



# HEALTHY FOODS HAWAII

A community food systems program  
for improving health in the Hawaiian islands

SUMMARY REPORT FROM NORTH KOHALA COMMUNITY WORKSHOP, FEBRUARY 24, 2005



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Department of International Health  
Bloomberg School of Public Health  
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In collaboration with:  
Ka'ala Cultural Learning Center, Cancer Research Center of Hawai'i,  
and Wai'anae Coast Comprehensive Health Center

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# Introduction

The purpose of the Healthy Foods Hawai'i workshop was to share some of the results of the formative work with the communities of North Kohala (Hawi and Kapa'au), and to build collaborations, rapport, and a participatory process with the community leaders and organizations, individuals, food producers, store owners, and distributors. The workshop aimed to solicit local participants' input on the types of foods that should be targeted and which strategies would be effective for North Kohala during the intervention phase of the project. The goal of this report is to provide summary results from the community workshop held in Kapa'au on February 24<sup>th</sup>, 2005.

The report is divided into the following sections:

## **Introduction**

- Background

## **Community Workshop**

- Purpose/Goals
- Formative Research Presentation
- Target Foods List Generation
- Healthier Alternatives to Target Foods
- Healthy food use behaviors

## **Key Message Development**

### **Focus on Local Producers**

### **Taste Testing**

## **Key Message Dissemination**

- Children

## **Community Collaborations and Information Linkages**

## **Timeline of the Healthy Foods Hawai'i Project**

## **Glossary**

## **References**

## **Appendices**

- Workshop Agenda
- Community Representatives Present at the Community Workshop

## **Background**

Native Hawaiians suffer the highest mortality rates of any major ethnic group in Hawai'i and have more years of productive life lost due to heart disease, accidents, cancer, suicide, AIDS, stroke, diabetes, chronic lung disease and chronic liver disease. These health disparities are often correlated with higher rates of obesity in this population. More than 65% of Pacific Islanders in Hawai'i are overweight or obese, compared to 50% of Filipinos, 46% of Caucasians, and 30% of Chinese<sup>1</sup>. The age-adjusted prevalence rates for Type 2 diabetes in Hawaiian Polynesians are among the highest reported for any Polynesian or part-Polynesian population in the world<sup>2</sup>. By age 55, 23% of Native Hawaiians are diabetic<sup>3</sup>. Cardiovascular disease (CVD), another growing threat to Pacific Islanders in Hawai'i, is linked to diabetes, which is arguably its greatest risk factor. CVD is the leading cause of death in Native Hawaiians, who suffer significantly higher rates of mortality from the disease.

The environment plays a key role in adult obesity and chronic disease. Several studies have found a link between individual dietary practices and the grocery store environment<sup>4,5,6,7</sup>. Store-based intervention programs have been implemented in the United States to increase the consumption of fruits and vegetables and low fat foods, promote heart health, and reduce the risk of cancer. The programs have used a variety of intervention materials and have sometimes been successful in promoting awareness, increasing nutritional knowledge, and altering customer purchasing patterns. Supermarket intervention trials to date have shown limited success<sup>8</sup>. However, most programs have not used formative research to develop their interventions, have neglected to consider cultural or economic factors, and have paid little attention to sustainability.

The need for community-based interventions to help alleviate these problems is critical. In many of Hawai'i's communities, healthy options are difficult to find and are perceived as unaffordable. Food store-centered programs offer a viable means to sustain improvements in diet quality at the point of purchase. Between March and September, 2004, we conducted formative research in support of the Healthy Foods Hawai'i (HFH) project - a program that will be piloted in Hau'ula, a rural town with a large Native Hawaiian community, located on the northeastern tip of O'ahu. Once the program has been tested and adjusted, it will be implemented on the Wai'anae Coast, O'ahu, and in North Kohala on the Big Island, rural areas with a large Native Hawaiian population. Both areas have a relatively small number of locally run stores and have a number of agricultural producers.

The purpose of this program is to develop a healthy food system program that will benefit a rural, ethnically diverse, low-income population by improving their dietary quality and reducing dietary risk factors for obesity and related conditions. Furthermore, based on additional formative research, the project team will also develop a component of the program that specifically targets children. The goals of the program are: to increase the availability of healthy foods; to provide targeted and culturally appropriate nutrition information at the point of purchase to improve consumer knowledge and skills to make better food choices and improve dietary quality; and to promote the production of healthy foods by local food producers.

## **Community Workshop**

### **Purpose/Goals of the Workshop**

In order to develop a successful and sustainable strategy in Hawai'i, participation from the community leaders, food producers, distributors, and local store owners and managers, as well as involvement from community organizations in the development phase of the program is urgently needed. The HFH project team seeks to continuously form partnerships with all these components of the food system. For this reason, the Community Workshop was held on Thursday, February 24, 2005 at the meeting room at Kamehameha Park. It was a forum to share some of the results from the formative research, and to solicit the input of the participants on the types of foods that should be targeted and which strategies would be effective for the North Kohala communities in the intervention phase of the project. The overall aim of the project is to improve the availability and consumption of healthy foods in Hawai'i with the HFH project partners. Representatives from the following local organizations were present at the workshop:

1. Hui Malama Ola Na 'Oiwī—Native Hawaiian Healthcare System

2. Project Venture
3. Union Market
4. Five Mountains Hawaii
5. Rural Health Project
6. Waimea Hospital
7. New Moon

The specific workshop goals included the following:

- 1 Strengthen and continue to build collaboration in an effort to increase the consumption and availability of healthy foods in Hawaiian communities.
- 2 Develop a community program based on formative research and ideas/experience from HFH project partners
- 3 Identify the best strategies for the HFH project to serve its collaborators, their programs and the community.

### **Formative Research Presentation**

Participants were first briefly introduced to the history of the ‘Healthy Stores’ projects and Healthy Foods Hawai‘i. Next, the formative research results for the HFH project on the Wai‘anae Coast and in North Kohala were presented. Highlights of the findings included the diversity of food source utilization, priorities of the community, shopping process (what to buy, where to buy it), and frequently consumed foods for rural communities in the Wai‘anae Coast and North Kohala. In-depth interview findings with storeowners, community leaders and members, food producers and distributors, were also discussed. (Refer to the Formative Research report<sup>9</sup>)

### **Target Foods List Generation**

The purpose of this session was to discuss and develop a list of specific foods that the HFH program should focus on during the intervention [Please refer to the Appendix for the full workshop agenda]. Participants and HFH staff were asked to brainstorm on foods that should be targeted based on what people are currently eating and what actions the HFH program can take to make changes in the targeted foods, irrespective of the feasibility. After a compiled food list was written on poster paper, the participants voted for the foods that they felt contributed most to unhealthy diets for adults, and would lead to obesity in the community. Then they selected the top foods that they considered unhealthy for children. The voting was done by attaching different colored stickers (for adults and children) to the specific foods on the poster paper. Each individual was given ten stickers for adults and ten stickers for children. After a discussion, it was decided that more than one sticker could be applied to any given food if the participant felt that that item warranted more votes. The purpose was to select foods that contributed the most calories, represented a bigger part of the diet, and added calories with few nutrients. The following table includes the results from this voting.

**Table 1. List of potential target foods to focus for the intervention (not mutually exclusive)**

<b>Foods</b>	<b>Adults</b>	<b>Children</b>	<b>Total</b>
Fast Foods – hamburger, French fries, greasy	10	15	25
High fat / sodium processed meat – hotdogs, spam	13	10	23
Soda	9	12	21
Fruit drinks (Aloha Maid, Hawaiian Sun)	6	11	17
White rice	10	4	14
Chips	5	8	13
Mayonnaise	8	4	12
Candy	2	8	10
Portuguese sausage	5	4	9
High salt products (li hing mui)	3	4	7
Saimin	1	5	6
Smoked / fatty meat	5	1	6
Alcohol	3	2	5
Desserts	0	4	4
High fat products	3	1	4
Cookies	1	2	3
High sugar cereals	1	2	3
Jerkies	2	1	3
Shoyu	3	0	3
Starch – 2 scoop rice, mac salad	3	0	3
Dressings	2	0	2
Added fat	1	0	1
Cold cuts	0	1	1
Lunchables™	0	1	1
Tuna in oil	1	0	1
Butter / margarine	0	0	0
Chicken nuggets	0	0	0
Chili	0	0	0
Juice	0	0	0

Sardines in oil, oil on rice	0	0	0
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Note: Food items are listed as they were recorded at the workshop – no endorsement or criticism is intended by their use.

The following list shows the top ten “less healthy” foods that were named and the number of votes they received.

- 25 Fast Foods / McDonalds
- 23 High fat / sodium processed meat
- 21 Soda
- 17 Fruit drinks
- 14 White rice
- 13 Chips
- 12 Mayonnaise
- 10 Candy
- 9 Portuguese sausage
- 7 High salt products

Once the top foods were listed, the participants brainstormed further by generating healthier alternatives to these foods. In order to streamline this process, it was decided that there would be a general category “Drinks” in order to include both soda and fruit drinks, a general category “Snack Foods” to include chips and candy, and a general category “Condiments” to include mayonnaise and items such as table salt and *shoyu*. “High salt products” was enveloped into the “Processed Meat” category, as well as into the newly created Condiment category. Finally, Portuguese sausage was included in a general high fat/sodium meat category.

### Healthier Alternatives to Target Foods

The categories created—fast foods, high fat/sodium (processed) meats, drinks, white rice, snack foods and condiments—were then used to generate a list of healthier alternatives. When coming up with the alternative foods, the participants selected foods that the members of the community would still find acceptable in order to ease the transition from less healthy to healthier options. Results from this session are summarized in Table 2.

**Table 2. Healthier alternatives to the potential foods targeted for intervention**

TARGET FOODS	HEALTHIER ALTERNATIVES
<b>Fast Foods</b>	Fruit Veggie plate Burritos Salad shake (fast food menu choice) Fish Grilled / roasted chicken Portion size Boiled peanuts / edamame / soy beans Sandwiches Poke / smoke fish (if cheaper) Popcorn

<b>High fat / sodium (processed) meat</b>	Broiled / baked chicken / fish Chicken / turkey hotdogs Turkey bacon / sausage Boca burgers Tofu / soy based products Okara (tofu leftovers) soy beans Sandwich filling – eggs, (low fat) cheese, cheese sticks Tuna / sardines (drained) Peanut butter Bean burritos Quesadillas Lunch snack meat // main dish meat
<b>Drinks (soda, fruit juice)</b>	Water – bottle in school Water with fruit Diluted fruit juice Low fat milk Tea (iced) (herb) Carbonated water with fruit Carbonated water w/ juice (diluted) Diet soda Better → Best choices e.g. diet soda → water
<b>White Rice</b>	<i>Hapa</i> rice (brown/white mix) Brown rice Whole grain bread Pita bread (Hummus – with pita bread) Corn   whole wheat tortillas Beans Bulgur   couscous   quinoa Rice portion size Pasta – whole wheat Soba noodles Poi, taro, breadfruit, sweet potato
<b>Snack foods (chips, candy)</b>	Baked chips Low fat crackers Raisins Rice crackers Fruits Plain popcorn Yogurts

	Bagels Edamame Baby carrots String cheese (includes portion control) Boiled peanuts Home-made trail mix Low sugar cereals Dried fruit
<b>Condiments (mayonnaise, shoyu, li hing mui, dressings)</b>	Low fat mayo Mayo / yogurt mix Olive oil / herbs Low sodium shoyu Fresh herbs Mrs. Dash Vinegar – different types Furikake Lemon juice Low fat sour cream   cream cheese   cottage cheese etc. Home-made dressing recipes Margarine   butter – education Salsa

Note: Food items are listed as they were recorded at the workshop – no endorsement or criticism is intended by their use.

### Healthy food use behaviors

The focus of this session was to discuss specific behavior changes and life-style modifications that need to be addressed in the community in order to promote healthier food consumption. Behavior categories included cooking methods, food selection, and less healthy additives. During this session, key behaviors were identified and group members voted on the top **nine** behaviors, as before. The results from this session are summarized in Table 3.

**Table 3. Food use strategies that need to be targeted**

<b>Behaviors</b>
Not adding vegetables to meals
Large serving sizes
Being swayed by marketing schemes of “buy one-get one free”
Cooking with oil, adding oils to foods
Adding unhealthy condiments (mayonnaise, <i>shoyu</i> , etc)
Trying to stretch foods because of household income
Eating “occasional foods” daily
Only having unhealthy options when eating out

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“Unhealthy” foods eaten at potlucks and parties

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Cooking foods that are considered fast due to time constraints

It should be noted that although the above table identifies key behaviors that the HFH program potentially needs to address in the community, there are numerous complex issues that contribute to these behaviors that must be taken into consideration. For example, purchasing and preparing healthy meals may not be the primary goal for those low-income families who are just trying to make ends meet. It was mentioned in the meeting that families work long hours in the hotels outside of North Kohala, and/or have two jobs and so lack the time to cook a healthy meal. Thus it is the goal of HFH to make healthy changes as easy as possible when trying to improve food behavior. Also, it was mentioned that certain cultural behaviors influence food choices and consumption in the area, particularly when addressing graduation and baby’s first luau celebrations. For both children and adults in the North Kohala, it was considered better to introduce new healthier foods and portion control rather than deny foods and promote “dieting.” Possible solutions to promote healthy food use behaviors were identified by the group. The following ideas were generated regarding this issue:

1. Promote vegetables by saying “eat!” not “don’t eat!”
2. Promote moderation / portion control
3. Teach how to shop and not get caught up in marketing
4. Teach about how to cook foods in a healthier way
5. Teach how to use healthier seasonings (herbs, lite versions of condiments)
6. Teach how to stretch foods in a healthy way
7. Teach that foods that are considered “unhealthy” can be eaten on special occasions
8. Have restaurants offering healthier options (i.e. portions, veggies, 50:50 rice : veg)
9. Create recipes for potlucks / luau / party-“make it easy”
10. Address time constraints

In addition to discussing how to promote healthier food choices, there was an in-depth conversation about what the barriers are for eating healthier foods in the community, all of which must be considered in the intervention stage. The constraints are listed below:

- Cost
- Availability “nothing else to choose from”
- Who makes decisions
- Peer pressure
- Lack of knowledge about foods
- Don’t know how to cook (in school)
- Limited income
- Allocation of resources
- Purchase of sales foods
- Loss of backyard garden
- Active gardeners getting older

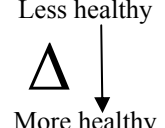
School breakfasts and lunches were discussed in detail at the meeting as a venue that needs to be addressed, specifically when the project focuses on children and nutrition. Although school meals are in vital need of reconfiguration, HFH has chosen not to target cafeteria food in the intervention phase of the project as it may be beyond the scope of the project’s influence and demands more of a policy change at the state level.

### **Key Message Development**

The goal of this session was to discuss and develop messages for key behaviors that were identified earlier in the session. Five of the top key behaviors were selected for developing messages that could be used to reach people in the community. During this session, participants and the HFH staff developed messages for each of the key behaviors. The results from this session are summarized in Table 4.

**Table 4. Messages developed based on the food use behavior**

<b>BEHAVIOR</b>	<b>MESSAGE</b>
<b>Eating Vegetables</b>	<ul style="list-style-type: none"> <li>❖ Go with your favorites!</li> <li>❖ Try new veggies + new prep methods</li> <li>❖ After school snack</li> <li>❖ Keep it in the fridge, ‘ready-to-go’</li> <li>❖ Add vegetable to dinner (2 types)</li> <li>❖ Variety of colors of veggie</li> <li>❖ Drink a vegetable</li> <li>❖ Work with restaurants to offer scoop of vegetables as alternative to rice or 25¢ for vegetable scoop</li> <li>❖ ‘Special’ local vegetable in stores</li> <li>❖ ‘Special’ frozen vegetables in stores</li> <li>❖ Education around seasonality / availability certain times for certain foods to eat</li> </ul>
<b>Soda / Juice messages</b>	<ul style="list-style-type: none"> <li>❖ Keep your personal computer (brain) hydrated</li> <li>❖ Water is best but acceptable iced tea, diet soda</li> <li>❖ Teaspoon sugar = Soda / Gatorade = lbs / year</li> <li>❖ Why wait for crisis?</li> </ul>
<b>Fast Food</b>	<ul style="list-style-type: none"> <li>❖ Best choices while at fast food</li> <li>❖ Fast food at home (recipes)</li> <li>❖ Buy-time snacks – “be prepared!”</li> <li>❖ Use a shopping list (provided w/ pre-printed desirable foods)</li> </ul>

<p><b>Choosing Fattier Meats</b></p>	<p>Meat pyramid :    Less healthy</p> <p style="text-align: center;">  </p> <p>More healthy</p> <ul style="list-style-type: none"> <li>❖ High fat meats <ul style="list-style-type: none"> <li>- save for special occasion</li> <li>- moderation</li> </ul> </li> <li>❖ Try alternatives (in local stores) <ul style="list-style-type: none"> <li>- taste test</li> <li>- recipe</li> </ul> </li> <li>❖ Tie to specials = cost</li> <li>❖ Special occasions—like traditional foods</li> <li>❖ Trim your meat</li> <li>❖ How many calories in food (i.e. tuna in water/oil)</li> <li>❖ Comparison meals—one you get dessert</li> </ul>
<p><b>Adding Condiments</b></p>	<ul style="list-style-type: none"> <li>❖ Picture healthy older generation → unhealthy younger generation Changing habits → changing health</li> <li>❖ # Tablespoons of mayo=cumulative effect in calories- # of fat/weight</li> <li>❖ Benefit in the change - longevity etc.</li> <li>❖ Easy steps, incremental change, do-able</li> <li>❖ Taking control of lifestyle/health</li> <li>❖ Community role model w/less healthy relative</li> </ul>

Note: Food items are listed as they were recorded at the workshop – no endorsement or criticism is intended by their use.

As mentioned earlier, feasting times (parties, baby’s first luau) are the times when over-consumption most often occurs in North Kohala. These parties occur fairly regularly and often multiple parties fall on the same evening, particularly during the summer months. It was the consensus of all participants that both the amount of food and types of foods consumed at these events should be addressed.

### **Focus on Local Producers**

A theme that arose during the workshop was the importance of local producers and Hawai`i produced products. Suggestions from the workshop participants are listed below in Table 5.

**Table 5: Behaviors, Constraints and Messages**

<b>BEHAVIOR</b>	<b>MESSAGE</b>
<b>Locations of where to sell local products</b>	<ul style="list-style-type: none"> <li>❖ Church fruit stand to distribute local produce</li> </ul>
<b>Marketing</b>	<ul style="list-style-type: none"> <li>❖ Create a catchy brand name (i.e. Mountain Apple™)</li> <li>❖ Promote how tasty fresh, local produce is</li> <li>❖ Provide information on the healthiness of the product to influence customers</li> </ul>

<b>Community Outreach</b>	<ul style="list-style-type: none"> <li>❖ Support for locally grown produce</li> <li>❖ Farms selling 1-2 x per week direct to consumer</li> <li>❖ Senior garden, seniors can educate the children</li> <li>❖ Plans for Kindergarten garden @ school</li> <li>❖ CSA community supported agriculture “food boxes”</li> <li>❖ Promote the use of frozen vegetables if no access to fresh</li> </ul>
<b>Constraints to buying/producing local products</b>	<ul style="list-style-type: none"> <li>❖ Local products cost more</li> <li>❖ Not enough local production when the cruise ships come in</li> <li>❖ Shippers “play games” with producers</li> <li>❖ Local accessibility of CSA boxes</li> <li>❖ All farmers markets at the same time on Saturdays</li> <li>❖ Tent and vegetable stand no refrigeration? Lower quality</li> <li>❖ Can’t sell in store because of “ruling”</li> <li>❖ Stores don’t want to sell small quantities</li> <li>❖ Sale of “low grade” or un-graded produce</li> <li>❖ Lack of knowledge of how to grow/fallow</li> <li>❖ Soil quality</li> <li>❖ Distribution costs</li> <li>❖ Processing costs</li> <li>❖ Water</li> </ul>

### **Taste Testing**

The HFH staff conducted a taste test on alternative versions of Spam®, a food commonly consumed by the North Kohala communities. These versions included: Spam® Regular, Spam® lite (low sodium & low fat) and Spam® low fat versions. The participants received small samples of these foods to taste and were asked, “Which of these tastes the best?” In addition to conducting taste tests on the workshop participants, HFH staff also surveyed other members of the community who were visiting the recreation center. These included mothers watching their children at a nearby park, as well as an employee of the recreation center. The result of the Spam® taste test is shown in the following table.

**Table 6: Taste test preference for the type of Spam®.**

<b>Type of Spam®</b>	<b>Number of Votes (%)</b>
<b>Lite Spam® (Low in fat, low in sodium)</b>	<b>5 (45%)</b>
<b>Low sodium Spam®</b>	<b>2 (18%)</b>
<b>Regular Spam®</b>	<b>4 (36%)</b>
<b>No difference</b>	<b>0 ( 0%)</b>
<b>Total number of votes</b>	<b>11 (100%)</b>

45% of the participants preferred the Lite Spam®, the healthiest of the four options, over the other types of Spam®. The second most favored Spam® was the Regular Spam®. Those who chose the Regular Spam® mentioned that they liked the saltiness of the Regular Spam®.

Due to time constraints, taste tests for tuna fish and milk were not conducted at this meeting.

Since the highest percentage of participants preferred the healthier Spam® option, this shows that it is viable to try introducing “healthier” versions of popular “less healthy” food items to the community.

## Key Message Dissemination

The purpose of this session was to identify venues to get the health messages out to the community. During this session HFH staff gained great insight to the tremendous amount of media outlet possibilities to reach the communities. The results from this session are summarized in Table 8.

**Table 7. Media outlets and promotion ideas for reaching the community**

<b>Media</b>
Recipes
Radio – Kona , Hilo, Maui station
Print media
Takata Store newsletter
Role models
North Hawaii supplement in West Hawaii News – Thursday
Sports coaches
KCAA – Sports org.
Bob Martin – Kohala Merchants Assoc.
Seniors (300+ members)
3 Bulletin boards (HHI funds) - these are locked - Local schools - Teachers
Use the children
Certified kitchen access? Rent cost?
Kapuna to teach kids cooking
Work with home economics teacher & kids, install as part of curriculum
Engage church → recipes in church fliers
Pastor meetings Tuesday a.m.
Lottery if buy...
Clubs
Scouts / Guides

### **Children**

Children will be a focus during the intervention phase of the project since tastes are set at an early age and the larger goal of the program is to prevent obesity in the community. The question was raised, “How do we reach the children?” Choosing healthy beverages and snacking are the

two main behavioral strategies targeted towards children. Suggestions regarding how we could work with the children were discussed: the “seniors’ garden” previously produced a lot of produce consumed in the community and it was suggested that since the seniors were getting older, they could teach young children about the land and how to grow their own food; some suggested that perhaps a collaboration between the high school home economics teacher and HFH could teach young children and teens how to cook healthier foods, it was also suggested that the kitchen behind the gym at Kamehameha Park could be the venue for these cooking classes; earlier suggestions included (re)starting up the gardens behind the elementary school and teaching school children how to produce vegetables and fruits. Above all, it was suggested that HFH get the children involved in all aspects of the intervention stage. If some youths were taught the cooking methods and behavioral changes, these youths would then get the other children excited about learning and being part of the new “fad.”

During the intervention aspect of the program, suggestions for possible locations where advertisements could be placed were: in the Takata Store flier, on the Healthy Hawai‘i Initiative boards located in various places in the community, in the North Hawai‘i weekly newspaper, and in the various religious venues.

### **Timeline of the Healthy Foods Hawai‘i Project**

The next steps of the Healthy Foods Hawai‘i Project are:

- Develop draft materials
- Community feedback/focus group on materials
- Conduct a Big Island Community Workshop
- Pilot materials in a North Shore store
- Develop pre intervention data collection questionnaires

The anticipated timeline for these activities:

1. Formative research: March 2004-September 2004
2. Materials development: October 2004-April 2005
3. Community workshops: December 2004-Jan/Feb 2005
4. Pilot program in 2-3 stores: April 2005-May 2005
5. Pre-intervention data collection: May-Sept 2005
6. Test intervention in 2 locations: Oct 2005-Oct 2006
7. Post-intervention data collection: Nov 2006- Mar 2007

### **Glossary**

*li hing mui*: dried, and tartly flavored plums

*shoyu*: soy sauce

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## *Healthy Foods Hawai'i*

### **Community Workshop**

February 24, 2005

9:00 AM– 5:00 PM

- 9:00 – 9:10** Welcome and Introductions (*Rachel Novotny*)
- 9:10 - 9:20** Goals of the Workshop (*Rachel Novotny*)
- 9:20 – 10:05** Presentation of HFH formative research (*Vickie Ramirez*)
- Individual interviews and observations
  - Producer, store and distributor interviews
- 10:05 - 10:45** Target foods (*Nicky Davison*)
- Brainstorming and Prioritization: what foods should be targeted for intervention?
- 10:45 – 11:00** **BREAK** (TASTE TEST – tuna & milk)
- 11:00 – 12:15** Target foods cont..... (*Nicky Davison*)
- What are the healthier alternatives
- 12:15 – 1:00** **LUNCH** (TASTE TEST – Spam)
- 1:00 – 2:15** Healthy food behaviors (*Vickie Ramirez*)
- What food use strategies should be targeted?
  - Food Production, Food Purchasing, Food Preparation, Food Consumption
- 2:15 – 3:15** Key message development (working in groups)
- 3:15 – 3:30** **BREAK** (review pilot materials)
- 3:30 – 4:15** Key message development cont.....
- 4:15 – 4:30** Feedback on pilot materials (*Nicky Davison*)
- 4:15 – 5:00** Media dissemination (*Rachel Novotny*)
- Radio, newspapers, in-stores, etc.
- Taste test results

## Appendix B

### Community Representatives Present at the Community Workshop

NAME	AFFILIATION
Lani Bowman	Project Venture
Lorrie Akina	Hui Malama Ola Na ‘Oiwi—Native Hawaiian Healthcare System
Lisa Ricketts	Rural Health Project
Pat Linton	Five Mountains Hawai`i
Vivienne Aronowitz	R.D.
Cathy Pomeroy	New Moon Foundation
Take Higa	Union Market
Molly Moniz	Senior
Rose Rosimo	Senior
Nancy Leilani Antonio	Hui Malama Ola Na ‘Oiwi—Native Hawaiian Healthcare System
Martin Becker	North Hawaii Community Hospital