INTRODUCTION
- 80% of property service workers (Immigrant unionized members of SEIU-USWW) are overweight or obese compared to 65% of the total U.S. population.
- Janitors demonstrate a higher predisposition to obesity and obesity-related diseases, specifically Type 2 diabetes and other chronic illnesses.
- The janitorial industry’s strenuous work schedule of working by night and sleeping by day also leads to poor health.
- A general lack of education and English language skills prevent many from engaging in preventive health measures and receiving health care.

Building Skills Partnership’s health & wellness programming consists of highlighting the relationship between health behavior and quality of life. Property service workers working the night shift have to split their day amongst errands, household/familial responsibilities, and sleep. The intention of the Steps to a Healthy Lifestyle (STAHL) program is to deliver health information to the worker. The STAHL program not only brings awareness to chronic illnesses, but also encourages participation in preventive health care and engaging in health services.

OBJECTIVES
By the conclusion of the program, participants were able to:
1) Explain how lifestyle choices contribute to the development of chronic diseases.
2) Define and identify risk factors for developing obesity, Type 2 diabetes, cholesterol, high blood pressure, and stress.
3) Express health concerns to their health care provider and actively seek preventive health care.

METHODOLOGY

Participant Demographics (Characteristics)
- **Age**: 41% over the age of 50
- **Race**: 97% Hispanic/Latino
- **Primary Language**: Spanish

Learning Objectives
- **Class 1: What is a chronic disease?**  - Define and provide examples of risk factors and chronic diseases.
- **Class 2: Obesity & Nutrition** – Explain the benefits and consequences of carbohydrates, protein, sodium, and fats in the body.
- **Class 3: Diabetes** – Identify risk factors associated with Type 2 diabetes; Explain the relationship between sugar and Type 2 diabetes; Perform example of a quick and simple at home exercise routine.
- **Class 4: Cholesterol & High Blood Pressure** – Explain the consequences of high cholesterol and high blood pressure; Identify the characteristics of a stroke.
- **Class 5: Stress & Mental Health** – Demonstrate positive alternatives to alleviate stress; Describe Social Anxiety Disorder, General Anxiety Disorder, and Obsessive Compulsion Disorder.
- **Class 6: Conclusion** – Summarize what a chronic disease and risk factor is; Explain obesity, Type 2 diabetes, cholesterol, high blood pressure, stress, and mental health.

RESULTS / FINDINGS

<table>
<thead>
<tr>
<th>Cohort 1</th>
<th>Overall</th>
<th>Session 2</th>
<th>Session 3</th>
<th>Session 4</th>
<th>Session 5</th>
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<tr>
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<td>52.5%</td>
<td>43%</td>
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<tr>
<td>Pre-Test</td>
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<td>74.5%</td>
<td>61.5%</td>
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<table>
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<td>Pre-Test</td>
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<td>Post-Test</td>
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¿Qué es lo que más disfruto de la clase? [What did you enjoy most about the class?]

- “El saber valorar nuestra vida y cuidarnos para vivir sanos.” [“Knowing to value our life and how to take care of ourselves to live healthily.”]

SIGNIFICANCE / CONCLUSIONS

Participants:
- Increased their water intake and reduced/eliminated sugary beverages from their diet.
- Increased consumption of fruits and vegetables.
- Increased physical activity by walking more.
- Felt confident when speaking to their health care provider.
- Shared the information with family and friends.
- Have reduced their medical doses and/or left the pre-diabetes/ pre-hypertension zone.
- Have a positive attitude towards health & wellness.
- Understand the importance of preventive health.

Implementation of STAHL highlights
- The importance and need for delivering programs to the worksite.
- The importance of integrating participants’ language and culture when delivering programs.
- Visual Aids and repetition engage participants.

REFERENCES

ACKNOWLEDGEMENTS
- SEIU-USWW
- Able Services
- Advance Building Maintenance
- Hispanics in Philanthropy
- The California Service Foundation
- The California Wellness Foundation
2014 “BLUE WAY” WELLNESS PROGRAM

July 1, 2014 – June 30, 2015
Wellness Activities & Credit Distribution

<table>
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<tr>
<th>PROGRAM ACTIVITY</th>
<th>CREDIT VALUE</th>
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<tr>
<td>My BluePrint Health Risk Assessment (Required)</td>
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</tr>
<tr>
<td>Annual Physical Exam (Required)</td>
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<td>1</td>
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<tr>
<td>Preventive Services</td>
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**ENGAGE**

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<tr>
<td>Physical Activity Programs</td>
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<td>3</td>
</tr>
<tr>
<td>Health Coaching - Complete</td>
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<td>3</td>
</tr>
<tr>
<td>Health/Behavior</td>
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<tr>
<td>Disease Management</td>
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<td>Big Coast iPad Challenge (September 1-30, 2014)</td>
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<td>Conquer It (February 1-20, 2015)</td>
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**EARN**

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<tr>
<td>Total Employer Activity</td>
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**Total Opportunity**: 26

**Program Goal Achievement**: By completing the My BluePrint Health Risk Assessment AND earning an additional 10 Wellness Credits (total 25) by June 30, 2015, eligible participants will receive a financial reward, which will be announced at a later date.

**SIGNIFICANCE / CONCLUSIONS**

- Finding a solution to CPLCs rising healthcare costs was a significant challenge.
- Experiencing double digit increasing coupled with a struggling economy was affecting every area of our business.
- CPLC developed a long-term wellness and benefit strategy that allowed the company to maintain benefits while decreasing costs for the employer and employees.

**RESULTS / FINDINGS (3-YEAR PERIOD)**

- 46% increase in participation in CPLCs wellness point system, including members
- 30% increase in participation in the High Deductible Health Plan, including HSA wellness incentives from CPLC
- Cholesterol Screenings increased 93%
- Immunizations increased 66%
- Preventive Care Checkups increased 85%
- Diabetes Screenings increased 27%
- 2014/2015 readiness to change measurements:
  - 74.6% of those at risk for physical inactivity, are ready to make a change
  - 58% of participants are ready to reduce stress levels and increase stress management techniques
  - 51.6% at risk are ready to make changes to their weight
- Employer and Employee costs have been significantly reduced

**METHODOLOGY**

Wellness is ultimately about improving the health and well-being of employees and their families from every possible angle, including not only physical considerations, but also those of emotional and financial consequences.

Wellness – in addition to a well thought out plan design – is the only way to effectively reverse the spiraling medical cost curve and improve the lives and productivity of its members.

CPLCs wellness program is based on population analytics, employee education, team building activities, and incentives to motivate positive behaviors.

CPLC measures the success of its wellness program, not only from the perspective of tracking ROI, but also for creating a wellness culture and advancing the idea that we all have a responsibility to each other and are mutually dependent members of the same healthcare system. Every employee has a stake in their well-being and a responsibility in controlling CPLCs healthcare costs.

**Plan design modifications:**

- **Scaled-back PPO with HRA contributions tied to wellness**
- Consumer Driven Health Plan with HSA contributions tied to wellness
- Implemented a Wellness Point System that engages employees annually in:
  - Biometric Screenings
  - Age Appropriate Screenings
  - Disease Management
  - Behavior Modifications
  - Health Risk Assessment

**Health Risk Assessment** identified higher than expected levels, as well as undiagnosed cases of:

- Diabetes
- Cholesterol
- Blood Pressure
- Obesity

**REFERENCES / ACKNOWLEDGEMENTS**

“The Wellness Committee and The JP Griffin Group have increased our bottom line and increased productivity due to the Health and Wellness initiatives, efforts, and support.”

- Edmundo Hidalgo (CEO at CPLC)

“Has been refreshing experiencing such great results from the wellness of the CPLC family to the cost reductions for CPLC and its members.

CPLC’s commitment to its members and the community is a compliment to the leadership of the CPLC team.”

- Dr. Ken Angle (Medical Director JP Griffin Group)

“Assembly of the Wellness Program I have lowered my Cholesterol by 66 points. My doctor has ordered me to stop taking my medication. I am 30 pounds lighter since starting the Weight Loss Challenge in March. The Wellness Program has inspired me to make it a lifestyle change I plan to keep for life!”

- Maria Bazza

**CPLC Paid Claim Expense Per Employee Per Quarter**

<table>
<thead>
<tr>
<th>Quarter</th>
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<th>2014</th>
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<tr>
<td>Q4</td>
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<td>$548</td>
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**Combined Plan**
INTRODUCTION
El Centro mission is to “strengthen communities and improve lives of Latinos and others through educational, social, and economic opportunities.”

Low-income families in Kansas – especially those with children – struggle to serve affordable, nutritious, and healthy meals. In the overall Kansas City metropolitan area, more than 15%, or about 111,510 of residents, are food insecure.

RESULTS / FINDINGS
Since May, when the farmers markets started to open their stands to the community the promotoras have organized 30 exercises with 224 participants. The expectation is that at least 60% of those participants will return to those markets to take advantage of the Beans&Greens Program and support the local economy.

As the promotoras have learned more about and have been spending their money at farmers markets for fruits and vegetables, they have been developing recipes that pay homage to their culture, while also being healthier and more budget-friendly. All of these recipes incorporate the recommendation of the MyPlate tool for serving sizes and utilizing local produce. This has increased the diversity of dishes the community prepares as they incorporate those in-season and available fruits and vegetables.

METHODOLOGY
Promotoras are farmers market Ambassadors, where very few vendors speak Spanish. This is yet another reason why the LEP Latino community doesn’t utilize farmers markets. The promotoras guide and encourage their clients to try new fruits/vegetables and purchase their produce through these outlets. Each family who completes the ambassador-guided tours is eligible for an additional $5 voucher given by the promotoras, good at the farmers market to purchase additional produce.

SCHEDULE OF TOURS AT LOCAL FARMERS MARKET

TUESDAY– Catholic Charities at Central Ave.

WEDNESDAY - KCK – Tauroome & Ann St.

THURSDAY –Independence Ave.

SATURDAY—Overland Park

SUNDAY—City Market

SIGNIFICANCE / CONCLUSIONS
While there are a number of healthy lifestyle initiatives in our community, few have reached our LEP Latinos. A significant reason for this is those who are in charge of these initiatives have no knowledge of how to reach this population. This particular collaboration between El Centro and Cultivate KC is the first time Cultivate has partnered with a Latino-serving organization. It has been a tremendous success!

Through this exercise, the promotoras have increased the empowerment of the community, by guiding them to select a healthy and affordable diet for their families as they also take advantage of the economic support of local programs. In addition, each family member who completes the tours of the farmers markets receives an additional $5 in the form of vouchers to spend at the farmers markets.

The goal of this approach is to create systemic change at the grassroots level. The promotoras come from the community, living and serving there, so they are seen as trusted members of information and referrals to programs that welcome the community. By working from a grassroots perspective, the community is allowed to shape the program to fit their needs, rather than the other way around. This is shown in the exponential success of the program in the first year. We anticipate building on the early success by having more promotoras and more families involved in healthier eating on a budget.

DATA REFERENCES
Health Care Foundation of Greater Kansas City – Kansas City Health Matters
Community Health Data and Resources

LOCAL PARTNERS

INCREASE the utilization of Beans&Greens, a program of Cultivate KC

IDENTIFY and remove barriers that limit the access of the LEP Latino community to the farmers markets

INCREASE the utilization of Beans&Greens, a program of Cultivate KC

IMPACT the local economy by supporting local and minority-owned farmers markets.
Healthy Tomorrows
An integrated health center-based program to improve breastfeeding rates among Latina women in Chicago

Carmen Vergara, RN-BSN, MPH; Lorena Medina; Gregory Hampton, MA; Marcella Cimino, PNP, CLC; Esther Kirov, MD; Andrew Van Wieren, MD; Alejandro Clavier, MD, MPH

INTRODUCTION
There is well documented evidence demonstrating that breastfeeding (BF) has maternal, child and community benefits. Benefits for children include lower rates of infectious diseases, improved neurodevelopment and decreased risk of other chronic conditions. Maternal benefits include decreasing post-partum bleeding, increasing the inter-conception period and decreasing the risk of various cancers. Community benefits range from decreasing environmental burdens related to bottle usage, decreasing cost for public health programs and increasing family time as a result of decreased infant illness. The AAP recommends exclusive breastfeeding for about 6 months, with continuation of breastfeeding for 1 year or longer as mutually desired by mother and infant. (AAP, 2012)

The Healthy People 2020 nationwide measure for breastfeeding duration at 12 months was set at 34.1%. However, breastfeeding rates remain far from Healthy People 2020 goals. The program was relatively easy to organize and implement due to: clearly defined goals and structure; patient openness to program; initiative and interpersonal skills of peer counselor; and strong support from leadership, providers, and support staff. The program is bridging care between Obstetric and Pediatric practices.

METHODOLOGY
• Esperanza Little Village patients presenting for pre-natal care between April 2014 and April 2015 were enrolled in Esperanza’s Healthy Tomorrows Breastfeeding Program.
• The program provides care coordination, education and support in the schedule outlined below.
• We compared rates of breastfeeding initiation and exclusivity between patients enrolled in Esperanza’s Healthy Tomorrows Breastfeeding Program and to a baseline data prior to the start of the program (prenatal patients at another site with similar demographics).

RESULTS / FINDINGS
• Of 310 patients receiving pre-natal care at Esperanza Little Village, 259 (84%) received peer counselor education at their first pre-natal visit.
• Rates of subsequent contacts varied, but 64% of patients had at least 5 contacts by 1 week post-delivery.
• As of April 2015, 59 of the 259 enrolled patients had delivered.

OBJECTIVES
Achieve Healthy People 2020 goals for patients at Esperanza by:
1) Increasing rate of breastfeeding initiation to 81.9%.
2) Increasing rate of exclusive breastfeeding through 6 months to 25.5%.
3) Increasing rate of breastfeeding duration at 12 months to 60.6%.

CONCLUSIONS
• The Esperanza Healthy Tomorrows Program has shown to increase both initiation of breastfeeding and rate of exclusivity at 1 month.
• However, Esperanza’s breastfeeding rates remain far from Healthy People 2020 goals.
• The program was relatively easy to organize and implement due to: clearly defined goals and structure; patient openness to program; initiative and interpersonal skills of peer counselor; and strong support from leadership, providers, and support staff.
• The program is bridging care between Obstetric and Pediatric practices.

FUTURE WORK
• Continue to refine program with goal of reaching Healthy People 2020 goals.
• Integrate other population based services into care coordination activities.
• Expansion of program to other Esperanza sites.
• Peer support groups for breast-feeding women.
• Engage fathers or other family support in program.
• Expand community partners and advocacy work.

REFERENCES

ACKNOWLEDGEMENTS
• This project is supported by grant money through the: American Academy of Pediatrics Health Resources and Services Administration/Maternal and Child Health Bureau National Association of County & City Health Officials The Field Foundation of Illinois Saint Anthony Hospital
INTRODUCTION

Founded in 1982 as a haven for immigrants and refugees, Hispanic Unity of Florida has grown to serve diverse and multi-cultural working families from the United States as well as more than 25 other countries.

South Florida’s unique geographic location has made it a popular destination for Caribbean and Latin American immigrants, as well as others from throughout the world.

Hispanics are one of the largest minority groups in Broward County, making up 27% of the population. This population continues to grow faster than any other group. The growth of the Hispanic population has occurred at a much faster rate than the County as a whole.

Comprando Rico y Sano promotes health-conscious shopping, smart food choices and cost-saving strategies in the Latino community.

OBJECTIVES

1) Educate 1,200 participants through charlas (small educational sessions)
2) Enroll 2,000 individuals in the SNAP program
3) Conduct 15 grocery store tours with the charlas participants
4) Recruit and train promotores de salud and volunteers
5) Facilitate community discussions

METHODOLOGY

- Promote Comprando Rico y Sano charlas through community outreach, health fairs, flyers, traditional and social media
- Train promotores de salud and complete SNAP applications
- Weekly group charlas at Hispanic Unity of Florida and other locations throughout the community
- Weekly grocery tour visits

RESULTS / FINDINGS

- Over 700 people received face-to-face nutrition education through charlas and learned how to implement healthier eating habits. Participants invited other family members, friends and neighbors to the charlas. Participants completed pre and post evaluation surveys. Evaluations were sent to NCLR for data compilation.
- Participants expressed the importance of good nutrition. Participants left with a better understanding of how to read food labels, learned about MyPlate and the correct portion sizes. Participants stated that they will prepare more home-cooked meals and spend more time doing physical activities.
- Over 3,400 individuals were enrolled/re-enrolled in the SNAP program. Latinos increased knowledge of the availability and affordability of healthy food.
- 15 grocery tours were completed and over 50 families practiced how to shop and save on a budget, while at the same time providing their family with healthy foods through grocery store tours.

SIGNIFICANCE / CONCLUSIONS

Food insecurity in Broward County is a major public health concern. Through education and SNAP enrollments, we were able to provide the community with a vital safety net to meet their food and nutrition needs. In addition, the education component or charlas was a major enhancement to the lifestyle and health of the community in Broward County. The visits to the supermarket allowed participants to put into practice all the teachings that the promotores had given them. This practice was unheard of and was received in an extremely positive note. Besides healthy nutrition, participants were able to experience how to use coupons at super markets. They learned how to use a budget to save time, money and efforts.

The NCLR Comprando Rico y Sano program had a critical and beneficial impact on the ability of low-income participants to purchase food and learn healthier and affordable eating habits.

REFERENCES

- Percentage of Hispanic population in Broward County, Florida.
  ➢ United States census Bureau - www.census.gov

ACKNOWLEDGEMENTS

- Federation Plaza
- Miami Dade College
- Women in Distress
- Broward Community & Family Health Centers
- Segadores de Vida Church
- 88.3 La Nueva Radio
- Sega Radio
- Radio Hot 105.1
- Univision
INTRODUCTION

The *Comprando Rico y Sano* program aims to increase the knowledge of healthy food choices, awareness of healthy shopping strategies, and intention to positively change nutrition and physical activity. We conduct *charlas* also known as small educational sessions in the community. This program also provides hands-on activities such as the $5.00 challenge where participants get the opportunity to shop on a budget for a healthy meal. We also educate participants about SNAP and give referral information if requested.

We use the NCLR Institute for Hispanic Health (IHH) *Promotores de salud* model.

OBJECTIVES

1) Understand what it means to eat a balanced meal.

2) Learn how to develop a smart shopping strategy.

3) Learn how to use My Plate when shopping for and preparing food.

METHODOLOGY

We are given the goal of reaching 1,200 individuals using the *Comprando Rico y Sano* curriculum and have our *promotoras* give *charlas* in our community in both English and Spanish. We go into the local school districts, churches, and community centers to reach the public. Our *promotoras* also take the participants on grocery tours in the community so they can see first hand it is possible to shop on a budget and buy healthier options.

MAUC was selected as a site to hand out pre and post-surveys to 500 participants in the *Comprando Rico Sano* program to be able to do research and find out if participants are learning and changing behaviors from beginning to end of the charla.

We have seen that most participants are unaware of reading labels or looking at prices. The *charlas* help participants create new habits such as making a list before shopping. Participants leave with new information and the most effective tool in the program is the hands-on grocery tour. Participants leave in awe and disbelief that they managed to stay and buy on a budget.

SIGNIFICANCE / CONCLUSIONS

MAUC has offered cooking demonstrations using the same idea of buying on a budget to prepare a meal for four. We encourage using some of the recipes from the cook book we give out to participants. We have received great response from the community doing grocery tours. We encourage families to learn to plant food such as fruits, vegetables and herbs. We also encouraged the local Farmers Markets in our neighborhood to our families.

Special thanks to NCLR, Walmart and Que Rica Vida.
INTRODUCTION

MHP Salud Navigator Program
The geographic focus of the Navigator program is the Rio Grande Valley, which is located in the southernmost tip of Texas along the U.S.-Mexico border and includes Cameron, Hidalgo, Starr, and Willacy Counties. The Valley is a culturally and geographically unique region of the United States. The vast majority (90.5 percent) of the Valley’s residents are Hispanic or Latino.¹ Among people at least 5 years old living in the Valley in 2008-2012, 74.5 percent spoke Spanish at home.²

OBJECTIVES

1) Facilitate enrollment in the Health Insurance Marketplace and conduct public education activities to raise awareness about the Health Insurance Marketplace and The Affordable Care Act.

2) Provide information and services in a manner that is culturally and linguistically appropriate to the needs of the community(ies) served, including individuals with limited English proficiency, and ensure accessibility and usability of Navigator tools and functions for individuals with disabilities.

3) Empower underserved communities who lack access to health care coverage by providing meaningful education and service to clients with low levels of health insurance and computer literacy.

METHODOLOGY

MHP Salud implements Community Health Worker programs to empower underserved Latino communities and promotes the CHW model nationally as a culturally appropriate strategy to improve health. Using the Community Health Worker model, MHP Salud empowers underserved Latinos to live healthy lives. Based on over 30 years of programming experience, we believe the purposeful integration of CHWs at both the grassroots and health systems levels leads to more complete care and better health outcomes.

RESULTS / FINDINGS

- The number of uninsured individuals declined nationally by almost 11 million, from 48.6 million in 2010 to 37.2 million in 2014, the lowest level in more than 15 years. The percentage of uninsured individuals has decreased over this time period in all the major race/ethnicity categories, though there are still wide disparities in coverage. Hispanics/Latinos in particular continue to have the highest uninsured rate, at 25.8%.³

- About 1.2 million individuals in Texas enrolled or re-enrolled in marketplace plans in the second open enrollment period, up from 733,000 in the first period.² About 39% of eligible individuals have been enrolled in Texas.³

SIGNIFICANCE / CONCLUSIONS

Since the introduction of the ACA we have identified many areas of need that require coordinated efforts to effectively improve access to health care services in the Rio Grande Valley. The areas of need are health education, low levels of computer literacy, understanding health plans and how they work, post-enrollment assistance to solve income and immigration inconsistencies, confusion about required documentation to enroll in the health insurance marketplace, understanding free preventive care services under the ACA and networking healthcare resources with people in the Texas Medicaid Coverage Gap.

REFERENCES

1 U.S. Census Bureau, 2010-2012 American Community Survey
2 U.S. Census Bureau, 2008-2012 American Community Survey

MHP Salud provided outreach, education, and enrollment at its offices and at sites and events in four counties. About 98% of its clients were Hispanic and about 75% preferred assistance in Spanish. The navigators at MHP Salud are Community Health Workers and bilingual promotores. It also participated in Enroll RGV, a coalition of 13 organizations including nonprofits, local clinics and health systems, Enroll America, and several local congressmen’s offices. The coalition members met monthly, collaborated to share calendars, resources, and best practices, and worked together on events and media exposure.³
Choosing Healthy: A Community Based Approach to Prevent Childhood Obesity

Sheena Nahm1, Carolina Barahona2, Maria Rodriguez3, Irma Avila2, Jeanie Park3
Para Los Niños, Los Angeles, CA

ABSTRACT
Para Los Niños is a nonprofit organization that supports children and families in Los Angeles County. Through their targeted parent and community engagement program, the organization supports families of young children. The program offers nutrition education and obesity prevention program that engages communities across Los Angeles County. This agency brings together diverse groups of stakeholders to provide healthy options for children and families. Stakeholders include parents, local business owners who operate popular restaurants and grocery stores, and local food banks. Literature data were collected among parents who participated in nutrition education workshops series in low income urban areas of the city. Quantitative and qualitative data assessing the impact of workshops and workshops were collected through pre and post-tests surveys. Pairwise sample analysis showed that workshops included nutrition education, cooking demonstrations, and grocery store tours have a positive impact on improving nutritional knowledge, attitudes, and behaviors.

METHODOLOGY
From July 2014–June 2015, Para Los Niños implemented a four session series of nutrition education workshops. The workshops consisted of: 1) an information session focusing on MyPlate principles and basic nutrition information; 2) a food demonstration in which parents learned practical tips to cook healthy at home, 3) a grocery store tour in which parents learned how to shop healthy on a budget, with specific attention to the reading of labels; 4) a community resource discussion to identify key resources in their neighborhoods where families with young children could access healthy foods and ways for the whole family to stay active.

RESULTS / FINDINGS
Cycle 1 consisted of four meetings. In Cycle 2, due to time and resource restrictions, the four part series was condensed into three meetings. Participants completed pre-test surveys at the start of the first meeting and post-test surveys at the end of the final meeting. Surveys included questions to assess: 1) knowledge of My Plate; 2) whether they felt they could shop healthy on a budget; and 3) whether they felt they could cook healthy at home.

The percent of participants who correctly answered My Plate knowledge questions was compared before and after the nutrition workshops. Data was also compared to determine any differences between Cycle 1 and Cycle 2 (See Figure 1). The percent of participants who indicated that they felt they could shop healthy at the grocery store and cook healthy at home was also compared before and after the workshops (See Figure 2). Paired t-test analysis indicated statistically significant changes (p<0.05) for all three items for Cycle 1. Paired t-test analysis of all data indicated statistically significant changes for knowledge and attitude about grocery shopping.

Parents Collaborative members also completed a leadership survey which consisted of Likert scale questions. A total of 22 participants completed the survey.

DISCUSSION
This was a pilot study to evaluate the impact of a community-based approach to providing nutrition education to parents of children ages 0-6. Although the sample size is small, the results suggest that the program's use of health promoters who serve as cultural bridges to diverse communities and the combination of interactive practical workshops is improving knowledge and attitudes. Gains in knowledge did not differ across the two cycles or in the composite data but gains in attitudes regarding the ability to cook or shop healthy varied between Cycles 1 and 2. Statistically significant changes were observed in Cycle 1 but this may also be due to the fact that Cycle 1 began with lower rates of efficacy than Cycle 2. Differences between the two cycles could be attributed to many factors, including the fact that Cycle 1 had four separate workshops and allowed for more time for attitudinal changes. Conversely, Cycle 2 had three sessions that condensed the same amount of information over fewer meetings. Cycle 2 participants may have perceived lower levels of efficacy for the attitude questions before and after the workshops but it should be noted that they began with higher reported efficacy. These trends inform program planning for future nutrition education workshops.

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