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FOOD FOR THOUGHT:

My Experience With the Food Finders “Head’s Up” Program and Community Outreach

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STUDENT AUTHOR BIO SKETCH

Amanda Hornbach is a medical student at the Indiana University School of Medicine’s West Lafayette (IUSM–WL) campus. During the summer between her first and second years of medical school, Hornbach developed a one-time, interactive educational curriculum for children participating in a local summer-long lunch and educational series through the Food Finders Food Bank. This project was completed as part of the IUSM–West Lafayette Primary Care Scholars summer program. This article outlines her experiences, her development of session material, and what she learned as a result of completing the program. Development of this curriculum dovetails her interests in pediatrics and health education, as well as her plans to specialize in a pediatric field.

INTRODUCTION

How I Got Involved

My involvement with Head’s Up began while applying to summer programs during my first year of medical school. Dr. Julianne Stout, Clinical Assistant Professor of Medicine with the Indiana University School of Medicine–West Lafayette, developed an observation- and outreach-based, four-week summer experience at the West Lafayette campus, and I became the first scholar to attend. While there were several options for fulfilling the outreach portion of the program, I felt that working with Pauline Shen, an epidemiologist with the Tippecanoe County Health Department, would most closely align with my current interests in pediatrics and health education. As part of her extensive community volunteer efforts, Pauline Shen coordinates summer academic enrichment programs that coincide with summer feeding programs sponsored by Food Finders Food Bank and other agencies. I have had a myriad of experiences volunteering with children in the past (bible school crew leader, health fair volunteer, Boys and Girls Club volunteer, etc.), and I believed those experiences would aid in

organizing an activity for participants that would be both engaging and educational.

DESCRIPTION

Summer Food Service Program and Head’s Up

Food Finders Food Bank is a nationally funded food bank and community hunger advocacy organization that has served Indiana’s Tippecanoe County and numerous surrounding counties for over thirty years. Funded by national and local sources alike, it distributes more than 7.5 million pounds of food to surrounding organizations, all working collectively to alleviate hunger throughout northcentral Indiana (Food Finders, n.d.a). It provides not only groceries, but also educational classes and programs on nutrition, money management, and more. One of the programs it administers is the Summer Food Service Program—a free program offered to children under the age of eighteen during the summer months when the National School Lunch program is not available (Food Finders, n.d.b). In

Figure 1 (banner image, above). Community members and their children attending a Head’s Up enrichment session.

Tippecanoe County during summer 2017, this service was offered at three locations: Riggs Community Health Center, Briarwood Apartments, and Romney Meadows. The interactive educational sessions, which fall under the “Head’s Up” program designation, were held at the Briarwood location immediately following a scheduled lunch.

The aim of the Head’s Up program is to provide interactive artistic and/or scientific programming on a variety of topics to those participating in the Food Finders Food Bank Summer Feeding Program. These one-hour sessions are usually conducted by volunteer members of the community (including local university students) and involve small projects that the participants make and keep in addition to didactic material. I specifically developed a single, one-hour session intended to introduce the children to cardiovascular health concepts and vaccination. Though I elected to volunteer once, this particular activity with Head’s Up occurs roughly twice per week during summer months; volunteers can provide material and manpower for one or multiple sessions. Additionally, Food Finders has many volunteer opportunities across its variety of summer and year-round programs. These opportunities include food sorting and packing as well as participation in nutrition and other education programs.

The Idea

As a local supplement to the National School Lunch Program, Head’s Up provides these educational sessions on various topics to children of families who qualify for the programming based on low income levels. This criteria tailors the program to reach children who may not traditionally have variety in summer programming.

I wanted to use the hour-long session I was allotted to promote concepts of health. According to the National Institutes of Health (NIH), more than 1 in 3 adults are considered to be obese, as are 1 in 6 children ages 6 to 19 (NIDDK, n.d.). Further sources relay that 1 in 3 Americans will develop type 2 diabetes, a form of diabetes that is often preventable, in their lifetime (CDC, 2014). In 2014, over 8% of the population aged 12 and older was classified as having a substance use disorder (SAMHSA, 2015). These statistics suggest an opportunity to more aggressively engage young children in thinking about health and the risk factors that contribute to adverse health outcomes. Starting a conversation about health with children who are near the age where they will form long-term health behaviors (Cha et al., 2014) could be a prime opportunity for engagement and possible prevention of some of those risk factors. Though the aim of Head’s Up sessions was

not specifically health focused, I thought this was an excellent opportunity to interact with young members of the community regarding a topic about which I am passionate.

The Curriculum

This brief, informal curriculum was designed to be administered as a single, one-hour session with interactive and didactic components. Overall, development of resources and the lesson plan took two to three hours. Two sessions—one at the Wood’s Edge community and one at Briarwood Apartments—took place during June 2017. Session material covered several aspects of normal physiology and utilized equipment borrowed from IUSM–WL. Table 1 outlines the lesson plan and session timeline. Magnetic clips, personal hand sanitizers, and jump ropes were given to all participants at the end of the session; they also took home a toy hippo “patient” on which they had practiced pretend vaccination.

To start, I addressed the children by asking, “Who wants to be a doctor today?” This was meant to entice participation in the discussion to follow. I then asked them for examples of times when people might visit a physician. The conversation naturally flowed to times of illness (i.e., “when you’re sick” or “when you need medicine”). When prompted to think about reasons why a person would go to the doctor when not sick, members of the group did eventually relay the idea of vaccination (i.e., “to get shots”). Once the participants brought up the idea of vaccines and check-ups, I informed them that this was

Table 1. Lesson plan outline.

Timeline (Minutes)	Discussion
0:00–0:05	<i>Introduction</i>
	“Hello”
	“So, who wants to be a doctor?”
	Orient to handout
	Pass out handout/pencils
0:05–0:50	<i>Session</i>
	15 min–blood pressure discussion
	10 min–heart rate
	10 min–respiratory rate
	10 min–vaccination
0:50–1:00	<i>Wrap-Up</i>
	Ask survey questions
	Review learning objectives
	Pass out incentives

why their patient was seeing them and that, as doctors, they would need to evaluate signs of health and administer a vaccine. In a more didactic fashion, we discussed physiologic concepts related to vital signs—heart rate, respiratory rate, and blood pressure. This portion of the session was also reserved for interactive use of blood pressure cuffs and stethoscopes. Participants were shown the parts of the blood pressure cuffs and were allowed to insufflate them without wearing them; circulating adult volunteers also took the participants' blood pressure in real time. Next, participants were shown how to locate the radial pulse and calculate heart rate. Superficial landmarks for heart and lung borders were outlined, and participants were guided in the use of a stethoscope to listen to their own heart, lung, and abdominal sounds. Normalized data was provided for heart rate, respiratory rate, and blood pressure, which allowed the children to compare the values they obtained for themselves with those expected. These statistics were provided on a handout with dedicated space on which to write out the comparisons and the descriptions of body sounds.

The last element of the activity included another guided discussion about the rationale and science behind vaccination, as well as administration of a vaccine. Participants were given a small toy hippo and asked to name it. They were then instructed to put on gloves, wipe the arm of the hippo with an alcohol swab, and administer the “vaccine” from an empty medicine syringe without needle components. They were then provided with adhesive bandages to cover the area, and they were allowed to take their hippo “patients” home. The conclusion of the session was a brief survey meant to obtain information about the participants' interest and concept retention, as well as possible future polling media (Table 2).

Figure 2. Supplies used at the Wood's Edge Community session.

AUTHOR IMPACT

The Experience

Volunteering with Head's Up in this capacity was a great way to experience what it takes to construct and administer a health-centered curriculum for children. Rather than following a set curriculum, the theme of the class was initially developed around access to resources that could be used in the session. IUSM-WL had plenty of models and tools to use, but deciding which to use and how to integrate them in an entertaining yet flexible way was challenging.

The experience of administering class was very different between the two locations. The first location for the class was Wood's Edge Community, a rural community just outside of West Lafayette, Indiana. The nine participating children were between the ages of two and twelve. Several mothers were also in attendance, going through the information alongside their children. The ratio of adults to children was roughly 1:1 to 2:1, and use of the guiding style in addition to adult presence was enough to keep interest engaged through the end of the program. Leading this class felt natural, though it was very active, and at the end of it I felt that those in attendance had learned something and had enjoyed their time there. The amount of session preparation made me feel comfortable providing information to 5- and 11-year-olds alike. Several of the participants gave me hugs, which was very rewarding, and I left feeling optimistic for the class the following day at a local urban apartment complex.

Administering the class at the more urban location presented a whole new set of challenges. While I had

Table 2. Survey questions.

Survey Questions	
Demographic Information	Number in attendance
	Age range
Information Retention	“Did you guys learn anything new today?”
	“If so, what?”
Level of Interest	“Did you like what we did today?”
	“Would you come to another activity like today again?”
Media Access	“Who here has a cell phone?”

anticipated the need for some age-related content flexibility in the program, I was not fully prepared to take a curriculum for 5- to 11-year-olds and adapt it for adolescents who had more experience with health topics. Students ranged from age ten to freshmen in high school, and the majority had already taken a formal health class. As such, certain elements of the class—such as vaccinating toy hippos—were amended in the hopes of providing a deeper discussion of physiology. However, this exchange removed some of the elements planned to keep the participants engaged; coupled with the ever-exciting presence of stethoscopes and inflatable cuffs, the latter portion of the class quickly became more individualized than the class the day before. Blood pressure cuffs and stethoscopes were placed centrally, and students were allowed to use them and ask questions as they received 1:1 to 2:1 demonstrations on how to take a partner's blood pressure, find their own radial pulse, and listen to their own heart, lung, and abdominal sounds. This was only possible due to significant adult presence, in the form of myself, several IUSM-WL classmate volunteers, and volunteers from various other community organizations.

Having gone through the experience once, I definitely think the curriculum had strengths as well as weaknesses, and there are several aspects of the programming that I would restructure to improve the experience for participants. Formalizing a script for the session—even just further outlining and developing talking points—would aid in making sure there was a flow between concepts and that the topics remained maximally informative and entertaining. That being said, this script would need to keep its kid-centered focus, allowing them to prompt for the information they find most intriguing. Additionally, a somewhat separate curriculum for older students may function better than one that was planned with young children in mind. Adolescents seem to have far more individualized learning habits than young children, and a session in which moderate physical activity is paired with measurement of vital signs before and after might be a better way to keep that demographic engaged. Such a session would afford a better discussion of physiologic change with movement, and thus a deeper discussion of concepts. This could be coupled with other physiologic concepts in a way that would help students retain more information.

Preparation for these sessions also afforded me opportunities to learn. While researching normal pediatric physiologic values for heart rate, blood pressure, and respiratory rate, I was able to independently learn more about how these values are obtained and normalized in the pediatric population. I found this information

interesting, given my future career plans. I also felt that I learned more about how I effectively interact with and direct children of different ages in an educational setting. Patient education is very much a part of the physician's role, and being able to incorporate it smoothly into interactions inside and outside of the clinic would be a useful skill. I also appreciated learning more about the role Food Finders Food Bank and its programs play in this community, as well as what opportunities the organization provides for patrons and volunteers.

Plans for the Future

Currently, there are no further educational sessions of this nature planned between the author and Food Finders Food Bank or Head's Up, as this experience was part of a one-time summer program. However, participants were generally enthusiastic about the activity and the subject matter, and they expressed a desire to repeat the program if it were offered again. This session was designed to be relatively adaptable, in both content and structure, in the hopes that it could be used again readily by other students or volunteers with a medical background.

COMMUNITY IMPACT

Project success was measured informally at the end of each of the two sessions, with sixteen total participants. A self-report survey revealed that most participants learned something new, enjoyed the program, and would attend a similar session if presented again. Over half of the attendees also reported that they had access to a personal cell phone, which could be used in future sessions as another, more anonymous modality for self-report or feedback on the session itself. Though this data is informal, it does reveal the potential for continued programming of a similar nature should the opportunity arise. It also suggests that the Tippecanoe County area population is generally receptive to the level of health education described, and additional topics with similar programming could be explored. Though the scope of this individual project may have been modest, the information obtained could lay groundwork for a more sustainable project or formal partnership in the future.

CONCLUSION

Volunteering with the Head's Up program was a wonderful foray into both health-related community outreach and Food Finders Food Bank's local impact. Whether or not these experiences occur in the summer or year-round, programming like that discussed here provides enriching opportunities for the individual and the community.

I would recommend volunteering with this program to anyone who wants to explore working with children, and to anyone with a passion for a topic they want to share. Establishing connections between programs like Head's Up and departments at Purdue University would be an easy way for interested students to explore this opportunity and others like it. I hope that sharing this experience here provides "food for thought" for readers who enjoy working with children and who are looking for a volunteer opportunity, but who do not know where to start looking.

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REFERENCES

CDC. (2014). *2014 national diabetes statistics report*. Retrieved from <https://www.cdc.gov/diabetes/pdfs/data/2014-report-estimates-of-diabetes-and-its-burden-in-the-united-states.pdf>

Cha, E. S., Kim, K. H., Lerner, H. M., Dawkins, C. R., Bello, M. K., Umpierrez, G., & Dunbar, S. B. (2014). Health literacy, self-efficacy, food label use, and diet in young adults. *American Journal of Health Behaviors*, 38(3), 331–339. <https://doi.org/10.5993/AJHB.38.3.2>

Food Finders Food Bank. (n.d.a). About us. Retrieved December 27, 2017, from <https://www.food-finders.org/our-story/>

Food Finders Food Bank. (n.d.b). Summer food service program. Retrieved December 27, 2017, from <https://www.food-finders.org/summer-food-service-program>

NIDDK. (n.d.). Overweight & obesity statistics. Retrieved from <https://www.niddk.nih.gov/health-information/health-statistics/overweight-obesity>

SAMHSA. (2015). *Behavioral health trends in the United States: Results from the 2014 National Survey on Drug Use and Health*. Washington, DC: U.S. Department of Health and Human Services. Retrieved from <https://www.samhsa.gov/data/sites/default/files/NSDUH-FRR1-2014/NSDUH-FRR1-2014.pdf>

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