

Disability Inclusion, Intersectionality, and Knowledge Translation

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Center on
**KNOWLEDGE TRANSLATION FOR
DISABILITY & REHABILITATION RESEARCH**

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

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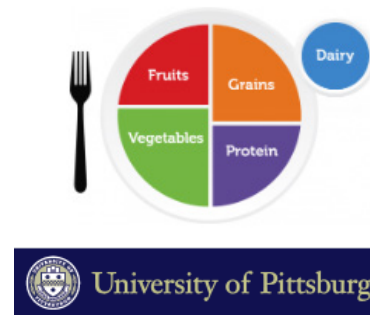
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Background

- Latino persons with post-acquired brain injury (ABI) have higher rates of overweight and obesity, prediabetes, and diabetes compared to Non-Hispanic White persons.
- These modifiable health risk factors (e.g., obesity, diabetes, prediabetes) and health behaviors (e.g., sedentary lifestyle and unhealthy diet), along with having a brain injury (e.g., Traumatic Brain Injury and Stroke) are associated with increased risk for comorbidities such as cardiovascular disease.
- Physical activity and quality nutrition are the foundation of evidence-based weight loss interventions that reduce the risk of comorbidities.
- Yet, few evidence-based health behavior modification programs exist that address culturally relevant approaches for physical activity and healthy eating behaviors and are available in Spanish.

Diabetes Prevention Program – Group Lifestyle Balance (DPP-GLB) Program

- University Of Pittsburgh Diabetes Prevention and Support Center
- Health Behavior Change Intervention
- 12 months, 22 sessions, Group-Based, Community Setting
 - (e.g., churches, worksites, healthcare systems, military bases)
- Social Cognitive Theory & Health Belief Model (Problem Solving, Barrier Identification, Self-Efficacy, Social Support)
- Goal: 5%–7% weight loss through **moderate calorie/fat diet** and gradual increase of **physical activity to 150 minutes per week**



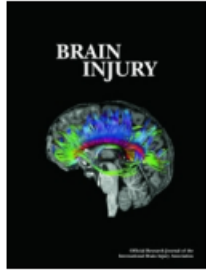
Meeting Health-Related Needs for People with ABI

Our research team previously adapted and piloted the GLB program for traumatic brain injury (TBI) and cerebrovascular accident (CVA) to determine whether a clinically significant benefit on the behavioral risk factor may be achieved in a larger, more representative sample.

The modification of the program informed by the stakeholders included:

- plain language for simplicity
- telehealth delivery to enhance accessibility
- adapted physical activity and dietary recommendations to meet unique needs of individuals with cognitive and/or physical disabilities
- inclusion of care partners.

Previous Research:



Brain Injury

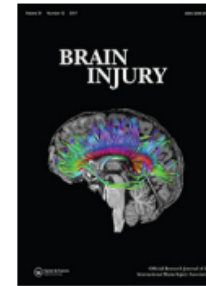
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Creating an appropriate adaptation of a healthy lifestyle intervention for people after stroke

Simon Driver , Evan McShan , Chad Swank , Katherine Grobe , Stephanie Calhoun , Ryan Bailey & Kaye Kramer

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Brain Injury

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Modifying an evidence-based lifestyle programme for individuals with traumatic brain injury

Simon Driver, Megan Reynolds & Kaye Kramer

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To link to this article: <http://dx.doi.org/10.1080/02699052.2017.1346286>

Results

We tested our modified programs with two randomized controlled trials.

- Achieved $\geq 5\%$ weight loss for both trials
- Significant decreases in diastolic blood pressure, waist and arm circumference, and total cholesterol
- High participation rates (85% over 12 months)

Stakeholder engagement for these programs were key for improving study design and related outcomes

Ultimately, these modified programs gained CDC recognition and are now available to the public

However, this research has limitations and requires ongoing efforts to meet the needs of underrepresented groups

Recognizing an Unmet Need for Latinos

- **Female, 29:** “I think it’s important to modify the program. It’s great on its own, but the way that our culture is set up, our food intake has become based on so much fat and sodium. If you look at research, it shows just how bad the Hispanic population’s health is, such as diabetes and blood pressure.” ... “It would be helpful for us to learn how to educate our families. My family loves cookouts, and it’s hard to explain why I would choose veggie sticks over regular chips.”
- **Female, 35:** “Every culture is different, and every culture has different foods. It’s good to understand the differences, especially as far as food and why we shouldn’t consume certain foods.”
- **Male, 45:** “I live in a Hispanic neighborhood, and access to dominant culture food is not as accessible.”

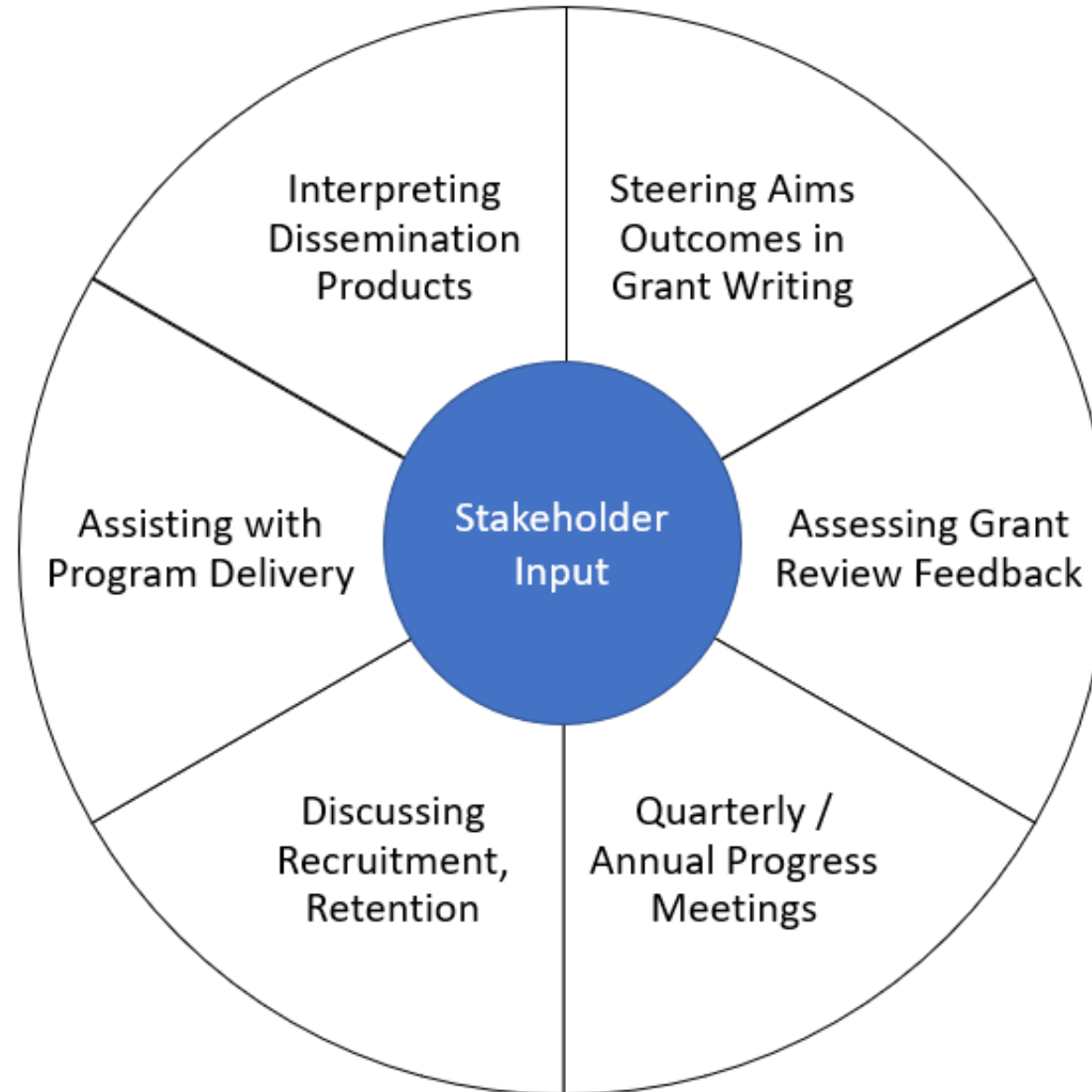
Aims

We used a community-based participatory approach to modify an evidence-based, CDC-recognized health behavior change intervention with community partners, Group Lifestyle Balance, for people with post-Traumatic Brain Injury and post-Stroke, **to be culturally and linguistically relevant for Hispanic/Latino persons (GLB-ABI Latino).**

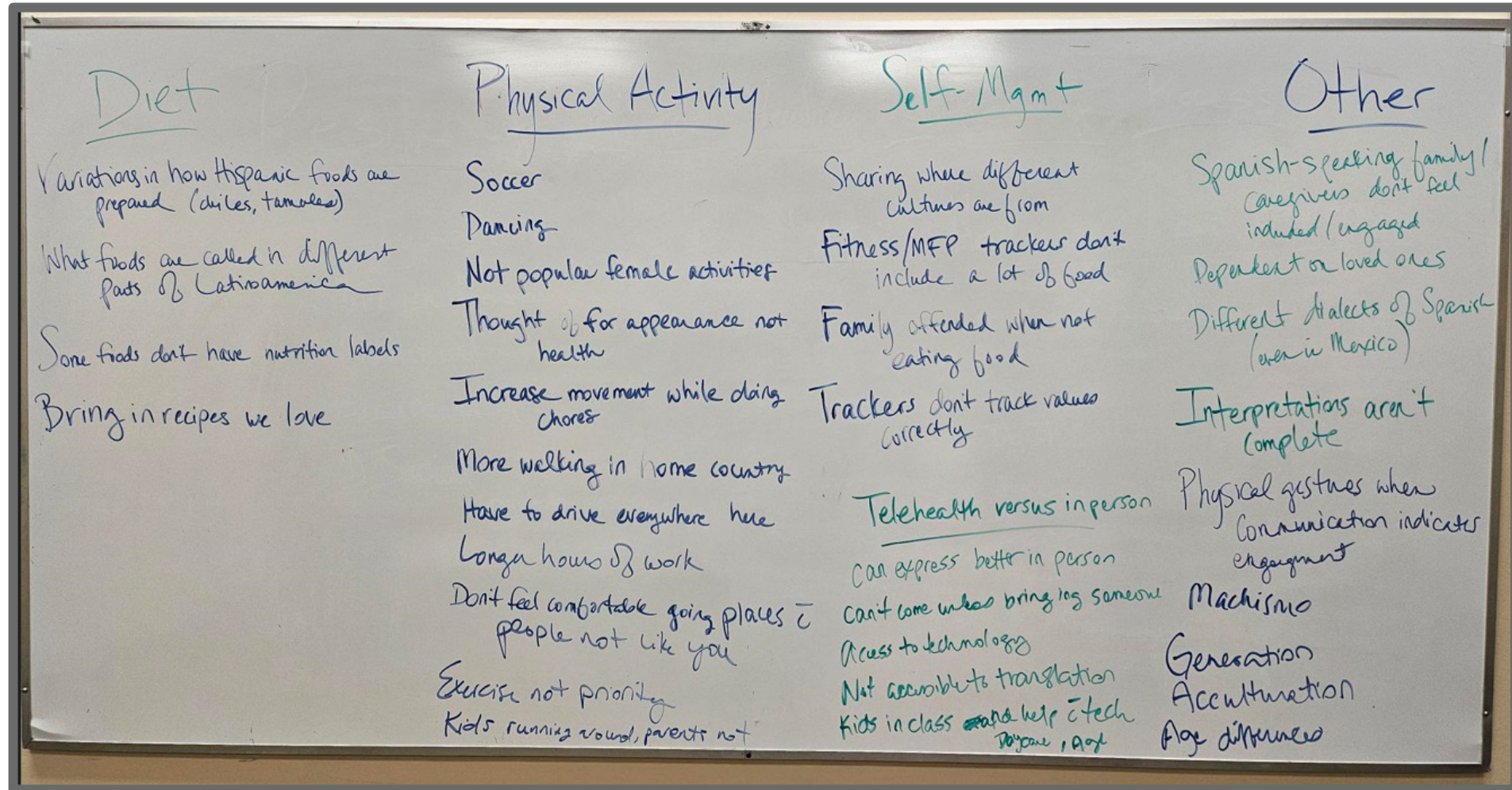
Methods

- First, we identified our Latino community partners, who included:
 - Former weight loss participants and their care partners
 - Interventionists and peer mentors
 - Community advocates
 - Dietitians and Chef
 - Physical therapists
 - Physicians
 - Researchers
- A total of 17 Latino community partners provided feedback on intervention development, delivery, and dissemination.
- We invited the Latino community partners to two initial, in-person meetings with a virtual option to review the curriculum and reflect on personal experiences with the program.
- Objective: Prioritize and recommend ways to address these key issues and incorporate into the GLB curriculum

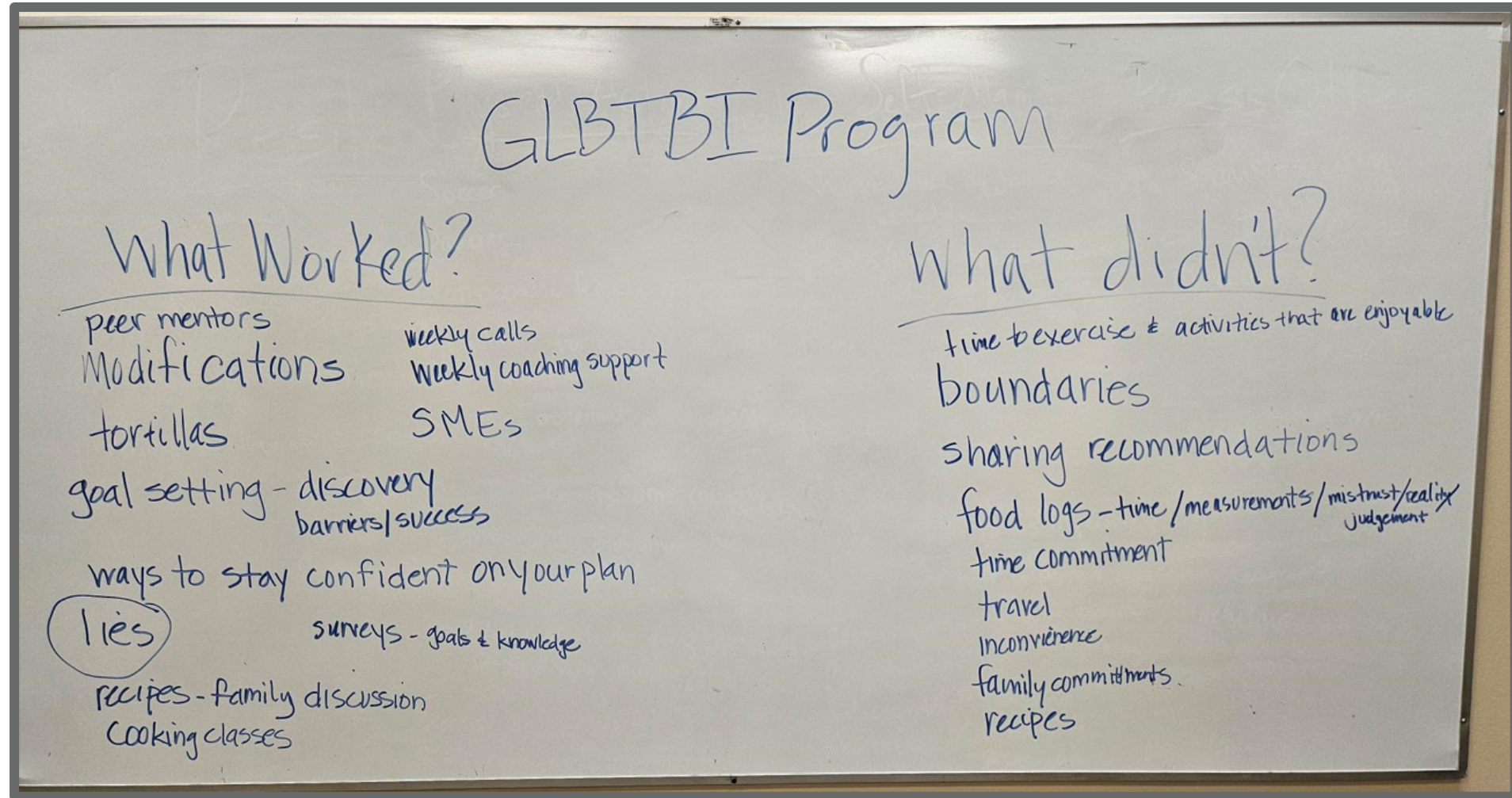
Engagement Plan



What are some initial modifications that you think would be important to the GLB curriculum to incorporate Latino culture?



What parts of the GLB TBI made it easy to follow when considering Latino culture? What parts made it difficult to follow?



What unique considerations should be incorporated (e.g., within a fact sheet or throughout the curriculum) that are specific for... Latinos? people with diabetes?

GLBTBI Program

- gardening veges/fruits
- budget grocery considerations
- culturally sensitive recipes
- visual aids (eg, portions, food grps.)
- cooking classes "hand visual"
- tracking tools (in pairs, Spanish)
- group-based activities
- adapted recipes/dishes/food
- culturally sensitive resources
 - e.g. Latino Resources
- Latino/Latina Leaders/Examples/Experts
- culturally sensitive substitutions
- Duolingo
- Needs Assessments/Access Survey

- individual adaptations
- herbs & spices & chile
- collective manag activities
- family incorporation/inclusion
- tools for comm. feelings &
 - self-reflection
- music, dance, art based activity
- Spanish translations in the English curriculum
- Including Latin Terms
- accessible reading level
- partner with local organizations & community centers & farms

- Latino Fact Sheets
- more subject-matter experts
- alternative meas. tools
- social media tools
- shorter recipes
- child integration (class, PA)
- culturally sensitive PA
- functional exercise
- group/paired exercise
- sex/gender considerations
- resources for affordable Food & Exercise

Results

- The Latino community partners highlighted themes to tailor curricula for Latinos, which included:
 - Family inclusion to improve diet and physical activity uptake
 - Consideration of cultural beliefs (e.g. patriarchal structure, *familismo*, collectivism, traditional foods, traditional roles, cultural generation gap, religion/spirituality, etc.) that may affect adherence
 - Basic needs and access within households
- Suggestions: budget-friendly Latino recipes, accessibility needs assessment, resource lists, and cultural competency training for health coaches

Next Steps

- Review the curriculum to incorporate changes.
- Review changes with stakeholders in an iterative process.
- Modify the GLB program as appropriate.
- Translate the GLB program materials into Spanish.
- Pilot the adapted GLB program with 24 people with CVA in English and Spanish.
- Get more feedback from participants to determine feasibility and adherence to the program.

Key Takeaways

1. Our goal is to improve the health and function of Latino persons post-ABI by creating culturally and linguistically appropriate GLB curricula.
2. Collaboration with our community partners will help provide valuable insights on modifications that best serve Latino persons.

End goal: Make the program widely accessible to coaches around the country



Q&A

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