This chapter provides four activities and two assessments for training CHWs to support clients with the challenges of healthy eating and active living (HEAL). Healthy eating and active living are key for promoting our overall health, as well as preventing and managing chronic health conditions such as diabetes, asthma, cancer, and heart disease. This guide corresponds to, and is meant to be used with Chapter 17, “Promoting Healthy Eating and Active Living (HEAL),” of Foundations for Community Health Workers, Second Edition.
Issues of weight and health remain controversial. In many health care settings, it is still common practice to label patients as obese and to direct them to lose weight in order to promote their health. However, emerging research calls this approach into question. Clinical interventions that do not further stigmatize clients who are heavy or overweight, and that focus on improving specific health outcomes rather than weight loss, have been shown to have a positive impact on both physical and mental health conditions.

It can be challenging to address issues of weight and health in the classroom or training space, because prejudice and discrimination against people who are perceived as overweight is so common and so accepted. Children and adults who are heavier than perceived norms may face hostile comments and treatment nearly every day of their life. As health professionals, we don’t want to add to this stigma and prejudice and the psychological harm that it does.

We urge you to challenge these accepted prejudices as you train CHWs. They are likely to work with clients who are struggling with body issues, including weight, and who deserve respect and support. Although we understand the importance of a healthy diet and physical activity for health, many health care professionals and organizations still struggle to address these topics in an effective way with patients. This chapter applies client-centered concepts, including harm reduction and a weight-inclusive approach, for supporting clients to make realistic and sustainable changes to what they eat and drink and to their levels of physical activity.

We strongly recommend training CHWs in healthy eating and active living after you have addressed the topic of chronic conditions management and related core competency areas, such as client-centered counseling and case management. This chapter is designed to be studied along with Chapter 16, “Chronic Conditions Management.”

This guide is meant to be used when teaching/training Chapter 17 of Foundations for Community Health Workers, Second Edition. The guide includes a selection of step-by-step training activities from the City College of San Francisco (CCSF) CHW Certificate Program; it is not meant to be a comprehensive list of all training activities for addressing the topic of HEAL. We recommend reading Chapter 17 of Foundations prior to your use of this chapter in the training guide, as the textbook provides more material about HEAL, as well as a deeper explanation of concepts related to activities in this guide.
### CHAPTER AT A GLANCE (continued)

**Promoting Healthy Eating and Active Living (HEAL)**

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>LEARNING OUTCOMES</th>
</tr>
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</table>
| **ACTIVITY 17.1: QUOTE GALLERY, CRITICAL ANALYSIS OF AN ARTICLE ON WEIGHT AND HEALTH (50 MINUTES)** | ▶ Analyze key information provided in a reputable health or public health article or report.  
▶ Enhance knowledge of key information related to the topic of HEAL. |
| In this activity, learners read and analyze a research article or report on the topic of weight and health (or another topic related to HEAL) before the training and come prepared to talk about pre-assigned discussion questions and to post a quote from the reading.  
Small and large group activities and a quote gallery  
*Includes:*  
- Learner Handout 17.1 A: Advanced Instruction and Questions  
- Learner Handout 17.1 B: Tips for Reading a Research Article in a Scholarly Journal |
| **ACTIVITY 17.2: VALUES CLARIFICATION (60 MINUTES)** | ▶ Recognize the potential impact of their own values and beliefs on their work with clients.  
▶ Discuss the role of CHWs in supporting people of all sizes to enhance their health and wellness.  
▶ Reflect upon their own experiences, values, and beliefs related to weight and health. |
| This training activity engages learners in reflecting upon their own experiences, values, and beliefs about weight and health and how these may influence their work to promote the health and well-being of clients.  
Small and large group activity and discussion  
*Includes:*  
- Learner Handout 17.2 A: Self Assessment |
| **ACTIVITY 17.3: VIDEO DISCUSSION AND ROLE PLAYS ON WEIGHT AND HEALTH (90 MINUTES)** | ▶ Analyze and demonstrate concepts for weight-inclusive and client-centered practice designed to support clients with chronic conditions to improve health outcomes. |
| This activity provides learners with opportunities to analyze and practice a weight-inclusive approach to support a client with the self-management of chronic health conditions.  
Video viewing and discussion, followed by a role play  
*Includes:*  
- Learner Handout 17.3 A: Role Play Card |
### Promoting Healthy Eating and Active Living (HEAL)

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>LEARNING OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACTIVITY 17.4: VIDEO DISCUSSION ABOUT PROVIDING HEALTH EDUCATION (60–80 MINUTES)</strong></td>
<td>- Analyze concepts and guidelines for providing client-centered health education.</td>
</tr>
<tr>
<td>This activity provides learners with an opportunity to view and discuss a video demonstration of a CHW providing health education about healthy eating and to analyze approaches for providing health education about nutrition or other topics. Video viewing and large group discussion</td>
<td></td>
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</tbody>
</table>

| ACTIVITY 17.5: ROLE PLAY ABOUT HEALTHY EATING (60 MINUTES)              | - Discuss guidelines for healthy eating and drinking.                          |
| This activity provides learners with an opportunity to discuss guidelines for healthy eating. Learners will also practice supporting a client to develop a realistic action plan to eat a healthier diet and to better manage a chronic health condition. Small and large group discussions and role play | - Demonstrate how to support clients to improve the quality of their diets in order better manage common chronic health conditions and promote improved health. |

Includes:
- Learner Handout 17.5 A: Healthier Eating Scenario
- Learner Handout 17.5 B: Rubric for Assessing CHW Practice

<table>
<thead>
<tr>
<th>TRAINING WITH VIDEOS FROM CHAPTER 17 OF FOUNDATIONS</th>
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<tbody>
<tr>
<td>Chapter 17 of the textbook includes two videos showing a CHW working with a client to address issues of healthy eating and active living.</td>
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<table>
<thead>
<tr>
<th>ASSESSMENTS</th>
<th>ANSWER KEY OR RUBRIC</th>
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<tbody>
<tr>
<td><strong>ASSESSMENT 17.1: TAKE-HOME CASE STUDY EXAM</strong></td>
<td>Answer Key</td>
</tr>
<tr>
<td>A client case study assessment includes ten questions and covers key concepts and skills for healthy eating and active living. We recommend assigning this as a take-home exam.</td>
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</table>

| **ASSESSMENT 17.2: DEVELOPING A HEALTHY RECIPE**          | Rubric                |
| Learners will write a recipe for a healthy and affordable meal for a family of four. They will include a shopping list and a cost estimate for the meal. This is designed as a peer-evaluated assessment. |
ACTIVITIES

ACTIVITY 17.1: Quote Gallery, Critical Analysis of an Article on Weight and Health . . . . .878
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ACTIVITY 17.3: Video Discussion and Role Plays on Weight and Health . . . . . . .888
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ACTIVITY 17.5: Role Play about Healthy Eating. . . . . . . . . . . . . . . . . . . . . . . . .897

Training with Videos from Chapter 17 of Foundations . . . . . . . . . . . . . . . . . . . . . . .907
### Activity 17.1

**50 MINUTES**

**MATERIALS NEEDED**
- Flip-chart paper and markers
- Copies of an article or report on the topic of HEAL.
- Copies of “Learner Handout 17.1 A: Advanced Instruction and Questions” (included at the end of this activity)
- Copies of “Learner Handout 17.1 B: Tips for Reading a Research Article in a Scholarly Journal” (included at the end of this activity)

**TRAINER PREPARATION**
- Review Chapter 17.
- Write discussion questions (provided in Step 3) on flip-chart paper or whiteboard.
- If using the Tylka article, you may wish to print out copies of Figure 2: Theoretical model of weight stigma and its associated variables.

**LEARNER PREPARATION**
- Ask learners to read the article and give them the advanced instructions and questions handout at least a week before this training session.

**LEARNING OUTCOMES**
After this activity, learners will be able to:
- Analyze key information provided in a reputable health or public health article or report.
- Enhance knowledge of key information related to the topics of healthy eating and active living.

---

**Quote Gallery, Critical Analysis of an Article on Weight and Health**

This activity supports learners to enhance skills for reading and analyzing health and public health resources and to gain knowledge about HEAL. For this activity, the trainer will assign learners to read an article or report (or other similar resource) on a topic related to HEAL. We recommend assigning a peer-reviewed journal article or a report by a local or national health organization.

For this activity, we are using the following article:


Be sure to assign the reading and give learners the advanced instruction and questions handout in advance of this training session.

**1 Introduction**

Explain that this activity will engage learners in carefully reviewing a professional article or report about the topic of weight-inclusive versus weight-normative approaches to health (or a different reading, as assigned). The goal of this activity for learners is twofold: first, to enhance their skills for reading and analyzing professional public health documents; and second, to enhance understanding of key information related to the topic of HEAL.

You may wish to emphasize that CHWs have an ethical duty to stay informed about current findings in the fields of health care and public health. To do so, they need to be able to read and understand professional documents. Some of these documents are, at first,
Quote Gallery, Critical Analysis of an Article on Weight and Health (continued)

difficult to comprehend. The best way to enhance skills for reading and analyzing public health documents is to read, read, and read some more.

Depending upon the reading abilities and comfort level of learners, you may wish to talk together about the challenge of reading the public health literature. You may ask them about their experience in reading scientific or peer-reviewed journal articles and what tips they have learned so far to help them to read and understand the information provided. At CCSF, we explain that most of us had to learn how to read a journal article, and we share guidelines for doing so that include reading the abstract first and then skimming the article to review key headings and information. As necessary, you may also wish to provide guidelines for how to read a peer-reviewed journal article.

There are a lot of resources about how to read a peer-reviewed journal article. We encourage you to share these with learners. These include the following, for example:

- “Learner Handout 17.1 B: Tips for Reading a Research Article in a Scholarly Journal.”
- YouTube video on how to read a peer review journal article www.youtube.com/watch?v=JvPayaQA5aw
- Guidelines for reading peer review articles from City University of New York http://guides.lib.jjay.cuny.edu/content.php?pid=209679&sid=1746812

2 Quote Gallery and Discussion

Ask learners to write the quotes that they selected from the reading on the board or flip-chart paper in LARGE text so that others can read it. Once they have recorded their own quote, provide learners with time to read and reflect upon those posted by their peers.

Facilitate a large group discussion by selecting a quote (one at a time), and reading it aloud to the group. Ask them to discuss the quote by posing questions such as these:

- Why was this quote selected? What seems particularly important about the information it conveys?
- What questions does this information raise?
- How does this reading relate to your own life experience?
- What is the significance of this information in terms of your work as a CHW?

As necessary, ask learners to review the selected quote in the context of the article or report in order to better understand it. Sometimes, reading the full paragraph in which the quote appears will assist learners in better understanding what it says.
3 Large Group Discussion, Continued

Write down the questions for discussion on the board or on flip-chart paper, and ask learners to share their responses.

⦁ In your own words, what is the difference between a weight-inclusive versus a weight-normative approach to health?

⦁ What evidence do the authors provide to argue that a weight-inclusive approach is more effective than a weight-normative approach for working with clients?

⦁ What do the authors mean when they say that how health professionals address questions of weight and health with clients is a matter of ethics?

Pose follow-up questions as you wish to promote further discussion. The goal is for learners to actively engage with the material, analyzing the key messages and findings, and understanding the significance they have for the work of CHWs.

If the article or report includes one or more key images, charts, or graphs presenting data, select one or more of these to review with learners. For example, if you’re using the Tylka article, you might ask learners to discuss Figure 2: Theoretical model of weight stigma and its associated variables on page 9 of the article.

Messages about the article by Tylka et al. on the weight-inclusive versus weight-normative approach may include the following:

⦁ Weight-normative approaches emphasize a client’s weight and try to promote weight loss. Weight-inclusive approaches focus on improving health indicators instead of weight.

⦁ Weight-inclusive approaches are more effective in promoting health and well-being including physical health indicators like blood pressure, behaviors (like binge eating), and psychological health (including depression).

⦁ Focusing on health rather than weight is a more ethical approach, as focusing on weight and weight loss may be harmful to physical and psychological health.
Quote Gallery, Critical Analysis of an Article on Weight and Health (continued)

4 Reinforcement

This is an opportunity to synthesize and reinforce important concepts related to the article analyzed by learners as well as about the importance of enhancing skills and confidence in doing textual analysis. Possible messages to reinforce may include these:

- CHWs have an ethical duty to stay up-to-date with health and public health information.
- CHWs may be asked to research, read, and analyze health and public health documents on the job and to share the information with colleagues and clients alike.
- Learning to read and understand the health and public health literature takes practice for everyone! It sometimes feels like learning a second language. This is particularly true for reading peer-reviewed research and journal articles (like the Tylka article). But the more you read and work to understand these documents—asking for help from colleagues along the way—the stronger your skills will become.
Please carefully read the following article:


This article is available free of charge, in its entirety, at PubMed Central: www.ncbi.nlm.nih.gov/pmc/articles/PMC4132299/. You may view it online as text or download the PDF.

Come to the training session on _______________________ prepared to

- Share a quote.
  
  Write down one sentence from the article that highlights a key message, finding, or question.

- Discuss the following questions:
  
  1. In your own words, what is the difference between a weight-inclusive and a weight-normative approach to health?
  2. What evidence do the authors provide to argue that a weight-inclusive approach is more effective than a weight-normative approach for working with clients?
  3. What do the authors mean when they say that how health professionals address questions of weight and health with clients is a matter of ethics?
Learner Handout 17.1 B: Tips for Reading a Research Article in a Scholarly Journal

STRUCTURE

Most articles follow a fairly standardized format that conforms to guidelines established by the American Psychological Association (APA).

**Abstract:** This short, paragraph-long section provides a brief overview of the article. Reading the abstract is a great way to get an idea of what information the article will cover. Reading this section first can help you decide if the article is relevant to your topic or interests.

**Introduction:** The second section of the article introduces the problem and reviews previous research and literature on the topic. This part of the article will help you better understand the background of the research and the current question that is under investigation.

**Methods:** This part of the article details how the research was conducted. Information about the participants, the procedures, the instruments, and the variables that were measured are all described in this section.

**Results:** So what were the actual results of the study? This important section details what the researchers found, so pay careful attention to this part of the article. Tables and figures are frequently included in addition to the text.

**Discussion:** What do the result of the study really mean? In this section, the author(s) interpret the results, outline the implications of the study, and provide possible descriptions of future research that should be conducted.

**References:** This section lists all of the articles and other sources cited within the article.

READING THE ARTICLE

Suggested questions to guide your reading include these:

- Where would you start reading to get the best idea of what the entire paper is about?
- Where would you find the literature review?
- Why might the discussion section be important in your research?
- What are sections that you could skim and not read completely?
- What may be the most important part of the journal article once you have decided that the content is perfect for your paper?

SOURCE

Adapted from Cherry, K. (n.d.). How to read (and understand) a psychology journal article. Retrieved from http://psychology.about.com/od/psychologystudytips/p/read_articles.htm
Activity 17.2

Values Clarification

This training activity engages learners in examining values and beliefs related to issues of body weight, size, and health.

Issues of weight and health remain controversial. In many health care settings, it is still common practice to label patients as obese and to direct them to lose weight in order to promote their health. However, emerging research calls this approach into question. Clinical interventions that do not further stigmatize clients who are heavy or overweight, and that focus on improving specific health outcomes rather than weight loss, have been shown to have a positive impact on both physical and mental health conditions.

It can be challenging to address issues of weight and health in the classroom or training space, because prejudice and discrimination against people who are perceived as overweight is so common and so accepted. Children and adults who are heavier than perceived norms may face hostile comments and treatment nearly every day of their life. As health professionals, we don't want to add to this stigma and prejudice and the psychological harm that it does.

We urge you to challenge these accepted prejudices as you train CHWs. They are likely to work with clients who are struggling with body issues, including weight, and who deserve respect and support.

1 Introduction

Explain to learners that this activity is designed to explore values and beliefs related to issues of weight and health. The activity strives to enhance self-awareness about our values related to weight and size, and how these may influence our work with clients.
TIP We recommend reviewing ground rules when trainings address topics that may be particularly sensitive for learners. We wish to underscore the importance of bringing the same empathy and respect to this discussion that CHWs demonstrate with the clients and communities they work with. We encourage learners to express their own experiences, values, and beliefs, and to do so in a way that respects the different experiences and beliefs of others.

2 Self Assessment

Explain that you will ask each learner to complete a self-assessment of their experience and beliefs related to issues of body weight, size, and health. Explain that this is an anonymous survey, and ask learners not to record their names on the forms. Encourage learners to be as honest as possible in recording their answers.

Pass out a copy of the self assessment form (included at the end of this activity) and ask learners to record their answers. When all learners have completed the survey, ask them to pass them forward. Collect them in a pile and shuffle the order.

3 Large Group Discussion

Pass out the completed self-assessment surveys in random order. Facilitate a discussion about the responses to the survey as you wish. For example, you may read out the Yes/No questions one at a time and ask for a show of hands for any surveys that responded yes to the question (such as “Have you ever been told by a health professional that you need to lose weight?”). Ask learners to notice how many people, in this very small sample, responded yes to these questions.

After reading out selected questions, ask learners to share their opinions about the self-assessment survey by posing questions such as these:

- What experiences, values, or beliefs about weight and health did the survey highlight?
- What information do you take away from this self-assessment activity?
- How does this activity inform or influence the work that CHWs do with clients?

4 Spectrum Activity and Large Group Discussion

For this step, explain to learners that they will answer a series of questions based on a spectrum from strongly agree to strongly disagree. Post a piece of paper with “Strongly Agree” at one end of the room and with “Strongly Disagree” at the other end; make sure to leave space in the room for learners to move between the two papers. Read the following statements, one at a time (or make up your own), and ask learners to line up where
they respond to the questions on the spectrum between these two opinions. Pause after each statement to facilitate discussion before reading the next statement.

⦁ You can tell a lot about someone’s health based on their weight.

⦁ People living with chronic conditions would be healthier if they lost weight.

⦁ Part of my role as a CHW is to encourage an overweight client to lose weight.

After each statement, when learners have lined up along the spectrum, facilitate discussion in the following ways:

⦁ Ask learners to turn to a person next to them and explain why they are standing where they are.

⦁ Ask learners standing at different points along the spectrum (at both ends and in the middle) why they are standing where they are.

⦁ Tell learners that they can change their positions if they want to, based on the information they hear.

⦁ Ask a learner who shifts their position to explain what prompted them to move.

After reading all the statements, ask learners to discuss how their own experiences, values, and beliefs about weight may influence their work with clients. This is an opportunity for learners to consider that negative beliefs about the health of people who are perceived as overweight may be communicated indirectly to clients. It is an opportunity to reinforce client-centered concepts including unconditional positive regard, cultural humility, and support for client autonomy that hold true regardless of the client’s weight or health status.

5 Reinforcement

This is an opportunity to synthesize and reinforce important concepts relating to issues of weight and health. We strongly encourage the promotion of a weight-inclusive approach as the most effective and ethical way to support the health and well-being of patients of all sizes. Possible messages to reinforce may include the following:

⦁ Prejudice and discrimination against people who are perceived as overweight is still widely accepted and has a negative impact on their health.

⦁ People who are very thin or underweight may have poor health, and people who are heavy or overweight may not have any major physical health conditions.

⦁ Your own experiences, values, and opinions about weight, size, and health are likely to influence how you view and work with patients.

⦁ Be aware of your own values and assumptions, and strive to work with clients of all sizes with cultural humility and non-discrimination.
Values Clarification (continued)

- Telling patients that they are obese and encouraging them to lose weight has not been shown to be effective in promoting their health. In the long-term, patients are unlikely to lose weight and keep it off. And the judgments imposed about people’s weight, size, and behaviors are harmful to the patient’s mental health.
- Shifting the focus from a patient’s weight to their health has been shown to improve both physical and mental health outcomes.
This is an anonymous self-assessment: please don’t write your name on this form.

Please take a few minutes to review each of the following questions and statements and to write down your answers.

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<tbody>
<tr>
<td><strong>1.</strong> Have you ever felt bad about your body weight or shape?</td>
<td>Yes ___ No ___</td>
<td></td>
</tr>
<tr>
<td><strong>2.</strong> Have you ever been teased or bullied about your body weight or size?</td>
<td>Yes ___ No ___</td>
<td></td>
</tr>
<tr>
<td><strong>3.</strong> Have you ever been told by a health care professional that you need to lose weight?</td>
<td>Yes ___ No ___</td>
<td></td>
</tr>
<tr>
<td><strong>4.</strong> Have you ever tried to change your weight?</td>
<td>Yes ___ No ___</td>
<td></td>
</tr>
<tr>
<td><strong>5.</strong> Have you ever teased or bullied someone else about their weight or appearance?</td>
<td>Yes ___ No ___</td>
<td></td>
</tr>
<tr>
<td><strong>6.</strong> Have you ever told another person that they should lose weight?</td>
<td>Yes ___ No ___</td>
<td></td>
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<tr>
<td><strong>7.</strong> Can you tell a lot about someone’s health based on their weight and size?</td>
<td>Yes ___ No ___</td>
<td></td>
</tr>
<tr>
<td><strong>8.</strong> Have you tried to change your weight (by dieting or other efforts)?</td>
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<td>A. _____ more than 1 time</td>
<td></td>
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<td></td>
<td>B. _____ more than 10 times</td>
<td></td>
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<tr>
<td></td>
<td>C. _____ more than 20 times</td>
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<tr>
<td><strong>9.</strong> When I see someone who seems heavy or large, I think ____________________________</td>
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______________________________________________________________________________
Video Discussion and Role Plays on Weight and Health

This activity is designed to build the skills of CHWs when they are working with clients who are facing issues related to weight and health. Learners will view and discuss video role plays that show a CHW working with a client who has diabetes and is concerned about her weight. In addition, learners will participate in a role play to practice a weight-inclusive approach.

1 Introduction

Explain that this activity will ask learners to discuss how to address issues of weight and health with clients and to apply a weight-inclusive approach. First, learners will be asked to view and discuss two video role plays from Chapter 17. Afterward, they will have a chance to do their own role plays.

As necessary, review key information about the weight-normative approach here.

2 Show and Discuss the Video of the Counter Role Play

Explain that the videos they are about to see feature a CHW working with a client who has diabetes and who has been labeled by her doctor as obese.

Set up and show “Talking about Weight and Health: Role Play Counter, Foundations” (3:35) (http://youtu.be/FLpx7QHjMRY), which presents a counter role play (a role play in which the CHW does not do a good job demonstrating a key concept or skill) between a CHW and a client. The counter role play depicts a traditional weight-normative approach in which professionals encourage clients to diet and lose weight as the way to promote their health.

Activity 17.3

90 MINUTES

MATERIALS NEEDED

- Computer and LCD projector and Internet access to view online video scenarios
- Video: “Talking about Weight and Health: Role Play Counter, Foundations” (http://youtu.be/FLpx7QHjMRY)
- Video: “Talking about Weight and Health: Role Play, Demo, Foundations” (http://youtu.be/83EeBQuXOxO)
- Copies of “Learner Handout 17.3 A: Role Play Card” (included at the end of this activity)

TRAINER PREPARATION

- Review Chapter 17.

LEARNER PREPARATION

- Ask learners to read Chapter 17 in advance.

LEARNING OUTCOMES

After this activity, learners will be able to:

- Analyze and demonstrate concepts for weight-inclusive and client-centered practice designed to support clients with chronic conditions to improve health outcomes.
Video Discussion and Role Plays on Weight and Health  
(continued)

After the video, facilitate a brief discussion among learners by posing questions such as these:

⦁ What was the CHW’s approach to supporting this client?
⦁ How did the CHW address the issue of the client’s obesity?
⦁ How effective do you think the CHW’s approach was for this client?
⦁ What information did the client provide about her experience with dieting, weight loss, and health?
⦁ What would be a more effective way to support this client to promote her health and well-being?

This counter role play represents a provider-centered (versus a client-centered) approach. The CHW pushes the clinic’s agenda of weight loss upon the client despite her protests that dieting hasn’t been helpful to her in the past. The CHW does not explore any other ways that the client with diabetes can improve her health.

Try to engage learners in a discussion about why providers push this agenda, and how it may be harmful to a client’s physical and mental health. This is an opportunity to highlight the problem of focusing on body size, obesity, and dieting for weight loss.

Be aware, however, as we have stated before, that prejudice regarding weight and body size are so widespread in our society that learners may have a difficult time challenging a status-quo approach. They may believe that providers should label patients obese and tell them to lose weight.

3 Show and Discuss the Second Video Role Play Demonstration

Show “Talking about Weight and Health: Role Play, Demo, Foundations” (4:02) (http://youtu.be/83EeBQuXOXo), which depicts a different conversation between the same client and CHW. Facilitate discussion by posing questions such as these:

⦁ How did the CHW address the issue of weight and health in this role play?
⦁ How effective was the CHW’s approach? How did the client respond?
⦁ What did you like that the CHW said or did in this role play?
⦁ What would you do differently in working with this client, and why?
Video Discussion and Role Plays on Weight and Health (continued)

4 Large Group Discussion
Broaden the conversation beyond the examples provided in the role play videos to focus on the concept of a weight-inclusive approach to health promotion. Facilitate discussion by posing questions such as the following:

● What feelings or thoughts do these videos bring up for you?
● What are your thoughts about the value of telling clients that they are obese and must lose weight in order to promote their health?
● What does the research tell us about the long-term effectiveness of dieting for weight loss?
● For the patient with diabetes, what are the most important indicators of health? For example:
  ○ Healthy blood-glucose levels and A1C measurements
  ○ Healthy self-esteem and sound stress-management practices
  ○ Engaging regularly in some form of physical activity
  ○ Eating a range of healthy foods and enjoying them
● What would you want to say or do to support this client to better manage her diabetes and to improve her health?

5 Small Group Role Plays in Pairs
Assign learners to perform role plays in pairs. Each pair will decide who will take the role of CHW and who will play the client. Explain that this role play scenario is about a client who is struggling to get their high blood pressure under control. The client and the CHW have worked together several times before in developing an action plan, but they haven’t met recently.

Pass out the role play card to learners playing the role of client. For the CHW, provide direction that their primary goal is to demonstrate a weight-inclusive approach for supporting the client to better manage their hypertension.

Circulate among pairs as they do the role play, clarifying any outstanding questions, observing the work of the CHWs, and noting concepts for the large group discussion to follow.

After 5 to 10 minutes, ask the pairs to take a few minutes to debrief the role play, focusing on questions such as these:

● How did the CHW address issues of weight and size?
● What did the CHW do well in this role play?
● What could the CHW have done to more effectively support this client’s health?
Video Discussion and Role Plays on Weight and Health (continued)

6 Large Group Discussion
Guide all learners in discussing their role play practice by posing questions similar to these:

⦁ What was most challenging or surprising about these role play scenarios?
⦁ What were the moments in your role plays when the CHW built a positive connection with the client? What did the CHW do or say that helped to build this sense of connection?
⦁ What are the most important take-away messages about weight and health that will guide your work with clients and communities?

7 Reinforcement
This is an opportunity to synthesize and reinforce important concepts related to the weight-inclusive approach to supporting the health of clients, including those already shared by learners, concepts from the Foundations chapter, and other sources. Possible messages to reinforce may include these:

⦁ Research indicates that it can be harmful to a client’s health to focus on dieting and weight-loss goals. Dieting is not likely to result in sustainable and long-term weight loss. It is more likely to result in weight gain, increased stress, and diminished self-esteem.
⦁ Weight-inclusive approaches that do not judge people based on their body shape and size and that focus on health goals rather than weight loss are more effective in promoting both physical and mental health, including better control of chronic condition symptoms, reduced stress, and improved self-esteem.
⦁ Let concepts of cultural humility, non-discrimination, and unconditional positive regard guide your work with clients of all sizes and body shapes.
⦁ The fields of medicine and health care have been slow to acknowledge and incorporate the research and to adopt a weight-inclusive approach. CHWs may work in health care settings that still label clients obese and promote dieting and weight loss. In such settings, be patient and respectful if you chose to share or promote a weight-inclusive approach to supporting the health of patients. Use harm reduction to limit the extent to which you impose judgments about weight on the clients you work with.
Learner Handout 17.3 A: Role Play Card

Activity 17.3

The CHW and D (the client) are meeting at the Eastside City Clinic. D has not been to the clinic in over a year. The Panel Manager called D and scheduled an appointment with the Nurse Practitioner and the CHW. D and the CHW have worked together in the past.

D has high blood pressure that is not under control. Although D has been doing a good job with medications management, D has been struggling to maintain regularly physical activity and a healthy diet.

The client has a long history of dieting for weight loss. Ten years ago, D was able to lose almost 40 pounds by following a very strict diet and workout regime. However, D wasn't able to maintain the strict calorie-counting diet and ultimately gained back all the weight lost and more.

This year, D was promoted at work, is enjoying good relationships with family, and is motivated to try new ways to better manage their high blood pressure.
Video Discussion about Providing Health Education

This activity provides learners with an opportunity to view and critique a three-part video demonstration of a CHW providing health education about nutrition to a client living with hypertension. Through discussion, learners will enhance their understanding for how to provide health information in a client-centered manner.

1 Introduction

Explain that this activity is an opportunity to reflect on the topic of how to provide health information to clients in a way that is respectful and designed to promote their health and autonomy. Learners will view and discuss three videos depicting a conversation between a CHW and a client regarding healthy nutrition.

2 Review of Health Education Strategies

Before showing the videos, facilitate a brief review of key strategies for providing health education about nutrition and other topics. Ask learners to draw upon their reading from Chapter 17 and other sources. Pose questions such as the following:

- What are your goals in providing health education to a client about nutrition or another health topic?
- Where do you want to begin in providing health education about nutrition or another topic to a client or community?
- What concepts do you want to keep in mind as you provide health education?
- How can you provide health education in a client-centered manner?
- What can you do to help ensure that the information you provide is useful to the client?

As necessary, review the key information about providing health education from Chapter 17. For example,
Video Discussion about Providing Health Education (continued)

you may wish to review the following steps and ask learners to share examples as well as their own perspectives.

1.  Assess what the client already knows.
2.  Determine the client’s interest in learning more.
3.  Share some general information.
5.  Provide more detailed information, as appropriate.

3 Show and Discuss Video, Part 1

Set up and show the video that presents a CHW working with a client who has hypertension to enhance his understanding of healthy nutrition: “Hypertension and Healthy Eating, Part 1, Role Play Demo, Foundations” (5:25) (http://youtu.be/aGuViTC42G4). Ask learners to watch for how well the CHW demonstrates the guidelines from Foundations, discussed previously, for providing client-centered health education. Facilitate a brief discussion among learners by posing questions such as these:

⦁  What was the challenge that the client was facing in this video?
⦁  How did the CHW approach providing health education?
⦁  What did the CHW do well in providing health education?
⦁  What would you do differently to provide health education to this client?

4 Show and Discuss the Video Role Play Demonstration, Part 2

Set up and show the second video that presents a CHW working with a client who has hypertension to enhance his understanding of healthy nutrition: “Hypertension and Healthy Eating, Part 2, Role Play Demo, Foundations” (2:32) (http://youtu.be/271pMgUluNg). Ask learners to watch for how well the CHW demonstrates the guidelines from the Foundations chapter, discussed previously, for providing client-centered health education. Facilitate a brief discussion among learners by posing questions such as these:

⦁  What challenges or questions did the client have in this video?
⦁  How did the CHW approach providing health education?
Video Discussion about Providing Health Education (continued)

- What did the CHW do well in providing health education?
- What would you do differently to provide health education to this client?

5 Show and Discuss the Video Role Play Demonstration, Part 3

Set up and show the third video, which presents a CHW working with a client who has hypertension to enhance his understanding of healthy nutrition: “Hypertension and Healthy Eating, Part 3, Role Play Demo, Foundations” (3:43) (http://youtu.be/gVlV_8iM_HA). Ask learners to watch for how well the CHW demonstrates the guidelines from the Foundations chapter, discussed previously, for providing client-centered health education.

Facilitate a brief discussion among learners by posing questions such as these:
- What questions or concerns did the client have in this video?
- How did the CHW approach providing health education?
- What did the CHW do well in providing health education?
- What would you do differently to provide health education to this client?

6 Reinforcement

This is an opportunity to synthesize and reinforce important concepts for providing client-centered health education highlighted in Chapter 17 and other sources. Possible messages to reinforce may include the following:
- Establish the client’s interest in learning more about the topic.
- Assess what the client already knows.
- Share general information about the topic, staying within your scope of practice.
- Keep context, culture, and cultural humility in mind.
- Provide more detailed information about the topic if the client is interested, the information is relevant to their life, and you are qualified to provide the information.
- Check the client’s understanding and interest. Ask them to repeat back what they have learned, whether they would like to learn more, and what type of information they would most like to discuss.
- Apply the knowledge to practical uses.
- Summarize the information provided.
Role Play about Healthier Eating

This activity reviews basic guidelines for a healthier diet and provides learners with an opportunity to practice how to support a client to improve their daily diet.

1 Introduction

Tell learners that this activity is designed to promote skills for supporting clients to develop healthier diets. Learners will review guidelines for healthy eating and participate in role plays in small groups.

2 Review Guidelines for Healthy Eating

Guide learners in a review of basic information about the food and drinks that best promote our health, based on the reading from Foundations, The Nutrition Source from the Harvard Schools of Medicine and Public Health (www.hsph.harvard.edu/nutritionsource/), or another resource of your choosing.

Write these categories on the board as in the following table:

- Draw a down arrow (↓) and write “Eat/drink less of.”
- Draw an up arrow (↑) and write “Eat/drink more of.”
- Write “Key factors influencing diet and nutrition.”
- Write “Outstanding questions.”

Activity 17.5

60 MINUTES

MATERIALS NEEDED

- Copies of “Learner Hand-out 17.5 A: Healthier Eating Scenario” (included at the end of this activity)
- Copies of “Learner Hand-out 17.5 B: Rubric for Assessing CHW Practice” (included at the end of this activity)

TRAINER PREPARATION

- Review the guidelines on healthy nutrition from Chapter 17, including The Nutrition Source from the Harvard Schools of Medicine and Public Health (www.hsph.harvard.edu/nutritionsource/), or select another source of information about healthy nutrition for this training activity.

LEARNER PREPARATION

- Ask learners to review Chapter 17 before this training session.
- Ask learners to think about what types of food and drink are associated with chronic health conditions such as heart disease and diabetes and what types are most helpful for promoting good health.

LEARNING OUTCOMES

After this activity, learners will be able to:

- Discuss guidelines for healthy eating and drinking.
- Demonstrate how to support clients to improve the quality of their diets in order to better manage common chronic health conditions and promote improved health.
### Role Play about Healthier Eating (continued)

<table>
<thead>
<tr>
<th>↓ EAT/DRINK LESS OF</th>
<th>↑ EAT/DRINK MORE OF</th>
<th>KEY FACTORS INFLUENCING DIET AND NUTRITION</th>
<th>OUTSTANDING QUESTIONS</th>
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</table>

Facilitate the review by posing questions and writing responses in the appropriate category.

- In general, what are we advised to eat and drink less of in order to promote overall health and the self-management of many common chronic health conditions?
- In general, what types of food and drink should we increase in our diet in order to promote health?
- What are some of the key factors that influence what people eat and drink? These include factors that may get in the way of developing or maintaining a healthier diet.

Highlight key guidelines for healthier eating and common factors that influence the quality of people’s diets, such as household income and finances, cultural identities and customs, level of access to affordable foods (local grocery stores), and any specific dietary guidelines provided by health care professionals.

Ask learners to keep these guidelines in mind as they do their role play practice.

#### 3 Small Group Role Plays

Assign learners to work in small groups of three. Ask each group to decide who will play the role of the client, the CHW, and the observer. Ask each group to make room for any learner who has had fewer opportunities to play the role of CHW; let them do so at this time.

Pass out the healthier eating scenario (included at the end of this activity) to the learner who will play the client and give them time to fill in the blanks about the character they will be playing.

Pass out a copy of the rubric for assessing the CHW practice (also included at the end of this activity) to the learner who is taking on the role of observer.

Provide small groups with approximately 10 minutes for this role play. Circulate among small groups, observing practice and noting examples of both best practice and examples
Role Play about Healthier Eating  (continued)

where there were challenges for the large group discussion. Call an end to the role play and ask learners to spend another 5 to 10 minutes debriefing the role play in the following way:

⦁ **Client:** What did the CHW do well in this role play? What could they have done differently?

⦁ **Observer:** Based on the assessment rubric, what did the CHW do well, and what might they have done differently?

⦁ **CHW:** What do you think you did well, and what may you wish to do differently when addressing similar issues with a client?

Again, circulate among the small groups, listening to their conversations and the key messages that they identify.

4 Large Group Discussion

Facilitate discussion among learners based on their small group role play experience by posing questions such as these:

⦁ What challenges did the clients face in this role play?

⦁ What challenges did the CHWs face in supporting the clients to eat healthier diets?

⦁ What did the CHWs do well in terms of supporting the clients?

⦁ What aspects of practice could be improved for the future?

⦁ How can client-centered concepts and skills be used to do this work?

⦁ What are your key take-away messages about supporting clients to develop and sustain healthier diets?

5 Reinforcement

Take a few minutes to reinforce key concepts and skills for supporting clients to eat a healthier diet, drawing on content from Chapter 17 and the ideas shared by learners. Key messages to reinforce may include the following:

⦁ If you are working in a health care setting, please consult with your clinical team to determine what nutritional guidelines are provided to patients. Note that the guidelines used in your work place may be different from the guidelines provided by The Nutrition Source from Harvard Schools of Medicine and Public Health.

⦁ Changing behavior to eat a healthier diet can be very difficult for a wide variety of reasons, including lack of information about diet and health, cultural or family traditions about food, household income and budget, level of access to healthy and affordable foods, time constraints and competing responsibilities, and so on.
Role Play about Healthier Eating (continued)

- Use a harm-reduction approach to support clients in making incremental or gradual changes to their diet that they can sustain or keep going for the long term.
- Remember, keep the focus on health rather than weight.
- Keep in mind cultural humility and the fact that perspectives about food are deeply influenced by our cultural identities and traditions.
- For new and healthier diets to be maintained, they should be
  - Affordable
  - Available
  - Relatively easy to prepare (They should not contain too many steps or requiring too much time.)
  - Culturally relevant
  - Enjoyable
- Use other client-centered concepts and skills including motivational interviewing. Support the client’s autonomy and self-determination. Use a readiness or motivation scale, if appropriate, to help clients assess how realistic their plans are, and how ready they are to implement them.
Learner Handout 17.5 A: Healthier Eating Scenario

FOR THE PERSON WHO WILL PLAY THE ROLE OF THE CLIENT

Please fill in the blank spaces with key information about the client you will play. Do your best to create a client scenario that is realistic.

1. The client is named ________________________________.

2. The client is living with the following health condition(s):

   __________________________________________________
   __________________________________________________

3. The client wants to eat a healthier diet. They currently eat or drink too much of the following:

   __________________________________________________

4. They don't eat or drink enough of the following:

   __________________________________________________

5. The client faces the following challenges to eating a healthier diet:

   __________________________________________________
   __________________________________________________
# Activity 17.5

## Learner Handout 17.5 B: Rubric for Assessing CHW Performance

### RUBRIC FOR ASSESSING CHW PERFORMANCE—HEALTHIER EATING ROLE PLAYS

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>CRITERIA</th>
<th>NOTES*</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>EMERGING</td>
<td>SATISFACTORY</td>
</tr>
<tr>
<td>Welcoming and Building Rapport</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Provides warm and professional welcome, and builds rapport</td>
<td>CHW is cold/not friendly. Does not greet the client or introduce themselves. Does not inquire about the client’s name or calls them by the wrong name.</td>
<td>CHW says some or most of the right things to welcome the client but does not convey a sense of interest in their work or the client.</td>
</tr>
<tr>
<td>4. Shows clear communication style</td>
<td>CHW is hard to understand. Uses jargon or acronyms. Speaks too quickly or too softly, etc.</td>
<td>CHW mostly communicates in a clear fashion with few exceptions.</td>
</tr>
<tr>
<td>Client Priorities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Identifies client concerns and priorities</td>
<td>CHW does not inquire about, acknowledge, or respond to client concerns and priorities.</td>
<td>CHW identifies and responds to most of the client's priorities, questions, and concerns.</td>
</tr>
</tbody>
</table>

* Make a quick note of excellent practice standards and areas for improvement, as observed.
Learner Handout 17.5 B: Rubric for Assessing CHW Performance *(continued)*

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>CRITERIA</th>
<th>NOTES*</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Demonstrates a strength-based approach</td>
<td>CHW does not inquire about, notice, or acknowledge client strengths.</td>
<td>CHW inquires about and acknowledges client’s strengths or internal and external resources. Builds upon client strengths.</td>
</tr>
<tr>
<td>9. Answers client questions</td>
<td>CHW ignores questions or provides partial, confusing, or incorrect answers or responses.</td>
<td>CHW answers client’s questions clearly and thoroughly. When CHW cannot answer a question, they say so, and explain how they will follow up.</td>
</tr>
</tbody>
</table>

**Client-Centered Practice**

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>CRITERIA</th>
<th>NOTES*</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Allows client to talk</td>
<td>CHW talks too much and dominates the session.</td>
<td>CHW provides space and opportunity for client to talk most of the time. CHW demonstrates strong use of client-centered skills to draw out the client’s story, concerns, goals, resources, and values.</td>
</tr>
</tbody>
</table>

* Make a quick note of excellent practice standards and areas for improvement, as observed.
<table>
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<tr>
<th>CATEGORY</th>
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<th>NOTES*</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Supports client autonomy</td>
<td>CHW lectures the client (without give and take) and/or gives advice, directing what the client “should” do, think, or feel. The CHW directly or indirectly “blames” or “shames” the client regarding health status, knowledge, or behavior.</td>
<td>CHW supports client autonomy and determination of agenda and discussion. CHW does not lecture. Offers suggestions to a limited extent, as appropriate, and in a manner that lets the client weigh, reject, or accept them.</td>
</tr>
<tr>
<td>12. Demonstrates use of harm</td>
<td>CHW misses opportunity to discuss harm reduction. Applies an all-or-none or abstinence-based perspective about health risks and behavior change.</td>
<td>As appropriate, CHW supports the client to make informed decisions to reduce potential harm to their own health, or to the health of others (such as family members).</td>
</tr>
<tr>
<td>reduction</td>
<td></td>
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<tr>
<td>13. Demonstrates cultural</td>
<td>CHW makes assumptions about the client or imposes their own values, beliefs, and recommendations.</td>
<td>CHW does not impose personal standards. Uses client-centered skills to encourage the client to explore their own experience, values, ideas, and so on.</td>
</tr>
<tr>
<td>humility</td>
<td>CHW inquires about client's experiences, values, and beliefs. CHW limits assumptions and sharing of personal perspectives.</td>
<td></td>
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</tbody>
</table>

* Make a quick note of excellent practice standards and areas for improvement, as observed.
### Learner Handout 17.5 B: Rubric for Assessing CHW Performance (continued)

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<tbody>
<tr>
<td><strong>EMERGING</strong></td>
<td><strong>SATISFACTORY</strong></td>
<td><strong>PROFICIENT</strong></td>
</tr>
<tr>
<td>14. Uses OARS: open-ended questions, affirmations, reflective listening, summarizing</td>
<td>CHW fails to use open-ended questions appropriately. Asks leading questions and/or too many closed-ended questions. CHW misses opportunities to provide affirmations and/or provides awkward, inaccurate, unclear, or inauthentic affirmations. CHW does not demonstrate reflective listening or uses repeating only. CHW misses opportunity to summarize or provides an inaccurate summary.</td>
<td>CHW demonstrates use of OARS to engage the client in reflection and discussion. However, the CHW is not fully comfortable with OARS and faces moderate challenges with issues of timing, phrasing, listening/interrupting, or responding directly to what the client said or did.</td>
</tr>
<tr>
<td>15. Rolls with resistance or ambivalence</td>
<td>CHW responds to ambivalence by lecturing the client or by trying to tell them what they should do.</td>
<td>CHW does not lecture the client but does not confidently use motivational interviewing (MI) and other skills to support the client to further explore their ambivalence.</td>
</tr>
</tbody>
</table>

* Make a quick note of excellent practice standards and areas for improvement, as observed.
### Learner Handout 17.5 B: Rubric for Assessing CHW Performance (continued)

<table>
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<td><strong>SATISFACTORY</strong></td>
<td><strong>PROFICIENT</strong></td>
</tr>
<tr>
<td><strong>Action Planning</strong></td>
<td></td>
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<tr>
<td>16. Develops relevant and realistic action plan to promote health)</td>
<td>CHW misses an opportunity for action planning; guides the development of an incomplete, unclear, or unrealistic plan; or takes over the process, telling the client what they should do to manage their health.</td>
<td>CHW supports client to develop an action plan. The plan is missing one or more key components (clearly measurable actions and timelines, and so on).</td>
</tr>
<tr>
<td>17. Assesses client motivation, confidence, and readiness</td>
<td>CHW misses an opportunity to assess the client’s readiness for behavior change or other action.</td>
<td>CHW does assess motivation but could have done more to try to deepen the conversation.</td>
</tr>
</tbody>
</table>

* Make a quick note of excellent practice standards and areas for improvement, as observed.

Suggested grading guidelines are as follows: mostly Proficient = A; mostly Satisfactory and Proficient = B; mostly Satisfactory = C; mostly Emerging and Satisfactory = D; mostly Emerging = F.
Training with Videos from Chapter 17 of Foundations

In addition to the videos that accompany the activities in this guide, we have developed videos that accompany Chapter 17 of Foundations. We encourage you to use the textbook videos as training resources. These videos highlight key concepts and skills related to HEAL, and they may be used to facilitate discussion about these concepts among learners.

At CCSF, we show the videos in our CHW certificate courses. The students feel more free to critique and discuss the video role plays because they are not the actors. As they discuss the role plays, they enhance their ability to analyze and explain key concepts for client-centered practice. We often show these videos right before we ask students to participate in their own role play scenarios and demonstrate the same client-centered skills.

All of these videos can be found on the Foundations YouTube channel (www.youtube.com/channel/UCKSB1-LQsSfsRp24Q9W2Jlw) and are described in the Video Directory included in the appendix of Foundations.

There are two videos in Chapter 17 that show a CHW working with a client to address issues of healthy eating and active living:

- Action planning and exercise, a role play demo
- Client-centered counseling and nutrition, a role play demo

When we show video demonstrations of CHWs working with clients, we tend to use the plus/delta (+/Δ) framework to guide discussions. Very briefly, the +/-Δ framework (described in greater detail in “Training Techniques”) asks learners to identify and discuss positive examples of CHW practice in role plays or videos, as well as areas for improvement. The delta symbol (Δ) represents change. For example, you may pose the following types of questions to generate discussion:

- What happened in this role play?
- What did the CHW do well in terms of supporting this client (+)?
- What could the CHW have done differently to better support the client (Δ)?
We have included a selection of assessments that cover important skills for this chapter. There is not an assessment for every activity or for every learning outcome in this chapter. We encourage you to adapt these or add any other assessments from your own resources.

**ASSESSMENT 17.1: Take-Home Case Study Exam, Mr. Beaulieu.**

- A client case study assessment includes ten questions and covers key concepts and skills for healthy eating and active living. We recommend assigning this as a take-home exam.

**ASSESSMENT 17.2: Developing a Healthy Recipe**

- Learners will write a recipe for a healthy and affordable meal for a family of four. They will include a shopping list and a cost estimate for the meal. This is designed as a peer-evaluated assessment.
Take Home Case Study Exam, Mr. Beaulieu

Your Name: ________________________________

Date: ________________________________

Please carefully read the attached case study about a client named Martin Beaulieu. Do your best to respond to each of the questions posed, applying client-centered concepts and skills related to conducting an initial interview with a new client. Write your answers in the space provided, or on a separate document with each answer numbered (1, 2, 3, etc.). Please note that this exam is worth ________ points.

This is a take home exam to be completed on your own. The exam is due on ____________.

CASE STUDY

You are a CHW at the Irving Community Clinic. The clinic provides comprehensive primary health care services to low-income patients. Your supervisor, Dr. Lopez, asks you to meet with Martin Beaulieu, a patient who suffered a heart attack four months ago that resulted in surgery and the placement of a stent (mesh tube to open an artery) to improve blood flow to his heart. Mr. Beaulieu has been prescribed medications to lower blood pressure and prevent blood clots from forming, and he has been directed to change his diet and increase his physical activity. Dr. Lopez asks you to work with Mr. Beaulieu to develop an action plan to address diet, physical activity, and medications management.

When you introduce yourself, Martin (he asks that you call him by his first name) tells you that he lives with girlfriend, Sandy, and her eight-year-old son, Nelson. Sandy works as a home health aide, and Martin works as a line cook at a busy downtown restaurant; he works long hours.

You learn that Martin quit smoking three years ago: “My mother, she died of lung cancer, and she made me promise I’d quit. I didn’t do it before she died, but I kept my promise, you know. I didn’t want Nelson growing up watching me puff like I watched my folks.” Martin has been cooking on the line for nearly five years at the Red Bird Café. “Restaurant work is long hours, you know, and it gets pretty heated on the line sometimes, you know, stressful, everyone yelling at each other. It is a BIG change, you know, that I’m not out back smoking any more with rest of the crew like I used to.”

When you ask Martin what he typically eats, he tells you, “Well, Sandy, she tries to cook me all these healthy meals you know? Not just because of me, but because of Nelson, too. But when I’m working, which is most of the time, I eat at Red Bird, and then I’m just eating burgers and fries with the rest of the crew. And I must go through four to five Dr. Peppers..."
Take Home Case Study Exam, Mr. Beaulieu (continued)

on a shift, you know, to keep me going. I know it’s not good for me, but it’s kind of my routine, you know?”

Martin tells you that Sandy is “a good influence on me. She’s the one, you know, who tries to get me eating good and exercising, but I just feel like I’m still letting her down because I’m working all the time and when I get home I just want to sit on the couch and watch my programs or, you know, if it’s not too late, just play video games with Nelson. That’s our thing.”

Martin tells you that he joined the gym with a buddy from work, Mike, but he only went three or four times. “Man, he goes EARLY, and I’m not that way, you know, I need to sleep in. So, I don’t know. Even when I did go, I was so out of shape that I could hardly even work out. I couldn’t keep up with Mike.”

Martin tells you that he and Sandy have both tried dieting in the past. “Yeah, Sandy, she tried just about everything and, when she could, she had me doing it with her, but all it did was cause stress and waste money.”

Martin says, “I know I’m giving you a lot of excuses. I’m just trying to be real. I don’t want another heart attack. I know the next one could kill me dead. So, I just need to figure out how I’m gonna do this, you know, and not just sign up for the gym and not go. I need something that’s gonna work for me so I don't feel like I’m letting Sandy down.”

CASE STUDY QUESTIONS

Nutrition

1. Identify at least two ways that Mr. Beaulieu’s diet could have contributed to his heart attack.

2. Based on what you have learned so far, identify at least three things that Mr. Beaulieu could do to improve his diet.

3. What concepts or criteria will guide your work in supporting Mr. Beaulieu to make changes to his diet?

Weight

4. How will you work with Mr. Beaulieu around issues of diet and weight loss?

5. Briefly explain the weight-inclusive perspective about weight, dieting, and health.
Take Home Case Study Exam, Mr. Beaulieu (continued)

Physical Activity

6. What barriers does Martin face to successfully managing his blood pressure by increasing physical activity and changing his diet?

7. What will your approach be to supporting Martin to increase his physical activity?

8. How does increased physical activity affect health?

Motivation

9. What strengths and resources (both internal and external) does Martin have that may help him to better manage his heart disease?

10. What seem to be key sources of motivation for Martin to make changes in his life and to take better care of his health? Why is it important for you, as the CHW, to identify these sources of motivation? What role may they play in your work with Martin?
CASE STUDY QUESTIONS

Nutrition
1. Identify at least two ways that Mr. Beaulieu’s diet could have contributed to his heart attack.

   Answers may include that Martin eats a lot at the Red Bird Café, and this diet isn’t good for his heart. It includes too much saturated fat, refined carbohydrates, and salt (burger and fries). He is also drinking a lot of Dr. Pepper, which is high in sugar (high fructose corn syrup).

2. Based on what you have learned so far, identify at least three things that Mr. Beaulieu could do to improve his diet.

   For example, Martin could
   - Eat more fruits and vegetables.
   - Eat burgers and fries less often.
   - Stop or reduce the amount of soda he drinks or substitute coffee (without too much added sugar) for Dr. Pepper.
   - Prepare or eat healthier options from the Red Bird menu, or bring healthier food options from home.

3. What concepts or criteria will guide your work in supporting Mr. Beaulieu to make changes to his diet?

   Possible answers might include concepts and skills for client-centered counseling, including cultural humility and harm reduction. Any changes to diet should be culturally relevant, affordable, and realistic for Martin and his family. Ideally, these ideas will come from Martin himself. A harm-reduction approach can be helpful because it focuses on limiting foods and drink that are not so good for Martin’s health, rather than encouraging him to give these up forever, which may not be realistic.

Weight
4. How will you work with Mr. Beaulieu around issues of diet and weight loss?

   Answers may include not focusing on weight or weight-loss because this could be counterproductive and is not likely to result in lasting weight loss or improved physical or mental health. Pushing Martin to lose weight could also undermine trust and rapport.

5. Briefly explain the weight-inclusive perspective about weight, dieting, and health.

   Possible answers may include that focusing on weight loss is not likely to have a positive impact on Martin’s weight, his heart condition, or his mental health, and could be harmful. A weight-inclusive approach shifts the focus from weight to health indicators such as blood
pressure. This approach supports Martin to take action to improve his health, such as medication management, increased physical activity, and improved nutrition.

Physical Activity

6. What barriers does Martin face to successfully managing his blood pressure by increasing physical activity and changing his diet?

Answers may include that some of Martin's barriers are long work hours, stress, and exhaustion. Martin also had a negative experience when he joined a gym to increase physical activity and this may have undermined his motivation or confidence.

7. What will your approach be to supporting Martin to increase his physical activity?

Answers may include applying a client-centered approach and support Martin to identify strategies that will make it possible for him to increase physical activity; supporting Martin to keep his plan realistic and affordable, starting with smaller actions; asking him to consider activities such as walking, that he could do with his family; and perhaps asking if there is anything that he and Nelson could do together.

8. How does increased physical activity affect health?

Answers may include that physical activity has been shown to promote both physical and mental health. It can help prevent the development of chronic conditions such as heart disease and diabetes, and it can help manage chronic conditions.

Motivation

9. What strengths and resources (both internal and external) does Martin have that may help him to better manage his heart disease?

Answers may include that Martin's many strengths include positive relationships with his family, steady employment, his accomplishment of quitting smoking, and his determination to get healthier.

10. What seem to be key sources of motivation for Martin to make changes in his life and to take better care of his health? Why is it important for you, as the CHW, to identify these sources of motivation? What role may they play in your work with Martin?

Answers may include that Martin's partner, Sandy, and her son, Nelson, are primary sources of motivation. Martin was motivated to quit smoking by his mother and her premature death. It is important to identify what motivates a client because these motives can guide an action plan and promote success with behavior change. Talk with Martin about his family and other sources of motivation for him to promote his health. Martin may also want to develop an action plan that includes his family (such as in developing a healthier diet or engaging in regular physical activity).
Developing a Healthy Recipe

Your assignment is to write down, in your own words, a recipe for a healthy and affordable meal for a family of four. This should be a recipe that you would want to share with a client. It should provide them with clear guidelines for shopping for and preparing the meal.

This assessment will be rated by one of your peers (another learner in the CHW training), based on the Rubric for Assessing a Healthy Meal (attached) or a set of evaluation criteria. You also will be asked to evaluate a healthy recipe developed by another person in the CHW training program. Please note: The rubric doesn't include a measure of how tasty you think the meal is, because you probably won't be tasting it, and because taste is highly individual, subjective, and influenced by culture, region, and family traditions.

1. Start by determining what recipe you want to share. The best type of recipe for this assignment is a favorite healthy and affordable meal that you or your family make regularly.

2. Next, visit a local grocery store to price out the list of ingredients you need to prepare the healthy meal. List these prices on the following shopping list form. Note that you don't have to write down or cost out regular household items that will be used to prepare the meal, such as cooking oil, salt, pepper, or other spices or condiments. If your ingredients include items that are not bought individually, like rice or brown rice, estimate the cost. For example, if a bag of brown rice costs $4.50, and you use approximately 1/10 of the bag to make rice for this meal, the cost would be 45 cents ($4.50 ÷ 10 = .45).

3. Then write down step-by-step instructions for how to prepare the meal. After you have written out your instructions, give them to a friend or family member to review. Ask them if the instructions are complete and easy to follow. If necessary, add in any missing steps and clarify any information that was confusing. Type up your recipe using the format provided here (Recipe for Healthy and Affordable Meal for a Family of Four).

4. Finally, don't forget your final step in this assignment. Carefully review the shopping list and recipe of a fellow CHW and evaluate it using the attached rubric for assessing a healthy recipe.
Developing a Healthy Recipe (continued)

RECIPE FOR A HEALTHY AND AFFORDABLE MEAL FOR A FAMILY OF FOUR

Your Name: __________________________________________________________

Date: _________________________________

Name of the meal or recipe you developed: ___________________________________

Estimated total cost of the meal: ____________________________________________

Estimated total time for preparation: ________________________________________

Shopping List/Ingredients

<table>
<thead>
<tr>
<th>ITEM</th>
<th>QUANTITY</th>
<th>COST PER ITEM/POUND</th>
<th>TOTAL COST</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>TOTAL COST</th>
<th>Cost per person</th>
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</thead>
</table>

Attach your step-by-step recipe following the format in the following sample assignment.
Developing a Healthy Recipe (continued)

SAMPLE ASSIGNMENT

Your Name: _________________________________

Date: _________________________________

Name of the meal or recipe you developed: Rice, Lentils, and Vegetables, South Asian Style

Estimated total cost of the meal: $12.33

Estimated total time for preparation: 45 minutes

Shopping List/Ingredients

<table>
<thead>
<tr>
<th>ITEM</th>
<th>QUANTITY</th>
<th>COST PER ITEM/POUND</th>
<th>TOTAL COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brown rice</td>
<td>1.5 cups</td>
<td>~ $1.04/pound</td>
<td>.65 cents</td>
</tr>
<tr>
<td>Red lentils (or another type</td>
<td>1.5 cups</td>
<td>$1.60/pound (3.5 cups)</td>
<td>$1.45</td>
</tr>
<tr>
<td>of lentil)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Potatoes</td>
<td>1.5 pounds of small potatoes</td>
<td>.69 cents/pound</td>
<td>$1.04</td>
</tr>
<tr>
<td>Greens (mustard, kale,</td>
<td>2 heads</td>
<td>2 heads for $3.00</td>
<td>$3.00</td>
</tr>
<tr>
<td>spinach, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Half an onion</td>
<td></td>
<td>$ 2.00/ pound</td>
<td>.25 cents</td>
</tr>
<tr>
<td>1 small can diced, low-sodium</td>
<td>14.5 ounces</td>
<td></td>
<td>$1.25</td>
</tr>
<tr>
<td>tomatoes</td>
<td></td>
<td></td>
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<tr>
<td>Low-fat plain yogurt</td>
<td>1 medium-sized container (16 ounces)</td>
<td></td>
<td>$1.10</td>
</tr>
<tr>
<td>Indian pickle or chutney</td>
<td>4 tablespoons</td>
<td>$3.50</td>
<td>~ 15 cents</td>
</tr>
<tr>
<td>Garlic and Indian curry spices,</td>
<td>4~8 cloves of garlic</td>
<td></td>
<td>~ 40 cents</td>
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<tr>
<td>vegetable oil</td>
<td></td>
<td></td>
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<tr>
<td>Drinks—Cucumber water</td>
<td>Half a cucumber</td>
<td></td>
<td>35 cents</td>
</tr>
<tr>
<td>Dessert— Fruit salad</td>
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</tbody>
</table>
Developing a Healthy Recipe (continued)

<table>
<thead>
<tr>
<th>ITEM</th>
<th>QUANTITY</th>
<th>COST PER ITEM/POUND</th>
<th>TOTAL COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Various seasonal fruits</td>
<td>Bananas (4), apples (4),</td>
<td>4 bananas = 99 cents</td>
<td>Estimated cost = $2.69</td>
</tr>
<tr>
<td></td>
<td>peaches (3), lemon or lime (1)</td>
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<tr>
<td></td>
<td>1 lime = 20 cents</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>4 apples @ $1.99/pound =</td>
<td>60 cents</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 peaches @ $2.50/pound =</td>
<td>90 cents</td>
<td></td>
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<tr>
<td></td>
<td>TOTAL COST</td>
<td>~ $12.33</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cost per person</td>
<td>~ $3.08</td>
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</tr>
</tbody>
</table>

RICE, LENTILS, AND VEGETABLES, SOUTH ASIAN STYLE

Directions for Preparing this Meal

1. Start the brown rice. Use a ratio of 1.5 cups of brown rice to 3 cups of water. Bring the water and rice to a boil, then gently and slowly simmer until all the water is evaporated and the rice is plump (about 30 minutes). **Don't stir the rice or remove the pot's lid while cooking!** The trapped steam helps the rice cook.

2. Rinse the lentils and pick them over for stones. Put 1.5 cups of lentils in a cooking pot and add enough water to cover by a half inch or so (adding more water will make a soupier lentil mix). **Don't add salt!** Bring to a boil, then reduce to a simmer. Leave the lentils to simmer, without a cover, for about 30 minutes.

3. Sauté half or all of the onion in a small pan until soft, add in spices (such as garlic, ginger, and curry powder) and cook for another 2 to 3 minutes. Add in the can of tomatoes with juices. Turn the heat down to low and let cook for 10 to 15 minutes.
Developing a Healthy Recipe (continued)

4. When the lentils are done, add the onion and tomato mixture and stir together.

5. Cut the potatoes in half, and put them in another pan with vegetable oil on medium heat. When they begin to brown, turn down the heat and toss in cumin seeds and cumin, garlic, and salt, and stir occasionally for 5 to 10 minutes. Add in three big handfuls of your favorite chopped greens, toss, and cover to steam for another 5 minutes or until done. Turn off the heat.

To serve:
Put a scoop of brown rice, a scoop of lentils, and a scoop of potatoes and greens on the plate. If you wish, serve with a bit of yogurt and a favorite South Asian pickle (they tend to be spicy and salty and a little can go a long way) or chutney on the side (you can find these in some general grocery stores and in South Asian markets). You may also serve with a piece of flat bread or any kind of bread.

To make the cucumber water:
Peel and cut the cucumber into thin slices. Put slices in a large pitcher with cold water and some ice. Place in the refrigerator until ready to serve.

To make the dessert:
Cut up all the fresh fruit, add in the juice of a fresh lime or lemon and/or a bit of yogurt or nuts, toss together, and serve.
Developing a Healthy Recipe (continued)

RUBRIC FOR ASSESSING HEALTHY RECIPE ASSIGNMENT

Please note that the cost of an affordable meal varies by year, by region or area within the US, and by family size. You may wish to conduct a little research to see if you can find a good estimate of the average monthly budget for a family of four receiving Food Stamps/SNAP. Adjust the guidelines in the grid as necessary to reflect revised cost estimates.

We grade this assignment based on five different performance categories and possible scores ranging from 0 to 20 points each. AT CCSF, a passing grade is generally 70 percent of possible points. Acceptable performance may vary from trainer to trainer. We are including our version of a grading rubric, but feel free to adjust this to fit your unique situation.

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>CRITERIA</th>
<th>POINTS</th>
<th>NOTES*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Cost</td>
<td>The estimated cost of the meal is too high (more than $25).</td>
<td></td>
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<tr>
<td></td>
<td>The cost for this meal is manageable for most families.</td>
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<tr>
<td></td>
<td>This is a very affordable meal ($10 or less).</td>
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<td>2. Clarity of recipe</td>
<td>The recipe is difficult to understand and follow.</td>
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<td>The recipe has some confusing directions, unclear amounts of ingredients, or other problems.</td>
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<td></td>
<td>This recipe is well-written and easy to follow step by step.</td>
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<tr>
<td>3. Level of difficulty</td>
<td>This meal is difficult to prepare, involves too many steps, and/or has too many unfamiliar or complicated steps or preparations techniques.</td>
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<td>This meal is moderate in difficulty.</td>
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<tr>
<td></td>
<td>This meal is easy to prepare. It doesn't require many steps, preparations, or cooking pans/equipment.</td>
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<tr>
<td>4. Preparation time</td>
<td>This meal takes more than an hour.</td>
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<tr>
<td></td>
<td>This meal takes under one hour.</td>
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<td></td>
<td>This meal takes 30 minutes or less.</td>
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*Justify your scoring here.
Developing a Healthy Recipe (continued)

<table>
<thead>
<tr>
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<th>CRITERIA</th>
<th>POINTS</th>
<th>NOTES*</th>
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<tr>
<td></td>
<td>EMERGING</td>
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<td></td>
<td>Less than 70%</td>
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<tr>
<td>5. Health rating</td>
<td>The recipe is high in the types of foods that aren't as good for us, such as sugar, salt, saturated or trans fats, red meat, and dairy. This recipe doesn't follow the nutritional guidelines that we studied in our training.</td>
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<td>SATISFACTORY</td>
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<td>70–89%</td>
<td>This recipe has some healthy ingredients but still has excessive amounts of foods that are associated with poor health.</td>
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<td>PROFICIENT</td>
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<td></td>
<td>90–100%</td>
<td>This recipe features healthy ingredients, such as vegetables, whole grains, and fruit. It does not include much sugar (including high fructose corn syrup), salt, red meat, or require the use of saturated or trans fats.</td>
<td>___/35</td>
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<tr>
<td>Total points</td>
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<td>___/100</td>
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</table>

*Justify your scoring here.

Grading guidelines are as follows: Passing = 70 points or above.
Letter grades are as follows: A = 90–100 points; B = 80–89 points; C = 70–79 points; D = 60–69 points; F = below 60 points.