

PANEL 1: LOCAL PARTNERSHIPS – BEST PRACTICES

Moderator: Peter Guarnaccia

PASOS

Physical Activity System of Support- for Latinos with diabetes

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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

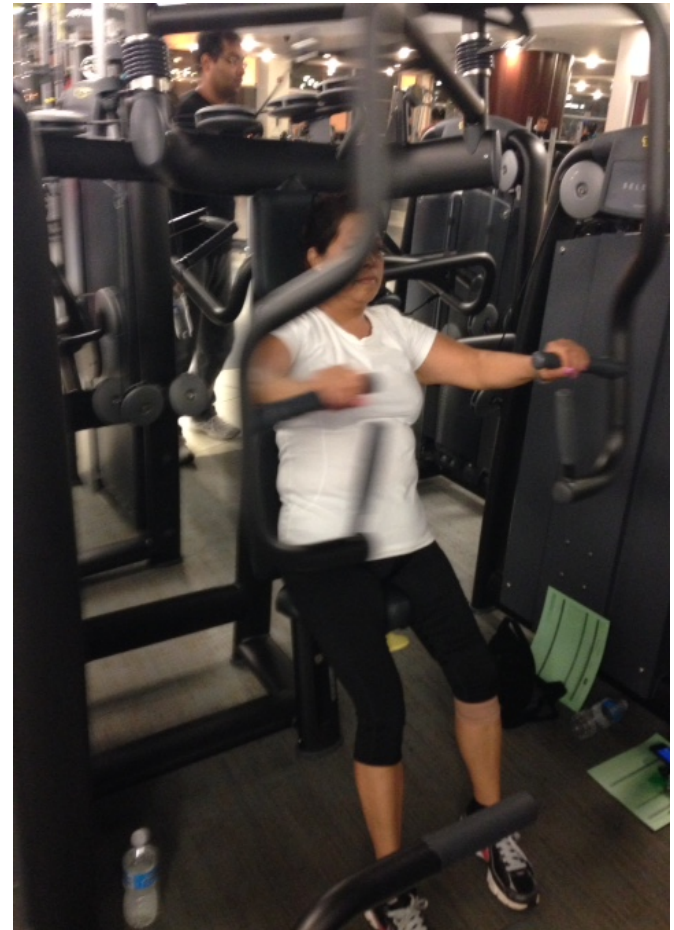
- Determine feasibility of increasing physical activity among Latinos diagnosed with diabetes through a community-based and culturally tailored program.
 - Incorporate 'systems' lens to address population needs: medically underserved, poor and limited English proficiency.

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



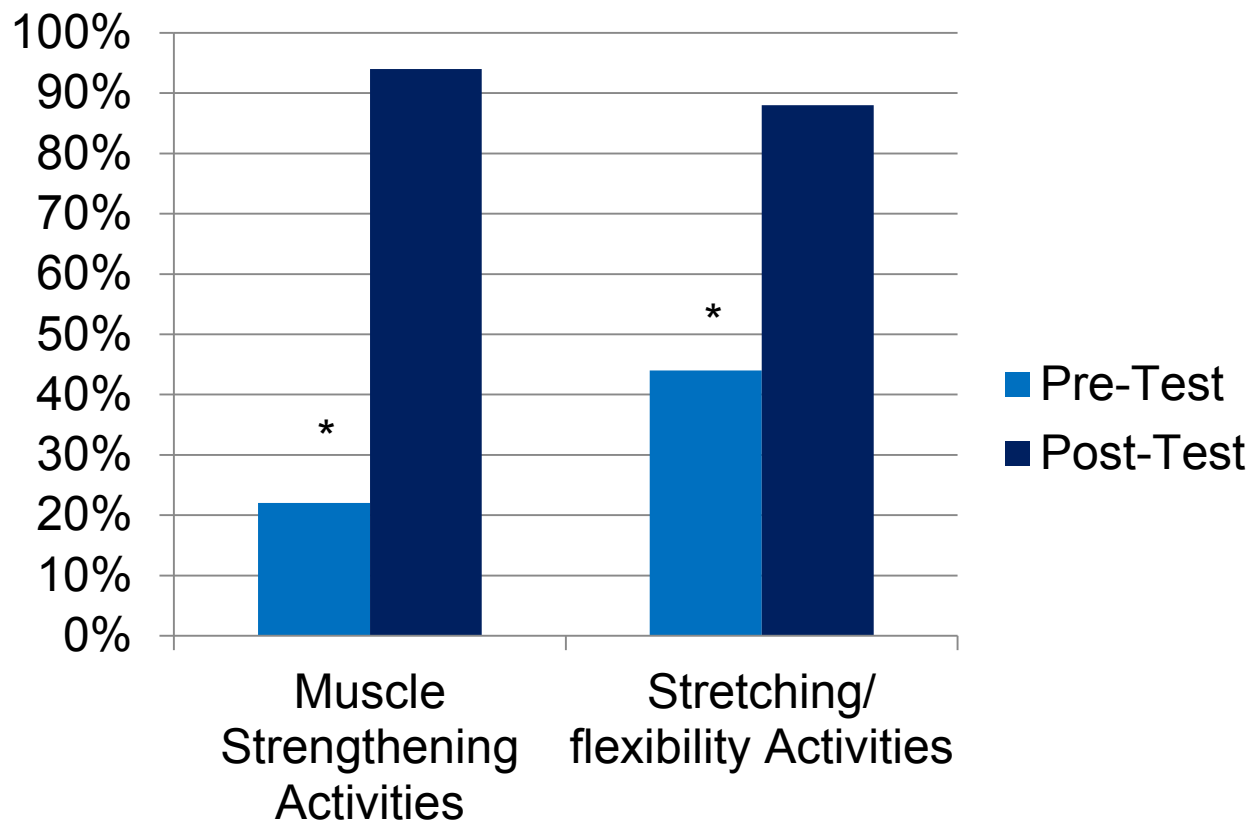
PRELIMINARY RESULTS

Table 1. Participant Characteristics	Mean/ %
Total Sample, N	30
Age, Mean (sd)	49.2 (10.2)
Female	80%
Education (8 years or less)	70%
Lack of health insurance	73%
Latino Group	
Mexico	69%
South America	19%
Central America	8%
Caribbean	4%

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

PRELIMINARY RESULTS

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



* $P < 0.0001$

3. Physical Activity System of Support (PASOS)

Table 2. Challenges in Completing Intervention	Rank
Transportation	1
Family care responsibilities	2
Work Demands	3
Neighborhood safety	4
Return back home	5

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’.

‘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.’

"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 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

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- Johnson & Johnson, Inc.
- Eric B. Chandler Clinic

ACKNOWLEDGMENTS

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 - 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 Ciclovía, 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:



Over 35 Community-Based Partnerships:



Over 12,000 Ciclovía Participants throughout the city



able activities around **bike cars** children closed
community different event family free freedom
fun kids lots meeting open **people** riding
roads **streets** together
walk

SAVE THE DATE!

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



NEW BRUNSWICK CICLOVIA

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



- ★ Telling our Story:
 - Defining Success
 - Connecting to Long-term Transformation
 - Complete Streets
 - Working with Local Businesses
- ★ 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



New Brunswick Ciclovía Evaluation



Charles Brown, MPA

Advancing Health Through Community-Engaged
Research: Successful and Emerging Approaches

New Brunswick, New Jersey

March 31, 2015



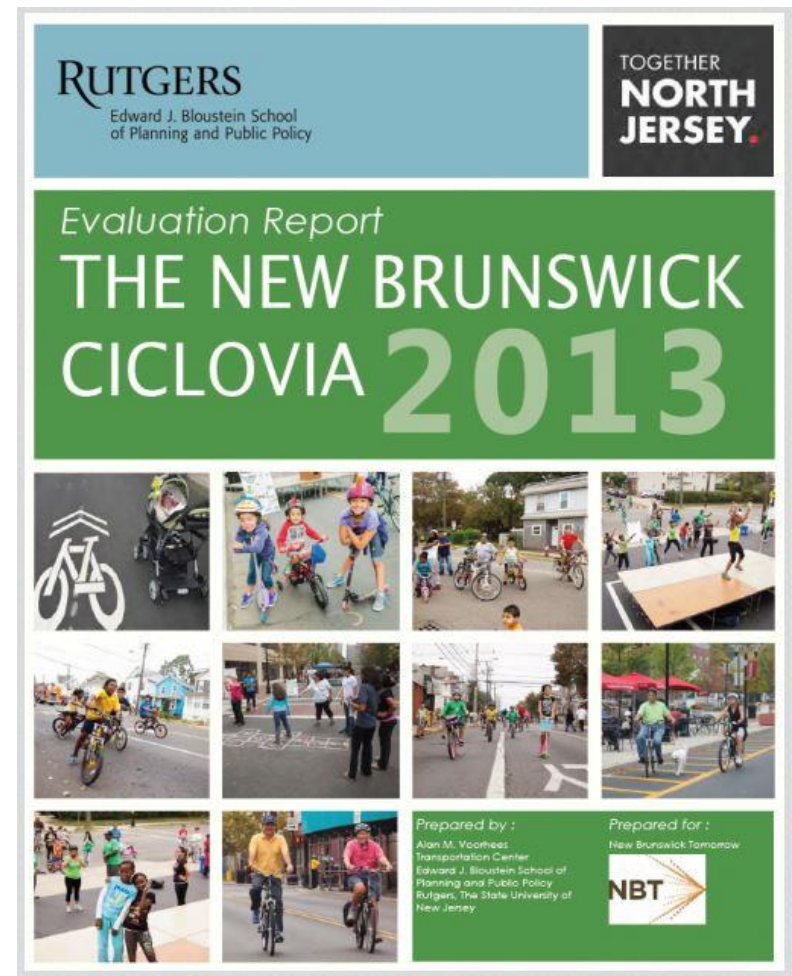
Project Description

★ Purpose:

- Evaluate the effectiveness of the NB Ciclovía

★ Methods:

- Direct observations
- Pre/Post-Ciclovía Interviews with stakeholders
- Post-Ciclovía interviews with outreach coordinators
- Intercept surveys
- Counts of participants



Key Findings: Stakeholder Collaboration



There was effective stakeholder collaboration before and after the Ciclovía.

Key Findings: Respondent's Health and Wellness



Two-thirds reported participating in activity longer at Ciclovía than when they normally exercise.

Key Findings: Active Transportation



Nearly 92% stated they would consider walking and bicycling more after the Ciclovía.

Key Findings: Social Interaction & Engagement



Over one-third reported visiting areas of New Brunswick for the first time.

Key Findings: Appreciation of New Brunswick



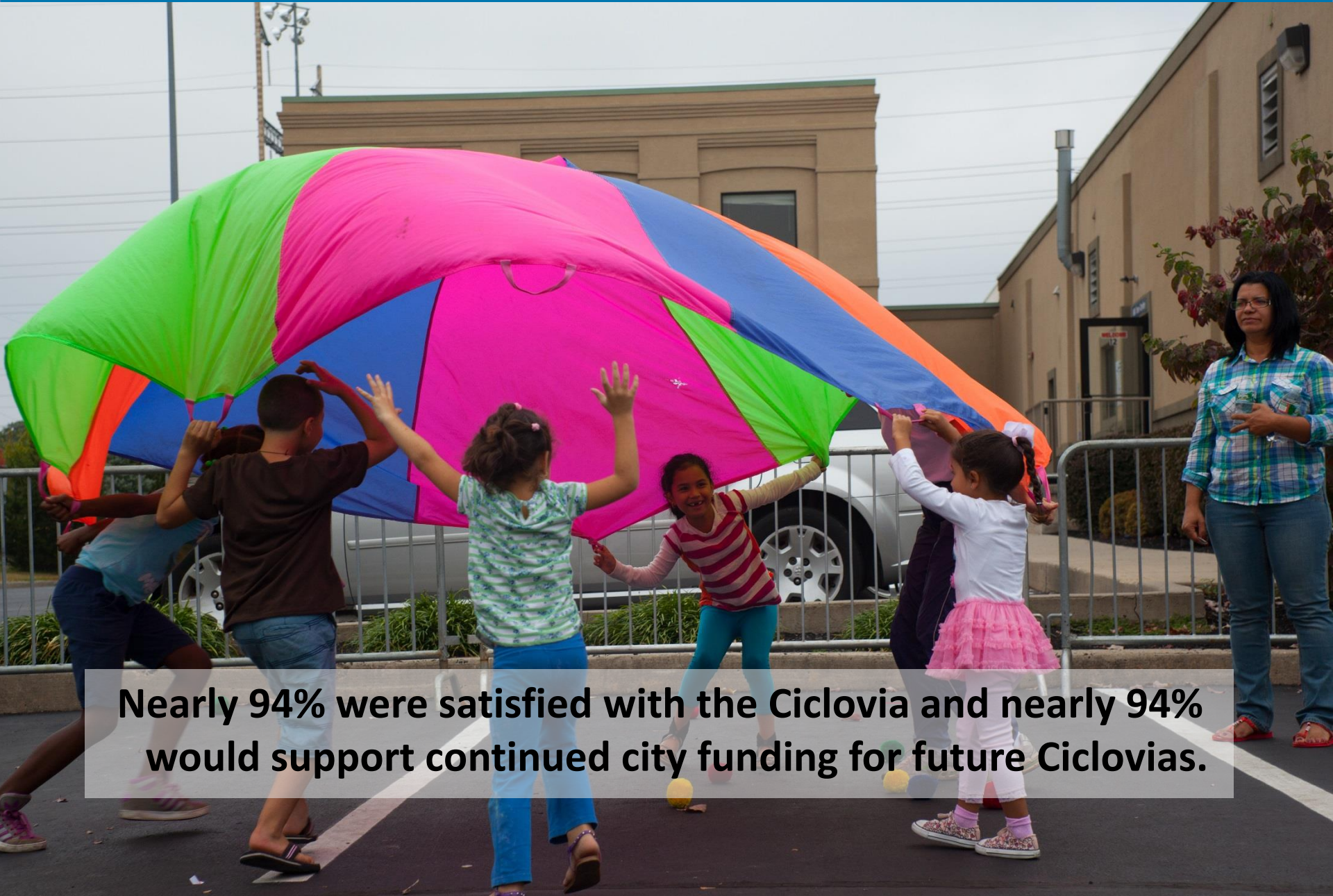
Almost 75% considered New Brunswick a great place to live, work, and play.

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 Ciclovía.



Key Findings: Community Support



Nearly 94% were satisfied with the Ciclovía and nearly 94% would support continued city funding for future Ciclovías.

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 Ciclovía 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

Source: US Treasury Department, Internal Revenue Service, Notice and Request for Comments Regarding the Community Health Needs Assessment Requirements for Tax-Exempt Hospitals, Notice 2011-52, July 7, 2011

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)

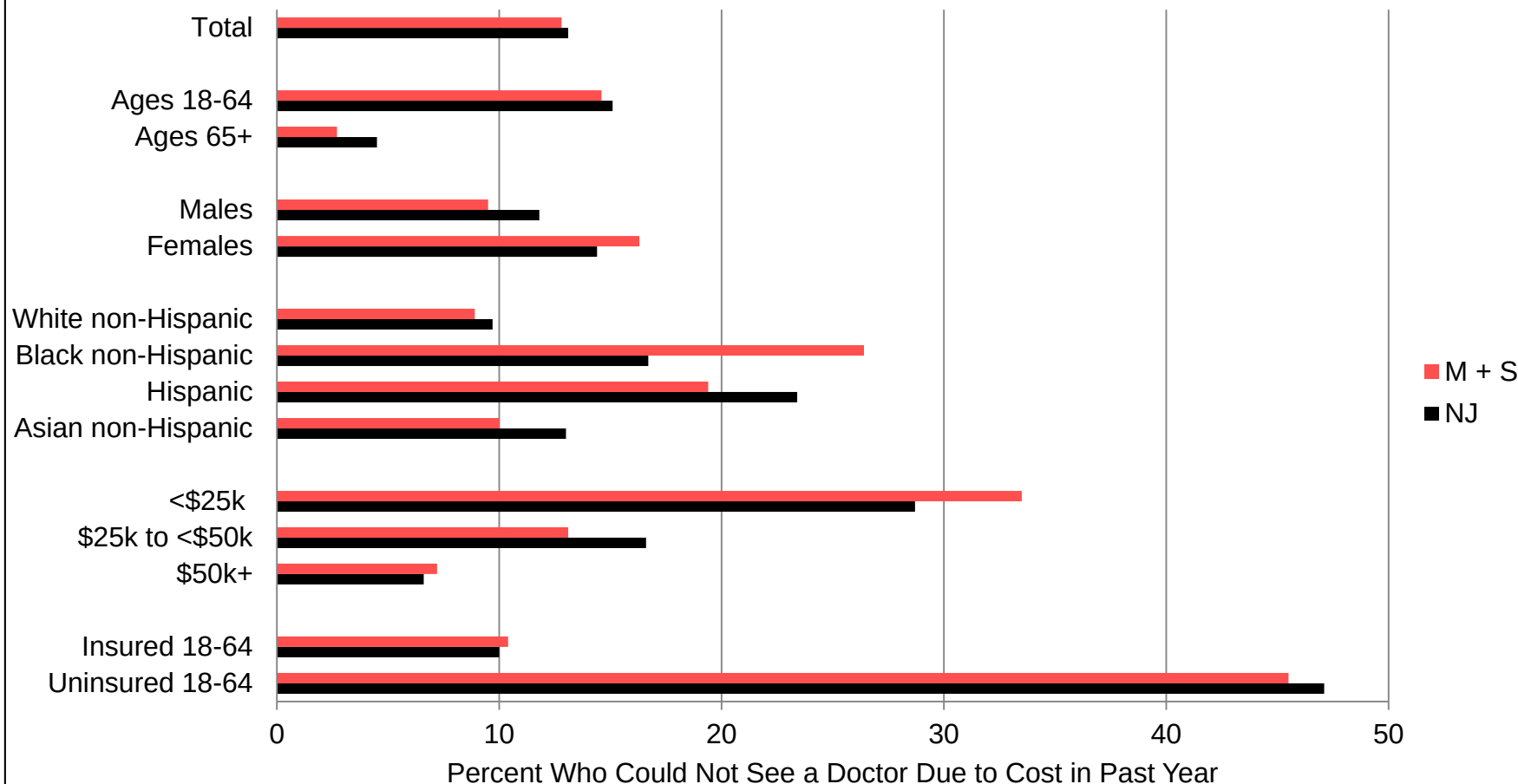
Results

- 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



Access to Care: Barriers, Health Care System Navigation

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

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

Full report available at: <http://www.cshp.rutgers.edu/Downloads/9620.pdf>

Additional Resources:

Questionnaire for Community Survey (English and Spanish versions)
[http://www.cshp.rutgers.edu/Downloads/PRC/2012 PRC CHNA Survey.pdf](http://www.cshp.rutgers.edu/Downloads/PRC/2012%20PRC%20CHNA%20Survey.pdf)

Community Survey Methods and Detailed Findings
[http://www.cshp.rutgers.edu/Downloads/PRC/2012 PRC CHNA Report Middlesex County NJ.pdf](http://www.cshp.rutgers.edu/Downloads/PRC/2012%20PRC%20CHNA%20Report%20Middlesex%20County%20NJ.pdf)