Executive Summary

Introduction – visit www.healthystores.org for more info
The overall goal of the Apache Healthy Stores (AHS) program is to improve diet and reduce dietary risk factors for chronic diseases such as obesity and diabetes. The first trial of the AHS program (June 2003-June 2004), combined stocking of healthy food items, visual materials such as posters and flyers, with in-store cooking demonstrations, and mass media promotion in print and radio. The program was successful in improving knowledge about healthy food choices, and increasing the frequency of purchasing and consumption of healthy foods.

Purpose of the Workshop
The purpose of this workshop is to bring together people who are interested in working to reduce diabetes and obesity among the White Mountain and San Carlos Apache. Using the lessons learned from the AHS program, we will build a consensus on how those lessons should be used in future programs with food stores, and how community members and institutions can work together to promote healthy eating and physical activity.

Workshop Summary
Professionals from various local organizations concerned with diet gathered for a two-day workshop and built consensus about the future of the AHS program and the potential for collaboration between local organizations with shared goals.

The response to the AHS program and materials was favorable, but concerns were raised about the programs lack of visibility in the community. As more than a year has passed since active program implementation, the AHS program had little name recognition, and even other organizations working on diet and physical activity had little knowledge of the program. The workshop helped to increase awareness of the program among local organizations, but more work needs to be done to build awareness and support in the community. The workshop participants felt that the existing materials were well done, and suggested minor revisions. They also expressed the desire to see more information about dietary fiber as well as differentiation between fats.

The idea of collaboration between organizations with shared goals was well received, and a plan was set to develop these ideas through the formation of a diabetes prevention coalition. The AHS program would initiate the coalition with organizational and monetary support. Participants suggested that monthly lunch meetings be held, and that a shared calendar and email list be established to foster collaboration. It was also suggested that the AHS program collaborate to promote physical activity, particularly among children by drawing on the existing Pathways curriculum.

Sustainability is the ultimate goal of this phase of the AHS program. The creation of a coalition may help generate the support needed to sustain the AHS program within local organizations. Community involvement and investment in the program were identified as key components of sustainability, and participants suggested working with the community presidents and expanding the program to all local communities to generate community support.

Extending the program to all local communities would call for a significant change in the study design, which the USDA will need to approve. Also, with the focus of the program expanding beyond just work within stores, the name, Apache Healthy Foods program, may better reflect the program’s current form.
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**Introductions**

**Kathleen Norton:** Works for JHU/NARCH on a variety of projects; NARCH is a 4-year funded initiative to raise abilities and education of members of the community.

**Janis Lando:** Certified diabetes educator; hospital outpatient educator; arrived in May.

**Orion Courtin:** AHS intern, focused on developing sustainability for the AHS program.

**Joel Gittelsohn:** JHU Center for Human Nutrition; started working here with Pathways in 1992.

**Arlee Newingham:** Diabetes program; does cooking demonstrations, nutrition education, office in fitness center.

**Evelyn Lupe:** Health education dept, for about a year now; organizes runs and community events; works with Agatha, goes to schools to do nutrition classes.

**Randolyn Edwardo:** Intern with health education.

**Kearny Bonito:** Health education, works with pre-school children doing nutrition and diabetes education.

**Eliza Lupe:** Health education technician, does staff presentation and screening, working on diabetes certificate.

**Expectations**

*What are your expectations of this workshop? What would you like to get out of this workshop? What do you hope we will accomplish?*

**Summary of Expectations**

- Learn more about the AHS program.
- Explore collaboration.
- Get materials and support for other existing programs.
- Improve the existing AHS program.

Kathleen

- Hear more about AHS and determine how the other White Mountain Hopkins/NARCH can partner and collaborate.
- NARCH (Native American Research Centers for Health) is a grant awarded to the tribe with JHU as a partner that promotes the development of scholarship and research about health among Native Americans.
- Would like to learn more about diet and nutrition.

Jan

- New to community and wants to meet people and work together.
- Wants to gain knowledge.
- Wants to use her skills in the community, and work on dealing with the sugar problem, particularly in children, and addressing the high rate of poor nutrition.

**Arlee**
- Getting more community participation at the fitness center, particularly in cooking demonstrations
- Biggest cooking demo ever (30-40 people) was court ordered, people were instructed to go for extra credit; more typical participation is less than 5 people.
- Seeing what other people are doing in the community, and increasing community participation.
- Figure out how incentives can help: going to try a heart healthy campaign

**Orion**
- Develop the core mission of the AHS program and continue to improve existing program
- See how we can work together with other organizations with similar goals

**Becky**
- Revise and improve what we’ve already done.
- Many of the things said earlier.

**Joel**
- Would like to find a way to learn from the successes and failures of this program and figure out how to move forward from there.
- Open to working on things beyond the store program; primary hope is to engage with different groups to come up with something that people will want to do and continue in the future.
- Find something that works in the community setting.
- Many of the things already said.

**Evelyn**
- Get more ideas for teaching in the schools (sometimes run out of idea, but know there’s lots out there)
- Wants to do more hands on stuff/activities, including physical education; also may do cooking demonstrations as well

**Randolyn**
- Learn about what’s going on.

**Eliza**
- Learn more about AHS program, to build partnerships.
- Get nutrition classes into the community.

**Kearny**
- Learn more about what AHS is doing.
- Can perhaps offer assistance and work together
Discussion of Goals and Objectives

How should we modify these goals and objectives? Do they cover what we want them to cover?

**Original Goal:** To improve dietary quality in American Indian communities and reduce risk for obesity by increasing the availability, purchase, and consumption of healthy foods.

**Discussion:**
- Doesn’t include “diabetes” or “chronic disease”
- What about food that doesn’t involve purchase (adding production, like gardens to the idea)
- Availability could also mean home gardens, food preservation and storage (the environment here can support gardens), farmers market
- People eat based on availability and convenience (tailgates, fast food), would be nice if there were an alternative option for buying healthy already prepared food (might not be too much more expensive)
- People eat beans, potatoes, meats, corn; going to be a gradual change to introduce new foods
- Barriers: Difficult to get people to prepare healthy food for themselves; “healthy food is expensive”; “my husband won’t eat it”; “who are you to tell me how to eat”; people aren’t in the habit and may not know how to prepare healthier foods; “if I’m buying it, you can’t tell me how to eat”
- Some people change with onset of diabetes or pre-diabetes
- People buy a lot of corn when it’s gathered, but other vegetables, even when free are often not claimed or eaten
- We’re currently using cooking demos, but there may be opportunities to do them in other venues such as the youth center that’s opening or in vocational school or high school
- A healthy tailgate would be easier than a restaurant
- Original program showed some success, but it did not involve the community or other organizations beyond consultation in the formative research
- Introduce concept of “readiness” to the goals, meaning people need to be open to trying or preparing certain foods before they will consume them, regardless of their availability or price.
- Might want to partner with commodity foods to increase readiness to prepare the foods they provide.
- Also would be good to bring traditional foods into the diet, though the ease of acquiring these is an issue.
- Need to get rid of parentheses in modified goal.

**Modified Goal:** To improve dietary quality in American Indian communities and reduce risk for obesity (and other chronic diseases) by increasing the readiness, availability (in stores, restaurants and locally produced), purchase, and consumption of healthy foods – in a manner that respects and incorporates traditional foods, values and concerns.
Specific Objectives

Original Specific Objectives:
- Implement a self-sustained healthy foods promotion program on the White Mountain and San Carlos Apache reservations, based on findings of the AHS study.
- Expand the AHS program to supermarkets and other local food stores on the Navajo Nation.
- Evaluate the sustainability of the program, and its impact on patterns of food sales, purchase and dietary quality in the local population, using validated tools that would allow for comparison with other communities and with nationally representative data.

Discussion:
- Program needs to be self-sustained, and in a couple of years would exist without JHU involvement
- Maybe set up a network of people working on these issues; open up communication with community and hospital
- May need some body to facilitate communication and coordination; email list of some kind (there was a committee set up by Dr. Brash years ago, but it fizzled)
- Could present info to NARCH meetings
- Should figure out what community members want
- Why don’t we promote physical activity too when it ties in so well with the goals of program
- Fitness center offers incentives for exercise (though there’s an issue with staff turnover among activities coordinators); Health ed sponsors walks/runs;
- We could find a way to support existing physical activity programs and integrate AHS messages
- In general we should refine the linkage of this program with other programs (i.e. Fitness Center, IHS, Diabetes Program, Health Ed)
- Should clarify what it is that people here want from the program and gear program towards those needs
- Navajo Healthy Stores process should begin with community involvement and buy-in, which should continue throughout the process.
- Should get community presidents involved and other community leaders; the presidents plan things for their areas and with their help and ideas we could plan activities for their areas with broader community support; also a way to get feedback on activities

Modified Specific Objectives:
- Implement a self-sustained healthy foods promotion program on the White Mountain and San Carlos Apache reservations, based on identified needs by the community and findings of the AHS program.
- Develop and implement the program with ongoing community involvement, and coordination with existing programs in the community.
- Expand the AHS program to supermarkets and other local food stores on the Navajo Nation.
- Evaluate the sustainability of the program, and its impact on patterns of food sales, purchase and dietary quality in the local population, using validated tools that would allow for comparison with other communities and with nationally representative data.
Lessons Learned from the Original AHS Program

Apache Healthy Stores Goals

1. To implement a store-centered nutrition program on the White Mountain and San Carlos Apache reservations
2. To increase sales of healthy foods
3. To increase healthy food purchasing, preparation and diets of community members

- Initial program was mainly in stores with some outside media (print and radio)
- To increase “sale” of healthy food had to demonstrate to stores that program would not hurt business
- Bashas provided unit sales data

Community Approaches Development Workshop

- Had a community workshop in 2002 to develop materials and strategy for the intervention
- The workshop identified 6 topic areas that were to be covered in 8-week phases

Apache Healthy Stores Program Phases (June 2003 – June 2004)

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<thead>
<tr>
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<tr>
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<td>2</td>
<td>Start the Day with a Healthy Breakfast</td>
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<td>Quick and Healthy Dinners</td>
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<td>5</td>
<td>Drinking Healthy Beverages</td>
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<td>6</td>
<td>Healthy Lunches and Snacks</td>
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- Materials were developed for each phase
- Bashas was an excellent partner and did about 80% of the printing
- Shelf labels were placed under the promoted foods in each store.

- The intervention included label reading on some flyers, but it wasn’t a focus.
- The evaluation suggests that the label reading component would need to be strengthened to be effective.

- Recipe cards were passed out during cooking demonstrations.
- Cooking demos happened in stores, though we’ve had suggestions to do more at community events
- We have stats on how many people attended each demo
- Some were taste tests, for example, had people try different milks, and say which they preferred the taste of; consistently people preferred a lower fat milk than they were currently buying

- These displays were harder to place in the smaller stores where space was more limited

- Bashas was very helpful in allowing us to use premium end-cap space for displays, and they assisted in setting them up
- Cartoons ran in local papers and were coordinated with the phase of the intervention

- Radio announcements in both English and Apache promoted the program
- The coverage was a little irregular

- The intervention areas were those closest to the Bashas, and the comparison areas were more outlying communities like McNary and Cibeque.
Exposure was measured to establish that there were indeed differences between the intervention and comparison communities.
- Impossible to prevent people in comparison areas from shopping in intervention stores, but there was a clear difference between the groups.
- The exposure data also speaks to the issue of intensity of the intervention.
- Would have hoped for more exposure among the intervention group.

These graphs indicate change in response from pre-intervention to post-intervention.
- Among psychosocial factors, knowledge was the only one that had a statistically significant increase.
- Though not statistically significant, self-efficacy and intentions trended in the right way.
- Label reading appears basically unaffected by the intervention.
- There was a statistically significant increase in frequency of purchase of vegetables among the intervention group
- There were strong trends for lower fat milk as well as fruits
- Other promoted foods again trended towards improvement for the intervention group, though they were not statistically significant

- When looking at reported eating patterns, the trends were favorable for vegetables, particularly green vegetables
- Fresh fruits showed no change

- Higher fiber cereals were consumed more frequently among the intervention group
- The intervention group appeared to have consumed fewer unhealthy beverages.

- While there was little change in snacking among the intervention group, the comparison group increased their unhealthy snacking.
- This may be explained by the secular trend that people are continuing to eat less healthy foods.

- In this case the comparison was drawn with Navajo stores since the comparison areas did not have any stores that would be equivalent.
- In general, the increase in promoted items in the intervention stores was greater.
- Though low-fat milk consumption increased in both, the greater increase in the Navajo stores may be related to another intervention related to milk on that reservation.
Improving the Original AHS Program

Joel: There were definitely some successes among the results of the program, and even among those findings that were not statistically significant, the trends were in the direction we would hope. This lends us confidence that the intervention had a positive effect, though clearly we could have had a much larger effect.

What can we learn from the existing intervention, and how could it be improved?

Summary of Recommendations

- Explore the promotion of prepared foods, through tailgates, the deli, or community events.
- Increase the community support for the program through partnerships with organizations and community leaders.
- Consider the use of incentives to encourage participation.
- Significantly improve the label reading component of the intervention.

What about working with the existing tailgaters?
- Would any of these food vendors be willing to do something different if supplied with healthier items?
- Could healthier food be used as a selling point?
- Fry bread can be prepared in a heart healthier way with canola oil and whole-wheat flour.
- Could tailgaters give out samples to introduce people to the new foods (Arlee tried this with ground turkey)
- Would be good to have ingredient packages visible (has to be available at Bashas)
- Can whole-wheat flour be cost effective? Can it be purchased in a large enough size?

We should have the program with tailgaters, at community events, and health fairs.

We should involve other people and groups in the intervention.
- Get leadership involved; people see leaders participating and promoting the program
- Could we present at a council meeting?
- Would help to establish a collaboration with other groups, such as monthly meetings, might establish a coalition, similar to the suicide coalition.

Need broad community awareness of some aspect of the program to ensure its success.

Must work on participation, how to get people to show up.
- Consider the issue of incentives (like when Arlee’s demos were court mandated)
- All involved parties must be having their needs fulfilled, including the implementers.

Intervention must be able to meet the stated goal, meaning if reducing obesity is the intention, then if intervention goes well should be reasonable to expect that goal to be met.
- Issue of intensity; will an overall impact in small ways over time reasonably produce the intended outcomes?
- Could coordinating efforts between different groups increase the intensity?

Should we add a physical activity component?
- Perhaps it would make more sense to lend support to existing physical activity programs?
- Could we support existing physical activity programs?
- What about lending support from the Pathways curriculum?
- What about pedometers?

People need to know what a healthy day looks like.
- What foods to eat, how much activity to do?
- It’s also an environmental issue, people eat what’s around and what they are used to.

Label reading component appeared to be ineffective, but is an important skill.
- Add more material on label reading.
- Assist with classes that include label reading.
- Add label reading activities.

What Makes a Successful Program?

Summary of Recommendations
- Hire lay nutrition educators in each community and pay them on a stipend basis, instead of hiring one full time interventionist.
- Establish a certificate program with NARCH support as an incentive and training for lay nutrition educators.
- Develop incentives (such as free food) and context (health fair or community event) in which messages are salient and well received.

Apaches Celebrate Healthy Food

Program Characteristics:
- Targeted food stamp recipients
- Trained 15-20 women to do cooking demos; they were paid a stipend for each demo they completed ($25 for a group of 10 or more; $50 for big events)
- Program coordinator (Arlee) bought the supplies for the demos and provided support (a full time job), would not have worked without this
- Had community cookouts and prepared different recipes to taste and try (these were particularly successful)
- Ran for a number of years before the grant ran out

Possible Applications to AHS Program:
- Instead of employing 1 or 2 fulltime interventionists, could use lay nutrition educators and pay them on a stipend basis
- Might have 1-2 in the various communities, could put materials in stores in addition to cooking demos
- Might develop a certificate program in partnership with NARCH to train the educators (NARCH has funding for things like this)
- Some of the supplies are still around
- AHS may want to try to do events similar to the community cookouts
Teacher Intern Program

Program Characteristics:
- Allowed people already working for the school district to complete 4-year degrees while continuing to live and work on the reservation
- Incentive: could increase their income significantly by doing these courses
- University partners were willing to offer courses locally, the courses were free

Possible Applications to AHS Program:
- Could create a similar partnership to train nutrition educators
- Must consider the proper incentive structure to make it work

Walking Programs on the Reservation

Program Characteristics:
- Provides opportunities for people to start being more physically active
- Increasing in popularity, with that more awareness of fitness
- Provided and advertised clear incentives: like Nike shoes (corporate sponsorship)
- High turnover of staff leads to setbacks; requires program champions and good management to work well

Possible Applications to AHS Program:
- Issue of program champions is important for sustainability, getting people committed to managing and continuing the program
- What incentives do people have to participate? Free food, other ideas?

Recent Women’s Conference

Program Characteristics:
- Had cholesterol screenings in addition to blood sugar.
- People very interested in hearing about heart healthy foods after getting their cholesterol reading.

Possible Applications to AHS Program:
- By supporting other events can build a more salient environment for our materials and messages.

Eat 5 Fruits and Vegetables a Day!
Working with Community Partners

How can we coordinate our activities with partner organizations? How can we support the efforts of other organizations?

**Action Items**

- Create a coalition of organizations concerned with diet and exercise.
- Create a shared calendar and email list to promote collaboration.
- Host monthly lunch meetings.
- Explore sponsoring healthy food promoting community events, and support other existing events.
- Provide Pathways curricula to partners working with schools.

Could we create a shared calendar that included activities from each organization?
- Would allow us to create activities with similar themes around the same time.
- Opportunity to refer people to other healthy lifestyle supporting activities.
- Would also be good to have regular events, possibly collaborative.
- Could create an online calendar that everyone could update and print.

Possibility of having an email list that people who work on nutrition, physical activity, and diabetes prevention could use to communicate periodically.

Should create a written agreement outlining ways that various groups can collaborate.
- For example, AHS has a relationship with Bashas, so if the Diabetes Program wanted to promote ground turkey, AHS could ensure that the store had it for that month.

What about working in schools?
- We have the Pathways curriculum that was developed for 3rd-5th graders.
- Could we use existing Pathways lessons to help our partners in their school activities?
- Evelyn and Kearny both do nutrition education with school kids, and AHS could help them with activities.
- During original program high school students appreciated some of the taste tests and label reading; could integrate with their health classes.

Could form a coalition, similar to what has been done on other issues such as suicide, which would act as a vehicle for coordination and collaboration.
- Could host monthly lunch meetings.
- Could cooperate to coordinate events.
- AHS would provide the logistical and monetary support to begin this effort.
- Would evolve based on the needs and input of the coalition members.

In terms of physical activity, there are already a variety of programs in place, but perhaps there would be ways to support and expand on the existing programs.
- AHS could provide materials for the runs.
- Possibilities for help with promoting and supporting these activities.
- With Pathways curriculum there is an extensive physical activity component.
Discussion of Sustainability

Summary

- Community investment in the project is important, and is missing.
- Need a clear idea of what will be sustained.
- Other community organizations must perceive the value of the program to the community before they will sustain it.
- Should partner with Bashas to routinize program components in stores.

Community investment or at least awareness of the project is important.
- Many people have never heard of our program, or if they were exposed during the intervention they have forgotten.
- If the community, or at the very least other organizations, do not perceive the value of our program, it will be impossible to build any kind of lasting support.
- Should involve tribal leaders, community leaders, and the greater community in the program.

AHS has the funding to keep the program going for a few more years, but ultimately, the purpose of this funding is to make the program sustainable in the community without Hopkins involvement.

Keep in mind that there is stigma surrounding research, and the perception of this project as “research” or “Hopkins” can damage its potential to gain widespread support.

Of the ideas discussed in the workshop, only a few address this issue of sustainability.
- Working with the community presidents and expanding the program to include activities in all of the communities.
- Building a coalition of organizations to work together on shared issues.
- Collaborating with partner organizations to support specific efforts.

Establishing clear program areas and plans for the AHS program, without these it is difficult to describe what would be sustained or to build support.
- Could the Diabetes Program take over or do we find other revenue streams or another program.

Need to explore the extent to which we can integrate collaboration with Bashas. The more our in store activities can be incorporated into their routines, the more sustainable those components become.
Actions Suggested by the Workshop

1. Explore how to offer more healthy food that is convenient and already prepared through working with tailgaters and/or with the Bashas deli.

2. Set up an email list and calendar to encourage cooperation between groups with similar agendas.

3. Figure out how to support physical activity promotion done by other programs; speak with the activities coordinator at the Fitness Center; help Eliza and Kearny with materials from Pathways.

4. Include community presidents and tribal leaders in the program; expand the program to all communities in the area.
   - This would significantly increase community support.
   - Change study design to accommodate these changes.

5. Improve label reading component; needs to be more intensive to have an impact.
   - Could do something with the 10% rule used by the dairy council in a former campaign.

6. Bring AHS program to community events and health fairs; set up regular events, perhaps cooking demonstrations that people would attend to learn about healthy eating.

7. Develop broad-spectrum community awareness of some aspect of the program.

8. Recruit and train lay nutrition educators to carry out activities of AHS program.
   - Train 1 or 2 from each community
   - Training could be done through a certificate program funded by NARCH
   - Spring would be the start time for these activities.

9. Create a coalition to help coordinate the efforts of the various groups working on diet, physical activity, and diabetes.
   - Draft a letter outlining the structure and purpose of the proposed coalition.

10. Continue to improve and build upon existing materials (see Review of AHS Materials section for the suggestions).

11. Need to have clear program components so that the AHS program will have enough focus to be effective in producing the desired goals in terms of behavior and sustainability.

12. Explore the many possibilities of partnering with Bashas.
   - Stocking healthier foods & applying food labels
   - Printing materials
   - Donation of promoted foods
   - Using Thank You card reward system to promote healthy foods
   - Adding healthy food insert to Bashas’ publications

13. Change name to Apache Healthy Foods to reflect the broader goals of the program.

14. Would be nice to be able to incorporate the Pathways materials into the AHS program.
Review of AHS Materials
See more materials at www.healthystores.org

What could this family do?
- Take off name brands.
- Add Apache version as well (or write under)
- Do shelf labels in Apache.
- The water bottle looks like a baby bottle.
- Family has baggy pants, need Indian style purse, and there’s too much extra shading.

Add a poster of participating stores.

May want to include more complex messages such as the differences between fats and explaining how carbohydrates, fiber, and sugars are related.
- Might change posters to highlight total carbs instead of just sugar content.
- ADA has materials to help with these messages.
- Could modify the pretzel-chip comparison poster and compare lard and vegetable oil instead.

Other snacks may be more relevant to the Apache audience.
- big pickles (kids cover them in Kool aid powder)
- nacho cheese with chips; maybe do a flyer on this food.

The model breakfast presented is high in carbohydrates; in general be careful about using fat reduction as the answer to everything.
- Perhaps add an egg or some peanut butter.

Could the materials be adapted to make a coloring book for children? Could be passed out with a small pack of crayons.

Would be good to do more with the radio component.
- Once imagined there would be a theme song, but ended up with small phrases that were not as frequent, detailed, or specific as hoped.
- Would be good to make some short PSAs, nice and concise.
- Coalition members would often speak on the radio, could provide them with messages to relate to the people.
- Radio situation in San Carlos is more complicated.

Cooking Spray
- Misprint in the interventionist manual.
- There is no cartoon for this phase.
- Add lard to the poster as well.
- Add more info about different types of oil.
- Could do a paper towel comparison between cooking with different types of oil.
- Show how fat separates from foods.

Healthy Dinners
- May want to include more about lean meats, lean ground beef can be better than regular ground turkey.
- Supersize no longer exists at McDonalds, so may want to adjust the messages.
- Have to be careful about stigmatizing body size and obesity with materials.
- Poster idea: Have different sizes of soft drinks, with clothing sizes underneath, or do the same thing with fast food.
- People think nutrients are taken away with drain and rinse, may want to explicitly say that they aren’t.
- May want to give away freezer bags and colanders.

**Healthy Beverages**
- specify that bottled water costs...
- On the display: Add other types of beverages, powerade, Kool aid, energy drinks, flavored waters.
- Add other beverages to taste tests.
- May want to incorporate some res lingo, like “man, she looks champ”.
- There’s no listing for flyers in the manual of procedures.

**Fruits and Vegetables**
- Nothing about fiber on the current materials.
- Interventionist manual may need updating
- The display is too wordy
- Might want to add more local produce like squash, cabbage
- Words expensive and affordable are a little too long, “costs more or less”
- The calorie doesn’t exist as a concept to people here.

**General Comments on Materials**
- The concept of fiber is missing; can explain that it keeps you from being hungry and keeps you “regular”; could show foods with fiber and without.
- Some materials are too wordy and awkward
- Butter is never mentioned in the materials, nor is margarine.
- Might incorporate the idea of the multiple phases visibly into the materials…unified colors for each phase, but also, recognition of past phases.
- What about adding some sort of incentives in stores, with the Thank You card program or through coupons that print at the register.
- Could make an insert to put with the regular Bashas materials that are distributed.
- Profit is a major barrier to working in the smaller stores, how can this be overcome? Before we did limited buyback guarantees; have to promote food we have them stock.