Part 1: Group Selection and Nutrition Assessment

Group Selection

The group I selected were 3 women who were interviewed for this nutrition needs assessment. This small group represents a community of working in their mid to late 20's who have similar lifestyle challenges related to their work and personal life. I chose this group based on their ability to participate in this project and share their experiences their food and lifestyle challenges with me. These participants are defined as:

Geographic boundaries and General history- the participants in the group live within in the same suburban area outside of Chicago and they have similar backgrounds and currently work and have a social life together. They represent a modern working community where their employment demands (more than 10 hours a day) dominate their daily routine and influence their nutrition trends and needs.

Stakeholders-The 3 participants have a high demanding job, and no one held a leader position in the group, but all were actively involved in the interviews. They provided insight into their issues like work life balance, meal consistency, and lifestyle choices amid time constraints. Their morale seems positive, but they do have some frustrations with their consistency and portion control with food. The norms included an over reliance on convenient foods and snacks, but they do have strengths regarding food access and weaknesses in meal timing and planning.

Community assets- They hold several individual skills like home cooking, access to recipes, other resources, and relationships. They share that there are no financial constraints for nutritious foods, and they have good support systems that include family, personal motivation that is powered by communication and informal organization.

Perceived needs from interviews- There responses gave the opinion that they have concerns for time managements for meals, portion control, and reduce their reliance on convenient meals. They want better and more consistent eating habits to improve/ support their health with major concerns being overeating, late mealtimes and overall cravings.

Demographic Profile-

Age- 23-27 average 25.7.

Gender- female and one member is currently pregnant.

Education/ Occupation- Employed at a salon, working shift-based hours (5-10 hours, 4-5 day/week), little to no post high school education.

Health Status- General healthy, one participant is pregnant with no adverse health conditions, and all members are free from self-reported chronic health conditions.

Social factors- Their cultural influences vary from a first-generation Puerto Rican household and current household environment, “almond mom” that have led to some eating disorders in the past. Their family histories reveal potential negative relationship with food, but they mentioned that they do not adhere to restrictive eating.

Community health and Nutrition Status-

Physical activity level- Their activity varies from low, moderate, and high. The low activity was due to pregnancy, the moderate is explained by standing all day, hiking and golf, and the high activity consist of working out 4-5 days/week.

Food Intakes and Behaviors- Meals are very irregular cause by their work schedules, they all mention often skipping breakfast (coffee, eggs, and bagels), lunch is consumed at various times (3-6pm) they have late dinner or directly replaced with snacks (chips, salsa, and cookies). They mention that portion sizes are a major concern because they feel they are over doing it, all while

snacking frequently. The home cooking aspect is active but replaced by eating out 1-2 times a week and convenient home meals. Their favorite foods include high protein meals (steak and eggs) but feel they have a weakness for French fries and desserts. Their diet history gave little insights, because one followed a strict high protein challenge (75 hard), and this led to a positive feeling in self-control but couldn't adhere to this, and the others had a hard time recalling their diet histories.

Food Insecurity- It seems low because they all have access to their desired foods with no mention of financial, transportation or availability constraints.

Resource Utilization and gaps- They use meal delivery often, rely on their partner to cook and but when they do cook, they use recipes and cookbooks. Their gaps include, meal preparation, motivation for consistency and group level integration for nutrition.

Common Issues and Unmet needs- Irregular mealtimes, portion control, an over reliance on snacks and eating out, and balancing work with healthy eating habits. They lack support because of their shift work and rely on quick prep foods and need more group motivation tools to help them keep accountable with their goals.

Assessment Appointment Preparation

I received feedback from Dr. D regarding my questions and she emphasized the need for group needs rather than individual needs. From this feedback, I distributed the questionnaires, and they were completed on July 10, 2025, with all the participants responding to all questions. The women are kept anonymous and will be referred to as participant 1, 2, and 3, 1 being 27 and pregnant, 2 being 23 and 3 being 27. I wanted to get the overall needs of each participant and then built a group assessment after this.

Interview questions.

1. Can you share your age, general health status, dietary preferences, or diet restrictions that you adhere to (ex. Vegetarian, gluten free, lactose free and so on).
2. What is your average daily routine that includes work, physical activity, and meals times?
3. How would you describe your cultural or family influences growing up/ now regarding your food choices?
4. How would you describe your current eating habits (type of foods, mealtimes, portion size and home or eating out)
5. Do you have any health conditions (high blood pressure, diabetes, autoimmune diseases, any other condition that you have been seen or treated for)
6. How physically active are you, what type of physical exercise do you do, and does these activities affect your nutritional needs?
7. What are your favorite foods or meals, why are these your favorite and how often do you eat these foods or meals?
8. Do you have any difficulties with food preparation, cooking, or storing and are these related to time, ingredients, availability or other? if other could you explain.
9. How do you think about and record your nutrient intake per day (protein, carbs, fats, and fiber)
10. Do you usually have access to food that you want or need for a balanced diet?
11. Are there any financial or other barriers that stop you from obtaining nutritious foods? This could be the cost, transportation, or availability.
12. How often in an average week do you rely on convenient food, dining out or meal delivery for your food? (convenient foods being snacks, or ready to eat meals)
13. What do you think your biggest challenges are when trying to obtain or maintain a healthy diet throughout your daily life?
14. Do you have any specific nutrition-related goals that you want to start or have?
15. Do you have support or resources that could help you improve your nutrition? This could include family, friends, education, recipes, cookbooks, or other education material.
16. Have you ever followed a specific diet or trend (like low carb, weight loss or vegan) or made any big changes to your diet? If so, what was this experience like and how long did you do these changes for?
17. How do you feel about your current health status, and would you say these feelings influence you're eating habits?
18. What is the nutrition related issues in your life that you think are most important and why?
19. Can you think of any barriers (like time, knowledge, motivation) that could prevent you from making dietary changes?
20. If you could change one aspect of your diet or lifestyle to improve your health if any, what would it be, why do you think it's important and what support would you need to make these changes?
21. How do you think these types of challenges affect others at your work?

Analysis/ Evaluation of Assessment Appointment-

The assessment provided qualitative data to help describe the group and identify their needs. All necessary information for the next step was obtained from the first round of questions. However,

additional questions could get a better insight into the group level like (how do you see these challenges affecting the others in your work/ group, what group-based supports do you have or are interested in? These would help get a better understanding of the group by exploring the collective norms instead of individual needs. But I plan on implanting more of these types of questions while I am working with this group through their objectives.

Part 2: Analysis of collected Information.

Defining and Prioritizing problems-

From the data collected, the common issues included time constraints from the long work shifts that led to irregular mealtimes, overreliance of convenient or snack foods, portion control, late night eating, and gaps in motivation. There are some high-risk individuals that include the participant who is pregnant and the other who had prior eating disorders. Some of the unmet needs include a structured support to help with consistency, balance eating that is revolved around their work and addressing their overall burnout/ fatigued.

Brainstorming top issues with participants-

1. Irregular mealtimes and skipping meals because of work.
2. Portion control and overeating snacks and meals.
3. High intake of carbs/ sugars and eating ready to eat meals both in and out of the house.
4. Lack of motivation and consistency on day offs.
5. Negative family influences with relationship with food and trying to overcome this.

Prioritizing using Specific criteria-

Frequency- all mention work causes irregular eating patterns; portion control is high priority and eating out 1-2 times/week is a medium.

Duration- they all want to adhere to a long-term lifestyle but mention its hard because of work routines.

Scope/ Range- Affects all members but I think this is a major concern for most shift workers.

Severity- it leads to all feeling fatigue, potential weight gain and not feeling healthy. Pregnant participant feels more of these symptoms than the others.

Perception- Viewed as important for their overall health and happiness.

Barriers- Very little time to prepare meals before and after work, lack of motivation to cook after work and hard to fight the cravings during work because of lack of breakfast or packed meals.

Top priority issue- irregular meal timing with portion control and meal development caused by long work hours and the environment of work. The Participants confirmed they are comfortable with addressing this issue as the top priority.

Goal Setting- The education goal is to empower this group to establish consistent, balanced meal routines that can fit around their shift work, that could help reduce their reliance on fast food/ snacks and improving portion control. The best approach would be social cognitive theory, which emphasizes self-efficacy (to help them build a foundation in meal timing, portions, and development) and observations learning (sharing their successes during sessions). While siting with this group, I expressed these options for this group, and I explained the plan going forward and they seem to react best to these approaches.

Part 3a. Develop and Implement a Community Program for the Group Resource

Review Process

To help develop an evidenced based nutrition program, I reviewed resources that were related to nutrition strategies for shift workers, regular eating patterns, portion control and energy balance. I used government resources and peer reviewed studies to help build a evidence that highlights certain benefits for shift workers. I used several web-based resources while working on the project, but I also used some tools from King's College and applications. I reviewed the Texas WIC CCNE lesson plan, along with DGA for Americans, USDA nutrition information for adults via MyPlate guidelines and a study on shift workers. However, I also used the MyPlate handout that King's College supplied me for my internship to support the total diet approach to incorporate the all foods without restrictions.

Process of Determining Learning Outcomes and Objectives

1: After reviewing barriers to their regular meal schedules based on their shift work, participants will identify at least one new strategy personal barrier and discuss how it impacts their eating patterns.

2: Participants will use a MyPlate Handout and a list of their common foods they are knowledgeable on but emphasize not limiting foods, on and demonstrate a portion technique that emphasizes a balanced meal that fits the MyPlate guidelines.

3: Participants will create a simple personal meal plan for one day, consisting of 3 balanced meals, and 3 snacks using shopping tips and partner support, with a focus on consistency and not specific portions or food tracking.

4: Participants will rate their confidence in implementing these changes using a 1-10 scale, with the overall goal being a score of 7 or higher.

Program/ lesson Description.

Program: "Salon life: Consistent Meals for Busy Days." Addresses group needs by providing group education on strategies for regular meal timing with shift work, using a total diet approach to promote a flexible, balanced diet without restrictions.

Lesson Plan

Lesson Title: Salon life: Consistent Meals for Busy Days

Target Audience- Young adult females (ages- 23-27), who self-report as healthy, one participant is pregnant, and they all have a consistent busy work schedules with 10 hour shifts 4 to 5 times a week.

Duration: 30 minutes

General Objectives/ Goals- Participants will obtain tools and strategies to help create consistent, balanced meals that align with their work schedules that will improve their overall perception of their health and confidence to maintain changes as a lifestyle over time.

Specific Objectives (Expected Learning Outcomes)

- Participants will create 1 new strategy for timed meals (focused on mealtime and portion balance)
- Participants will use MyPlate Handout and using an all foods approach, to discuss strategies for regular eating occasions (pre packing meals, and eating every 3-5 hours)
- Participants will create a 1-day meal schedule. (3 meals and 3 snacks)
- Participants will rate their confidence in making these changes on scale from 1-10. (score preferred to be 7 or higher)

Procedures-

Introductions- ~5 minutes- share some general food challenges that may happen when working shift work. Introduce the key concepts like how work can disrupt nutrition goals and implementation and the overall benefits of having structure.

Body of the lesson- ~15-20 minutes- Some background into the data and integrate some quick facts to keep attention. Then get into structed meal patterns (3 meals with snacks), timing (eating every 3-4 hours and avoid late night large, portioned meals), portion control (using the MyPlate handout), and some other resources we will use throughout the session to track meals. Learning activities- the lecture will include demonstrations around creating strategies for meal timing, portion sizes, and creating meals that the participants will then do themselves. Then have discussions around adapting and their confidence making these changes, focusing on irregular meal patterns for shift workers, teaching practical strategies (e.g., pre-packing easy meals/ snacks, setting reminders, incorporating favorite food or flexibility). Use MyPlate as a guide for balance in an "all foods fit" approach, without having an emphasis on actual portions or calorie tracking. Will also include group discussions on overcoming barriers through observations learning and support.

Closure- ~5 minutes- summarize the session, Q&A and final comments.

Learning Experience/ Activities (in the main body ~10 minutes)

Worksheet- write down a workday schedule, identify one barrier to regular eating, and have a group discission about one strategy to discuss (e.g., packing snacks or meals for quick access during shifts).

Group activity- Discuss and share strategies for regular eating occasions, using MyPlate examples to show how all foods can fit into a flexible, personalized eating routine.

Group activity-Create a simple 1-day plan outlining meal/ snack times, focusing on timing and feasibility rather than details.

Reflection- Go over each activity results with the group and have discussion to build the group planning and support structure.

Group discussion- each participant will rate their confidence in making their changes on a scale 1-10 and will reflect on each other's ratings.

Methods for Evaluation- Pre lesson quiz or Q&A (to obtain baseline knowledge), activities during session (barrier identification, strategy sharing, 1-day plan and confidence), post lesson survey (Evaluation of my lesson and follow up on self (about 1-2 weeks after lesson))

Materials needed: MyPlate handout, worksheets, phones, laptop, and surveys.

Part 4: Nutrition Monitoring and Evaluation of the plan

Formal Evaluation and reflection- After re-evaluating the original program and reviewing the feedback, I recognize that the first project had several key issues that made it way too diet-centric and didn't align with the group's primary needs on addressing irregular meal patterns. For example, I emphasized portion control and using the chronometer app for detailed tracking, that I have used for others in the past but this was not a personalized approach, and given that some participants had a past with disordered eating, I should have used my usual approach of personalization. While it may have worked for others, this could have reinforced restrictive behaviors rather than the more patient forward approach of flexible, total diet approach. The activities did not sufficiently teach the practical strategies for regular eating occasions, but they focused on the small details by using food counting apps. This would limit their self-efficacy and observable changes but by implementing the new plan it doesn't restrict and helps achieve observable changes. The original 45–60-minute lesson was way too long, which could lead to

less engagement, and I think the lesson should have focused on listening to the group rather than overwhelming lecturing.

In the revised plan, I address the concerns and changes by shortening it to 30 minutes, rewriting the objectives to focus more on identifying barriers and learn about strategies for consistent timing (e.g., every 3-5 hours with flexible food choices), and using group discussions for observable learning. The new activities will now teach what the participants originally needed i.e., strategies like setting reminders or prepacking their snacks and meals, unlike the original that gave limited guidance but wanted them to generate ideas. The MyPlate handout is retained but reframed for balance and not obsessing over portion and this I think better aligns with social cognitive theory and gives the group the power without risking restrictive behaviors and allows a lot more time for Q&A.

While the original session had positive feedback from the 2/3 participant's, I think this was superficial and could have had more impactful outcomes if the new lesion was applied. For my future sessions, I would incorporate pre-session barrier discussions, practice timing presentations that allows for a concise education session but also ensures all activities are directly tied to the participant's top priority (irregular meals). I would recommend that the group continue a monthly check in with their group for mutual support, which emphasized flexibility over a perfectionist mentality.

Personal Comment-I really enjoyed doing this group nutrition education project but specifically with this group of individuals. I mention this because in the past, I have mostly worked with adults aged 45-60 to help rebuild their foundation to help assist them in their later years in life. But while working with this group, it helped me understand how working shift work have a burden on a desired lifestyle and how making certain changes are challenging based on several

factors. I have held presentations in the past, but I never held a handout session where I help the group achieve their outcomes. However, working with these 3 participants, really opened my eyes to how effective the techniques we learned throughout this course can be on someone making changes.

Feedback Questionaries

1. Did this session help address your personal nutrition challenges, such as irregular mealtimes, portion control, reliance on snacks/convenient foods or anything else?
    - Rate:1-10
    - Comments:
2. Did the activities that were included in the session (like creating meal strategies, using the MyPlate handout, or building a 1-day meal plan) helpful and practical for you to use?
    - Rate:1-10
    - Comments:
3. Did the session improve your confidence in making consistent, balanced meal changes that you can implement in your life?
    - Rate: 1-10
    - Comments: (include your current confidence level on a 1-10 scale, as discussed in the session: _____ /10)
4. Did the group discussions led by me and the support from your group members help you learn and gain motivation in this change?
    - Rate: 1-10
    - Comments:
5. Did the tools that were used during the session (like the worksheets, MyPlate handout, Chronometer) easy to use and relevant to what you use and need?
    - Rate: 1-10
    - Comments:

6. Did I explain the concepts clearly and did I keep the session exciting with the topics, activities, and interactions?
    - Rate: 1-10
    - Comments:
7. Did I answer your questions and concerns, including personalized ones and for the group?
    - Rate:1-10
    - Comments:
8. Did I encouraged participation, and did I create a supportive environment that made you feel comfortable sharing your thoughts and ideas?
    - Rate: 1-10
    - Comments:

9. What did you like most about the session? (anything from specific activities, objectives, the group in general or anything else)
    - Comments:
10. What could I improve on, if I held sessions like this again?
    - Comments:
11. Have you made any changes that you learned in the session in the past week? If yes, what were the changes? If not, why?
    - Comments:
12. Would you recommend my session to friends or family? Why or why not?
    - Comments:
13. Any additional comments or suggestions?

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Nutrition Project Newsletter

I completed the Salon Life: consistent meals for Busy days, nutrition education program that was designed for three women in their mid to late 20's working long shift work at a salon outside of Chicago, Illinois. I conducted an assessment that was intended to gain insights into the groups background, nutrition and health status, food behaviors and preferences their food security and access, and their dietary behaviors and perceived nutrition needs along with their priorities and willingness to change. A summary of the participants demographic data was as follows; female between the age of 23-27 with one being pregnant, they all work at a salon in which they work 10 plus hours shift 4 to 5 times a week. They all self-report being in good health but share their past influences with family eating norms and disordered eating.

The key outcomes from this session were for all three participants to identity create at least one new meal timing strategy based on their shift work and the result was creating 2 each. The second outcome was to use a MyPlate handout to create a portioned meal using their common foods, and all participant's navigated this activity with ease. The next outcome was for each person to build a full day of food, including 3 meals and snacks using the chronometer app. They all completed this, but they had to use a group support model to help one participant overcome

problems navigating the app. The last outcome was to assess their confidence in implementing these changes in their daily lives and everyone scored at least an 8 out of 10.

The group feedback which was collected by having an anonymous survey at the end of the session where all three rated the session on average a 9.5 out of 10. I will not go over all the feedback, but I will touch on some of the notes that were made from the feedback. The first question was asking how the session helped address their needs, and they all mentioned it was a 10 out of 10 and how they really walked away with knowledge and tools that they didn't know about before this session. The next topic was the activities and materials I used to help facilitate their learning. This section rated an average of 9 out of 10 with some praising the simplicity of the MyPlate handout, but others mentioned they would like a deeper education session on the chronometer app because they had difficulties navigating it. The next topic was my performance, and this section scored a 9.5 out of 10. They all were deeply appreciative of the time and effort I put into this session, but one participant wanted an extended Q&A session. I handled each question that would take some time individually after the session, but they mentioned they would have like the group to be part of the discussion. Finally, the overall feedback was that they want me to come back and do something like this again but on other health related topics that they are concerned about and overall, they are excited to use the tools and have want to share some of the tools with their friends and family.

After a one week follow up, 2/3rd of the participants has achieved the desired outcomes from the session and reduced their late night and convenient meals by over 50%. The last participant had a surprise visit from family and found it hard to maintain the changes. They gave me feedback on their eating habits, and they mentioned that they had less cravings, more energy and an overall

improved work- lifestyle balance. I think this session was an overall success but not because of the metrics from the feedback but from the attitudes while giving the feedback seemed very confident but also overall happiness.

While this was an assignment for school, while doing the project it didn't feel like a project, but it felt as if I was making an impact on 3 people's lives. I found that sessions like the one I did, that were evidenced based using social cognitive theory can have a lasting impact of clients. This demographic was a new experience for me, but I enjoyed learning how a work life balance can affect a person eating habits in real life and through a hands-on approach. I have a deep appreciation for the participant's because without their enthusiasm and participation, I would have not been able to complete this project but more importantly learn about what this demographic could go through. I mention this because I had an original idea and list of participants but through lack of participation from busy schedules I had to change my project, but I think it worked out for the best. Lastly, thing assignment helped me learn about hands on presentation because in the past I have only help talks but I really enjoyed not lecturing but working with individuals to help them achieve their desired outcomes.

New Nutrition Project Newsletter

I completed the nutrition education program that as designed for three women in their mid-to late 20s working long shifts (10+ hours, 4-5 days/week) at a salon outside of Chicago, Illinois. The program addressed their challenges with irregular meal schedules due to demanding work hours. However, after reviewing and getting feedback on the original program, I revised ti to better align with their needs. This addition focused on practical strategies for consistent eating patterns and, I compare the original and revised programs, summarizing the assessment, outcomes, feedback and reflections.

The group consist of three women (ages 23-27, average of 25.7), all healthy, with one participant pregnant. They work shift based hours at a salon, with little post-high school education. Their cultural influences include first generation Hispanic cultured eating and family histories with

disordered eating though they report no current restrictive eating habits. The key challenges were identified through the interviews and they include:

Irregular meal times from long work shifts, often skipping breakfast and eating late with late lunches and replacing their dinner with snacks.

Overreliance on convenient foods and eating out 1-2 times a week.

Concerns about portion control and cravings, with emphasis on fatigue and potential weight gain noted.

No financial or access barriers to nutritious foods but gaps in meal preparation and motivation for consistency,

The top priority which was confirmed by the participants was to address irregular meal timing that is caused by their work environment and schedules.

The reviewed program

Based on feedback and reflection, I redesigned the program to a 30 minute session rather than the original 45-60 minutes. It will focus solely on irregular meal schedules using a total diet approach to promote flexible, nonrestrictive eating. The revised program teaches practical strategies for regular eating occasions (every 3-5 hours) without the participants tracking or fixating on portions. This is drastically different from the original program and aligns with social cognitive theory through group discussions and observational learning.

Revised learning outcomes:

Identify at least one personal barrier to regular mealtimes and discuss its impacts.

Learn evidenced based strategies for regular eating occasions i.e., packing snacks/ meals and eating every 3-5 hours) using all foods approach.

Create a simple 1 day plan for regular meals/ snacks on a workday, but focusing on timing and feasibility.

Rate confidence level in implementing strategies (goal 7 or more out of 10).

Revised activities

Worksheet: identify at least one barrier to regular eating and discuss a strategy (packing snacks/ meals for shifts).

Group activity: share strategies for regular eating, using MyPlate handout to illustrate flexible food choices.

Create a simple 1-day schedule for meal/ snack times but not detailed tracking

Group discussion: Reflect on strategies and rate confidence (1-10)

What are the key changes

Duration- shortened to 30 minutes to enhance the engagement and better time management

Focus: shifted from portion control/ tracking to strategies for consistent meal timing

Removed chronometer: eliminated the app and tracking to avoid restrictive behaviors and simplified the activities.

Total diet approach: emphasized flexibility and inclusivity of all food choices and using MyPlate for balance without restrictions and controlling rules.

Group emphasis: enhanced group discussions to create collective support, observations learning and leanring lecturing.

Comparative reflection:

The original program, while revised well by the participants was not what they were tailored to their needs and wants. It missed the goal by being too prescriptive and diet focused, which again, didn't address their primary concerns: irregular meal patterns. Using the chronometer app was a poor choice on my end, and while it may have worked in the past, I should have considered their needs and given their histories and risk, it was not the correct choice. The long duration was not appropriate and by cutting it in half to about 30 minutes should increase engagement. The revised program corrects these faults on my end by teaching practical, non-restrictive strategies that directly help their work-related barriers. It also enhances group support and still uses MyPlate but for flexibility, to ensure the activities align with the identified needs. I think this shorter format respects particpants busy schedules and encourages more active participation.