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# Reducing Obesity and Obesity-Related Diseases in Richmond, California: Understanding the Importance of Partnerships in Community-Based Health Education

Arlette Hernandez  
amhernandez4@dons.usfca.edu

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Reducing Obesity and Obesity-Related Diseases in Richmond, California: Understanding the  
Importance of Partnerships in Community-Based Health Education

Arlette Hernandez

University of San Francisco—School of Nursing & Health Professions

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**Abstract:**

In the United States obesity has become a major public health issue. Over the past two decades, the prevalence of obesity has doubled in adults and children. In the city of Richmond, California, adults and children are experiencing the highest rates of obesity and obesity-related diseases in comparison to other residents of West Contra Costa County. In an effort to reduce the rates of obesity in Richmond, two non-profit organizations have partnered up to provide innovative community-based health education to combat obesity and type II diabetes.

This paper will explore and summarize the 300-hour fieldwork the author experienced and completed with Brighter Beginnings and their partnering agency Lift/Levantate. Brighter Beginnings is a non-profit organization that provides free and low-cost healthcare services to residents of Contra Costa County. Lift/Levantate is a non-profit organization that provides wellness education to the community in an effort to help manage chronic diseases such as obesity and type II diabetes. The collaboration of these two agencies demonstrates how comprehensive health education in a community-based setting can have a profound impact on the behavior of the population. The fieldwork with these organizations focused on curriculum development, health education workshops, and health promotion to manage and reduce the risks associated with obesity and diabetes. In addition to the author describing the public health significance and fieldwork experience, this paper will address the core competencies of the University of San Francisco's Master's of Public Health Program.

## **Introduction**

Labeled as a national epidemic, obesity has become a public health concern in the United States. Over the past 20 years the prevalence of obesity has almost doubled (Kass, Hecht, Paul, & Bimbach, 2014). Being overweight and obese has been a major contributor to the type II diabetes epidemic. It is estimated nearly 80% of adults considered overweight or obese are diagnosed with type II diabetes (Shurbrook, 2011). In the U.S. 300,000 adults die from obesity-related diseases and diabetes is the sixth leading cause of death (Mokdad, Earl, Ford, Barbara, Bowma, Dietz, & Vinicor, et al. 2003). Correspondingly, both obesity and diabetes generate an estimate of approximately \$150 billion to \$200 billion in healthcare costs annually (Kass, Hecht, Paul, & Bimbach, 2014). There are many ways to prevent these two epidemics. This paper will demonstrate how comprehensive health education can teach populations the knowledge, skills and preventive measures to manage or reduce the risks associated with obesity and diabetes.

The prevention of obesity and type II diabetes can be achieved through health education consultations and workshops that address the importance of adapting and maintaining healthy lifestyle behaviors. Health education programs focusing on weight management and physical activity have shown to decrease the risk factors associated with obesity-related diseases (American Diabetes Association, 2007). Making health education programs easily accessible and understanding the ethnic, socioeconomic, and geographical disparities can help with future interventions and help combat these diseases among vulnerable populations (Wang, 2011).

## **Background**

Obesity and diabetes are major causes of morbidity and mortality in the United States (Mokdad, Earl, Ford, Bowma, Dietz, & Vinicor et al., 2003). According to the Centers for Disease Control and Prevention (CDC) more than two-thirds of United States adults are obese

(Centers for Disease Control and Prevention, 2014). Obesity has become a major problem because it is the second leading preventable cause of disease and death in the U.S. (CDC, 2014). Being overweight and obese has become more prevalent and increased significantly within the last three decades in both adults and children (Babey, Wolstetin, Diamant, Bloom, & Goldstein, 2011). Currently, 25 million children in the United States are obese or overweight. For children, adolescents, and adults obesity and related health diseases—in particular type II diabetes—are indicators of an expected decrease in life expectancy and an increase in individual and societal costs (Olshansky et al., 2005).

Although obesity levels have increased for all socioeconomic groups, some groups are more affected than others. In Contra Costa County, the city of Richmond, California has a population of 103,701 residents (Brunner, Kroch, Reilly, & Rattray, 2011). According to the 2010 United States Census, the city has a minority population that constitutes an ethnic majority of Latino and African American residents. 39% of Richmond's population is Latino and 28% are African-American (Brunner, Kroch, Reilly, & Rattray, 2011). According to the 2010 Census and American Community Survey, many of the residents live below the federal poverty level and have less than a high school diploma (Brunner, Kroch, Reilly, & Rattray, 2011). These social and environmental factors impact the health outcomes of Richmond residents. The populations most affected and at risk of obesity and obesity-related diseases are adults and children from low-income communities (CDC, 2014). Data from the Pediatric Nutrition Surveillance System indicates that low-income communities have higher rates of obesity because they generally have less access to healthy food choices and lack sufficient areas for physical activity (CDC, 2014).

The obesity epidemic in Richmond is contributing to the existing health disparity in minority populations (Brunner, Kroch, Reilly, and Rattray, 2011). Residents of Richmond

experience higher rates of obesity and obesity-related diseases in comparison to residents of other cities in Contra Costa County (Brunner, Kroch, Reilly, & Rattray, 2011). In a 2009 California Health Interview Survey conducted in the city of Richmond, it was estimated that 58% of adults are overweight or obese (Healthy Policy, 2011). However, children are the most affected by the obesity epidemic in Richmond. Children attending schools at the West Contra Costa Unified School District are more likely to be obese than children in other county districts (Brunner, Kroch, Reilly, & Rattray, 2011). According to the 2006 California Pediatric Nutrition Surveillance Survey in Body Mass Index (BMI), there has been a dramatic increase in pediatric obesity in Contra Costa County with the rate of overweight children between the ages 2 and 5 tripling to 17.3% over the last 30 years (Adams, 2012). In particular, Latino children have the highest rate of obesity at 19.1%, followed by 14.1% of African-American children between the ages of 2 and 5 years old (Adams, 2012). Children who are overweight or obesity is a strong predictor of adult obesity (Babey, Wolstein, Diamant, Bloom, and Goldstein, 2011).

There are many health risks associated with being overweight and obese, such as cardiovascular disease, musculoskeletal disorders, hypertension, cancer, sleep apnea, and type II diabetes (American Heart Association, 2011). Carrying extra fat leads to serious health consequences—in particular the risk of developing type II diabetes (American Heart Association, 2011). Obesity and type II diabetes are codependent diseases because about 80% to 90% of people diagnosed with type II diabetes are obese (Diabetic Care Services and Pharmacy, 2014). In addition, being overweight and obese also has serious health risks for children. Children have an increased risk of developing cardiovascular disease due to high cholesterol and high blood pressure (Crawford et al., 2013). Alarmingly, one-third of children will develop type II diabetes due to high-fasting insulin and various musculoskeletal disorders (Olshansky et al., 2005). Both

for children and adults obesity and type II diabetes cause premature death and substantial disability (WHO, 2013).

There have been many public health efforts to combat the obesity and type II diabetes epidemics. Research has shown that community-based health education programs addressing health, nutrition, food, physical activity, and environmental factors have assisted individuals, families, and communities in developing healthy behaviors that reduce the risk of obesity and obesity-related diseases (Teixeira, 2011). Community-based health education programs prove to both minimize the barriers associated with receiving health services, and provides optimal resources that encourage individuals and communities to establish positive changes (Teixeira, 2011). In order for obesity prevention to have prolonged positive effects on an individual's health, the issues need to be addressed beyond a clinical setting (Foster et al. 2008).

There are many advantages of receiving health education beyond clinical settings. The advantages for receiving health education at community-based sites include: easily accessible to the population at hand, culturally attuned, and cost effective (Teixeira, 2011). The education sessions can be taught at any community setting which include schools, worksites, churches, and community centers (Teixeira, 2011). According to Teixeira (2011) individuals and families are more likely to engage in long-term healthy behaviors because "they are supported by culturally committed social groups that have shared values and goals."

In community settings, health education programs that incorporate nutrition education and physical activity have proven to promote healthy eating behaviors and lifestyles. According to a study from the United States Department of Agriculture (USDA), nutrition education has a profound impact on improving the diets of low-income families (UW Extension, 2010). Low-income families benefit from nutrition education lessons because they gain the knowledge and

skills to make healthy food choices (UW Extension, 2010). Evidence shows that families with limited resources who receive nutrition education learn valuable shopping practices when they are at the store (UW Extension, 2010). In addition, changing dietary behaviors has been linked to increased physical activity practices that delay or prevent obesity and type II diabetes. Promoting community-based health education programs that addresses nutrition education and physical activity interventions is the first step to address and improve the underlying causes of obesity and type II diabetes.

### **The Agency**

Brighter Beginnings is a non-profit organization that provides healthcare and social services to residents of Contra Costa County and Alameda County. The mission of Brighter Beginnings is to “support healthy births and successful development of children by partnering with parents and helping to build strong communities” (Brighter Beginnings, 2014). Brighter Beginnings has four different locations: Richmond, Oakland, Pittsburg and Antioch. At the Richmond Community Strengthening Center, there are two operating clinics providing services to the residents of West Contra Costa County. Both clinics are located in the same building and are providing free or low-cost medical services to uninsured children and adults.

On March 18, 2013, the RotaCare Richmond Free Medical clinic opened as an effort to help improve the quality of healthcare in the Richmond community where rates of death from chronic conditions are significantly higher than Contra Costa County and statewide averages (Brighter-Beginnings, 2014). The RotaCare Richmond Free Medical Clinic is a collaborative effort between Brighter Beginnings, RotaCare Bay Area, and a grant from the Dohmen Company Foundation. There is a great need for a free healthcare clinic in Contra Costa County because there are more than 40,000 residents who are uninsured (Brighter-Beginnings, 2014).



The RotaCare clinic offers free healthcare services on Tuesday nights from 4pm to 8pm to individuals who are uninsured and underinsured. It is staffed by a site administrator, Andrea Riquelme, and two medical directors: Pete Thomson MD and Francine Jolton, MD. The site is operated entirely by volunteers from the Samuel Merritt University School of Nursing. The services the clinic provides include: an urgent care clinic, pre-school exams and immunizations, well-child exams, free prescriptions when available, referrals to community resources, referrals for outside medical services, and interpreters on staff if needed (Brighter Beginnings, 2014). In addition to patients receiving medical services, the clinic staff connects them to the on-site social support programs offered at Brighter Beginnings that include SparkPoint Financial Resources, family support services, child development classes, and health promotion programs (Brighter Beginnings, 2014).

To further expand medical services in Richmond, Brighter Beginnings opened the Family Health Clinic on January 8, 2014. This clinic provides affordable healthcare services to anyone in Contra Costa County. The days of operation are Monday, Wednesday, and Friday. The Family Health Clinic and the RotaCare Free Clinic work side by side so that residents of Richmond and nearby cities have access to healthcare services regardless of insurance or documentation status. The Family Health Clinic provides the same services as the RotaCare clinic but patients also have access to education about diabetes, improved nutrition, and physical activity by a public health nurse (Brighter Beginnings, 2014). Essentially these clinics aim to educate the community on how to reduce the risk of chronic diseases through health education initiatives.

To make health education services more accessible to the residents of Richmond, Brighter Beginnings has collaborated with the non-profit organization Lift/Levante to incorporate community-based wellness programs. Lift/Levante's Community Health Hub in

Richmond is a weekly food distribution site that encourages participants to engage in free health activities and wellness education related to obesity and diabetes. It is a “one stop site” where participants can pick up nutritious foods, participate in Zumba classes, and get diabetes screening, prevention and education (Lift/Levantate, 2014). The goals of the Health Hub include: “Improving nutrition habits by increasing the intake of fruits and vegetables and reducing the consumption of sugary drinks and processed foods; Improving fitness levels by increasing engagement in physical activities; reducing chronic diseases such as obesity and type II diabetes by increasing access to free screenings and preventative education resources “(Lift/Levantate, 2014).

The partnership between the Brighter Beginnings healthcare clinics and Lift/Levantate’s Community Health Hub has helped residents receive medical services, education, and access to free fresh foods. Evidence suggests that strategic partnerships between non-profit organizations can have benefits beyond the financial aspect of cost saving (Stengel, 2013). The partnership among Brighter Beginnings and Lift/Levantate has allowed both organizations to share a common goal of educating the public about health issues related to obesity. Through healthcare services in a clinical setting and nutrition education at community-based settings, Brighter Beginnings and Lift/Levantate have jointly partnered to develop health education initiatives to reduce the rates of chronic diseases in Richmond, California. By providing services directly in the community, the organizations have been able to mitigate potential barriers to obtain services due to limited income and limited mobility. Their success has been measured by the weekly number of attendees at the Health Hub and the number of patients receiving medical services at the clinics.

### **Implementation of Project**

As part of the 300 fieldwork hours for the Masters of Public Health course, the author began an internship with the Brighter Beginnings Family Clinic and the partnering agency Lift/Levantate. The fieldwork experience was aimed at exploring the impact of community-based health education services for low-income residents in Richmond, California. The focus of the fieldwork was to address the underlying causes of obesity and type II diabetes in adults and children. After meeting with the Brighter Beginnings site administrator, Andrea Riquelme, a plan for the author's learning objectives and timelines were created. The full details of the learning objectives are attached in the appendices (Appendix A).

To implement a project focused on targeting obesity in Richmond, the following learning objectives were developed: 1) To provide health education, counseling and guidance to clinic patients and community members as necessary for health management, healthy living, and disease prevention; 2) Develop a curriculum and presentation outlines on health education topics that will be utilized in several forums for patient education; and 3) Promote and outreach for the Brighter Beginnings Family Clinic within the community. These three objectives helped the author gain insight into working in a clinical setting and a community-based setting to tackle the obesity epidemic.

In order to carry out this fieldwork project, it was necessary to learn about the health needs of the residents of Richmond. Prior to developing the lesson plans for the health education workshops at the Richmond health clinic, the author had a meeting with the Clinic Nurse Coordinator, Frances Grau Brull, to discuss the Year-To-Date Clinic Activity Report for both of the clinics operating at the Brighter Beginning's Community Strengthening Center. The data report summarizes the patient visits, patient demographics, diagnoses, lab services, referrals, and

diabetes education consultations. The results of the report indicate that obesity-related diseases such as diabetes, hypertension, and arthritis are the highest treated conditions at the clinics.

In addition to meeting with the clinic nurse coordinator, the author also spoke with the diabetes education nurse, Jacqueline Hon, to further understand the public health issue of diabetes and obesity in the Richmond community. Ms. Hon conducts diabetes education consultations with patients who are pre-diabetic and diabetic. The diabetes education is centered on nutrition, physical activity and treatment. Ms. Hon educated the author on the inter-related relationship between diabetes and obesity. According to Ms. Hon being overweight puts a person at risk for diabetes because the extra weight affects the body's ability to maintain a healthy blood glucose level and the body can become resistant to insulin. Additionally, the author also had the opportunity to translate for Ms. Hon during one of her diabetes education sessions. This session allowed the author to see how a one-on-one consultation is presented to patients.

Understanding the demographics and medical diagnosis at the clinic was very useful for developing the health education lesson plans. However, the author suggested to the site administrator, Andrea Riquelme, that it would be beneficial to obtain the input of local community members for creating the topics of the lesson plans. The author created a health education needs questionnaire to determine the health history, health education topics of interest, and preferred methods of presentation of the lessons. The questionnaire was distributed to clients from three family support programs at Brighter Beginnings. The health education questionnaire can be found in the attached appendices (Appendix B).

The lesson plans were utilized at the Brighter Beginnings Clinics and the Lift/ Levantate Richmond Health Hub. At Lift/Levanate, the author worked closely with a public health nurse,

Robin Sanderson, to create the following: lesson plans, health pamphlets, monthly health bulletin boards, and healthy recipe demonstrations. All of these methods were used to promote healthy living and healthy behaviors. Every Tuesday at the Richmond Nevin Community Center, the author and Ms. Sanderson tabled and provided workshops for the participants that addressed the various health consequences of poor eating and lack of exercising. Participants received workshops and one-on-one consultations on nutrition education topics, which included understanding the risk factors associated with diabetes, diabetic diets, portion control, reducing sodium intake, importance of eating whole grains, healthy eating, buying healthy foods on a budget, and oral health. One of the most popular workshops was the “Rethink Your Drink” campaign. “Rethink Your Drink” is an education campaign that provides information to participants on how to decrease the consumption of sweetened drinks and make healthier alternative choices like consuming more water (CDC, 2014). Each presentation included activities, visual aids, and/or food demonstrations.

Additionally, every third Tuesday of the month Lift/Levantate provided free Hemoglobin (HB) A1C diabetes screenings. HB A1C tests are used to see the average blood glucose level to determine if a person is pre-diabetic or if their diabetic treatment is working properly. The author assisted the public health nurse in pre-screening the participants by translating the health form in Spanish, measuring weight and waist circumference, monitoring blood pressure and calculating BMI. Ms. Sanderson completed the HB A1C testing. If a participant was overweight, pre-diabetic, diabetic, or had other health issues they would be referred to the Brighter Beginnings Clinics to get free or low-cost medical assistance.

### **Results/Findings**

The measurable results of the effectiveness of the community-based health education have yet to be ascertained, as the Clinic Activity Report is completed in September. The Clinic Activity Report will determine if there has been a decline in the rates of obesity-related diseases, in particular diabetes. It will also determine if the outreach completed at the Lift/Levantate Health Hubs has recruited more community members to receive medical services at the clinic. The author is confident that the community-based health education collaborative between Brighter Beginnings and Lift/Levantate has brought awareness about obesity prevention to the residents of Richmond.

The results of the health education questionnaire will help future health educators continue to develop curriculum for the clinic and Health Hubs. According to the results of the questionnaires distributed to clients of three family support programs at Brighter Beginnings, the top health education topics they would like more information about include: nutrition education, exercise tips, diabetes, community violence prevention and environmental health. All of these topics are related to obesity and the environmental factors that affect a person's ability to live an active lifestyle and make healthier food choices. In addition, the questionnaire determined that people preferred lesson plans to be presented in workshops that encouraged group activities.

Lift/Levantate is incorporating many of the health education topics into their curriculum for the Health Hub. Having an organization provide free weekly food distribution, health activities and wellness education within a community setting has proven to be successful based on the number of attendees each week. Lift/Levantate documents the number of participants who receive food, attend the Zumba classes, and participate in the health education workshops. The results of the documentation indicate there has been an increase in the number of people who

attend the Health Hub during the HB AIC test. This demonstrates that people want to become aware of their risk of diabetes.

In addition, the participants' consistency in attending the Health Hub each week shows the impact it is making in their lives. Each week the participants eagerly approached the nutrition education table to find the health topic of the day. Many participants informed the author that the information they were learning was then applied to their day to day lives when they returned home. The Health Hub uses the ecological model framework to make an impact in the lives of the participants. For example, a participant told the author that she started to reduce using sodium in her meals, stopped drinking high sugar beverages, and began using the healthy cook recipe books Lift/Levante provides. After two months of maintaining a healthier lifestyle, the participant said she lost 10 pounds, and her husband's HB AIC test levels were lower. The change in behavior of this particular participant shows the positive outcome of having a health education program available to her in her own backyard.

Unfortunately, the main issue the Health Hub encountered was the language barrier among the Asian participants and the health educators. The health educators had a difficult time effectively delivering the information to Asian populations because most of the materials were distributed only in English and Spanish. With lack of funding to hire a multilingual health educator, the author and the Brighter Beginnings site administrator, Andrea Riquelme, decided to recruit a volunteer translator and interpreter. Even though Brighter Beginnings and Lift/Levante have limited resources and funding, they integrated services to include all ethnic and racial groups. Their partnership has had a positive outcome in how low-income individuals obtain health education and healthcare services.

### **Application and Public Health Significance**

Community-based programs are unique because they are designed to educate people outside of the traditional healthcare settings (United States Department of Health and Human Services, 2014). When providing services in a community, it is important to understand the environmental factors that may hinder an individual from eating healthy or being physically active. The author, being raised in Richmond, was fully aware of the high crime rate and lack of healthy food options in the city. The author created lesson plans that addressed the environmental determinants affecting the population's health. The significance of providing community-based health education is that it teaches the population knowledge, skills and preventive measures to make better choices.

Community-based health education programs have an impact in the field of public health because they are aimed at improving health and enhancing the quality of life. Richmond is a neighborhood with a high abundance of high-calorie fast food restaurants and supermarkets with limited access to affordable fresh fruits and vegetables (California Department of Public Health, 2010). Community events like the Health Hub make it accessible for people to obtain healthy fresh food, education, and screenings. The participants that attend the Health Hub or the health education workshops at the clinics gain awareness of the risk factors associated with obesity and diabetes. The small changes people make based on the knowledge and awareness they gain has a great impact in their life but also the people around them because they motivate and support others in the community to make healthier choices.

Throughout the fieldwork experience, the author learned many lessons. First, the author learned how to be the liaison between two non-profit organizations. The author learned to how facilitate community between Brighter Beginnings and Lift/Levitate. Both agencies have the same initiative to reduce obesity and obesity-related diseases, but one agency focuses on the



treatment management of obesity and the other on the preventive education. Essentially both organizations combined forces to provide a well-rounded program that provides healthcare services and education to vulnerable communities. In the field of public health, agencies that work together build a strong foundation and join resources are better able to combat diseases such as obesity.

Although Brighter Beginnings and Lift/Levantate have established a solid community-based health education program, there is room for improvement. The author recommends implementing more health education lessons tailored to pregnant mothers, infants, and young children. Many of the lesson plans created were geared more toward adults. As previously mentioned, one-third of overweight children will develop type II diabetes due to high-fasting insulin and various musculoskeletal disorders (Olshansky et al., 2005). If Brighter Beginnings and Lift/Levantate could collaborate with the West Contra Costa School District, they can begin to conduct health workshops in school-based settings and begin to teach children at a young how to establish healthy behaviors.

### **Competencies Addressed**

All of the learning objectives created by the author and her preceptor were successfully achieved during the fieldwork experience (Appendix A). The author created a health education curriculum that was utilized at Lift/Levantate Health Hubs and at workshops in Brighter Beginnings. The health education questionnaire greatly helped in developing the health topics and presentations. Developing and implementing the curriculum taught the author the importance of altering lesson plans based on the audiences' health needs. The process of planning, developing, and implementing the health education curriculum for the health hubs and workshops covered all the objectives.

*MPH Program Competencies*

The University of San Francisco's (USF) Master's of Public Health (MPH) program teaches students twelve competencies. The competencies the author applied the most in her fieldwork experience include: 1) Demonstrating leadership abilities as collaborators and coordinators of evidence based public health projects; 2) Developing public health programs and strategies responsive to the diverse cultural values and traditions of the communities being served; and 3) Effectively communicating public health messages to a variety of audiences from professionals to the general public. These three competencies were the most relevant competencies the author applied when working as a liaison for Brighter Beginnings and Lift/Levante. The author collaborated ideas among the two agencies, provided culturally appropriate educational materials to residents at the Health Hubs, and presented health topics related to obesity and obesity-related diseases at a community-based setting.

*MPH Program Core Knowledge Areas*

There are five core knowledge areas covered by the MPH program at USF. The core knowledge areas most addressed during the author's fieldwork experience were Epidemiology, Public Health and Leadership, Social and Behavioral Sciences, and Environmental Health. The author addressed Epidemiology when analyzing and synthesizing data from HB A1C tests, blood pressure tests, and Body Mass Index (BMI) rates. These analyses and syntheses allowed the author to determine the risk level of someone being diabetic. Additionally, the author addressed Public Health and Leadership when delivering the health education curriculum to the patients at the clinic and the participants at the Health Hubs. The Social and Behavioral Sciences were addressed when observing the social and cultural factors that contribute to a person's health behavior to make healthier choices. Lastly, Environmental health was addressed when looking at

the environmental factors that contribute to people having lack of access to fresh fruits and vegetables and safe neighborhoods to be physically active.

#### *MPH Interdisciplinary/ Cross- Cutting Values*

The cross-cutting interdisciplinary values that were applied in the fieldwork experience included Communication and Informatics, Diversity and Culture, Professionalism, Leadership, and Systems Thinking. The author used the Communication and Informatics value when she created and presented lesson plans to different members in the Richmond community. Diversity and Culture was applied when the author presented the workshops in Spanish and interacted with the diverse population at the Health Hubs. Throughout the fieldwork experience, the author applied professionalism and leadership when she communicated in a professional manner the ideas of the two non-profit organizations. Finally, Systems Thinking was applied when seeing the impact of delivering health education programs in a community-based setting.

#### *Relevant MPH courses*

The courses offered by the MPH program at USF that were relevant to the author's fieldwork experience were MPH 622 "Communicating for Healthy Behavior and Social Change," MPH 632 "Environmental/ Occupational Health Issues in Public Health" and "MPH 631 " Public Health Systems Leadership and Administration." The two courses "Communicating for Healthy Behavior and Social Change" and "Environmental/ Occupational Health Issues in Public Health" taught the author how environmental factors and health behaviors are predictors of health outcomes. For example, a person's health behavior such as not exercising can have an effect on their health. Similarly, environmental factors such as living in a high crime neighborhood may also discourage people from exercising outdoors or traveling to healthy supermarkets. Lastly, the course "Public Health Systems Leadership and Administration"

tremendously helped the author identify her personal leadership skills in order to better motivate people to make changes in their lives and health.

### **Conclusion**

Overall, the 300- hour fieldwork experience with Brighter Beginnings and the partnering agency Lift/Levantate has helped the author develop valuable skills as a public health professional. It provided the author with the opportunity to work in a clinical setting and a community-based setting to provide health education services aimed at combating the obesity epidemic in Richmond, California. It provided the author the experience of acting as a liaison between two non-profit organizations. It also allowed the author to lead a collaborative effort between the two agencies. Learning the importance of partnerships in public health has taught the author the importance of displaying integrity personally and in a professional setting. It also taught the author the importance of transparency in communicating with colleagues and community members.

By creating lesson plans, conducting health education workshops, and implementing outreach efforts for Brighter Beginnings, the author become more culturally competent. The hands-on experience has helped her discover the passion to provide direct-services. Most importantly, this fieldwork has allowed the author to apply the knowledge she has gained over the past two years in the MPH program at USF. The author values every moment of her internship and is happy to have been hired by the Human and Health Service of Contra Costa County to continue to help in the efforts of promoting and advocating for healthy living.

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Appendix A



Masters in Public Health  
 Fieldwork Form: **Student Preceptor Agreement**  
**Fieldwork Form: Student Preceptor Agreement**  
 Supervised Field Training in Public Health  
 Student Scope of Work

| Goal  | Objective  | Activities   | Start / End Date  | Who is Responsible  | Tracking Measures  |
|---|--|--|-------------------|---|--|
| To provide health education, counseling and guidance to clinic patients and community members as necessary for health management, healthy living, and disease prevention. | Explain, instruct and counsel patients with emphasis on prevention                 | <ul style="list-style-type: none"> <li>Table and provide workshops for patients at the Lift/Levanta te Health Hubs.</li> <li>Present curriculum outlines to patients at Brighter Beginnings Clinic.</li> </ul> | May 27- August 22 | Arlette Hernandez, Clinic Nurse, Andrea Riquelme (Preceptor)      | Attend every Tuesday   |
|   | Enhance the patients' knowledge of prevention and treatment of medical conditions. | <ul style="list-style-type: none"> <li>Speak directly with patients about prevention and treatment.</li> <li>Administer survey/ needs assessment and provide resources as</li> </ul>                           | May 27- August 22 | Arlette Hernandez, Andrea Riquelme (Preceptor) will create survey | Collect post surveys to determine if patients knowledge has increased. |



|  |   |   |                  |   |                             |
|--|---|---|------------------|---|-----------------------------|
|  |   | needed.   |                  |   |                             |
|  | Maintain schedule for health education classes  | <ul style="list-style-type: none"> <li>Develop and administer monthly calendar for health education classes.</li> </ul>   | July 3-August 22 | Arlette Hernandez                                 |                             |
| Develop curriculum and presentation outlines on health education topics that will be utilized in several forums for patient health education, ranging from 20 min. sessions to 45 min. sessions. | Patients gain a culturally appropriate understanding of medical condition(s)                | <ul style="list-style-type: none"> <li>Research information about medical conditions affecting the community and outline health education topics.</li> <li>Conduct small interviews with medical volunteer interpreters to ensure information is culturally appropriate for clients.</li> </ul> | May 27-July 3    | Arlette Hernandez, volunteer medical interpreters | Focus group interview form. |
|  | Curriculum explains health management procedures to patients, and answers related questions | <ul style="list-style-type: none"> <li>Collect, organize, and create a curriculum outline.</li> <li>Meet with clinic nurse to ensure information being addressed is targeting the patients' health needs.</li> <li>Quality assurance.</li> </ul>  | May 27-July 3    | Arlette Hernandez, Clinic Nurse                   | Agenda of workshops.        |

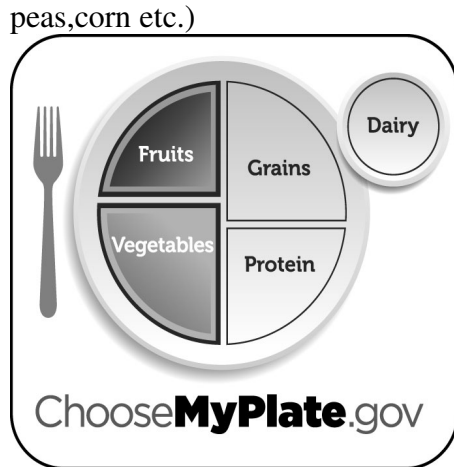
|  |  |   |                           |  |   |
|--|--|---|---------------------------|--|---|
|  | <p>Curriculum addresses dietary counseling, HTN and diabetic management, asthma management, and/or TB education.</p> | <ul style="list-style-type: none"> <li>• Collect, organize, and create a curriculum outline.</li> </ul> | <p>May 27-<br/>July 3</p> | <p>Arlette Hernandez,<br/>Clinic Nurse</p> | <p>Timeline of workshops<br/>More detail agenda curriculum.</p> |
|--|--|---|---------------------------|--|---|

**Appendix B**  
**Patient Health Education Questionnaire**

1. What is your age? \_\_\_\_\_
2. What is your ethnicity? \_\_\_\_\_
3. What language(s) do you speak at home? Check all that apply. (Optional)
 

|                                  |                                       |
|----------------------------------|---------------------------------------|
| <input type="radio"/> English    | <input type="radio"/> Farsi           |
| <input type="radio"/> Spanish    | <input type="radio"/> Hindi           |
| <input type="radio"/> French     | <input type="radio"/> Arabic          |
| <input type="radio"/> Mandarin   | <input type="radio"/> Amharic         |
| <input type="radio"/> Korean     | <input type="radio"/> Portuguese      |
| <input type="radio"/> Cantonese  | <input type="radio"/> Tagalog         |
| <input type="radio"/> Russian    | <input type="radio"/> Other Language: |
| <input type="radio"/> Vietnamese | _____                                 |
4. What type of healthcare coverage do you have?
  - Medicare
  - Medicaid
  - Private health insurance (Examples: Humana, Anthem Blue Cross)
  - No healthcare coverage – uninsured
  - Other (please list) \_\_\_\_\_
5. How would you describe your overall health?
  - Excellent (eating healthy: 2 to 3 servings of fruit/ 4-5 servings of vegetables daily, active: exercising four or more times during the week)
  - Good (eating fruits and/or vegetables daily, exercising at least three times a week)
  - Fair (occasionally eating fruits and vegetables daily, moderately active, low-impact exercises, for example: walking)
  - Poor (no exercise, feeling fatigue)
6. Please choose all statements below that apply to you.
 

|  |  |
|--|--|
| <input type="radio"/> I exercise at least 3 times per week.  | grapes, blueberries, cantaloupe, watermelon etc.)  |
| <input type="radio"/> I eat at least 2-4 servings of fruits each day (examples: bananas, apples, oranges, pears, strawberries, | <input type="radio"/> I eat at least 3-5 servings of vegetables each day (examples: broccoli, carrots, spinach, green peas, salad, tomatoes, potatoes, |



- I eat fast food more than once per week.
- I smoke cigarettes. Per week: \_\_\_\_\_ pack.
- I chew tobacco.
- I use recreational drugs.
- I have a history of overusing/abusing prescription drugs.
- I consume \_\_\_\_\_ alcoholic drinks per day.
- I consume \_\_\_\_\_ alcoholic drinks per week.
- I use sunscreen or protective clothing for planned time in the sun.
- I receive a flu shot each year.
- I have access to a wellness program through my employer.
- None of the above apply to me.

7. Which preventive care have you *had* during the past 12 months?

- |   |  |
|---|--|
| <input type="radio"/> Pap smear                 | <input type="radio"/> Vision screening         |
| <input type="radio"/> Prostate cancer screening | <input type="radio"/> Hearing screening        |
| <input type="radio"/> Flu shot                  | <input type="radio"/> Cardiovascular screening |
| <input type="radio"/> Colon/rectal exam         | <input type="radio"/> Bone density test        |
| <input type="radio"/> Blood pressure check      | <input type="radio"/> Dental cleaning/x-rays   |
| <input type="radio"/> Blood sugar check         | <input type="radio"/> Physical exam            |
| <input type="radio"/> Skin cancer screening     | <input type="radio"/> Mammogram                |
| <input type="radio"/> Cholesterol screening     | <input type="radio"/> None of the above        |

8. Which preventive care would you *like* to have?

- |   |  |
|---|--|
| <input type="radio"/> Pap smear                 | <input type="radio"/> Skin cancer screening    |
| <input type="radio"/> Prostate cancer screening | <input type="radio"/> Cholesterol screening    |
| <input type="radio"/> Flu shot                  | <input type="radio"/> Vision screening         |
| <input type="radio"/> Colon/rectal exam         | <input type="radio"/> Hearing screening        |
| <input type="radio"/> Blood pressure check      | <input type="radio"/> Cardiovascular screening |
| <input type="radio"/> Blood sugar check         | <input type="radio"/> Bone density test        |

- Dental cleaning/x-rays
- Physical exam
- Mammogram
- None of the above

9. What health education topic(s) would you be interested in receiving more information about?

- Alcohol- or other drug-use prevention
- Asthma
- Hypertension
- Diabetes
- Emotional and mental health
  - Specific topic: \_\_\_\_\_
- Epilepsy or seizure disorder
- Food allergies
- Food poisoning illness prevention
- Human immunodeficiency virus (HIV) prevention
- Infectious disease prevention (e.g., influenza [flu] prevention)
- Injury prevention and safety
- Nutrition and dietary behavior
- Physical activity and fitness
- Pregnancy prevention
- Sexually transmitted disease (STD) prevention
- Suicide prevention
- Tobacco-use prevention
- Women’s health education
- Pediatric care/ child development education
- Violence prevention (example: domestic violence, bullying, fighting, or dating violence prevention)
- Environmental health (example: how air and water quality can affect health, lead poisoning)

10. When receiving health education information do you prefer: Check all that apply.

- Workshops
- One on one consultation
- Flier handouts
- Computer presentations
- Group activities
- Other: \_\_\_\_\_

11. Please select any health conditions you face presently or in the past.

- Cancer
- Diabetes
- Overweight/obesity
- Lung disease
- High blood pressure
- Stroke
- Heart disease
- Joint pain or back pain
- Mental health issues
- Alcohol overuse
- Drug addiction
- I do not have any health challenges
- Other (please list) \_\_\_\_\_

