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BUILDING PARTNERSHIPS TO IMPROVE HEALTH EDUCATION AND HEALTHY BEHAVIORS IN RURAL LOW-INCOME COMMUNITIES DURING THE COVID19 PANDEMIC

Background

Youth in rural communities are disproportionately challenged by closure of schools during Covid19 pandemic. To engage these youth in health education and behavior change, we adapted the Stanford Youth Diabetes Coaches Program (SYDCP) for remote implementation in two rural communities in WA and MO, one of which serves children of migrant farmworkers.

Objectives

1. To evaluate impact of SYDCP remote implementation on participants' health knowledge, beliefs, and behaviors.
2. To assess efficacy of implementation by community health workers and educators.

Methods

Community Health Workers (CHWs) and Community Health Educators (CHEs) implemented SYDCP to teach healthy high school students to become coaches for family members with diabetes. 8 classes were taught remotely using Zoom. We assessed program impact on health knowledge, beliefs, and behaviors, and analyzed participants' responses to pre and post surveys using paired T tests.

Approach

We partnered with family medicine physicians, CHWs, and CHEs in rural communities.

Outcomes

Of the 78 initial enrollees, 35 participants (grades 9-12), average age 15.8 years completed pre- and post-surveys. 71.4% female; 91.4% Hispanic or Latino; 20% reported migrant farm work as main source of family income and 26% coached someone with diabetes. We found significant improvements in health knowledge ($p < .001$) and perceptions ($p < .001$), assets ($p = .008$), patient activation ($p < .002$), health mindset ($p = .041$) and healthy behaviors ($p = .020$). Yet, recruitment and follow-up of students proved more challenging than expected.

Recommendations

Remote health promotion programs taught by CHWs and CHEs have potential to increase health knowledge, beliefs, and behaviors of adolescents in rural communities.

Participants demonstrated significant improvements in health knowledge ($p < .001$); health mindset (body is capable $p = .041$); increased consumption of fruits and vegetables ($p = .045$), and decreased consumption of fatty foods ($p = .020$); understanding of how to improve their health ($p < .001$); and frequency of talking about health with their families ($p = .008$). Additionally, participants significantly improved youth assets of resilience ($p = .008$) and patient activation levels ($p < .002$). 97% participants made a healthy lifestyle change after program participation.

COMMUNITY PARTNER

CHWCMR