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A Case Study in Community-Based Participatory Practice: Common Ground Health Clinic's Women's Wellness Initiative

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Abstract: This process evaluation highlights efforts to create a sustainable program at a community clinic in New Orleans, LA from July-August, 2012 and provides a success exemplar in community-based, participatory practice. The Common Ground Health Clinic in New Orleans, LA is a nonprofit community primary care clinic that serves uninsured and underinsured citizens in one of the poorest areas in Louisiana. The surrounding neighborhood of Algiers is 75% African-American, with most residents making less than $30,000 each year. Chronic health conditions like diabetes and obesity create medical risk and need for local residents.

Using the PRECEDE-PROCEED model as a planning framework, health promoters successfully started a women's wellness seminar series that met weekly to cover a variety of health topics, and built in leadership development and sustainability practices that has allowed for participant-led program continuation. The programming was explicitly holistic and a main focus of effort was supportive community-building; the social network makes up a huge part of social identity and determines the level of support participants receive as they endeavor to make behavioral change. Community-building programming included: member-led discussions, potlucks, and interactive content overview that de-centered the instructor/group leader. A review of the program design and implementation process for the Common Ground Women's Wellness Seminars offers insights into how participatory programming can be successful in community clinic settings.

Key words: CBPR, women's health, community health

1. Background

The single most important quality a health promoter can possess is leadership ability. When we think about principles of creating successful health promotion programs, we can never forget the responsibility of health promoters to inspire. Wellness and behavioral change will always be hard sells without emphasizing the interpersonal. What inspires a smoker to quit? It certainly won't be that his or her employer will see a decrease in long term health care costs. What inspires a sedentary office assistant to participate in a pedometer program? It will have to be more than a lonely flyer posted in a restroom stall. A health promoter must be prepared to inspire change and work to shift corporate culture from the individual to the team. A major tenet of leadership involves developing the independent capabilities of others, rendering the leader unnecessary in the end.

"An inherent part of community-based wellness activity…is to work in partnership with the community, rather than viewing it as a setting in which professionals conduct investigations known only to them" (Gilmore,

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1996). It is incredibly important for wellness professionals to be able to build community and to source participation from the individuals a program is meant to target at every stage of the planning and evaluation process. Programming becomes sustainable when the programmer can step aside and watch the process continue unassisted.

2. Methods

2.1 Pre-Session Planning: Precede-Proceed

A planning model in use for over three decades, PRECEDE-PROCEED is unique in several ways. Most notably, it directs planners to embrace strategic planning, focusing on outcomes in the initial phases of the planning process. As Stephen Covey would advise, planners "begin with the end in mind" (Covey, 1990). Dr. Green and colleagues developed the initial portion of the planning model in the 1970s, using PRECEDE to focus on making an educated diagnosis of a given health problem, while still incorporating evaluation. In 1991, PROCEED was added to the planning framework. This portion of the model expands upon the baseline data provided by PRECEDE and works to assess program goals, processes, and implementation. "The identification of priorities generated in the PRECEDE component leads to quantitative objectives that become goals and targets in the implementation phase of PROCEED (Green et al., 2005).

Women's Wellness Seminar planners chose this planning model for its emphasis on community involvement. Eschewing top-down, prescriptive planning methods when developing the planning model, Green & Kreuter's model emphasizes stakeholders, assuming active participation on the part of participants and community members in problem definition, goal-setting, and solution-development. This framework also takes an ecological approach to planning, recognizing the inherent interconnectivity of multiple levels of influence on health behaviors. Health behaviors do not develop or change in a vacuum. While personal choice is a factor for any individual's lifestyle, ecological factors hold powerful sway. "It is well-documented that health status and quality of life are most influenced by a combination of our genetic predisposition, the actions we do or do not take as individuals and groups, and a wide range of social and environmental factors often referred to as social determinants of health" (Green et al., 2005).

In keeping with this philosophy of de-centering the planner and emphasizing stakeholder input, initial Women's Wellness development relied heavily on advance planning and input solicitation from clinic staff, patients, past program participants, and newly interested participants. The initial volunteer facilitator was Kate Hendricks, a doctoral student at the University of Alabama's *Health Promotion and Education* program. She has years of experience teaching in a variety of settings including academic classrooms, corporate continuing education seminars, and fitness/yoga studios. Kate holds a Master's degree in *Health Promotion Management* and is a fitness professional with top-tier certifications in personal training, yoga, Pilates, and group exercise. In pre-session planning meetings, CGHC staff met with Kate electronically and in person to provide background on program goals, review best practices, and determine ideal dates for the initial 6 weeks. Planning meetings were held on April 6 and June 16, with April 6 being a staff meeting, and June 16 being a potluck with interested community participants invited to provide input in program planning. The outcomes of meetings included:

- Dates of program offering: (First 6 weeks) Jul 10-Aug 14
- General Program Goals, short-term: To design, market, and conduct six evening holistic wellness sessions in support of the Women's Outreach Initiative.

- General Program Goals, long-term: To generate enthusiastic participation and group-investment in order to garner volunteer leaders who will continue the program with minimal staff support into the future.
- Leadership Development Program: Volunteer leaders will be gratefully accepted and will be expected to complete the following tasks in order to assume direction of the holistic wellness program after the 6-week summer pilot:
  - Attend as many sessions as possible.
  - Meet with volunteer facilitator outside of the seminar to discuss long-term planning.
  - Create a program phone tree system and delegate information dissemination tasks.
  - Complete an evening training session on building security procedures and sign for a clinic key in order to access the training site after hours.
- Potential Session Break-down: ½ Exercise, ½ group activity or lecture/discussion
  - Tuesday, 10 July: Welcome, introductions. Strength training session with bands, stretching session. Lecture/discussion on components of wellness. Optional post-class interest survey.
  - Tuesday, 17 July: Welcome, introductions. Abilities-based Pilates with short seated meditation intro. Lecture/discussion on stress management and coping with chaos. Discussion question: "When life turns you upside down, how do you breathe?"
  - Tuesday, 24 July: Welcome, introductions. Strength-training session with bands & low-impact cardio intervals. Lecture/discussion on mindful eating. Close with seated meditation.
  - Tuesday, 31 July: Welcome, introductions. Walking workout. Lecture/discussion on movement meditation and exercise as a tool for stress management. Discussion question: "How do I practice contentment?" Close with seated meditation.
  - Tuesday, 7 Aug: Welcome, introductions. Ability-based chair yoga class followed by yoga nidra. Discussion on meditation's use in cultivating discipline.
  - Tuesday, 14 Aug: Welcome, introductions. Strength-training session with bands & low-impact cardio intervals. Lecture/discussion on serving in the community. Discussion question: "What is the power of my two hands?" Close with seated meditation.

3. Process

3.1 Program Implementation

Implementing the program involved some adherence to initial pre-session planning, but one of the goals of the first class was to discuss group interests and expectations, and complete written preferences assessments. Starting the program by setting the tone that content must be participant-directed was a key component of eventually reaching sustainability goals.

Because the mobility capability of initial participants was limited and preference assessments showed a bias for nutrition over cardiovascular exercise, the sessions broke down differently than initial plans called for.

Actual Session Content:

- Tuesday, 10 July: Welcome, introductions. Discussion of seminar goals, request for group leaders to consider volunteering. Workshop on stress hazards, and discussion of stress management techniques. Seated meditation.
- Tuesday, 17 July: Welcome, introductions. Standing resistance band workout, total body. Discussion

about exercise's importance, with focus on how to fit it into a schedule. Close with seated meditation.

- Tuesday, 24 July: Welcome, introductions. Social potluck with healthy foods and individual explanations of why chosen potluck items are great options. Lecture/discussion on mindful eating & the importance of self care. Close with seated meditation- participant led.
- Tuesday, 31 July: Welcome. Seated workout with resistance bands. Discussion on accountability ideas for exercise and meditation time; revisit conversation on self-care and making personal health a priority. Close with seated meditation.
- Tuesday, 7 Aug: Welcome. Accountability and goal setting activity. Close with seated meditation.
- Tuesday, 14 Aug: Welcome. Personality assessment workshop & discussion on self-care. Close with seated meditation.

3.2 Barriers and Solutions

A primary concern for participants of the wellness seminars was language barrier. Between 1-3 participants each week spoke only Spanish. Methods of interpreting varied. At first, two interpreters worked next to Spanish-speaking participants, translating quietly as the session went on. During meditation, this proved to be slightly intrusive. After that, translators used the remote translation technology already owned by the clinic, with one interpreter speaking into a device from an adjacent room and translation being sent directly to participants' ear pieces. Handouts given in the nutrition class were bilingual.

Class adherence was an anticipated problem that did not materialize. Initially, phone calls to participants reminded them of the Tuesday night sessions, but after the third week, the regular classes seemed to be on everyone's radar. Marketing the class was primarily achieved through flyers in the clinic and provider discussion with patients. Social media posts allowed patients linked through Facebook to receive newsfeed reminders, as well. Social support proved a powerful draw for seminar participants, who looked forward to seeing one another and referred to the evenings as a cherished outing.

4. Discussion

4.1 Sustainability Questions & the Case for Social Support

People are motivated to change their lives by community support, inspiring examples, involved leadership, and a shared sense that working towards personal excellence is a service to better the whole. Success has to come from that intangible dynamic between people- that which breeds teamwork, excellence, and change. Galileo said that "*we cannot teach people anything; we can only help them discover it within themselves.*"

The attendees of the initial 6-week seminar cared a great deal about seeing and supporting one another. Class size was always between 8–12 participants. Several emotional conversations and cathartic moments centered around experiences of shared loss & stress, and the notion that self-care was not selfish, but vital. One group leader whimsically called the seminars, "Ladies-Day-Out".

Making the program sustainable involved several key steps, but the first was the philosophy that de-centering the instructor was of primary importance. Discussions were chosen over lectures, with group leaders emerging given space to direct the conversation. Asking key leaders to plan potlucks, offer the closing meditation, and call other participants led to a final class that concluded with a plan for sustained meetings.

Participants came up with the idea to write topic ideas on a beach ball, and roll it at the end of each week to

choose a general topic. Any group member with an interest related to the general topic could volunteer to lead the following week's class. A group member purchased the beach ball, and the initial roll landed on "stress", prompting a participant to volunteer to lead next week's discussion on Laugh Yoga.

The group continuing to meet a full year later relies heavily on the continued attendance of two regular participants who are also employees at the clinic. The part-time employee-participants have keys to the meeting space and provide an invaluable validating presence. Regular attendance by committed participants contributes to the sense of community that draws attendees back each week.

5. Conclusion

Surveys offered at the beginning and end of the six-week program provided direction and course-correction opportunities for the facilitator and participant-leaders. In pre-session assessments, participants showed an interest in stress management and nutrition, showed lack of interest in trying cardiovascular exercise and explained health problems as barrier to exercise, expressed interest in the social aspect of group seminars and wrote-in a willingness to participate in potlucks. After the success of potlucks and the interest in cooking and nutrition, final surveys provided direction for the continued seminars in keeping with participant interests. Cooking classes were added, potlucks made a weekly event, and the expressed interest in meditation and stress management prompted the end of every session concluding with a group meditation. Participants learned to lead simple meditations.

Leaders within the group became volunteer "staff" to oversee and manage the continued holistic program. Their experience in tweaking an existing, starter program plan created a baseline from which to generate future classes. Based on participant interest, the wellness focus of programming became decidedly holistic. Holistic wellness emphasizes the connection between mind, body, and spirit. It also celebrates community, self-determination, and empowerment. By recognizing that wellness encompasses aspects of life beyond physical health indicators, such programming operates from the premise that participants are capable of adopting behavioral change in a lasting fashion. Holistic wellness practices include: stress management exercises, mindful eating, meditation, a variety of exercise modalities, and group conversations designed to enhance emotional health and create community support.

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