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Victoria Krauss Date

Resource Development for Improvement and Evaluation of a Behavioral Health Coaching Program using the 5 A's for Mexican Nationals Living in the US:

A Special Studies Project

By

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By

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B.S., University of Minnesota, 2013

Thesis Committee Chair: Inés González-Casanova, PhD

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Abstract

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A Special Studies Project

By: Victoria Krauss

Background: In Georgia, the Mexican population has a high risk of developing chronic diseases, such as diabetes, hypertension, and obesity. These diseases increase the risk of cardiovascular disease, which is the leading cause of mortality in the United States. To reduce the risk of these types of chronic diseases, sufficient daily physical activity and good nutrition are recommended. Though the Ventanilla de Salud (VDS), a health information and referral program at the Consulate General of Mexico in Atlanta, already promotes physical activity and healthy eating, a more personalized, evidence-based strategy with standardized means of monitoring and evaluation is needed to effectively reduce chronic diseases in the Mexican population.

Purpose: The primary aim of this project was to develop materials to facilitate an evidence-based, behavioral health coaching model, including monitoring and evaluation of the VDS program with the intent of improving diets and increasing physical activity among Mexican immigrants who visit the Consulate General of Mexico in Atlanta.

Methods: A feasibility assessment about using the 5 A's behavioral health coaching technique was conducted with the Health Educators and Rollins School of Public Health researchers. Once determined feasible, a toolkit was developed and the consent form was updated to facilitate the 5 A's technique. A Health Coach Workshop was conducted to prepare Health Educators for the implementation of the 5 A's at VDS.

Results: This new Plan of Action Toolkit includes general health goals, each with an area for the participant to write out their own goal and develop an action plan to achieve it. The new consent form gives data rights to the VDS and includes a section to follow up with the participant. The Health Coach Workshop Evaluation Survey showed that the workshop had relevant content, an excellent professor, and was useful.

Discussion: The 5 A's behavioral counseling technique should be implemented completely with all steps to test for effectiveness. While implementing the 5 A's, Health Coaches should begin pilot testing these new resources and revise as needed. A digital database should be created to facilitate monitoring and evaluation of the VDS program.

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Table of Contents

Chapter 1: Introduction

1.1 Introduction and Rational

1.1.1 Latino Population and Health Statistics

The Latino population is the largest minority group in the US, consisting of almost 20% of the total population (US Census Bureau, 2017), with 62% of those from Mexico (US Census Bureau, 2018). The percentage of Latinos in the US is predicted to increase to an estimate of 28.6% by the year 2060 (Colby & Ortman, 2014). Many of these individuals lack proper access to healthcare, lack health insurance, and have cultural and language barriers to obtaining quality healthcare services (HHS, 2018). Since 2014, the Affordable Care Act combined with the expansion of Medicaid has increased access to healthcare for Latinos in the US. However, for the states that have not expanded Medicaid, such as Georgia, Alabama, and Tennessee, Latinos still have an uninsurance rate of almost 50% (Velasco-Mondragon et al., 2016). Uninsured individuals often have low access to health services, receive healthcare of low quality, and have worse health outcomes than those who are insured (McWilliams, 2009).

In addition to lack of healthcare access, Latinos are at a high risk for developing non-communicable diseases such as obesity, hypertension, and diabetes (HHS, 2018). Approximately 79% of Latinos in the U.S. are overweight (defined as having a body mass index-BMI- of 25-29.9 kg/m^2 (CDC, 2017)) or obese (BMI > 30 kg/m^2), with 83% of Mexicans being overweight or obese (CDC, 2017). Approximately 29% of Latinos and 29% of Mexicans living in the US have hypertension a medical condition in which blood pressure is at or higher than 130/80 mm/Hg (CDCa, 2018). In addition, 16.8% of Latinos in the US live with diabetes, a disease which the body does not produce or utilize insulin adequately

leading to hyperglycemia, including 18% among Mexicans (CDC, 2017). Diabetes is diagnosed with an A1C of 6.5% and above, a fasting blood glucose of 126 mg/dL and above, and a Glucose Tolerance Test of 200 mg/dL and above (CDCb, 2018). Obesity, hypertension, and diabetes increase the risk of cardiovascular disease (Leon & Maddox, 2015), which is the leading cause of death in the U.S. (CDC, 2017). These chronic diseases are attributed to a lack of physical activity, poor nutrition, tobacco use, and excessive alcohol use (CDCa, 2018).

1.1.2 Mexican Health Initiative: Ventanilla de Salud

In order to protect the health of Mexicans living in the US, the Mexican government created an initiative implemented at 50 Mexican Consulates throughout the United States, called the Ventanilla de Salud (VDS), translated as the Health Window. This initiative consists of a health education and outreach program that provides health information and health service referrals to those visiting the Mexican Consulates (VDS, 2018).

In 2014, the VDS in Atlanta partnered with the Rollins School of Public Health (RSPH) at Emory University to improve efforts in promoting the well-being of Mexicans living in Georgia, Tennessee, and Alabama. Currently, the VDS trains and employs Master of Public Health Graduate Students who are contracted through a work-study program called Rollins Earn and Learn (REAL) at RSPH to conduct BMI, blood pressure, and blood glucose tests, along with providing health information and health service referrals to Mexicans who visit the VDS (Consulado General de México en Atlanta, 2016). In the first 6 months of 2018, 41% of the 2,080 individuals tested had a value that was above the normal range for blood glucose, blood pressure, and/or BMI ("VDS Atlanta", 2018). These elevated levels of blood

glucose, blood pressure, and/or BMI put the individual at an increased risk of developing diabetes, heart disease, and other non-communicable diseases (Merai et al., 2016) (CDCb, 2018).

1.1.3 An Ounce of Prevention: Healthy Lifestyle

To reduce the risk of these types of chronic diseases, healthy eating and sufficient daily physical activity are recommended.

Healthy Eating Patterns

In regards to diet, the *2015-2020 Dietary Guidelines* recommend that individuals maintain a diet high in whole grains, various fruits and vegetables, fat-free or low-fat dairy products, lean proteins, and low in trans fats, saturated fats, cholesterol, salt, and added sugars (HHS/USDA, 2015). Specifically, less than 10 percent of daily calories should be consumed from added sugars, less than 10 percent of daily calories should be consumed from saturated fats, less than 2,300 milligrams of sodium should be consumed, and alcohol should be consumed in moderation, (one drink per day for women and two drinks per day for men) (HHS/USDA, 2015). The guidelines also recommend staying within calorie needs to maintain a healthy weight (HHS/USDA, 2015). The CDC indicates that individuals do not necessarily have to give up traditional high fat, high salt, and high sugar foods, but should eat them less often, eat them in smaller quantities, and/or eat lower-calorie versions of them (CDCa, 2018). The CDC also emphasizes that being healthy is about balancing calories consumed and calories expended (CDCa, 2018).

Physical Activity Guidelines

In relation to expending calories and reducing the risk of chronic diseases, daily

physical activity is recommended. For children ages 6-17 years, the *Physical Activities Guidelines* advise at least 60 minutes of physical activity per day, which include aerobic, muscle strengthening, and bone strengthening exercises (HHS/USDA, 2015). Adults ages 18-64 years are recommended to complete 150 minutes of moderate-intensity or 75 minutes of vigorous-intensity aerobic exercise or a combination of the two per week (HHS/USDA, 2015). These exercises are suggested to be spread out throughout the week in intervals of at least 10 minutes. Other than cardiovascular exercise, muscle strengthening physical activity should be conducted for at least 2 or more days per week (HHS/USDA, 2015). Moderate-intensity exercises are defined as those that increase the breathing and heart rate of the individual, including activities such as bicycling on flat areas, swimming, dancing, and brisk walking. Vigorous-intensity exercises greatly increase an individual's heart rate and may consist of activities, such as swimming continuously, bicycling uphill, jogging, or playing singles tennis (HHS/USDA, 2015). For those who are over the age of 65 years, the adult exercise guidelines should be followed with modifications adjusted to their health conditions and physical abilities, if needed (HHS/USDA, 2015).

1.1.4 Prevalence of Latinos Practicing Healthy Habits in Georgia

Though healthy eating and physical activity have been proven to reduce the risk of chronic diseases and improve overall health, the percentage of Mexican population practicing these habits is low, especially in Georgia. According to the *Behavioral Risk Factor Surveillance Annual Report* from 2014, it was reported that Latinos living in Georgia consumed an average of less than 2 vegetables per day and less than 1.5 fruits per day (CDC, 2016). About 20% of Latinos reported that they binge drank at least once within the

past month. Binge drinking is defined as consuming 5 or more drinks per occasion for men and 4 or more drinks per occasion for women (GDPH, 2014). In addition to lack of healthy eating, about 24% of Latinos living in Georgia stated that they did not engage in physical activity during leisure time within the last month (GDPH, 2014). This low percentage of Mexicans practicing healthy habits creates a window of opportunity for VDS to encourage those positive health behaviors.

1.1.5 Current Practices at VDS

Current Health Educator Training

Currently, when a Health Educator is hired, they are required to read the VDS Training Manual and participate in a short training workshop. This training includes sessions on how to measure BMI, blood pressure, and blood glucose. Additionally, the workshop provides the Health Educator with information about the various health services and resources available at the VDS.

1. *Measuring Body Mass Index*

   To begin, the Health Educators are instructed on how to measure height and weight to calculate BMI. This session is also led by the Program Coordinator (Gil-Lopez, 2017). The Program Coordinator explains the steps, while performing each action. Below are the steps:

   Steps to measure height and weight, and calculate BMI:

   1. Ask the participant to remove shoes.
   2. Ask the participant to remove heavy items from pockets.

3. Ask the participant to step on the scale with their back to the measuring stick.
4. Check that the participant's standing position is upright with eyes straight ahead.
5. Pull the measuring stick up to measure height.
6. Record the height on the DAA Consent Form (**Appendix A**), the Daily Report Form (**Appendix B**), and the Participant Information and Results Brochure (**Appendix C**).
7. Adjust the sliding weights, until the arrow on the right begins to fall downward.
8. Record the weight on the same forms.
9. Use the BMI chart to locate where the participant's height and weight fall on the BMI range.
10. Record BMI on DAA Consent Form and the Participant Information and Results brochure.

After practicing measuring height and weight, the Project Coordinator explains the BMI ranges and the consequences of having a high BMI. If a participant has a BMI below 18.5, this is considered underweight. If a participant has a BMI between 18.5 and 25, this is considered a normal weight. If the BMI is between 25 and 30, which is considered overweight, or above 30, which is considered obese, the health educator should encourage the participant to eat more fruits and vegetables and increase physical activity.

2. *Measuring Blood Pressure*

After the BMI session of the training, the Health Educators are instructed on how to measure blood pressure. This session is led by the VDS Program Coordinator and guided by the VDS Training Manual (VDS Manual de Capacitación, 2017). The Program Coordinator starts by explaining the steps, while performing each action. Below are the steps:

Steps to Check Blood Pressure:

1. Ask the participant to remain still and quiet during the reading.
2. Ask the participant to sit up straight with uncrossed legs and feet flat on the floor.
3. Rest the participant's arm on the table with their palm up.
4. Ensure that the cuff size fits the participant's arm.
5. Wrap the cuff around the participant's arm with the arrow lined up one inch above the inside of the elbow.
6. Press the Start button to begin the measurement.
7. Record the measurement on the Daily Report Form, the DAA Consent Form and the Participant Information and Results brochure.

After the practical aspect of the session, the Program Coordinator explains the different levels of blood pressure and the consequences of having an elevated blood pressure. The normal level is explained as a systolic blood pressure of below 120 mmHg and a diastolic blood pressure of below 80 mmHg. An abnormal blood pressure is explained as a measurement between 121-140/81-90 mmHg. If an individual has an abnormal blood pressure, the Health Educator should inform them of the consequences of having high blood pressure and encourage them to eat more

fruits and vegetables, reduce high-sodium foods, and increase physical activity. An elevated blood pressure is a level above 140/90 mmHg. If an individual has an elevated blood pressure, the Health Educator should strongly encourage them to visit a health clinic and to check their blood pressure again in two weeks. If the result is greater than 180/120 mmHg, the health educator should strongly urge them to go to an urgent care clinic and refer them to one nearby (Gil-Lopez, 2017).

3. *Measuring Blood Glucose*

The glucose testing aspect of the workshop is facilitated by a representative of the Diabetes Association of Atlanta (DAA). During this workshop, the Health Educator learns how to revise blood glucose using the steps below:

Steps to Check Blood Glucose:

1. Wear gloves.
2. Wipe the tip of the finger with an alcohol wipe.
3. Insert test strip into glucometer.
4. Prick the disinfected finger with a lancet to extract blood.
5. Put the drop of blood on the test strip.
6. Dispose of lancet in the red biohazard needle disposal container.
7. Wipe the perforation with a cotton ball.
8. Apply a bandage to the perforation.
9. Dispose of gloves.
10. Record the measurement on the DAA Consent Form, the Daily Report Form, and the Participant Information and Results brochure.

11. At the end of the day, record all abnormal results on the Abnormal Glucose List, as shown in **Appendix D**.

Once the Health Educator successfully revises an individual's blood glucose, information about blood glucose levels is provided. The DAA trainer informs the health educators that normal levels of blood glucose are equal to or below 100 mg/dL before eating and below 140 mg/dL after eating. Abnormal levels are higher than those numbers. If an individual has a high blood glucose level, the Health Educator should refer them to a primary health clinic. If it is over 500 mg/dL, they should advise the individual to go to an Urgent Care clinic (Barnes, 2017).

Current Health Educator Practices

Currently at VDS, the Health Educator gives a short, 5-minute health talk in the waiting room about diabetes, hypertension, and cancer. This includes not only the definition and symptoms of these chronic diseases, but also broad recommendations on how to prevent them. The health talk ends with a general explanation of the free services at VDS and information on other health services that are culturally and linguistically appropriate for Latinos in Georgia, Alabama, and Tennessee.

With the condition that the participant approaches VDS and expresses interest in receiving a glucose check, the health educator gives them a DAA consent form to complete. This form not only includes information on consent, but also contains questions about health history (see the section on ***Health Educator Data Management*** for detailed information about this form or **Appendix A** to see the form). Once the participant answers these questions and signs, the Health Educator proceeds with the glucose test and, if desired by the participant, a blood pressure and BMI check is conducted as well.

When an individual has a high value in any of the areas, general recommendations are provided. For instance, if an individual had elevated blood pressure, the Health Educator who conducts the tests informs the participant of the consequences of this elevated level and recommends an increase in fruit, vegetable, and water intake, a reduction in the consumption of foods high in salt, and an incorporation of physical activity into their daily lifestyle. If an individual has a high blood sugar, they are provided with similar advice, as well as with a suggestion to reduce sugary foods and beverages. If an individual has a high BMI, the advice is the same as that given to those with high blood pressure and high blood glucose, plus a recommendation to reduce meal portion sizes. Along with this general health advice, the participants are given a referral to a low cost community health clinic in their area and encouraged to schedule an appointment with a doctor to monitor their health. After the short 5-minute session, the participant leaves with a trifold brochure that includes their individual results, general recommendations, and information on blood pressure, diabetes, and a healthy lifestyle. The Health Educator remains with the completed DAA consent form, which includes the results of the glucose test and a written in section of the results of BMI and blood pressure tests if conducted.

Follow Up Calls for Those with Abnormal Glucose Results

Since the glucose test materials, including nitrile exam gloves, lancets, test strips, bandages, cotton balls, and digital glucose meters are supplied by the DAA, the contract requires VDS to conduct a follow up call to those with elevated blood glucose levels. Due to this contract, the participants who have a high blood glucose (not high blood pressure or BMI) are noted on the VDS Abnormal Glucose List with their name, phone, number, glucose level, and the date of their glucose test. These individuals are then contacted via telephone

by a Health Educator at the end of the calendar month to assess whether they had seen or planned to see a doctor or if they had changed a health behavior to reduce their blood glucose. If they complete one of these actions, they are praised for their efforts. If they do not, they are encouraged to do so. Since the calls occur at the end of each month, sometimes a month passes before the follow up call or sometimes only a few days. In addition, if an individual only has high blood pressure or BMI, the participant is not contacted again, as those aspects are not part of the DAA contract. The follow up date and notes are recorded on the VDS Abnormal Glucose List. This form with personal identification is then destroyed each month after the follow up calls are finished and the DAA Consent Forms are given to the DAA representative, as required by the DAA contract.

Health Educator Data Management

In order to monitor health coaching program activities, three forms are used for data collection, participant results, and participant follow up.

1. DAA Consent Form- This form (shown in **Appendix A**) is required for all participants. It includes personal information, health history questions, and written consent, as well as a clinical section for the health coach to record blood glucose results and health service referral given. These forms are kept in a locked cabinet in the VDS office at the Mexican Consulate for one month, until the DAA representative retrieves them. The DAA form sections are described next:
    a. The *personal information section* consists blank spaces to fill in name, sex, race, address, phone number, and received government benefits for those with low-income.

b. The *health history section* is comprised of six questions: 1) Have you been diagnosed with diabetes 2) Has anyone in your family been diagnosed with diabetes? 3) Have you drank or eaten anything in the past 8 hours, besides water or black coffee? 4) Do you have health insurance? 5) Do you have a doctor?

c. The *consent section* states that the participant gives the Diabetes Association of Atlanta permission to measure blood glucose and use the information on the form for program improvement. It also states that the glucose test is completely voluntarily and that information is confidential. If there should be an abnormal result, it is stated that it is the participant's responsibility to visit the nearest doctor, clinic, or emergency room to receive treatment as needed. The participant's signature and date is required to confirm that the participant understands and agrees to the glucose check and information usage.

d. The *results section* is for the health educator to record the participant's results, which include 1) whether the test was a screening or monitoring 2) whether the test was a random or fasting blood glucose 3) the blood glucose result in mg/dL 4) whether there needs to be a follow-up with the participant 5) any comments noted 6) the health services referral given 7) the technician completing the test and form

2. Participant Information and Results Brochure- This brochure (shown in **Appendix C**) is provided to each participant at the end of the health education session. It consists of definitions of hypertension and diabetes are, the consequences of each

disease, risk factors for diabetes, general guidelines on how to have a healthy lifestyle and recommendations for a healthy diet. It also contains a section for the health educator to write the results of the BMI, blood pressure, and blood glucose tests for the participant to take home. This information is currently heavily focused on diabetes. On the back side, the mission and contact information of the VDS are available to the participant.

3. Abnormal Glucose List- The Health Educator is required to note all of the abnormal glucose results, shown in **Appendix D**, at the end of the day on this form, which is kept in a locked cabinet inside the office. It includes the name, phone number, date of glucose test, and glucose result for those who had abnormal blood glucose levels. Health coaches use this form at the end of the month to perform casual follow-up calls, as explained in the previous section.

1.2 Problem Statement

1.2.1 Deficiencies in the VDS Health Education and Monitoring

Health Education is Too General

As mentioned above, the Health Educators are trained to give general health recommendations to those who have abnormal BMI, blood pressure, or blood glucose results. Though the REAL students that are hired at the VDS are all pursuing their degree in public health, they usually have diverse backgrounds that are not directly related to nutrition or physical activity. Sometimes the short Health Educator Training or their personal experiences are all the knowledge that they have about health behavior, which further drives them to only give general recommendations. Though those

recommendations, such as eating more fruits and vegetables or drinking 8 glasses of water a day are healthy, studies have demonstrated that giving recommendations without personalized assistance or follow up is ineffective (Eden et al., 2002). They do not take into account the knowledge, beliefs, and current behaviors of each individual nor does it allow the participant to have develop specific health goals and address barriers to practicing those healthy habits.

Lack of Standardized Health Educator Monitoring and Evaluation

Though there are various reporting forms for monitoring service referrals and the number of direct services, there is not a standardized way to monitor and evaluate the health education aspect. As mentioned before when an individual has an abnormal result, the Health Educator gives general recommendations and follows up the next month to assess whether their behavior has changed. Each Health Educator who completes follow up calls may not ask the same questions. In addition, the follow up is general and not personalized, as the recommendation given at the initial contact was not recorded. Without a standardized procedure to record and measure the process or the outcomes, the effectiveness of the health education program cannot be measured.

1.3 Purpose Statement

1.3.1 Migrating from Health Education to Health Coaching

Given the extent of the health education and monitoring issues of the program, the VDS was positioned to improve the health program by increasing efforts to address these issues. Since physical activity and nutrition interventions are crucial for targeting the future health of this population (Ramirez, 2013), this plan focused on modifying the

current health education process to include evidence-based practices for behavior change and standardized reporting. The primary aim of this project was to develop materials to facilitate a health coaching model, including monitoring and evaluation of the VDS program with the intent of improving diets and increasing physical activity among Mexican immigrants who visit the Consulate General of Mexico in Atlanta.

1.4 Objectives

In developing materials to facilitate a new health coaching model with improved monitoring and evaluation, the following objectives were met:

Objective 1: Assess current health coaching practices to identify strengths and weaknesses for use by the VDS.

Objective 2: Review current monitoring and evaluation practices to determine how to better evaluate the VDS health coaching program.

Objective 3: Develop materials to facilitate new health coaching technique.

Objective 4: Create forms to better monitor activities related to health coaching and establish data reporting for a future evaluation.

1.5 Significance statement

This health coaching technique and monitoring plan have the potential to be used at the VDS and possibly other VDSs nationwide. The new strategy will include problem solving components that are crucial to encourage individuals to make nutrition and physical activity changes and maintain those changes for a healthy lifestyle (Gutnick et al., 2014). This behavioral health coaching was preferred over other interventions due to the

time constraints of the project and feasibility of incorporating it into existing services. It was also selected as often times Mexican nationals who visit VDS only visit once, when they are waiting to receive their documents. This structure of VDS made it even more crucial to not only capture high levels of BMI, blood pressure, and blood glucose, but to also coach and co-develop a personalized action plan for reducing these measures, and overall lowering the risk of chronic diseases, and improving health among Mexicans in Georgia, Alabama, and Tennessee.

In addition, the new forms have the potential to be used in evaluation efforts of the program. Evaluating effectiveness allows stakeholders to analyze whether the program is actually increasing positive health outcomes for those who participate. Furthermore, it can be a catalyst for program improvement efforts, effective health strategy planning, and results demonstration for funding opportunities (CDC, 1999).

1.6 Definition of Abbreviations

BMI- Body Mass Index

CDC- Centers for Disease Control and Prevention

DAA- Diabetes Association of Atlanta

REAL- Rollins Earn and Learn

RSPH- Rollins School of Public Health

VDS- Ventanilla de Salud

Chapter 2: The Solution

2.1 Behavioral Health Counseling

2.1.1 The Health Coaching Model

In improving the VDS program, a health coaching framework was used to adapt a health coaching technique and create a way to evaluate the program.

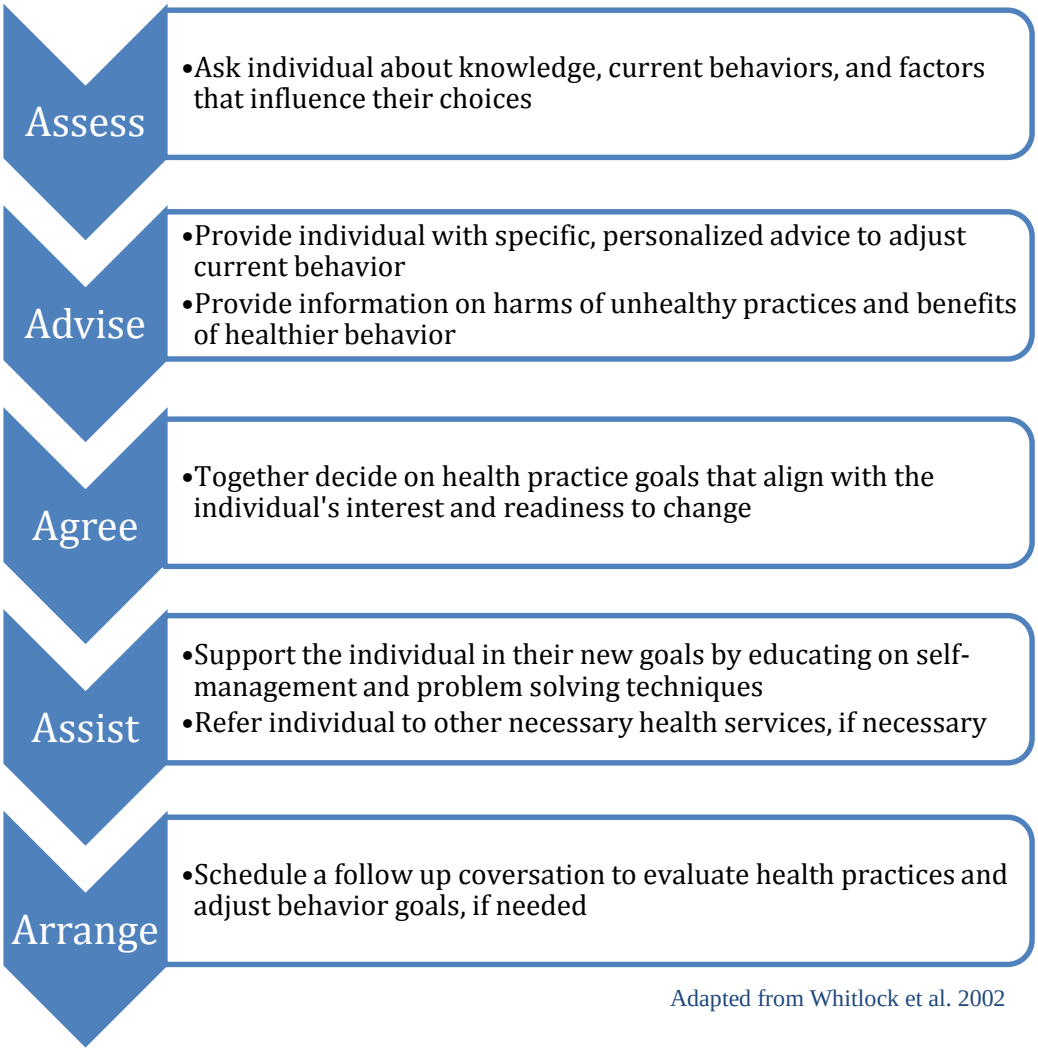
The 5 A's Model

The framework that was incorporated consists of a strategy adapted by Whitlock et al. and endorsed by the U.S. Preventive Services Task Force (Carroll et al., 2012) called the 5 A's, which represent: Assess, Advise, Agree, Assist, Arrange (2002), as shown in **Figure 1**. The first "A" stands for Assess, which consists of asking the individual about current health behaviors and factors that influence their choice in those behaviors. The second "A" stands for Advise and involves providing the individual with specific, personalized advice to adjust their current behavior. This includes providing information on the harms of unhealthy practices and the benefits of healthier behavior. The third "A" stands for Agree, which proposes to collaboratively decide on health practice goals that align with the individual's interests and readiness to change (Whitlock, 2002). Sharing the responsibility of developing health goals is a crucial approach that maintains personal choice and autonomy, which increases their sense of control and increases the likelihood of successful behavior change (Lerman et al., 1990).

The fourth "A" represents Assist, which entails supporting the individual in their new goals, by educating on self-management and problem solving techniques. This aspect of the 5 A's is crucial to stimulate the individual to engage in the subsequent steps toward the intended behavior goal. This also includes referring the individual to other necessary health services in the clinic and/or community (Whitlock, 2002), which aids in improving outcomes of the intervention (Mullen et al., 1997). The fifth and final "A" stands for Arrange

and includes scheduling a follow up conversation to evaluate health practices and adjust behavior goals, if needed. The follow-up allows the health coach to assess the current efforts and perspective of the individual and support them in their behavior change or maintenance (Orleans, 2000).

Figure 1. Framework of the 5 As



Adapted from Whitlock et al. 2002

This behavioral counseling framework was designed to promote health behavior change during direct care using strategies that encourage self-efficacy, internal motivation,

and self-regulation (Fortier et al., 2011). The 5 A's was initially developed for smoking cessation programs in primary care and has been shown effective in reducing smoking (Whitlock et al., 2002). The 5 A's has expanded to other aspects of health behavior change, such as those of diet and physical activity (Whitlock et al., 2002) (Galaviz et al., 2017). In one study examining communication about preventative health topics between provider and patient, conversations during consults were audio recorded and analyzed. Though there was no formal training for using the 5 A's, physicians were already using some portion of the 5 A's. Results showed that there was an association with physicians who used Assist and Arrange, and improvement in patient's diets. In addition, there was also an association between physicians who used Advise and patient's increased motivation and confidence to modify fat intake and reduce weight (Alexander et al., 2011).

Though most of this research on the 5 A's is based in clinical facilities with a health physician, stakeholders and researchers believe that the setting of VDS may be a good fit for this new technique. This would be logical, as general health counseling is already taking place and time is limited, which is similar to at a clinic. Furthermore, this framework would facilitate the Health Educators' crucial role of encouraging disease prevention and health promotion.

Chapter 3: Methods

3.1 Processes and Rationale

3.1.1 Assessment of Feasibility

To understand if using this new technique was feasible to incorporate into the already existing services, a group discussion with all four of the Health Educators was

conducted. To begin, each Health Educator explained the process of steps that they follow when an individual approaches the VDS. All four of the Health Educators stated that they measure blood glucose first and then blood pressure, if the individual requested both. They also all agreed that they give general recommendations. Two of the Health Educators stated that they take an initiative to create a health goal with the individual. However, the decision to make the goal was contingent upon the number of individuals waiting in line and if the individual was willing to make a goal. Though the amount of time that they have with an individual may vary, the four Health Educators agreed that having specific steps with proper tools to guide the process would be beneficial. They agreed to pilot test any materials and give feedback on adjustments that need to be made.

3.1.2 Development of Materials

Plan of Action Toolkit

Some Health Educators had a lot of knowledge about nutrition and physical activity, but others did not. Since there was diversity in the backgrounds of the Health Educators, materials were created to aid them in co-developing a specific goal and action plan with those who visit the VDS. These materials were designed with the 5 A's technique in mind. Specifically, they will guide the "Advise", "Agree", and "Assist" steps in the process. They were created in Spanish, which is the primary language of those who visit VDS. They were revised by RSPH researchers and Consulate staff who are native Spanish speakers. The materials include an overall goal, tips to achieve their goal, and blank spaces to write their specific goal, action plan, obstacles to achieving that goal, and how to overcome those

obstacles. In total, it was determined to have 7 overall goals to choose from, of which 6 were expanded to be more specific from general recommendations already given.

For each piece of health advice, small white icons were used for visual aesthetics, as well as to make the information more accessible for those with low literacy. The materials were designed for the goal to be written in the center of the paper to emphasize the importance of the goal. Five tips to help accomplish each goal is located around the goal circle with arrows pointing from the tips to the goal. The resource was designed this way for the user to understand the flow of using the tips that aid in accomplishing the health goal in the center. At the bottom of the page, there is space to write the "*Action Plan*" with spaces to specify the "*What*", "*How*", "*When*", and "*Where*" of the determined goal to make. This was included to make the goal more specific and to allow the Health Counselor to think through it with the participant. The "*What"* space is meant to answer the question "What is the specific goal?" This allows the participant to contemplate a specific action and establish a behavior that they can realistically change. The "*How*" space is intended to answer "How will this goal be accomplished?" This question guides the participant to strategize steps or establish the process that can help lead them to the goal they created. The "*When"* space suggests, "When will you do these specific actions?" This question urges the participant to plan a definitive time, whether it is time of day, day/s of the week, or specific occasions to follow the steps from the "*How"* section. Lastly, the "*Where"* space signifies, "Where will you be doing these actions?" This question encourages the participant to consider where the "*How"* steps will be taking place. The bottom left box indicates "*Obstacles"* with a blank space to write in any barriers that an individual may have to achieving that goal. This question prompts the participant to examine people, places,

perceptions, attitudes, or beliefs that may impede those steps. The right bottom box asks, "*How will you overcome those obstacles?*" with spaces to write methods to overcome those barriers. This question allows the participant to be intentional and formulate a strategy to confront those obstacles.

DAA Consent Form Update

The previous form was updated to align with the Health Coach Model and include more questions about current health status and follow up. The changes are listed below:

- *Race Question:* Previously, the form included a blank space to fill in race. However, participants often were confused as the classification of race is different in Mexico. To facilitate the registration process, the question was revised to have two options: *Latino/Hispano* and Other (with a blank to fill in a response). This was chosen since most of the individuals that visit the consult are Mexican, which according to the U.S. Census is under the *Latino/Hispano* race category (U.S. Census, 2010).
- *Semantics:* The question that asked, "Do you receive one of more of the following?" was revised to read "Do you receive one of more of these benefits?" This change was made to clarify the question for the reader.
- *Health History Questions:* The previous version contained questions about diabetes, health insurance coverage, and primary care provider. The new version contains the same content, with an added question on hypertension: "Have you been diagnosed with high blood pressure or hypertension?" This question was included to distinguish between individuals with high blood pressure who were aware of their condition and those who had gone undiagnosed.

- *Consent Paragraph:* The former consent paragraph only gave permission to the DAA to use the personal and health history information on the form. In order to give rights to VDS to keep the information for monitoring, evaluation, and overall program improvement, VDS's name was included in the consent paragraph.
- *Results Section:* The former version only included spaces for glucose test results. However, Health Educators were still required by VDS to record blood pressure, height, and weight results. To standardize the form and have the all of the results information in one area of the form, spaces for those results were added.
- *Goal Setting and Follow Up:* The former version did not include questions for monitoring the participant's health behavior or evaluating if the health information given was useful or effective. Questions about the participant's established health goal and the follow up call were added on the back of the DAA Consent Form. These questions were added to not only document the participant's agreed upon goal, but to have standardized questions for the Health Educator to use while making follow up calls. Having these on the reverse side keeps the participant's results, goals, and follow up answers together to facilitate the evaluation of the usefulness and effectiveness of direct services.

3.1.3 Follow-Up Calls

Follow up calls originally were completed on a weekday once a month by one Health Educator. Often times, participants did not answer or commented that they were at work. This obstacle led to changing the date of the follow-up calls to the one Saturday a month that the Mexican Consulate is open. This Saturday is called *Jornada Sabatina*, which is also

when additional glucose and blood pressure checks are completed by partner organizations.

3.1.4 Training Health Educators in the 5 A's Model

Education and training are crucial to establish standards and ensure that all Health Educators are using the 5 A's strategy when coaching participants and communicating the same nutrition and physical activity advice. To standardize the process, a 3-hour workshop was developed and conducted before implementing the new technique. The objectives were: By the end of the training workshop, Health Educators 1) will understand the basic principles of behavior change 2) will identify effective behavior change techniques 3) be familiar with the 5 A's model for physical activity and nutrition counseling.

The Health Coach Workshop was attended by three Health Educators and lasted for 3 hours on a Saturday. One Global Health faculty member with experience in training health professionals in the 5 A's strategy to promote physical activity and nutrition in Mexican populations conducted the training. The topics over 3 sessions included: Basic Principles of Behavior Change, Techniques to Promote Behavior Change, and The 5 A's Model. Within each session, the trainees were provided with opportunities to share their existing knowledge with a safe space to express doubts, worries, and fears. The PowerPoint of the content is shown in **Appendix E**. The following is the sequence and content of each session of the workshop presented in a mix of the Spanish and English language:

1. *Session 1: Basic Principles of Behavior Change*

   The workshop began with the facilitator describing the definition of health behavior change and the national guidelines for physical activity and diet for adults. It continued with information on specific diet, physical activity,

alcohol consumption, smoking, glucose monitoring, and medication regime fidelity recommendations for individuals with diabetes. The facilitator then gave examples of individual, interpersonal, and community barriers to maintaining a healthy lifestyle. From there, the Health Educators learned about the three factors that influence behavior, which are capability, motivation, and opportunity based on the Behaviour Change Wheel model. After learning the concepts, the learners then wrote down and shared strategies that they already incorporate into the health education that promotes capability, motivation, and opportunity.

2. *Session 2: Techniques to Promote Behavior Change*

   The following session began with the facilitator asking if any of the Health Educators knew what Reflective Listening was. The facilitator then explained that Reflective Listening was a counseling technique to encourage behavior change. She explained that this technique focuses on the narrative of the individual being counseled and is used to demonstrate understanding of what the client says. She then explained the two types of Reflective Listening techniques, by describing the difference between "Simple Reflections" and "Complex Reflections." This part included a role-play activity to allow trainees to practice their new Reflective Listening skills on each other.

3. *Session 3: The 5 A's Model*

   After a short break, the final session focused on the 5 A's Model for health coaching. A broad explanation was given about the process of the 5 A's. Then, the facilitator went into more detail, by including a definition and an example

to illustrate the different aspects of each step. Suggestions were also given on different tools and resources to use to facilitate the coaching step. The Health Educators were then asked to practice the 5 A's on each other in pairs. The facilitator provided each person feedback and summarized the three sessions at the end.

Chapter 4: Results

4.1 Resources Developed and Workshop Evaluation

4.1.1 Plan of Action Toolkit

The final version of the Plan of Action Toolkit is shown in **Appendix F**. The materials include an overall goal, tips to achieve their goal, and blanks spaces to write their specific goal, action plan, obstacles to achieving that goal, and how to confront those obstacles. In total, it was determined to have 7 overall goals to choose from, of which 6 were expanded to be more specific from general recommendations already given. The 7 goals with accompanying health tips are:

1) Eat More Vegetables
    a) Select Them in Restaurants- Instead of French fries, choose a salad or vegetable soup.
    b) Put Them in a Smoothie- Add spinach, celery, carrots, of beets to a smoothie.
    c) Try Them in New Forms- Prepare them steamed, grilled, sautéed, with cheese, or with new spices.

d) Change the Recipes-Add chopped carrots, zucchini, or bell pepper to rice or pasta.

e) Eat Homemade Salsa- Prepare homemade salsa instead of using bottled salsa.

2) Eat More Fruits

a) Make a Smoothie with Whole Fruit- Use whole fruits to make a smoothie instead of a fruit water that contains additional sugar

b) Leave Them in Plain Sight- Put fruit in a fruit bowl on the table or in the refrigerator.

c) Anticipate Meals- Cut fruit the same day that you buy it so it will be ready to eat.

d) Think about Variety- Buy fresh, dried, or frozen fruit without added sugars.

e) Eliminate the Craving- Bring with you ready-to-eat fruits, like apples or mandarins.

3) Reduce Sugar

a) Eat More Whole Grains- Opt for integral options, like whole grain bread, pasta, and tortillas.

b) Reduce Sugar-Sweetened Beverages- Exchange a sweetened drink or soda for soda water with lime juice.

c) Use Natural Condiments- Instead of ketchup or barbeque sauce use lime juice and salt

d) Eat Fruit for a Dessert- Substitute your dessert for a fruit like a pear or papaya.

e) Share Your Dessert- If you eat a dessert, share it or save half for later.

4) Reduce Salt

a) Ask for Dressing on the Side- Ask for dressings or cheeses in a small cup instead of on top of your food.

b) Leave the Salt until the End- Add salt at the end and not while you cook.

c) Use Spices and Herbs- Use cumin, basil, or oregano instead of so much salt to flavor the food.

d) Bring Your Meals from Home- Instead of eating lunch at a restaurant, bring your lunch to work.

e) Use Powdered Spices without Salt- Exchange garlic salt for garlic powder or fresh garlic.

5) Increase Physical Activity

a) Park Far- Park further from where you are going and walk.

b) Program an Alarm- Set an alarm to remember to walk or move for a few minutes

c) Walk While You Talk- Do you have a friend that likes to talk? Walk while you two talk.

d) Use the Stairs- Avoid using the elevator and use the stairs instead

e) Get a Group Together- If you don't have motivation, get a group together to motivate you to exercise

6) Decrease Portion Sizes
    a) Share Your Meals- Portion sizes in restaurants are large. Share your plate instead!
    b) Save Half- Ask for a box before eating to put half of the food in
    c) Eat Slowly- Give your body time to feel satisfied
    d) Listen to Your Body- Are you really hungry or are you just anxious or bored? Listen to your body.
    e) Ask for the Small Size- If you eat in a restaurant, ask for the smaller portion, instead of the larger one
7) Reduce Stress
    a) Focus on Your Breathing- Breath in for 4 seconds, pause for 7, and exhale for 8. Repeat 3 times or more.
    b) Listen to Music- Take time to play your favorite music and sing or dance.
    c) Write Out Your Thoughts- Take 10 minutes to reflect and write how you feel.
    d) Exercise- When you are stressed, take 10 minutes or more to walk, run, play, or dance.
    e) Learn to Say No- Learn to establish limits and ask for help if you need.

As for the design, a circle with the words, “What is your goal?” with blank spaces below it is located in the middle of the page. Five health tips are displayed in rectangle semi-circles. Abbreviated versions of the health tips are written in bold uppercase font and expanded information is written in lowercase in the same semicircle rectangle. Each piece

of health advice (5 for each main goal) has a small white icon visually representing it and an arrow pointing to the middle "What is your goal?" circle. At the bottom of the page, the large box in the middle indicates "*Action Plan*" with spaces to specify the "*What*", "*How*", "*When*", and "*Where*" of the determined goal. The bottom left box indicates "*Obstacles"* with a blank space to write in any barriers that an individual may have to achieving that goal. The right bottom box asks, "*How will you overcome those obstacles?*" with spaces to write strategies to overcome those barriers to achieving their health goal.

4.1.2 DAA Consent Form with Follow Up

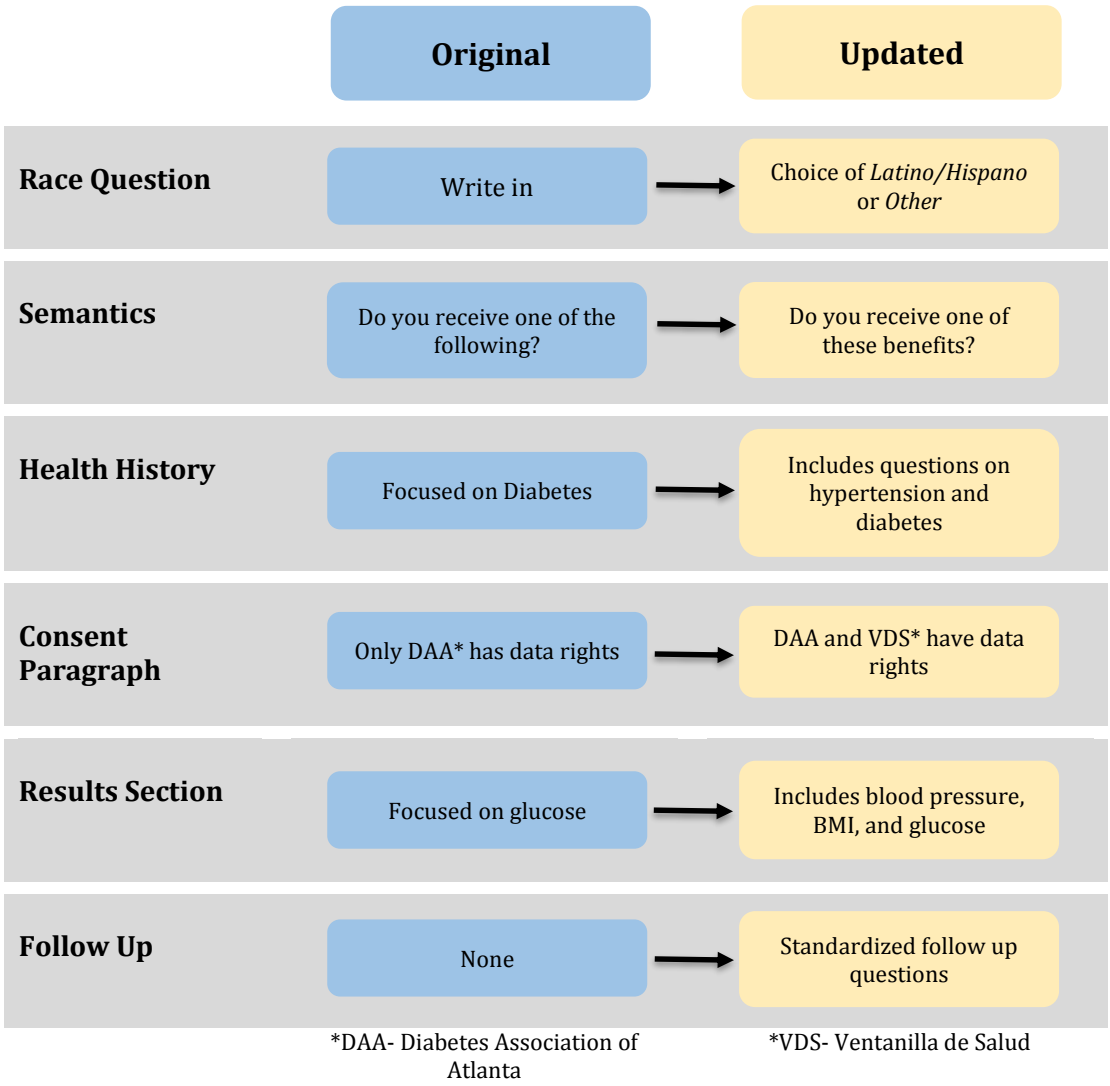
The final version of the DAA Consent Form with Follow Up is shown in **Appendix G.** The following are the changes that were made (also illustrated in **Figure 2**):

- *Race Question:* The race question was revised to have two options: *Latino/Hispano* and *Other* (with a blank to fill in a response).
- *Semantics:* The question that asked, "Do you receive one of more of the following?" was revised to read "Do you receive one of more of these benefits?"
- *Health History Questions:* The previous version contained questions about diabetes, health insurance coverage, and primary care provider. The new version contains the same content, with an added question on hypertension: "Have you been diagnosed with high blood pressure or hypertension?"
- *Consent Paragraph:* The former consent paragraph only gave permission to the DAA to use the personal and health history information on the form. The new version includes VDS in the consent paragraph.

- *Results Section:* The former version only included spaces for glucose test results. Spaces were added to record blood pressure, height, and weight results.
- *Goal Setting Section:* The former version did not include questions for monitoring the participant's health behavior or evaluating if the health information given was useful or effective. The new version contains a section on the back called "*Goal Establishment*," which includes the same questions from the Plan of Action worksheet that the participant fills out, but for the Health Coach to record. Those questions are: 1) What is their health goal? 2) What is their action plan? 3) What are obstacles to achieving their goal? 4) How will they overcome those obstacles?
- *Follow Up Section:* The new version also contains a section called "*Follow Up Call,*" which consists of two columns, one for six "*Questions*" and the other for "*Answers/Notes.*" The first question asks, "Have you seen a doctor to check if you have diabetes or hypertension?" with answer options "yes" or "no and see question 3." The second question asks, "Did they give you a recommendation of treatment to manage your diabetes or hypertension?" with answer options "yes (specific)_____" and "no." The third question asks, "Did you achieve your goal?" with answer choices "yes" or "no." The fourth question asks, "Have you stuck to your action plan?" with answer options "yes" and "no (describe why)_____" The fifth question asks, "Do you want to make changes to your plan or make a new one?" with answer options "yes" or "no." The sixth question has a Likert scale that asks, "On a scale of 1-5, how useful was the coaching that you received in the Mexican Consulate, with 1 being 'not so useful'

and 5 being 'extremely useful?'" with answer choices "1, not so useful," "2, slightly useful," "3, moderately useful," "4, very useful," "5, extremely useful." At the bottom of the page, there is a space for the Health Educator who follows up with the participant to write their name and the date of the follow up call.

Figure 2. Changes made to DAA Consent Form



4.1.3 Health Coach Workshop Evaluation Survey

At the end of the workshop, a survey of the Health Educator Training was administered (shown in **Table 1**) to evaluate the content, the facilitator, and the usefulness of the workshop. The survey consisted of three questions: 1) On a scale from 0-10, where 0 is not relevant and 10 is very relevant, how would you rate the content of this session? 2) On a scale from 0-10, where 0 is bad and 10 is excellent, how would you rate the professor in this session? 3) On a scale of 0-10 where 0 is useless and 10 is very useful, how would you rate the usefulness of this session? 4) Comments.

Table 1. Health Coach Workshop Evaluation Results

Question	Q1. On a scale from 0-10, where 0 is not relevant and 10 is very relevant, how would you rate the content of this session?	Q2. On a scale from 0-10, where 0 is bad and 10 is excellent, how would you rate the professor in this session?	Q3. On a scale of 0-10 where 0 is useless and 10 is very useful, how would you rate the usefulness of this session?	Comments
	8	10	8	The session was very fun and dynamic. The instructor was very energetic and efficient in presenting the material. I wish it would have started with learning about the Ventanilla, rather than figuring it out on the go
	10	10	10	Very engaging and incredibly important info! Thank you!
	10	10	10	Great job! It would have been helpful to talk to everyone about what is done before going into the content. Thanks! You were great!
	9	10	10	
Average Score	9.25	10	9.5	

Overall, relevance of content was rated an average of 9.25 out of 10. All four respondents answered with a 10 out of 10 for quality of teaching by the professor. The usefulness of the session was rated an average of 9.5 out 10. For the unstructured section

on comments, 2 out of 4 of the respondents mentioned that it would have been helpful to first have a conversation about the VDS and what each Health Educator already does before introducing the content. Finally, 3 out of 4 respondents made positive comments about the professor and her way of teaching.

Chapter 5: Discussion

5.1 Strengths, Limitations, and Recommendations

VDS was looking to implement a new behavioral counseling technique to encourage participants to have a healthy lifestyle and aid in preventing chronic diseases in Mexican nationals living in Georgia, Tennessee, and Alabama. In addition, VDS aimed to develop a method to evaluate the impact of the behavioral health counseling program. This future evaluation will allow the VDS to determine whether the program is working and to help refine program delivery. Through this special studies project, we were able to develop resources to guide the Health Coaches in establishing health goals with participants, create a method for improved monitoring and evaluation of the VDS program, and train Health Coaches on the 5 A's behavioral health coaching technique.

5.1.1 Strengths

The 5 A's health counseling technique, the DAA Consent Form with Follow-Up, and the Action Plan toolkit have many strengths included below.

From Referrals to Action

Previously, Health Educators gave community health service referrals and general health recommendations to participants who received abnormal blood glucose, blood

pressure, or BMI results. Now, on top of this, the Health Educators can take on a Health Counselor position and guide participants in developing their own health goals. This can help encourage participants to be accountable for their health and move them into the next step of behavior change. Along with these action plans, referrals will still be made to the appropriate community services.

Data Rights for Evaluation

The change in the Consent Section of the DAA Consent Form gives VDS the right to keep the information and use it for program improvement. In addition, the Follow-Up Section of the same form allows Health Counselors to inquire with the participant about their health behaviors and the progress on their health goal, as well as to ask about the usefulness of the brief behavioral health counseling session. These changes will help facilitate program evaluation and assess the impact that the program has on individuals who visit VDS. Below is an analysis of the strengths, challenges, and recommendations to continue to improve the impact of the VDS program and achieve its goal.

5.1.2 Limitations

Though this special studies project has many strengths, there are also some limitations, of which are listed below.

Time constraints

Due to the time constraints of this special studies project, the Feasibility Assessment and the Health Coach Workshop were conducted quickly. With this, crucial details for program improvement may have been left out. In addition, the toolkit and the 5 A's

technique still need to be piloted and evaluated to ensure that they are acceptable for the Mexican population and feasible for the Health Counselors.

Political Turnover

During the process of completing the Feasibility Assessment, developing the materials, and conducting the Health Coach Workshop a new Mexican president was inducted into office. Since VDS is housed within and is a program of the Mexican Consulate, the daily processes were affected. In addition, with new leadership comes new rules, regulations, and funding, which resulted in a lack of supervisor for the Health Educators and a lack of assistance in providing specific program-related feedback.

Health Counselors Turnover

Along with time constraints, turnover of the Health Counselors happens every 1 or 2 years. This may be an issue as this may affect the quality of the behavioral health counseling. This may not be enough time for the Health Counselors to become highly skilled in the 5 A's. This could be a problem with delivering high quality services. In addition, though the 5's has been shown to be highly effective, the Health Counselors need to fully implement all steps of this technique during the behavioral health counseling sessions in order to be effective.

Self-Reported Data

The Follow-Up data is collected via a phone call and follow-up questions. The quality of data given is based on the honesty of the participant. For example, they could say that they have changed a behavior or went to the doctor when they actually have not to look better to the Health Counselor or themselves. Social desirability bias is common in self-reported data.

5.1.3 Future Recommendations

The following recommendations for the resources created and the 5 A's technique aim to guide the processes of the VDS behavioral health coaching.

Health Coaches Use 5 A's and New Materials in Health Coaching

Based on the review of the program and the new initiatives that were put in place as part of this special studies project, it is recommended that the health coaching model be piloted, revised, and adopted. In addition, the newly trained coaches should begin collecting blood glucose, blood pressure, and BMI data as soon as possible. They should ensure that each VDS participant provides consent through the updated Consent Form with Follow-Up. Once completed, the Health Coaches should perform blood pressure, blood glucose, and BMI checks on participant. If any of the values are high, the Health Coach should then go through the 5 A's process by assessing their current physical activity and eating behaviors, advising on the risk of disease and benefits of modifying the behavior, agreeing on an action plan to improve physical activity and/or nutrition, assisting in identifying barriers and opportunities to this planned behavior, and arranging a follow up call or reminder to encourage incorporating this newly learned behavior into their lifestyle.

During the Agree step, the Health Coach should use the Action Plan Toolkit to aid in developing a health goal with the participant. The Health Coach should write the goal and action plan in the Goal Setting section on the back of the DAA Consent Form with Follow Up, while the participant writes the same information on the Action Plan Toolkit form. The Health Coach should also refer the participant to relevant community health services as usual. At the end of each day, the DAA Consent Form with Follow Up of the participant with an abnormal result should be filed in the Abnormal file in the locked cabinet. Then, at the

following *Jornada Sabatina*, a follow-up call should be made using the Follow-Up questions on the back of the DAA Consent Form.

Abnormal Results Database

A digital database should be created to input the data of those who had abnormal results. This database should be contained in a password protected program. The data entered should not include participant's personal information, only information on results, goals, and follow-up. This information should be used for monitoring and evaluation of the VDS program, as well as for program improvement purposes.

Health Coach Workshop Recommendations

The results from the Health Coach Workshop indicate a need for reviewing the process of the Health Coaches before introducing the new information. Though in the future this will be the training that Health Coaches receive when they are trained into the position, it may be well received to assess the current knowledge of the Health Coaches at the beginning of the workshop. Once this is accomplished, the facilitator may go into the new information and skills practice.

5.1.4 Conclusion

The process of analyzing VDS operations, creating the Action Plan Toolkit and updating the DAA Consent Form was challenging and valuable. Feedback from RSPH researchers and the Mexican Consulate staff was important in developing and revising the resources. The overall acceptance of this special studies project has been positive and auspicious for implementation in the future. If VDS follows through with the recommendations, these resources could improve program operations and if successful,

this technique could be scaled nationally to other VDSs. Ultimately, these resources could hopefully contribute to positively impacting the health of the population of Mexican nationals living in the U.S.

Bibliography

Alexander, S., Cox, M., Boling Tuer, C., Lyna, P., Ostbye, T., Tulsky, J., Dolor, D., Pollak, K. (2011). Do the Five A's Work When Physicians Counsel About Weight Loss?. *Family Medicine,* 43(3), 179-84.

Artinian, N.T., Fletcher, G.F., Mozaffarian, D., et al. (2010). Interventions to promote physical activity and dietary lifestyle changes for cardiovascular risk factor reduction in adults: a scientific statement from the American Health Association. *Circulation*, 122(1), 406-41.

Barnes, M. (2017). Blood Glucose Testing Workshop by the Diabetes Association of Atlanta. Training facilitated at the Ventanilla de Salud. Atlanta, GA.

Carroll, J.K., Fiscella, K., Epstein, R.M., Sanders, M.R., Williams, G.C. (2012). A 5A's communication intervention to promote physical activity in underserved populations. *BMC Health Services Research*, 12(1), 374.

Centers for Disease Control and Prevention (CDC). (1999). Framework for program evaluation in public health. *MMWR*, 48(No. RR-11), 1-40.

Centers for Disease Control and Prevention (CDC). (2016). *Behavioral Risk Factor Surveillance System*. Retrieved on November 12, 2018 from https://www.cdc.gov/brfss/index.html

Centers for Disease Control and Prevention (CDC). (2017). National Center for Health Statistics: Health, United States, 2017-Data Finder. Retrieved October 26, 2018 from https://www.cdc.gov/nchs/hus/contents2017.htm

Centers for Disease Control (CDCa). (2018). National Center for Chronic Disease and Health Promotion. *About Chronic Disease*. https://www.cdc.gov/chronicdisease/about/index.htm

Centers for Disease Control (CDCb). (2018). *Diabetes Home*. Retrieved October 26, 2018, from https://www.cdc.gov/diabetes/basics/quick-facts.html

Colby, S. L., & Ortman, J. M. (2017). Projections of the size and composition of the US population: 2014 to 2060: Population estimates and projections. Retrieved October 26, 2018, from https://www.census.gov/content/dam/Census/library/publications/2015/demo/p25-1143.pdf

Consulado General de México en Atlanta. (2016, February 4). *Ventanilla de Salud: Emory's Rollins School of Public Health and Consulate General of Mexico in Atlanta renew Health Partnership* [Press release]. Retrieved October 26, 2018, from https://consulmex.sre.gob.mx/atlanta/images/stories/salaprensa/2016/pr_2016_01_vds.pdf

Eden, K.B., Orleans, C.T., Mulrow, C.D., et al. (2002). Does Counseling by Clinicians Improve Physical Activity? A Summary of Evidence for the US Preventive Services Task Force.

Fortier, M.S., Wiseman, E., Sweet, S.N., O'Sullivan, T.L., Blanchard, C.M., Sigal, R.J., & Hogg, W. (2011). A moderated mediation of motivation on physical activity in the context of the Physical Activity Counseling randomized trial. *Psychology of Sport and Exercise*, 12(2), 71-78.

Galaviz, K., Estabrooks, P., Ulloa E., Lee, R., Janssen I., Lopez, Y., Ortiz-Hernandez, L., Levesque, L. (2017). Evaluating the effectiveness of physician counseling to promote physical activity in Mexico: an effectiveness-implementation hybrid study. *Translational Behavioral Medicine,* 7(4), 731-40.

Georgia Department of Public Health (GDPH). (2014). *Georgia Behavioral Risk Factor Surveillance System Report*. Retrieved on November 25, 2018 from https://dph.georgia.gov/georgia-behavioral-risk-factor-surveillance-system-brfss

Gil-Lopez, Erika. (2017). Ventanilla de Salud Training Fall 2017. Atlanta, GA.

Gutnick, D., Reims, K., Davis, C., Gainforth, H., Jay, M., Cole, S. (2014). *Journal of Clinical Outcomes Management*, 21(1).

Leon B. M., Maddox, T. M. (2015). Diabetes and cardiovascular disease: Epidemiology, biological mechanisms, treatment recommendations and future research. *World J Diabetes*, 6(13), 1246-58.

Lerman, C.E., Brody, D.S., Caputo, G.C., Smith, D.G., Lazaro, C.G., Wolfson, H.G. (1990). Patients' perceived involvement in care Scale: relationship to attitudes about illness and medical care. *Journal of General Internal Medicine.* 2(29), 29-33.

Lorig, K., Holman, H. (2003). Self-management education: history, definition, outcomes, and mechanisms. *Ann Behav Med*, 26(1), 1-7.

Lorig, K., Laurent D.D., Plant, K., Krishan, E., Ritter, P.L. (2013). The components of action planning and their associations with behavior and health outcomes. *Chronic Illness*, 10(1), 50-9.

McWilliams, J. M. (2009). Health Consequences of Uninsurance among Adults in the United States; Recent Evidence and Implications. *Milbank Quarterly.* 87(2), 443-94.

Merai, R., Siegel, C.., Rakotz, M., Basch, P., Wright, J., Wong, B., & Thorpe, P. (2016). *CDC grand rounds: A public health approach to detect and control hypertension.* Atlanta: U.S. Center for Disease Control.

Mullen, P.D., Simons-Morton, D.G., Ramirez, G., Frankowski, R.F., Green, L.W., Mains, D.A. (1997) A meta-analysis of trials evaluating patient education and counseling for three groups of preventative health behaviors. *Patient Education Counsel*. (32), 157-73.

Orleans, C.T. (2000). Promoting the maintenance of health behavior change: recommendations for the next generation of research and practice. *Health Psychology*. 19(suppl 1), 76-83.

Ramirez, T, et al. (2013). Migration and Health: Mexican immigrants in the U.S. (1st ed., pp. 1-71, Rep.). México: Secretaría de Gobernación/Consejo Nacional de Población.

United States Census Bureau. (2010). American Fact Finder: Hispanic or Latino and Not Hispanic or Latino by Race. Retrieved on April 1, 2019 from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC_10_PL_P2&prodType=table

United States Census Bureau. (2017). QuickFacts: UNITED STATES. Retrieved October 26, 2018 from https://www.census.gov/quickfacts/fact/table/US/PST045217

United States Census Bureau. (2018, August 29). Data: The Hispanic Population in the United States: 2016. Retrieved October 26, 2018, from https://www.census.gov/data/tables/2016/demo/hispanic-origin/2016-cps.html

United States Department of Health and Human Services(HHS). (2018, June 1). U.S Department of Health and Human Services Office of Minority Health: Profile Hispanic/Latino Americans. Retrieved October 26, 2018, from https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=64

United States Department of Health and Human Services and United States Department of Agriculture (HHS/USDA). (2015). *2015-2020 Dietary Guidelines for Americans*. 8th Edition. Retrieved on November 12, 2018 from https://health.gov/dietaryguidelines/2015/guidelines/.

Velasco-Mondragon, E., Jimenez, A., Palladino-Davis, A., Davis, D., Escamilla-Cejudo, J. (2016). Hispanic health in the USA: a scoping review of literature. *Public Health Reviews*, 37(31), 1-27.

Ventanilla de Salud: About VDS. (2018). Retrieved October 26, 2018, from http://ventanillas.org/index.php/en/

Ventanilla de Salud Atlanta: First Semester Report 2018 (pp. 1-2, Rep.). (2018). Atlanta, GA.

Ventanilla de Salud Atlanta: Manual de Capacitación (2017). Atlanta, GA.

Whitlock, E., Orleans C.T., Pender, N., Allan, J. (2002). Evaluating primary care behavioral counseling interventions: An evidence-based approach. *American Journal of Preventive Medicine*, 22(4), 320-323.

Appendix A: DAA Consent Form

DIABETES ASSOCIATION OF ATLANTA

Ventanilla de Salud

Esta información es estrictamente confidencial. Sólo se utiliza para evaluar cómo podemos servir mejor a la comunidad. Su información será confidencial.

Nombre _____ **Edad:**_____

Sexo: Hombre ___ Mujer___ **Raza:** _____

Calle _____ **Ciudad:**_____

Estado:_____ **Código Postal**:_____ **Condado:**_____

Tel–Casa:_____ **Teléfono Celular:**_____

¿Recibe actualmente uno o más de los siguientes?: Medicaid, Right from the Start Medicaid, TANF, Georgia Energy Assistance Program (EAP), SNAP/Food Stamps, Emergency Food Assistance Program (TEFAP), Commodity Supplemental Food Program, WIC, Subsidized Childcare (CAPS) or Housing Choice Voucher/Section 8? **YES** **NO**

Elija sí o no:

- **¿Ha Sido Diagnosticado con Diabetes? Sí No**
- **¿Historia Familiar de Diabetes? Sí No**
- **¿Ha tomado o comido algo en las últimas 8 horas que no sean agua, o café negro? Sí No**
- **¿Tiene Ud. Seguro De Salud/Medico? Sí No**
- **¿Tienes un doctor? Sí No**

Le doy permiso a el "Diabetes Association of Atlanta" (DAA) para chequear mi nivel de azúcar sanguínea. La siguiente evaluación del nivel de azúcar en la sangre es voluntaria y puramente informativa. Es mi responsabilidad consultar a mi médico, clínica, o sala de emergencia mas cercana para obtener tratamiento si los resultados así lo requieren. El DAA no es responsable en ninguna manera por las consecuencias de mi participación en esta evaluación. Toda información personal proveído a el DAA va ser mantenido en confianza estricta no cera actualizado a nadie sin autorización por escrito este obtenido

Firma _____ **Fecha** _____

Firma de padre o guardia para los ninos menores de 18 anos

_____ Screen **_____ Random** **Result _____mg/dl**
_____ Monitor **_____ Fasting** **Follow-up: ____ Yes ____ No**
Comments: _____ **Technician:** _____
Referral Given:_____

5/26/2017

Appendix B: Daily Report Form

Ventanilla de Salud

Consulado de Mexico Atlanta/Emory Rollins School of Public Health

Reporte de Actividad Diaria

Fecha:	**Nombre de la Organización:**

Por favor llene la siguiente información sobre las charlas que dio:

Tema Charlas	*# de Charlas*	*#Personas presente*	*#Materiales distribuidos*	*#Asesorías Personalizadas*
Total:				

Si ofrecieron algún servicio/screening, por favor destaca los siguientes datos:

Servicio/Screening	*# Recibieron el servicio*		*# Resultados Anormales*	*# Citas agendadas*
	M	*F*		
Referencias				

¿En algún momento refirieron a un individuo a algún servicio de salud?

Si sí, ¿a cuáles servicios/clínicas?	**# Personas Referidas**	
	M	F
Servicio/clínica:		
Servicio/clínica:		
Servicio/clínica:		
Servicio/clínica:		
Servicio/clínica:		

Hay algo más que quiere añadir sobre los servicios que ofrecieron hoy?

SRE
CONSULADO GENERAL DE MÉXICO EN ATLANTA

EMORY ROLLINS SCHOOL OF PUBLIC HEALTH

La importancia de la glucosa y la diabetes

El cuerpo humano requiere glucosa para algunas de las funciones más importantes. La glucosa es un azúcar simple que provee la energía necesaria para realizar procesos en nuestro cuerpo. Los altos niveles de glucosa en la sangre pueden indicar Diabetes.

¿Qué es Diabetes?

La diabetes es una enfermedad en la cual los niveles de **glucosa** en la sangre están por encima de lo normal. La mayor parte de los alimentos que consumimos se transforman en glucosa, o azúcar, que es utilizada por el cuerpo para generar energía. El páncreas, un órgano que se encuentra cerca del estómago, produce una hormona llamada **insulina** para facilitar el transporte de la glucosa a las células del organismo. Cuando se sufre de diabetes, el cuerpo no produce suficiente insulina o no puede utilizar su propia insulina adecuadamente. Esto causa que el azúcar se acumule en la sangre.

En las personas con Diabetes mellitus tipo 2, las células **se resisten a la acción de la insulina** o el páncreas **deja de producirla**, ocasionando que la glucosa no pueda entrar a las células y se acumule en la sangre.

¿Cuáles son los valores de glucosa SALUDABLES?

Antes de comer: ≤ 100
Después de comer: ≤ 140

Si padeces DIABETES: ¿Cuáles son los valores de glucosa esperados?

Antes de comer: 70 – 130
Después de comer: ≤ 180

Ventanilla de Salud

LA VENTANILLA DE SALUD ATLANTA

tiene como misión mejorar la salud de los mexicanos y sus familias en Georgia, Alabama y Tennessee, promover los estilos de vida saludables y mejorar el acceso a los servicios de salud.

Este volante contiene información importante acerca de cómo prevenir hipertensin y Diabetes. ¡También consejos en como tener una alimentación saludable!

¡Y los resultados de su revisión HOY!

VENTANILLA DE SALUD ATLANTA
1700 CHANTILLY DRIVE NE
ATLANTA, GA 30324
404.266.2233 ext 291
VENTANILLADESALUDATLANTA@GMAIL.COM

SRE
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EMORY ROLLINS SCHOOL OF PUBLIC HEALTH

ENTENDIENDO DIABETES Y PRESIÓN ARTERIAL

Ventanilla de Salud

SRE
CONSULADO GENERAL DE MÉXICO EN ATLANTA

EMORY ROLLINS SCHOOL OF PUBLIC HEALTH

Presión arterial

La presión arterial es la fuerza con la que el corazón está trabajando. La presión arterial alta, también llamada hipertensión, aumenta el riesgo de enfermarse del corazón. Cuando esta alta, su corazón trabaja más fuerte. La presión alta puede causarle: Ataque al cerebro, Ataque al corazón, Problemas de los riñones, problemas de la vista, Muerte.

Guía de medidas para la presión arterial

	Sistólica Primer número	**Diastólica** Segundo número
Normal	*Menos de 120*	*Menos de 80*
Presión Arterial elevada más de lo normal	*Entre 120-139*	*Entre 80-89*
Presión Elevada	*140 o más*	*90 o más*

¿Qué debo hacer para mantener mi presión arterial normal?

Tener un estilo de vida saludable

- Actividad física regular
- Comer vegetales y frutas diariamente
- Beber por lo menos 8 vasos de agua al día
- Limitar alimentos salados
- No fumar y limitar el alcohol.

Recomendaciones generales para una alimentación saludable

- Las frutas y verduras proporcionan nutrientes vitales. Es recomendable comer cinco porciones de vegetales y frutas diariamente.
- Los lácteos se recomiendan descremados.
- Preferir el consumo de proteínas de origen vegetal, como son los frijoles, las lentejas, las habas, garbanzos, soya, etc.
- Preferir el consumo de proteínas de origen animal con bajo contenido de grasa, como son el pescado y el pollo.
- Utilizar buenos aceites para cocinar como el aceite de oliva.
- Evitar las grasas saturadas y poliinsaturadas, como margarinas en barra y manteca.
- Preferir preparaciones que no requieran utilizar aceite, como son asado, al vapor, cocción, etc.
- Evitar alimentos empanizados y fritos.
- Disminuir el uso de mayonesa o aderezos y sustituirlos por un tercio de aguacate.
- Utilizar grasas vegetales como colación, como son las oleaginosas (oliva, nueces, pistaches, cacahuates, almendras, etc.)

Resultados de su revisión hoy

Nombre _____

Fecha _____

Estatura _____ feet _____ inches/ _____ cms

Peso _____ pounds/ _____ kilos

Presión Arterial _____ /_____ (Normal < 120/80)

Indice Masa Corporal _____ (Normal 20 – 25)

Glucosa

Está en Ayuno (8 horas) ☐ Sí ☐ No

Resultado _____

Normal _____ Elevada _____

Monitoreo de Glucosa

Dentro del objetivo glucémico _____

Por encima del objetivo glucémico _____

Información en clínica comunitarias

_____

_____

¿Cuáles son los factores de riesgo para desarrollar Diabetes?

Origen Hispano
Historia familiar de Diabetes
Mayor de 45 anos
Sobrepeso
Hipertensión Arterial
Colesterol y Triglicéridos elevados
Sedentarismo
Diabetes Gestacional

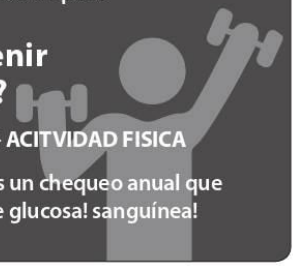
¿Cuáles son los signos de advertencia de Diabetes?

Sed Excesiva • Fatiga • Aumento del Hambre • Visión borrosa • Pérdida de peso

¿Cómo prevenir su aparición?

DIETA SALUDABLE + ACITVIDAD FISICA

¡Realice por lo menos un chequeo anual que incluya los valores de glucosa! sanguínea!



Appendix D: Abnormal Glucose List

Abnormal Glucose
Diabetes Association Follow Up Form

_____
Month/Year

#	Name	Fasting?	Date Test	Result	Phone Number	Date Follow Up	Notes
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

Appendix E: PowerPoint for Health Coach Workshop

CONSEJERIA PARA PROMOVER CAMBIO DE COMPORTAMIENTOS

Dra. Karla Galaviz
Profesora investigadora
Global Diabetes Research Center, Emory University
8 de Febrero del 2019

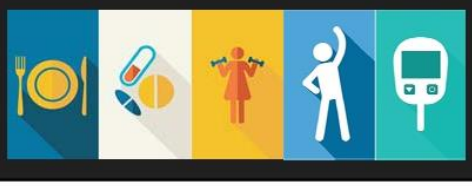
OBJETIVOS DE APRENDIZAJE

1. Entender los principios básicos sobre el cambio de comportamiento
2. Identificar técnicas de cambio de comportamiento efectivas
3. Familiarizarse con el modelo de las 5-As

PRINCIPIOS BASICOS SOBRE EL CAMBIO DE COMPORTAMIENTO

¿QUE ES UN COMPORTAMIENTO DE SALUD?

Cualquier actividad realizada con el propósito de prevenir o detectar enfermedades o mejorar la salud y el bienestar (Conner and Norman 1996).



1

PHYSICAL ACTIVITY GUIDELINES FOR AMERICANS

Children 6-17 years

Should do at least 60 minutes of physical activity per day (aerobic, muscle and bone strengthening)

Adults (18-64 years)

At least 150 minutes of MVPA per week and muscle strengthening activities on 2 or more days

Older adults

At least 150 minutes of MVPA per week and muscle strengthening activities on 2 or more days

Pregnant or Postpartum Women

At least 150 minutes per week of moderate-intensity aerobic activity

www.health.gov/paguidelines

DIETARY GUIDELINES FOR AMERICANS

My plate

Find your healthy eating style
and maintain it for a lifetime. This means:

Everything you eat and drink over time matters.

The right mix can help you be healthier now and in the future.

My wins

MyWins

Start with small changes
to make healthier choices you can enjoy.

Visit ChooseMyPlate.gov for more tips, tools, and information.

LA PERSONA CON DIABETES DEBE:

- Realizar 150 minutos de AFMV a la semana
- Llevar una dieta saludable
- No fumar
- Limitar su consumo de alcohol (1-2 tragos por dia)
- Monitorear su glucosa
- Tomar sus medicamentos (algunas personas)

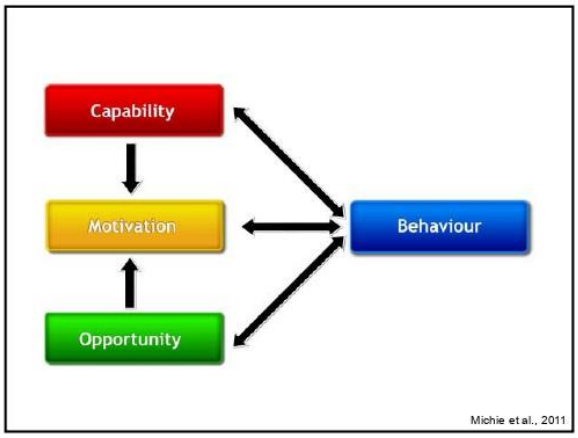
BARRERAS PARA ESTILOS DE VIDA SALUDABLES

Individual
- Depresión o ansiedad
- Falta de recursos
- Falta de conocimiento, habilidad
- Falta de autorregulación

Interpersonal
- Falta de apoyo familiar o social
- Estigma y discriminación

Comunidad
- Falta de aceso a recursos, mal estado de ambiente construido, inseguridad

2



ACTIVIDAD

Actualmente, ¿que estrategias usas para promover la **capacidad, oportunidad y motivación** de tus clientes en VDS?

TECNICAS PARA PROMOVER EL CAMBIO DE COMPORTAMIENTO

ESCUCHAR REFLECTIVAMENTE

- Se centra en la narrativa de la persona en lugar de afirmar tu comprensión de la misma
- Se emplea para hacer conjeturas sobre lo que quieren decir los clientes
- Los **reflejos** se usan para demostrar entendimiento, o checar si comprendimos lo que dijo el cliente o su significado
- Son frases, **NO** preguntas
- Las palabras pueden ser similares pero la entrega y el efecto son diferentes (tono de voz)

3

"Yo no necesito ayuda, yo puedo solo"

REFLEJO SIMPLE

- Es muy similar a lo que ha dicho el cliente
- No agrega nada o agrega muy poco
- Utiliza las mismas palabras o similares
- Comunica atención, interés, empatía

No necesitas ayuda.

REFLEJO COMPLEJO

- Trata de adivinar el contenido no hablado o lo que podría venir después
- Agrega dirección, movimiento y profundidad
- Replantea información o hace un punto adicional
- Agrega auto entendimiento, explora otras direcciones,

Estas acostumbrado a valerte por ti mismo.

Las técnicas de cambio de comportamiento son estrategias basadas en teorías del cambio de comportamiento

Michie et al., Health Psychology, 2008

Cradock et al. International Journal of Behavioral Nutrition and Physical Activity (2017) 14:18
DOI 10.1186/s12966-016-0436-0

International Journal of Behavioral Nutrition and Physical Activity

REVIEW — Open Access

Behaviour change techniques targeting both diet and physical activity in type 2 diabetes: A systematic review and meta-analysis

Kevin A. Cradock[1,2], Gearóid ÓLaighin[2,3], Francis M. Finucane[4], Heather L. Gainforth[5], Leo R. Quinlan[1*] and Kathleen A. Martin Ginis[6]

1800 Diabetes Care Volume 40, December 2017

Diet Behavior Change Techniques in Type 2 Diabetes: A Systematic Review and Meta-analysis

Kevin A. Cradock,[1,2] Gearóid ÓLaighin,[2,3] Francis M. Finucane,[4] Rhyann McKay,[5] Leo R. Quinlan,[1,2] Kathleen A. Martin Ginis,[6] and Heather L. Gainforth[5]

Diabetes Care 2017;40:1800–1810 | https://doi.org/10.2337/dc17-0462

ACTIVIDAD

De la lista de técnicas, identifica y da ejemplos de las que puedes usar con tus clientes en VDS.

RECESO

EL MODELO DE LAS 5-As

Averiguar	• Cual es el comportamiento actual del cliente • Los riesgos y las contraindicaciones del cliente
Aconsejar	• Sobre los beneficios del cambio • Sobre la actividad física o dieta adecuadas
Acordar	• Cuales son las metas del cliente • Cual es el plan para alcanzarlas
Asistir	• En la identificacion de barreras que puedan truncar el plan y estrategias para superarlas
Arreglar	• Llamada de seguimiento • Conectar clientes con recursos en la comunidad

Estabrooks et al., 2005

1. AVERIGUAR

¿Cuales son los comportamientos actualtes del cliente?

-Physical Activity Vital Sign

-My Plate

¿Cuales son los riesgos y contraindicaciones de actividad física en el paciente?

-Physical Activity Rreadiness Questyionnaire

5

2. ACONSEJAR

a) Sobre los beneficios de un potential cambio de comportamiento

b) Sobre los riesgos de no cambiar

Sobre los niveles adecuados de actividad física y sobre la dieta adecuada

3. ACORDAR

Fijar una meta (o metas) a corto plazo centradas en el cliente

SMART, FITT

Realizar un plan de accion sobre como alcanzar la meta(s)

Plan de Accion

- eSpecíficas –¿Cual es la meta?
- Medibles – ¿Como se medira?
- Alcanzable – ¿Es alcanzable/realista la meta?
- Relevante – ¿Esta alineado con la situación del cliente?
- Tiempo – ¿Cuando re realizara la meta o por cuanto tiempo?

- Frecuencia – veces por semana
- Intensidad– How hard it is
  - Ligera
  - Moderada
  - Vigorosa
- Tiempo – minutos por semana
- Tipo – Aerobico, ejercicios de fuerza, flexibilidad

6

PLAN DE ACCION

4. ASISTIR

- En la identificación de barreras para llevar a cabo el plan
- En la identificación de estrategias para superar estas barreras
- En la identificación de recursos y programas en la comunidad

5. ARREGLAR

- Llamada de seguimiento: preguntar como ha salido el plan (¿replatnear?)
- Referir a especialistas en actividad física o nutricion
- Conectar al cliente con recursos en la comunidad

7

ACTIVIDAD

Practica las 5-As en pares

EN RESUMEN

1. El comportamiento es influenciado por capacidad, motivación y oportunidades
2. Existen técnicas del cambio de comportamiento para promover capacidad, motivación y oportunidades
3. El modelo de las 5-As es una herramienta útil para ayudar a clientes a mejorar sus comportamientos

GRACIAS

kgalavi@emory.edu

8

Appendix F: Plan of Action Toolkit

COMER MÁS FRUTAS

Usa frutas enteras para hacer un licuado en lugar de "agua" con azúcar adicional.

HAZ UN LICUADO CON FRUTAS ENTERAS

Pon las frutas en un frutero sobre la mesa o en el refrigerador.

DÉJALAS A LA VISTA

Corta la fruta el mismo día que la compres, así estará lista para comer.

ANTICIPA LAS COMIDAS

PIENSA EN LA VARIEDAD

Compra frutas frescas, deshidratadas o congeladas sin azúcar agregada.

TU META

¿Cuál es tu meta?

_____

_____

_____

_____

ELIMINA EL ANTOJO

Lleva contigo frutas listas para comer, como manzanas o mandarinas.

Obstáculos

_____

_____

_____

_____

_____

_____

_____

_____

_____

PLAN DE ACCIÓN

¿Qué? _____

_____

¿Cómo? _____

_____

_____

¿Cuándo? _____

_____

¿Dónde? _____

_____

¿Cómo superarás los obstáculos?

_____

_____

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_____

_____

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_____

SRE
Consulado General de México en Atlanta

EMORY ROLLINS SCHOOL OF PUBLIC HEALTH

Ventanilla de Salud
1700 CHANTILLY DRIVE NE • ATLANTA, GA 30324
404-266-2233 ext. 291
VENTANILLADESALUDATLANTA@GMAIL.COM

REDUCIR EL AZÚCAR

Opta por las opciones integrales, como pan, arroz, pasta y tortillas integrales.

COME MÁS GRANOS INTEGRALES

Cambia el refresco o soda por agua mineral con limón.

REDUCE LAS BEBIDAS AZUCARADAS

En vez de catsup o salsa *bbq* usa jugo de limón y sal.

USA CONDIMENTOS NATURALES

COME FRUTA PARA EL POSTRE

Sustituye el postre por una fruta como una pera o papaya.

TU META

¿Cuál es tu meta?

_____

_____

_____

_____

COMPARTE TU POSTRE

Si comes un postre, compártelo o guarda la mitad para más tarde.

Obstáculos

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PLAN DE ACCIÓN

¿Qué? _____

_____

¿Cómo? _____

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¿Cuándo? _____

_____

¿Dónde? _____

_____

¿Cómo superarás los obstáculos?

_____

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REDUCIR LA SAL

Pide los aderezos o quesos en un tazón pequeño en vez de encima de tus alimentos.

PIDE ADEREZO APARTE

Añade la sal hasta el final y no mientras cocinas.

DEJA LA SAL HASTA EL FINAL

Usa comino, albahaca, u óregano en vez de tanta sal para dar sabor a la comida.

UTILIZA ESPECIAS Y HIERBAS

LLEVA TU COMIDA DE CASA

En lugar de almorzar en restaurante, lleva tu almuerzo al trabajo.

TU META

¿Cuál es tu meta?

_____

_____

_____

_____

USA ESPECIAS EN POLVO SIN SAL

Cambia la sal de ajo por ajo en polvo o natural.

Obstáculos

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PLAN DE ACCIÓN

¿Qué? _____

_____

¿Cómo? _____

_____

_____

¿Cuándo? _____

_____

¿Dónde? _____

_____

¿Cómo superarás los obstáculos?

_____

_____

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_____

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_____

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Ventanilla de Salud

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AUMENTAR LA ACTIVIDAD FÍSICA

Estaciónate lejos de donde vayas y camina.

ESTACIÓNATE LEJOS

Programa una alarma para que recuerdes caminar o moverte por unos minutos.

PROGRAMA UNA ALARMA

¿Tienes un amigo con quien te gusta hablar? ¡Plática mientras caminas!

CAMINA MIENTRAS HABLAS

USA LAS ESCALERAS

Evita el elevador y sube por las escaleras.

TU META

¿Cuál es tu meta?

_____

_____

_____

_____

JUNTA UN GRUPO

Si no tienes ganas, junta un grupo para motivarte a hacer ejercicio.

Obstáculos

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PLAN DE ACCIÓN

¿Qué?_____

_____

¿Cómo?_____

_____

_____

¿Cuándo?_____

_____

¿Dónde?_____

_____

¿Cómo superarás los obstáculos?

_____

_____

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_____

SRE
Consulado General de México en Atlanta

EMORY ROLLINS SCHOOL OF PUBLIC HEALTH

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VENTANILLADESALUDATLANTA@GMAIL.COM

DISMINUIR LOS TAMAÑOS DE PORCIÓN

Las porciones de restaurantes son grandes. ¡Comparte tu platillo!

COMPARTE TUS PLATILLOS

Pide una caja antes de comer para poner la mitad de la comida.

GUARDA LA MITAD

Dale tiempo a tu cuerpo para que se sienta satisfecho.

COME DESPACIO

ESCUCHATE A TÍ MISMO

¿En realidad tienes hambre o solo estás ansioso o aburrido? Escucha a tu cuerpo.

TU META

¿Cuál es tu meta?

_____

_____

_____

_____

PIDE EL PEQUEÑO

Si comes en un restaurante, pide el tamaño pequeño en vez del grande.

Obstáculos

_____

_____

_____

_____

_____

_____

_____

_____

_____

PLAN DE ACCIÓN

¿Qué? _____

_____

¿Cómo? _____

_____

_____

¿Cuándo? _____

_____

¿Dónde? _____

_____

¿Cómo superarás los obstáculos?

_____

_____

_____

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_____

_____

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_____

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REDUCIR EL ESTRÉS

Respira por 4 segundos, para por 7, y exhala por 8. Repítelo 3 veces o más.

ENFÓCATE EN TU RESPIRACIÓN

Toma tiempo para poner tu música favorita y canta o baila.

ESCUCHA MÚSICA

Usa 10 minutos para reflexionar y escribir como te sientes.

ESCRIBE TUS PENSAMIENTOS

HAZ EJERCICIOS

Cuando estes estresado, toma 10 minutos o más para caminar, correr, jugar o bailar.

TU META

¿Cuál es tu meta?

_____

_____

_____

_____

APRENDE A DECIR QUE NO

Aprende a establecer límites y pide ayuda si lo necesitas.

Obstáculos

_____
_____
_____
_____
_____
_____
_____
_____
_____

PLAN DE ACCIÓN

¿Qué? _____
_____

¿Cómo? _____
_____
_____

¿Cuándo? _____
_____

¿Dónde? _____
_____

¿Cómo superarás los obstáculos?

_____
_____
_____
_____
_____
_____
_____
_____
_____

SRE
Consulado General de México en Atlanta

EMORY | ROLLINS SCHOOL OF PUBLIC HEALTH

Ventanilla de Salud
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Appendix G: DAA Consent Form with Follow Up

DIABETES ASSOCIATION OF ATLANTA

Ventanilla de Salud

Esta información es estrictamente confidencial. Sólo se utiliza para evaluar cómo podemos servir mejor a la comunidad. Su información será confidencial.

Nombre: _____ **Edad**: _____

Sexo: Hombre_____ Mujer_____ **Raza**: ☐ Latino/Hispano ☐ Otro_____

Calle: _____ **Ciudad**: _____

Estado: _____ **Código Postal**: _____ **Condado**: _____

Tel-Casa: _____ **Teléfono Celular**: _____

¿Recibe actualmente uno o más de los beneficios?: Medicaid, Right from the Start Medicaid, TANF, Georgia Energy Assistance Program (EAP), SNAP/Food Stamps, Emergency Food Assistance Program (TEFAP), Commodity Supplemental Food Program, WIC, Subsidized Childcare (CAPS), or Housing Choice Voucher/Section 8? **SI** **NO**

Elija sí o no:

• **¿Ha sido diagnosticado con diabetes?**	**Sí**	**No**
• **¿Se le ha diagnosticado diabetes a alguno de sus familiares?**	**Sí**	**No**
• **¿Ha sido diagnosticado con presión arterial alta o hipertensión?**	**Sí**	**No**
• **¿Ha tomado o comido algo en las últimas 8 horas que no sean agua o café negro?**	**Sí**	**No**
• **¿Cuenta usted con un seguro médico?**	**Sí**	**No**
• **¿Tiene usted un médico familiar?**	**Sí**	**No**

Le doy permiso a la "Diabetes Association of Atlanta" (DAA) y a la Ventanilla de Salud (VDS) para revisar mi nivel de azúcar sanguínea, presión arterial, e índice de masa corporal. La siguiente evaluación del nivel de azúcar en la sangre, presión arterial, e índice de masa corporal es voluntaria y puramente informativa. Es mi responsabilidad consultar a mi médico, clínica, o sala de emergencia más cercana para obtener tratamiento si los resultados así lo requieren. La DAA y la VDS no se harán responsable en ninguna manera por las consecuencias de mi participación en esta evaluación. Toda información personal proveído a la DAA y la VDS será mantenida en confianza estricta y no será compartida a nadie, sin previa autorización escrita.

Firma _____ **Fecha** _____

Firma de padre o tutores (solo para los niños menores de 18 años)

_____Screen	**_____Random**	**Glucose _____mg/dl**
_____Monitor	**_____Fasting**	**Blood Pressure _____mmHg**
Comments: _____		**Weight _____lbs**
Referral Given: _____		**Height_____ in.**
Technician: _____		**Glucose Follow Up: ___Yes ____No**

2/13/2019

Asesoría de Actividad Física y Dieta

Establecimiento de Metas:

1. ¿Cuál es su meta de salud?
   _____
2. ¿Cuál es su plan de acción?
   _____
   _____
3. ¿Cuáles son los obstáculos para lograr su meta?
   _____
4. ¿Cómo superará los obstáculos?
   _____

Llamada de Seguimiento:

Preguntas	**Respuesta/Notas**
1. ¿Ha visto un doctor para que chequen si tiene diabetes o hipertensión?	☐ Si ☐ No y ve a la pregunta 3
2. ¿Le dieron alguna recomendación o tratamiento para manejar su diabetes o hipertensión?	☐ Si (especifique) _____ ☐ No
3. ¿Alcanzó su meta de salud?	☐ Si ☐ No
4. ¿Se ha apegado al plan de acción que hicimos?	☐ Si ☐ No (describa porque) _____
5. ¿Quiere hacer cambios a su plan o hacer uno nuevo?	☐ Si ☐ No
6. En una escala de 1-5, ¿qué tan útil fue la asesoría que recibió en el Consulado, con 1 siendo "no tan útil" y 5 siendo "extremadamente útil?"	1 no tan útil 2 poco útil 3 medio útil 4 muy útil 5 extremadamente útil

Nombre de seguidor: _____ Fecha: _____

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