Methods

1) Community Integration and Understanding
   - Working at Chicago Community Health in Humboldt Park
   - Data gathering from health education classes, language interpreting for patients, lab work, etc.
   - Recognizing need

2) Program Planning, Logistics, and Finding Support
   - Schweitzer Fellowship and CCGH: mentorship, resources, financial and emotional support
   - Diabetes Empowerment Center (DEC): team, 7-10 health education counselors, M1s and M2s
   - Group Awesome, Group Brilliant

3) Implementation
   - Weekly VLF programming on Saturdays that included 30 minutes food demo or 30 minutes exercise, 30 minutes health education, 30 minutes 1-on-1 health counseling (risk factor assessment and behavior change counseling)
   - Bilingual adult and kids programming simultaneously
   - Foster a family-friendly environment to promote a healthy wellness ideology among families/households
   - Classes cover important topics such as nutrition (e.g. food label reading), weight management strategies, sleep, stress management, chronic disease education and general diabetes prevention education.

4) Sustainability
   - Commitment to working with the community and adapting to its needs (i.e. many curriculum adaptations)
   - Sustainable infrastructure: DEC, 7 member Loyola medical student VLF Board, 7-10 health education counselors, M1s and M2s
   - Leadership application process
   - Weekly 30 min planning meetings
   - Group Awesome, Group Brilliant

Results

- **Participant Demographics:**
  - Humboldt Park (w/in 5 mi)
  - Mean Age: 52 (SD 14)
  - Mean BMI: 30 (SD 6.2)

- **Risk Factors:**
  - 22% exercising 2x/wk
  - 54% Fkh HTN
  - 68% Fkh DM
  - 22% Focus Goal: weight loss

- **Diabetes Self-Care Activities Measure**
  - 29% Discussing Health/Nutrition 7/dwk
  - 48% Discussing Health/Nutrition with kids 0/dwk
  - Sleep: 6.24 hr mean (SD 1.95)
  - Fast Food: 1.59 d/wk (SD 1.47)
  - High Fat Foods (red meat or full-fat dairy): 2.72 d/wk (SD 2.1)
  - Exercise: 3 d/wk (SD 2.2)

- **Personal Activation Measure**
  - Responsible for Health: 34% A, 59% SA
  - Am able to maintain lifestyle changes: 18% D, 48% SA
  - Know my RF for developing chronic disease: 10% D, 43% A, 40% SA
  - Know how to prepare healthy foods: 3% SD, 18% D, 44% A, 41% SA
  - Know how to make entire household healthier: 14.81% SD, 14.81% D, 51.85% A, 18.52% SA
  - Know how to prevent further problems with my health condition: 10% D, 56% A, 30% SA

Conclusions

- **Challenges:**
  - Community trust
  - Data collection: follow-up, time
  - Retention
  - Children attendance
  - Curriculum development
  - International component

- **Successes:**
  - **4th year running!** Student interest
  - Sustainability
  - Tashira Velez and Community Health High School Internship
  - Curriculum development
  - Community integration

- **Professional Development**
  - Behavior change, group therapy
  - Holistic approach to patient care
  - Year Fellowship NW University
  - Psychiatry

References


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“We want wellness to become part of the community’s ideology. That is our ultimate goal.” —Jaime Delgado, Block-by-Block Project Director