



HEALTHY FOODS HAWAII

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

SUMMARY REPORT FROM WAI'ANAE COMMUNITY WORKSHOP #1, OCTOBER 12, 2004



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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 Wai'anae community, 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 participant's local input on the types of foods that should be targeted and what strategies would be effective for the Wai'anae community during the intervention phase of the project. The goal of this report is to provide summary results from the first community workshop held in Wai'anae.

The report is divided into the following sections:

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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 Chinese¹. 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 world². By age 55, 23% of Native Hawaiians are diabetic³. 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^{4,5,6,7}. 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 success⁸. 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. For the past seven months, we have 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 health program 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 first HFH Community Workshop was held on Tuesday, October 12, 2004. 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 what strategies would be effective for the Wai'anae community 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. Ka'ala Cultural Learning Center
2. Wai'anae Neighborhood Board
3. MA'O Farm
4. Kaiser Nanaikeola Clinic
5. Waianae Coast Comprehensive Health Center
6. Department of Land and Natural Resources, Division of Boating and Ocean Recreation.

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 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 was presented. Highlights of the findings included, the diversity of food source utilization, priorities of the community, the decision process as to where to shop, 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 report⁹)

Target Foods List Generation

The purpose of this session was to discuss and develop a specific list of 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 the HFH program can do 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 top ten foods that they felt contributed most to unhealthy diets for adults, and would lead to obesity in the community. Then they selected the top ten 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. More than one sticker could be applied to a food. 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)

Target Foods	Adult	Children	Total Votes
Fast Food: 7-11	5	8	13
Happy Meals	0	8	8
Juice	4	4	8
No Vegetables	2	6	8
Non-Organic Foods	7	0	7
Sugared Cereals	1	6	7
Lack of Water – insufficient	3	3	6
Refined Carbohydrates – Pasta, Bread	4	2	6
White Rice	2	4	6
Beer	5	0	5
Candies/Cookies	1	4	5
Canned Meats	3	2	5
Soda – Big Gulp	5	0	5
No Fruits	2	2	4
Pizza	1	3	4
Plate Lunch	4	0	4
Hotdogs	2	1	3
Hydrogenated Fats – Cookies	3	0	3
Margarine	2	1	3
Ice Cream	0	2	2
Package Chips	1	1	2
<i>Saimin</i>	1	1	2
<i>Spam®™ Musubi</i>	0	2	2
Cooking Oils	1	0	1
Popsicles	0	1	1
Asian/Chinese Fast Foods	0	0	0

Butter	0	0	0
Condiments – mustard/ketchup	0	0	0
Corn Beef	0	0	0
Crackers – White Flour	0	0	0
Eggs	0	0	0
Fried Foods	0	0	0
Fried Noodles	0	0	0
Garlic Salt/Salt	0	0	0
Iceberg lettuce	0	0	0
<i>Kalua Pig</i>	0	0	0
<i>Laulau</i> – Heavy on Fat	0	0	0
Lunchables	0	0	0
Macaroni Salad	0	0	0
Mayonnaise	0	0	0
Microwave Meals	0	0	0
Pancakes	0	0	0
Pastries	0	0	0
POG (Passion Orange Guava juice)	0	0	0
Preserved Seeds	0	0	0
Processed Flours	0	0	0
Refined Sugars	0	0	0
Soy Sauce	0	0	0
Spareribs	0	0	0

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

One of the issues that came up when prioritizing the food selections was whether the target audience was adults or children, since this would change the rankings. When prioritizing the foods, the participants were thinking of: “my family” and their challenges, personal observations in the stores, patient’s interviews (Kaiser), and from questions asked at the Farmer’s Market and in the work environment.

The following list shows the top 13 foods that were named.

Less Healthy Food List

13	Fast Food
8	Juice
8	No Vegetables
8	Happy Meals
7	Sugared Cereals
7	Non-Organic Foods
6	White Rice
6	Lack of Water
6	Refined Carbohydrates
5	Soda
5	Candies/Cookies
5	Canned Meats
5	Beer

Once the top foods were listed, the participants brainstormed further by generating healthier alternatives to these foods. “No Vegetables” was incorporated in to the fast food, Happy Meals™, and other categories; “Lack of water” was incorporated into the soda or beer category, and “Non Organic Foods” was incorporated into vegetables and fruits.

Healthier Alternatives to Target Foods

The top ten selected foods from Table 1 were used to generate a list of healthier alternatives. When coming up with the alternative foods, we selected foods that people would still find acceptable 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
Fast Foods	Tasty-healthy-fast-affordable Chicken wraps, etc. Salads Tasty (Munchies) Taro bites Healthier plate lunch Add vegetables

Juice- Malolo Syrup/Aloha Brand Juices	Water Freshly squeezed juice Low-fat milk Coconut water Sugar-free drinks Herbal teas
Happy Meals [Fast Food List]	Healthier Options Whole pieces of fruit (travel snacks) Baby carrots Whole grain cereals Small soymilks Water
Sugary Cereals	Add fruit to non-sugary cereals Puffin's brand cereals Barbara's Kix, Cheerios Hot cereals Whole wheat pancakes Bread/toast Fresh fruit Sandwich Leftovers Crackers
White Rice	Brown rice <i>Poi</i> Mix white & brown rice → less white rice Gradually decrease white rice Less frequent eating of rice Mashed potatoes Taro Breadfruit Plantation Bananas Sweet potatoes
Refined Carbohydrates (<i>ramen, pasta, bread, pastries</i>)	Macaroni and cheese-spaghetti Add vegetables- lots Breadfruit salad Whole wheat pasta <i>Soba noodles</i> <u>Breads</u> Whole wheat bread Taro bread Whole wheat tortillas Thinner sliced bread Better grilled cheese <i>Cheese Quesadillas</i> with whole wheat tortillas

Soda	Juice Options <ul style="list-style-type: none"> • 100% Juice • Blue Sky (brand)- no corn syrup • Diet soda • C2- low sugar soda • Ice Tea • Club soda with lemon Smoothies
Sweet Snacks (Candies, Cookies)	Snack-sized veggies (carrots/celery/tomatoes) Pretzels Nuts/Raisins Dried fruit Crackers Seeds Dried seaweed <i>Nori</i> <i>Arare</i> Dried fish and octopus Sweet potatoes Yogurt
Canned Meats (Spam®, corn corned beef, Vienna sausage)	Spam®™ Lite Fresh meats Dried meat/fish Fresh fish Boca burgers Tofu Cheese Low Fat Vienna sausage Tuna in water
Beer	Lite Beer → Dark Beer Quantity Red Wine Near Beer (low/no alcohol) <i>Kava</i> [refer to soda options]

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 that needed to be addressed in the community or life-style modification, that is, “real world” application. 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

Behaviors	Total
Large Portions Meal	5
Meal Planning	5
Choose Fattier Meats	4
Frying Foods (ex: cooking oil/spray)	4
Adding Salt (garlic)	3
Adding Soy Sauce	3
Culturally embedded (sign of trust, wealth)	3
Response to advertising media	3
Sauces & Gravy	3
School lunches & breakfast	3
Snack quantity	3
Breaded (egg, flour)	2
Cyclical/Feast or Famine (ex: food stamps at beginning of month, heavy eating at start, low at end of month)	2
Low availability of healthy foods (for kids after school)	2
Not Adding Veggies (not enough)	2
Party Eating Style (potluck)	2
Skipping meals	2
“Stretchable” food in lower income (ex: corn beef & cabbage, hamburger)	1
Food – Commuting Foods	1
Eating Patterns (many times)	0
Emotional Factors (stress, voids, happy, sad)	0
Food requirement for occasions (ex: work meeting, host/guest)	0
Marinating	0
Mayo	0
Not wanting to buy new foods resistance – familiarity	0
Recycling grease (ex: bacon oils) (generational)	0
Shopping patterns – Perishables	0
Situational (social) (football games, etc.) (Kid Sports Snacks [sports drinks])	0

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 we cannot ignore. For example, deciding on healthy alternatives when preparing meals is not a primary priority for low-income families. It was mentioned in the meeting that families are working long hours in town, or have two jobs and they have to do things in a hurry. Thus we need to make it as easy as possible when trying to change people's behavior. Also, it was pointed out that it is a cultural issue because the mother will cook the foods that her family wants to eat. For children, it was considered better to "stay away from diet" and focus on healthier food choices. Possible solutions to promote healthy food use behaviors were identified by the group. The following ideas were generated regarding this issue:

- 1 Pre-cut the vegetables, "veggies on the go"
- 2 Cooking demos at Kaiser
- 3 General nutrition education
- 4 Taste testing
- 5 Managing food stamps
- 6 Meal planning calendar
- 7 Recipe cards/handouts at markets

Furthermore, conditions and sales practices of the local stores also affect the behavior of people in the community. People who participate in food assistance programs usually spend significantly more in the beginning of the month when the food stamps are received.

Prioritized List of Food Use Behaviors

- 5 Large Portions
- 5 Meal Planning
- 4 Frying Foods
- 4 Choosing Fattier Meats
- 3-3 Adding Salt, *Shoyu*, Mayo, Sugar
- 3 Sauces, Gravy

The following behaviors were not chosen to target in the intervention phase of the project because they may be beyond our scope of influence: "school breakfasts and lunches"; "response to advertising media", and "culturally embedded" (though it will be addressed in all behaviors selected).

Key Message Development

The goal of this session was to discuss and develop messages for key behaviors that were

identified in the earlier session as needing to be addressed. Six 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

BEHAVIOR	MESSAGE
Large portions	<ul style="list-style-type: none"> ❖ “Supersizing leads to supersized clothes” ❖ “Slow down and enjoy the taste” ❖ Education on appropriate sizes ❖ Eat half now, half later (save money?) ❖ Not eating until “stuffed” ❖ Don’t have to eat everything ❖ Save room for dessert ❖ Drink a lot of water before/during meal ❖ Serve plate in kitchen rather than put the food on the table ❖ At potluck- you can taste, but you don’t have to make a meal of each item
Meal Planning	<ul style="list-style-type: none"> ❖ Plan meal in advance ❖ Involve family in meal preparation- prepare calendar for kids to prepare, includes healthy diet ❖ Using frozen foods ❖ Make meals “family occasions” ❖ Prepare vegetables the night before ❖ Shopping list/meal list (menu planned) ❖ “Local food lasts longer” ❖ Make breakfast for kids “Give food not \$” ❖ Make school breakfast more convenient ❖ <u>Producers</u> ❖ Sell prepped vegetable mixes (cleaned, chopped) ❖ Timing of sales (for commuting people)
Frying Food	<ul style="list-style-type: none"> ❖ Oil choice/amount ❖ Cooking spray ❖ Baking, broiling, roasting, grilling, stir frying, boiling ❖ Drain and rinse ❖ Breading ❖ Add vegetables to fried foods ❖ Sauté instead of fry ❖ Some items don’t even need oil

Choosing Fattier Meats	<ul style="list-style-type: none"> ❖ Choose leaner meats ❖ Trim off fat ❖ Take off skin ❖ Grilling fatty meats ❖ Choose grass-fed meat ❖ Cook on a rack (or <i>imu</i>) - so juices drain ❖ Eat tofu ❖ Mixing ground beef fat percentages
Adding Condiments	<ul style="list-style-type: none"> ❖ Minimize ❖ Healthier varieties (lower salt, “lite” types, Vegenaïse®) ❖ Add more spices (rosemary, thyme) ❖ Sauce/dressing on side ❖ Ask server how prepared ❖ “Know what mayo is made of” ❖ Education about calories of mayo
Sauces and Gravy	<ul style="list-style-type: none"> ❖ “Don’t use drippings to flavor gravy” ❖ Alternative flavoring ❖ Cooking methods ❖ Quantity ❖ Education about gravy/calories dressing ❖ Pre-toss salad, dry salad ❖ Use salsa

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

There was a discussion among participants about how the local people usually fry meats (chicken, pork, steak and fish) in oil, and do not add vegetables to them. Also, they usually choose the fattier meats such as pork butt and belly pork, and use the fat and oil drippings to make gravy. *Yoko*, a Chinese dish made with belly pork, alternated with layers of fat in a pan was mentioned as an example of a popular local dish.

Another topic of discussion was about gravies, dressings and mayonnaise. In Wai’anae, people typically “heap” gravy, mushroom soup, or condiments (mayonnaise) on top of foods to give them flavor, such as chili, rice, apples or grilled fish. One participant mentioned that people do not know that mayonnaise is made of oil and eggs. A lot of Ranch dressing is added to salads because the people do not want to “taste the lettuce“. Thus educating the public is very important because they do not realize that gravies, dressings, and mayonnaise “are loaded with” calories. An additional health concern is that these packaged cream of mushroom soups are high in sodium.

The HFH staff conducted taste tests on alternative versions of foods typically consumed by the Wai’anae community. These foods were: Spam® - regular, lite (low sodium & low fat) and low fat versions; Milk - whole, 2%, 1% and skim; and tuna - packed in oil and water. 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 a senior citizen group, artists using the pottery room, and employees of the recreation center. The result of the Spam® taste test is shown in the following table.

Table 5: Taste test preference for the type of Spam®.

Type of Spam®	Number of Votes (%)
Lite Spam® (Low in fat, low in sodium)	12 (52.2%)
Low sodium Spam®	6 (26.1%)
Regular Spam®	4 (17.4%)
No difference	1 (4.3%)
Total number of votes	23 (100%)

Over 50% 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 Low Sodium Spam®, the second healthiest option. Only four of the 23 participants preferred the regular Spam® and one felt they all tasted the same. Many of the senior citizens commented on how the regular Spam® was far too salty.

The result of the taste test for tuna fish is shown in Table 6.

Table 6: Taste test preference for the type of tuna fish.

Type of Tuna Fish	Number of Votes (%)
Tuna packed in water	4 (57.1%)
Tuna packed in oil	2 (28.6%)
No difference in the taste	1 (14.3%)
Total number of votes	7 (100%)

The majority chose the tuna in water, the healthier option, although some of the testers commented that the tuna in oil was “mushier” – referring to its texture.

The result for the taste test for milk is shown in Table 7.

Table 7: Taste test preference for the type of milk.

Type of Milk	Number of Votes (%)
1% Milk	2 (40%)
Whole Milk	2 (40%)
2% Milk	0 (0%)
Nonfat Milk	0 (0%)
No difference in the taste	1 (20%)
Total number of votes	5 (100%)

Only five individuals participated in the milk taste test. The results showed 40% of the individuals preferring 1% milk and 40% preferring the whole milk, and one person not tasting a difference. All participants were offered all four types of milk to taste.

Thus it is viable to try introducing “healthier” versions of popular “less healthy” food items to the community.

Key Message Media 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 community. The results from this session are summarized in Table 8.

Table 8. Media outlets and promotion ideas for reaching the community

Media
Recipe cards with vegetables and farmer’s markets
Cooking demos (Kaiser already does)
Pre-prep veggies, packaging /regulations
Local people going on show, guest chefs
“Westside Stories” mail out newspaper—has ads
Stores send out own flyers
Cooking show on ‘Olelo, Searider Production Center
Fruit and vegetable “prescriptions”
Giving coupons to patients for \$ off produce
Logo T-shirts MA’O – good advertising

Other promotion ideas
Worksite pre-ordering (Vegetarian Software Company)
Changing times/ place of farmer's market Promo campaign to create demand
Community Support Agriculture (CSA) • Prepaid boxes of veggies (need higher production) Planned for early 2005. HFH support w/posters/recipe cards/materials?
Health messages: low fat, low sugar, increase fiber, physical activity
Kaiser Clinic has program development for kids
Linking produce market and fish market/ LCC, Wai'anae High School link with other local farmers
Other comments
MA'O providing for Kokua Coop, potential for local market increases
Not enough local demand for produce, need to take to outside retailers to make money
Pre-packaged salads have sold well
Links between healthcare providers and producers

One issue was raised concerning the producer-retailer linkage was how to increase the sales for both of them. One way to do this is to eliminate the middle man. The community in Wai'anae prefers produce from a certain farm and will support it.

Children:

Children will be a focus during the intervention phase of the project because 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: Hoa' Aina O Makaha has been very successful in working with children via school gardens in the Wai'anae and Makaha Elementary Schools. MA'O Farms, together with Wai'anae High and Intermediate Schools, has started the first organic school gardens in Hawai'i. Other suggestions were: using a local character, like a 'Ronald McDonald', or a puppet show to promote healthy snack foods in the stores; conduct vegetable demonstrations in the stores and give rewards to the children for trying them, such as a "Passport to Health" or a prize at the end (buttons/stickers); and put a face on the vegetables to attract the children. Another incentive could be, if the parents buy a certain amount of vegetables, their child will get a toy. The child could also draw pictures or write stories about vegetables and win a prize.

During the intervention aspect of the program, suggestions for possible locations where

advertisements could be placed were: stores on the Wai‘anae Coast, West Side Stories, the Wai‘anae Library, and the Council of Churches.

Community collaborations and information linkages

During the introduction of the workshop, HFH asked the participants to briefly talk about why their organization is interested in how HFH could help work with them in improving the health of the community. In a roundtable discussion, the participants took turns expressing their vision for a collaborative effort with the HFH program. The following comments are the results from this discussion.

1. The Wai‘anae Neighborhood Board has a lot of items that come up before it. A major concern are the homeless, and the homeless situation in Wai‘anae. Individuals do not have the means to procure foods in the regular market, and although the Food Bank is available, it does not fully meet the needs of the recipients.
2. Ka‘ala Cultural Learning Center is concerned with what is happening in Hawai‘i and throughout the Pacific. For them health is holistic meeting the needs of the individual, the family and the community. This requires action planning and resources must be brought to the community level. The question raised by their representative was, how to implement this while meeting all the elements.
3. Kaiser Nanaikeola Clinic counsels diabetic patients regarding the kinds of foods to eat. Many types of healthy foods are not available for their patients, and cost is a big factor for them. A question raised by their representative was: ‘What kinds of foods are healthier?’
4. Waianae Coast Comprehensive Health Center has a USDA grant for increasing healthy food production in the community to those people who need it. There are many practical ways to do it.
5. MA‘O Farm’s aim is to fade away fast foods, by bringing healthier vegetables into the community. They deliver their produce to Windward Community College (WCC), Leeward Community College (LCC), Aloha Aina Café, Kapiolani Community College (KCC), Waianae Market, Kokua Coop, a Hawaii Kai restaurant and Umeke Market. Farming interns are in the program for ten months learning the traditional ways of the Hawaiians, and upon graduation, they become a member of the farming co-op. MAO is hoping to be the biggest organic farmer on O‘ahu, and is not able to produce enough to meet the demand. They have started an agricultural center with LCC to educate local farmers in the community about organic farming. Providing information to the farmers is difficult because farmers need to meet, 5-7PM in the evening, when their work has finished.

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

Timeline of the Healthy Foods Hawai'i Project:

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: February 2005-April 2005
5. Pre-intervention data collection: Mar-Jun 2005
6. Feasibility trial:
7. Test intervention in 2 locations: Jun 2005-Jun 2006
8. Post-intervention data collection: Jul 2006-Sept 2006

GLOSSARY:

arare: Japanese rice crackers.

Cheese Quesadillas: tortilla stuffed with cheese, avocado, sour cream, tomatoes, and grilled.

imu: underground oven. Food cooked in an *imu*.

kalua pig: a traditional Hawaiian food cooked in an *imu*, an underground oven made by digging a hole and filling the hole with firewood and rocks. The firewood is lit and the rocks retain the heat of the fire. A gutted pig is placed on top of a layer of banana leaves, then covered with a gunnysack and more banana leaves. The hole is covered with dirt while the pig bakes all day from the heat of the rocks. This dish has been adapted to preparation in the kitchen.

kava: a beverage made from the kava root.

laulau: steamed or broiled package of *ti* leaves or banana leaves containing pork, beef or fish with taro tops.

malolo syrup: fruit-flavored sugary syrup beverage.

nori: Japanese word for seaweed.

poi: The corm of the *kalo*/taro plant is steamed and mashed into a paste, called poi.

Nutritional studies have shown that *poi* is a healthy carbohydrate superior to many grains and potatoes in vitamin and mineral content. It is high in fiber and potassium, low in fat and sodium, and contains no cholesterol.

[<http://explorers.bishopmuseum.org/sciencegarden/bProperties/kalo.html>]

ramen: soup and noodles usually prepared with a slice of meat and vegetables

saimin: Asian noodles

shoyu: soy sauce

soba noodles: Japanese noodles made of buckwheat flour.

Spam® musubi: a shaped rice cake with Spam® on top of it.

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Appendix A

Community Workshop Agenda

Healthy Foods Hawai'i
Wai'anae Community Workshop
Tuesday, October 12, 2004
Wai'anae District Park, Arts and Crafts Room
9:00 – 5:00 PM

- 9:00 – 9:10** Blessing
Welcome and Introductions
- 9:10 - 9:20** Goals of the Workshop
- 9:20 – 9:50** Presentation of HFH formative research
*Individual interviews and observations
*Producer, store and distributor interviews
- 9:55 - 10:05** ‘Health’ and ‘healthy’ - what does it mean?
- 10:05–10:45** Target foods
*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....
* What are the healthier alternatives?
- 12:15 - 1:00** **LUNCH** (TASTE TEST - Spam®)
- 1:00 – 2:15** Healthy food behaviors
*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**
- 3:30 – 4:15** Key message development cont...
- 4:15 - 5:00** Media dissemination
* Radio, newspapers, in-stores, etc.
* Taste test results

Appendix B

Community Representatives Present at the Community Workshop

NAME	AFFILIATION
Eric Enos	Project Coordinator, Ka'ala Cultural Learning Center
Cynthia Rezendes	Chair, Wai'anae Neighborhood Board
Manny Miles	Produce Assistant, MA'O Farm
Brian Lane	MA'O Farm
Justin Miyashiro	Dietitian, Kaiser Nanaikeola Clinic
Anuenue Washburn	Program Coordinator, Waianae Coast Comprehensive Health Center
William Aila	Harbor Master, Department of Land and Natural Resources, Division of Boating and Ocean Recreation