



Oral Health Nutrition & Obesity Control Program - Final Report

Executive Summary

Beginning June 1st and ending August 31st, 2022, 35 families enrolled into the Coalition for Food and Health Equity's (CFHE) Eating Better Together program as part of the Oral Health Nutrition & Obesity Control Program. Families who completed three nutrition education sessions through the Department of Health's Oral Health, Nutrition & Obesity Control Program in partnership with their dental provider were eligible to enroll in CFHE's meal program.

Throughout this 10-week pilot program, CFHE delivered over 3,000 high-quality, healthy meals to 156 individuals from 35 families. The Eating Better Together program participants overwhelmingly reported that they were 'very satisfied' with the quality and value of the meals, and that the service provided a welcome resource during these challenging times. In addition, their description of the program as being enjoyable was a common theme in their open-ended responses.

During enrollment, participants noted that they found it difficult to judge whether the media's nutritional information could be trusted, indicating there is a possibility that a food and media literacy component might be beneficial. Although 54% and 43% of the individuals that enrolled reported being food and financially insecure, respectively, nearly all of the respondents (94%) noted that cost was one of the most difficult challenges to preparing healthy food. These data indicate a need for additional meal services to support the financial, food, and nutritional needs of families experiencing food and economic insecurity. Further findings support a need to accommodate families around New Jersey with exceptional service and nutritious meals to improve health equity and well-being.

Report Authors

Dr. Leeja Carter, Executive Director
Coalition for Food and Health Equity

Dr. Amerigo Rossi, Program Evaluator
Coalition for Food and Health Equity

Mónica Ortiz Rossi, MFA, MPH, Program Evaluator
Coalition for Food and Health Equity



Pilot Program Overview

Obesity disproportionately impacts racial and ethnic minorities with oral hygiene related to nutritional health. Access to nutrition education and counseling in childhood can reduce rates of poor health later in adulthood. Barriers to accessing nutrition resources, particularly general education, fresh produce, and well balanced meals that support a healthy diet include: 1) accessibility - many families of color reside in communities that are considered food deserts, that are a direct result of food apartheid; and 2) affordability - when markets that sell nutritious and organic food are available, the retail price for many food items is significantly higher than the price at a smaller, more localized grocery store. Further fresh produce and organic food spoil faster, increasing the cost for grocer items. These are just two of a myriad of barriers that contribute to sustaining nutritional and physical health particularly amongst families and children of color.

The Coalition for Food and Health Equity places hunger within the larger context of racial health equity, working to end hunger, improve health, and advance economic equity within historically marginalized communities. We work to address the root causes of health inequity through identifying the ways structural oppression marginalizes communities and impede health

The goal of the Coalition for Food and Health Equity's Eating Better Together program in partnership with the Department of Health's Oral Hygiene Division was to support families in learning about healthy, nutritious foods to support overall well-being by providing free exemplary meals to persons in need.

The objectives of Eating Better Together pilot program were:

- Enroll 50 families (estimate families of 3; n = 150) into the CFHE Healthy Family Nutrition Program
- Increase knowledge of healthy portion size and plate by providing weekly meal examples that meet the dietary guidelines the USDA and HHS set forth.
- Assess the psycho-emotional impacts of the Eating Better Together program on participants.
- Distribute a diversity of healthy meal options to families enrolled in the program.

Methodology

Beginning June 1st and ending August 31st, 2022, 35 families enrolled in the Eating Better Together program, totaling 156 participants. Families who completed three nutrition education sessions through the Department of Health's Oral Health, Nutrition & Obesity Control Program in partnership with their dental provider were eligible to enroll in a healthy meal or fresh produce service. Families whose children were patients at Metropolitan Family Health Network (n = 1), Rutgers School of Dental Medicine (n = 7), and North Hudson Community Action Center (n = 27) and completed three nutrition education sessions were eligible to enroll in CFHE's free meal program. Interested families were first informed of the meal program option and consented to be contacted by a CFHE Client Service Representative (CSR) for more information. The first and last name of each head of the household was provided to CFHE's CSR to enroll the family into the Eating Better Together program.

Participants remained enrolled in the pilot program for a minimum of five weeks. To evaluate participant satisfaction with the meal delivery service and gain valuable feedback for service improvement, all registered families were asked to complete 1) an entrance questionnaire and 2) a 5-question survey after having received five weeks of meal delivery. The results are summarized below.



Participant Demographics & Residence

The 2022 Eating Better Together pilot program enrolled 35 families from 17 different New Jersey municipalities (see Figure 1). The 35 enrolled families included 156 individuals, who were served a total of 3,069 free, nutritious meals over the 10-week pilot program. Meals were provided from a CFHE Restaurant Affiliate. Families received three dinner meals and a breakfast from Café Peanut and Garnish Overnight Oats.

The head of household for thirty-five families completed the entrance questionnaire.

Table 1. Demographic Snapshot

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|---|---|--|
| Race <ul style="list-style-type: none">• White 51%• Latinx 33%• Black 9%• Asian 3%• American Indian 3% | Age <ul style="list-style-type: none">• 20-29 31%• 30-39 46%• 40-49 17%• 50-59 6% | Gender <ul style="list-style-type: none">• Woman 91%• Man 9% |
| Household size <ul style="list-style-type: none">• 2-3 12%• 4 40%• 5 31%• 6-7 17% | Disability status <ul style="list-style-type: none">• No 94%• Yes 6% | |



Families resided within 17 different New Jersey municipalities across four New Jersey Counties (Hudson, Essex, Bergen, and Passaic). Meals were delivered on Thursdays starting June 9th, 2022 between 11:30 am and 4:00 pm by a CFHE delivery driver.

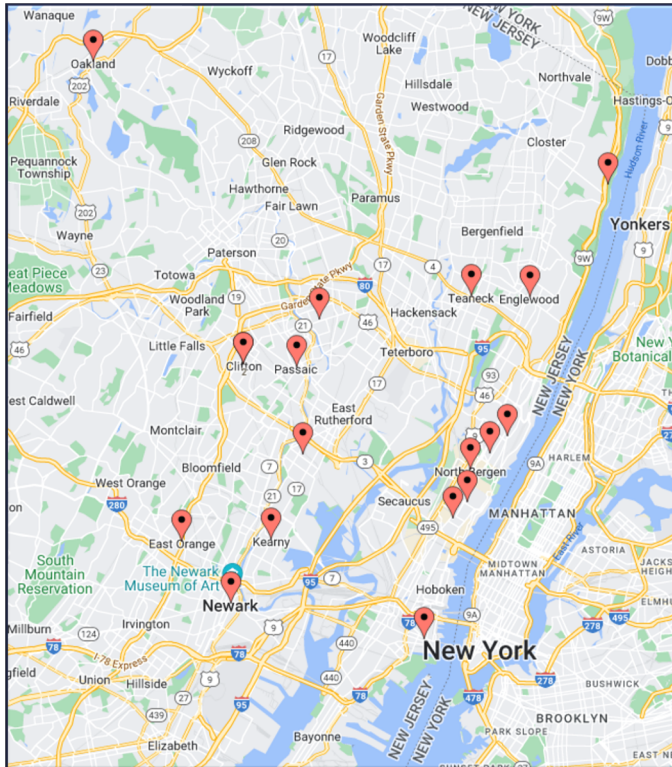


Figure 1. Municipalities Served by Eating Better Together program, 2022

Entrance Questionnaire

A Coalition for Food and Health Equity CSR conducted phone interviews. Below is the scripted introductory message:

Hello, my name is [insert name] calling from Coalition for Food and Health Equity:

Your information was shared with us as part of the Department of Health's Oral Health, Nutrition & Obesity Control Program. You are among the families that have completed their 3 nutrition counseling sessions and are eligible to receive 3 free meals per member of household a week.

CFHE's meal program is titled "Eating Better Together" initiative. Eating Better Together is designed to support families in cooking healthy, nutritious foods that support overall well-being.



Our program is designed to build on your three nutritional sessions and we will deliver 3 free meals per person in the household every Thursday. These meals have been customized based on the information given during your enrollment, such as all dietary restrictions and allergens.

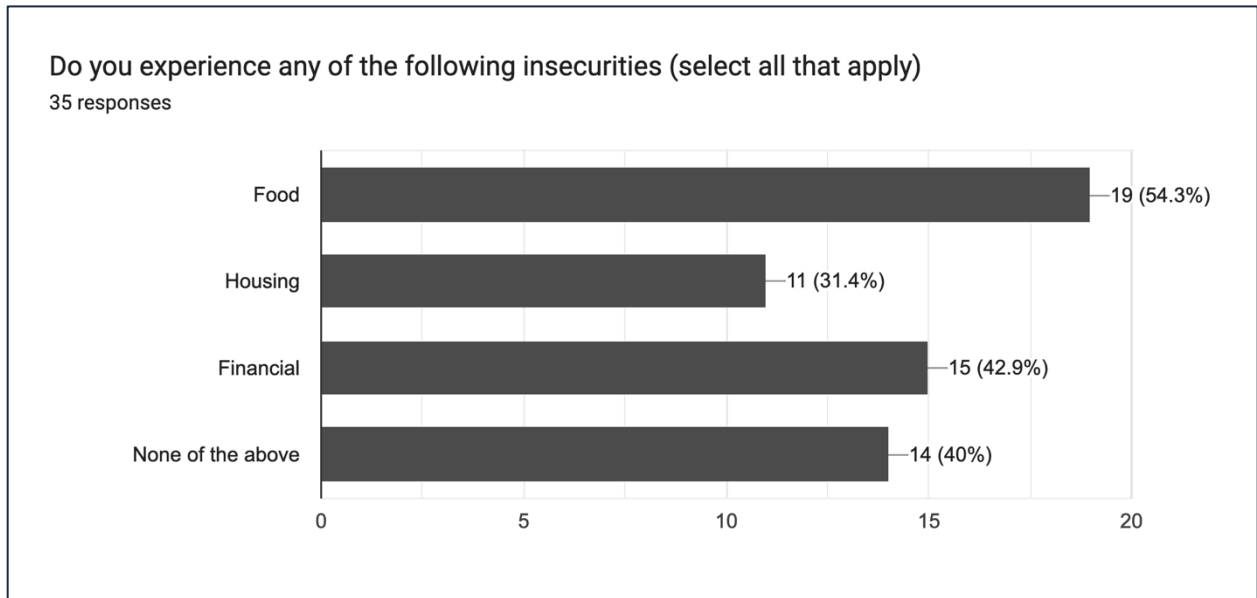
All meals are geared to help your understanding of cooking healthy and nutritious foods while keeping the flavors you enjoy. Your meals have been prepared by a local restaurant chef that uses fresh and organic ingredients.

Thank you,

Coalition Equity Team

Before enrolling in the Eating Better Together program, 54% of the families reported experiencing food insecurity, 31% reported housing insecurity and 43% reported financial insecurity, indicating that this population had a significant and meaningful need of assistance.

Table 2. Self-reported Experience of Food, Housing, or Financial Insecurity



Eating Habits and Challenges

Before enrolling in the program, participants were asked to rate their experience with creating and identifying a healthy balanced meal. They were also asked to rate their judgment of trusting the media with nutritional information. The rating scale used to document these habits and challenges around eating healthy went from 1 - “very hard” to 4 - “very easy”. No participants found it very difficult to compose a healthy balanced meal or to evaluate if a portion of food was part of a healthy diet. When judging if media information on nutritional issues can be trusted, over 20% of participants found it difficult to do so.

Table 3. Experience Composing a Healthy/Balanced Meal at Home

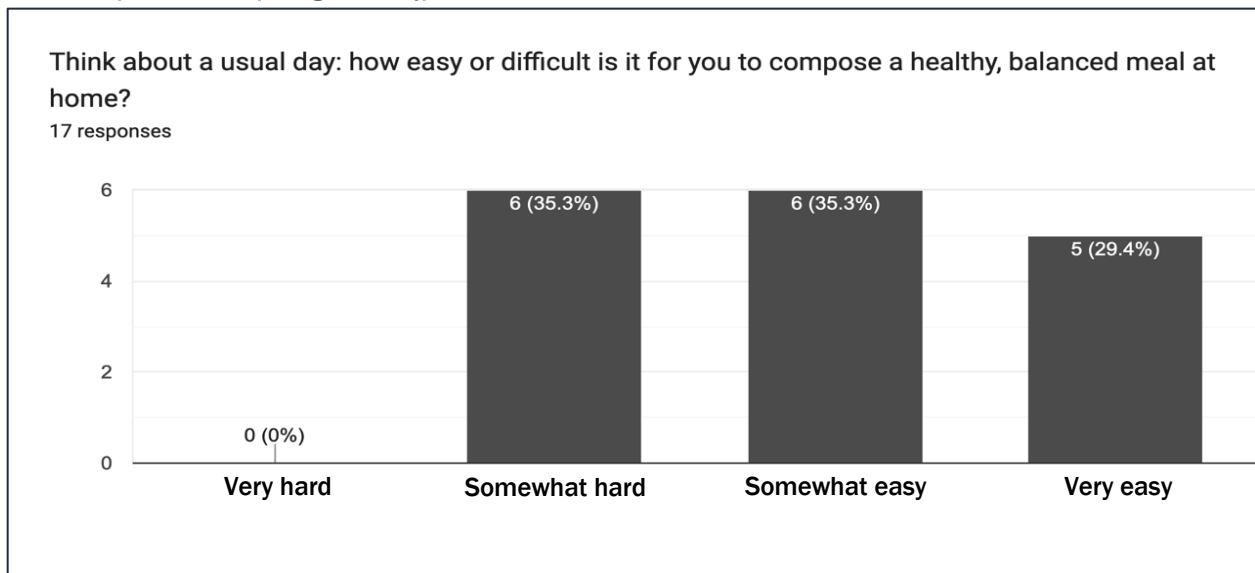


Table 4. Experience Evaluating if a Specific Food is Part of a Healthy Diet

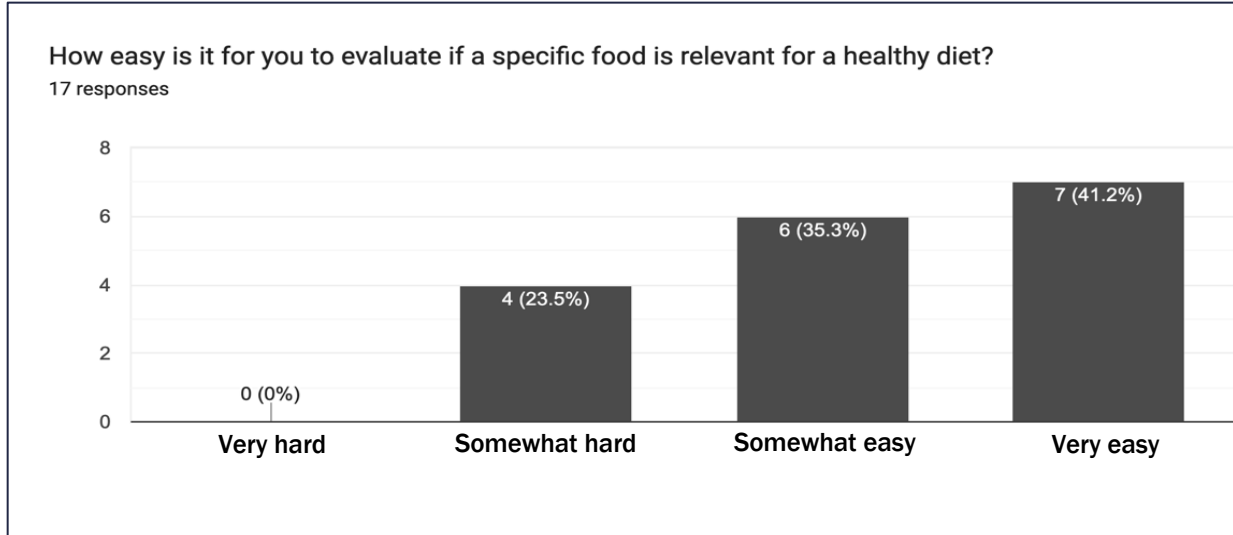
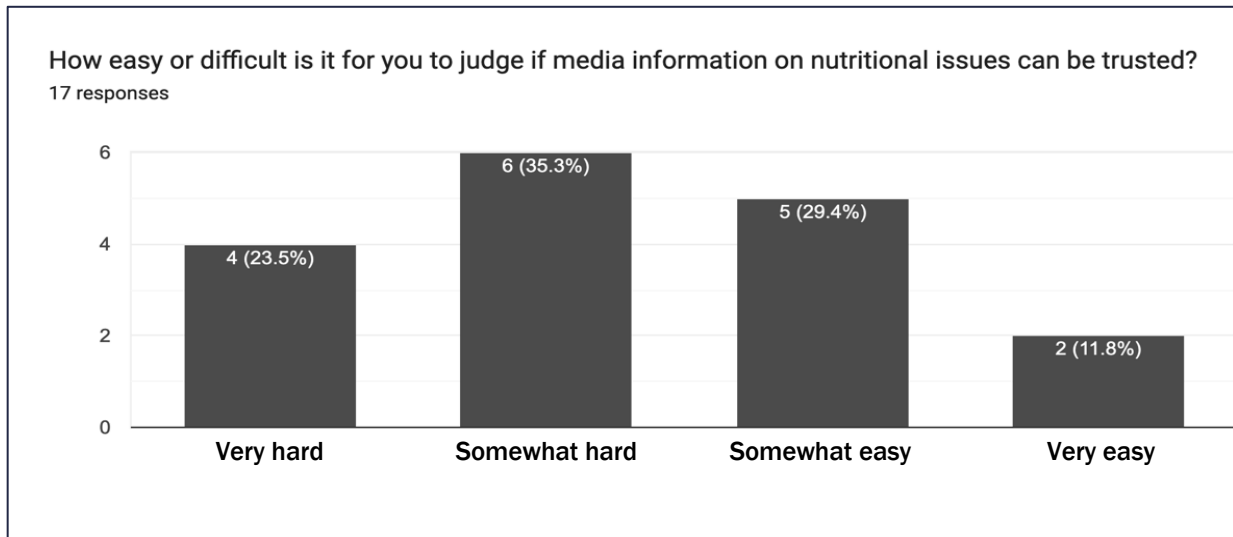


Table 5. Experience Judging if Nutritional Information in Media can be Trusted





Participants were asked to think about the past week and describe the healthiest / most balanced meal they ate and to identify who prepared it. Chicken dishes topped the list, being a part of 53% of the reported most balanced meals. 53% of the reported meals contained salad or vegetables. Of the people that identified who prepared the most balanced meal, all meals were prepared by females.

| | |
|--|-----------------------------------|
| Vegetables with Baked Chicken Breast | |
| Chicken Soup | |
| Toasted Bread, Blended Avocado with Egg | • Self (Female) prepared |
| Chicken Soup | |
| Baked Chicken with salad | |
| Grilled Chicken and salad | • Head of household/Self (Female) |
| Chicken Soup | • Wife prepared |
| Fried Eggs, Beans, Tomato sauce | |
| Baked Tilapia & Vegetables W Rice | • Mother prepared |
| Chicken Breast with Broccoli and Potatoes | • Mother prepared |
| Salad with Chicken Breast | • Mother prepared |
| Chicken Soup with Cucumber and lettuce Salad | • Mother Prepared |
| Beans with salad | |
| Salad Pasta with Greens | • Mother prepared |
| Steam Vegetables with Bean | • Wife prepared |
| Steamed vegetables with meatballs and rice | • Mother prepared |
| Chicken with vegetables and rice | • Mother prepared |

Figure 2. Healthiest Meal in the Past Week

Participants were asked to identify the most difficult challenges they experienced when trying to make healthful meals for themselves and their family.

Although 43% of the families reported financial insecurity, **94% of the families responded that cost was one of the most difficult challenges to trying to make healthful meals.** Language was listed in 19% of families, and lack of access to fresh produce was listed by 11% of families.

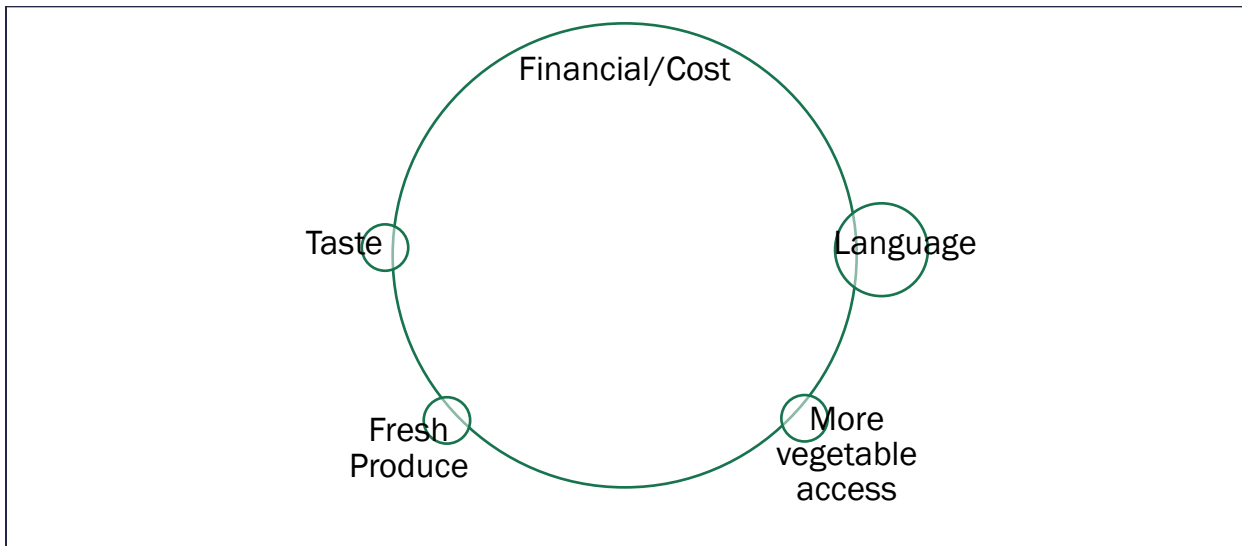


Figure 3. Challenges to Meal Preparation

Participant Satisfaction

Participants were asked what was their satisfaction with the overall quality of the food and the timing of the meal deliveries. In addition, they were asked if the meals aligned with their cultural beliefs. The results are below.

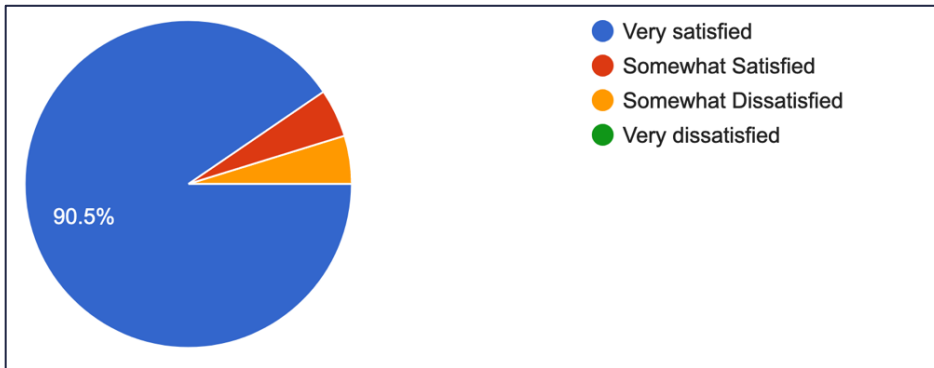


Figure 4. Satisfaction with Meal Overall Quality - How satisfied are you with the overall quality (flavor, portion size & nutritional value) of the delivered meals?

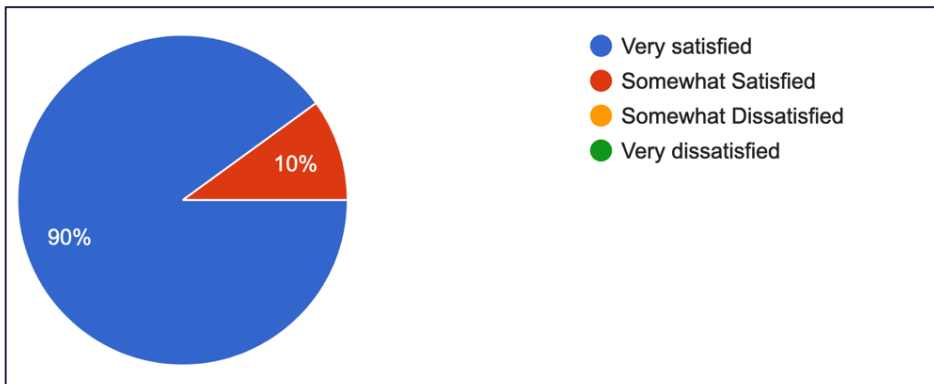


Figure 5. Satisfaction with Meal Delivery Dates and Times - How satisfied are you with the timing (days per week / time of day) of the delivered meals?

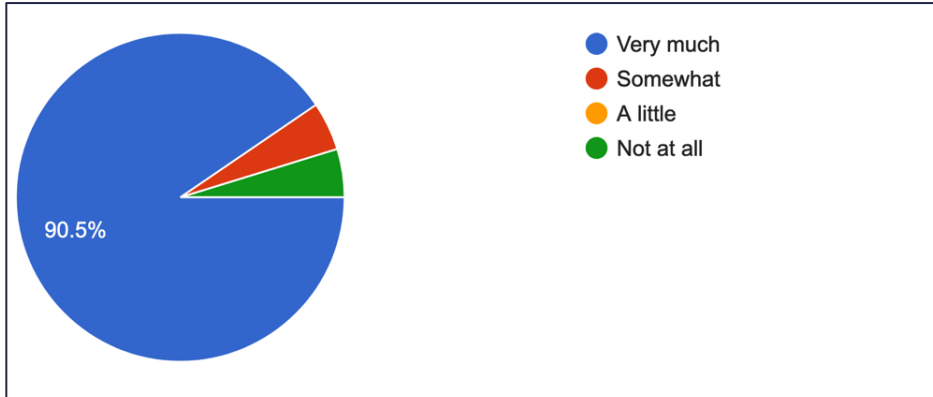


Figure 6. Meals Aligned with Cultural Beliefs - Do the meals you've received align with your cultural and/or religious beliefs?

Program Evaluation

To discover what participants thought were the most successful elements of the Eating Together Better program, they were asked to describe in a few words what they liked the most. Most of the responses conveyed two primary themes: 1) Participants liked that the meals were healthy and free, and 2) Participants appreciated getting some help during challenging times.

For example, one program participant stated, “I like what your organization is doing and how it is helping us during these hard times.” Another said that they liked, “Financial help and the healthy meals.”





Participants were also asked if they could change one thing about the Eating Together Better program, what it would be. Approximately 2/3 of the respondents wanted to either not change anything or add additional benefits such as more meals per week. A few participants reported that the quality of the oatmeal did not match the other offerings. A couple of responses were regarding small changes in individual food offerings.

Only one participant reported being “Somewhat Dissatisfied” with the flavor of the meals, noting that they did not like “the flavor of the meals,” and one participant did not feel that the meals aligned with their cultural beliefs. All other responses indicated high levels of satisfaction.