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Community Partner Involvement to Modify a Weight Loss Program for People with Acquired Brain Injury Who Identify as Hispanic/Latino

Presenter:

Alexandria Suhalka

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Transcript for audio/video file on YouTube:
<https://youtu.be/bgp2N98fYpw>

Alexandria Suhalka: Good afternoon everyone. My name is Alexandria. I am a tan skinned woman with dark brown hair and I'm currently wearing a black shirt. And today I'll be talking to you all about our community involvement, partner involvement to modify our weight loss program. Next slide. This project was sponsored, supported by two grants by NIDILRR, the National Institute on Disability and Independent Living and Rehabilitation Research. And the contents of this presentation do not necessarily represent their policies. Next slide. So for this project, we know that Latino persons with post acquired brain injury have higher rates of being overweight, having obesity, having pre-diabetes and diabetes compared to non-Hispanic white persons. Now these are modifiable health risk factors and along with health behaviors and having a brain injury like a traumatic brain injury or a stroke, they're associated with an increased risk for comorbidities like cardiovascular disease. Now, physical activity and quality nutrition are cornerstones of evidence-based weight loss interventions that help reduce the risk of comorbidities. Yet we find that a few of these programs have a culturally relevant approach for physical activity in healthy eating behaviors and are available in Spanish. Next slide.

So the program that we used, it's the Diabetes Prevention Program Group Lifestyle Balance. This is developed from the University of Pittsburgh Diabetes Prevention Support Center. It's a health behavior change intervention that spans one year in a group setting and it's adaptable to different types of settings like churches, work sites, healthcare systems, military bases. It is a theory-based program, which uses cognitive, social, cognitive theory and health belief model, which pretty much state that health has a lot of different factors that contribute to it, both individual cognitively and within the environment. And that our health beliefs can shape what our health behaviors are going to be like. The goal of this program is to encourage a five to 7% weight loss through moderate calorie and fat diet through gradually increasing physical activity to 150 minutes per week. Next slide.

So our team saw this program, it's a good program, and we had worked to adapt it for people who had a traumatic brain injury or a cerebral vascular accident or stroke. And we wanted to determine if these adaptations would make it have a clinically

significant benefit for this population. The modifications that we did included having planner language, taking a telehealth delivery approach that is using teams or something like Zoom. And then we also adapted physical activity and dietary recommendations to meet the needs of folks who've had cognitive or physical disabilities. And then finally, we recognize that care partners can play a crucial role in this type of program, so we wanted to include those care partners. Next slide.

Now the work that we did, it was over the course of several years, I want to say around 2017 that we did a lot of work on this. So it is published, and you can see it here if you're interested in seeing what those results were. And I'm going to tell you a little bit about what they were. Next slide. So after we made those modification to that program, we saw that we were able to achieve a 5% weight loss for both of those trials, the one being with traumatic brain injury and the second one being with stroke. And we saw decreases in blood pressure, waist and arm circumference, and total cholesterol and that there's high participant rates. However, we saw that the stakeholder engagement that we had were important for providing what those modifications should be like and knowledge programs recognized. However we saw it did have limitations. Next slide.

We saw that being based in Dallas-Fort Worth area, we have a high population of Latinos, about a third - yet we had a lack of representation of Latino persons with a stroke or traumatic brain injury in this research. So we asked a few people and they came back and said that I think it's important to modify the program to educate our families. Every culture is different, especially around food. And that environments like Dallas Fort Worth area can be very different even from each other within a few months. Next slide. So our aim was to take the research that we did and now further adapted to be culturally and linguistically appropriate for Hispanic and Latino persons with a brain injury. Next slide.

We gathered up our Latino partners that included former weight loss participants, their care partners, interventionists, advocates within the community and at the national level, dieticians and chefs, physical therapists, physicians and researchers. It was total 17 people to provide feedback in a two part meeting, in being in person with a virtual option. And our goal was to prioritize and recommend ways to address these key issues and how we can incorporate them in the program. Next slide. We engaged with them from the get go starting off when we first applied to the grant, getting the feedback and now having regular meetings with them. And we hope to continue this process all the way through to the end. Next slide. So in our first initial meetings, we asked three questions. First one being, what are some initial modifications that you think would be important? And they spoke on different components to the program being something surrounding about diet selectivity, self-management, other considerations, and then the format being telehealth versus in-person.

The second question we asked, next slide, was about what parts of the program made it easy to follow or difficult to follow when considering Latino culture? And they gave us some feedback on that. Next slide. And then our final question to the group was what unique considerations should be included that are specific to Latinos

or people with diabetes? And as you can see, had a lot of different feedback here. And then next slide. The results from this program or from this initial meeting, they came up with several themes. The first one being that family was central to improving diet or physical activity that we need to figure out how to include them. The second piece was considering cultural beliefs, whether it was the structure, the *familismo*, which is about family, the traditional foods, roles, cultural generation gaps, religion, spirituality, all those things that are central to who a person is can affect whether or not they're going to adhere to it. And the final result being the basic needs and access within households also has to be considered and we need to figure that out. The suggestions that we got was including different recipes, taking into account accessibility through needs assessments, and then developing cultural list and cultural competency training for our health coaches. Next slide.

So they provided a lot of different feedback. It was all very good. Now we need to review our curriculum and incorporate it in there. This is going to take a long process through going back and forth with our stakeholders and modifying it as appropriate. Then after that course, translating, piloting it and then getting more feedback to see if it is feasible and if our participants could adhere to the program. And then our next slide. And then from all of this, our goal was to improve the health and function of Latino persons by creating a culturally and linguistically appropriate curriculum.

And the second one, collaborating with our community partners. It was so valuable when we first adapted to people with stroke or traumatic brain injury, and now we even see that it is invaluable when we're making further modifications that best serve Latino persons. And eventually the end goal of all of this is to help make this program more widely accessible to coaches around the country. And then I think that is all that I have for today. We have a lot of good speakers today, and I'm going to pass it over to Valentina so she can also show you what she's done.