

Obesity and Employment in Under-Resourced Urban Minority Communities: Improving Employability and Creating Jobs to Build Community Capacity and Tackle Obesity

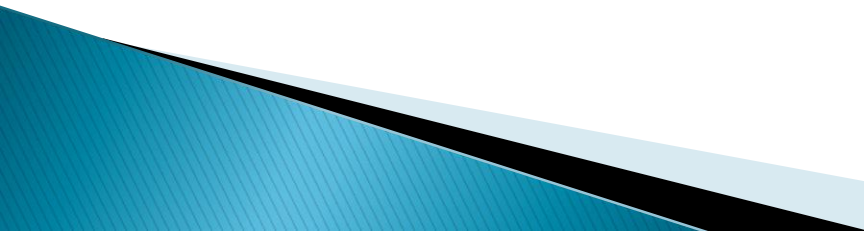
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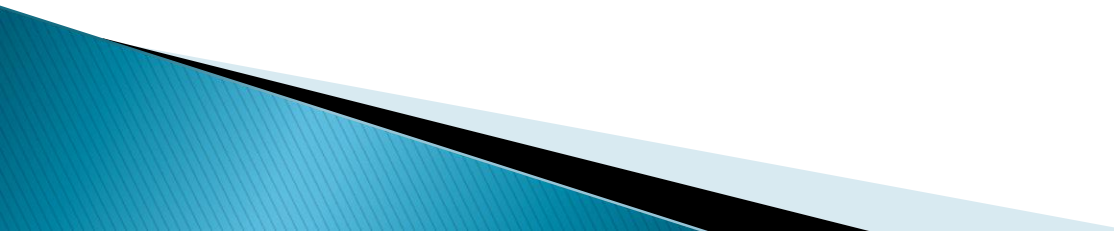
Background

- ▶ The Obesity epidemic has staggering social and economic implications
 - ▶ Racial/ethnic minority groups suffer disproportionately from obesity and obesity-related disease/disability.
 - ▶ The US will be a majority minority country by mid-century, a trend largely shaped by immigration
 - ▶ Macro factors endemic to many minority communities, such as poverty and resource deprivation, increase risk exposure through socio-environmental influences that do not promote optimal health.
 - ▶ **Need to address the social determinants of health as part of obesity mitigation efforts**
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Immigrants in Boston

- ▶ New immigrants in Boston are primarily from the Caribbean.
 - Dominican (the largest) and Haitian
 - Also Brazilians and Asian groups
- ▶ Caribbean immigrants are racial/ethnic minorities in the US contexts
- ▶ In Boston, new immigrants settle in established minority communities/neighborhoods and face the often less than optimal life circumstances US minorities face.

The immigrant health paradox

- ▶ Immigrants are generally healthy upon arrival in the US
 - ▶ Over time health deteriorates and chronic conditions such as obesity increase
 - Exacerbated by structural barriers to healthy living.
 - ▶ Consistent for diverse immigrant groups
 - ▶ Mitigating obesity among new immigrants entails addressing the socio determinants as well improving health behaviors.
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Community Needs

- ▶ Target communities– Roxbury, Jamaica Plain, Dorchester, Mattapan– identified the following priority issues related to obesity:
 - Inadequate opportunities for physical activity (PA)
 - employment/employability
 - A community engaged or community based participatory research (CBPR) approach.

Partners



DDC

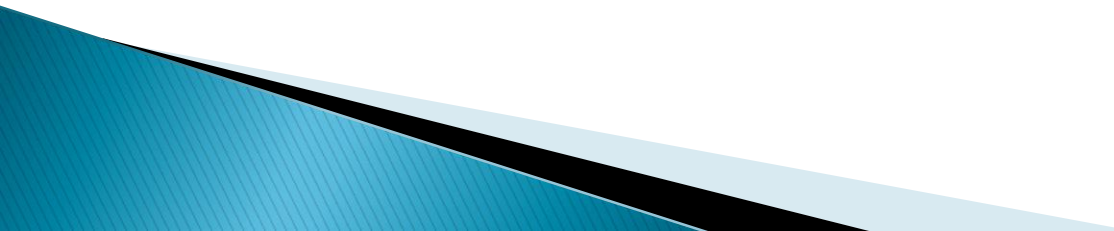
Dominican Development Center



**Southern Jamaica Plain
Health Center**

- ▶ A recreation complex run by the State Dept. of Conservation and Recreation
- ▶ Various small CBOs

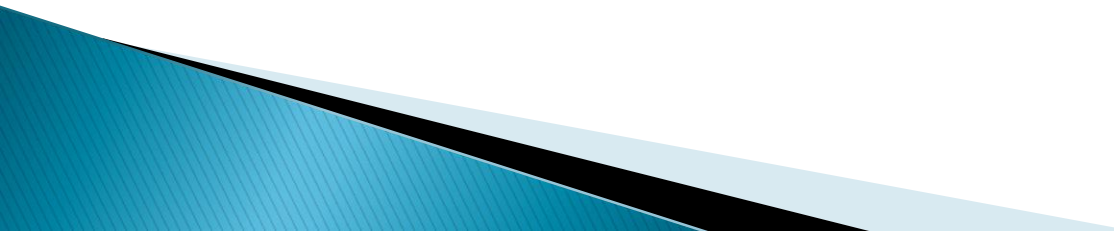
Program Overview

- ▶ Developed Train4Change, a women's obesity mitigation intervention employing an asset-based model.
 - ▶ Focused on job training and workforce development for women of Caribbean origin.
 - ▶ Frames employment and employability as public health issues.
 - ▶ Targeted job-training as a strategy to deliver a more traditional public health intervention.
 - ▶ Set within diverse Black and Latino minority and immigrant neighborhoods in Boston.
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Goals

- ▶ To provide participants with career development and job training in health and fitness
 - ▶ To prepare a cadre of women to teach group exercise classes (and lead walking groups)
 - ▶ To support participants to confront obesity in their communities.

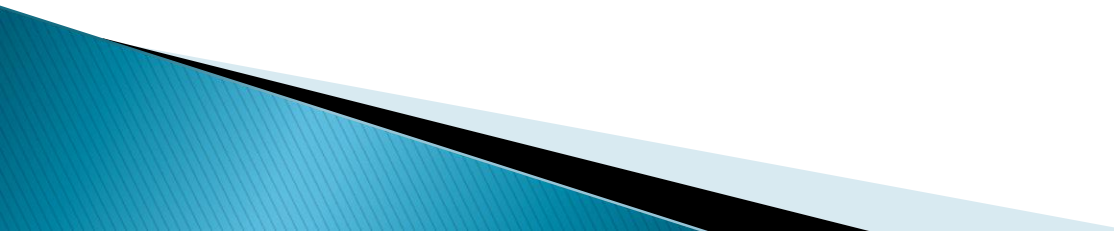
 - ▶ Certifying residents as GroupX instructors and health educators to increase career opportunities in health/fitness, while providing the wider community with new strategies to improve opportunities and increase participation in regular PA among immigrants of Caribbean origin.

 - ▶ Move away from sole focus on behavior change
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Model



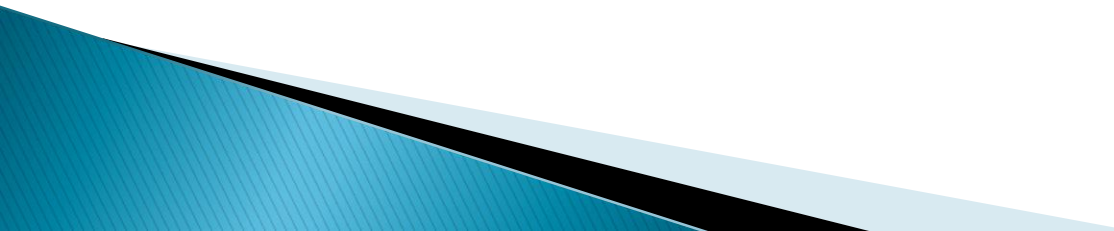
Participant characteristic

- ▶ 10 women enrolled
 - Initially open to men and women
 - ▶ All of diverse Caribbean origin
 - ▶ Recruited from the target communities through partner organizations
 - ▶ All employed FT or PT
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Train4Change Characteristics

- ▶ Ten women participated in *Train4Change* program:
 - Included health educator training
 - Instruction to earn Group Exercise (GroupX) Certification
 - AFAA
 - Completed an externship comprised of participating and observing GroupX classes
 - Ongoing instruction from a GroupX instructor specializing in women's health and fitness
- ▶ Stipend, all expenses paid, and materials provided
- ▶ Classes 1–2x per week for ~1 year
- ▶ Classes taught by grad student Project Coordinator
- ▶ Participants began teaching in Aug 2012

Project partner roles

- ▶ Provide space
 - ▶ Support training program
 - ▶ Recruitment– study participants and class participants
 - ▶ Community outreach
 - ▶ Survey administration support
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Participant outcomes

- ▶ 7 women completed the program
- ▶ All participants currently teaching classes or leading walking groups
 - Also participated in health fairs, provided health coaching
- ▶ 3 passed AFAA exam on first try
- ▶ 2 passed AFAA exam on retake
- ▶ 2 did not pass AFAA
- ▶ 1 preparing to take ACE exam
- ▶ Served as the foundation for an intervention to increase PA opportunities, which can increase community participation in PA

Group X outcomes

- ▶ Currently offer 24 classes– all free:
 - 4 walking groups,
 - 2 senior fitness classes
 - 9 strengthening classes
 - 9 cardio classes
- ▶ Classes in 5 community centers in three neighborhoods:
 - Dorchester: Healthworks Codman Sq, Healthworks St. Mary's. Dorchester House
 - Jamaica Plain: Southern Jamaica Plain Health Center
 - Roxbury: Melnea Cass Recreation Center
- ▶ Classes offered:
 - Mon–Fri morning: 12
 - Sat morning: 2
 - Mon–Fri lunchtime: 7
 - Mon–Fri evenings: 3

Group X class attendance

- ▶ Average participation of 4 people per class (low)
- ▶ Examples of attendance at specific classes:
 - Morning strengthening class offered M, W, F has an average of 4
 - Noon cardio class offered W, F has an average of 4
 - Morning toning class offered W, F has an average of 10
 - Noon strength/cardio class offered M, W has an average 5
 - Morning abs class offered M has an average of 6
 - Walking classes have an average of 3
 - Senior classes have an average of 2

Affecting change

- ▶ A multi-tiered strategy to improve community resources and increase capacity by addressing the socio-economic determinants of health inequities to reduce obesity among disparity populations.
- ▶ Focused on promoting change at the individual, community, local and organizational policy levels
 - Organizational policy for partner orgs
 - Also health care providers
 - Local policy: BPHC, Mayor's Office
 - Adult/continuing Ed, Community Colleges
 - State policy: Workforce and job training through TANF

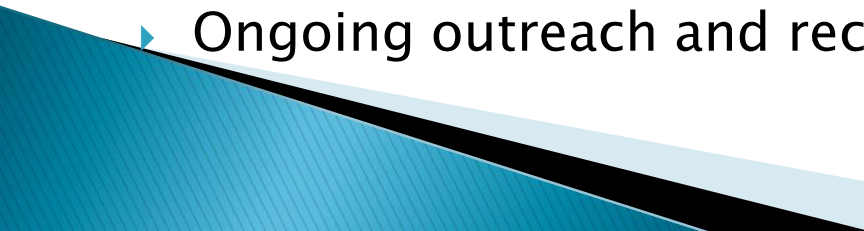
Challenges

- ▶ Very time consuming
- ▶ High levels of energy and investment

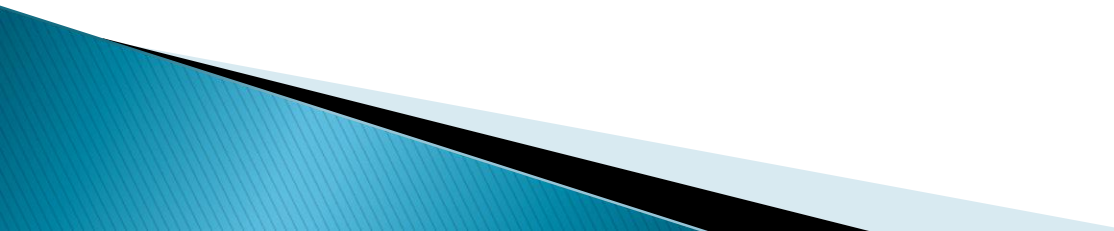
Training program participants:

- ▶ Program length/length of commitment
- ▶ Curriculum content
 - Education and literacy levels, time out of school
- ▶ cultural differences: schedules, punctuality
- ▶ Expectations
- ▶ Personal issues

Group X class offerings:

- ▶ Currently below capacity- low demand
 - ▶ Problems getting people to attend at certain locations
 - ▶ Ongoing outreach and recruitment
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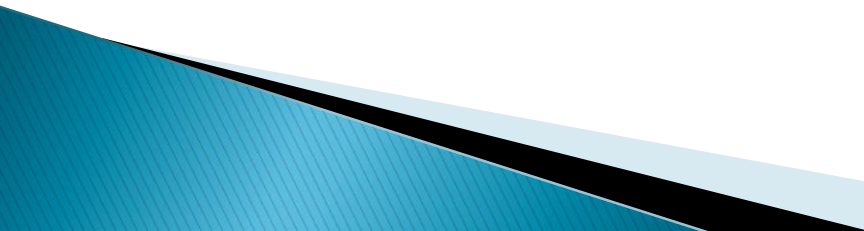
Next steps

- ▶ Developing a fitness video
 - Outreach and to increase reach
 - Dissemination through partners, as well as through health care providers, insurers, and network of community health centers
 - ▶ Will continue to offer classes through the end of the year
 - ▶ Securing additional funding
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Implications and Applications

- ▶ Cost benefit analysis: Measuring the return on investment
 - Investing a significant portion of research dollars to address upstream factors
 - Sustainability
- ▶ Assessing effects
 - Impact of social aspects on individuals; empowerment
 - Attitudes and behaviors among participants
 - Community impact
 - Changes in PA
- ▶ Health in context and the determinants of health
 - What we need to understand
 - How to approach, what should be done
 - Who decides

Closing Thoughts

- ▶ Employment and employability are public health issues
 - ▶ Economic development is integral to obesity mitigation efforts
 - ▶ Increasing resources and opportunities to address obesity in under-resourced communities
 - Can lay the groundwork for future collaborations while building community capacity to address pressing public health issues
 - ▶ To tackle obesity diverse sectors of community life must be involved in meaningful ways that
 - Residents/the target population
 - ▶ Securing community participation in efforts to address obesity entails addressing the determinants of health and priority needs within communities.
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Thank You.

Questions? Comments?

