

Alanis Stansberry

University of Alabama at Birmingham and Live Health Smart Alabama

## Logic Model

### Outcomes

18 shoppers at Mobile Market (MM) prepared and consumed recipes developed for individuals with type II diabetes, hyperlipidemia, and hypertension.

### Outputs

86 shoppers stopped to listen. 43 shopper accepted recipes. 6 Shoppers used a QR code.

### Activities

Alanis attended MM stops to distribute recipes and engage in conversations about healthy eating and nutrition. Alanis collected contact information to follow up with survey about recipe satisfaction and experience.

### Inputs

We developed recipes for individuals with common chronic illness that utilized foods available on the MM. RDs volunteered their time to ensure the recipes were appropriate for individuals experiencing hyperlipidemia, hypertension, and or type II diabetes.

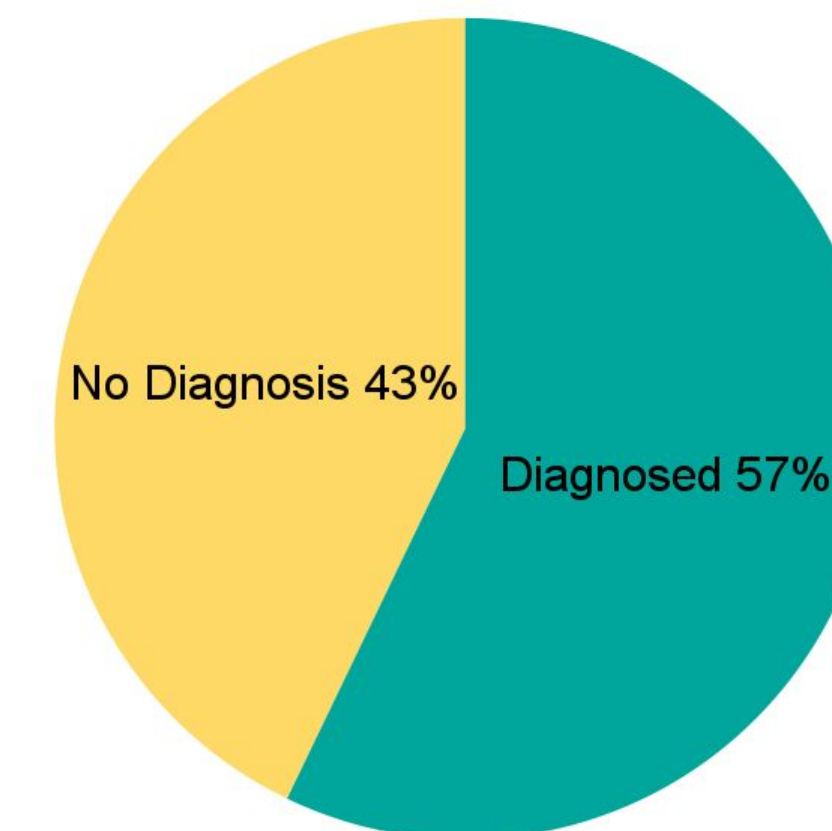
## Introduction

Alabama ranks among the lowest in the United States regarding health indicators. Alabama has staggering rates of obesity, hypertension, hyperlipidemia, type II diabetes, and other chronic illness.<sup>[1]</sup> These illnesses are often preventable, yet the rates continue to rise due to limited access to resources including nutritious foods and nutrition education.<sup>[2]</sup> This is a matter of systemic inequity that should be addressed. According to the USDA, community efforts to address nutritionally related illness by means of food access and nutrition education has shown to be effective.<sup>[3]</sup>

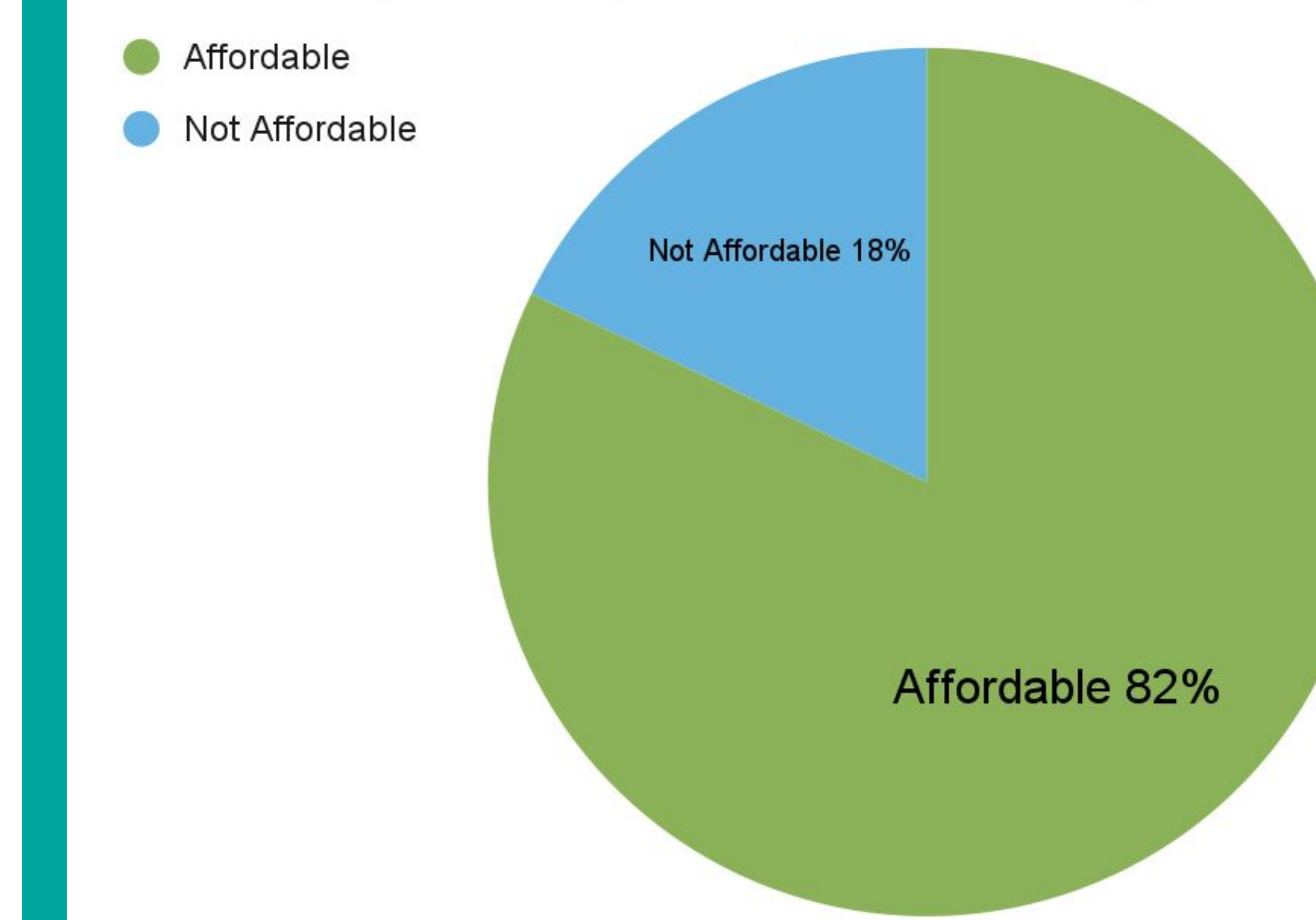
## Impact

28 shoppers completed survey. 18 shoppers completed at least one recipe.

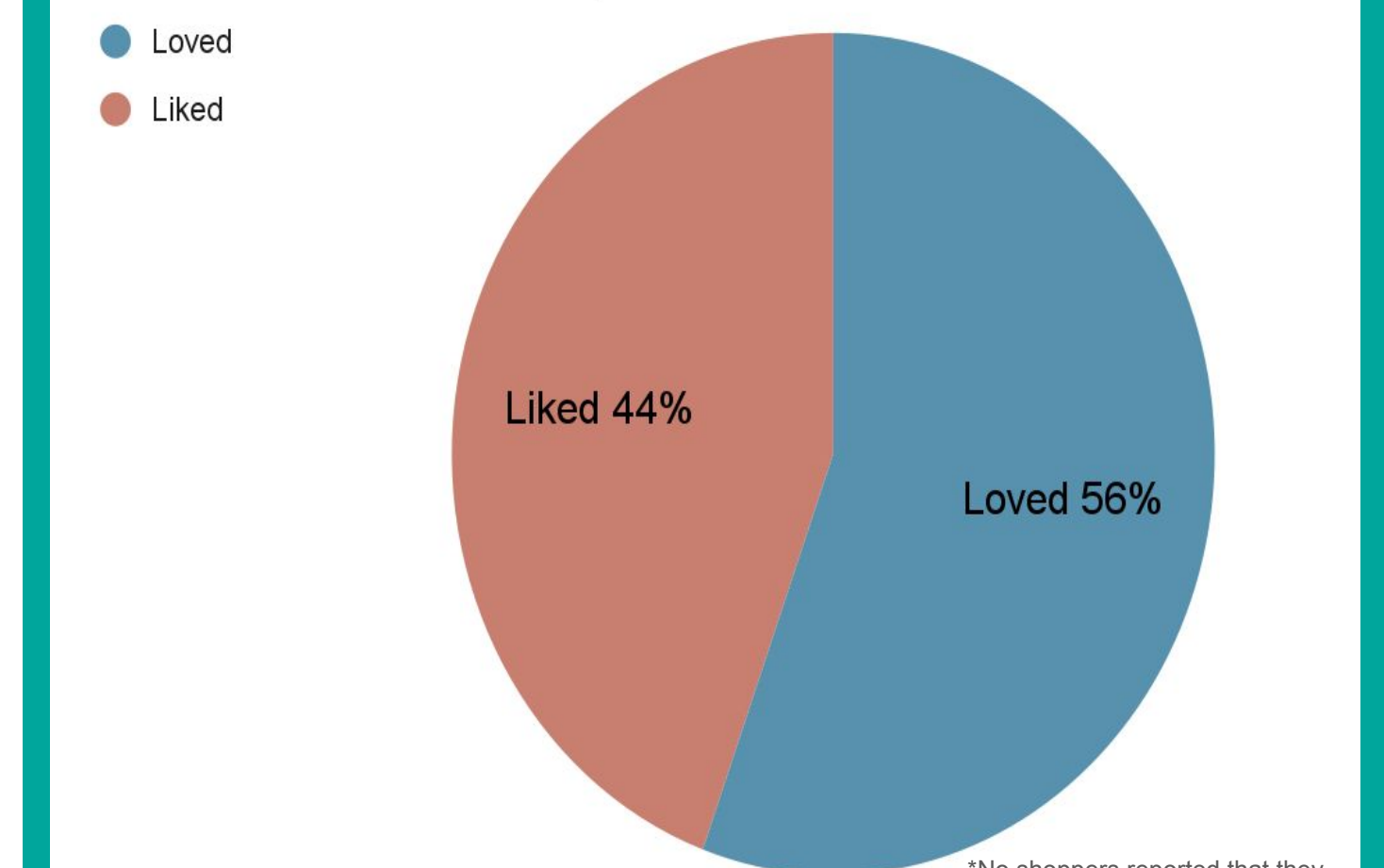
Shoppers' Chronic Illness Diagnosis: Diabetes, Hypertension, and/or High Cholesterol



Reported Ingredient Affordability



Recipe Satisfaction



Interior view of Mobile Market

The Mobile Market will continue to provide printed recipes and QR codes for recipe access on LHSA website.

## Critical Assessment

This year it was difficult to balance school work, service, and personal responsibilities. Through this, I have learned that good work does not always require perfection to be impactful and effective. Additionally, I learned that I am exceedingly resilient about accomplishing goals when the outcome affects a cause greater than myself. Finally, with my hands on experience, I further understand the extensive role food insecurity and nutrition education plays in health equity. As a trainee researcher, health equity will be critical consideration in all future investigation efforts.



Photo of the Mobile Market

## Acknowledgements

I would like to thank my mentors Drs. Lemeshia Chambers and Camille Worthington. I would also like to thank my CAB members: Diane Marshall, Jackie Brownrigg, and Diane Chaney. Finally, many thanks to the Dean of my School, Dr. Andrew Butler.

## References

