EVALUATING PARENT AND CAREGIVERS OUTCOMES OF THE “WE LOVE VEGGIES” PROGRAM

By

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A Masters Project Presented to
The Faculty of Humboldt State University
In Partial Fulfillment of the Requirements for the Degree
Master of Social Work

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May 2015
ABSTRACT

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This project evaluates participant’s outcomes after completing the “We Love Veggies” program, which promotes healthy eating among children, parents and caregivers. The evaluation identifies the program’s general outcomes, curriculum and structure from a participant’s perspective. The goal of this project is to attain participant’s feedback and input to improve the “We Love Veggies” program and address any concerns. The study findings will be used by the REACH Community Health Centre, located in Vancouver, Canada, to continue tailoring the program in an effective manner to best serve the communities they engage with. This study has been conducted as a focus group with questions developed by the researcher collaborating with the “We Love Veggies” facilitators and staff.
ACKNOWLEDGMENTS

I wish to express my sincere gratitude to Dr. César Abarca for his guidance, expertise and patience, which helped me throughout this process and in writing this manuscript. I would like to thank the rest of my committee members and accountability partner: Laura Power, Karen Tennock and Melissa Brown, for their invaluable feedback, constant support and encouragement. A very special thanks to Patricia Dabiri and the “We Love Veggies” facilitators and staff for welcoming this project and sharing their vast knowledge with me. The passion and dedication they have for working towards healthy communities is infectious and truly inspiring.

I thank my mother, Blanca Grandes, for instilling in me the importance of education and her encouragement throughout all my studies. And finally, I would like to thank my husband, Imran Kanji, without whose love, editing assistance, and support of my dreams, I would not have completed this manuscript.
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INTRODUCTION

The consumption of fruits and vegetables is a major factor in determining one’s overall health and nutrition, as well as the ability to prevent diseases. The accessibility of fruits and vegetables varies as a family’s economic status and region come into play. The REACH Community Health Centre in Vancouver, Canada addresses this need in the community by implementing their “We Love Veggies” program, which promotes healthy eating among children, parents and caregivers.

REACH Community Health Centre is comprised of a Medical, Dental, and Multicultural Family Centre that serve approximately 13,000 people per year who live primarily in the area of East Vancouver, Canada. The need for this program was identified after the Medical department shared with the Multicultural Family Centre that patients reported problems sustaining a healthy diet. Also, the demographics of patients who access REACH are people with barriers to accessing healthy food, immigrant and refugee communities, people living with mental health conditions, and low-income people. Furthermore, Britannia Community Centre in East Vancouver also identified that access to nutritious food was an issue in this community. After the community’s needs were assessed, staff at REACH then developed the “We Love Veggies” program in 2010 in the effort to increase vegetable consumption and overall health among families in the community.
REACH Community Health Centre prescribes vegetables for parents and caregivers of children aged newborn-12 years old that may be experiencing barriers to accessing healthy foods. The prescriptions activate coupons for fresh, canned or frozen vegetables for parents and caregivers who attend the “We Love Veggies” program, an eight-week community kitchen style-cooking program. The vouchers are distributed on a weekly basis and can be redeemed at local produce markets. This eight-week workshop includes a recipe handbook containing the meals that the group cooks together, as well as discussions and education on vegetables and healthy eating habits for the entire family. Additionally, as the program is offered to a variety of ethnic communities, it is tailored to each ethnic community (i.e. by providing service in native languages, use of interpreters, and incorporating culturally relevant recipes).

**Purpose Statement**

The purpose of this study is to evaluate participants’ outcomes after completing the “We Love Veggies” program. The evaluation assesses three main areas of the program, which include the program’s general outcomes, curriculum, and structure. The goal of this project is to attain participants’ feedback and input to improve the “We Love Veggies” program by identifying the program’s strengths and areas of improvement.

The REACH Community Health Centre will use the study findings to continue tailoring the program in an effective manner to best serve the communities they engage with. Thus, the project will have a direct influence on the improvement of the program based on participant’s input.
Project Aims

The evaluation attains participants’ perspectives on three main areas of the program: 1) General outcomes; 2) Curriculum; and 3) Structure. This information contributes to the development of the program in order to appropriately reflect client’s needs.

Project Approach

REACH facilitators and staff were consulted regarding previous approaches taken to evaluate the program. Written surveys were used in the past to gather participants’ feedback. This approach did not prove to be successful, as participants appeared not to be forthcoming with responses and also were not able to expand on their experiences. For these reasons, REACH facilitators and staff preferred a focus group approach, were participants were provided a space to openly share experiences in their own words.

Therefore, a focus group was utilized to gather participants’ feedback and to collect qualitative and quantitative data. Potential participants were invited to volunteer to participate in the focus group by the “We Love Veggies” facilitators at the beginning and end of the program. The focus group took place on the last day of the “We Love Veggies” eight-week workshop cycle. A set of eight qualitative questions and six quantitative questions were asked throughout the focus group.
Anticipated Outcomes

The “We Love Veggies” program contains an educational component by providing weekly discussions and information on vegetables as well as a one-on-one consultation with a Nutritionist. Additionally, the program is a community kitchen-style cooking program that encourages and engages its participants to cook and enjoy weekly family-style meals together. Based on my knowledge of the program and observations of workshops, I anticipated that participants would report an increase in knowledge on healthy meal preparation, vegetable consumption, and positive social connections.

Furthermore, in regards to the program curriculum, I anticipated that participants’ feedback would vary as some may find certain topics useful, while other participants may prefer the curriculum and topics to focus on other nutritional areas. Along with this, I anticipated that participants’ feedback would also vary in program structure. Schedules and duties of each participant may differ significantly, which can affect the participants’ preference of program schedule and/or duration. Participants’ feedback may also differ in preference as to the structure and timing of the workshop’s agenda.

Project Assumptions

An assumption that existed was that most participants would be able and willing to participate in the focus group. However, this may not be the case as participants’ availability and interest in the project may vary. Another assumption that existed was that
families were not able to access healthy foods and produce unless the program assisted them.

**Rationale or Significance**

The need for effective interventions in the area of health and nutrition is immense in order to empower individuals and families to improve their health. Establishing nutritional programs is not enough. These programs must be evaluated regularly and improved to meet the needs of the families they aim to support.

The significance for conducting this project is to evaluate the effectiveness of the “We Love Veggies” program in order to improve the program and address any possible gaps. Participants’ feedback and perspectives on the program’s general outcomes, structure and curriculum would allow for a clearer understanding of the program strengths and areas of improvement. This project will allow the REACH Community Health Centre to continue developing this program with its participants’ needs and insights at the forefront.
LITERATURE REVIEW

Purpose and Rationale

In order to fully comprehend the importance of nutrition and health it is necessary to understand the underlying issues that affect a person’s ability to lead a healthy lifestyle. Along with this, discussions on effective health interventions and nutritional programs are essential in making significant change in this area. The purpose of this literature review is to bring to light current health statistics, socio-economic disparities and models being implemented to improve people’s overall health.

Dietary Effects

According to The World Health Report (2002), obesity or being overweight may cause an increase in blood pressure and negative cholesterol levels leading to more serious risks such as strokes, diabetes mellitus, certain types of cancer and coronary heart disease. An increase in high blood pressure and high blood cholesterol are the direct results of a high consumption of fatty, salty, sugary, and processed foods (The World Health Report, 2002).

The outcome of chronic diseases, which can be associated with poor diet choices, is reflected in the Global Mortality Rates (GMR). In 2001, GMR for cardiovascular diseases were 30.9% and 10.3% of the global burden of disease. In 2000, a study found
that 26.4% of adults had hypertension and it was projected that by the year 2025 that rate would increase to 29.2% (Bazzano, 2006).

It is important to note that staggering death rates associated with poor diet and nutrition are also present in many developed and industrialized countries. For example, the death rate of obesity in Canada and the United Stated alone is about 220,000 men and women yearly. In 20 countries of Western Europe, the death rate caused by obesity is approximately 320,000 men and women a year in these countries combined (The World Health Report, 2002). Nutritional statistics and dietary outcomes vary by nation and community; to grasp a better understanding on the topic we examine how nutrition and diet affect diverse ethnic communities.

**Native American Tribal Communities**

There are 542 federally recognized Native American tribes throughout the United States and approximately 1.9 million individuals self identify as American Indian or Alaska Native. A dire concern in these communities is the health and nutrition of Indigenous people, as the leading cause of chronic diseases, such as diabetes, cancer and heart disease, are greatly associated with obesity and lack of physical activity among Native Americans (Story, Evans, Fabsitz, Clay & Holy Rock, 1999). According to a study, “Although studies have found regional and age-related variation in prevalence rates, a recent study documented the median prevalence of obesity to be 39.2 and 37.5% among American Indian men and women, respectively” (Berg, Daley, Nazir, Kinlacheeny & Ashley, 2012).
Additionally, in regards to fruit and vegetable consumption, “one study found that only 21% of American Indian adults consume the number of servings of fruits and only 34% of them consume the number of servings of vegetables recommended by the USDA (Berg, Daley, Nazir, Kinlacheeny & Ashley, 2012). There appears to be a higher rate of obesity and lower consumption of nutritious food among Native American communities. It is suggested that determinants of obesity in Native American communities may be due to genetic, environmental, economic, and developmental factors (Story, Evans, Fabsitz, Clay & Holy Rock, 1999). The lack of traditional activities such as hunting, food gathering, and ceremonies may be further impacting the physical, emotional, and spiritual wellbeing of Native Americans. To further understand the causes of developing chronic diseases, associated with poor nutrition, it is important to examine factors that determine either high or low consumption of vegetables and fruits.

**Determinants of fruit and vegetable consumption in Canada**

A study conducted in Canada utilized a representative sample of 93,719 individuals from the Canadian Community Health Survey (2007) to examine the various determinants of fruit and vegetable consumption throughout the nation. This analysis pointed out that fruit and vegetable consumption were broadly influenced by demographic factors such as age and gender, socioeconomic class, psychological factors and lifestyle behavior. The study concluded that people with a higher socioeconomic status consumed fruits and vegetables more frequently than those people with a lower
socioeconomic status. This may be due to the high cost of fruits and vegetables, which makes them less attainable to people of low-income status.

Furthermore, it is suggested that educational attainment also affects consumption of fruits and vegetables as it may determine the extent of nutritional knowledge and overall awareness of the health risks linked to insufficient consumption of fruits and vegetables. Lastly, the study found that Ontario, British Columbia, and Atlantic and Western provinces consumed far fewer fruits and vegetables in comparison to Quebec, which may be due to Quebec’s long history of farming vegetables, fruits, and producing dairy products (Azagba & Sharaf, 2011). Identifying the determinants of fruit and vegetable consumption in different regions may give birth to the development of appropriate interventions and programs.

**A Preventative Intervention Model**

At the Castlefields Health Centre, a primary care setting in North West England, a preventative intervention utilized by primary care professionals working in this underprivileged area is to prescribe fruits and vegetables to patients in an effort to increase consumption. The prescriptions offer patients discounts on fruit and vegetable purchases as they contain four vouchers per prescription. When the health care professional issues the prescription they link it to key messages that encourage consumption of five portions of fruit and vegetables a day (Kearney, Bradbury, Ellahi, Hodgson, & Thurston, 2005). This intervention only takes 1-2 minutes to execute during a consultation and yielded positive feedback from patients and staff in its initial stages.
For example, patients appeared to be surprised at the connection between health and food and staff reported feeling confident in discussing these topics with patients and expressed satisfaction with being able to utilize a brief intervention with patients (Kearney, Bradbury, Ellahi, Hodgson, & Thurston, 2005). This preventative intervention may be used as a model for other primary care settings searching for innovative ways to engage and promote nutrition among patients.

**Summary**

The literature review presents the staggering death rates and severe health issues, caused by poor nutrition across different nations and communities. Furthermore, disparities and factors that influence the attainment of nutritious foods are discussed in detail. The literature also shows that preventative interventions are an essential component in working toward a healthier society. As the REACH Community Health Centre continues to develop and maintain the effectiveness of the “We Love Veggies” program, their efforts and objectives seem to be greatly supported by the material and evidence presented in this body of literature.
METHOD

Introduction and Overview

The “We Love Veggies” program began in 2010 at REACH Community Health Centre and has since then been a regular program at REACH. Three eight-week workshops are provided each year with the program reaching diverse ethnic cultures including the Latino, Vietnamese, Middle-Eastern, and Aboriginal communities. The average number of participants in the program is twelve however; for this specific project there were eight participants who took part in the focus group. There are similar programs in Vancouver that teach healthy nutrition including “Food for Families”, “Fresh Choice Kitchens,” and the “Grandview Woodlands Food Connection.” However, the “We Love Veggies” program is the only program of its kind in the province.

This community project focused on attaining qualitative and quantitative data from participants on their experiences with the “We Love Veggies” program through the implementation of a focus group evaluation method. Potential participants shared their perspectives on the programs general outcomes, curriculum and structure. The results shed light on participants’ experiences, outcomes and needs. The information gathered is shared in this final manuscript utilizing a narrative format as well as direct quotes.
**Participants**

There were eight participants, from the Vietnamese community, who were part of the focus group. Participants met the following criteria: 1) Parents and Caregivers who participated in the “We Love Veggies” program and have attended the workshops; 2) Parents or caregivers of children ages’ newborn-12 years old, females or males; and 3) Participants who are 18 years or older.

**Project Design**

Potential participants who attended the “We Love Veggies” program were invited by the facilitators to participate in this voluntary focus group. Facilitators announced a Recruitment Script once on the first week of the workshop and again on the last week of the workshop, to provide potential participants with ample time to decide whether or not they would like to participate in the focus group. The invitation was provided orally and facilitators utilized a Recruitment Script that provided details on the project as well as this researcher’s contact information (see Appendix A).

Initially, this cycle of the “We Love Veggies” eight-week workshop was going to be provided to the Latino community. However, this changed and was provided to the Vietnamese community instead. As a result, an interpreter was utilized for this focus group.

The focus group took place on the last day of the “We Love Veggies” eight-week workshop cycle. At the end of the final workshop, the researcher provided potential
participants with the Informed Consent form in English, (see Appendix B) for reference, as well as with an Informed Consent form in Vietnamese, (see Appendix C) for reference. Participants were also asked about providing consent for audio taping during the focus group. This researcher reviewed the form with the participants and answered any questions or concerns that arose. Participants who agreed to the terms on the Informed Consent form then continued to participate in the focus group.

Each participant was provided a number on an index card that was used for identification and to ensure anonymity. Eight qualitative questions and six quantitative questions were asked and participants were free to answer the questions presented and not obligated to answer each question (see Appendix D). The focus group took approximately 20 minutes.

Data Collection

The data collected from the focus group was qualitative and quantitative data. The information gathered was shared in this final manuscript utilizing a narrative format as well as direct quotes, which will be kept anonymous. Audio recording, with participants consent, was utilized to gather information throughout the focus group.
RESULTS

For this project, seventeen participants of the “We Love Veggies” program were invited to take part in the voluntary focus group. Eight out of seventeen people participated in the focus group. All questions were asked using an interpreter, some participants responded in English, as this is their second language, and others in Vietnamese wherein an interpreter was utilized.

Qualitative Data

The first qualitative question asked provided relevant background information on the participants. The following seven qualitative questions attempted to attain participants’ perspectives and thoughts regarding general outcomes after completing the program, curriculum and structure of the program.

Background Information

Participants identified themselves as either parents or caregivers, with seven identifying themselves as parents and one as a caregiver. The participants also provided information as to how many children ages newborn to 12 years old they have and if they are a parent or caregiver (please see Figure 1). This information is relevant as it provides context as to how many families and children the program is affecting.
Figure 1: Parents/Caregivers’ number of children

**General Outcomes**

A set of three questions was asked to obtain a better understanding of participants’ general outcomes after completing the “We Love Veggies” program. The first question under this section asked participants about their use of vegetables prior to the program (see Question 2 in Appendix D). Participants responded by stating they used vegetables less often before the program, did not know how to cook vegetables properly and that their way of cooking vegetables was boring in the past. A majority of the participants agreed with these statements made. When asked how participants use vegetables now, the following remarks were made:

“Professional cook”

“I began to like it more”
“It’s more delicious, it’s more fabulous when the kids just by look at that [vegetables] and they eating more and they even love me to have a cooking class they remind me to [attend].”

This question was important to ask in order to be able to assess and compare whether changes in vegetable consumption and/or use exist after the program completion.

The second question regarding general outcomes, asked participants if the recipes provided by the program assisted them in having more options for family meals (see Question 3 in Appendix D). All of the responses were “Yes.” When asked how participants’ families have responded to the meals, participants stated the following:

“Happy to eat”

“We learn it in such a very healthy cooking the way we put it in like for example, the sandwich or the pizza, it’s very different then you buy pizza at the pizza shop. It’s more healthy and my kids love it. Very nutritious.”

“Not just us, I find out that we enjoy preparing dinner together with our kids because of the recipes my kids can help me to read that and see what they can put into together. This is really good program that I really enjoy it.”

“My children are really happy to have a new recipe at home like pizza, macaroni and cheese, some salads because my children really like vegetables.”

“They feel like they’ve been helpful for the dinner and when they actually help mommy to cook dinner then they even enjoy their work. They feel like they are making the dinner.”
“When I say, ‘Come on, come on, I have a cooking class today’ [my kids say] ‘Yay mom, we have some new food today!’ so they love it.”

This question was important to ask in order to know if the program is providing healthy food preparation options and ideas to parents and caregivers to share with their families. Participants’ identified new recipes they are utilizing for family meals that have yielded positive responses from their family members. Furthermore, a couple of participants reported preparing meals with their children and received positive responses about this process and the food prepared. This shows that participants’ families and children are experiencing increased enjoyment, learning and involvement in the food-making process.

Participants are also asked about the use of recipes to make lunches and if this has been helpful (see Question 4 in Appendix D). One participant shared how easy the lunches are to make and how her children like them. Another participant stated that the macaroni and cheese meal is easy to pack for her children’s school lunches and that the salad sandwich is the most easy and convenient. Lastly, another participant shared that her child is really proud that she is making some Canadian food and that they are assimilating into the Canadian culture. The responses to these questions shed light on whether or not parents and caregivers are using the lunch meal recipes and if they are practical.

The last question under this category asked participants if they have made social connections in their communities, as this is one of the goals of the program, and if so how
this has been achieved (see Question 5 in Appendix D). The participants responded as follows:

“We come here not just only learning to cook, we also have a good social life around. I can say that it releases some stress a bit. So it’s good like some stay home mommies feel like really stressed and didn’t want to talk or chat with people even over the phone, but when we come here we join so during making prepare for cooking we talk a bit and we get to know each other a bit and we get to share the opinion the way we cook.”

“Since I have been in this class I have learned more cooking skills and also made more friends. I am a newcomer and you know at the beginning when the ‘We Love Veggies’ was introduced I felt hesitant whether I should come or not. But since I have been in the class I am so happy and my child always reminds me, ‘Today is Thursday mom, ok you go to class.’”

It is valuable to know if this program is reaching its goal of facilitating social connections for its participants in their communities. The participants’ responses highlight a positive socializing experience during the workshops, including a newcomer’s unique experience.

**Curriculum**

Two questions were asked regarding participants feedback on the program curriculum. The first question asked if any of the discussions during the workshops provided a new perspective on the importance of vegetables and if this changed the way
participants cook and/or approach meal times (see Question 6 in Appendix D). The majority of participants responded “Yes” to the first part of this question.

Furthermore, one participant stated that she now eats more vegetables and knows how to select better produce at a good price. A similar comment was made by another participant who said she learned which vegetables are more expensive and which are less expensive. Another participant stated she learned how to store vegetables. It is crucial to understand what information has been utilized and if it has contributed to a healthier family unit.

Similar to the first question under this category, the second question asked participants what specific information they have learned that is helpful (see Question 7 in Appendix D). One participant said she learned which vegetables are good, while another participant stated she learned about seasoning vegetables. Another participant shared the following regarding learning to add protein to her child’s diet:

“For me, because one of my kids doesn’t like eating meat, they eating like vegetables and then before this program I really worry about they don’t have enough protein or nutrition for their health. But soon I learned in this [program] I know we can add cheese or beans or that. So now I don’t force them to eat meat, not like before I can dice and then mix together with something. Now I just feel confident and happy just learn whatever I try to learn from this program cause I do understand and know that they got enough protein and some nutrition and healthy, so that’s good. That’s a new thing for me to learn.”

For this particular participant, learning about how to add protein to a vegetarian diet has significantly changed the way s/he prepares meals for her/his child.
Structure

In regards to the structure of the program, participants were asked if they were satisfied with the structure and timing of the group’s activities. They were also asked how the structure could be improved (see Question 8 in Appendix D). Most of the participants responded, “Yes” to being satisfied with the current structure and timing of the group’s activities. As for ways to improve the program structure, participants’ answers varied and the following suggestions were provided:

“Maybe a bigger kitchen is fine”
“More funding”
“More classes”
“More recipes”

Participants expanded on new recipes they would like to see added to the program:

“Some veggie desserts”

“Yes, some veggie desserts because we would like to make some desserts but with veggies and see how it is different from sweet desserts when it is out of the market.”

“In the program we have less soup recipes. I would like to see more soup recipes.”

“I would like to know how to bake apple pie or muffins and stuff like that.”

Attaining participants’ feedback on program structure is important in terms of the direction the program takes in the future. For example, feedback stating that several participants would like to learn how to incorporate veggies into desserts may cause the
facilitators to make modifications to content in order to include this component into the curriculum.

**Quantitative Data**

The six quantitative questions aim to obtain numerical information on general outcomes or results after completing the program (refer to Table 1).

<table>
<thead>
<tr>
<th>Questions:</th>
<th>Agree:</th>
<th>Disagree:</th>
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<tbody>
<tr>
<td>How many people have used some of the recipes for your children’s school lunches</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>How many people use new recipes for vegetables?</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>How many families report consuming 1 extra serving of vegetables/person/day?</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>How many people report an increase in food preparation skills?</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>How many people have made social connections outside of the program?</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>How many people have connected with other food security projects (i.e. farmer’s markets, community kitchen programs or other food programs) for you or your children?</td>
<td>1</td>
<td>7</td>
</tr>
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</table>

Table 1: Data of program results

These questions cover participants’ use of vegetables, use of recipes, consumption of vegetables, food preparation skills, social connections, and linkage to other food security projects. This information is relevant as it provides concrete statistics on participants’ outcomes after completing the “We Love Veggies” program.
DISCUSSION

Implications to SW Research and Practice

Social work research should clearly reflect client’s experiences in order to properly document the efforts, interventions, and outcomes of community-based nutritional programs. This project is directly related to social work research, as the aim is to attain data on participants’ experiences and feedback regarding this nutritional program provided to the Vietnamese community in Vancouver, Canada. The data collected was presented using a narrative format, including anonymous direct quotes, to uphold participants’ experiences and suggestions for program improvements. Participant’s voice in research is crucial in continuing to tailor community-based programs that adequately meet their needs.

Furthermore, the information attained assists the agency in properly assessing the effectiveness of the program, identifying gaps and needs of the participants in order to engage in best social work practice. As agents of social change in the community, nutritional program staff and facilitators must understand the social and economic factors that contribute to poor nutrition in diverse communities. The goal of this project is to present participants’ experiences and feedback after completing the “We Love Veggies” program in an effort to best support and empower communities to become healthier.
Sustainability Plan

The processes implemented during the pilot stage included clearly defining the community partner’s needs, collaborating on methods and design, and on-going research on related topics. Throughout this process, project limitations were identified, however significant positive developments were realized. The table below (see Table 2) outlines project components for the stages of this project, including the master’s project implementation stage. To ensure best practice it was important that the project be conducted in a professional and ethical manner.
Master’s Project: Evaluating Parent and Caregivers Outcomes of the “We Love Veggies” Program
Sustainability Plan: Year 2- 2015

<table>
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<tr>
<th>Component/Method</th>
<th>Action Steps</th>
<th>Timeline</th>
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<td>Development of focus group</td>
<td>• Consulted with agency staff to confirm set questions for focus group</td>
<td>• January-February 2015</td>
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<tr>
<td></td>
<td>• Consulted with agency staff for focus group date</td>
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<tr>
<td>Conduct focus group</td>
<td>• Attained Informed Consent form from participants</td>
<td>• March 2015</td>
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<td>• Facilitated 20 min focus group</td>
<td></td>
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<tr>
<td></td>
<td>• Collected qualitative and quantitative data</td>
<td></td>
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<tr>
<td>Post-focus group review</td>
<td>• Presented agency and staff with results</td>
<td>• March-April 2015</td>
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<td>• Discussed program development and possible modifications</td>
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<td>• Final manuscript written</td>
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<td>Collaboration</td>
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<td>• Participants</td>
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Table 2: Sustainability Table
Ethical Considerations

An ethical consideration I had to consider was my dual role at REACH Community Health Centre. I completed my Masters project and my internship at REACH so I needed to be mindful of my two independent roles so that I could act ethically and professionally at all times. Furthermore, participants’ confidentiality and anonymity had to always be maintained, in order to remain ethical.

Limitations

The focus group provided a glimpse into participants’ experiences and thoughts on being a part of the “We Love Veggies” program. A significant amount of participants reported an increase in many areas including vegetable consumption, food preparation skills and utilizing recipes, including children’s school lunch recipes. This shows that the program was effective and made an impact in peoples lives in regards to these areas. For the questions associated with program curriculum a few participants shared what specific information and discussions provided them with a new outlook on nutrition and food preparation. Regarding the question on program structure, participants appeared reluctant to provide critical suggestions and comments.

Throughout the focus group participants were very polite, however, somewhat hesitant to answer the questions and therefore not many responses were generated overall. A perception that may exist among the Vietnamese community may be that if responding critically to these questions they may be jeopardizing the program’s
existence. It is also important to note that it was mentioned to participants before
beginning the focus group that their answers will not affect their ability to access any
programs at REACH. Furthermore, it would be beneficial to compare data across diverse
ethnic groups, including Caucasians, and participants with different economic statuses
(i.e. middle class families, working poor families, and families living in poverty).

In regards to participants making social connections outside of the program, it
would be interesting to take a closer look at how social connections develop in the
workshop setting and how it could continue to be facilitated in a culturally appropriate
manner to increase participants’ likelihood of making these connections. Furthermore, the
majority of the participants did not report connecting with other food security projects,
although facilitators did provide them with community resources. This may be because
participants are not in need of other food security resources. However, in the future it
would be vital to ensure an assessment of participants individual needs in relation to food
accessibility, education and consultation services during and after the program
completion to best connect participants to relevant and available resources in the
community. The sustainability of a healthy individual and family’s success is not only
contingent on the desire to lead a healthy lifestyle, but also on access to needed resources.

Additional project limitations include the following:

1.) Evaluating only one ethnic community who has participated in the “We
Love Veggies” program.

2.) Participants may not have felt comfortable to fully express their
critical opinions in a group setting.
3.) Time allotment for the focus group may not have allowed each participant to stay for the focus group and/or the entire time and/or enough time to fully answer questions.

This project focused on evaluating one community, the Vietnamese community, who participated in the “We Love Veggies” program. As REACH provides this program to a variety of other diverse ethnic communities, it may be beneficial to evaluate other communities that access the “We Love Veggies” program. This will provide a better understanding of each community’s specific needs and general outcomes to most effectively tailor the program.
SUMMARY

Poor health and nutrition is resulting in severe and deadly consequences in our society. To make a significant impact in this area there must be a change in the way society tackles this problem. Learning to work effectively with diverse ethnic communities and being aware of disparities and inequalities in accessing nutritious foods is imperative. Preventative interventions and programs, focused on nutrition and education, are needed in order to work toward a healthier society. Evaluating nutritional program’s effectiveness provides a deeper understanding of participants’ unique perspectives and needs as well as opens up dialogue on ways to improve and sustain the evolution of such programs.
REFERENCES


APPENDIX A: RECRUITMENT SCRIPT

The recruitment script will be announced by the “We Love Veggies” program facilitators. The script is as follows:

We want to invite all participants of the “We Love Veggies” program to participate in a voluntary focus group. The focus group will serve as a space to provide your feedback and comments on the We Love Veggies program. The focus group will cover four to five questions and will take approximately 60 minutes. Again, your participation is voluntary and will in no way affect your ability to attain other services from REACH Community Health Centre.

This focus group is a Master's project that will be conducted by Joanna Kanji, a Masters in Social Work student from Humboldt State University. If you have any question regarding this project, please feel free to contact Joanna Kanji at: jer42@humboldt.edu

Thank you
APPENDIX B: INFORMED CONSENT FORM

PURPOSE AND BENEFITS: The purpose of this study is to learn more from you about your perceptions of, and participation in, the “We Love Veggies” program. The information gathered from this study will provide useful information to the “We Love Veggies” program and its facilitators and staff who wish to incorporate your feedback to make the program as effective as possible.

PROCEDURES: If voluntary consent is given, you will participate in a focus group for approximately 60 minutes. You may refuse to answer any question or choose to not complete the focus group at any time. Personal or sensitive questions will NOT be asked. No service of any kind will be lost or jeopardized if you choose to not participate in the focus group. No risks are anticipated.

CONFIDENTIALITY: The information received by the participants and any identifying data will remain confidential. The responsible investigator and research team will be the only ones with access to the data. I am attending a Masters in Social Work program from Humboldt State University, located in the United States. Below you will find the contact information of individuals in the United States, should you have any questions or concerns. The information collected through this project will be included in my master's project manuscript, which will be available digitally to the public through the Humboldt State University library. Anonymous direct quotations and/or narratives will be used in the findings. The participants’ identities will not be connected with the data in reporting any of the findings.
You understand that the Investigator will answer any questions you may have concerning the investigation or the procedures at any time. You also understand that your participation in any study is entirely voluntary and that you may decline to enter this study or may withdraw from it at any time without jeopardy. You understand that the investigator may terminate your participation in the study at any time.

If you have any concerns regarding this project, or any dissatisfaction with any part of this study, you may contact the IRB Chair, Dr. Ethan Gahtan, at eg51@humboldt.edu or (707) 826-4545. If you have questions regarding your rights as a participant, you may report them to the IRB Institutional Office at HSU, Dr. Rhea Williamson, at Rhea.Williamson@humboldt.edu or (707) 826-5169. This contact information is for individuals in the United States.

You may request a copy of this informed consent form and retain it for your future reference. If you agree to voluntarily participate in this research as described, please sign and date this consent form to continue with participating in the focus group. Thank you for your participation in this research.

Joanna Kanji, HSU Primary Investigator, jer42@humboldt.edu

Dr. Cesar Abarca, Committee Chair, Department of Social Work, BSS 544, cesar.abarca@humboldt.edu, (707) 826-4552.

I have read and understand the information provided and agree to participate in the focus group.

________________      ________________
Name      Date
APPENDIX C: GIẤY CHẤP THUẬN

MỤC ĐÍCH VÀ ÍCH LỢI: Mục đích của sự nghiên cứu này là tìm hiểu về quan điểm và sự tham gia của quí vị trong chương trình dạy nấu ăn CHÚNG TÔI YÊU THÍCH RAU CỦ. Những chi tiết thu thập từ sự nghiên cứu sẽ cung cấp những tin tức hữu ích cho chương trình “CHÚNG TÔI YÊU THÍCH RAU CỦ” và cho những người nhân viên hướng dẫn chương trình. Các nhân viên sẽ tổng hợp các ý kiến đóng góp của quí vị để làm cho chương trình có hiệu quả tối đa.

PHƯƠNG PHÁP: Nếu quí vị tình nguyện ký giấy chấp thuận, quí vị sẽ tham gia nhóm phòng vấn khoảng 60 phút. Quí vị có thể từ chối trả lời bất cứ câu hỏi nào, hoặc không muốn tiếp tục tham gia nhóm vào bất cứ lúc nào.

Những câu hỏi có tính cách cá nhân hay tính chất cá nhân sẽ không được đăng và quí vị sẽ không bị mất mát hay bị hại bất cứ dịch vụ nào nếu quí vị chọn không tham gia nhóm phòng vấn và không có nguy hại nào sẽ xảy đến.

viết đều nặc danh. Tên tuổi của tham dự viên trong dữ liệu sẽ không được cập đến khi trưởng trình những gì tìm ra.

Quí vị nhận biết là người phỏng vấn sẽ trả lời khi vị bắt xử lúc nào và bắt xử câu hỏi nào làm khi vị lo ngại về cuộc phỏng vấn hay tiến trình của cuộc phỏng vấn. Quí vị cũng biết là sự tham gia của vị là hoàn toàn tình nguyện và có thể rút lui bắt xử lúc nào mà không bị nguy hại gì cả. Quí vị biết rằng người phỏng vấn có thể chăm dứt sự tham gia của vị vào chương trình nghiên cứu vào bất xử lúc nào.

Nếu quí vị có những lo ngại về kế hoạch này hay không vừa ý với bất xử phận nào trong cuộc phỏng vấn, quí vị có thể liên lạc với IRB Chair, Dr Ethan Gahtan tại địa chỉ điện thư: eg51@humboldt.edu or (707) 826-4545. Nếu quí vị thắc mắc về quyền của tham dự viên, quí vị có thể báo cáo với IRB Institutional Office tại HSU, Dr. Rhea Williamson, tại Rhea.Williamson@humboldt.edu hoặc (707) 826-5169. Đây là chi tiết liên lạc với các nhân viên ở Mỹ.

Quí vị có thể xin một bản sao của tờ chấp thuận và giữ lại cho tương lai khi cần. Nếu quí vị chấp thuận tính nguyện tham gia về sự nghiên cứu này, xin ký tên và ghi ngày vào trong giấy chấp thuận ngày để tiếp tục tham gia nhóm phỏng vấn. Xin cảm ơn sự tham gia của quí vị vào chương trình nghiên cứu.

Joanna Kanji, HSU là người phỏng vấn chính, jer42@humboldt.edu
Dr. Cesar Abarca, Đặc Trách Ủy Ban văn phòng Xã Hội, BSS 544, cesar.abarca@humboldt.edu, (707) 826-4552.
Tôi đã đọc và hiểu những chi tiết cung cấp và đồng ý tham gia nhóm phỏng vấn.

Tên____________________________________ ngày_________________________
APPENDIX D: QUESTIONS FOR THE “WE LOVE VEGGIES” PROGRAM

FOCUS GROUP

Qualitative questions:

1. How many children are you a parent or caregiver of?

2. How have you used vegetables prior to the program? And now how do you use vegetables?

3. Have the recipes provided by the program helped you have more options for your family’s meals? If so, how has your family responded to them?

4. Is anyone using the recipes to make lunches and have the recipes been helpful?

5. One of the goals of this group is to help people make social connections in their community. Do you think this has been achieved? If so, how?

6. Have any of the discussions during the workshops given you a new perspective on the importance of vegetables? If so, has this changed the way you cook and/or approach meal times?

7. What information have you learned that is helpful? (i.e. new vegetables, nutrition, new ways to cook, buying vegetables, getting your kids to eat vegetables, storing foods/preserving foods, local/seasonal foods, healthy meal dynamics, etc.)

8. Are you satisfied with the structure and timing of the group’s activities? How could the structure be improved?
Quantitative questions:

1. How many people have used some of the recipes for your children’s school lunches?
2. How many people use new recipes for vegetables?
3. How many families report consuming 1 extra serving of vegetables/person/day?
4. How many people report an increase in food preparation skills?
5. How many people have made social connections outside of the program?
6. How many people have connected with other food security projects (i.e. farmer’s markets, community kitchen programs or other food programs) for you or your children?