pplement to the



ornal of the merican Dietetic Association

oremier source for the practice and science of food, nutrition, and dietetics ember 2009 Supplement 3 — Abstracts Volume 109 Number 9



MEEN.

A99.21 A84

A29.21 A88 Tun 9-12 culture (1-12

A30 A40

A52

A56

A77

POSTER SESSION: WELLNESS AND PUBLIC HEALTH

Common Trends in Worksite Wellness Programs: Analyzing the Niche for Registered Dietitians

Author(s): L. Langevin, ¹ A. Nickerson, ¹ S. Pintauro, ¹ S. Coburn²; ¹University of Vermont, Burlington, VT, ²Vermont Department of Health, Burlington, VT

Learning Outcome: To characterize the current trends of the worksite wellness program market and identify professional opportunities for Registered Dietitians.

Background: Worksite wellness programs are increasing in popularity as employers realize they can increase employee productivity and job satisfaction, while decreasing absenteeism and health care costs. The purpose of this pilot study is to determine the interest in having nutrition education classes taught by a RD, during the workday; the commonalities between worksite wellness programs; and the identification of professionals who provide nutrition information to worksites.

Methods: Telephone interviews were conducted with 15 randomly selected companies from the Vermont Governor's Physical Fitness and Sports Award list. The selected companies, ranging in size from 26-5000 employees, had all recently received awards for their wellness programs. Qualitative analysis was used to categorize worksite wellness program component responses.

Results: The categories were: fitness, weight loss, overall health, stress management, and tobacco cessation. The most prevalent components among these categories were the inclusion of fitness centers, Weight Watchers programs, "lunch and learn" sessions and tobacco cessation. Companies expressed interest in offering classes during the workday (100%), and in offering classes taught by a RD (87%). Wellness coaches and Weight Watchers employees were the most commonly identified professionals providing the nutrition components (73%); however, companies expressed interest in providing multiple nutrition components in their programs.

Conclusion: Considering the widespread interest in preventative health, worksites provide a perfect niche for RD involvement in nutrition education and intervention. With expanded marketing efforts that demonstrate affordable pricing and flexible session times to meet company needs, worksite wellness programs represent an exciting and important career option for RD's.

Funding Disclosure: None

Development and Successes in Implementing Cooks Workshops for Faith, Activity and Nutrition Project in SC

Author(s): M. D. Condrasky, ¹ S. Wilcox, ² M. Laken, ³ R. Evans ⁴; ¹Food Science and Human Nutrition, Clemson University, Clemson, SC, ²Exercise Science, University of South Carolina, Columbia, SC, ³Office of Special Initiatives, Medical University of South Carolina, Charleston, SC, ⁴Food Science and Human Nutrition, Bethlehem AME Church, Hemingway, SC

Learning Outcome: Participant will identify the culinary nutrition components applicable to menu planning, food ingredient selection, and culturally appropriate cooking style for church cook audiences.

Faith-based approaches show promise to improve diet as one way to reduce obesity and hypertension. FAN (Faith, Activity and Nutrition) is a 5-year project to increase physical activity and improve diet in adult church members. The nutrition component focuses on training the African Methodist Episcopal (AME) Church Cooks to prepare DASH diet meals at church events. This randomized trial (delayed-intervention comparison) has just completed the first phase. Cooks within the AME Church in SC received training in preparation of low energy dense foods created within a southern US African American cultural sensitivity profile. The goals are to increase produce and whole grains, reduce fat and sodium, and cook more often rather than use processed foods. Cooks receive a monthly newsletter and are invited to participate in a holiday training session. Among cooks trained in Phase 1, sixteen of the 31 cooks trained in the workshop completed a survey which has been validated and demonstrated reliability and returned it by mail. 70% of the cooks indicated that vegetables were in their refrigerator; 66.7% that making meals at home helps one eat more healthfully; and 76.92% that about everyday they prepare meals from basic ingredients. Direct observations of the cooks and analysis of church congregants' responses (as part of the evaluation of the larger trial) will be used to make modifications for Phase 2 and the delayed intervention training. The in-depth review and Phase 1 workshops provided enhanced understanding of the appropriateness and impact of a culinary nutrition education program for church cooks.

Funding Disclosure: NIH

Use of Intervention Mapping to Develop an Education Program Targeted to Parents of Preschool-Aged Children in Childcare

Author(s): S. J. Sweitzer, ¹ M. E. Briley, ¹ D. M. Staskel, ¹ C. Roberts-Gray, ² D. M. Hoelscher³; ¹Nutritional Sciences, The University of Texas at Austin, Austin, TX, ²Third Coast Research, Galveston, TX, ³The University of Texas School of Public Health, Austin, TX

Learning Outcome: The participant will be able describe the steps of the Intervention Mapping process used in developing a targeted nutrition education program.

Relevance: Current rates of childhood overweight have prompted scrutiny of nutrition in the child- care centers. In Texas, centers may have parents provide meals and/or snacks for their preschool age children. Examination of sample lunches showed a need for a nutrition education tool targeted to these parents and implemented in the childcare setting. The Intervention Mapping™ process provides a systematic way to ensure efficient use of resources to define objectives, craft messages, smoothly implement and accurately evaluate a program.

Priority: State regulations do not extend to lunches packed by parents. Packing a healthy lunch is an important message. Working parents can be a challenging audience to reach. Intervention MappingTM helps to define the specific performance objectives that are based on sound theory that identifies the targeted behavioral constructs that need to change. Formative research with the target audience guides the educator to practical strategies, seamless adoption and implementation. Evaluation is designed to monitor dosage, fidelity and feasibility.

Originality: Intervention MappingTM has successfully been used for several years in health education. This proven process helped guide development of a tool needed for a new audience in a new setting. Parents identified the most useful messages and most successful strategies for the program.

Synthesis: The program was designed specifically for parents of preschool age children attending child care centers. By crafting an effective program to fit this specific environment *Lunch* is in the Bag can be disseminated easily to other child care settings.

Funding Disclosure: National Cancer Institute

Eat Smart, Move More, Weigh Less: A Community-Based Weight Management Program for Adults

Author(s): S. T. Vodicka, ¹ K. Kolasa, ² C. Dunn, ³ C. Thomas, ¹ L. Schneider, ¹ C. Smith ⁴; ¹NC Division of Public Health, Raleigh, NC, ²East Carolina University Brody School of Medicine, Greenville, NC, ³NC Cooperative Extension, NC State University, Raleigh, NC, ⁴Wayne County Cooperative Extension Service, Goldsboro, NC

Learning Outcome: Participants will be able to describe the development of a community-based weight management curriculum, its dissemination and preliminary impact on participants.

Eat Smart, Move More, Weigh Less (ESMMWL) is a comprehensive, low-cost weight loss/weight maintenance curriculum for adults being delivered in North Carolina communities by trained Cooperative Extension agents and health department staff. The curriculum teaches evidence-based strategies for weight loss and includes living mindfully as a strategy. Developers used the Theory of Planned Behavior to develop the curriculum. ESMMWL is delivered to groups, usually in worksites, and features a flexible format to suit the group's needs and interests (usually 15-19 weeks for one hour). The need for a low-cost, comprehensive weight management program is evident based on the response of the program thus far. In the first 10 months of the program, local educators have reached more 2,000 participants. Early feedback from educators delivering the program indicates that participants are responding favorably to the content and delivery, and are reaching weight-loss goals. Formal evaluation of the program is underway; specific outcome data are being analyzed and will be presented. This program was developed in partnership with NC Cooperative Extension at NC State University, the NC Division of Public Health and the East Carolina Brody School of Medicine. This unique partnership not only allowed for the development of cutting-edge materials, but also provided a platform for delivery through existing infrastructure. In addition, Eat Smart, Move More, Weigh Less is part of the statewide movement Eat Smart, Move More North Carolina, which seeks to reduce obesity by making healthy eating and physical activity easier for all citizens.

Funding Disclosure: NC Cooperative Extension and CDC Obesity grant funding