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A Conceptual Framework for Providing Healthy Meals for a Marginalized Population

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A CONCEPTUAL FRAMEWORK FOR PROVIDING HEALTHY MEALS FOR A MARGINALIZED POPULATION

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This is to certify that **Hoching Wu** has successfully defended her Graduate Project entitled **"A Conceptual Framework for Providing Healthy Meals for a Marginalized Population"** and fulfilled the requirements for the Master of Arts in Nursing degree.

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Abstract

The purpose of this project is to create a conceptual framework grounded in a caring relationship that provides nutritious, economic, and efficient noon meals to 200 to 400 homeless people at an inner city church kitchen. Awareness of the concerns of the church kitchen coordinator and the needs of the homeless population provided the motivation to explore comprehensive and effective solutions through a conceptual framework. The typical menus from the inner city church kitchen and the research articles both showed the meal programs were fairly nutritious but high in total calories and low in dairy products. Creating new menus for the kitchen coordinator and educating about eating colorful foods are the goals for the project. Jean Watson's Theory of Human Caring and Robert Greenleaf's servant leadership theory support this project and provide the foundation to connect all the elements of the project to the conceptual framework.

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Chapter One

Health inequity is a global concern that includes issues such as poverty, hunger, education, and health care. For people in poverty who experience hunger, having good health care, living in a clean environment, eating a proper meal, and sleeping in a safe place are not always a part of their daily lives. This project is focused on developing a program to address the nutritional needs of people experiencing homelessness because nutrition is essential to good health, and obtaining proper nutrition is a major obstacle of this population. Several local charities, churches, and organizations provide food shelves, food stamps, and community meals for the homeless population. Weekly meals are provided in an inner city church kitchen. Conversations with people in this marginalized population and the employees of the church kitchen revealed that change is needed in the types of meals this church kitchen provides. Therefore, the purpose of this project is to create a conceptual framework grounded in a caring relationship that provides nutritious, economic, and efficient noon meals to 200 to 400 homeless people at an inner city church kitchen.

In October of 2010, volunteering in the church kitchen provided the opportunity to engage in conversations with the kitchen coordinator about food preparation and related concerns. The kitchen coordinator's most significant challenge was balancing food preparation and cooking time to serve noon meals for 200 to 400 people (B. P., personal communication, October 5, 2010). Within a budget, the coordinator tried to use as much fresh produce as possible, instead of canned or pre-packaged food. He also

stated the food prepared would not always be familiar to the people or be food they would choose if given options. In the past, mushrooms or broccoli were included in meals, but some people discarded the food because they did not like the taste or the texture of the vegetable. The kitchen coordinator wanted to prepare healthy meals but concerns about budget, timely preparation, and people's preferences presented challenges to achieving this goal.

Conversations with people who came to the Health Commons identified other issues with the weekly meals. Some individuals revealed food intolerances and/or allergies. For example, one person was lactose intolerant, which limited him from eating cheese in the chili soup. Another person had gluten intolerance so was unable to eat the bread with sloppy joes, burgers, or tacos. Another person could not have pork due to religious practices, so he sought clarification at each meal regarding the meat content in foods. Most people reported liking the meals from the church kitchen, especially the burgers, tacos, sloppy joes, and the potato salad. These conversations allowed for concerns to be identified from those eating the meals to assist the inner city church kitchen to provide nutritious, economic, and efficient noon meals to 200 to 400 people from the marginalized population.

Significance

This project is significant for four main reasons. First, this project is significant for the homeless population because the number of people experiencing homelessness has been increasing in Minneapolis. According to a study conducted by Wilder Research (2010), there has been a 25 % increase in the number of people identified as homeless since 2006. Approximately 13,100 persons in Minnesota are homeless on any given night;

6,499 of these persons are in the Twin Cities area. Some people stay in local shelters and transitional housing while others do not have places to stay. Some of these individuals work for minimum wage, but others lack employment.

Wilder Research (2010) identified that of those individuals experiencing homelessness, 63% of adults received food stamps, 33% participated in hot meal programs and 30% obtained food shelves services. Some churches, charities and organizations provided breakfast, lunch, and dinner, while some provided only one meal per day or per week. The large number of homeless people limits the opportunity to eat three meals per day or have enough food to feed entire families. Because the majority of homeless persons do not have a place to stay, a feasible kitchen or access to a refrigerator, they are unable to cook the food they desire or purchase groceries such as fresh fruit and vegetables. Instead, they are forced to buy canned food or certain packaged meals. For numerous reasons, helping the homeless population meet their nutritional needs is essential to their lives.

Second, based on the discussion with the kitchen coordinator and the conversation with those participating in the meal from the community, this project is important for the inner city church kitchen. The church has served community meals for almost 20 years. The location of the church is convenient for this marginalized population because of its inner city location and nearby resources such as the Restoration Center, Century Plaza, and overnight shelter facilities. Volunteers helping in the church kitchen spend up to four hours preparing and cooking food for 200 to 400 people, requiring them to work quickly and efficiently. Sometimes the kitchen coordinator chooses canned fruit, corn or beans, instead of fresh fruits or corn, to minimize preparation time. While the canned foods

enhance efficiency, people are at increased risk for such health disparities as high blood pressure due to its high sodium content. Other homeless individuals report eating only one meal per day, therefore the nutritional needs of these people cannot be met from this type of meal. Helping the church kitchen serve healthy and economic meals is important to optimize and sustain their services.

Third, this project contributes to nursing knowledge because understanding nutrition is one of the most important lessons for nurses. If caring is central to nursing, then nutrition is central to health. Nutrition is one of the basic needs for all human beings. According to Watson (2008 b), "The human need for food and fluid is considered an essential part of human survival. Food/drink is symbolic; it is sacred because food comes from the sacred circle of life and sustains the life-energy source for human living, growing, thriving, and evolving" (p. 151). Awareness of the concerns of the church kitchen coordinator and the needs of the homeless population provided the motivation to explore comprehensive and effective solutions through a conceptual framework.

Finally, this project addresses the health inequity issue because the foundation of this project is related to poverty and hunger issue. According to *Unnatural Causes* (2008), health inequity is a judgment, a statement of values that the observed inequalities are unfair and unjust and could be avoided if desired. In defining this project, the homeless population was observed and nutritional needs were identified as a health inequity issues. As a result, this project connects nutrition and nursing knowledge with the health inequity issues of poverty and hunger.

Theoretical Foundation

To fully apply nursing theory for this project, Watson's (2008 b) caring theory, 10

Caritas Processes, and caring relationship shaped the purpose of this project and the conceptual framework. According to Watson (2008 b), one of the 10 Caritas Processes is administering sacred nursing acts of caring-healing by tending to basic human needs. In this project, one of the primary needs for the homeless population identified is nutrition. Watson (2008 b) stated, a "caring relationship preserves human dignity, wholeness, and integrity; it is characterized by the nurse's mindful, intentional presence, and choice, in that the nurse can choose how to be in a caring moment" (pp. 77- 78). In addition, "Transpersonal caring relationship is guided by an evolving caritas consciousness. The notion of transpersonal relationships invites full loving-kindness and equanimity of one's presence-in-the-moment, with an understanding that a significant caring moment can be a turning point in one's life" (Watson, 2008 b, p. 79). In this project, transpersonal caring relationship is established between the nurse, an inner city church kitchen coordinator, and people experiencing life without permanent residence. The relationship is based on effective, communicative, sensitive, and continuing interactions to help the homeless people meet their nutritional needs and to help the church kitchen staff provide healthy as well as economic meals. Therefore, the conceptual framework is grounded in Watson's caring theory.

Greenleaf's (2002) servant leadership is the supporting leadership theory for this project. Swearingen and Liberman (2004) study found the following:

> Servant leadership is a combination of opposites: the servant who leads; the leader who serves… Their focus is to serve the cause and not just to enhance the leader's positions. Servant-leaders freely follow their

> natural motivation to serve in whatever way is appropriate for the situation: as a leader, follower, or teammate (pp. 101-102).

In addition, there are 10 characteristics of a servant-leader. According to Greenleaf (2002), the 10 characteristics are listening, empathy, healing, awareness, persuasion, conceptualization, foresight, stewardship, commitment of the growth people, and building community. Among these characteristics, listening, awareness, conceptualization, foresight, and building community shape the purpose of the project. These servant-leader characteristics support Watson's caring theory to understand what the homeless population and the church kitchen's staff needs are and help to provide a comprehensive and effective solution.

To develop the conceptual framework, the project was divided into five different sections: caring relationship; nutritious, economic, and efficient meals; marginalized population; an inner city church kitchen; and a nurse. The conceptual framework can be visualized as a large tray with the inner city church kitchen, marginalized population, the nurse, and caring relationship as four different handles to support the large tray. On the tray is a large plate with nutritious and economic dishes prepared efficiently. If one handle was missing, the conceptual framework would not have adequate support and could not function. If one dish of food was missing, the balance would be affected. Thus, the relationships among Watson's caring theory, the nurse, an inner city church kitchen, and the marginalized population are likewise interconnected and support each other. The absence of any part would eliminate the balance of the whole.

In summary, this project creates a conceptual framework grounded in a caring relationship for providing nutritious, economic, and efficient noon meals to 200 to 400

homeless people at an inner city church kitchen. It is relevant to the homeless population because of the nutritional needs to be met by the creation of balanced, healthy, and tasty meals. The project aids the church kitchen because the challenges to providing balanced, cost effective, and nutritious meals can be addressed. The project is significant to nursing knowledge because nutrition is central to health and is one of the basic needs for human beings. Finally, the project addresses health inequity related to poverty and hunger because it focuses on the nutritional needs of those experiencing poverty in Minnesota. Watson's caring theory and Greenleaf's servant leadership theory support this project and provide the foundation to connect all the elements of the project to the conceptual framework. Further discussion of the demographics related to the homeless population in Minnesota, identification of nutritional deficiencies that compromise health, and review of the nursing and servant leadership theories support the importance of this project to minimize health inequity in this marginalized population.

Chapter Two

In Minnesota many homeless people stay in shelters or transitional housing using local organizations, charities, and churches to access food, clothing, and transportation resources. Health inequities become more important in Minnesota because the poverty and hunger issues are rising. One inner city church kitchen provides community meals every Monday and serves between 200 to 400 noon meals to the low income, homeless, middle aged or elderly, African American, Caucasian single men or women, and Hispanic families who comprise the marginalized population. The purpose of this project is to create a conceptual framework grounded in caring relationship for providing nutritious, economic, and efficiently prepared meals to 200 to 400 homeless people at an inner city church kitchen. This chapter will discuss the demographics of the homeless population in Minnesota, identify the nutritional values of the community meals, explain the health inequities related to the population, and apply Watson's theory.

Homeless Population

Homelessness is a major concern due to the economic recession, increasing population of immigrants, chronic health problems, and mental illness. According to Minnesota Compass (2009), 9,630 homeless were counted in 2009. Among these homeless, 3,478 people were between ages 0 to 17, and 6,152 people were over the age of 18. Almost 25% were adult females, 33% were adult males, 10% were youth and young adults, and 33% were children with their parents (Wilder Research, 2010). Wilder Research's (2010) study found the following:

> Black, American Indian, and Hispanic people comprise a much larger proportion of the homeless population than of the overall state population.

> For example, 41% of homeless adults were Black, 40% of homeless adults were White, 11% of homeless adults were American Indian, 7% of homeless adults were Hispanic and 1% of homeless adults were Asian (p.14).

Wilder Research (2010) stated, "In 2009, there were fewer jobs, less income and increased food needs" (p. 1). There were 20 % of homeless adults working in 2009 but only 6% had full-time jobs. The top three reasons homeless persons did not have a job were lack of transportation, health problems, and lack of employment opportunities. According to Wilder Research (2010), the major health problems among homeless adults were chronic health issues, such as high blood pressure, diabetes, and heart issues; mental illness, such as depression, bipolar disorder, post-traumatic stress disorder; and substance abuse. These health issues made the homeless population lose their stable housing and limited their job options. The other reasons homeless people were not able to keep their housing were inability to pay rent due to unemployment and criminal backgrounds. These reasons have caused many homeless people to use several local supporting services, like food stamps, free clothes, transportation support, hot meals, food shelves, and free clinics. Of these services homeless people found the food stamps, hot meals, and transportation assistance most helpful.

Volunteering at the church kitchen provided opportunity for revealing conversations with the marginalized population. At the beginning of every month 200 people came for the community meals, at the end of every month 300 people came for the community meals, and during the holiday seasons 400 people came for community meals (B. Person, personal communication, October 5, 2010). Most were African American

male and female adults, Caucasian male and female adults, and Hispanic families with children. Speaking with 18 individuals discussed their food preferences. Some Hispanic families with their children liked to eat desserts or sweets such as corn breads. The majority of Hispanics said they liked to eat tacos and chili while the majority of African Americans liked to eat tacos and sloppy joes (personal communication, January 27, 2011). When asked to discuss their understanding of a healthy meal, most African Americans and Hispanics believed any meal including vegetables and fruit would be considered healthy.

One study discussed what low-income Minnesotans thought about healthful eating. According to Eikenberry and Smith (2004), 43% of people defined healthy food as including both fruits and vegetables, 15% of people defined healthy food as low-fat or lean meals, and 6% of people defined healthy food as foods from all food groups or the food guide pyramid. Another study also mentioned that "Many…demonstrated a good understanding of healthful food choices, with fresh fruit and vegetables values as highly desirable" (Wicks, Trevena, & Quine, 2006, p. 923). Based on the conversations with the homeless population at the inner city church kitchen and the research articles, most homeless people were aware to identify healthy foods.

Nutritional Values

There are four typical noon menus each month served by the inner city church kitchen as illustrated in Table 1. The average meal's price for 200 to 400 people was between $325 and $405. Table two in Appendix A lists each meal's calories (MyFood-a-pedia, n.d.).

Table 1

Typical Menus	Beef stew with potato and vegetables, apple juice, orange, and corn bread	Chili with ground turkey and vegetables, corn bread, grape, and lemonade	Chicken tacos with sour cream, refried beans, apple juice, and canned peaches with light syrup	Sloppy joes with white bun, potato salad with eggs, canned pears with light syrup, and lemonade
Total Calories	685	756	1014	902
Meals' Price	$324.24	$398.89	$368.88	$405.45

According to the United States Department of Agriculture (2011), "Estimates range from 1,600 to 2,400 calories per day for adult women and 2,000 to 3,000 calories per day for adult men, depending on age and physical activity level" (p. 13). The chicken tacos at the inner city church kitchen provide for a female adult at least half of her estimated daily caloric needs and at least one-third of the estimated daily calorie needs of an adult male. The noon meals at the inner city church kitchen are high calorie and exceed caloric needs for one meal for the adult female.

In U.S. Department of Agriculture (2011 a-e), six food groups such as grains, vegetables, fruits, dairy products, protein foods, and oils are identified. The study found the following:

> Any food made from wheat, rice, oats, cornmeal, barley or another cereal grain is a grain product. Vegetables may be raw or cooked; fresh, frozen, canned, or dried/dehydrated; and may be whole, cut-up, or mashed. Any fruit or 100% fruit juice counts as part of the fruit group. Fruits may be fresh, canned, frozen, or dried, and may be whole, cut-up, or pureed. All foods made from meat, poultry, fish, dry beans or peas, eggs, nuts, and seeds are considered part of the protein foods group. Dry beans and peas are part of this group as well as the vegetable group. All fluid milk products and many foods made from milk are considered part of this food group. (n.d.)

The community noon meals included these food groups identified in Appendix B. The grain group included corn bread, white buns, and tortillas. The vegetable group included carrots, celery, tomato, corns, potato, lettuce, and beans. Fruits were apple juice, lemon juice, grape, orange, canned pears, and canned peaches. Cheese represented the dairy group. Protein sources were beef, chicken, ground turkey, ground beef, and eggs. Although the church kitchen provided these food groups in the community meals, dairy products were not a significant part of the menu. High calorie options and imbalance in foods from all groups helped to identify the potential for nutritional deficiencies in the marginalized population, if their main meal of the day is provided by the community noon meals at the inner city church.

Some research revealed the meals served among soup kitchens and the charitable meal programs are not balanced in food calories and nutritional values. Eppich and Fernandez (2004) evaluated a soup kitchen's breakfasts,' lunches,' and dinners' nutritional values during a 1-month period. The average breakfast's calories were 1,163,

the average lunch's calories were 1,149, and the average dinner's calories were 1,244. The breakfasts' cholesterol and sodium exceeded the dietary reference intake or daily reference value. The dinners' protein and sodium exceeded the dietary recommended intake or daily value. Vitamin D was not contained in any lunches and dinners. Eppich and Fernandez's study revealed that although the meals were nutritious, the protein selections were rich in fat and the dairy products, like milk, yogurt, and cheese did not meet the requirements.

Another study investigated 18 charitable meal programs in Toronto. According to Tse and Tarasuk (2008), the charitable meal program's calorie ranges were from 650 to 2090 per meal. The numbers of servings for grain products were from 0.9 to 5.3; for milk and alternatives from none to 1.7; for meat and alternatives from 0.2 to 2.9, and for vegetables and fruits from 0.3 to 7.2. Tse and Tarasuk's study asserted that "Changes in food selection are required" (p. 1303). The servings of dairy products and fruits and vegetables need to increase for adults' daily intake requirements. Therefore, the typical menus from the inner city church kitchen and the research articles both showed the meal programs were fairly nutritious but high in total calories and low in dairy products.

Health Inequities

> The World Health Organization's study (2011) found the following:
>
> Health inequities are avoidable inequalities in health between groups of people within countries and between countries. These inequities arise from inequalities within and between societies. Social and economic conditions and their effects on people's lives determine their risk of illness and the actions taken to prevent them becoming ill or treat illness

when it occurs (p.1).

Health inequities are a result of disparities between income, education, occupation, race, age and gender, the political and economic issues, and policies. Health inequities also influence the issues in poverty and hunger. These issues are major concerns in the United States and in Minnesota. According to Nichols (2010), "The U.S. Census Bureau . . . announced that in 2009, 43.6 million people were in poverty, up from 39.8 million in 2008. Midwestern states saw poverty increase from 12.4 percent [sic] in 2008 to 13.3 percent [sic] in 2009" (pp. 1-2). Blacks and Hispanics had higher poverty rates than other ethnic groups across the United States including Minnesota.

The marginalized population has increased gradually in Minnesota due to lack of job opportunities, living with chronic health problems and mental illness, unaffordable housing, and lack of income. In addition, "Unaffordable housing is a major factor in Minnesota hunger" (Chase & Schauben, 2006, p. 1). Because of unaffordable housing, the marginalized populations do not have places to stay, to sleep, and to cook or store food. Homeless people obtained their foods from the local charitable meal programs and food shelves. According to Chase and Schauben (2006), " In Minnesota, approximately 305 food shelves and 52 on-site meal programs provide direct service to hungry families" (p. 2). Not all homeless people could eat every meal every day, due to limited food quantity and quality and limited serving meals duration.

A study showed how homeless families accessed food and what food choices were made. According to Richards and Smith (2006), the key strategies for food access and food choice identified by the homeless families included "using food stamps, taking

food from the shelter, stretching food at the end of the month; obtaining food from grocery stores, modifying shopping habits; pawning items, sacrificing food for children, and obtaining food from nontraditional sources (scavenging in dumpsters)" (p. 102). Since the homeless or low-income families live in the shelters, they did not have the proper cooking and storing facilities to prepare the foods they wanted and needed. Because of these complex reasons, the homeless families found these key strategies to help cope with their food insecurity. The food insecurity, lack of income, unaffordable housing, and the poor health condition are the leading causes of poverty and hunger. These issues result in the health inequities for the marginalized population.

Theoretical Foundation

This conceptual model is grounded in Watson's theory, especially the caring science, the 10 Caritas Processes, and the caring relationship theory. Watson explained, , "The Caring Science is informed by an ethical-moral-spiritual stance that encompasses a humanitarian, human science orientation to human caring processes, phenomena, and experiences" (Watson, 2008 b, p. 19). In nursing, the ways of caring are based on the humanity, the healing process, and the understanding between nurses and patients. If a nurse cares for a patient like a robot tries to fix a machine, there is no caring process, caring component, and caring principle in the practice. In the study of nursing, the ways of knowing for nurses can be empirical, ethical, spiritual, and personal. It is necessary to engage in evidence-based practice; however, it is important to recognize different perspectives, whether grounded in cultural backgrounds, emotional reasons, personal experiences, or religious beliefs.

Of the Caritas Processes, the fourth Caritas Process, "Developing and sustaining

a helping-trusting caring relationship" (Watson, 2008 b, p. 71), offered the following: "The caring relationship preserves human dignity, wholeness, and integrity. The notion of transpersonal invites full loving-kindness and equanimity of one's presence-in-the-moment, with an understanding that a significant caring moment can be a turning point in one's life" (p. 79). The volunteering experience at an inner city church kitchen was a good example to support the fourth Caritas Process. In the beginning, the nurse had no connection with the homeless population, and no knowledge about the homeless people's food access and nutritional issues. After volunteering at the church kitchen and talking with the marginalized population, the information from the church kitchen and the homeless population unfolded progressively. The connections the nurse made between the church kitchen and the homeless population developed gradually. The effective caring relationship and the valuable experiences were great examples to support the fourth Caritas Process.

The ninth Caritas Process is "Administering sacred nursing acts of caring-healing by tending to basic human needs" (Watson, 2008 b, p. 143). Watson mentioned the eight basic human needs, such as food and fluid, elimination, ventilation, activity-inactivity, sexuality/creativity/intimacy/loving, achievement, affiliation, and self-actualization. For the homeless people, these basic human needs are all important and necessary to their lives. Although the homeless people did not have money, did not have places to stay, and did not have jobs, they had dignity, humanity, and privilege. Nurses need to respect them, understand their needs, and provide them with psychological, physiological, emotional, spiritual, social, and environmental aspects of care. Then nurses can build transpersonal, relationship with homeless people and practice with a holistic approach to care.

Rexroth and Davidhizar (2003) identified the connections between Watson's theory and caring people within cultures. According to Rexroth and Davidhizar, "Watson's theory of human caring transcends cultural and global differences. Her theory of caring appears to have universal application and has been related to transcultural groups" (p. 299). In this culturally diverse country, nurses will meet varieties of people from different cultural backgrounds. It is important and necessary to understand people with different cultural backgrounds and be culturally sensitive when caring for people. Therefore, applying Watson's caring theory helps to develop an effective healing relationship between the nurses and the clients to be caring, communicating, learning, and understanding people's needs and their cultural backgrounds.

Watson (2008) revealed the social justice issue and Watson's caring theory. Watson described, "Sacred activism motivated us to move beyond social injustice to moral justice- to consider precepts of a moral, caring justice… A social justice moral basis embedded in nursing, framed within a context of caring science offers another way to address this need. A caring science model is based on a deeply relational worldview that includes human-to-human relationships as well as human-to-environment relationships" (Watson, 2008 a, pp. 56-58). Social justice, including human rights, poverty, and health inequity, is one of many global concerns. Nurses care for many people with a variety of backgrounds; no matter whom the nurses are caring for the most important things are to provide holistic care, treat every person equally, protect each person's dignity, and apply a transpersonal, transcultural, and transformational caring relationship.

Greenleaf's (2002) servant leadership is the supporting leadership theory for this

project. According to Greenleaf, "The servant-leader is servant first. It begins with the natural feeling that one wants to serve, to serve first. Then conscious choice brings one to aspire to lead" (p. 27). A person can be both the servant and the leader with two opposite qualities. As a servant, he or she is able to help, trust, learn, and dedicate to others. As a leader, he or she is able to influence, motivate, communicate, and share his or her visions with others. Because of these opposite qualities, Greenleaf's (2002) study suggested the 10 characteristics of a servant-leader: listening, empathy, healing, awareness, persuasion, conceptualization, foresight, stewardship, commitment of the growth people, and building community.

Swearingen and Liberman (2004) found effective listening and communication skills to be foundational for the servant-leaders. Empathy is a principle that helps the servant-leaders to understand other people's perspectives. Healing is a power that allows the servant-leaders to create transpersonal relationships. Awareness is a key that helps the servant-leaders to establish holistic approach. Persuasion is a characteristic that allows the servant-leaders to process effective decision. Conceptualization is a value that helps the servant-leaders to envision the changes. Foresight is a skill that allows the servant-leaders to predict the outcomes. Stewardship is a core that helps the servant-leaders to guide the followers. Commitment to the growth of people is a need that allows the servant-leaders to support and learn the others. Building community is a goal that helps the servant-leaders to make better connections altogether. These servant-leader characteristics support Watson's caring theory and the purpose of this project: listen to and understand what the homeless population and the church kitchen's needs are and help to provide a comprehensive and effective solution.

Conceptual Framework

To begin with the conceptual framework, imagine there is a large tray, and then the inner city church kitchen, marginalized population, the nurse, and caring relationship are four different handles to support the large tray. On the large tray is a large plate with nutritious and economic dishes, while prepared efficiently. If one dish was missing from the plate or one handle removed from the tray, the whole conceptual framework would not have adequate support and could not work functionally.

The conceptual framework has three goals. The goal for the inner city church kitchen is to provide economic and efficient meals for the marginalized population. The goal for the nurse is to create the nutritious and balanced meals for the marginalized population. The goal for the marginalized population is to have appealing meals. By applying Watson's caring theory, the relationship among the nurse, the inner city church kitchen, and the marginalized population are united by an effective caring relationship because they all want to achieve the related goal – the nutritious, economic, and efficient community meals. Thus, the relationships among Watson's caring theory, the nurse, an inner city church kitchen, and the marginalized population are likewise interconnected and support each other. The absence of any part would eliminate the balance of the whole.

This project evolved from a volunteer experience at an inner city church kitchen when the significant nutritional needs of the homeless population and the challenges they face daily to secure healthy meals became known. The volunteer experience also revealed the complexity faced by the kitchen coordinator to efficiently prepare meals that are cost effective and nutritious while appealing to this marginalized population. Several

research articles showed soup kitchens and the charitable meal programs often tend to serve meals that are not nutritionally balanced and contain excessive food calories. This was true in the inner city church kitchen. Research also revealed hunger and poverty contribute to poor health resulting in health inequities. Therefore, developing a comprehensive and effective plan to improve the weekly meals served at the inner city church kitchen is important to contribute to improved nutrition for the homeless and assist the kitchen coordinator to explore new ways to optimize the food program for this marginalized population. Applying Watson's caring theory helps to make the connections among the nurses, the inner city church kitchen, and the marginalized population and recognize their needs, goals, and concerns. The following chapters will discuss creation of the conceptual framework for this project and the application of supporting theories.

Chapter Three

Most people want to live healthy lives, eat proper meals within a budget, and save time cooking and preparing their food. However, people who live in poverty experience hunger and are particularly challenged to stay healthy and eat proper meals. The marginalized population does not have money to buy or eat many healthy foods because they are expensive. They also may not have places or facilities to keep their groceries or cook food for their families or themselves. Hunger and poverty have become critical concerns for the marginalized population and the community. According to Chase and Schauben (2006), "In Minnesota, approximately 52 on-site meal programs provide direct service to hungry families" (p. 2). The local on-site meal programs cook for large numbers of persons within the marginalized population. Preparing a large quantity of nutritious food efficiently, within a budget, becomes a huge challenge requiring creative food preparation. This project describes the development of a comprehensive, effective plan to help the marginalized population meet their nutritional needs and assist the church kitchen coordinator to create healthy, cost effective, efficiently prepared meals. This paper discusses the creation of a conceptual framework for this project supported by nursing and leadership theories.

Project Intervention

The purpose of this project is to create a conceptual framework grounded in caring relationship to provide nutritious, economic, and efficiently prepared meals for 200 – 400 homeless people at an inner city church kitchen. The conceptual framework (see Appendix C) can be visualized as a large tray, with the inner city church kitchen, the marginalized population, the nurse, and the caring relationship as supporting handles. On

the tray is a large plate with efficiently prepared, nutritious, economic dishes. If one dish was missing from the plate or one handle removed from the tray, the whole conceptual framework would not have adequate support and could not work functionally.

The valuable volunteering experience at the inner city church kitchen and the conversations with the kitchen coordinator and persons from the marginalized population, revealed two major concerns. The first concern for the kitchen coordinator was how to balance food preparation and cooking time for 200 – 400 people. The kitchen coordinator wanted to prepare healthy meals but major considerations were the kitchen budget, timely preparation, and people's food preferences and allergies. The second concern was how to help the marginalized population have healthy, balanced meals. The United States Department of Agriculture (2011) identified energy needs for adults: "Estimates range from 1,600 to 2,400 calories per day for adult women and 2,000 to 3,000 calories per day for adult men, depending on age and physical activity level" (p. 13). If an adult female eats 2,400 calories per day, an average meal should be 800 calories. If an adult male eats3, 000 calories per day, an average meal should be 1000 calories. However, the church kitchen serves the menus of chicken tacos with sour cream and sloppy joes with a white bun (see table 1); these menus exceed calories for one average meal for the male and female adults.

Based on the two major concerns of the inner city church kitchen and the marginalized population, two recommended meals will be proposed for implementation and to alternate with the original menus. The two recommended meals will provide nourishing, cost effective, efficient meals containing the appropriate caloric intake for

adult men and women. According to MyFood-a-pedia (n.d.), table 4 lists two recommended menus' calories and estimated menu prices.

Table 1: The original noon menus

Typical Menus	Beef stew with potato and vegetables, apple juice, orange, and corn bread	Chili with ground turkey and vegetables, corn bread, grapes, and lemonade	Chicken tacos with sour cream, refried beans, apple juice, and canned peaches with light syrup	Sloppy joes with white bun, potato salad with eggs, canned pears with light syrup, and lemonade
Total Calories	685	756	1014	902
Meals' Price	$324.24	$398.89	$368.88	$405.45

Table 4: The suggested noon menus and estimated prices

New recommended menus	10oz bowl of Chicken with vegetable Tortilla soup , 1 large square of corn bread, 1 cup of lemonade, and 1 cup of grapes	1 cup of turkey casserole,½ cup of refried beans, 1 cup of apple juice, and 1 large size of orange
Total Calories	294+ 217 + 99 + 110 = 720	323 + 182 +133 + 86 = 724
Meals' Price	$311.79	$359.21

A change in the current meal plans will be important for the people who come to the church kitchen to eat on Mondays. Research on more nutritious meals was completed, but proposing the change to the kitchen coordinator required understanding his goals and how to use specific leadership skills to help him consider the proposal. The characteristics of servant-leadership, listening, awareness, and foresight were important to gain support for a change in the meals (Greenleaf, 2002). Listening and awareness are keys to success of this project because a good leader listens to what other people think and must be aware of their needs. Asking the kitchen coordinator about the food preparations developed awareness of the needs of the marginalized population. The kitchen coordinator listened to the nurse's new menu suggestions and was willing to share his opinions and experiences with the nurse. So both the kitchen coordinator and the nurse show the traits of listening and awareness.

The servant-leadership traits of foresight and conceptualization are also important to this project's success because a good leader needs an innovative vision to see the bigger picture for the future. Implementing new menus for the church kitchen and educating eating by color for the marginalized population help them to identify nutritional meal options and healthier food preparation. The nurse has an innovative vision to help the marginalized population eat healthy and nutritious meals on Monday at the church kitchen. The kitchen coordinator also has similar ideas and is willing to help the nurse achieve this goal. Both the nurse and the kitchen coordinator demonstrate the characteristics of foresight and conceptualization.

The first step in the process to implement new menus is to meet with the kitchen coordinator. This meeting is important to learn the challenges faced by the kitchen

coordinator and develop a relationship where changes can be discussed in the context of concerns about the current meal plan. When planning for the community meal on Monday, the kitchen coordinator considers the consumers' needs, the availability of volunteers, the prices of the food, and the seasons. If the weather is cold, the kitchen coordinator will choose hot, more calorically dense heavy meals, such as meat loaf or soups. If the weather is warm, he will choose cold, lighter meals, such as cold chicken pasta salad. A volunteer sign- up sheet identifies the number of helpers available on Monday. If the volunteers are fewer than six, he will choose a meal easy to prepare such as burgers and sloppy joes. If more volunteers are available, he will choose to make tacos and beef stew.

The kitchen coordinator will determine if the menus are applicable to the community meals and workable with the kitchen facilities for efficient preparation. The kitchen coordinator explained the regular cooking procedure on Monday is to cook the meat by using the convection oven first, wash and chop the vegetables, mix the meat and the vegetables with the seasoning or sauces, put the mixed meat and the vegetables back into the convection oven to cook again, wash and/or cut the fruit, and finally prepare the juice and water. If the menu includes corn bread, he will use the baking oven to bake. If the menu includes soup, he will use the stove to cook. The whole cooking process usually takes approximately 3 to 4 hours. He will assign the volunteers with different tasks to finish the food preparation efficiently. If there are few volunteers, he will use more canned foods, such as canned fruits and beans. If there are 10 volunteers, he will use more fresh produce, such as pineapples, tomatoes, and potatoes.

Input from the kitchen coordinator will be important to determine if the cost of

the recommended meals is reasonable. According to the kitchen coordinator, the food budget is always on his mind. Based on learning experiences from the previous kitchen coordinator, he plans for the amounts of each food group he will need to prepare for 200 – 400 people. He also checks the Reinhart Food Service website, the food company the church kitchen uses, to determine which foods are available or in season. When asked if produce from the local farmers had been considered for purchase, he explained he was aware of the community supported agriculture program but did not use it. He said, "If there is a regular volunteer willing to pick up and deliver the fresh produce every week from the local or community farmers' markets, I may consider using the program" (B. P., personal communication, April 12, 2011). Since the local or community farmers' market does not deliver the food, he chose the Reinhart Food Service. This food company delivers the food the day after it is ordered. He also orders many different kitchen supplies from the Reinhart Food Service, so the food company gives him competitive prices on the different food selections.

Building community is one of the purposes of this project because a good leader will notice the strengths and characteristics of the communities and help the communities to grow strong and develop further. The nurse suggests the kitchen coordinator try to use the community supported agriculture program to get the fresh produce. According to Wilkinson (2001), the benefits of using community supported agriculture are providing consumers fresh quality produce, increasing the local farmers' and community's economies, and availability of varieties of produce at the local farms. Although the kitchen coordinator is aware of the community supported agriculture program, concern about the food budget, the availability of volunteers, and the time and resources needed to

obtain the produce are barriers to working with the community supported agriculture program.

One of the important strategies to promote health will be to create an on-site round table with the potential to educate people who come for the Monday meals about eating colorful foods. The round table can be created every week by the nurse who will sit and eat with different groups of people and ask about their eating habits, eating preferences, and get to know these individuals who come for the meals. During the one hour meal, they will be provided with information about eating colorful foods and how to make these choices. Pamphlets will be developed presenting information about eating colorful foods. The pamphlets will have pictures illustrating the colorful foods with explanations about making colorful food choices. The pamphlets will be printed in English and Spanish to make the information available to people in their first language. Information about the nutritional value of various foods related to their color can also be exchanged with the kitchen coordinator who can use colorful foods as a framework for developing church kitchen's menus.

Eating colorful foods has many benefits. According to Williams (2007), eating by color from varieties of fresh fruits, vegetables, and grains can improve health, prevent illness, increase vitamin and mineral intake from natural foods, and promote healthier bodies. The color of foods can be classified in six different groups, such as purple and blue, green, white and tan, yellow and orange, red, and brown. The purple and blue fruits and vegetable "promote memory function, help promote urinary tract health, boost the immune system, help promote healthy aging, offer antioxidants for healing and protection, and help reduce the risk of some cancers" (p. 23). The green fruits and vegetables

" boost the immune system, promote eye health, help build strong bones, build strong teeth, offer antioxidants for healing and protection, and reduce the risk of certain cancers" (p. 65). The white and tan fruits and vegetables "contain antioxidants for healing and protection, help maintain a healthy cholesterol level, promote heart health, boost the immune system, and slow cholesterol absorption" (p. 109).

The yellow and orange fruits and vegetables "help promote heart health, help reduce the risk of certain cancers, promote eye health, contain antioxidants for healing and protection, and boost the immune system" (Williams, 2007, p. 149). The red fruits and vegetables " provide antioxidants for protection and healing, promote heart health, promote urinary tract health, reduce the risk of certain cancers, and improve memory function"(p. 193). The brown foods, such as whole grains, legumes, seeds and nuts, "promote artery and heart health, help reduce the risk of diabetes, reduce high blood pressure, offer antioxidants for protection and healing, help reduce the risk of stroke, and may reduce the risk of cancer of the breast, prostate, and colon" (p. 237). Therefore, eating from different colors of foods is one important method to stay healthy, and help prevent some diseases.

This conceptual model is grounded in Watson's Caritas Processes. According to Watson (2008 b), it is important to recognize the relationships between the nurse and clients, nurses and community, or nurses and other nurses to create a helping-trusting caring relationship. An example of building a caring relationship is the volunteering experience and the conversations at the inner city church kitchen. The kitchen coordinator explained when he prepares the community meals he always considers the consumers' needs and preferences. He knows some homeless people have drinking

problems, so he will prepare foods with stronger flavors. He also notices other homeless people have dental problems, so he will cook the meat softer and avoid hard or chunky foods. When discussing concerns about the higher calorie meals, the kitchen coordinator explained the appropriate calorie content of meals depends on the weather. If the weather is getting cold, he will choose hot, higher calorie, and heavier meals, such as meat loaf or tacos. If the weather is getting warm, he will choose cold and light meals, such as cold chicken pasta salad. These conversations demonstrate the building of relationships between the nurse, the kitchen coordinator, and the persons in the marginalized population. While all may have different views about healthy nutrition, the conversation helps each person to learn from the other to create trusting and helping relationships.

One of the basic human needs is food and fluid. According to Watson (2008 b), the significance of food and fluid need "represents and symbolizes much more than the intake of nourishment for survival and is energetically associated with trust, love, warmth, security, and safety in human relationships" (p. 152). This intake of nourishment can be supplemented by caring; the nurse eats the community meals with the individuals from the marginalized population, talking with them, engaging in a variety of conversations about their families, their life stories, their political perspectives, and their thoughts about the foods. The people who come for the meals are more relaxed and secure when having lunch with their groups of friends, families, and significant others. Nutrition is an important aspect of caring. Nutrition and caring together establish healthy bodies and trusting, effective relationships between nurses and clients. This relationship helps to satisfy their mind, body and spiritual needs. It is important nurses understand and learn about people's basic needs to provide holistic care.

The purpose of this project is to create a conceptual framework grounded in a caring relationship for providing nutritious, economic, efficiently prepared meals for 200 – 400 homeless people at an inner city church kitchen. The first step in implementation is to discuss two potential menus with the church kitchen coordinator, to increase the servings of dairy products and provide meals with more appropriate calories. The second step in implementation is to eat with the people served at the church to learn about their concerns related to healthy meals and offer suggestions about how to increase their intake of vitamins and minerals. By applying Jean Watson's Caring Theory, the relationship among the nurse, the inner city church kitchen coordinator, and the marginalized population can develop an effective caring relationship because they all want to achieve the same goal – nutritious, economic, and efficient community meals. By applying Greenleaf's servant leadership theory, listening, awareness, foresight, conceptualization, and building community are likewise interconnected and support the project. The following chapters will evaluate the project, reflect upon learning, and discuss potential next steps.

Chapter Four

The purpose of this project is to create a conceptual framework grounded in caring relationship to provide nutritious, economic, and efficiently prepared meals for 200 – 400 homeless people at an inner city church kitchen. People in poverty often experience hunger and tend to have inadequate nutritional intake. Nutrition is one of the most important basic human needs. Creating new alternative menus to be prepared by the inner city church kitchen is significant because of the needs of the marginalized population and concerns from the kitchen coordinator. This chapter will describe the process, propose evaluation, evaluate the results, and analyze the project model based upon relevant literature.

Evaluation

The kitchen coordinator understands the importance of implementing a new meal plan. Two major reasons explain why it is important to consider new nutritious and economic meals for inclusion in the Monday meal program. The first reason is to help the church kitchen create more healthy and balanced meals when serving for 200 – 400 people. The second reason is to promote healthy nutrition for persons of the marginalized population by providing healthy meals and educating them by example (using the meals served) and exchange of information about choosing healthy foods as able.

When the kitchen coordinator has approved the proposed menus, he will evaluate how the new menus can be prepared using the kitchen facilities and available volunteers. For example, the new recommended menus include the chicken vegetable tortilla soup and the turkey casserole. The kitchen coordinator can use the convection oven to cook 20

pounds of the chicken or 40 pounds of the turkey for about 30 minutes. The volunteers can wash and cut the vegetables: 25 pounds of potatoes, 12 pounds of tomatoes, 12 pounds of carrots, and some celery. After 90 minutes of preparation, the meat and vegetables can be mixed together with seasonings and put back into the convection oven to cook again. The community meals can be ready to serve after this additional hour of cooking. The kitchen coordinator must consider if the cost of the recommended meals is reasonable for the church kitchen. Based on the price of the food, the kitchen coordinator anticipates the menus prepared for 160 people would cost approximately $2.00 per serving. The estimated cost is approximately $320 for each menu, which is very economical and fulfills the purpose of the project. Table 5 in Appendix D lists the estimated price and food preparation time of the two new menus.

The new suggested menus provide adequate amounts of carbohydrate, fat, fiber, protein, and calcium with appropriate caloric content. Table 6 and 7 in Appendix E and F list each meal's nutrient value (United States Department of Agriculture, 2010). Compared to the typical noon menus, the new recommended menus have less calories but more dairy products and calcium content. As a result the new menus could improve the typical noon menus and keep similar taste and quality for the community meals.

This project unites the characteristics of Watson's (2008 b) caring theory and Greenleaf's (2002) servant leadership theory. Pipe and Bortz (2009) state "When guided by caring science, leadership has the possibility and responsibility to bring about healing through the power of transpersonal caring relationship" (p. 35). The kitchen coordinator and the nurse demonstrate the caring, healing, and loving relationship to the marginalized population. The kitchen coordinator and the nurse both demonstrate listening, awareness,

foresight, and conceptualization as their leadership traits during their meeting to create new menus. The kitchen coordinator identified the meals are good choices for the chilly weather and the texture of foods are soft and chewable for some individuals with dental problems. The nurse also points out the caloric intake and nutritional value are adequate and appropriate for most persons in the marginalized population. Therefore Watson's caring theory and Greenleaf's servant leadership support the purpose of the project.

Creating an on-site round table to talk with people from the marginalized population during the Monday meal to educate them about eating colorful foods is another potentially successful outcome of the project. During the one hour meal, the importance of eating colorful foods can be taught. In addition, Wicks, Trevena, and Quine's (2006) study, "Eating is a social component of daily life...Relationships and trust with the soup kitchen staff were also valuable" (p. 923). Their study also reflects the important features of Watson's caring theory and Greenleaf's servant leadership theory. The kitchen coordinator and the nurse provide the opportunity for effective relationships to meet basic human needs that help the persons in this marginalized population find comfort for their mind, body, and spirit through serving satisfactory community meals and establishing caring relationships.

Limitations

The barrier to implementing all elements of the plan is the kitchen coordinator's choice to not use the community supported agriculture program to purchase food for the new menus. When the nurse suggested using the community supported agriculture program to get the fresh produce, the kitchen coordinator explained he had no way to transport purchased food from the farmers' market to the inner city church. He would

use the program if this volunteer assistance were available. Since the local or community farmers' markets do not deliver food, the kitchen coordinator chose the Reinhart Food Service. Since volunteer assistance was an issue, a reasonable approach would be to ask the director of the community ministry at the inner city church for extra volunteers who have trucks to transport the fresh produce from the local farmers' market. If enough volunteers are not available to assist every week, every other week participation to support the community agriculture project could be considered. Although building community is one of the significant traits for servant leadership, the kitchen coordinator was unable to support this community enterprise because of lack of volunteers. His willingness to consider expanding the menu options will support the community of caring that exists within the church kitchen and volunteers who work each week to provide meals to the people who come there for nutritional support.

The changes to the community menus will certainly impact the people of the marginalized population and the inner city church kitchen in the future. Most people who come for the meals will see the differences in the food they are eating. Some will be curious about their new meals and will enjoy the changes. Others will not care about what they are eating and will throw away the food they do not like. Education of the kitchen coordinator and the volunteers through these proposed changes will help to raise their awareness of foods important to include because of their nutritional value and begin to use this knowledge when developing other menus in the future. Making changes to create healthy menus now and in the future is the key to success for this project.

The goal of this project is to create healthy, cost-effective, and efficient community meals to serve the people of the marginalized population at the inner city

church kitchen. The reasons to suggest alternative menus are to decrease the calories in the meals to achieve adults' daily caloric needs and increase the amount of dairy products to consume proper calcium content. People who live in poverty tend to have inadequate nutritional intake, and the Monday noon meals can help provide more nutritious meals as well as education about food choices that support good nutrition. This project proposes new nutritious and economic menus to the church kitchen and creates an on-site round table to educate homeless people about the importance of choosing and eating colorful foods as able. The results will show the caring relationship of the kitchen coordinator, the nurse, and the marginalized population and the effective leadership in the kitchen coordinator and the nurse to achieve this goal. The final chapter will give a summary of the paper, discuss the reflections on the project, present further recommendations about the project and future considerations.

Chapter Five

Eating healthy meals is an important goal for everyone. People who live in poverty often experience hunger and are unable to eat balanced meals. Local charities, soup kitchens, and shelters tend to prepare large quantities of food high in calories and low in nutrients. Nutrition is one of the important aspects of nursing knowledge. The need for more nutritious meals to be provided by the inner city church kitchen presents the opportunity for the nurse to function as a transformational leader and identify, help prepare, and serve alternative menus that meet the criteria for the church kitchen. The purpose of this project is to identify what meals the inner city church kitchen provides for 200 to 400 homeless people and collaborate on new nutritious and economic menus with the kitchen coordinator. The project consists of a conceptual framework that weaves in Watson's (2008 b) caring relationship and Greenleaf's (2002) servant leadership theories.

Significance

Four significant facts are identified to support this project. First, an increasing number of people in Minnesota are living without secure housing. Based on the Wilder research (2010), 9,630 people were homeless in 2009. Most homeless people consume their meals in shelters, local charities, and church kitchens when these opportunities are available. Malnutrition leads to health problems for the people of this marginalized population. Helping homeless people meet their nutritional needs is an important outcome for this project.

Second, one inner city church kitchen provides community noon meals every Monday for 200 to 400 homeless people. Preparing large amounts of nutritious food in a way that is cost effective presents a significant challenge. The kitchen coordinator at the

church kitchen wants to prepare nutritious meals but he believes timely preparation and staying within the budget are the biggest challenges. Helping the inner city church kitchen create nutritious, economic, and efficient meals is a goal of this project.

Third, good nutrition and hydration are essential to good health, so healthy nutritional intake cannot be separated from nursing. Nutrition is a very important part of nursing knowledge. Nurses are aware of the marginalized populations' nutritional needs and Watson's 10 Caritas apply to support this project.

Finally, health inequity is also an important reason for doing this project. Improving homeless people's food quality and recognizing homeless people's nutritional needs can help reduce this health inequity. According to Julie Siple (2011), there are enough free meals to serve homeless people in Minnesota every week; however, the quality of foods and the nutritional contents vary. The co-chairman at the Ramsey County Healthy Meals Coalition said "An important step in rebuilding one's life is rebuilding yourself and your body, which you can't do without nutritious and healthy meals" (as citied in Siple, 2011). These four reasons indicate the importance of the project.

Important exemplars of transformational nursing leadership are demonstrated in this project to lay the foundation for further advanced nursing practice in transformational leadership and transcultural nursing.

- The nurse is aware of the homeless population in Minnesota and learns their life stories.
- The nurse recognizes the physical and psychological signs for a nutritional deficiency or malnutrition.

- The nurse learns from the kitchen coordinator how to be cost-effective when choosing a quantity of food for preparation.
- The nurse teaches the marginalized population and kitchen coordinator about the relationship of nutritional value with the color of foods.
- The nurse learns about the community supported agriculture program and collaborates with inner city church kitchen volunteer and coordinator to gain access to this program.
- The nurse demonstrates through actions the role of nursing leadership in the community.

Next Steps

Maintaining contact with the kitchen coordinator to learn when the church kitchen will cook the new menus is important to make observations and talk with the people of the marginalized population and kitchen coordinator during the lunch hour. Observing what foods are discarded and what foods have been eaten will be important to note so assumptions about food preferences can be made. Conversations with the people during the lunch hour will also help discover what foods in the new menus are preferred. Follow up with the kitchen coordinator about the new menus will help determine whether the same menus will be kept and what changes to the new menus will occur. If people like the new menus, they will become regular Monday noon meals in the future. If people do not like the new menus, collaboration between the nurse and kitchen coordinator will determine next steps. Although the process of change is gradual, ongoing evaluation of this project is important to learning, and the future result can be successful.

Further recommendation for the project is to explore the marginalized populations' daily life experiences and continue to develop the potential cooperation between the church kitchen and the community support agriculture program. In the future, the project can be expanded in different facilities and different regions to facilitate more homeless people having nutritious community meals.

Lessons Learned

Creating the conceptual framework to provide nutritious, economic, efficient meals for the people coming to the church has been a wonderful learning experience. An intentional project to help this marginalized population has increased awareness of the challenges faced by with the inner city church kitchen and its staff, building relationships with them, and learning their challenges to successfully complete the work they do every week. Being an effective transformational leader means learning to be a servant first. Educating about nutrition and developing caring relationships are part of nursing care and nursing knowledge; caring nourishes the soul while food nourishes the body. The role of the nurse for this project is leader, nutritionist, teacher, and counselor.

This final chapter provided a summary of the project including reasons for doing this project, reflections, lessons learned, and further recommendations for the project. The outcome of the project would guide the inner city church kitchen coordinator to create new menus for the marginalized population served. The project identifies nutrition is part of nursing knowledge and is significant to nursing care for the promotion of wellness and prevention of disease. The project addresses the importance of hunger as a part of the challenge experienced by those in poverty; healthier meals provided to the homeless can help to decrease their health inequities. The project applies Watson's

Theory of Human Caring and Greenleaf's servant leadership theory. Although the project still needs further development, making this first step is the key to success for the future. Success of this project at the Minnesota inner-city church will be an example for other shelters and community kitchens to follow.

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Appendix A

Table 2

Meals	Calories
10oz bowl of beef stew with vegetables (carrots, celery, potato, and tomato)	249
1 cup of apple juice	133
1 large size of orange	86
1 large square of corn bread	217
10 oz bowl of chili with ground turkey and vegetables (corn, tomato, carrots, and celery)	330
1 cup of grapes	110
1 cup of lemonade	99
2 chicken soft tacos (lettuce, tomato and cheese) with sour cream	563
2 chicken soft tacos (lettuce, tomato and cheese) without sour cream	502
½ cup of refried beans	182
1 cup of canned peaches with light syrup	136
1 Sloppy joes with white bun	399
1 cup of canned pears with light syrup	142
1 cup of potato salad with eggs	262

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Appendix B

Table 3

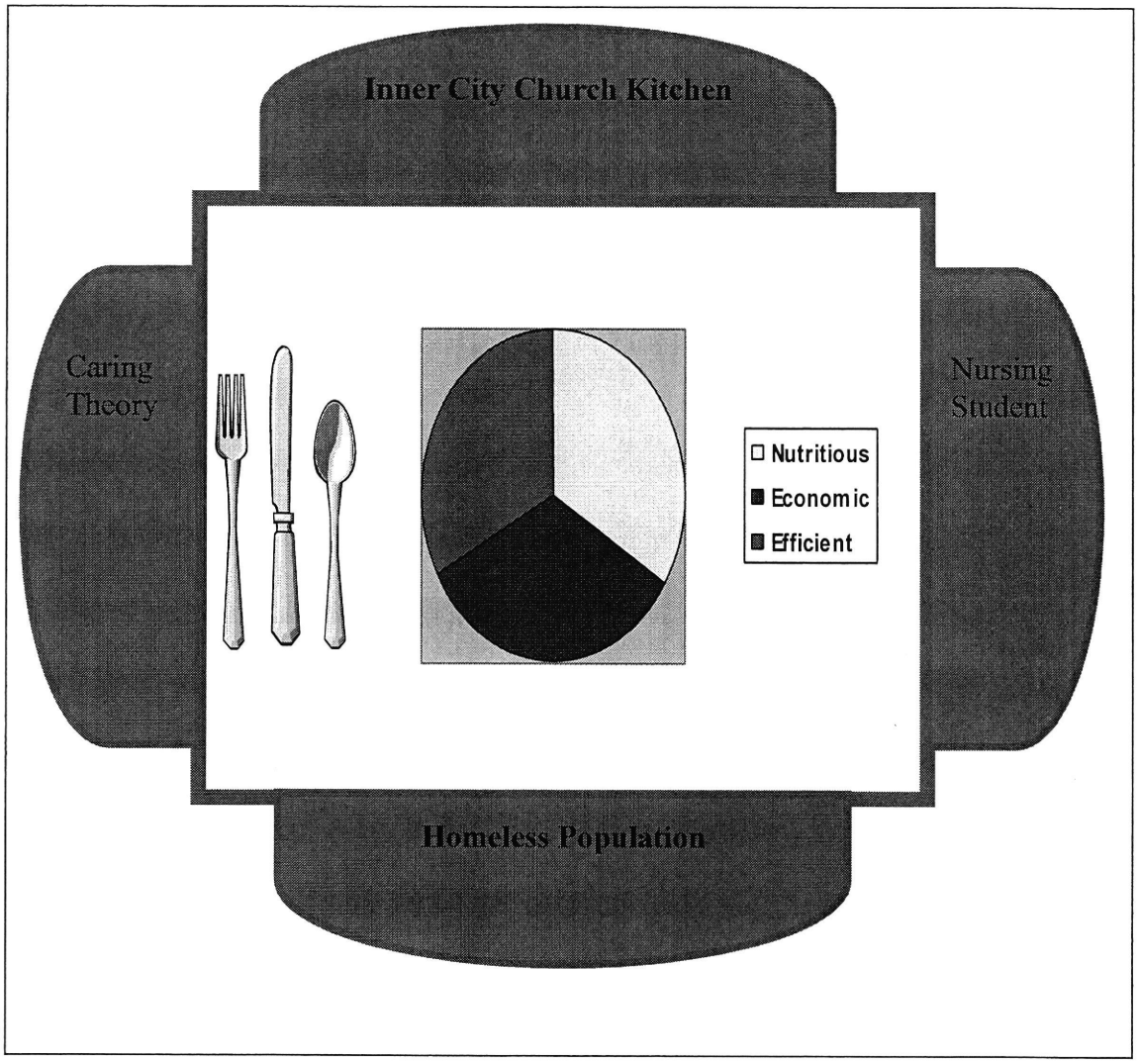
Meals	Grains	Vegetables	Fruits	Dairy	Proteins
10oz bowl of beef stew with vegetables (carrots, celery, potato, and tomato)	½ oz	1 cup			2 oz
1 cup of apple juice			1 cup		
1 large size of orange			1 cup		
1 large square of corn bread	2 oz				
10 oz bowl of chili with ground turkey and vegetables (corn, tomato, carrots, and celery)		1 ¼ cup			2 oz
1 cup of grapes			1 cup		
1 cup of lemonade			1 cup		
2 chicken soft tacos (lettuce ,tomato and cheese) with sour cream	2½ oz	½ cup		¼ cup	4½ oz
2 chicken soft tacos (lettuce, tomato and cheese) without sour cream	2 ½ oz	½ cup		¼ cup	4 ½ oz
½ cup of refried beans		½ cup			
1 cup of canned peaches with light syrup			1 cup		

1 Sloppy joes with white bun	1 ½ oz	¾ cup			2 ½ oz
1 cup of canned pears with light syrup			1 cup		
1 cup of potato salad with eggs		1 cup			½ oz

Myfood-a-pedia. (n.d.). Retrieved from http://www.myfoodapedia.gov/Default.aspx

Appendix C

A conceptual framework



Appendix D

Table 5: Estimated prices, preparing and cooking time of two new noon menus

Recommended menus	Chicken vegetable tortilla soup, cornbread, lemonade, and grapes	Turkey casserole, refried beans, apple juice, and orange
Total Calories	720	724
Meals' Price	$311.79	$359.21
Preparing and cooking time	Preparing time: 2hours Cooking time: 1.5 hours	Preparing time: 2hours Cooking time: 1.5 hours

Appendix E

Table 6: Chicken vegetable tortilla soup

Meals	Carbohydrate	Fiber	Fat	Calcium	Protein
10oz bowl of Chicken with vegetable Tortilla soup	23.4 gm	1.8 gm	17.01 gm	141 mg	12.27 gm
1 large square of corn bread	31.94 gm	2.8 gm	6.65 gm	74 mg	5.08 gm
1 cup of lemonade	30.75 gm	0 gm	0.2 gm	7 mg	0.05 gm
1 cup of grapes	27.33 gm	1.4 gm	0.24 gm	15 mg	1.09 gm

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Appendix F

Table 7: Turkey casserole

Meals	Carbohydrate	Fiber	Fat	Calcium	Protein
1 cup of turkey casserole	31.76 gm	1.3 gm	11.42 gm	128 mg	21.93 gm
½ cup of refried beans	35.79 gm	8.8 gm	0.71 gm	62 mg	12.27 gm
1 cup of apple juice	28.02 gm	0.5 gm	0.32 gm	20 mg	0.25 gm
1 large size of orange	21.62 gm	4.4 gm	0.22 gm	74 mg	1.73 gm

United States Department of Agriculture. (2010). What's in your foods you eat. Retrieved from http://reedir.arsnet.usda.gov/codesearchwebapp/%28hd2en345kytx2o55zyok25ya%29/codesearch.aspx