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Together with the Center for Immigrant & Refugee Community Leadership and Empowerment (CIRCLE), the Food Guide Pyramid has Taken Root in Nutrition Education in the Vietnamese Community in Springfield, MA

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TOGETHER WITH THE CENTER FOR IMMIGRANT & REFUGEE COMMUNITY LEADERSHIP AND EMPOWERMENT (CIRCLE), THE FOOD GUIDE PYRAMID HAS TAKEN ROOT IN NUTRITION EDUCATION IN THE VIETNAMESE COMMUNITY IN SPRINGFIELD, MA.


A MASTER'S PROJECT PREPARED BY HONG NGUYEN

Submitted to the Center for International Education

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I. INTRODUCTION:

We all know nutrition plays an utmostly vital part in the human development. We all have to eat; we all need to eat or in other words we eat to exist. And we all like to eat - we live to eat! It is an enjoyable activity that we do not want to give away or that it is not easy to get it changed! However, eating can be a problem if we eat more (over-nutrition causing overweight or obesity) or less (poor nutrition causing malnutrition and other nutrition-related chronic diseases) calories than we burn or consume. Both poor nutrition and over-nutrition constitute high priority health problems, which need to be addressed through comprehensive health promotion programs including a strong component of nutrition education. Nutrition education is extremely important to people who are immigrants and refugees in a foreign country, particularly those who are in the extremes. For example, people from Vietnam where they were unlikely to have enough foods to stay healthy migrate to the United States where they have plenty to eat. Therefore, they must be wise to choose the right foods for them; otherwise, they will face health issues due to inappropriate adjustment to American foods. Nutrition education programs can help them improve their diet and their health by the dietary guidelines in choosing foods wisely and eating only what they need.

The idea of writing this master’s project came up when I was first assigned to work as a project assistant for one of the CIRCLE (Center for Immigrant and Refugee Community Leadership and Empowerment) projects which is part of the UMass Extension Nutrition Education Program, in September 1997. It is known as the Family Nutrition Program – Towards Healthy Eating. Specifically, it is the Expanded Family
Nutrition Education Program (EFNEP) for Refugee and Immigrant (Newcomer) Communities in Springfield, MA.

The central concern of this study is the need for a change between traditional and new approaches to nutrition education towards healthy eating. The activities as a case study carried out by the CIRCLE training team as agents of change who took a very active role in the project will be presented mostly in this paper with critical data analysis. Specifically, the focus on how behavioral change of the Vietnamese population in Springfield takes place in the completely new living environment as far as foods and nutrition are concerned will be dealt with in the following part of the paper. This study also attempts to identify a family-based model in nutrition education in the community setting in regards of advantages and disadvantages. In conclusion, I would like to make some recommendations to promote nutrition education programs within Primary Health Care project at the grassroots levels in Vietnam using participatory techniques and non-formal methodology. Questions related to what aspects of nutrition education done in the Vietnamese community in Springfield, MA - U.S.A can or cannot be applied in the context of Vietnam country will also be explored.

I hope this paper would be an example of a combination of the theory regarding adult and non-formal education and the practice of a case study implemented in the actual setting of newcomer communities in Springfield, MA by the CIRCLE training team. The family-based training model in nutrition education was established and it could be further developed and replicated statewide or nationwide.
II. PROBLEM STATEMENT:

Across the nation, there is an increasing number of refugees and immigrants in the US who are facing unique challenges regarding their bicultural identities. One of the great challenges they all encounter that directly affects their daily life is to adjust their eating habits. They migrate from their homeland where they didn't have a wide variety of foods or even not enough foods to eat to the completely new environment in the US where they can find plenty to eat, which might not be beneficial to their health. Therefore there is an urgent need of nutrition education to people in the newcomer communities, on the one hand, to provide them with basic food guidelines and health issues related to improper choices of foods, and on the other hand, to help them preserve their own good eating habits. There is an English proverb saying that “when in Rome, do as the Romans do”, however, it does take a lot of time and energy for people to get changed either for better or maybe for worse. In this regard, the CIRCLE at the University of Massachusetts has acted as a bridge between and worked in partnership with three newcomer communities located in Western, MA. These include the Vietnamese American Civic Association (VACA), the Cambodian American Association (CAA), and the New American Russian-Speaking Association (NARSA). The CIRCLE has assisted these communities in carrying out nutrition education training and events with the emphasis on better understanding good nutrition habits and providing the resources of mainstream health agencies that have knowledge and experience in educating the public in healthy diet. Since the CIRCLE many programs have involved the elders who are traditional leaders in these communities, as well as the more educated and Americanized youth, it has succeeded in involving all the facets of the community across generations, sexes, and economic and social classes. It
has specialized in working with community leaders to develop grassroots, culturally relevant responses to a broad range of issues, thus it has had an outstanding record of gaining the trust, acceptance and support of newcomer communities.

I am greatly interested in nutrition education in general and particularly events held in these three communities VACA, CAA, and NARSA. I was more than happy when assigned to work for and with the Vietnamese community. However, my inspiration, which had been sparkled, was put out after the very first meeting with the community leader. I was rejected because of some irrelevant reason. I had to work behind the scene and have never got any chance to do field work in the Vietnamese community. My initial involvement in this project is gathering materials, translating some of them into Vietnamese and searching the resources for nutrition education in the VACA. Fortunately, I didn’t lose my interests in pursuing my goal thanks to Dr Sally Habana – Harfner’s, my advisor’s precious encouragement. In doing this study I tried my best to keep close contact with the CIRCLE training team and trace all the nutritional training events organized in the Vietnamese community which were based on the family-based training model initiated by Dr Sally Habana-Hafner.

The Vietnamese refugee and immigrant community in Springfield has a small population of about 5,000 people. Compared to other ethnic groups it seems to be young with the majority of its population living in the community for from 4 to 9 years only. In terms of the Vietnamese community adjustment and adaptation to American society, when comparing with other ethnic communities such as Japanese-American and Chinese-
American, many researchers have come to the conclusion that Japanese-American more easily adjust and adapt to American society, whereas the Chinese Americans seem to reject it and live in the segregate community. The Vietnamese are likely to combine elements of both Chinese and Japanese. Living in their own community, the Vietnamese passively resist to changing their culture. In fact, the Vietnamese are very independent with an intense degree of ethnic identity. However, the Vietnamese don’t exclude American influences on their behaviors, they only reject particular customs, behaviors viewed as threats to their self identity, self esteem or social cohesiveness. In many aspects of family, gender, roles, finance and individual freedom, American culture begins to penetrate into Vietnamese traditional culture.

Concerning nutrition issues, in recent years, Baystate medical center, Springfield Southwest Health Center as well as Mercy hospital have identified many Vietnamese people with chronic diseases that are leading causes to death such as heart disease, hepatitis B, high blood pressure, diabetes. One of the adding causes to these fatal diseases is lacking nutrition knowledge. Many Vietnamese people don’t have a healthy diet and they don’t seem to care about what they eat. Given by that fact, nutrition education is necessary and very important for all people in the Vietnamese community who have to not only adjust and adapt to the new eating habits in the American society but also retain their traditional good eating habits from their heritage. Expanded Family Nutrition Education Program / Family Nutrition Program is sponsored by the CIRCLE in collaboration with VACA, Holy Name church, and many other organizations in the community. It is
especially successful with the efforts of many community members including the elderly, the adult, the youth and even small kids involved in training sessions.

III. LITERATURE REVIEW:

The Nutrition Education Program (NEP) is a major outreach effort of the University of Massachusetts Extension. Its mission is to provide individual, families and communities with the knowledge and skills that empower them to make informed choices about healthy diets, reduce risks of food-borne illness and chronic disease and efficiently manage food resources that support their physiological health and economic and social-well being. This program has 4 sub-programs including the Expanded Food Nutrition Education Program (EFNEP), Nutrition and Health Programs and Resources for Agency Staff, Food Safety Programs and Resources, and Family Nutrition Program (FNP). The target audiences are low income families, high-risk youth, elderly, and agencies that serve these populations (Source from United States Department of Agriculture cooperating with UMass Extension). EFNEP is a people program that brings much needed nutrition education especially to low-income families with young children who live in urban low-income target areas in Massachusetts. This program started in 1969 primarily with families and in 1973 was added with youth component. Participants enrolled are able to learn how to plan for daily food needs and prepare nutritious, low-cost meals, to select and buy food economically, and to effectively use other supplementary programs available to them, for example, Food Stamp, WIC, etc.). While delivery methods vary, all EFNEP instruction addresses the nutritional needs and cultural heritage of the audience. The program delivery method used in Massachusetts EFNEP include direct teaching by
nutrition educators or trained volunteers in groups, home study, mass media efforts to
develop understanding, awareness, and involvement in this educational program. FNP is a
new program with funding from the federal Food Stamp Program in collaboration with the
Department of Transitional Assistance and USDA Food and Consumer Services.
Activities of this program can help increase awareness, motivation, and nutrition
knowledge of current and potential Food Stamp recipients. Projects focus on the
nutritional needs of low-income and ethnically diverse population groups in conjunction
with community partners (Source from UMass Extension).

Recently, The Food Guide Pyramid has been used as an initial tool in nutrition
education in the United States. A food guide, in general, is an instrument that converts the
professional scientific knowledge of food composition, nutrient requirements, and their
relationship with health into a practical tool for food selection to be used by the
individuals with or without training in nutrition. In the United States, development of
dietary guidelines began nearly a hundred years ago (1916) and it is a continual effort that
has been improved according to new knowledge and understanding of food composition,
relation between food intake and health and eating habits. Dietary guidelines have also
been influenced by other factors such as food supply, economic restrictions, etc. Dietary
Guidelines for Americans have been reviewed and reissued since 1916 for three editions.
The basic criteria for development of the three dietary guideline editions were the
faithfulness to the scientific base, the utility to the general public, and the consistency with
federal agencies’ policy. One of the most important products related to educational
materials regarding the third edition was The Food Guide Pyramid released in 1992. The
Pyramid illustrates the research-based food guidance system developed by USDA and supported by the Department of Health and Human Services. It goes beyond the “basic four food groups” to help people put the Dietary Guidelines into action. The Pyramid is based on USDA’s research on what foods Americans eat, what nutrients are in these foods, and how to make the best food choices. It helps people eat better every day...the Dietary Guidelines way: “Start with plenty of Breads, Cereals, Rice, and Pasta; Vegetables and Fruits. Add two to three servings from the Milk group and two to three servings from the Meat group. Each of these food groups provides some, but not all, of the nutrients you need. No one food group is more important than another -for good health you need them all. Go easy on fats, oils, and sweets, the foods in the small tip of the Pyramid”. The Pyramid focuses on fat because most Americans’ diets are too high in fat. Following the Pyramid will help you keep your intake of total fat and saturated fat low. A diet low in fat will reduce your chances of getting certain diseases and help you maintain a healthy weight (The Food Guide Pyramid – A Guide to Daily Food Choices).

IV. REVIEW OF THE CIRCLE PROJECT: Family Nutrition Program (FNP) & Expanded Food and Nutrition Education Program (EFNEP) towards Healthy Eating in Refugee and Immigrant Communities in Springfield, MA:

1. Background of the CIRCLE:

The Center for Immigrant & Refugee Community Leadership & Empowerment of (CIRCLE) in Amherst was initiated and founded by Dr Sally Habana-Hafner in 1993. In
Western Massachusetts, it is headquartered at the Center for Organizational and Community Development within the Center for International Education at the University of Massachusetts, Amherst. It is committed to grassroots collective leadership and community development. There are four communities (Vietnamese, Cambodian, Tibetan and Russian) in the areas participating in its educational training programs. The CIRCLE is a statewide partnership between newcomer communities, the University of Massachusetts, and the Massachusetts Office of Refugees and Immigrants. Its mission is reflected in its name, that is to empower the refugee and immigrant communities using informal, democratic, and highly participatory approaches to helping members understand and make various alternatives around important issues in their communities.

The CIRCLE at UMass, Amherst has provided a model of collective leadership to new arrivals who in turn, will be able to continue to organize different projects in their own communities. The key method used is a problem-solving one that involves repeated action and reflection. Community leaders have collaborated on initiatives benefiting the larger community. Through sharing a broad vision and an effective action of community building as well as through an increased sense of responsibility, national pride, and cultural identity, members in these three communities have been able to establish community services such as community-based ESL program by Vietnamese volunteers, a booklet of Khmer games by Cambodian youth group, a video documentary of their community by Tibetan group. These successful achievements have reinforced the CIRCLE central beliefs in the importance of participatory and collaborative leadership to community development.
Dr Sally Habana-Hafner’s and her students’ great contributions to Amherst CIRCLE are unique. Their central model of participatory action and collective leadership has taken root in a few western Massachusetts communities and is now still spreading widely elsewhere and maybe overseas. Two former CIRCLE members are now working in Hanoi, Vietnam, sharing their valuable experiences in working with people in community.

2. The CIRCLE two-year project: Family Nutrition Program & Expanded Food Nutrition Education Program towards Healthy Eating for Refugee and Immigrant Communities in Springfield, MA.

Although mainstream American health institutions have a wealth of knowledge about healthy diets, to date they have been unsuccessful in working with marginalized groups. What has been lacking is an intermediate group to act as a bridge between the newcomer and mainstream agencies. The CIRCLE has realized that it is their role to partake in bridging the partnership between agencies. The CIRCLE staff therefore proposed the following program linking the UMass Extension Nutrition Education program with local Russian, Vietnamese, and Cambodian communities to facilitate communication on healthy diets and nutrition.

Family Nutrition Program for Refugee Communities in Springfield, MA towards Healthy Eating is the proposed two-year pilot project that develops culturally-specific
programming in nutrition for newcomer communities. In the first year, a dialog was
convened between community leaders and nutrition professionals to develop and
implement programming in three local newcomer communities. In the second year the
programming was field tested, modified and expanded, and prototype training methods
and educational materials were developed. This will open new opportunities to replicate
the project, in future, in other more populated and ethnically diverse areas of Boston and
Lowell and maybe overseas as well.

A. **Linkage between UMass Extension and the CIRCLE training team in this
program:**

Nutrition Education Program (NEP) belongs to the University of Massachusetts
Extension, directly carried out by the Department of Nutrition, School of Public Health
and Health Services. Its target audience consists of low income families, high-risk youth,
the elderly, and agencies that serve these populations. NEP covers four program areas:
Expanded Food and Nutrition Education Program (EFNEP), Nutrition and Health
Programs and Resources for Agency Staff, Food Safety Programs and Resources, and
Family Nutrition Program (FNP).

A training of trainer workshop for CIRCLE members and nutrition people from
Department of Nutrition was held on November 22nd, 1997 at Chenoweth Lab. This
training team was formed with different resources needed from the CIRCLE group who
provided experiences in non-formal education and working with refugees and immigrants
in the communities, and from nutrition professionals of Nutrition Dept. who helped with
nutrition knowledge and training materials as well as training tools. This team was a diverse group of 20 people with skills and talents, not limited to the fields of health and nutrition or non-formal education. They were graduate students and nutrition professionals and project staff who were able to complement each other by working together in organizing successful training sessions in the communities to help local people resolve their health problems related to eating habits and food safety.

I was a member of the training team, so excited to get involved in the first activity, ice breaking, facilitated by Dr Sally Habana-Hafner. We were provided sheets of paper and markers to draw pictures of the symbols representing the individual favorite food. Then we were asked to talk to the person sitting next to us on the left to get to know each other. After a few minutes we were to tell the whole group about our partner. We had a lot of fun. Some of the participants had a very good sense of humor, which is a very necessary factor in training profession. The learning atmosphere was not tense, but very participatory. Participants could participate in an effort to learn and share their experiences or their own stories at a maximum level, which was incredible. The learning environment was created between participants and the facilitator.

The next session was introduction of nutritional basic knowledge by professionals and graduate students from Nutrition Department. It was a little bit boring because they just stood in front of the participants, using the overhead projector to demonstrate something they had already known and trying to encourage the participants to know it too. There was no active involvement such as participation, feedback or reinforcement from
the audience. It was one-way communication as it was assumed that “the trainees’ heads were empty vessels which needed to be filled with facts” (Johnston & Rifkin, 1987:4) I felt that the participants were passive and became bored or restless. This first training session was not very successful.

B. The CIRCLE training team and the introductory training session for the Refugee and Immigrant Communities at VACA, in Springfield:

a. Preparation for the CIRCLE training team:

Nutrition Education for Refugees Communities is a two-year project from October 1997 to September 1999. In the first year, the CIRCLE tried to approach leaders of the Vietnamese American Civic Association (VACA), the New American Russian-Speaking Association (NARSA), and the Cambodian-American Association (CAA) about starting nutrition education program in their communities. The CIRCLE set up a series of dialogs in each community between leaders and UMass Extension Educators. Two CIRCLE staff per community were assigned with responsibility to facilitate the discussions, whose initial goals would be to educate the community leaders in the importance of healthy nutrition, and to expose health professionals to culturally relevant approaches. Members of each of the three groups were encouraged to explore ways to communicate nutrition information in ways that could avoid labeling the traditional foods and methods as “bad” or “unhealthy”, but instead focus on ways to eat well while preserving cultural traditions. To do nutrition education in these newcomer communities, the CIRCLE, using the models of collective leadership, participatory education, and Non-Formal Education (NFE),
would really need to collaborate with MAAs to develop innovative, culturally appropriate ways to promote healthy eating for newcomers.

In order to facilitate these three groups, CIRCLE staff modeled a problem-solving process in which all involved function as a collective leadership, learning from and sharing with each other. CIRCLE staff and educators worked very closely in collaboration to plan the necessary health content of a nutrition education plan for each community. The CIRCLE, Extension and the community leaders together worked on how to best communicate the information. In carrying out this task, the community leaders have very important roles in providing this education, particularly if they function as translators and mediators or agree to take on nutrition education through VACA, NARSA, or CAA. As such, their collaboration and input was critical to the great success of the project.

James McNeil and I were supposed to work with the VACA. We went to meet the VACA Director on October 16th, 1997 and talked about the CIRCLE plan to organize training workshops on nutrition education in the Vietnamese Refugee Community. We didn’t receive support from the director, in fact we were rejected when the director learned the fact that I came from the North, especially from Hanoi and James Mcneil had three and a half years working in Hanoi too. In addition James spoke perfect Vietnamese with Hanoi accent, that was the worst! The Director emphasized that most of the Vietnamese population in Springfield are people who came from the south of Vietnam and they are ex–soldiers, Vietnam war veterans, whose thinking is biased towards political issues against “Hanoi Communism”. I did not have any chance to approach the Vietnamese
community at all, but worked behind the scene, which was very inconvenient for me. Honestly, I must tell the truth to justify myself being a member of the CIRCLE training team.

Before beginning the project implementation in the communities, a workshop on introductory NFE techniques was held at the Center for International Education (CIE) on December 6th, 1997. The CIRCLE staff members were trained in ways that the participation of participants and trainers during the workshop was at maximum. The workshop was well planned the day before. A meeting of the workshop training team including facilitators took place to assist planning/training individuals in selecting appropriate workshop activities and in developing step-by-step implementation plans. Materials needed for the workshop were available, which included large sheets of newsprint, markers in plenty of colors, picture books and magazines. Activity coordinators volunteered to coordinate one of the activities suggested. On the actual training day, Dr Sally Habana-Hafner made an opening speech to welcome participants. Then James McNeil had the first session of introduction to NFE: Adult Learning Principles. Participants were brainstormed about how adults learned best by forming groups of 4 or 5 trainees to work on principles of adult learning process. By working together, participants got a chance to share their experiences with others. It was surprising that participants had various practical ways of successful learning experiences in their lifetime to explore and share with each other. Concerning NFE methods and techniques, four methods presented were Learner-Generated Materials, Visual Portrayal: Picture Collage & Fotonovella, Social Drama: Role-play & Skit, and Alternative Assessment
Techniques by Lisa Deyo, Hong Nguyen, Andrea Ayvazian, and James McNeil respectively. Participants in my group worked hard on their projects and the collective outcome products of picture collages and photo-novellas were incredible with their talents, creativity, and decorating skills. It is true that “Two heads are better than one” or “great minds meet”. Group-work or teamwork has sort of advantage in creating learner-generated materials. The workshop continued on Cross-cultural Issues and Applications addressed by Dr Sally Habana-Hafner and it ended up with evaluation techniques done by Rin Moeun and Christine Chin, the CIRCLE undergraduate members. This workshop was completely successful because it was thoroughly planned by the entire training team. That is the workshop objectives were decided upon, the schedule was prepared, learning materials were created, resources were gathered. All members of the training team made decisions, not by one trainer or planner. This kind of collaborative effort incorporated the participatory approach into the planning process as well as training program.

After three months, the dialog groups came to an agreement on action plans and began their implementation in their communities. At a minimum, each plan was expected to include basic education on the relationship of nutrition to health to respond to the question of why it is important to eat proper foods and the effect of exercise and diet on health. Besides, it was more necessary that each of three groups would be able to develop a different response and plan, specific to its culture and the community. This customized approach, in return, ensured the community acceptance and support which could contribute much to the success of the nutrition education program.
As I mentioned above, I worked “secretly” at the back stage. In the first year I was in charge of doing documentation on training processes held at the VACA, and in the second year, of gathering materials for training sessions in the Vietnamese community and writing the annotated bibliography. Nutrition education activities included the two-day introductory workshop on nutrition education for representatives from three refugee communities; One-day workshop on community nutrition education for the Vietnamese adults; Three one-session workshops for family-based setting; Two picnic-based workshop for youths; One workshop for the youth; One workshop for the elderly and one four-session career-oriented workshop for adults.

b. The Introductory Workshop on Nutrition Education for Refugee Communities at the VACA:

This workshop was aimed at initiating a collaborative process between the three communities: the Cambodian, Vietnamese, and Russian speaking refugee communities and the CIRCLE project. This process was expected to result in innovative practices being developed and adopted towards achieving the project goal. The project overall goal was decided upon that members of the three communities, who were food stamp recipients or eligible would increase their nutrition education knowledge and improve their related behaviors. The initial project objectives were:

* To increase the community’s awareness and gain knowledge and skills about Dietary Guidelines for Americans and the Food Guide Pyramid;

* to focus on ways to eat healthy while preserving cultural traditions;

* to expand the variety of foods in the diet, including unfamiliar foods;
• and to gain knowledge and skills about safe food handling practices.

At the end of this workshop the participants were able to become familiar with the objectives of FNP in the context of their communities, and to explain three basic components and key messages of nutrition education. Project staff were able to gain understanding of the nutrition education needs of communities and outreach training needs of participants. Project staff and participants were able to develop plans of action to carry out nutrition education activities and follow-up work in their communities. This two-day workshop occurred on the 5th and 6th of March, 1998 at VACA from 9am-1pm each day. Four representatives from each community were supposed to be present at the workshop. However, most participants showing up were from the Vietnamese community. The training contents were the three components of nutrition education (The Food Guide Pyramid, Labeling, Food Safety and Handling); cultural practices and knowledge related to food and nutrition; current health and nutrition problems in communities; and knowledge and skills of participants and staff. Non-formal, adult education techniques were used. Use of props such as plastic food pyramid was exciting and encouraging. Handouts were in use of reinforcing messages, and after all a framework for action planning was introduced.

Details of the activities are described as follows:

By reviewing the documents and materials collected including a video tape, sheets of newsprint, pieces of paper with drawings and hand-written sayings and proverbs, and
by talking with the training group I came to know that it was a very successful workshop. The training group accomplished what they had planned before.

On day one: Opening remarks took about ten minutes by Dr Sally Habana Hafner and a representative, Juliet Nguyen, from VACA. More than 10 participants showed up, most from the Vietnamese community, 2 from Cambodian and nobody from Russian-speaking community. Participants made acquaintance with each other by drawing the symbols of their favorite foods and talking in pairs. They also talked about their expectations of the workshop. Judeth V. Lagrimas and Lisa Deyo did this activity. Participants enjoyed it so very much. Then Dr Sally Habana-Hafner presented the objectives of EFNEP and of this workshop by briefly presenting the vision of nutrition education and related issues to nutrition. The subsequent activity was the visit content presented by James McNeil that included introduction of The Food Guide Pyramid using the plastic model and posters. The visual aids, fake food items helped a lot. They did look very real so participants easily recognized them in practice of putting them in different compartments of The Food Guide Pyramid model. All participants were involved in this exercise with lots of fun. Then participants worked in small groups discussing about the significance of Food Labels and trying to highlight related issues.

The following activity was concerning Food Safety. Participants were asked to draw their kitchen. It was fun when people thought back of the time when they had been in Vietnam. They drew fancy pictures of their kitchen with coal char stove plus a lot of
smoke coming out compared to the modern-designed kitchen in their home now in the U.S. Description of old and new food practices was “hot”.

Before ending the training session, participants had some homework assignment to collect local wisdom about foods and food handling. They also had daily feedback of the session using evaluation form of face symbols. Not only the participants but also the CIRCLE training team did the reflection, too, after the wrap-up.

On Day Two: Revisit content was reviewed by presenting local wisdom about foods and food practices in the community context (by Sally and Nina). Some examples of sayings and proverbs are:

“When you go to the feast, you should go fast and early / be an early bird
When you have to go across the river, you should go after the others” (Vietnamese)
“Get to the table before the food gets cold” (American)
“Noodle (Pansit) for birthday because it symbolizes long life” (Philippino)
“Eat all your rice, otherwise your future spouse will have as many pimples as the rice left in your bowl” (Chinese).

Then participants did their 24-hour recall and posted the result on the wall (by James and Judeth). Next participants were split into two small groups to work on identifying health problems and causes in their own community. Problems included choosing wrong foods because of language barrier; high blood pressure, liver damage
(Hepatitis B), diabetes, osteoporosis due to a wide variety of foods available causing confusion affected directly by not having basic nutrition knowledge, etc.

Regarding the actual situational fact, action plans of existing and new activities were openly discussed among participants and developed by representatives of the Vietnamese and Cambodian organizations as an output of this workshop.

Overall this workshop was very successful in accomplishing the goal and objectives set up. A collaborative process between refugee communities and the CIRCLE project was strengthened resulting in innovative practices being developed and adopted towards achieving the project goal.

C. Nutrition Training Sessions in the Vietnamese Refugee and Immigrant Community in Springfield:

a. One-day workshop for the adults:

Location at VACA on October 7, 1998 making up of 15 participants and 5 facilitators: Dr Sally Habana-Hafner, Mr Duong, Mr Xu, Ms Hoa, and Ms Ha.

Activities included

1st: Icebreaking:

Participants worked in pairs. They were asked to draw pictures of their favorite food. Most participants of this workshop were men between the age of around 35-70. About five out of 15 were women who were likely to be around their 50s to 70s. There were also two kids being cared by their grandmother and father.
The facilitators went around the room to assist the participants in their drawings. The purpose of this activity was dual. One was to assess what type of food participants ate. The second was to see if the participants themselves knew whether or not the foods, which were taped on the board, were healthy and appropriate for consumption. Considering that most of the selections consisted of vegetables and fish, the participants reasoned that their intake of food was quite nutritious. Other pictures were of beef, tofu and fruits.

**Comments:** all participants seemed to have been enjoying the activity. They were enthusiastic in their responses as to why they thought the foods they had chosen were good for them. If they could not or choose not to draw the foods, they still gave the input as to why they wanted in their drawings. Now that I can see one disadvantage of this activity—the ability to draw. What will happen if some of the participants are unable to draw? If they are forced to draw, they will be under pressure and may lose interest during the workshop as far as the participant’s ages are concerned. I don’t think this exercise will work out for the elderly, especially in the rural areas.

2nd: Lecture on Basic Nutrition:
Mr Duong gave a very brief introduction of the basic concepts of nutrition and what roles the nutrients played in the physiological system in our body. This was a lecture-based format but it took Mr Duong only 10 minutes to present it. That’s long enough for the participants to sit still. The very short lecture was reinforced by the visual aids of posters describing the nutrients necessary for our body and the source of energy.

**Comments:** The participants were put into passive situation. It did not garner as much enthusiasm from the participants in other words. Since this involved very little interaction between and among the participants, they appeared to tune out. The facilitator should have let the participants talk about their perceptions of basic nutrition to the person sitting next to him/her then share theirs among the whole big group.

**3rd: The Food Guide Pyramid:**

The materials included were real Vietnamese ingredients such as fish sauce, fresh fruits and vegetables, rice, noodles, soy sauce, peanuts, a can of tuna, and other household items. There were also a lot of fake plastic foods that made up the Food Guide Pyramid model and these foods represented American and Hispanic ingredients.

Participants were visualized by the posters of the Food guide Pyramid and were also told of what each of food group consisted of (i.e. what foods went in what section, how many serving should be consumed per day, what foods were considered healthy). It was exciting to ask participants to practice putting the right foods in the right location.
A volunteer came up and placed the plastic fake foods into different sections, the rest were asked if the volunteer had done a good job. After that all participants were involved in doing this exercise. They picked up the food items to place in the correct areas. Participants then discussed which foods were healthy and gave reasons why too.

Comments: The participants, although were reluctant at first to join the activities, seemed to like it once they had started. Their peers also encouraged participants from more reluctant ones. But, there needed to be more guidance from the facilitator involving this activity. In some cases the foods were put into the wrong sections of the Pyramid. Rather than point this out and engage with the group what was wrong with the choice, the facilitator moved onto another activity. More dialogs could have been had as to where the food should have been placed, especially if placed in the wrong area. What was good were Dr Sally Habana-Harfner’s interjections as to the various foods presented. She asked whether or not the food displayed was considered Vietnamese and why or why not this was so. She asked what food they ate and whether or not it was healthy in their minds. This interaction enabled the participants to think about what they ate and to consider whether or not they had healthy diets.

4th: Examining Personal Eating Patterns:

Participants were given forms to fill out. Mr Duong, Ms Hoa, Ms Ha went around to assist this exercise. Participants were asked to answer the questions in the questionnaire the best they could. Once they were done, one participant was chosen as a spoke-person of each group to read their results aloud to the whole big group.
Comments: The form given to the participants appeared to be confusing. It didn’t fit the context of the Vietnamese community. That is it may have been better to ask the participants how many bowls of rice each of them had per day rather than how much rice and meat and vegetables they had. To specify the actuality of how many pieces of meat or how many bowls of rice, or other foods they had, might help stop some of the confusion. Moreover, the facilitators tended to give people correct answers to the questions rather than allow them to choose their own answers. Given this fact, it may be safe to assume that the questions needed to be redesigned or that there is a better method to ask the same question orally. That is reading the questions out loud and have the participants raise their hands to see who agrees and who disagrees.

There was one man in particular, who really stood out in this area. He pointed out the similarities and differences of foods in Vietnam and the US. He discussed the various aspects of nutrition, from the variety of foods to the amounts of food eaten in Vietnam and the US, and the reasons of differences. For example, the Vietnamese in Vietnam have more access to fruits and vegetables. They don’t have enough meat and poultry so they eat a lot of fish, especially fresh-water fishes. In the US fish products are similar to ours in Vietnam but they are more expensive so there is a decline in eating fish once Vietnamese people emigrate in the US. Also, Vietnam is still a very poor country, people don’t have much access to eating meat, they eat meat on special occasions only. It has become a tradition, when they eat meat of poultry they eat most parts of the pigs, chickens, cows, water-buffaloes, ducks, geese and other animals including fats and other non healthy
sections that can cause health problems rather than provide nutrients to the body. This person also pointed out that a healthy life included exercises not just eating. His peers really paid attention to what he was saying and concurred with the results.

Finally, Dr Sally Haban-Hafner requested the participants of what activity they would be interested in doing next. The answer was organizing a cooking class!

b. **One-day workshop for the family group:** Depending on community mapping areas each group is composed of three or four families living in the same close neighborhood. Participants include the whole family members i.e. grandparents, parents, their children, and grandchildren.

Participants decide upon training place. Usually the training session is held in one of the participants’ home. Time is flexible which is appropriate to the family schedule and often on Saturday morning, and the session is within two hours.

Education level: low from the third grade to sixth grade. There were two sessions carried out and achieved:

- The first session:
  Location: 210 East Allen Ridge Road, Springfield, MA 01118
  Time: Saturday, November 7th, 1998 from 11:00 am to 1:00 p.m.
  Participants: 12 including 2 fathers, ages of 42 and 55, 3 mothers ages from 37 to 45, 7 children ages from 7 –15.

- The second session:
c. **One-day workshop for the elderly group:**

It’s a workshop on monthly Prevention Day.

Location: VACA, Belmont St., Springfield, MA 01108

Time: April 29th, 1999 from 11:00 am to 1:00 p.m.

Participants: 30 elderly people.

d. **One-day workshop for the youth group:**

Location: Holy Name church, Dickinson Ave., Springfield, MA 01108.

Time: December 13th, 1998 from 1:30pm to 3:15 p.m.

Participants: 15 youths (12-17 years old).

** These sessions mostly were carried out by Mr Duong and Nina, community insiders and CIRCLE members, too.

e. **Four-session workshop for job-training group:** Mr Duong, Dale Jones and Cheryl were in charge of these training sessions

Location: VACA, Belmont St., Springfield, MA 01108.

Time: Four sessions:

- March 24th, 1999 from 9:00-11:00 am
- March 31st, 1999 from 9:00-11:00 am
- April 7th, 1999 from 9:00-11:00 am
- April 14th, 1999 from 9:00-11:00 am
Participants: 10 people (32-45 years old) with education level ranging from High School to College.

*The same training design and techniques were used for these training sessions:*

**Introduction to each other:** Working with a partner in pair, interviewing each other about name, career, food, and nutrition experiences, then introducing the partner to the whole group.

**Introduction of general nutrition to the whole group:**

Terminology: *“Nutrition”*: Brainstorming, eliciting the responses from all participants, synthesizing them and giving final conclusion:

* Nutrition is food that provides nutrients for balanced nutrition.

* Nutrition provides energy and helps the body grow and repair damaged tissues.

**Suggestions of Good Nutrition:** for helping participants understand and remember what they should eat to stay healthy:

*Activities included as follows:*

- Each participant draws a picture of the food they like the best and post it on the board.

- Participant takes turn to talk about how and why he/she likes that food while the facilitator writes some notes on the board that can assist in categorizing each participant’s food into the six food groups with the purpose of helping the participants have general knowledge of good nutrition.
The Food Guide Pyramid as Tool for Planning Meals: This helps participants know which food to eat and how much of each type of food to eat based on the Pyramid Model.

Activities included as follows:

- Observing the real foods displayed on the table: Participants were invited to have a close look at the real foods, then they were asked which foods they must eat most and least daily to keep healthy.

- Groups were provided Pyramid model newsprint and food pictured cards. They discussed and sorted the food pictured cards on the food pyramid model newsprint from the most to the least. Participants may have felt a little bit nervous about doing this exercise, but they were encouraged to try their own experiences and predictions in group discussion. Newsprint was posted on the board, two representatives of each group talked about their discussion to the big group. By doing this different group could share their ideas, perspectives with another group to get the correct concepts of food cards in the right position in the food pyramid model. Once the participants understood the Food pyramid model in newsprint, they then began practicing in the plastic food pyramid model. This exercise drew the participants’ attraction. Participants were eager to take turn to put plastic fake foods in the appropriate compartments of food groups. Some participants may have made mistakes by putting food items in the wrong section and others may have helped them put them in the correct place.

- Food pyramid flyers were delivered to all participant to help reinforce what they had learned during the workshop.

Food Group Nutrient Concepts: to help participants have right food concepts.
Activities included as follows:

- Group activity: Each group consisted of 3-5 participants. The purpose was to help participants match the food nutrient cards in the appropriate food group in the newsprint. Materials given to each group were 2 food group cards - cards written with food group letters, 4 food item cards - cards written with names of foods, 4 food nutrient cards - cards written about the effects of food on the body, and a sheet of newsprint.

- Participants worked in their group trying to discuss before matching the two food group cards with food item cards in the newsprint. Newsprint then was posted on the board and each group presented their matching. Each group could help other groups in correcting the wrong matching.

- Class discussion: Participants shared what they thought of the effects of nutrients on the body. Nutrient cards with appropriate food items were delivered to participants.

Practice of Food Recall:

Participants were handed out food recall sheets and food guide pyramid sheets to assess their food recalls by remembering which foods they ate, the amounts and times they consumed foods during the last 24 hours. Then were asked to write on the quiz of Food recall sheet then color what foods they ate in the food pyramid sheet. By doing this participants were able to share their experiences with each other.

More activities were added to the workshop for the job-training group because training time was longer. They included Food Label to help participants choose the right foods that make up a healthy diet. Participants had a chance to observe labels on real food containers, bags, packets displayed on the tables and discussed with partners the benefits
of food labels. There’s a conclusion that right food choices help make healthy diet, the healthy diet can reduce the risk factors of some diseases.

Participants had fun playing game (puzzles) concerning “Nutrition Facts”. They played in group of 3-5 people. Each group had an envelope containing pieces of “Nutrition Facts” and newsprint. They worked on it together matching the appropriate parts of “Nutrition Facts” in the newsprint, and then one group representative presented their matching nutrition fact model and posted it on the board. They could help correct each other.

The last activity is **Food Safety** to help participants get food safety when shopping. Participants were reminded that many kinds of food have dates stamped on their packets that mean different things, for example, “Sell by…”, “Best if used by…”, Expiration….”. Participants were provided with Product Food cards written name of foods that carry dates, Date cards written the dates and newsprint to work on this exercise.

Next participants worked in-groups discussing about Food Storage: how to store / preserve cooked and fresh food, how to use refrigerator with good maintenance compared to having no access to refrigerator in Vietnam.

Mr. Duong played a very active role in these nutrition-training sessions in the Vietnamese community. The Vietnamese community people in Springfield very well honor him. He sees that, in general, all training sessions drew full attention of the participants. They actively participated by expressing their own thoughts, sharing their experiences with others, discussing problems and finding out the resolutions to the problems. They really learned a lot by doing things together. That is learning is not
passive as they did in Vietnam when they were school kids. The facilitators enabled participants to be active by handing over the stick to help them become facilitators, analysts, diagrammers, observers, researchers, planners and actors. Participants shifted their role from individual to group. They moved from closed to open discussions, from verbal to visual, from measuring to comparing. In doing so they could explore at maximum the knowledge of nutrition that they didn’t have before.

In particular, a family-based training model has been established. Time for training was flexible, usually on Saturday at 12 am that was very convenient for the families. Training place was agreeable depending on which families joined the training. Training was for all regardless age, sex and position in the family. It’s a mixed group, therefore, the facilitator must be tactful in designing and handling the session that fits in the actual setting. The training content should be clear and simple to understand because of the participants’ low level of education. This model will be further discussed in the next section.

Another training model known as Youth Model implemented in nutrition training in the Vietnamese community in Springfield was founded too. Youths who have newly arrived in the U.S will have a chance to provide various points of view about living in Vietnam and the U.S. This model aims at raising awareness of and generating interest in healthy eating habits. Differences between eating practices in Vietnam and the U.S and attributing relative value to different ways of eating were noted. Youth are acknowledged to provide valuable information and opinions about healthy and enjoyable eating that they
have gathered through their experiences. They went *Fishing Expedition* for a long afternoon. They started making their own fishing rods using materials available like fishing rod, nylon string, hooks, worms/bait, etc. Then they began fishing alternately talking about the different life experiences in the U.S and in Vietnam. This fishing activity did prompt discussion about being able to eat more seafood and fresh fish in Vietnam than in the U.S that led into a broader discussion of when they ate, how they ate, and what they ate. The facilitator generated ideas for more activities, which should have fun and help young people understand the importance of the foods they eat. They made comparison of eating habits of the Vietnamese and the Americans:

<table>
<thead>
<tr>
<th>In Vietnam and the Vietnamese</th>
<th>in the U.S and the Americans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresh fish</td>
<td>Processed meat</td>
</tr>
<tr>
<td>Seafood</td>
<td>frozen seafood</td>
</tr>
<tr>
<td>Wide range of tropical fruits &amp;</td>
<td>Chips and candies as snack food</td>
</tr>
<tr>
<td>Fresh fruit as snack</td>
<td></td>
</tr>
<tr>
<td>Eat with family</td>
<td>Eat in front of a TV</td>
</tr>
<tr>
<td>Main meal at mid day</td>
<td>Main meal in the evening</td>
</tr>
<tr>
<td>Less individual choice of food</td>
<td>Individuals can buy own food and snacks</td>
</tr>
<tr>
<td>Foods usually supplied by family/the mother.</td>
<td></td>
</tr>
</tbody>
</table>

More activities were suggested like jeopardy for healthy eating, taste testing for new and novel foods, etc.

Another activity involving the youth in nutrition training was *going to the Grocery Store*. This activity aims at empowering the youth to be able to do their own shopping.
Transportation was provided and it would be between one to two-hour activity. Youths were driven to the store and given the list below:

a. You have $5 to spend on a healthy dinner. What food items would you like to choose and why? Also, list the amount of money each food item costs.

b. If you couldn’t drink milk or ingest dairy products, what kind of foods would you need to substitute for the calcium in milk and cheese? List the foods and their prices...

ej. List foods that you normally see in your house. Be sure to give a price check and nutrition content if it has.

By practicing choosing the right foods, comparing, judging… the youths come to know more about nutrition and healthy diets. It would be nice to give kids money to buy one type of snack for themselves. This model seems to fit in the setting here in the U.S!

V. RESEARCH METHODOLOGY AND DATA ANALYSIS:

1 Research Methodology:

Research methods used to identify and describe community nutrition education activities are both qualitative and quantitative. Qualitative research techniques, I believe, help me develop a better and deeper understanding of working in partnership with different community organizations, and of how participatory approaches to nutrition education in regards of non-formal education worked in different settings and with different groups of people. According to Paten qualitative measures describe the experiences of people in depth. This investigation involved me for two years. The data
gathering techniques used are weekly meetings with training team, quarterly program reports, ongoing dialogues with program facilitators and nutrition experts from Department of Nutrition, and program documentation. During the first year together with other CIRCLE training members, we reviewed numerous alternative approaches to non-formal education, and nutrition education. We realized that we needed a different approach that related community people’s involvement, full participation to foods and nutrition. Merriam states that “The world is not an objective thing out there but a function of personal interaction and perception”. The method was to develop a new approach concerning food culture (e.g. rice-based or potato-based, traditional and modern food systems, beliefs and taboos in food), sociology on the menu (i.e. encouraging new ways of thinking of everyday act of eating); cross-generation, gender relationships; kid culture; and changing concept of diet and health. Non-formal education elements were also considered in terms of training places and times e.g.: working outside of school, in home, at community center, at church or temple, and in leisure spaces like parks, beaches at different events such as New Year’s; Empowerment process using knowledge already available; Cultural sensitivity; Peer education; Use of various media like plays, video, food games. The approach itself is defined as building a community approach that includes developing, changing and preserving identities; partnership in community to identify issues then address them according to the community needs.

During the second year while the nutrition sessions were taking place in Springfield, though I didn’t get any chance to witness them, I was happy and lucky to have Mr Duong as an inside trainer and an informant as well to provide me with valuable
information on all activities implemented in the Vietnamese community. Using the quantitative research measures, I conducted several interviews with CIRCLE training team including Mr Duong, Yvonne, Dale, Nina, Cheryl, and I also delivered a set of questionnaire to get further information from other sources.

2. **Data Analysis:**

   In the previous section, while describing all the nutrition activities implemented in the newcomer communities by the CIRCLE training team I have alternately analyzed the data. In this section I’ll dealt with critical analysis of data in detail.

   After two years of working in partnership with the three communities to teach various forms of nutrition education, CIRCLE appears to prove that it has been committed to maintain its *philosophy of collective leadership and participatory development*. The CIRCLE believes that its role is to engage community development, assisting community member from three groups to gain leadership and outreach skills. The intent of FNP is truly not to replace but build upon the traditions and practices of the community groups.

   In fact, CIRCLE has been working collaboratively with VACA, CAA, and NARSA to tap into and draw from existing community resources, practices and traditions *to develop innovative, culturally appropriate methods of non-formal education*. Steps developed and implemented by Dr Sally Habana-Hafner, the CIRCLE director, and the CIRCLE training team are as follows: In the first year:

   **Step 1:** Outreach workers were selected by Dr Sally Habana-Hafner on the basis of their previous community development experience, familiarity with the culture and
ability to speak the language common to the community members. New staff members were introduced to the communities. I could see that this aspect of the project is critical because all three communities can be classified as high context cultures in which establishing social relationship and trust are very necessary prerequisites to developing and implementing plans in the community.

Step 2: CIRCLE staff started attending organizational meetings and activities organized by the community organizations regularly in an effort to understand the leadership structure within the organization and the process of innovation in the communities. Outreach workers set up a series of dialogues around nutrition and healthy eating with the community leaders to establish agreement on priority messages, target groups within three communities, and suggest potential strategies. Working together with VACA, CAA, and NARSA, CIRCLE helps these associations to identify community members who would be interested in becoming actively involved in nutrition education program. Through this process, CIRCLE staff were able to seek out the gender balance and encourage youth who can act as mentors and peer educators.

Step 3: In Fall 97, three workshops held at the University of Massachusetts for graduates and undergraduates students affiliated with FNP served to establish a dialogue between the education/CIRCLE and the nutrition education graduate students and allowed them to share their experiences and expertise on nutrition and non-formal education methods and techniques. CIRCLE staff gained an understanding of the nutrition project, its mission, and the key messages delivered through project at the two workshops.
organized by EFNEP and Department of Nutrition. The third workshop was held by CIRCLE project staff on adults and non-formal education, and methods, which can serve to strengthen extension activities in nutrition education. CIRCLE staff members presented information on the principle of adult education methods and the use of feedback, role-plays, and learner-generated materials in adult education.

Step 4: CIRCLE staff members were engaged in collecting materials on nutrition education and researching strategies on conducting nutrition education training sessions and events for refugee and immigrant communities.

Step 5: Organizing the two-day training workshop for trainers on the three key message of the FNP for representatives of three community-based organizations. Understanding the objectives of FNP and the role of CIRCLE in the program, participants were greatly interested in every activity presented and participated by both participants themselves and the facilitators. They were able to explain three basis components and key messages of the FNP. Through this workshop, CIRCLE gained a greater understanding of the nutrition education needs and the outreach training needs of participants. CIRCLE trainers succeeded in creating a training model, which was culturally sensitive, and use innovative methods of non-formal education, which would sparkle the interest, and imagination of the participants. Each community group was given opportunities to share information and beliefs on their own dietary and food handling practices in their native country and in the U.S. Real foods from three community were used in the training which were very fascinating. A process of mutual learning took place. After the training
workshop action plans were developed by Vietnamese and Cambodian organizations as an output of the training workshop.

** CIRCLE is careful about documenting and examining elements of the process and outcome in its evaluation. Documentation included working on workshop designs, surveys forms, participant observation and reflection on process. This would serve to inform CIRCLE staff members on the progress of FNP. In addition, CIRCLE had weekly meetings that served to assist distilling lessons drawn from each of the events with different communities and allow cross-fertilization of ideas and practices across three community groups.

Step 6: CAA and CIRCLE organized the New Year celebration for the Cambodian and Vietnamese communities in Campus Center. It was a night event open to the public with the theme of the booth, which was Happy Healthy New Year. All age groups, families, men and women showed up. The Food Guide Pyramid was on display and used for a prize-game. The graduate and undergraduates outreach staff, members of the communities took part in the nutritional surveys and quizzes/contests based on knowledge of the food guide pyramid with prizes for good matches. They were invited to test their knowledge of nutrition and the food groups. Small prizes and certificates, which contain further information on nutrition, were awarded to a lot of kids and adults who successfully demonstrated their knowledge of the food guide pyramid. The information was translated into Vietnamese and Khmer languages, which were very handy for the players. This activity was meant that learning is playing game that is learning.
The good points in carrying out the implementation of the project lie in the agreement on action plans including basic education on the relationship of nutrition and health that answered the question why it is important to eat proper food and the effects of exercise and diet on health. Beyond that, the nutrition education content was developed specifically based on the community and its culture, which composed of a customized approach. Hence, this approach gained the community acceptance and support. The use of combination of visual stimuli, simple translation text increased community involvement effectively in communicating information to newcomer population, particularly among less educated groups coming from rural backgrounds. Nutrition education in these communities really centered on newcomer families and the important of mealtime. Traditionally, nutrition circles of newcomer women, the family meal-preparers who take care of the shopping, cooking by focusing on healthy ingredients and cooking methods.

In the second year, the customized action plans continued. More members of each community were reached. Now I would like to specially present the data analysis of nutrition training sessions applied in the Vietnamese community:

Based on the questionnaires delivered to the CIRCLE training staff members, there were 12 sessions on nutrition education categorized as 5 groups: elderly, adult, youth, family (mixed group), and job training adult group. Community members identified elderly members as a priority target due to the high prevalence of diabetes and high blood pressure in this population. This is a non-English speaking population, and their access to
nutrition education is extremely limited. Main trainers were the VACA and CIRCLE staff members who participated in the early training of trainers workshop: Yvonne, Mr Duong, Nina, Dale, Cheryl and community representatives: Mr Xu and Ms Hoa.

The number of participants for each training session was various depending on other objective elements. They were both male and female (old, adult, young and very young) with their ages ranging from 7 to 70 years old. Training places and times were flexibly selected at the community resident’s home, at school, at the church, or in the park. Activities developed were impressive which drew the participants’ attention from the very beginning to the end of the session. While doing nutrition education in the newcomer communities, CIRCLE trainers always bear in mind the thought that these community people certainly have problems being in a new country with a new system of language, education, services and foods around. According to Yvonne, an outsider, what they (CIRCLE staff members) learned from the project was that quite a number of the Vietnamese people in this community were on food stamp or welfare programs i.e. they were in a state of poverty and they may not be eating very well. Though Vietnamese diet isn’t normally an issue, living in a new environment with lots of foods does affect their eating habits. Choosing inappropriate foods can cause problems to their health. Training design was based on the community needs, therefore it was not exactly the same as the trainers had had it before. The key messages would be what are the main constituents of a healthy diet consisting of cutting down of fats and sugar, of equal carbohydrates and vegetables. The Food Guide Pyramid seems to fit instructions. However, all the bits of foods are typically American that maybe some kids in the Vietnamese community get to eat. Certainly most of the population don’t it like that so the CIRCLE training team
thought they wanted to design something that's very participatory, something that people feel comfortable and will have fun with. Since they knew that foods say so much about culture, the training design was developed based on cultural values. Participants felt comfortable playing with the notions of foods: sayings about foods, what they eat, how they prepare foods, what kind of special foods people have on special occasions, how is the kitchen organized, what happens at meal, etc. The trainers also wanted to find out culturally what were the food practices so they designed a number of exercise to get people thinking about their own culture of food practices that was very interesting. On that day, overall people felt very well. They not only got the ideas about a balanced style of food diet but also felt very proud of their own foods, traditions and practices. There was a lot of interchange sharing and laughing and joking about those. Participants’ interaction was exploited at maximum. This training form has never happened in Vietnam where formal education is still dominant. Participants realized that they are likely to change to get adapted to life in the U.S.

After that training, the team had a little assessment by talking to each other, talked with the community people and came up with the idea of establishing a family-based model that seems to fit well in the Vietnamese community. The framework was based on the idea that Vietnamese family is composed of multi-generations living in the same house sharing the same foods traditionally, however, in the U.S there is a big difference in change of eating habits. The trainers’ concept was based on the notion that most of the kids were at school getting food on nutrition program. Of course, they are exposed to the mainstream culture i.e. they eat like American kids do. So the trainers thought they are
going to have one level of knowledge and exposure, whereas their grandparents are at the other end. They totally can’t speak English; they probably don’t go shopping for lots of reasons. Their parents are some way in between, they have some level of English, but actually their children take an active role in the family, because somehow they are more educated. Given that fact, there are a lot of tensions, problems, nuisances so by taking training to the households, involving 3 to 4 families to offer nutrition education, the trainers would get intergeneration discussions go. Kids in that sense could also understand the knowledge the grandparents have and respect them because there is a lack of expected time for them to talk with each other. Training in this way is very participatory that allows cross-gender (men and women, boys and girls) sharing about food knowledge and practices. The most interesting thing was that at the end of the training session, trainers and participants cooked foods together. They could actually talked about the ingredients and how that related to The Food Guide Pyramid as scientific research says toward healthy eating, which bore dual benefits.

Mr Duong was the key training person in the Vietnamese community. As a community outreach health educator and a vice-chair having close connection with the Vietnamese American Health Care Committee, he made great contribution to the training in the Vietnamese community. He talked about the advantages of being a “home” trainer. He is a member of the community; people know him and have trust in him. He is a current graduate student familiar with non-formal education and wants to apply new participatory approach to nutrition education. He received a lot of support from community leader and people in the community as well. He said that the training theme is practical that is the key
point to the project success. According to Mr Duong, FNP was established in time to improve the quality of the Vietnamese life in the community. Mr Duong also realized that the successful factors of the program mainly depended on the participants’ active involvement plus the collaboration between the participants and the facilitator. On interviewing participants, Mr Duong noted not only the elderly were so interested in the program but the adult and the youth as well. They found it very important and necessary and wanted it to be replicated more widely so that more people can be reached and provided with nutritional knowledge that they are lacking. Only 150 people were trained in total. It’s a very small number in comparison to the population of 5000 people in the Vietnamese community. The strong points of this model are that training delivery is for all family members, and it is an activity that help the refugee and immigrants preserve their own cultural values. Old and young generations get to know each other better. They are learning by doing things together, generation gap seems to be narrower.

Concerning disadvantages of this training model both Mr Duong and Yvonne thought that getting access to people is all an issue because these families are under a lot of pressure. The reality is that the low-income parents both have to work, they do shift work or work long hours so trying to get the whole family simply seemed very difficult. One more difficulty is that they have different level of education that can hinder the success of learning. In general, they would say the family-based model was very effective. Mr Duong strongly supported that this model can be applied in the context of Vietnam country because non-formal is still new. Community nutrition education is very necessary for everybody at all levels. The Food Guide Pyramid seems to be compatible with the
Vietnamese diet. The Vietnamese eat a lot food from grains, vegetables and fruits groups, which is healthy. However, ironically the top groups (meat and dairy, and fats, oils, sweets) of The Food Guide Pyramid are the “dream” of the majority of Vietnamese. They don’t have enough animal protein to get enough calories for the body to develop, but The Food Guide Pyramid helps them reach the goal of having at least 2-3 servings of each group.

There was another model of training done a couple of times that seemed to work well, too, the youth model - getting the young people together, taking them to the park or forest, or a fishing place delivering nutrition training for them. The Family-based model performed an awful lot more things, that’s not just education but sharing about people’s knowledge, particularly the older generation’s. Yvonne strongly recommended these two models of training which were worthwhile carrying out in the community.

As an outsider, Yvonne did most of the work as a designer; She designed and debriefed the trainers. According to Mr Duong, in implementing a family-based training model, it is essential to select the trainer(s) from the community itself who knows the community better than the other outsiders. People from grassroots level, due to lack of initial knowledge can only think of immediate benefits. They won’t go to the training if they are not motivated. What they expect from the outsiders is giving them something practically. Yvonne thinks that this model can be applied in urban areas in Vietnam where things change so fast like Hanoi, Ho Chi Minh City, Hue and it might be interesting
to see how people change the way they behave towards food nutrition so we can generate the information around people’s attitudes.

V. RECOMMENDATIONS FOR APPLICABILITY OF NFE TECHNIQUES IN A FAMILY-BASED TRAINING MODEL IN NUTRITION EDUCATION IN THE CONTEXT OF VIETNAM:

1. Vietnam: Nutritional Situation and Nutrition Education:

A. Background and development of nutrition program:

Vietnam is a country in the South - East Asia bordering in the North of China and Laos and Cambodia in the West. Administratively, the country is divided into 61 provinces, 601 districts and 10,331 communes, the estimated population are 78.8 million people in 1998 (GSO, 1998), living in an area of 333,00 km2, with a coastline of 3,260 km stretching the entire length of the country from the North to the South. There are 6,993,241 hectare of agricultural lands of which 4,108,855 are used for rice production. Rice is staple food in Vietnam and represents 85 – 90 % of the total production crop.

After long devastating wars and the pressure of high demographic rate, the nutritional status of the Vietnamese, especially of children and mothers is extremely poor. Everybody feels that it is a problem of great importance but nobody thinks that it is their sector’s responsibility to solve the problem.

In 1978, the Government decided to implement a National Research Program of Nutrition with a multidisciplinary approach conducted by the State Committee for Science...
and Technology. With the collaboration of many scientists working at different sectors (Health, Agriculture, Home Trade, Food Technology) the program has demonstrated in some low economic areas to improve the food supply and nutritional status of the people.

As a result of this the Government decided to establish the National Institute of Nutrition in 1980, belonging to the Ministry of Health, as a main institution dealing with human nutrition of the whole country. Since 1986 Vietnam has carried out a policy of “renovation” which has influenced positively on the economic development and the average income of the people.

B. Main Nutritional Activities Done in Vietnam:


2. Increasing Household Food Security through promotion of close ecosystem VAC (Garden/fish pond and animal husbandry)

3. Implementation of special nutrition projects:
   a. Supplementary feeding projects.
   b. Control of vitamin A deficiency and xerophthalmia
   c. Control of iron deficiency anemia in mothers during pregnancy and children.
   d. Control iodine deficiency disorder and goiter.

4. Involvement of different sectors in National Nutrition Programs:
   Health/ Agriculture (for Household Food Security Project); Health / Women Union / Education (for Nutrition Education); Committee of Protection and Care of
Children (for Control of PEM Project); Women Union (for Family Income Generation and Child Care).

5. Training of nutritionists for different sectors


C. **Major Nutritional Problems in Vietnam:**

1. The household food security is the great problem of importance. The dietary intake is still poor and unbalanced. There is a social polarization and the differences in food consumption and food safety between urban and rural areas particularly in remote and poor regions.

2. The rate of mild and moderate malnutrition in children under 5 is still high and micronutrient (Vitamin A, iron, iodine) deficiencies are greatly problematic, especially PEM in children and iron deficiency anemia in pregnant women.

3. The problem of nutrition in transition period increases occurrence of non-communicable diseases related to nutrition.

2. **Recommendations:**

A. **General recommendations:**

Much has been written about and done with nutrition education throughout the world in developing and developed countries as well. The question is how it has been and should be disseminated effectively among different populations. In Vietnam nutrition
education has been always given the first priority to pay much attention to by the policymakers. The greatest challenge is how to motivate people to get involved in nutrition education programs. Nutrition education programs are for everyone regardless age, sex, level of education or social status. If they were delivered like how they were delivered in the formal education system, they would fail in helping people learn. “Learning is not usually an outcome of formal teaching. Instead it comes from a process of self-development through experience” (Jules Pretty & et al, 1995:1). The social sciences have shown that it is not to give only information intended to produce changes in behavior and to generate behavior changes, it is necessary to take an integral approach, to give individual information, motivation, support and opportunities to make changes (Glanz & Damberg, 1987). According to this statement, to obtain the incorporation of nutrition education programs throughout Vietnam, it is necessary to have the participation of different disciplines and different sectors that can interact with each other to develop a number of possibly innovative approaches to nutrition education using participatory techniques. In Vietnam, within Primary Health Care Programs including nutrition education for community people at grassroots levels, the Ministry of Health and medical staff strive to work in close partnership with other Ministries and governmental sectors, and NGOs to organize training courses in nutrition for community health workers. These workers acting as inside trainers in the community who aim to encourage learning have a particular challenge. They have to do something different because they are to be agents of change. In almost every training situation, the trainers will encounter a diverse group of people with different training needs, therefore, the learning approaches that will be used should cater to these different needs. They should be chosen keeping in mind some basic
facts about adult learning processes. “Adults are voluntary learners. Adult have usually
come with an intention to learn. If this motivation is not supported, they will switch of or
stop coming. Adults have experience and can help each other to learn. Encourage the
sharing of that experience and your sessions will become more effective. Adults learn best
in an atmosphere of active involvement and participation” (Robert Smith 1983, Alan

Project planning should be participatory. However, implementation organizations
and others related parties usually fall short of realizing approaches to target group work
and participation which in principle are very well conceived. Frank Bliss, a consultant
with long and diverse on-site experience, comments that even in projects or programs
which claim to be participatory, surveys often show that their target group do not see them
as their own. In many cases, he says, the target group is brought in too late, when the
preliminary decision on objectives and the type of activities have already been taken. The
target group may then participate mainly in realizing the concept (Development and
Cooperation, January/February 1999). Participation must begin when planning starts. So
far as possible, activities should be planned and implemented with the local people. If
there is not sufficient participation in planning, which is precisely the first step of a
project, this will impact negatively on the people later identifying with it as “our” project
the trainers’. That also applies even when outsiders see the project as directly meeting the
basic needs of the people. Participatory planning processes are a chance to learn the
opinions, wishes and interests of the people involved. It’s an ongoing participation process
from initial planning to final evaluation of the project’s impact.
B. Specific recommendations:

The challenge to nutrition education remains in two areas: Designing effective interventions strategies, and conducting research to determine behavioral and health effects of the best intervention. According to the literature, awareness of nutrition does not necessarily translate into positive behavior changes. Dietary changes depend on many factors, including consumer's knowledge, motivation, and ability (Dairy Council 1991, Byrd-Bredbenner, et. al. 1988). For these reasons, interventions should include education strategies and behavior change techniques directly to individuals or groups. Environmental strategies encourage positive nutrition behavior by creating opportunities for action and removing barriers to following a healthy diet (Glanz & Damberg 1987, Black 1987).

There are different settings to nutrition education interventions, for example: formal, non-formal or informal processes. In formal education process nutrition education usually takes place as part of a school curricula, whereas, in non-formal education process it occurs outside of the school system, but in a structured way (Adult training, education activities at community centers, churches, etc.). In informal education, it the everyday life learning experiences through media, newspapers, doing hobbies, etc.

Education strategies CIRCLE training team used in the FNP in the Vietnamese Refugee & Immigrant community in Springfield, MA-USA included a series of non-formal techniques used for training a broad variety of audience in the specific setting. The
interventions with specific messages and channels for each target group were implemented successfully. In terms of applicability of these techniques in nutrition education in the context of Vietnam, I would like to recommend that at the local level, all international, national and local organizations working in nutrition related activities use the family-based training model that was beneficially applied in the Vietnamese Refugee and Immigrant community in the United States. Target audience identified in the Vietnamese community in the US is similar to that of in Vietnam: Low-income, low level of education, inter-generation, close residency. So gathering 4-5 families to offer nutrition education in a family home or at community center is feasible. This model has never been thought of implementing in the context of a commune or a village. It is new and new things do attract people because of their curiosity.

It is essential to bear in mind that having a trainer who is an insider the community people have already known works the best. I can envision how eager and willing people will be to take part in the training session if they feel comfortable and free to speak and share their own experiences with others. Community people's involvement is the key point in organizing training sessions. People should be motivated to take an active part in learning together. They should be encouraged to identify community issues and address them in a collective way. People are capable of rational behavior. Significant behavior is learned behavior and it is learned through interaction.

VII. CONCLUSION:
I do hope to develop a nutrition education program based on identified needs and the philosophy of collective leadership and participatory development that can be implemented in rural communities in Vietnam. As I have been accustomed to formal education with the top-down approaches, the proposed program might be of challenges in that kind of settings. Though I have taken courses related to community development, rural development, material development, training non-formal education, I am in dire needs of ideas, resources, advice, and tips from anyone who has familiarized with the nutrition education programs and non-formal education systems. On the one hand, I would like to maintain the utilization of existing resources, practices and traditions and on the other hand, I want to develop an innovative, culture-based nutrition education program using non-formal educational methodology through working with Vietnamese community in Springfield in MA - USA.

People in rural areas in Vietnam are ignorant about nutrition due to lack of basic education, economic conditions, and unreasonable beliefs and taboos. They don't even know how to make use of the available resources in their neighborhood. The morbidity and infant mortality are still high due to malnutrition. Nutrition education programs have been carried out nationwide but they haven't been of good outcomes. Thus there is a greater need of understanding nutrition education in the communities and the other need, not less important than the former, of training outreach health workers too, who can, in turn, facilitate and adopt the training plans in their own communities later on.
Experiences drawn from CIRCLE project such as the task of establishing social relationships and trust with representatives of the communities, play a crucial role in developing and implementing plans in the communities because all these three communities are classified as high context cultures. In addition, understanding the leadership structure within the community organizations helps the process of innovation in the communities in progress. A series of dialogs around nutrition and healthy eating with the community leaders to establish agreement on the priority messages, target groups within the communities, and potential strategies will be developed. The project staff members will be recruited to be involved in collecting materials on nutrition and researching strategies on conducting nutrition education training and events for different communities. Training of trainers on the key messages of nutrition program is critical because trainers with their talents and skills can strive to create different training models which are culturally sensitive and to use innovative methods of non-formal education which would spark the interests and imagination of the participants. Information and beliefs on the community’s own dietary and food handling practices should be shared, which can collectively generate the ideas focused around nutrition education in a process of mutual learning. Plans of action must be developed after that.

What was done in the nutrition training program in these three communities in the US including the documentation of workshop session designs, survey forms, participation observations, and reflections on process will be considered as the utmost factor that can be partly adopted in organizing nutrition education programs in rural areas in Vietnam. Information on the principles of adult education pedagogy and the use of the feedback,
role-play, and learner-generated materials in adult education will be highly appreciated in implementing the nutrition education plans in the context of Vietnam.
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