Communities for Healthy Living: A Holistic Approach to Engaging Head Start Families to Improve Health Outcomes

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Communities for Healthy Living

A Holistic Approach to Engaging Head Start Families to Improve Health Outcomes
Introductions

Alyssa Aftosmes-Tobio, MPH
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The Problem: Childhood Obesity

Potential for life-long consequences

- Diabetes
- High blood pressure
- Asthma
- Heart disease
- Stroke
- Obesity through adulthood
The Problem: Childhood Obesity

- Overall rate for all children: 18.5%
- Disproportionately affects Latino and Black families
The Problem: Childhood Obesity

• National rate for 2-5 year olds: 13.9%

• Disproportionately affects low-income families
  – National rate among WIC participating children: 14.5%
  – MA WIC participating children: 16.6%

Social Justice
Partnering with Head Start
Overview of Head Start

- Promote school readiness in children ages birth to 5 from low-income families through comprehensive support of their development
- Early Head Start: Birth through Age 3
- Head Start: Preschool (Age 3-5)
- Positive learning environment
- Support and services include: nutrition, health services, disabilities and mental health intervention and support, family engagement
Child Weight Status: Greater Boston Head Starts

- Obese: 21%
- Underweight: 4%
- Overweight: 16%
- Healthy weight: 59%
Building on the Head Start Model

• Alignment with Head Start performance standards
• Parent-centered participatory approach
• Focus on skill-building and resource utilization
• Counter negative environmental effects to support whole-family health
Communities for Healthy Living
Communities for Healthy Living (CHL)

- 5-year community-based intervention trial in Greater Boston
- Funded by the NIDDK
- Partnership between HSPH, Action for Boston Community Development, and the Community Action Agency of Somerville
  - Serve ~2,000 children/year
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**Rationale**
Head Start
CHL: Current Trial
CHL: Study Design & Components
CHL: Development
PConnect: Activities
PConnect: Parents as Leaders & Participants
PConnect: Benefits
Wrap-Up
Theory of Change

"I think you should be more explicit here in step two."
Theory of Change

- **Family Ecology**
  - Family history and structure
  - Organizations
  - Community
  - Media & policy

- **Family Social and Emotional Context**
  - Knowledge, norms
    - Parenting efficacy, health literacy, distrust of health providers, beliefs about childhood obesity, knowledge of healthy lifestyles
  - Social Disparities and Chronic Stress
    - Job & housing instability, food insecurity, social support, mental health
**Theory of Change**

**Family Ecology**
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**CHL**
- Communication tools and resources
- Nutrition support
- Parents’ Connect for Healthy Families (PConnect)

**FOUNDATION:** Participatory approach:
Head Start parents + Head Start administrative staff and teachers + researchers co-develop and adapt CHL for the local context.
Transforming Processes

Parent awareness and social norms
Empowerment theory based outcomes
Parent resource and psychological empowerment
Advocacy for child health

Parenting for Healthy Lifestyles
Parents’ diet, PA, screen & sleep behaviors and associated parenting practices

Child Outcomes
Diet, PA, screen behaviors, and sleep; Healthy body weight

FOUNDATION: Participatory approach:
Head Start parents + Head Start administrative staff and teachers + researchers co-develop and adapt CHL for the local context.
Study Design

• Cluster-randomized control trial with stepped wedge design

• 16 Head Start programs (total 23 centers)

• Control sites continue programming and engagement as usual

• Intervention sites:
  – Staff training and support materials
  – Resources for parents through school year
  – Parent program
Stepped Wedge Design

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</thead>
<tbody>
<tr>
<td>Group 1</td>
<td>Intervention Start</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group 2</td>
<td></td>
<td>Intervention Start</td>
<td></td>
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<tr>
<td>Group 3</td>
<td></td>
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<td>Intervention Start</td>
</tr>
</tbody>
</table>
Trial Timeline

- **Year 1 (2016)**: Development Phase
- **Year 2 (Spring 2017)**: Pilot Study
- **Year 3-5 (Fall 2017 – Spring 2020)**: Full Intervention Trial
Data Collection

- Family Demographics
- Child Health Outcomes
- Parent Health, Parenting, and Empowerment Outcomes
- Process Evaluation
Five Key Health Behaviors Linked with Obesity

Healthy Eating  Healthy Beverages  Screen Use  Physical Activity  Sleep

Affect energy balance  Risk of chronic conditions  Develop early in life  Are stable into adulthood

Academic performance, social/emotional development, self-regulation, musculoskeletal/organ development, executive functioning
Intervention Components

Parent Program
10 session program led by parents and staff

CHL
Nutrition Support
• BMI letter revisions
• Primer Letter
• Staff Talking Points

Media & Resources
• Brochures/Posters
• Neighborhood Resource Map
• Social Media
Participatory Approach
Continually Engaging Staff and Parents

- Community Advisory Boards
- Project Leader Meetings
- On-the-ground liaison
- Direct staff engagement

- Conversations started early
- Joint decision making
- Common goals
- Consistent with Head Start mission
- Shared funds
- CHL staff site within Head Start
Community Advisory Boards

- Head Start Staff, Parents, Community Members, Researchers
- Met from January 2016 – October 2018
- Main decision making body
- Cultural sensitivity, literacy level, appropriate content and messaging
Parents Connect for Healthy Living Program
Parents Connect for Healthy Living (PConnect)

- 10 session Health and Empowerment program for Head Start parents/primary caregivers
- One program implemented per year at each intervention site
- 2017-2018 School Year:
  - 31 parents recruited; 22 graduated across 5 intervention sites
  - 50% of parents reported they would like to be a program leader
Parents Connect for Healthy Living (PConnect)

- Designed to leverage parents’ own knowledge and expertise
- Co-facilitation model
- Learn to advocate for their family, find solutions that make sense for their circumstance, and identify/share existing community resources

Connect parents to each other to share information, experience, and resources
Activity 1: My Family RelationSHIP

What makes a relationship healthy?

What does family mean to you?
Activity 1: My Family Relationship

- Trust
- Respect
- Patience
- Fun
- Honesty
- Stress
- Fighting
- Jealousy
- Lack of Communication
Activity 2: Welcome to the Neighborhood

How do our neighborhoods positively and negatively impact health?

What would you tell them are positive and negative things about where you live when it comes to family health?
<table>
<thead>
<tr>
<th>Healthy Habit</th>
<th>Supports (+)</th>
<th>Challenges (-)</th>
<th>My Solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Eating</td>
<td>WIC</td>
<td>No large grocery store nearby.</td>
<td>Learn recipes that use healthy foods I can get easily.</td>
</tr>
<tr>
<td>Healthy Drinks</td>
<td></td>
<td></td>
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<tr>
<td>Physical Activity</td>
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<td></td>
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<tr>
<td>Limiting Screen Time</td>
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<td></td>
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<tr>
<td>Sleep</td>
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Engaging Parents as Leaders & Participants
Communities for Healthy Living explicitly addresses:

– **Relational Empowerment**
  - Power gained through the transfer of resources, knowledge, and skills
  - Shared decision making, bridging social divides, mobilizing networks, facilitating others’ empowerment, passing on a legacy

– **Cognitive Empowerment**
  - Increase knowledge and critical consciousness about ecological factors influencing health outcomes
  - Critical awareness, resource mobilization, skill development

– **Emotional Empowerment**
  - Beliefs about ability to influence one’s own life
  - Parenting efficacy
Data Collection

Process Evaluation

• Facilitator Qualitative Interviews: n=13

• Staff Qualitative Interviews: n=8
Parents as Leaders

**Challenges**

- Time commitment
- Professionalism
- Communication
- Leader not participant

**Strategies**

- Re-evaluated training protocol
- Staff modeling
- Coaching
Parents as Leaders

Successes

• Gain, use, and share new knowledge
• Connecting with other parents
• Bridging social divides
• Professional Development
• Typically worked well as a balanced partnership

“Being a facilitator actually made me connect with a few of the moms that were here; so we built relationships outside of here. We’ve used the resources we’ve learned, and kind of united and became more like a family structure – giving resources to one another, providing support.”
Parents as Participants

Challenges

• Language Barriers
• Engagement
• Attendance
• Full-time work/school parents

Strategies

• Training bilingual facilitators
• Calling/texting reminders
• Staff Training & Engagement
Parents as Participants

**Successes**

- Connecting with other parents
  - Within and outside of sessions
  - Use resources together
- Heard and Supported
- New content learning, resources, and strategies
- Safety Net
  - Connect with Head Start agency resources
- Relationship with Staff

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“The some parents need help but they don’t have the support, and wouldn’t be able to find a solution on their own. With PConnect, if you have a problem they help you find a solution.”

“PConnect is like an open road for parents to investigate and connect with each other as parents, and to give ideas to other parents as well.”
Benefits for Parents and Staff

• Up-to-date information on wide range of health topics
• Practical strategies for starting – and keeping – healthy behaviors
• Sharing and learning about strategies to overcome barriers
• Build relationships
• Reflect on parenting
• Leadership toolkit
• Empowering experience
Lessons Learned

• Need for simultaneous buy-in from administrative staff and engagement at the center level

• Regularly involve and update staff
  – Identify key staff to assist with recruiting

• Mindful of all programs/classes happening during the year

• Language needs of families = critical for engagement

• Organization-level and center-level factors
  – Staffing (turnover)
  – Readiness to implement
Innovations

- Co-Facilitation model for parent program
- Developed in direct partnership with Head Start
- Alignment with Head Start Performance Standards

- Coaching Model
- Implementation led by Head Start (not researchers)
- Implemented in two Head Start organizations (small, large)
“Individually we are one drop. Together, we are an ocean.”

-Ryunosuke Satoro

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