Got Innovation?
An Approach in Reducing Health Inequities

Tessa Pascual, BSN, RN, PHN
Lead PHN, Field Nursing and HELP–Plus Program
Public Health Nursing and Maternal, Child and Adolescent Health
Riverside University Health System – Public Health

Barbara McEwen, BSN, RN, PHN, FN–CSp
Assistant Nurse Manager, Field Nursing and HELP–Plus Program
Public Health Nursing and Maternal, Child and Adolescent Health
Riverside University Health System – Public Health
Participants will be able to:

- Describe the history of HELP–Plus program and the innovative expansion to underserved populations

- Explain how fidelity is maintained while overcoming challenges of delivery
  - Discuss reported positive outcomes
Background

Healthier Living Program—Taylor Allers (HELP-Plus):

- An evidenced based Chronic Disease Self Management Program from Stanford University
- Consists of 2 ½ hr workshop for 6 weeks
- Optional PHN Home Visitation under Targeted Case Management for sustainability
Taylor–Allers component added which includes:
- Lift–Off activities at every workshop
- 7th week nutrition topic

Taylor–Allers was developed by Hermia Parks, Director of PHN/MCAH Riverside County during her Practice Change Fellow
- originally funded by The Atlantic Philanthropies & The John A. Hartford Foundation
Program Goal

- Reach optimum health for each participant
- Empower participants to effectively break the symptom cycle using self management tools
- Increase self efficacy
- Increase access to care
Why Bridge the Gap?

- To advance social justice to underserved high risk populations.
- Eliminate health inequity
- Shape a culture of health within diverse communities
Program History

- Started in 2011
- Sites: community and senior centers, clinics, hospitals, homeless shelters, residential communities, and other facilities
- Program expanded from Seniors to Adults of all ages
- Further expansion in 2015 to specific underserved populations
Team consisting of:

- Public Health Nurses
- Health Services Assistant
- Clerical Support Staff
- Nursing Student Interns
- WIC Nutritionist Interns
How was it maintained?

- Content unchanged
- Charts and visuals unedited
- Session layout followed
- Group activities adhered to
Innovative approach

- Visually Impaired Population
  - Verbal explanation of charts/visuals
  - Detailed description of written materials
  - Self memorization of written goal
  - Assistance with completion of paperwork
Innovative approach

- Homeless Shelter
  - Program leaders bring food labels instead of participants bringing them from home
  - More brainstorming and problem-solving activities to meet goals
Reported Results

- Reduction in hospital stays & emergency room visits
- Increase in physical activity
- Reduced fatigue with greater energy
- Better sense of self efficacy
- Better psychological well being
- Enhance partnership with physicians
Workshops successfully held in English and Spanish
Part of mandated curriculum of homeless shelter
Culturally sensitive delivery of material while maintaining fidelity
Serving overlooked high-risk populations
Received grant funding in 2016
Participant Stories
“I know now that I can communicate with my doctor about my meds that has bad effects and get another that does the same. I have learned to identify and recognize depression and to get help...I have also learned that if you take away all the negative, there always will be a positive in everything...

I have thoroughly enjoyed this class because it has opened my eyes about myself...”

- Visually impaired participant
“I have accomplished in this workshop a sense of stability and good health with the workshop and information charts. I am eating and feeling better, I learned to exercise regularly and have a diet plan. I have learned to have an action plan and how to plan it and continue it daily, I am living better. I feel healthier and look like I have lost a few pounds am very happy.”

- Homeless shelter participant
Debra completed the workshop at the homeless shelter. A year later, one of the leaders saw her. Debra hugged the leader & shared how the “healthy class” prepared her to make better choices in life. She preparing to move into her own home.

–Homeless shelter participant
"For the first time in 12 years I made a list of symptoms for my doctor, now I’m finally on the right meds and my life has changed!"

- Kristy, mother of 2 at homeless shelter
Implications

- Evidenced-based programs can be adapted with innovative approaches
- Can be used to improve health of many high-risk diverse groups
- Removes barriers that adversely affect access to health education
- Helps resolve health inequities among specific underserved vulnerable populations
Vision

- Partnership with additional stakeholders within Riverside County
- Expansion to include other specific underserved populations
- Train other leaders in the community
- Start Diabetes Self-Management Program
Call to Action

“Strengthening the Culture of Health in your Community”

- Revisit existing programs
- Reach out to underserved high risk populations
- Try innovative approaches
THANK YOU