eating

90 minute session

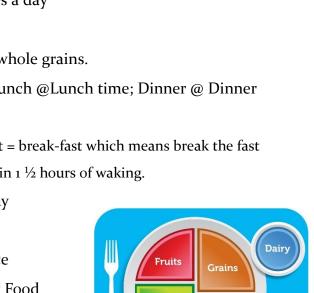


Topic: Eat What? That's all? From Where? Seriously?

Habits to Healthy Life Eating

- A T & T- Avoid Technology & TV
- Better Snacks & Desserts
- Build a Better Breakfast
- Don't Drink Your Calories
- Don't Skip Meals
- Drink water instead of sugary drinks
- Eating Well- Eat Good (nutritious) Foods
- Eat 3 ½ cups of rainbow-colored vegetables a day
- Eat more whole grains
 - Make at least ½ the grains you eat whole grains.
- Eat on Time-Breakfast @Breakfast time; Lunch @Lunch time; Dinner @ Dinner time
- \longrightarrow Don't take long breaks from eating food; breakfast = break-fast which means break the fast from not eating while you were sleeping- eat within 1 ½ hours of waking.
 - Make half your plate fruits and non-starchy vegetables
 - Plan meals and snacks and shop in advance
 - Pleasures of the Table- Make Love to Your Food
 - Practiced portion control
 - Healthy Life Shopping Habits

3,500 calories= 1 pound of FAT!



Proteir

Choose My Plate.gov

althy Food

Reduce your calorie intake by 500 calories per day to lose 1 pound a week

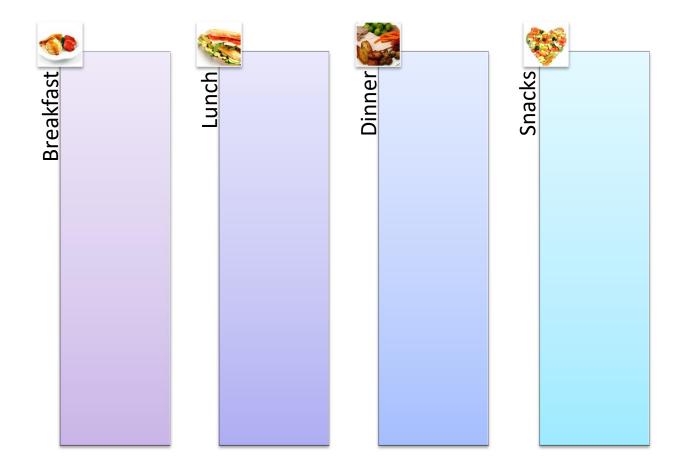
Food Journal



The best way to get to a healthier tomorrow is to do your BEST every day!

Track your meals and snacks in your smartphone app or here

Day of Week:



Online Resource: https://www.supertracker.usda.gov/default.aspx

10 Supermarket Survival Tips



- 1. Plan your meals ahead of time and make a list.
- 2. Shop the perimeter of the store for the healthiest options.
- 3. Grocery shop on a full stomach.
- 4. Choose fresh or whole foods that are not processed.
- 5. Read the labels; choose items lower in fat, saturated fat & sodium.
- 6. Choose foods with simple ingredients you can pronounce.
- 7. Experiment with new foods and enjoy a variety.
- 8. Spice up your meals with sodium-free herbs and spices.
- 9. Use coupons wisely; not as an excuse to stock up on unhealthy choices.
- 10.Do a mini grocery trip midweek to restock healthy items.



Online Resource

www.michigan.gov/mihealthiertomorrow

Session 4.1 My Healthy Weight

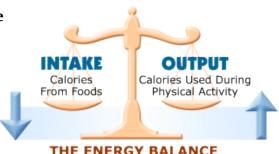
90 minute session



Topic: Body Mass Index- Energy Balance 10% Improves Your Health

ENERGY BALANCE means there is the correct balance between the ENERGY you consume (food & beverages you eat)

and the ENERGY you expend (physical activity).



THE ENERGY BALANCE

When the energy balance is equal your weight stays the same-

When your <u>intake</u> (food & drink) is **MORE** than your output (physical activity) your weight goes up-you gain weight-you get bigger!

When your <u>intake</u> (food & drink) is **LESS** than your output (physical activity) your weight goes down-you lose weight-you get smaller!

You MUST BURN MORE CALORIES with physical activity than the amount of calories you EAT and DRINK to LOSE weight-

Exercise Personalit	y Quiz Results:	

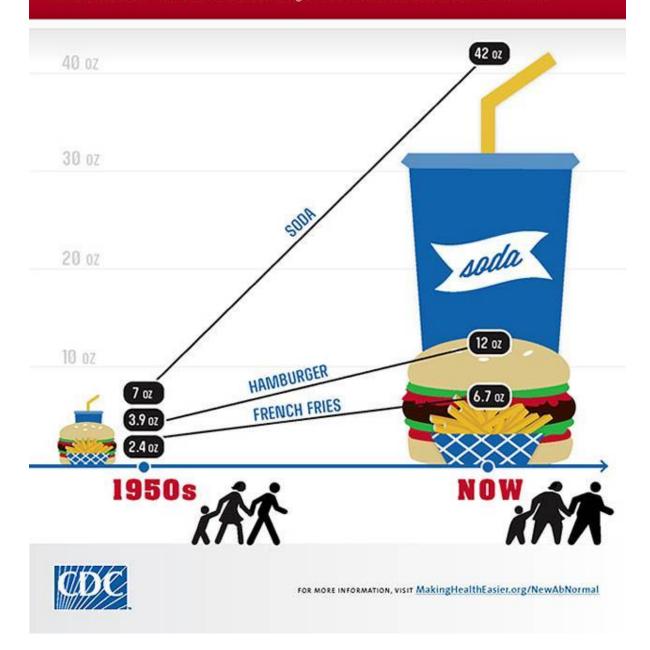
Make a list of fitness activities you will try during your Wellness Journey:

- 1.
- 2.
- 3.
- 4.
- 5.

Session 3.2 Portion Distortion Handout

THE NEW (AB)NORMAL

Portion sizes have been growing. So have we. The average restaurant meal today is more than four times larger than in the 1950s. And adults are, on average, 26 pounds heavier. If we want to eat healthy, there are things we can do for ourselves and our community. Order the smaller meals on the menu, split a meal with a friend, or, eat half and take the rest home. We can also ask the managers at our favorite restaurants to offer smaller meals.





Portion Distortion



Online Resource:

https://thecurvyroadrunner.files.wordpress.com/2014/01/serving-size-of-common-foods1.jpg?w=640



Session 4.1 My Healthy Weight Fitness Activity of Choice

Walking is the BEST fitness activity.

Try Walking TODAY!

How many steps do I need to make a difference in my health?

You'll never change your life until you change something you do daily. The secret of your success is found in your daily routine~

JOHN C. MAXWELL

To build aerobic fitness:



3,000 or more fast daily steps

For long term health and reduced chronic disease risk:



10,000 steps a day

For successful, sustained weight loss:



12,000 - 15,000 steps a day

Session 4.1 My Healthy Weight



Motivation

Why Do **YOU** want to be Healthy?

What is YOUR motivation?

- 1. Improves energy
- 2. Improves mood and reduces depression, stress, and anxiety
- 3. Improves sleep quality
- 4. Increased self-confidence
- 5. Improves sex by increasing blood flow
- 6. Helps to control addictions to tobacco, alcohol, and other drugs.
- 7. Healthier teeth and gums
- 8. Overall feeling of well-being
- 9. Strengthens and boosts immune system
- 10. Sharpens your memory, slows aging process and makes older years more enjoyable.

List your motivations to live a healthier life:

_

_

_

-

When you want to quit; focus on your motivation to reach your goals!

Exercise Personality Quiz

1. Overall, people would describe me as:

- a. Quiet, cautious and detail-oriented
- b. Direct, competitive and take charge
- c. Outgoing, honest and friendly
- d. Adventurous, impulsive and ambitious

2. How do you typically handle challenges in both fitness and your everyday life?

- a. I tend to analyze the situation and try to identify possible solutions-I don't let emotions get in the way of thinking logically
- b. I face them head on and put together a plan to take action in order to reach my goals-I like to feel in control of the situation
- c. I usually just go with the flow as I'm pretty adaptable and non-confrontational-I try my best to steer clear of conflict
- d. I'm pretty vocal about how I'm feeling- if things don't go my way I'll usually just move on to something else and encourage others to come along with me

3. When it comes to physical activity, I'm more inclined to:

- a. Evaluate various exercise options to compare and contrast the pros and cons of each-I tend to steer clear of "gimmick" products and programs and stick to what's tried and true when it comes to fitness, even if it doesn't sound exciting
- b. Set a big goal for myself, such as training for an event like a half marathon or triathlon- I love competition and thrive on pushing myself to win
- c. Look into taking group fitness classes or joining a team/group of some sort-I like the idea of partaking in a fun fitness experience with others
- d. Explore many different options looking for whichever one promises to produce the quickest resultsl'm not afraid to try something new, even if it may seem a little wacky.

4. When it comes to health, fitness and nutrition information, I:

- a. Am constantly reading different websites and analyzing information from a variety of articles and sources to try and determine the facts about fitness-I look for research-supported information whenever possible.
- b. Know all that there is to know-I stay on top of the trends & know that health and fitness boils down to hard work & dedication, & you get out of a program what you put in
- c. Am interested in learning more but am often confused and unclear about the information- I'm mainly just in search of ways to be active with friends and family, as relationships are important to
- d. Honestly don't know much at all- I'm impatient and get frustrated trying to sort through all of the information that's out there-I just want to be told what to do to get results

5. How do you approach your fitness journey?

- a. I typically like to go it alone and stick with the activities that I'm most familiar with-I'm not a big fan of surprises so I prefer to stick with a set routine
- b. I start by identifying a goal and then seek out a detailed plan to achieve the results that I want- I'm pretty unyielding in my approach so I follow the exact plan set forth
- c. I tend to be slow to decide exactly what I want to do when it comes to fitness-I will usually ask around and find out what other people are doing to stay fit first
- d. I really don't have a plan since I get bored easily, so I'm constantly trying new things—I'll admit, I tend to struggle with committing to a regular fitness routine.

6. What are the most important characteristics in a workout plan?

- a. It's safe and effective-I like to know there's science behind what I'm doing
- b. It's challenging and competitive-I like to work hard and push my limits to be the best
- c. It's fun and can be done socially, I enjoy working with others
- d. It's fast and gets results-I'm excited to try something new and start seeing results

7. What helps motivate you to lead a fit life?

- a. Knowing the how's and why's of fitness is what motivates me- before I begin any program I want to know the health benefits it will provide and how it will do so
- b. Competing against myself and others is motivates me-l'm willing to put in the work once I know for certain that the program will enable me to reach my goals
- c. Feeling good about myself while enjoying the fitness experience with others is what motivates meas long as I'm having fun I'll continue to be physically active
- d. Losing weight and looking great is what motivates me-l'm more inclined to follow through with a program if there rewards involved (e.g. a free personal training session, new apparel and a massage)

8. Would you be willing to try out a new form of fitness, such as a stand-up paddleboard yoga, kettle bell training, or boot-camp style classes?

- a. If they could be done in a small-group setting, one-on-one or on my own I would think about it, though I'd first have to know if these kinds of activities actually provide any real benefits.
- b. If they would help me towards reaching my personal goals I would consider it, though it'd have to be a time and place that was convenient for me and fits in my schedule.
- c. If I could ask people who have taken the classes questions and knew what to expect and that the class format was fun, I would definitely give it a try
- d. If these classes are challenging yet fun and produce results in a short amount of time I' totally there, since I 'm willing to give just about anything a try at least once

9. How do you feel about completing a fitness assessment?

- a. Gathering data about my current level of fitness intrigues me, but I 'm a little bit reserved about sharing that information with other people, especially if it's someone that one know
- b. Assessing my fitness is of great interest to me, as in time I'd like tobe able to look back and see how much my abilities have improved and how much closer I've come to reaching my goals
- c. To me assessments aren't that important because I feel fitness is really just about having fun and becoming happier and healthier in the process, thought if someone told me performing assessments was important I'd probably do it
- d. If the assessments were exciting and didn't take up too much time I'd be willing to go through them, especially if some offered me incentives of some sort to do so

10. Where are you presently in terms of leading an active, healthy lifestyle?

- a. I'm ready to get started leading a more active lifestyle, as I know how important physical activity is for my health and overall well-being
- b. I've been engaged in physical activity though not as consistently as I probably should be, but I'm ready to commit to adopting a more regular fitness routine
- c. I've been regularly active for 6 months or less and I'm eager to learn more about how to continue to lead a healthy lifestyle and stick with it long-term
- d. I've been regularly active for more than 6 months and I'm in search of new ways to maintain and/or enhance my physical fitness in order to avoid getting bored

Portion Distortion serving size reference handout

24

Session 4.1 Fitness Warm Up

Pre-Walk Warm-Up Routine

Before you start walking, it is important to warm up first. Increasing the temperature in your muscles and joints and increasing blood flow will make you more comfortable when you exercise and reduce the risk of injury. Here are a few easy warm-up moves that target the muscles you use most during walking. You can do them all in a standing position and the entire routine should take only 3 minutes.

Ankle circles. Standing on one foot, lift the other leg off the ground in front of you. Slowly flex that ankle through its full range of motion, making circles with the toes. Do 6 to 8 circles then reverse the direction of your circle and do 6 to 8 more. Switch feet and repeat.

Leg swings. Standing on one leg, swing the other leg loosely from the hip in a front to back motion. Keep it relaxed and unforced like the swinging of a pendulum. Your foot should swing no higher than a foot or so off the ground. Do 15 to 20 swings on each leg.

Figure-8 leg swings. Just like the leg swings above, swing one leg from the hip in a front to back motion, but this time, trace a figure-8 with your leg. Your leg should trace a circle in front of the body and another circle behind. Do 15 to 20 swings on each leg.

Pelvic loops. Stand with your hands on your hips, your knees gently bent, and your feet hip-width apart. Keep your body upright and make 10 slow, continuous circles with your hips, pushing them gently forward, to the left, back and to the right. Then reverse directions and repeat.

Arm circles. Hold both arms straight out to your sides, making yourself into the letter T. Make 10 to 12 slow backward circles with your hands, starting small and finishing with large circles, using your entire arm. Shake out your arms, then repeat with 10 to 12 forward circles.

http://www.pbs.org/americaswalking/health/healthprewalk.html



Session 4.1 Fitness Cool Down Stretch

3-Minute Post Walk Stretch Routine

There's no need to be super flexible, but it is worth doing just a few minutes of stretching after each walk, when your muscles are the most warm and easy to stretch. That's enough to help maintain your mobility and a healthy range of movement, and it's likely to reduce the chance of injuries or limitations, especially as your walking becomes more vigorous. Here are 3 simple, stand up stretches you can do any place, after any walk.

Do all of these stretches slowly, never to the point of discomfort; hold each stretch for six to eight slow, deep breath. Begin each stretch standing up, and feel free to rest one hand on something for balance if necessary. If you have time, go through the cycle twice.

- 1. Calf and hip stretch. Take a giant step forward with your left foot. Bend your left knee (but don't push it beyond your foot) and keep your right heel on the ground and your right leg straight behind you. Keep your abdominal muscles gently contracted so there's no excess arch in your back, and you should feel the stretch in both your right calf and hip. Hold. Then switch legs and repeat.
- 2. Back and hamstring stretch. Stand with your feet together and your knees soft (not straightened). Lean forward from the waist and let your arms and head hang loosely toward the ground. Don't necessarily try to touch your toes -- just let your body hang under its own weight, and let it ease into the stretch with each deep breath. Slowly stand up and repeat.
- 3. **Shin and thigh stretch.** Grasp your right toes with your left hand, and gently pull your foot up behind you, keeping your right knee pointed toward ground. Your heel does not have to reach your buttocks -- just pull to the point of feeling a gentle stretch in the front of the thigh, hip, and shin. Hold, then switch legs and repeat.

http://www.pbs.org/americaswalking/health/health3minute.html



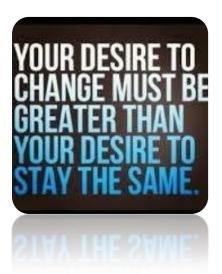
Session 5.1 Goal setting

Topic: New Plan, New You

Objective:

- Goal Development
- Step-by-step Goal
- State Goal-Fitness Goal
- Why I want Goal?
- How I Change to Reach Goal?
- State Action to Do
- When to Do Action
- Identify Roadblocks
- Plan for Roadblock
- Start Date
- State Healthy Eating Goal
- State Physical Activity Goal

90 minute session



Goals-

The Focus Areas

- Active Living
- Fitness
- Healthy Eating

I Want to...

- Walk 10,000 steps daily
- Take aerobics
- Eat 5 or more fruit and vegetables daily.

My Road Blocks

- Sit down job
- Cost of class
- Hard to remember

Overcoming Roadblocks

- Every hour walk for 10 minutes in my office without
- Find FREE classes for month & put on my calendar
- •Lunch & Snack Prep ahead.

Accomplished?

- I will get 10,000 steps a day
- I will attend 4 FREE class each month.
- I will prep my snack & lunch on Sunday.

http://www.huffingtonpost.com/2014/01/07/inspirational-quotes_n_4556123.html

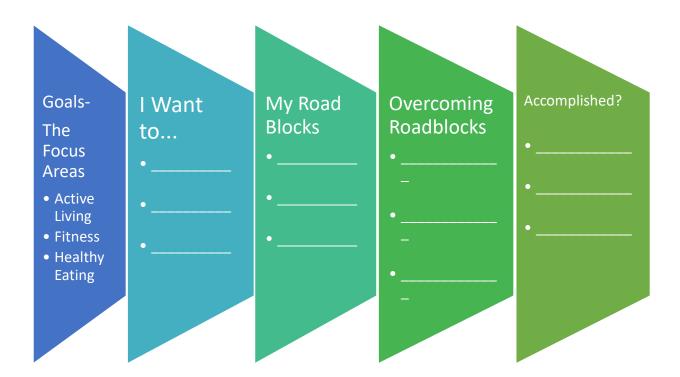


My Healthy Life Goals

Goals-My Road Overcoming Accomplished? I Want to... Blocks Roadblocks The Focus Areas Active Living Fitness Healthy Eating My Road Accomplished? Overcoming Goals-I Want Blocks Roadblocks The to... Focus Areas Active Living Fitness Healthy Eating



Accomplished? My Road Overcoming Goals-I Want Blocks Roadblocks The to... Focus Areas Active Living • Fitness Healthy Eating





APPENDIX D: RESOURCE SHEETS HEALTHY LIFE

~ Top 80 Health Foods ~

Start Eating Healthy Today!

Veggies

Asparagus
Carrots
Celery
Kale
Onions
Spinach
Squash
Sweet Potatoes
Yams
Tomatoes

Fruits

Apples Cranberries Blueberries Grapefruit Oranges Pears Plums Rasberries Watermelon Strawberries

Grains

Barley
Brown Rice
Buckwheat
Corn
Millet
Oats
Quinoa
Rye
Spelt
Whole Wheat

Spices

Basil
Cilantro
Ginger
Oregano
Parsley
Peppermint
Rosemary
Sage
Thyme
Tumeric

Beans

Black Beans
Garbanzo Beans
Kidney Beans
Lima Beans
Miso
Pinto Beans
Navy Beans
Soy Beans
Tofu
Tempeh

Seafood

Cod Halibut Mackerel Oysters Salmons Sardines Scallops Shrimp Talapia Tuna

Nuts

Almonds
Cashews
Flaxseed
Macadamia Nuts
Peanuts
Pistachios
Pumpkin Seeds
Sunflower Seeds
Sesame Seeds
Walnuts

Drinks

Cranberry Juice
Fat Free Milk
Fruit Smoothie
Green Tea
Mint Tea
Orange Juice
Soy Milk
Tomato Juice
Vegetable Juice
Water



Physical Activity Readiness Questionnaire - PAR-Q (revised 2002)

PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

YES	NO		
		1.	Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?
		2.	Do you feel pain in your chest when you do physical activity?
		3.	In the past month, have you had chest pain when you were not doing physical activity?
		4.	Do you lose your balance because of dizziness or do you ever lose consciousness?
		5.	Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
		6.	ls your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
		7.	Do you know of <u>any other reason</u> why you should not do physical activity?

lf

you

answered

YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- · Find out which community programs are safe and helpful for you.

NO to all questions

If you answered NO honestly to $\underline{\text{all}}$ PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal this is an excellent way to determine your basic fitness so
 that you can plan the best way for you to live actively. It is also highly recommended that you
 have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor
 before you start becoming much more physically active.



DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- if you are or may be pregnant talk to your doctor before you start becoming more active.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional.

Ask whether you should change your physical activity plan.

Informed Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME	
SIGNATURE	DATE
SIGNATURE OF PARENT	WITNESS
SIGNATURE OF PARENT	WITNESS

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.





WHY CARBOHYDRATES MATTER TO YOU

Over the last 10 years, opinions have ranged wildly on carbohydrates. Some diets promote carbs as healthy, while others shun them. So are carbohydrates good or bad? The short answer is: they're both.

CARBS ARE EVERYWHERE!

Carbohydrates are not just bread, rice or pasta - all of the following foods are examples of carbohydrates:







Rice &



Nuts &



Vegetable & Evolte



Milk



Juice &



Cand

COMPLEX CARBS = GOOD

Good carbs are also referred to as complex carbohydrates. Their chemical structure and fibers require our bodies to work harder to digest, and energy is released over a longer time.

For the most part, good carbs are in their 'natural' state – or very close to it (including whole-grain breads, cereals and pastas).



Whole Grai



Bram.



Green



Fresh

WHY ARE THEY GOOD?

- HIGH IN FIBER & NUTRIENTS
- LOW GLYCEMIC INDEX (SEE BELOW)
- HELP YOU FEEL FULL WITH FEWER CALORIES
- MATURALLY STIMULATES METABOLISM

SIMPLE CARBS = BAD

Simple carbohydrates are smaller molecules of sugar that are digested quickly into our body. The energy is stored as glycogen in our cells, and if not used immediately gets converted to fat.

Bad carbs are generally 'processed' carb foods that have been stripped of their natural nutrients and fiber to make them more 'consumer friendly.'















- LOW IN FIBER & NUTRIENTS
- HIGH GLYCEMIC INDEX (SEE BELOW)
- EMPTY CALORIES CONVERTED TO FAT
- HIGH BLOOD GLUCOSE LEVELS = FEEL TIRED

Hip Stretch - Stand with the leg to be stretched behind the other.

Lean over to the non-stretching side.

Push the hip you wish to stretch out to the other side. Hold for between 10 and 30 seconds.



Heel Raises - Standing by a counter or chair for support, rise up on your toes with your knees straight and your body tall.

Slowly lower down onto your heels and repeat.

Dumbell Curls - Sit or standing by a counter or chair for support, rise up on your toes with your knees straight and your body tall.



Slowly lower down onto your heels and repeat. Allow dumbbell to roll out of palm down to fingers. Raise dumbbell back up by gripping and pointing knuckles up as high as possible. Lower and repeat.

Good Morning with Bicep Curl - Step 1

Stand with your feet hip-width apart and pointing straight ahead while holding a dumbbell in each hand. Draw your navel in toward your spine, and contract your abdomen to stabilize your spine.

Step 2

Bend your arms and draw the dumbbells up to rest on your shoulders. Keep your elbows wide and your palms facing forward.

Step 3

Keep your legs straight and your back flat as you hinge forward at your hips, and lower your torso parallel to the floor while keeping the dumbbells glued to your shoulders. Pause for one count.

Step 4

Return to the starting position without releasing your abdominals.

Lateral Raises - Grasp dumbbells in front of thighs with elbows slightly bent. Bend over slightly





with hips and knees bent slightly. Raise upper arms to sides until elbows are shoulder height. Maintain elbows' height above or equal to wrists. Lower and repeat.

Leg Abduction with Band

Step 1. Attach one end of the band to a stationary object and the wrap the other end around the ankle closet to it. Step 2. Start with the leg abducted (away from the other leg) and pull it in, across your body, keeping the knee straight.

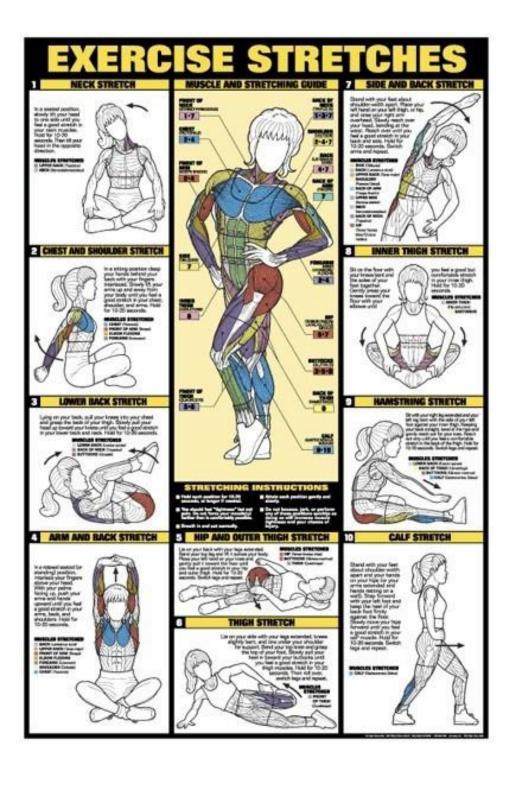
Step 3. Try to keep the hips level throughout the exercise. Step 4. Hold onto something for balance if you need to. Slowly return to the starting position.

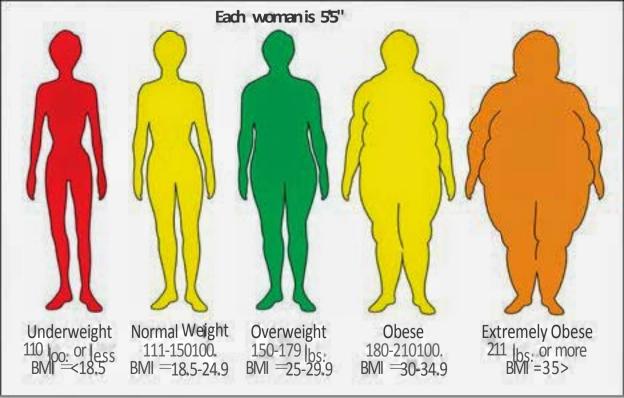






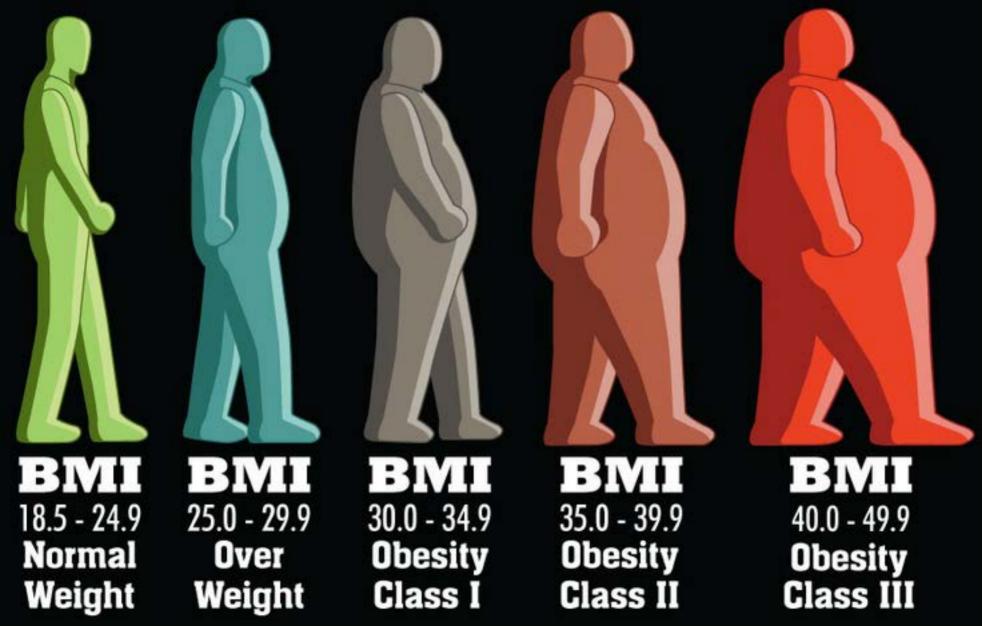
Static Squat + Punches: Starting with a very shallow squat and a punching motion without any extra weight, only hold your squat for a few seconds before coming up continuing your punches. As you progress stay down longer (until the maximum time), squat lower, and start using dumbbells with your punching motion. Do not, however, speed up your punches, especially if using extra weight.





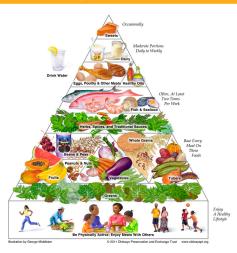
kwws=221p j1z hep g1frp 2gwp fp v2dyh2z hep g2frqvxp hubdvvhw2v1whb1p djhv2wrrov2sruw1rqvl}h2l p djhv2svsbp hdwbfk1fnhq1msj





COMMON FOODS OF AFRICAN HERITAGE The Traditional Foods of Africa, the Caribbean, South America, and the American South beet greens, callaloo, chard, collard greens, dandelion greens, kale, LEAFY GREENS mustard greens, spinach, turnip greens, watercress asparagus, beets, brussels sprouts, broccoli, cabbage, carrots, cauliflower, eggplant, garlic, green beans, lettuce, long bean, okra, VEGETABLES onions, peppers, pumpkin, radish, scallions, squashes, yambean (or jicama), zucchini avocados, baobab, bananas, blackberries, blueberries, cherries, dates, dewberry, figs, grapefruit, guava, horned melon, lemons, limes, mangos, FRUITS oranges, papaya, peaches, pineapples, plums, pomegranates, oranges, tamarind, tomatoes, watermelon STARCHES & amaranth, barley, couscous, fonio, kamut, maize/corn, millet (pearl and finger), rice, sorghum, tef, wild rice WHOLE GRAINS TUBERS breadfruit, cassava, plantains, potatoes, sweet potatoes, yams, yucca black-eyed peas, broad beans, butter beans, chickpeas, cowpeas, BEANS kidney beans, lentils, lima beans, pigeon peas benne seeds, Brazil nuts, cashews, coconuts, dika nuts, groundnuts, NUTS, SEEDS peanuts, pecans, pumpkin seeds, sunflower seeds HERBS, SPICES apple cider vinegar, annatto, arrowroot, bay leaf, cinnamon, cilantro, & HOMEMADE cloves, coconut milk, coriander, dill, ginger, mustard, nutmeg, oregano, SAUCE paprika, parsley, peppers, sage, sesame, (other) vinegar INGREDIENTS bream (or porgy), catfish, cod, crappie, crayfish, dried fish, mackerel, FISH & SEAFOOD mussels, oysters, perch, prawns, mackerel, rainbow trout, sardines, shrimp, tuna POULTRY, EGGS, chicken, turkey, eggs, lamb, beef & OTHER MEATS OILS coconut oil, olive oil, palm oil, peanut oil, sesame oil, shea butter DAIRY buttermilk, yogurt (non-lactose sources: almond milk, rice milk, soy milk) (if tolerated) cakes, custards, cobblers, pies made with fruits, nuts, and whole grains, **SWEETS** and light on added sugars

African Heritage Diet Pyramid



The African Heritage Diet Pyramid is a guide to the healthy traditional diets of African American ancestors. Base your meals mostly on a variety of foods nearest the base of the pyramid.

- Go For Greens. Greens like spinach, collards, mustards and turnip greens are a big part of African heritage cuisine; they help keep your blood, liver, and kidneys in top health. Cook them lightly to retain all of their extraordinary nutrients!
- Every day, enjoy vegetables, fruits, mostly whole grains and cereals, beans, herbs and spices, peanuts and nuts, and healthy tubers like sweet potatoes. These are the core African Heritage foods to shop for, prepare, and eat most often.
- Tuna, mackerel, and salmon are rich in heart-healthy omega-3 fatty acids. Sardines and other small, bony fish are rich sources of calcium and vitamin D. Enjoy them grilled, broiled, or lightly pan cooked in water and a tiny bit of oil.
- Use small amounts of healthy oils, like sesame or olive oil for dressings, and canola, red palm oil, or extra virgin coconut oil for cooking.
- Eat eggs, poultry and other meats moderately, in small portions, or use as garnishes for other dishes.
- Consume dairy in small portions, and if you are lactose intolerant, enjoy other calcium-rich foods like greens, beans, and almonds.
- Sweets, at the top of the pyramid, are foods to eat less often, limiting them to once a week or at special meals.
- Drink plenty of water throughout the day. If you drink alcohol, limit it to one glass per day for women, two for men.

Health Through Heritage

The diseases we know today, like diabetes, heart disease, cancer, and obesity, were much less common with traditional diets in earlier times. Scientific studies show that conditions like these skyrocket as traditional diets are left behind.

The African Heritage Diet Pyramid is based on scientific research that shows eating like your ancestors can help:

- Lower your risk of heart disease, high blood pressure, and stroke
- Avoid or help treat diabetes
- Fight certain cancers and many chronic diseases
- ◆ Reduce asthma, glaucoma, and kidney disease
- Nurture healthy babies
- Achieve a healthy weight and avoid obesity
- Reduce depression
- ♦ And more!

Easy African Heritage Recipes

Use healthy African heritage foods to style any meal:

- Hearty Pumpkin or Squash Soup
- Delicious Rice and Bean Medleys
- Stewed Tomatoes and Okra
- Healthy Potato Salad and Corn Bread
- Plus dozens more!

To find recipes and details on the latest scientific studies for enjoying health through heritage, visit the African Heritage section of the Oldways website at:

www.oldwayspt.org



Boston, MA 02116 USA 617-421-5500

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Welcome to the African Heritage Diet

Claiming Your Health by Claiming Your History



Red Tomatoes, 1992, Oil on Canvas, 16" x 10" © Jonathan Gree

Diabetes is not part of your heritage.

Neither is heart disease.

What is in your heritage is a healthy heart, a strong body, extraordinary energy, vibrant and delicious foods, and a long, healthy life.

You have the power to claim all of this, using heritage as your guide.

Brought to you by





With national support from the Walmart Foundation



Your Healthy Heritage

The ancestors of African Americans brought many wonderful food traditions to parts of the Caribbean, South America, and the southern states of the U.S. Maybe these were your great, great, great grandparents.

Over the generations, many of these food traditions have been lost, with the influences of modern, American eating habits. And health has suffered because of this loss.

The African Heritage Diet is a way of eating based on the healthy food traditions of people with African roots. This healthy way of eating is powerfully nutritious and delicious, and naturally meets the guidelines that health professionals promote today.



Healthy Heritage Living

Good health is not just about food. Good Health = healthy eating + healthy living. Healthy living doesn't just mean joining a gym. Rather, find simple and fun ways to fit physical activity in every day—a walk alone or with family, gardening, or dancing. Consider adding creativity to your life through art and music, writing, cooking or other fulfilling hobbies. Family meals and family time, plus community activities add to well-being. Also, get plenty of sleep every night.

In other words, activate your body, mind, and heart each day to keep your body working at its best.

10 Steps For Your Health Through Heritage



1. Boost Flavor With Spice. Curries, peppers, coconut, fresh herbs, garlic, onions, fresh lemon, and all spices are low-sodium ways to add incredible flavors to grains, beans, vegetables, and seafood. Try a different herb every week for a touch of African heritage.

2. Make Vegetables the Star of Your Plate. Steamed, sautéed, roasted, grilled or raw, enjoy veggies like okra, cabbage, green beans, or eggplant in larger portions than the other parts of your meal. If you're grabbing seconds, go for the veggies!



even notice the meat's not there. We've got plenty of vegetarian recipes an a guide to help you on the Oldways website.



5. Mashes & Medleys. Bake or boil sweet potatoes, yams and potatoes or mash them with eggplants, beans, grains, onions and seasonings. One-Pot Cooking lets flavors sing together! Let okra, corn and tomatoes collide in a "Mix Up," or add extra color and flavor to your greens with purple cabbage and leeks.

6. Find Real Foods Everywhere. At a corner store, buy peanuts or fruit; at a lunch buffet, load up your plate with salad, veggies, fruit, and beans. Look to African heritage whole foods, in their natural state, to crowd out processed and packaged "convenience foods."



- **7. Family Support & Food Fellowship.** Food is meant to be shared, and so is good health. Think of your dinner table as a "healing table," a place where people come to share beautiful, fresh foods and reinforce a long, happy and healthy life.
- **8. Make Room for Celebration Foods.** We all have special foods that have always been in our families. Some of these foods may fall outside the guidelines of the African Heritage Pyramid. Save these foods of meaning and memory for special occasions. Enjoy them infrequently, but when you do have them, enjoy them whole-heartedly!



- **9. Jazz Up Fruits for Dessert.** Fresh or frozen fruits like melons, peaches, berries, and mangos—plain or sprinkled with chopped nuts or coconut—add a sweet taste of satisfaction at the end of a meal.
- 10. Drink to Your Health. A splash of flavor can make water your go-to drink. Add crushed fruits or small amounts of 100% fruit juice to water or sparkling water to make refreshing "ades" (like lemonade!). Iced tea with a little honey is another refreshing alternative to soda and other highly sugared drinks.



African Heritage Diet Pyramid



Enjoy A Hlv.Wly Ufr#yk

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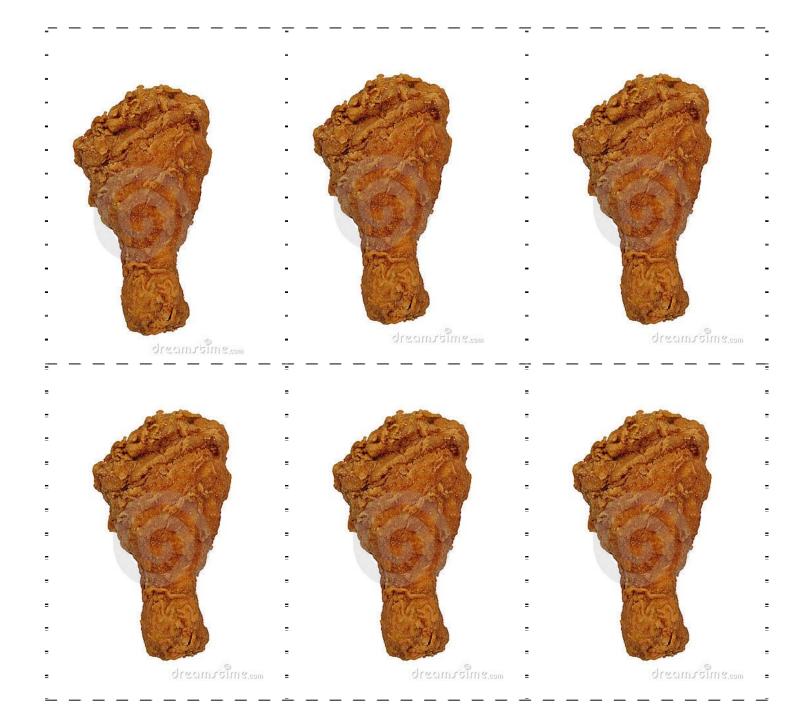
African Heritage Diet Grocery List

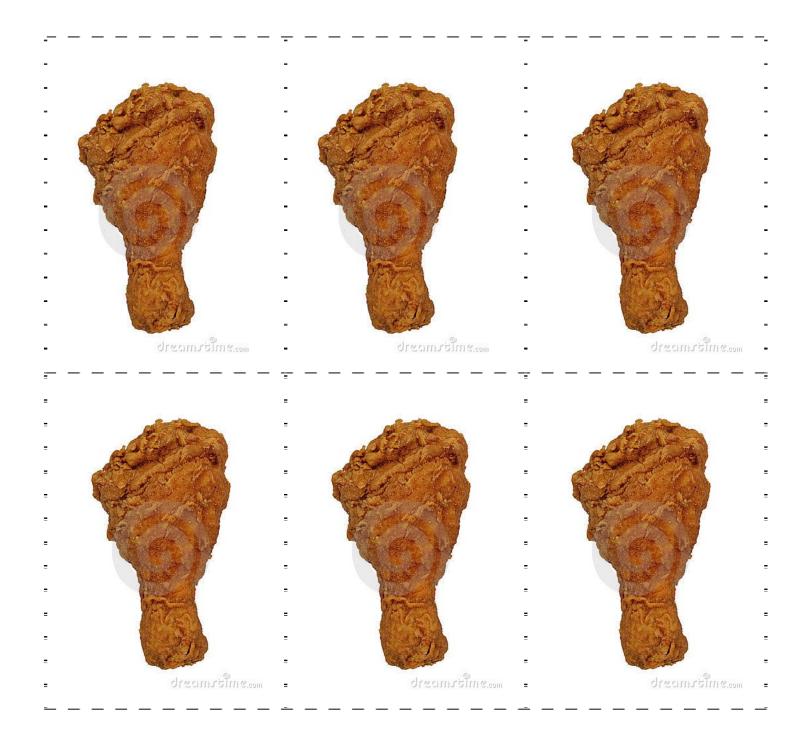
Choose mostly whole grains. These contain the word "whole" as the first ingredient. Ex: "whole wheat." Some products also have the Whole Grain Stamp on their packages. Couscous ☐ Rice and Wild Rice Millet ☐ Whole Grain Grits Oats or Oatmeal Barley ☐ Whole Wheat Flour ☐ Teff (grain or flour) ☐ Sorghum ☐ Whole Cornmeal Seafood Salmon and other oily fish contain healthy Omega-3s. White fish is a great lean protein. ☐ Red Snapper Catfish Cod Scallops Clams Tilapia Tuna Salmon Sardines Healthy Oils, Vinegars and Sauce Bases Store oils in a cool, dark place to make them last longer. Olive Oil (Extra-Virgin) ☐ Apple Cider Vinegar Canola Oil ☐ Other Favorite Vinegars Unrefined Red Palm Oil ☐ Light Coconut Milk Coconut Oil (Extra Virgin) Sesame Oil **Herbs and Spices** Fresh and dried herbs and spices are a great way to add flavor without adding fat or salt. Cilantro Coriander Parsley □ Dried Peppers Mint Cumin Ginger \Box Dill Cayenne Pepper Cinnamon **Beans** Beans are a great way to add fiber and protein to meal. Black-eyed Peas **Butter Beans** Black Beans Kidney Beans Fava Beans (Broad Beans) Lima Beans Chickpeas (Garbanzos) ☐ Pigeon Peas Eggs, Dairy & Meats ☐ Low-fat Milk (or Milk Alternatives) ☐ Chicken & Poultry ☐ Fresh Lean Meats Yogurt Eggs ☐ Tofu

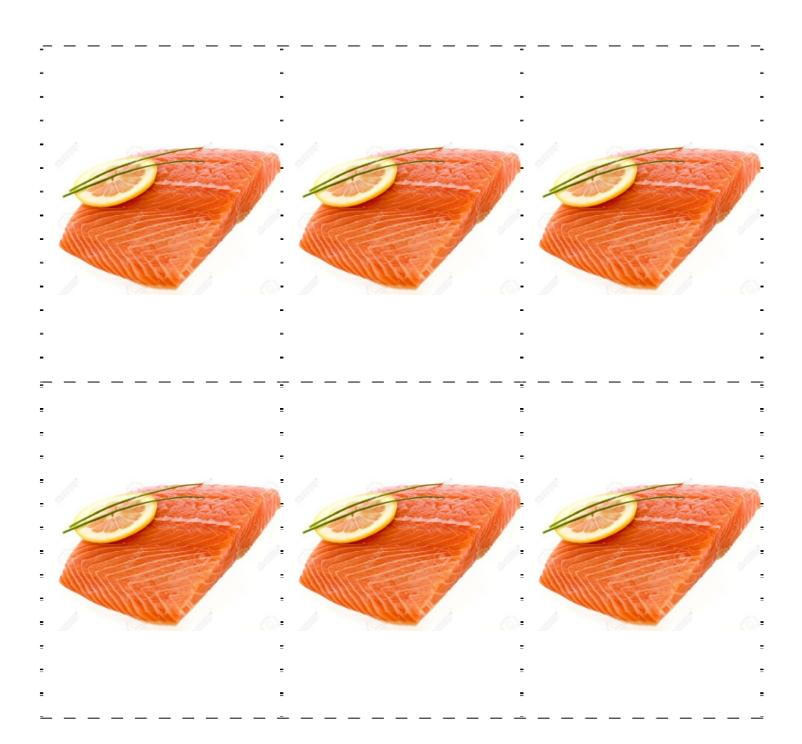
African Heritage Diet Grocery List

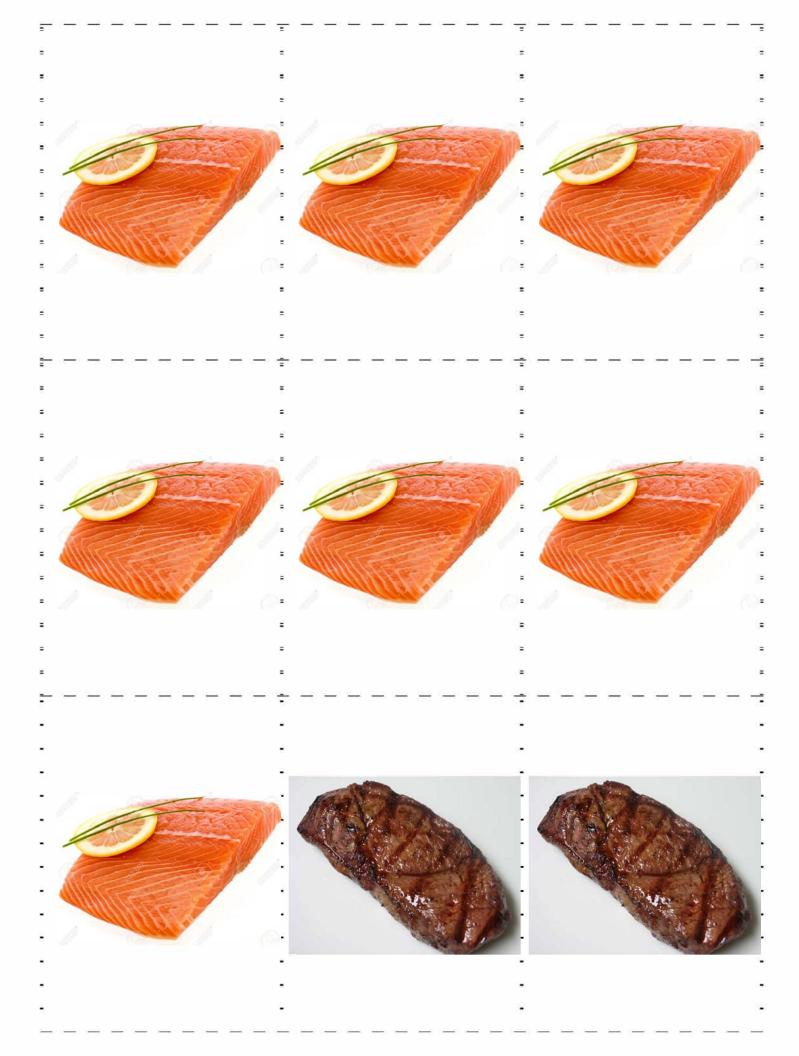
Nuts and Seeds									
Both are a great source of protein, fib	er, and	d healthy fats.							
☐ Peanuts									
☐ Almonds	H								
☐ Cashews	H								
☐ Brazil Nuts	П								
☐ Sunflower Seeds	H								
☐ Pumpkin Seeds	П								
□ Natural Peanut Butter	H								
Fruits									
Fresh fruits are important for weight c	Fresh fruits are important for weight control and good health. Frozen fruit and canned varieties without added sugars are also good choices.								
☐ Peaches		Dates							
☐ Cherries	$\overline{\Box}$	Avocado							
☐ Blackberries	П	Grapefruit							
☐ Oranges	П								
☐ Watermelon	П								
Blueberries	П								
☐ Mangoes	П								
☐ Bananas	$\overline{\Box}$								
☐ Papaya	$\overline{\Box}$								
☐ Pineapples	П								
Lemons & Limes									
Vegetables & Tubers Fresh veggies are important for weight control and good health. Frozen and low-sodium canned veggies are also good choices. Tomatoes (fresh, canned, pastes)									
Okra		Cassava							
Cabbage (Green or Purple)		Potatoes							
Red / Green Bell Peppers		Sweet Potatoes							
Green Beans		Pumpkin							
Eggplant		Plantains							
Broccoli	닏								
Beets									
Radishes Brussels Sprouts									
Zucchini									
Squash									
Carrots									
Onions (yellow, red or Vadalia)	님								
Garlic	ш								
J Garile									
Leafy Greens Greens are a staple food of African Heritage. Choose from a wide variety and experiment with ways of preparing them. Cook them lightly to retain all of their valuable nutrition.									
☐ Collard Greens		Lettuce							
☐ Mustard Greens		Watercress							
Spinach		Dandelion Greens							
☐ Kale									
☐ Beet Greens									
☐ Turnip Greens									
Miscellaneous Including other pantry essentials and supplies so you don't forget! Low-Sodium Soups Sea Salt Tea	home	goods like cleaning							
Coffee									
☐ Hummus									
Low-Sodium Pickles									

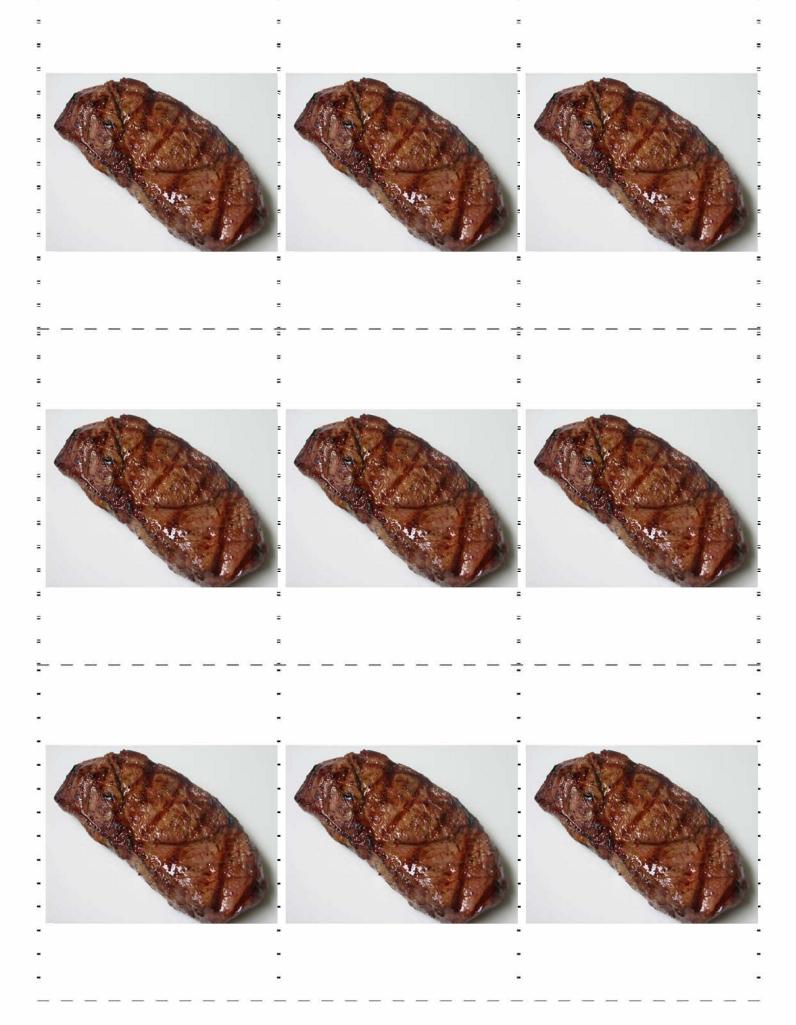
APPENDIX E: FOOD PLAYING CARDS

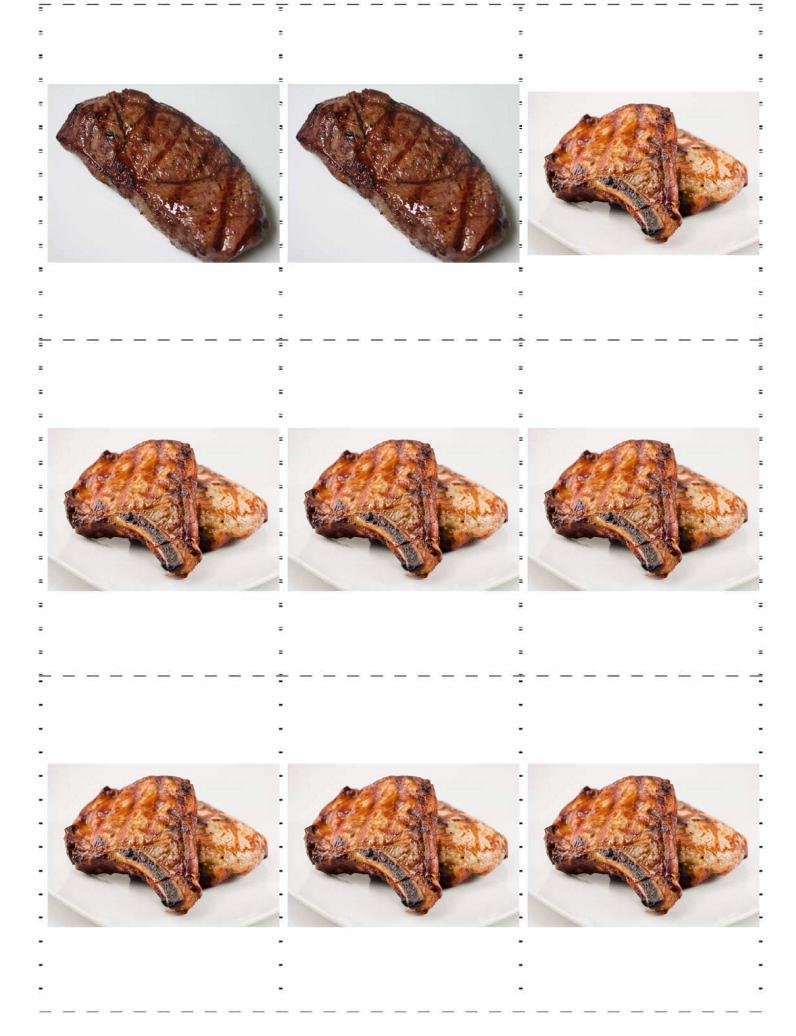


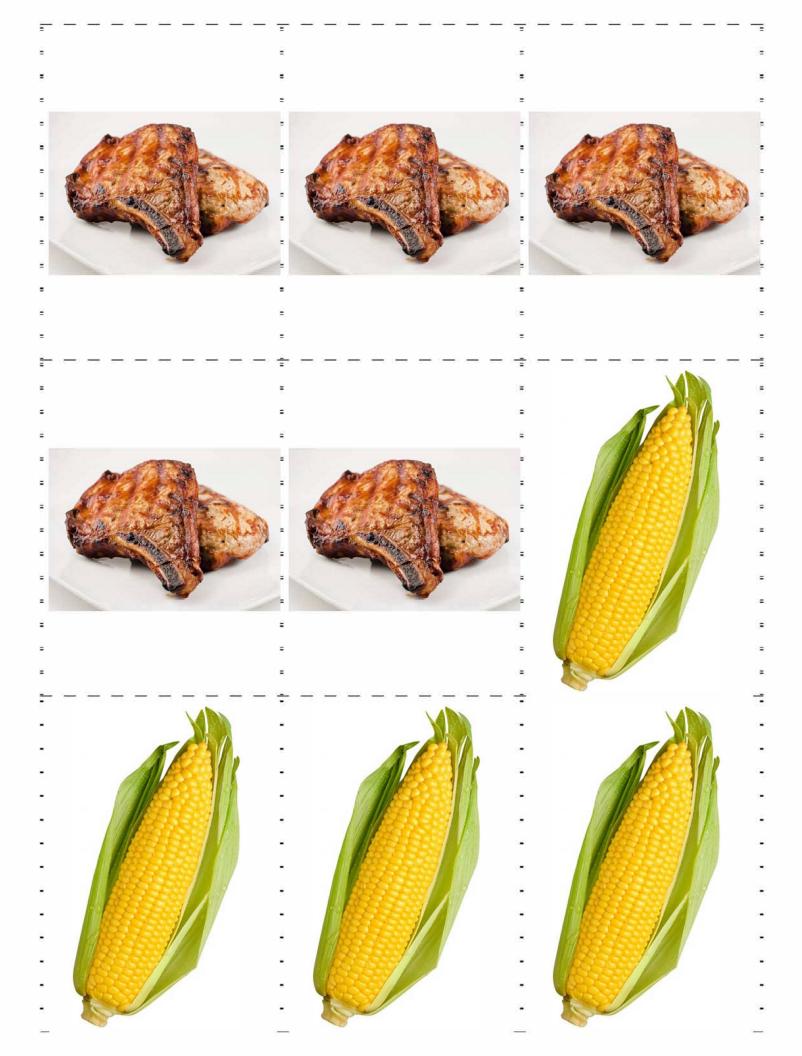


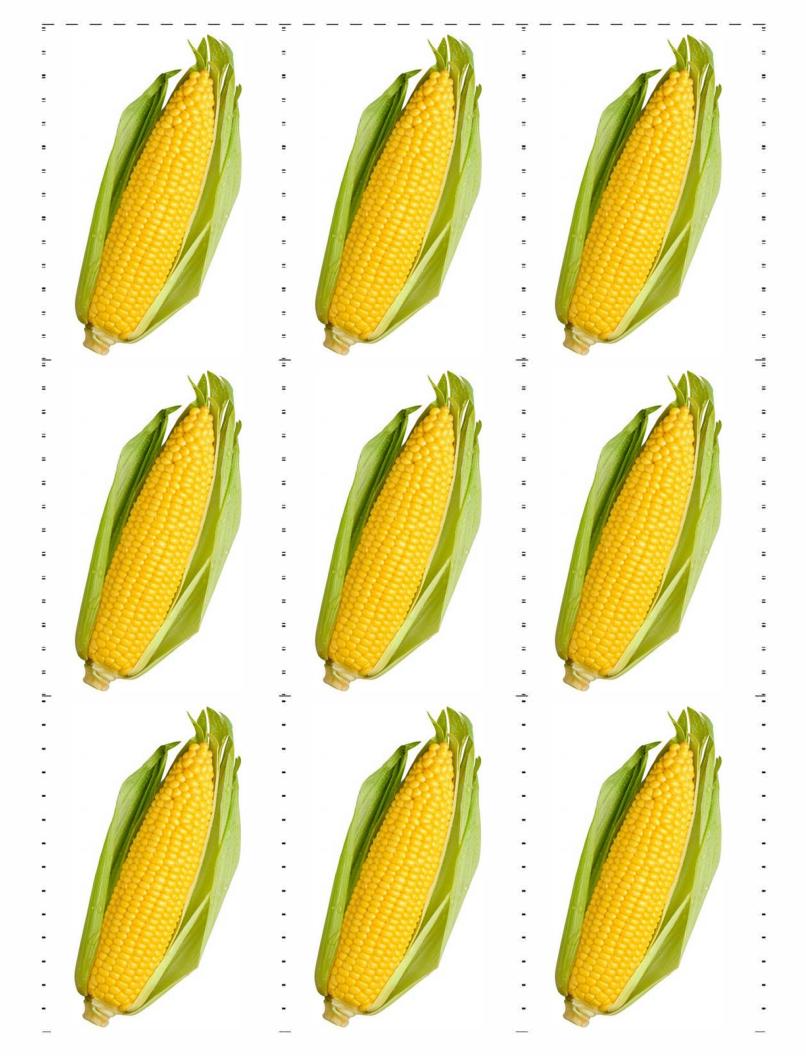


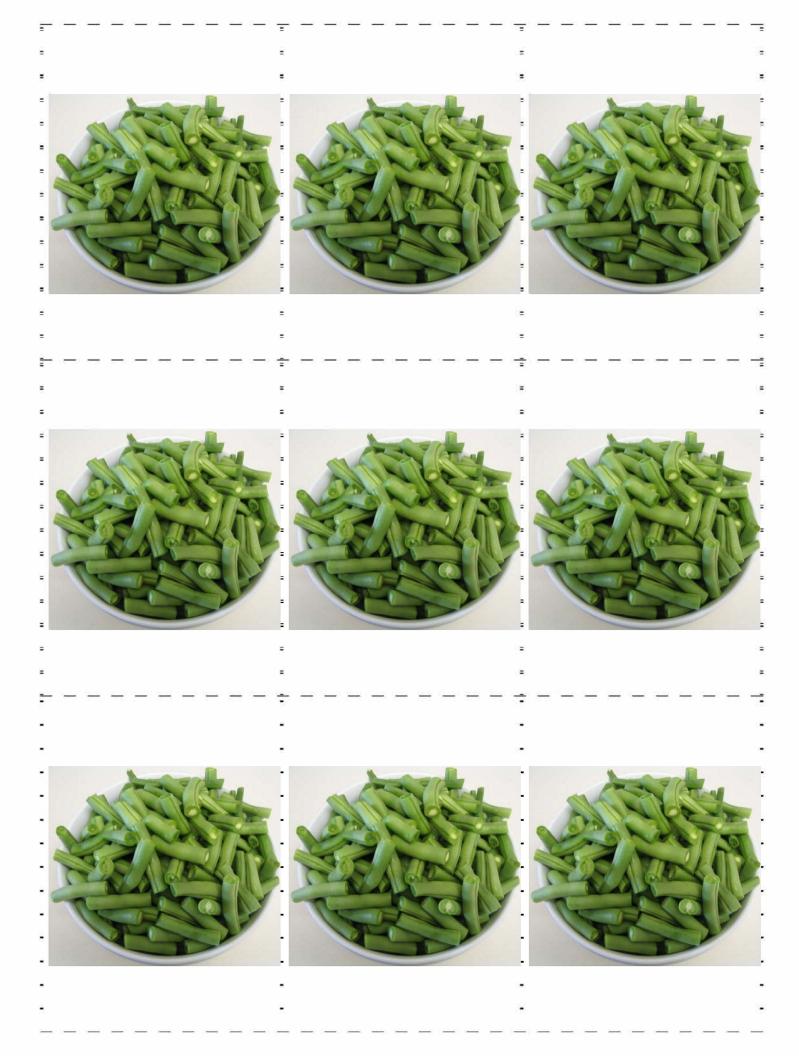


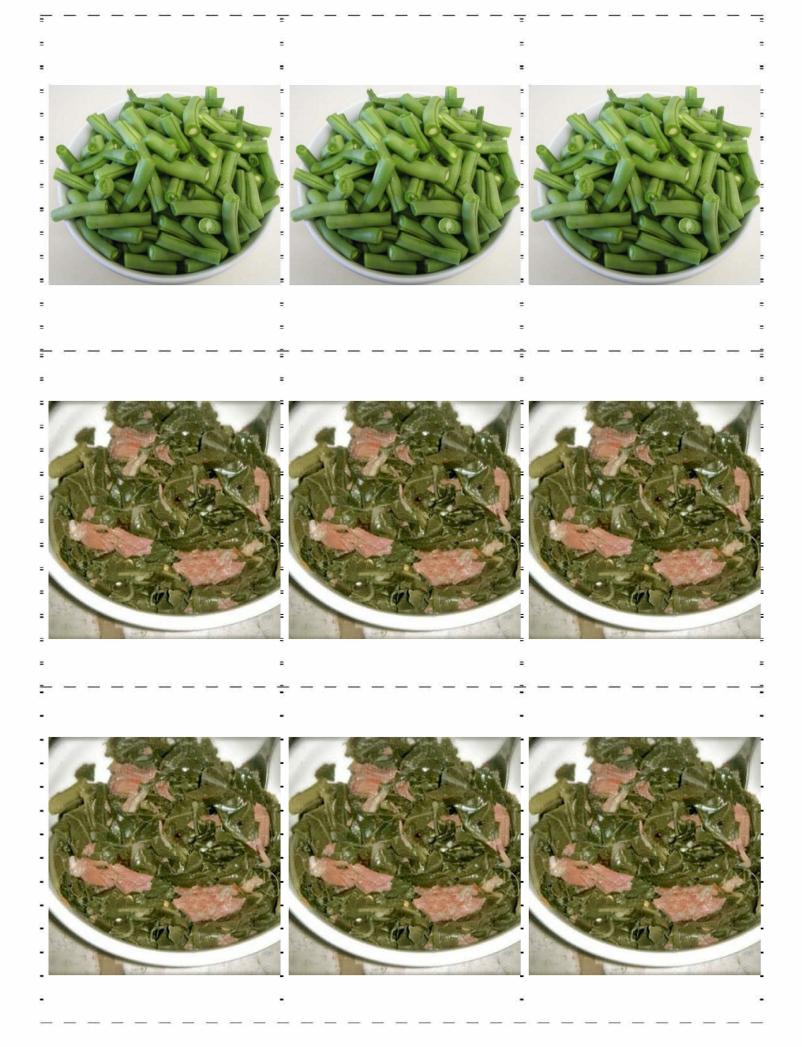




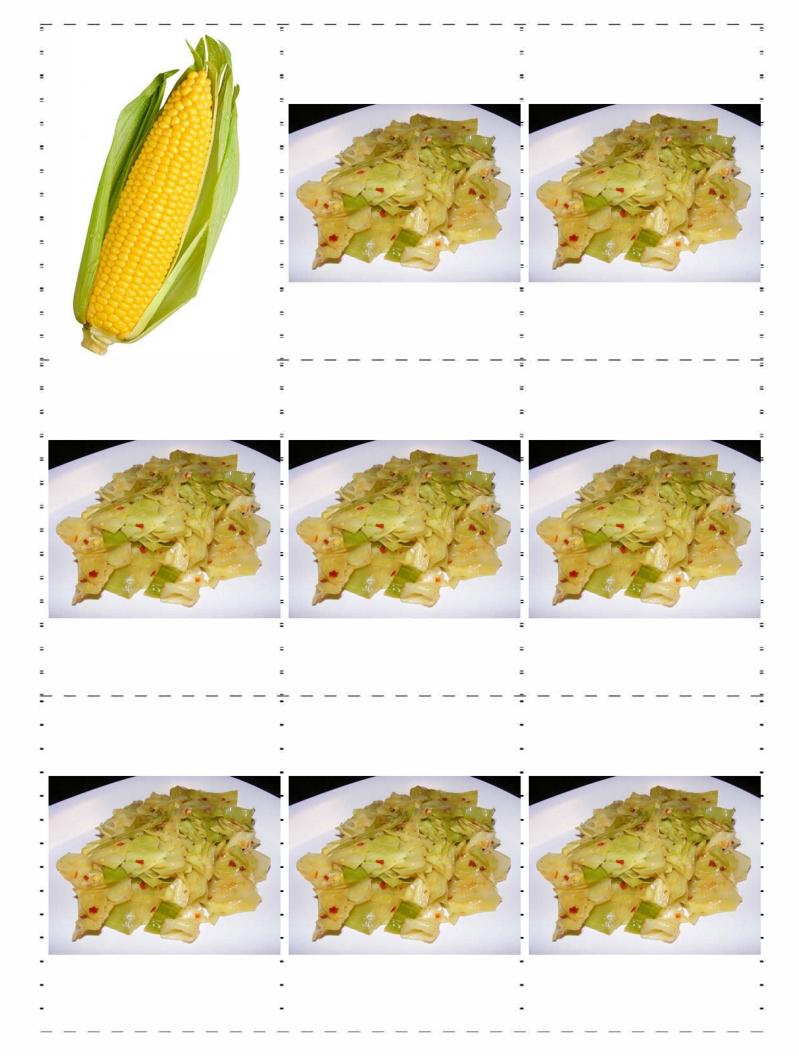


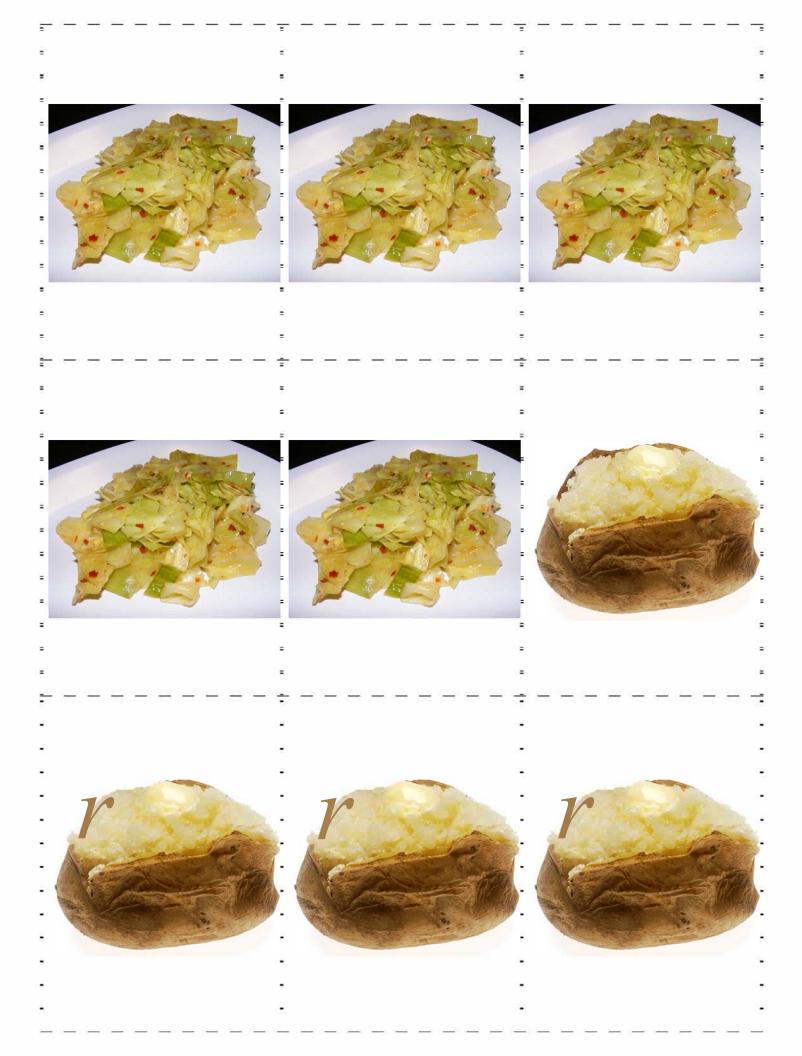


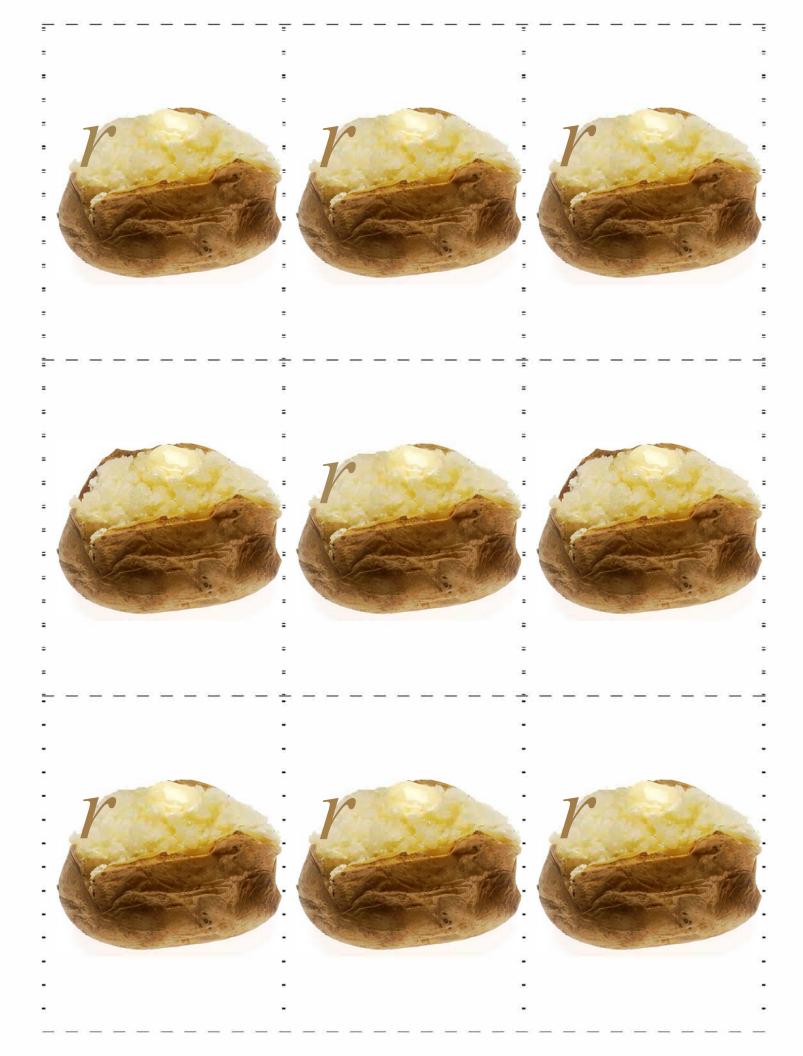


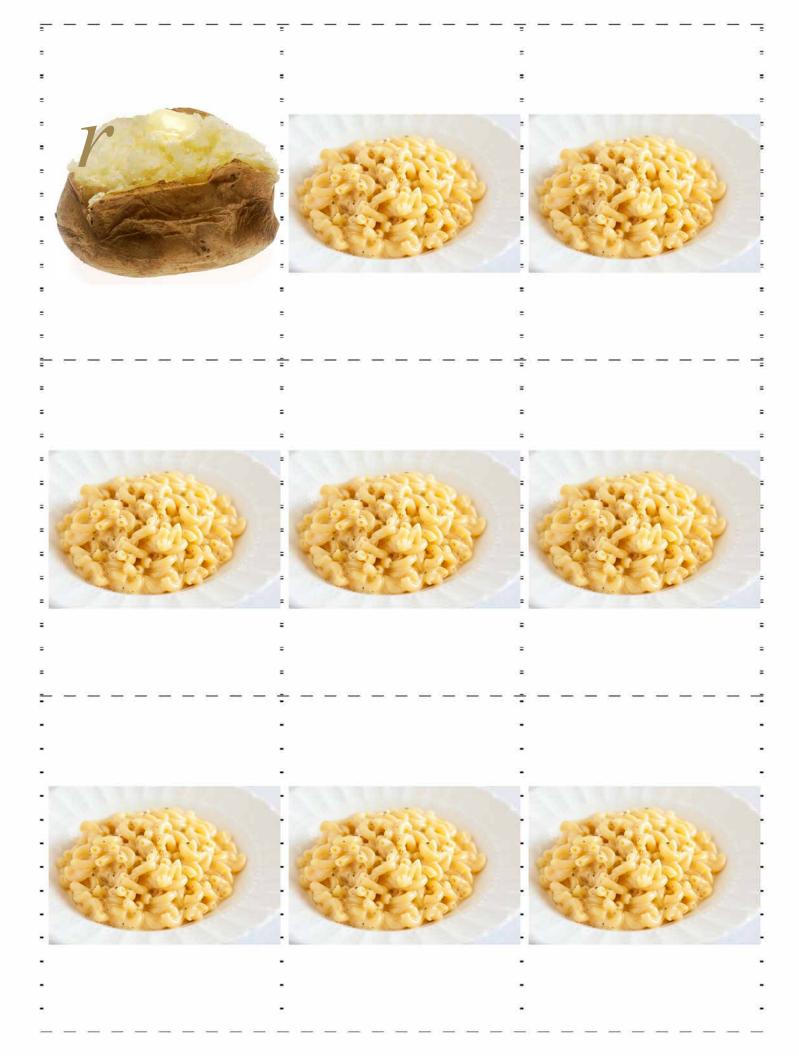


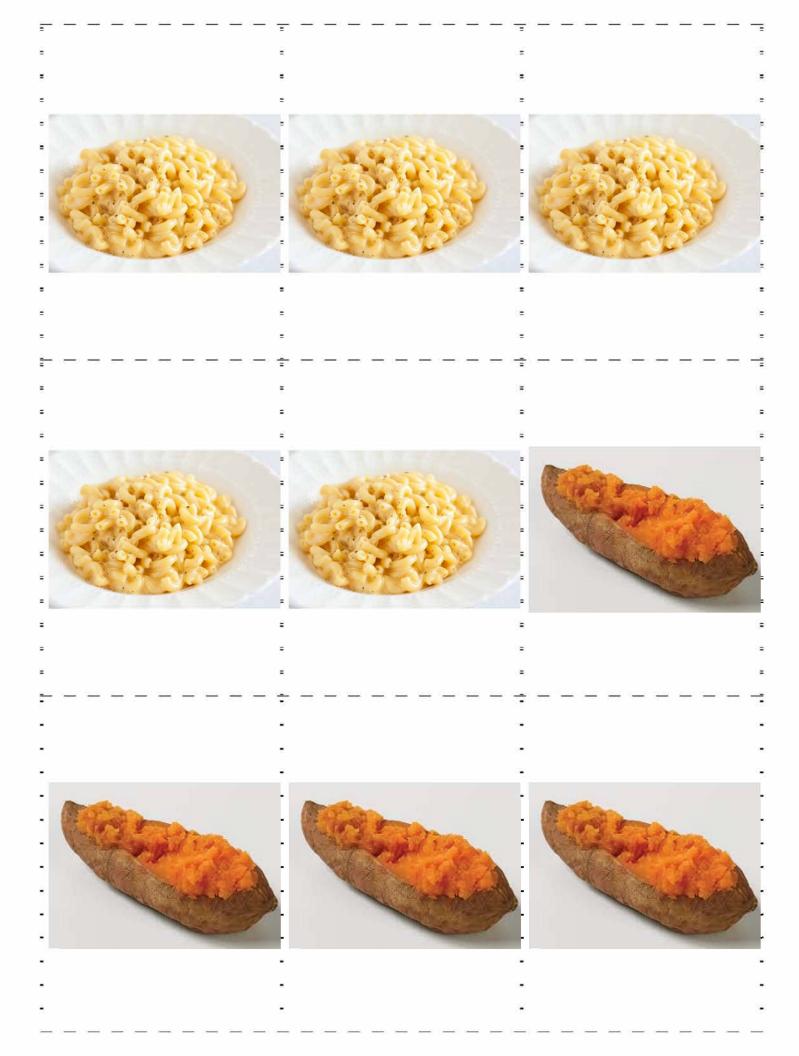


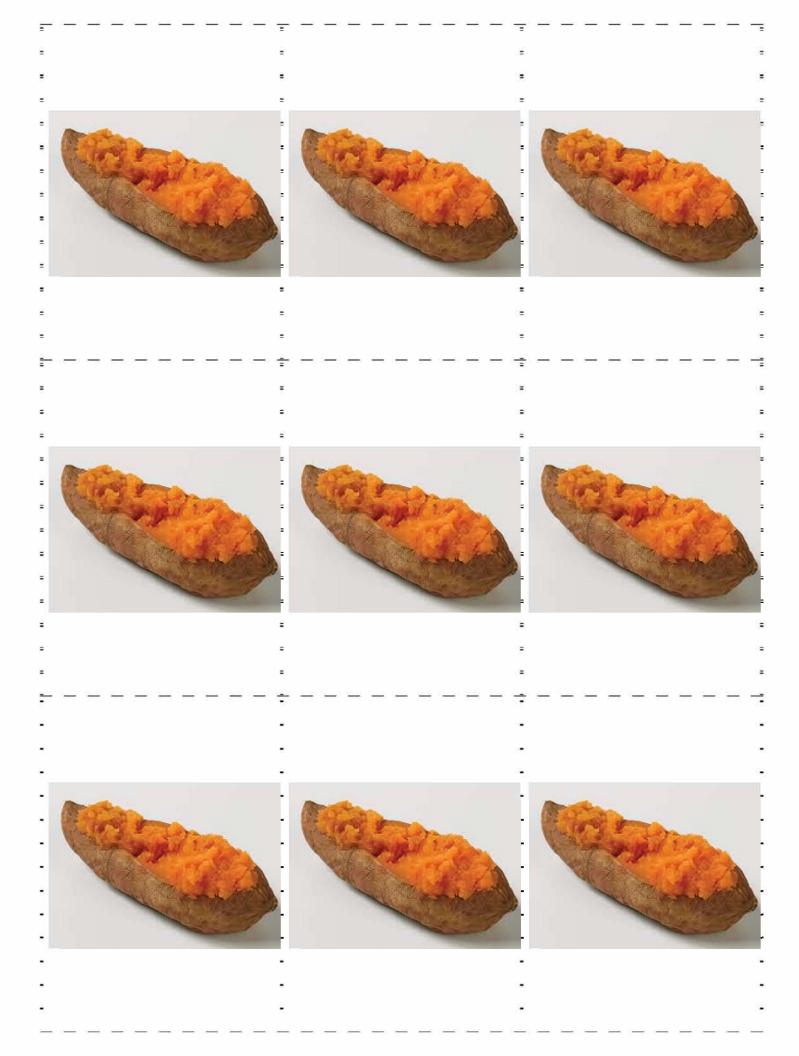


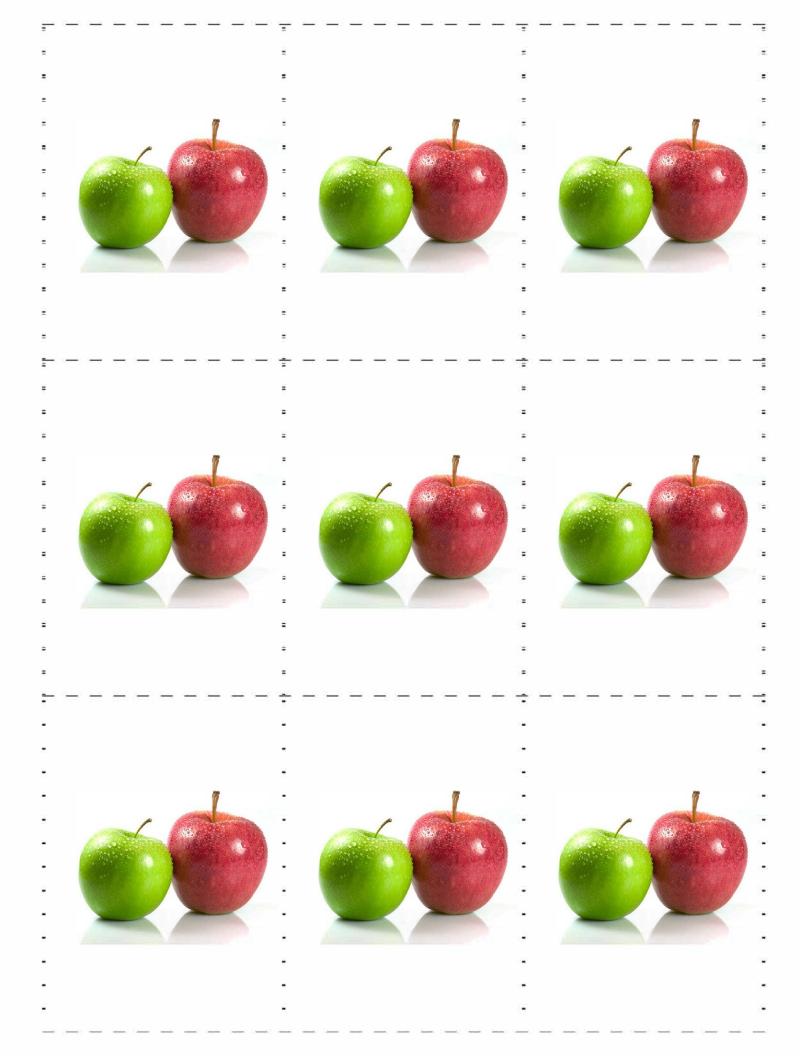


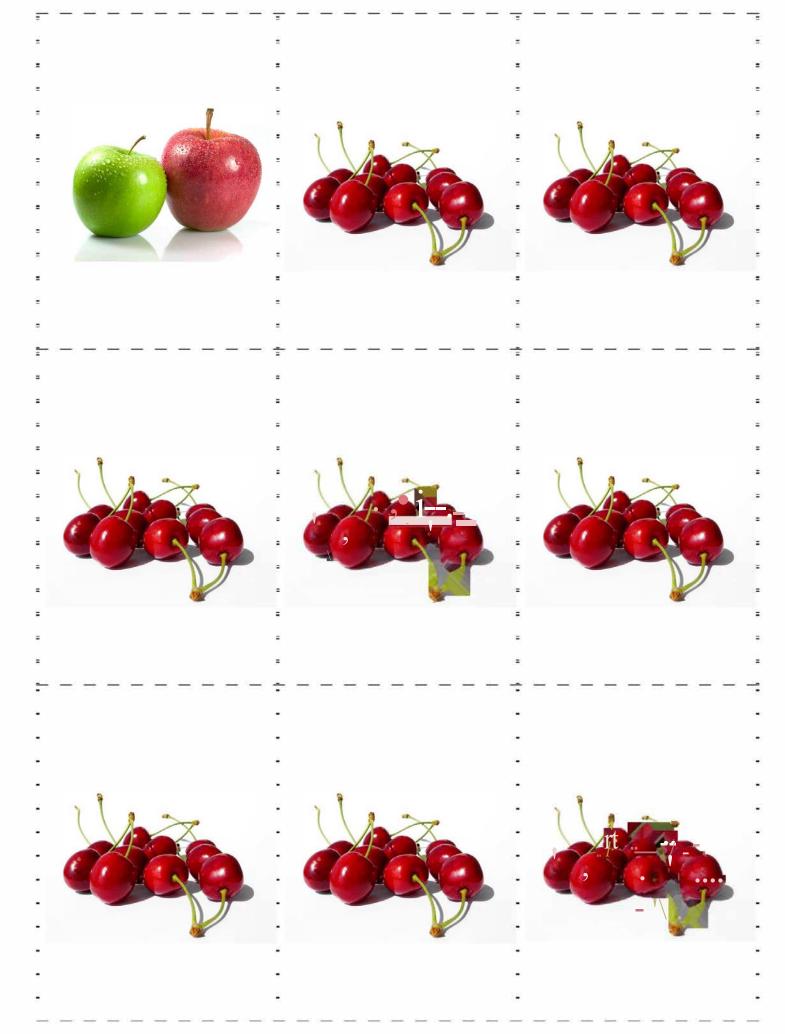






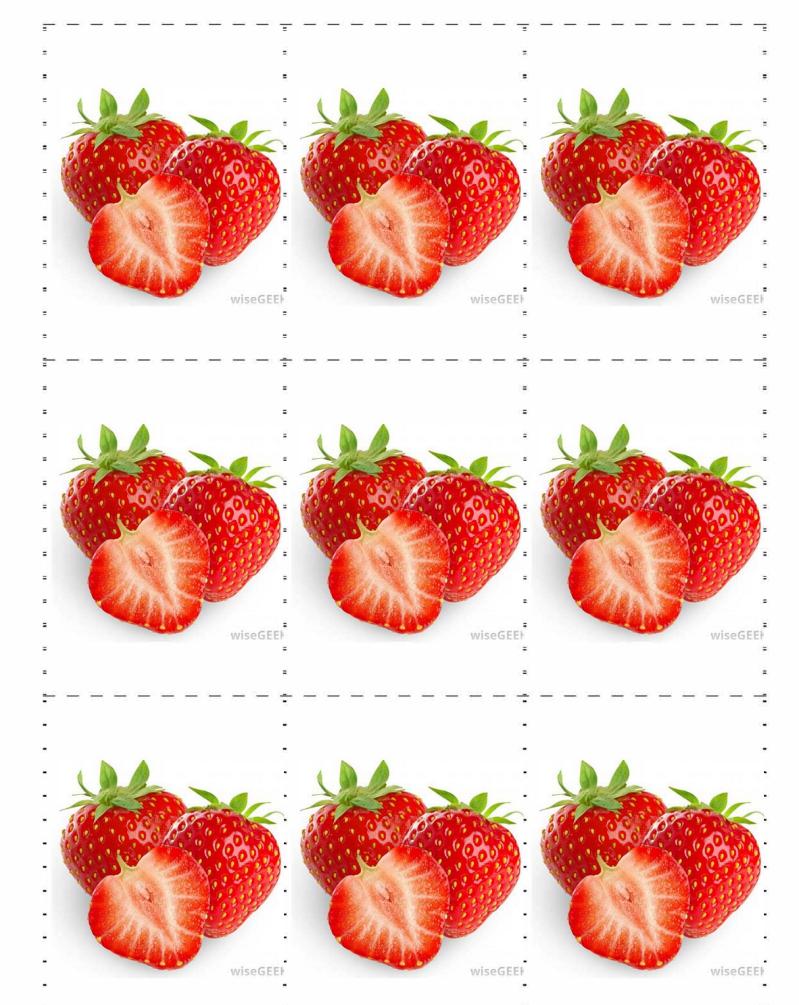


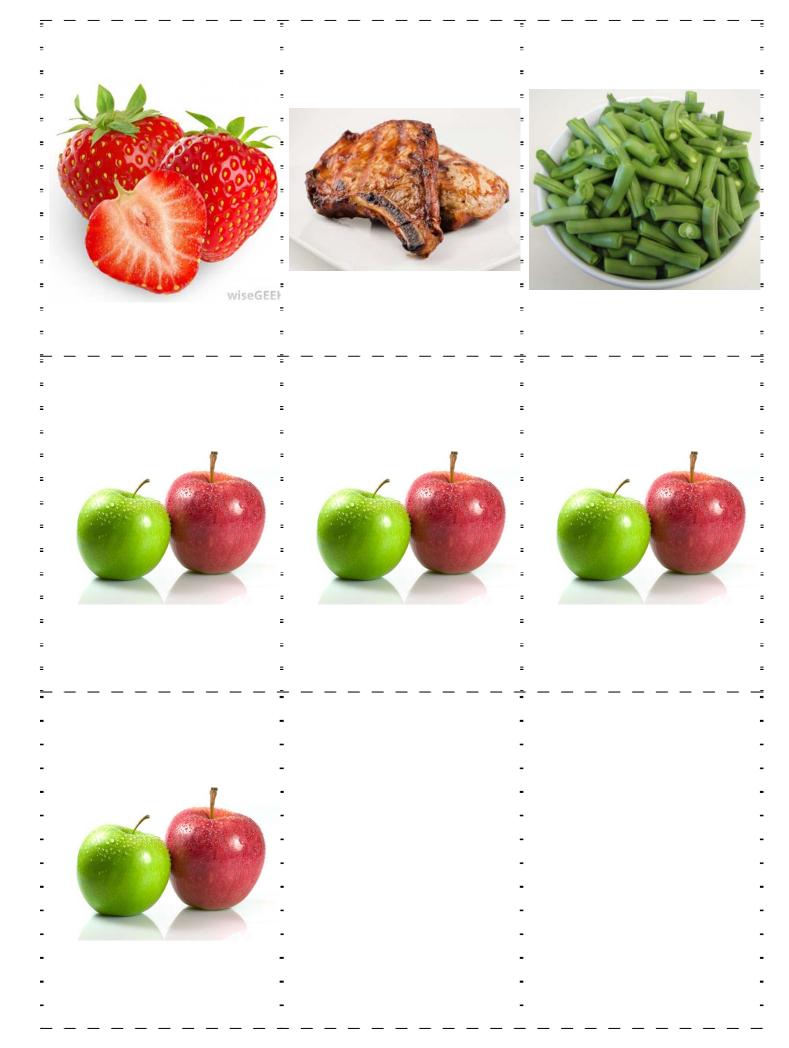












APPENDIX F: RECIPES

Braised Collard Greens



A quick, easy and delicious plate of soul-food greens completes any meal.

Ingredients:

- 1 large bunch collard greens
- 1 tablespoon extra-virgin olive oil
- 3 garlic cloves, minced
- 1 onion, diced
- Juice from 1 lemon
- Pinch of salt
- Pinch of pepper

Instructions:

- 1. In a large pan, saute oil, garlic and shallots for 2 minutes over medium heat.
- 2. Add rinsed and chopped collard greens to mix, and squeeze the fresh lemon juice all over ingredients. Sprinkle your pinches of salt and pepper onto the greens and stir over medium-high heat until garlic and shallots have browned, about 4 minutes.

► Cost per serving: \$0.93

*All costs based on actual grocery store prices. Prices may vary by location.

Nutritional Analysis: Calories: 50, Fat: 3g, Sodium: 30mg, Carbohydrate: 5g, Protein: 1g

Yield: 4 servings

An Oldways Recipe

Cabbage Slaw A stunning side or mid-day snack of bright purple cabbage brings a sweet-tart flavor and nice crunch to your plate. You can substitute cucumber for the cabbage to make an equally tasty pickled slaw. Ingredients: 1/2 head of green or red cabbage 1/2 cup of apple cider vinegar 1 tablespoon extra-virgin olive oil 2 teaspoons dill 2 teaspoons femon juice 1/2 teaspoon salt Instructions:

- 1. Toss the cabbage with the vinegar, oil, lemon juice, salt and dill. Make sure the dressing covers all of the cabbage.
- 2. Cover and keep in refrigerator until ready to eat. It will keep nicely in the fridge for a few days.

► Cost Per Serving: \$0.55

*All costs based on actual grocery store prices. Prices may vary by location.

Nutritional Analysis:

Calories: 70, Fat: 4g, Sodium: 85mg, Carbohydrate: 9g, Protein: 2g

Yield:

4 servings

An Oldways Recipe

Corn & Okra Mix-Up

Okra is a typical side dish found in all African Heritage cuisines. Here it is paired with bright cherry tomatoes, basil, and corn. When it's in season, fresh corn cut right off the cob is best, but frozen or canned corn are acceptable substitutes.

Inare	dien	te:

1 (15.2 oz.) can of corn, rinsed and drained

1 teaspoon extra-virgin olive oil

1/2 small onion, diced

1/2 package frozen sliced okra

8 cherry tomatoes, cut in halves

2 tablespoons fresh basil, chopped

1/2 teaspoon salt

1/2 teaspoon pepper

Instructions:

- 1. Heat olive oil in a skillet over medium heat. Add onion and sauté for 3-4 minutes, until soft.
- 2. Add corn kernels and cook for another 3 minutes. If using fresh ears, place cobs under cold water, and with a sharp knife cut kernels away from the ears of com.
- 3. Add okra, and sauté, stirring frequently, for 3-4 minutes. Add tomatoes and basil and cook one minute. Season and serve.

► Cost Per Serving: \$1.08

*All costs based on actual grocery store prices. Prices may vary by location.

Nutritional Analysis:

Calories: 73, Fat: 2g, Sodium: 451mg, Carbohydrate: 14g, Protein: 2g

Yield:

4 servings

Karen Mansur/Oldways

Healthy Hoppin' John



Black-eyed peas are an easy dry bean, with no presoaking needed. For an even quicker dish, use drained and rinsed canned peas and quick cooking or leftover brown rice.

Ingredients:

1 tablespoon extra-virgin olive oil

1 small onion, diced

2 garlic cloves, minced

1 cup of dried black-eyed peas

1 cup uncooked brown rice

1 teaspoon cayenne pepper

1 teaspoon pepper

Instructions:

- 1. In a deep sauce pot, sauté onions and garlic in olive oil for 1 to 3 minutes, until translucent (do not brown).
- 2. Add dried black-eyed peas, salt, brown rice, and 4 cups of fresh water to the pot and bring to a boil.
- 3. Lower heat to simmer, and add the cayenne and black pepper. Cook for 45 minutes, covered, adding water as needed.

► Cost Per Serving: \$0.68

*All costs based on actual grocery store prices. Prices may vary by location. Nutritional Analysis: Calories: 248, Fat: 5g, Sodium: 5mg, Carbohydrates: 47g, Protein: 6g

Yield: 4 servings
An Oldways recipe

Pecan-Crusted Catfish

A healthier alternative to deep-fried catfish, the pecan coating adds a great crunch while still keeping close to its southern roots.

Ingredients:

1 egg

2 tablespoons water

4 catfish fillets (6 oz. each)

1/2 cup whole wheat flour

1/2 teaspoon of salt

1/2 teaspoon pepper

1 cup of pecans, chopped finely

2 tablespoons extra-virgin olive oil

Instructions:

- 1. Mix egg and water together in a large glass baking dish and let fish soak in it while preparing the rest of the ingredients.
- 2. Spread flour on a sheet of wax paper, stir in salt and pepper, using a fork to blend. Spread pecans on another large sheet of wax paper.
- 3. Heat oil in large skillet or cast iron pan.
- 4. Take each fish fillet out of egg mixture and dip one side into flour, gently shaking off excess. Lay the other side onto chopped pecans, pressing nuts into the filet.
- 5. Place fillets nut side down in pan. Fry about 2 minutes, or until golden brown. Carefully turn over each fillet and finish cooking, 4 6 minutes or until center is opaque and fish flakes easily.

► Cost Per Serving: \$2.18

*All costs based on actual grocery store prices. Prices may vary by location. Assumes cage-free or natural eggs.

Nutritional Analysis:

Calories: 468, Fat: 32g, Sodium: 377mg, Carbohydrates: 15g, Protein: 32g

Yield:

4 serving

An Oldways recipe

Quick Shrimp Gumbo



A classic southern gumbo usually starts with a roux, made by slowly browning flour and oil. This version uses a number of shortcuts to reduce the cooking time and make preparation a snap. Add chicken sausage

if you wish, or make a vegetarian version by omitting the shrimp.

In			

1 cup quick-cooking brown rice (uncooked)

2 tablespoons extra-virgin olive oil

2 cloves garlic, peeled and diced

1 onion, diced

2 teaspoons Cajun seasoning pre- mix

1/2 teaspoon ground hot or chipotle pepper

1 package (16 ounces) frozen bell pepper strips

1 can (28 ounces) diced tomatoes, drained

1 can (15 ounces) red kidney beans, drained and rinsed

1/2 pound frozen cooked shrimp, thawed

1 package (16 ounces) frozen cut okra

Salt and pepper

Hot sauce

- Cook the rice according to the package directions. While the rice is cooking, heat the oil over medium heat in a Dutch oven or large pot.
- Add the garlic and onion and sauté for several minutes. Add the Cajun spice and pepper and cook, stirring, for two minutes. Add the pepper strips, tomatoes, beans, and shrimp, stir and bring just to a boil.
- 3. Reduce the heat to a simmer, cover, and cook for 10 minutes. Stir in the okra and simmer for 5 minutes longer. Season to taste with salt and pepper. Serve with the brown rice, and hot sauce on the side.

► Cost Per Serving: \$1.74

*All costs based on actual grocery store prices. Prices may vary by location.

Nutritional Analysis:

Calories: 250, Fat: 5g, Sodium: 312mg, Carbohydrates: 41g, Protein: 13g Yield: 6-8 servings An Oldways recipe

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