PANEL 1:
LOCAL PARTNERSHIPS – BEST PRACTICES

Moderator: Peter Guarnaccia
PASOS
Physical Activity System of Support-for Latinos with diabetes

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RWJUH Community Health Promotion

March 31, 2015
BACKGROUND

• Diabetes disproportionately affects Latinos.
  • Prevalence ranges from 10-19% compared to 7.6% among non-Latino Whites.

• Physical activity (PA) has been shown to significantly improve glycemic control and other CVD risk factors.
PASOS- Aims

• Determine feasibility of increasing physical activity among Latinos diagnosed with diabetes through a community-based and culturally tailored program.

  ➢ Incorporate ‘systems’ lens to address population needs: medically underserved, poor and limited English proficiency.
METHODS

• Eligibility criteria:
  • 18 years of age or older
  • Diabetes diagnosis
  • Receive medical clearance to engage in PA
  • Not pregnant or undergoing active cancer treatment.

• Participants recruited from existing diabetes education programs offered to Chandler patients.
METHODS

• 60-minute exercise sessions offered twice per week over 8 weeks.

• Intervention combines aerobic and muscle-strengthening exercises as endorsed by the ADA.
  ➢ A structured PA plan developed for each week.

• Includes 2 educational workshops and monthly support group sessions.
ADAPTATION

1. Community-based and culturally-adapted
   • Program offered in the community at a local physical activity facility, not in clinic or research setting.

   • Participants assigned to a group.

   • Bilingual PA trainer assigned to each group to deliver instructions on use of exercise machines.
ADAPTATION

2. Community outreach workers
• Recruit, enroll and encourage participation by meeting participants at scheduled sessions.
• Provide direct feedback to project leaders on participant needs, interests, and limitations.
• Facilitate access to needed services such as medical appointments, housing, immigration counseling, and childcare.
ADAPTATION

3. Clinical Screenings

- Bilingual nurse practitioner conducts health screenings at support group sessions:
  - Weight
  - Blood pressure
  - Vision
  - Foot care
## Preliminary Results

### Table 1. Participant Characteristics

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Mean/ %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Sample, N</td>
<td>30</td>
</tr>
<tr>
<td>Age, Mean (sd)</td>
<td>49.2 (10.2)</td>
</tr>
<tr>
<td>Female</td>
<td>80%</td>
</tr>
<tr>
<td>Education (8 years or less)</td>
<td>70%</td>
</tr>
<tr>
<td>Lack of health insurance</td>
<td>73%</td>
</tr>
<tr>
<td>Latino Group</td>
<td></td>
</tr>
<tr>
<td>Mexico</td>
<td>69%</td>
</tr>
<tr>
<td>South America</td>
<td>19%</td>
</tr>
<tr>
<td>Central America</td>
<td>8%</td>
</tr>
<tr>
<td>Caribbean</td>
<td>4%</td>
</tr>
</tbody>
</table>

- **Retention Rate**: 70%
- **Attendance Rate**: 70%
PRELIMINARY RESULTS

Graph 1. Self-reported physical activity, pre and post intervention, PASOS.

* P<0.0001

Muscle Strengthening Activities

Stretching/flexibility Activities

Pre-Test
Post-Test
3. Physical Activity System of Support (PASOS)

<table>
<thead>
<tr>
<th>Table 2. Challenges in Completing Intervention</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transportation</td>
<td>1</td>
</tr>
<tr>
<td>Family care responsibilities</td>
<td>2</td>
</tr>
<tr>
<td>Work Demands</td>
<td>3</td>
</tr>
<tr>
<td>Neighborhood safety</td>
<td>4</td>
</tr>
<tr>
<td>Return back home</td>
<td>5</td>
</tr>
</tbody>
</table>
PRELIMINARY RESULTS: Satisfaction Survey

‘Me gusta venir al gimnasio mas con los entrenadores. Ahora sigo mi rutina pero me siento mas segura cuando están ellos’.

"Me gusto la buena orientación, la facilidad del gimnasio y la ayuda de las maquinas. Aprendí mas de mi enfermedad, y a controlar mi azúcar."

‘I like coming to the gym more when trainers are present. Now I can follow my exercise plan but I feel more secure with them.’

‘I liked the good orientation, how easy to use the gym was and the good things [benefits] of the machines. I learned more about my illness, and how to control my sugar.’
NEXT STEPS

• Better capture effect of physical activity.
• Seek funding to expand PASOS.
• Adapt program for other populations.
• Coordinate program with clinic providers.
Lessons Learned: Research Perspective

• Translating ‘what’ causes disease to ‘how’ to address these causes.

• Relationships take time to build.

• Evidence-based findings need critical reflection and testing when working with highly impoverished populations.
Lessons Learned: Community Perspective

• Share a clear understanding of how the project is going to benefit the community.

• Need alignment of goals for research and community partners.

• Research gives value and promotes community health promotion work.
Lessons Learned: Community Perspective

• Partnerships need to develop over time to become true collaborations based on trust, shared ownership, and respect for the community.
Lessons Learned: Community Perspective

P.A.S.O.S. Benefits to the Participants:

★ Self-confidence
★ Energy and the desire to do other things
★ Less stress
★ Bonded with each other/support
★ Had fun!!!

Systems Benefit:

★ Gave gym instructors/staff a better understanding of the exercise needs and challenges of the community.
ACKNOWLEDGMENTS

- Rutgers University, Academic-Community Grant Award, 2013-2014
- Johnson & Johnson, Inc.
- Eric B. Chandler Clinic
ACKNOWLEDGMENTS

• Anindita Fahad, Rutgers SPH
• Leslie Malachi, RWJU Hospital
• Kerly Guerrero, RWJ Medical School
• Timothy Marshall, RWJ Fitness and Wellness Center

➢ Study participants…who motivate us to improve our public health work!
GRACIAS/ THANK YOU!
New Brunswick

CICLOVIA

open streets for active living
NEW BRUNSWICK CICLOVIA: Overview

- An open streets initiative promoting healthy active living through experiencing New Brunswick's vitality, livability, and diversity in a safe place for people to exercise and play.

- During Ciclovia, the streets become temporarily car-free for 5 hours for families to run, walk, skate, ride bikes, enjoy active events along the route, and explore the city streets.

- New Brunswick Tomorrow serves as host agency, facilitating the Community Advisory committee, while also providing development support, oversight expertise, and sustainability planning.
NEW BRUNSWICK CICLOVIA: Vision

- **Public Health Impact**
  - To improve the health and wellness of New Brunswick Residents
    - Encourage participation in free healthy recreation and developed improved culture of health.
    - Promote non-motorized activity and the use of active transportation

- **Neighborhood Building**
  - Connectivity & Social Integration:
    - creating and strengthening social relationships among neighbors
    - Connecting residential neighborhoods to New Brunswick’s commercial district and University Campus, and vice versa
NEW BRUNSWICK CICLOVIA

Four Organizing Partners:

Johnson & Johnson  City of New Brunswick  Rutgers  NBT

Over 35 Community-Based Partnerships:

Over 12,000 Ciclovia Participants throughout the city
SAVE THE DATE!

Email: jsantiago@nbtomorrow.org for more information, or visit us on the web, at: www.nbactive.com @nbciclovia #nbciclovia
NEW BRUNSWICK CICLOVIA

In order to know how to improve, you need to know how you’re doing.

spark Telling our Story:
– Defining Success
– Connecting to Long-term Transformation
  • Complete Streets
– Working with Local Businesses
spark Purposeful Impact
– Health Access to Health Equity
NEW BRUNSWICK CICLOVIA: A Model City

• A role-model and resource to other cities
  – Planning assistance for assessing the current state of programming to start an Open Streets program
  – Provide direct feedback on tools and resources to assist other cities in establishing an Open Streets Program
Charles Brown, MPA
Advancing Health Through Community-Engaged Research: Successful and Emerging Approaches
New Brunswick, New Jersey
March 31, 2015
Purpose:
- Evaluate the effectiveness of the NB Ciclovia

Methods:
- Direct observations
- Pre/Post-Ciclovia Interviews with stakeholders
- Post-Ciclovia interviews with outreach coordinators
- Intercept surveys
- Counts of participants
There was effective stakeholder collaboration before and after the Ciclovia.
Key Findings: Respondent’s Health and Wellness

Two-thirds reported participating in activity longer at Ciclovia than when they normally exercise.
Nearly 92% stated they would consider walking and bicycling more after the Ciclovia.
Over one-third reported visiting areas of New Brunswick for the first time.
Almost 75% considered New Brunswick a great place to live, work, and play.
Key Findings: Support of Local Businesses

Nearly 42% discovered a store or restaurant and 49% were expected to spend between $10 and $59 at the Ciclovia.
Key Findings: Community Support

Nearly 94% were satisfied with the Ciclovia and nearly 94% would support continued city funding for future Ciclovias.
Key Findings: All-Around Success!

There were 4,000 participants of varying socio-economic backgrounds!
NEXT STEPS AND RESEARCH OPPORTUNITIES

🌟 Next Step(s)
  – Continue Counting Participants
  – Evaluate Ciclovia Bi-Annually in October

🌟 Potential Research
  – Health of New Brunswick Residents
  – Social Engagement and Interaction
  – Perceptions of Crime and Traffic Safety
  – Etc.
2012 Community Health Needs Assessment:
Conducted by Rutgers Center for State Health Policy
and Department of Family Medicine & Community Health
for St. Peter’s and Robert Wood Johnson University Hospitals

March 31, 2015
Prepared for the Symposium on Advancing Health
Through Community-Engaged Research
By Susan Brownlee
Background

Section 9007(a) of the Patient Protection and Affordable Care Act requires non-profit hospitals to:

- Conduct and publish community health needs assessments once every three years

- Adopt implementation plans addressing identified needs

Background (continued)

Project Support

– Collaborative grant to Saint Peter’s University Hospital (SPUH) and Robert Wood Johnson University Hospital (RWJUH)
– Funded by the Robert Wood Johnson Foundation’s New Jersey Health Initiatives (NJHI)

Hospitals’ Project Team

– **Marge Drozd**, MSN, RN, APRN-BC, Director of Community Mobile Health Services, SPUH
– **Mariam Merced**, MA, Director of Community Health Promotions Program, RWJUH
– **Camilla Comer-Carruthers**, MPH, Manager of Community Health Education, RWJUH
– **Project Steering Committee**
Rutgers Project Team for CHNA

Center for State Health Policy
• Sujoy Chakravarty, PhD
• Susan Brownlee, PhD
• Jian Tong, MS

Research Division, Department of Family Medicine & Community Health
(formerly with UMDNJ Robert Wood Johnson Medical School)
• Maria B. Pellerano, MA, MBA, MPH
• Jenna Howard, PhD
• Erik K. Shaw, PhD (now at Mercer Univ. Sch. of Medicine)
• Sabrina Chase, PhD (now at Sch. Of Nursing)
• Benjamin F. Crabtree, PhD
Methods

Analysis of Existing Data
- Behavioral Risk Factor and Surveillance System (BRFSS), 2010
- Hospital inpatient and emergency dept. uniform billing (UB) records, 2008-2010

Collection, Analysis of New Data
- SPUH/RWJUH Community Health Needs Assessment Survey, 2012 (PRC)
- 26 Key informant interviews, 2012
- 9 Community focus groups, 2012

Service Area
- All of Middlesex County and 2 zip codes in Somerset County (Franklin Park and Somerset Township)
Results

• Middlesex and Somerset counties fared better than NJ as a whole on a broad range of health and access measures (BRFSS)

• The hospitals’ service area has lower rates of *Avoidable/ Preventable* inpatient admissions and emergency department visits than the state average (Hospital UB)
Results (continued)

• Major health concerns: obesity and chronic illness
  – Two-thirds of adults either overweight or obese
  – 56% of adults diagnosed with at least one chronic condition
  – High prevalence, concern about asthma and diabetes

• Low-income, uninsured face substantial burden of illness and access barriers; minorities and undocumented also face access challenges

• Emergency department use high among vulnerable groups
Percent Who Could Not See a Doctor Due to Cost in Past Year
Adults Ages 18+, Middlesex + Somerset Counties (M+S) and Total NJ

Source: Data from 2010 BRFSS; tabulations by Rutgers Center for State Health Policy.
# Access to Care: Barriers, Health Care System Navigation

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<th>Could Not Get Wanted Care</th>
<th>Black</th>
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<th>Asian</th>
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<tbody>
<tr>
<td>Medical care</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Mental health care</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Dental care</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Prescriptions - did not get or reduced dose</td>
<td></td>
<td></td>
<td>X</td>
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<table>
<thead>
<tr>
<th>Health Care System Navigation Problems</th>
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<tbody>
<tr>
<td>Transportation</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Parking</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Day care (childcare)</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Doctor office hours inconvenient</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Wait too long to get appointment</td>
<td></td>
<td></td>
<td>X</td>
</tr>
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</table>

Source: 2012 SPUH/RWJUH Community Survey
Results (continued)

- New Brunswick seen as resource rich, but community members and stakeholders reported gaps:
  - Uneven access outside of New Brunswick City
  - Dental and mental health services reported as most difficult to access
  - Unmet needs for addiction treatment and affordable medications
  - Local primary care resources for the uninsured are stressed
  - Resources needed for obesity prevention
Key Conclusions

• Positive: most health and access-based indicators in the hospitals’ service area better than New Jersey overall

• Large disparities for uninsured and low income, for racial-ethnic groups on some measures

• Service gaps noted, particularly for high need populations

• Significant health issues related to obesity, poor mental health, and diabetes
Thank You


Additional Resources:

Questionnaire for Community Survey (English and Spanish versions)

Community Survey Methods and Detailed Findings