

A Public Health Care Plan's Evolving Model to Enhance Community Assets and Promote Wellness in Low-Income Communities of Color



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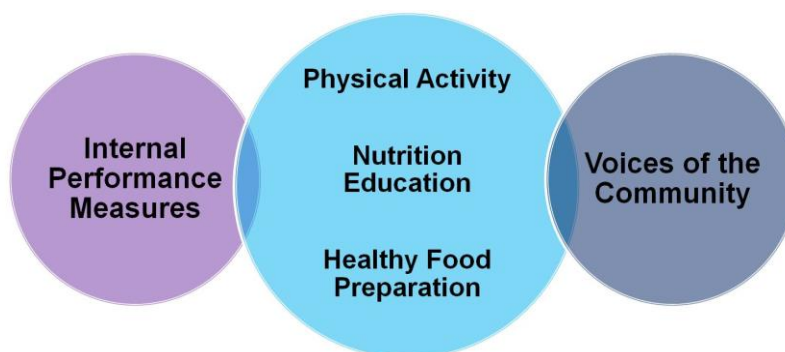
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Sound investments in effective prevention are crucial. The nation's largest public health care plan has prioritized prevention by empowering key community stakeholders and tailoring prevention efforts to populations with the greatest need. This presentation will present a conceptual framework for community-driven disease prevention and health promotion that may serve to inform healthcare systems looking to engage historically "hard to reach" low-income communities of color in quality prevention efforts.

Background of the Model in Action: The Active Steps Program

Active Steps is a community-based physical activity and nutrition promotion program developed by L.A. Care Health Plan as part of their Regional Community Advisory Committee (RCAC) Measurable Work Plan portfolio of activities. The purpose of the Measurable Work Plan is to extend outreach efforts and elicit measurable positive health outcomes within communities where L.A. Care subscribers reside. To date, Active Steps has directly engaged approximately 1,200 low-income, predominantly ethnic minority residents in Los Angeles County in structured physical activity and nutrition promotion programming.

Active Steps was a continuing effort by L.A. Care Health Plan's Community Outreach and Engagement Department to respond to community needs and promote healthy lifestyles in underserved communities. The project was initially conceived in response to both internal performance measures and community member input suggesting a need to focus efforts on modifiable lifestyle behaviors and perceptions to address diabetes, heart disease, and obesity disparities within L.A. Care member communities.



Objectives

1. Expand Community Outreach Efforts
2. Test the Feasibility of Conducting Multi-Site, Community-Based Physical Activity and Nutrition Program
3. Elicit Significant, Positive, Measurable Outcomes in Weight Loss, Nutrition, and Physical Activity Knowledge, Behavioral Change, and Physical Activity Levels
4. Assess the Impact of Incorporating Peer-Mediated Motivational Interviewing
5. Assess the Feasibility and Sustainability of a Strategic "Joint Use Agreement" Partnership

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Active Steps Program Components

Outreach and Recruitment

- Recruited prospective partner sites through RCAC referrals and participant recruitment lead by RCAC members and health promoters
- Culturally competent exercise and nutrition instructors
- **Total of 1,200 participants from over 25 sites recruited since 2011**

Nutrition and Physical Activity Programming

- Sixteen (16) weekly two-hour sessions over four (4) months
- *Nutrition* - sessions comprised of one (1) hour of classroom-based nutrition education exercises, interactive class activities, and experimental skills-building tasks
- *Physical Activity* - sessions comprised of one (1) hour of structured group exercises (e.g. Zumba Fitness)

Community Wellness Champion Development

- Recruit a community champion at each site
- Instructors will provide mentoring opportunities and share best practices
- Transition activities to wellness champion at end of program
- Continuing education opportunities available for wellness champions (e.g. Zumba training)

Health Promoter Engagement and Motivational Interviewing (MI)

- Trained in MI by Master Trainer
- Assist with nutrition education sessions and biometric data collection
- Assigned to participants for weekly check-in calls to discuss goals, progress, breakthroughs and barriers, and opportunities for improvement

Data Collection and Evaluation Measures

- Individual biometric data: blood pressure, height, weight, body mass index (BMI), waist circumference, body fat percentage
- Physical activity and eating attitudes, perceptions, and behaviors survey
- Nutrition and exercise knowledge test
- Participant satisfaction surveys
- Instructor midterm evaluation and final report
- Health Promoters motivational interviewing reports
- Health Promoter focus groups

#	Nutrition Sessions Topics
1	Orientation & Baseline Assessments
2	Physical Activity, Nutrition, and Obesity 101
3	Personal Goal Setting and Expectations
4	myPlate and Portion Control
5	Cooking Demonstration 1
6	Reading Food Labels
7	Cooking Demonstration 2
8	Break – Learn on Your Own
9	Rethink Your Drink and Smart Snacking
10	Cooking Demonstration 3
11	Food Marketing
12	Healthy Eating on a Budget
13	Cooking Demonstration 4 (Vegetarian)
14	Recap, Advocating for Healthy Living in Your Community
15	Follow-Up Assessments
16	Accomplishments, Celebration, and Installation of Community Wellness Champion



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Participant Profile (Since 2011)

Demographics

- Number of Participants recruited since 2011: 1,200 (avg. 300 per year)
- Age: 43.4 years
- Sex/Gender: Female (97.5%)
- Race/Ethnicity: Latino (97.0%)
- Nativity: Foreign born (89.8%)
- Country of Origin: Mexico (75.9%)
- Education: High school, no diploma (~75%)
- Children in household: (84.7%)
- No. of children: 3 or more (43.8%)
- No. of children: Majority have two or more (~76%)

Perceived Health Status

- Perc. health as fair or poor: 45.1%
- Perc. at risk for diabetes: 32.6%
- Perc. at risk for hypertension: 31.3%
- Perc. at risk of becoming obese: 41.0%
- Perc. as overweight for height: 70.8%
- Actively trying to lose weight: 84.4%

Biometrics (Body Assessments)

- BMI: 31.02 kg/m²
- BMI risk category: 47.7% obese
- Systolic BP: 13.8% hypertensive with BP>140
- Diastolic BP: 11.5% hypertensive with BP>90
- Waist Circumference: 38.93 inches

Health Status

- Diagnosed with Diabetes: 12.6%
- Diagnosed with HBP: 21.2%
- On BP Meds: 15.9%
- Classified as clinically obese: 46.7%

Barriers to Healthy Eating and Regular Physical Activity

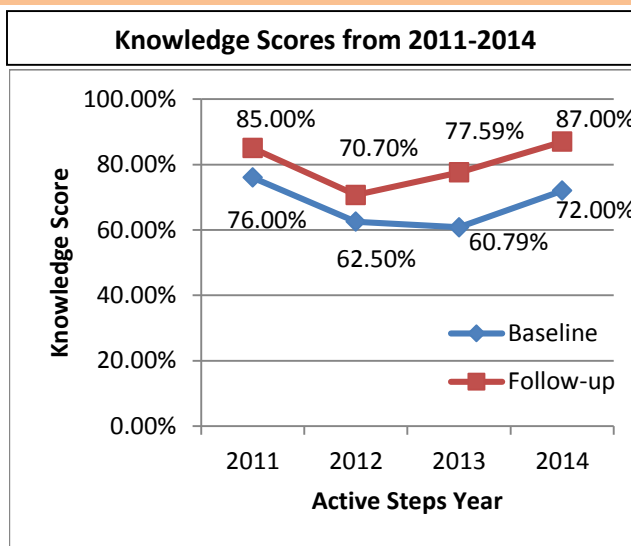
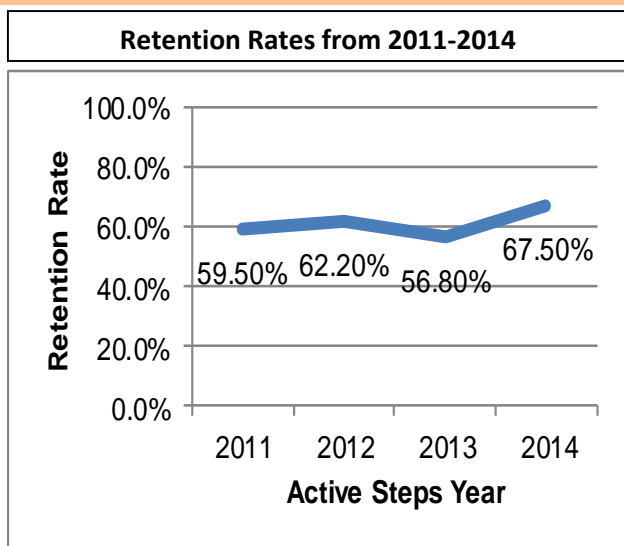
- Too busy with family obligations: 34%
- No time to spare: 32%
- Lack of energy and motivation: 28%
- Other: 6%
 - Lack of money and knowledge



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Key Findings, Results, and Observations



Active Steps 2013 Results (Role of Health Promoters)

- Participants who engaged with Health Promoters had significant larger reductions in systolic BP (-4.00 mmHg) and diastolic BP (-4.66 mmHg) than participants without health promoters ($p < 0.05$)
- Participants with Health Promoters reported significant larger improvements in perceived health status (34.4% with improvement), days of vigorous physical activity per week (+2.05 days), and water consumption (+1.57 servings) than participants without health promoters
- Over 90% of participants reported feeling confident in reaching their wellness goals, felt their HP helped them reach action steps on a weekly basis, and felt comfortable communicating with their HP each week
- HPs assigned to participants for weekly check-in calls to discuss goals, progress, breakthroughs and barriers, and opportunities for improvement

Active Steps 2014 Results (Preliminary Impact Analyses)

Significant reductions ($p < 0.05$) in:

- BMI (-0.51 kg/m²)
- Weight (-3.10 lbs., SD=6.44)
- Waist Circumference (-0.52 in, SD=2.24)
- Fried food and vegetable consumption (-0.33 servings/day)
- Soda and sugary beverage intake (-0.42 servings/day)

Significant improvements ($p < 0.05$) in:

- Perceived Health Status (31.5% reported healthier status)
- Days of Vigorous Activity (+1.73 days, SD=2.16)
- Days of Moderate Activity (+1.39 days, SD=2.607)
- Days of Walking >10 min (+1.04 days, SD=2.21)

Significant improvements ($p < 0.05$) in:

- Fruit Consumption (+1.0 serving/day)
- Vegetable consumption (+1.21 servings/day)
- Green salad consumption (+1.21 servings/day)
- Fruit juice consumption (0.65 servings/day)
- Water intake (1.21 servings/day)
- Confidence in reading food levels (25.4% reported improvement)
- Confidence in getting family involved in healthy eating and PA (14% improved)
- Confidence in having family/friends support healthy behavior change (12.5%)

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Lessons Learned and Future Directions

Recruitment and Retention

- Need to diversify participant pool
- Clarify expectations for partner sites/MOU
- Address persistent challenges

Curriculum and Workshop Sessions

- Incorporate best practices from individual instructors into a standardized curriculum
- Emphasize on interactive elements and “take home” activities
- Complaints over administrative issues

Community Wellness Champion Recruitment and Orientation

- Identify a wellness champion in each location within the first 4 sessions
- Ensure instructors teach their classes and mentor community champions inside and outside of class
- Provide additional training and support immediately following end of the program in order to smoothly transition into “maintenance stage”

Health Promoters and Motivational Interviewing

- Streamline Health Promoter data collection process
- Develop a quality assurance plan
- Further incorporate Health Promoters into physical activity and nutrition classes

Program Sustainability

- Develop a community champion toolkit and toolbox for wellness champions
- Consider wellness competitions and other merit-based incentive programs to keep community participants engaged and enthusiastic
- Develop a longitudinal data collection and evaluation plan to assess long-term behavioral changes

