

Evaluation Report

Let's Be Healthy! Project
July 1, 2007 to June 30, 2008



Vinaigrette Tasting Competition Hosts – LBH Staff Tanya and Sasha

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This project is collaboration between Bay Area Community Resources and San Francisco Department of Public Health – Newcomers Health Program.

Table of Contents

Section	Title	Page
	Summary of Findings and Recommendations	3
SECTION I	Introduction and Methods	7
SECTION II.	Project Objectives and Progress	9
II. a.	✚ Recruitment and training of Pomoshniks	9
II. b.	✚ Outreach to Russian-speaking newcomers	14
II. c.	✚ Newcomer participation in healthy living activities	16
II. d.	✚ Addressing chronic health conditions	22
SECTION III.	Conclusion	29
APPENDICES		
APPENDIX A	Cooking Class Survey	31
APPENDIX B	Exercise Class Survey	33
APPENDIX C	Art Of Health Class Survey	35
APPENDIX D	Gardening Class Survey	37
APPENDIX E	Walking Class Survey	39
APPENDIX F	Yoga Class Survey	41
APPENDIX G	Group Medical Visit Data: January - June 2007	43
APPENDIX H	Group Medical Visit Data: July - December 2007	47
APPENDIX I	Third Pomoshnik Focus Group Report — December 2007	52
APPENDIX J	Self-Efficacy Data from Healthy Living Series — March 2008	57
APPENDIX K	Focus Group Report Health Living Series Participants — March 2008	59

Summary of Findings and Recommendations

The Let's Be Healthy! Project is a collaborative effort between Newcomers Health Program and Bay Area Community Resources. Designed to change norms around health within San Francisco's Russian-speaking immigrant community, the project focuses on newcomer adults who are middle-aged and older and at risk of living with chronic health conditions and the Russian – speaking community at large. It combines community-based prevention and education efforts with innovative patient-centered care based on the Chronic Care Model. *

This report is the result of the third annual project evaluation conducted by and independent consultant. The following section is a brief summary of the findings and recommendations under each of the project objectives. Section II of the report provides detailed explanations and the Appendices provides supporting documentation for evaluation activities conducted in year three.

Objective 1: Recruitment and Training of Pomoshniks

- The project goal for number of Pomoshniks has been met and maintained. Eight Pomoshniks in total have been recruited and retained over the past three years. Four have been working with the project since year one.*
- All Pomoshniks exhibit knowledge, confidence and skill in community health education - all have and are following written work plans detailing their tasks and timing for them to conduct outreach, recruitment and health education groups. All of the Pomoshniks discuss the skills they brought to the program and their gratitude for a place to share these skills. The increase in skills is evident based on the training they received.*
- 100% of the Pomoshniks report increasing their skills in the following areas: promoting health and well-being in the Russian community; making changes in lifestyle to be healthy; and educating on a broad range of topics related to health.*

* The Chronic Care Model identifies the essential elements of a health care system that encourage high-quality chronic disease care.

- ❑ *Other knowledge gained included: the role of public health and non-profit organizations in working with immigrant communities.*
 - *Recommendation #1: Pomoshniks expressed a need for more information on health, pharmacology, management of diabetes, and how to adapt the health information into a form that the Russian community can accept.*
 - *Recommendation #2: Although it may be outside the immediate scope of the project to provide several Pomoshniks expressed a desire for more professionalization through advanced training and certification. The exercise instructor, for example, would like to become a certified licensed exercise instructor.*
 - *Recommendation #3: The physical space for the healthy activities series currently poses limits on the number of people who can engage. Indoor exercise room, bigger kitchen and more spacious gathering spaces overall were requested by Pomoshniks.*

Objective 2: Outreach to Russian-speaking Newcomers

- ❑ *The goal was met in year two for reaching 7,000 Russian-speaking newcomers through this community education campaign. Still it continues and has included Russian newsletters, cultural events, health/community fairs, community presentations, outreach materials, and ads placed in Russian language media.*
- ❑ *Though outreach to newcomers is multi-faceted, word of mouth is still the most effective recruitment strategy for participants in activity groups. Most people who participate in project activities indicate that they first heard of the project from staff (65%) from a friend or relative (8%). However, this year 15% reported that they heard about LBH from a Health Fair.*

Objective 3: Newcomer Participation in Healthy Living Activities

- The participants reported that they enjoyed the activities and learned a good deal about health while attending these events.*
- The majority of the participants reported that they have been influenced by the activity groups to make positive lifestyle changes.*
- The activities have influenced participants to begin thinking about and/or plan to engage in daily physical activity, within the next month.*
- Similarly, the activities have influenced the majority of the participants to contemplate or begin eating healthier.*
- The majority of participants reported that because of the activity group(s) they were likely to manage stress in a healthy way (deep breathing, taking walks, talking with a friend)*
 - *Recommendation #4: It appears that in the walking group there are a number of people who are still not thinking about making healthy lifestyle changes and it bears considering how that activity might become more motivational for those individuals.*

Objective 4: Addressing Chronic Health Conditions

- The total number of participants attending Group Medical Visits to date is 51. The project met its goal of 50 by the end of year three.*
- The percentage of individuals with improved medical indicators thus far is on track with the goals and objectives.*
- Of the 27 individuals whose medical indicators were calculated, 60% showed improvement in Blood Pressure, with 69% having Blood Pressure within the normal range by the end of*

the group medical visits. Fifty-three percent improved their BMI scores with 17% within the normal range for BMI at the end of the group medical visits.

- A group health series, called Healthy Living Classes, was implemented for the past two years, for 72 Russian Speakers who wanted to learn how to handle chronic health conditions. Given the twenty or more that have signed up for the Fall 2008, the project will likely not meet the goal of 100 individuals attending this group at the end of year three.*
- The participants report finding the group helpful because the people presenting give useful information about managing their medical conditions, information their primary doctors do not have the time to discuss.*
- The project is on track for meeting its goals for 70% of the group reporting increased self-efficacy.*
- All participants in the first Healthy Living Series increased self-efficacy around the issues of feeling in control of health, confident to manage health on an everyday basis, and feelings that s/he is likely to prevent serious long-term complications with health and feeling motivated to keep up health and well being.*
- All participants in the second Healthy Living Series increased self-efficacy around the issues of getting enough exercise and understanding the foods they are able to eat.*
 - *Recommendation #5: Healthy Living Series participants reported wanting more information about: heart problems, kidney, pancreas, liver, osteoporosis, diet, stomach problems, headache, and “women’s problems.”*

Introduction and Methods

The Let's Be Healthy! Project is a joint project of Newcomers Health Program and Bay Area Community Resources. The Newcomers Health Program has been serving refugees and immigrants in San Francisco since the late 1970s through community collaborations and a range of clinic-and community-based programs and services. Bay Area Community Resources (BACR) was founded in 1976 to promote the healthy development of individuals, families and communities through direct services, volunteerism, and partnerships in the San Francisco Bay Area.

The project aims to equip Russian immigrants in San Francisco with the resources they need to maintain healthy lives. These individuals from the former Soviet Union (FSU) have very high rates of chronic health conditions, lower life expectancy and lifestyle-linked conditions such as obesity, hypertension, diabetes and heart disease — the spectrum referred to as the metabolic syndrome. This accounts for over half of all diagnoses among the estimated 700+ Russian-speaking patients seen annually at San Francisco's public health clinics.

The project builds upon the strengths of Russian-speaking newcomers - the enjoyment and comfort they take in doing things in groups is evoked by the many group health activities structured for them. Even medical visits are structured as group medical visits, tapping into their existing cultural norms. The challenges are many, as Russian-speaking newcomers are often unsettled by what they see as the impersonal nature of the U.S. system (e.g., need to make appointments, being given little time with their primary care physician, being referred to specialists). The clash of cultures goes deeper, as the Russian medical model is based on treatment of symptoms through a combination of medication and alternative healing and the newcomers often find that far too little attention is paid in the U.S. on prevention and alternative medicine. The project continues meeting these challenges, modifying training and interventions.

The evaluation is being conducted by Sandra Meucci in concert with the project staff and it includes: evaluation of Pomoshnik training, three focus groups with the Pomoshniks, post-test participant evaluations of activity groups; pre-test post-test for both self assessment of chronic disease self-management and participant evaluation of 4 series of group medical visits; medical indicators for each series of group medical visits; and pre-test post-test for both self assessment of chronic disease self-management and participant evaluation of the Healthy Living Series conducted by LBH staff and Pomoshniks as part of the Chronic Disease Self-Management objective. Finally, a focus group was also conducted with the participants of the Chronic Disease Self-Management group.

This evaluation report is structured by each of the project's funded objectives, and data from 2007-08 is presented, analyzed and reported out as findings and recommendations under each section.

Project Objectives and Progress

IIa Recruitment and Training of Pomoshniks

Objective #1: By 6/30/2009 a minimum of 8 – 15 Pomoshniks will be recruited, trained and take an active leadership role in Let's Be Healthy! Program activities. By the end of Year 3 at least 6-12 (80%) of the Pomoshniks will exhibit increased knowledge confidence and skills in community health education.

Finding #1: The project goal for number of Pomoshniks has been met and maintained. Eight Pomoshniks in total have been recruited and retained over the past three years. Four have been working with the project since year one.

“We all have the immigrant experience in common and the stress that comes with it. That stress is hard on us. This Newcomer society softens things. Programs like this offer us an “open window and fresh air” in an otherwise stuffy room, where we cannot breathe. We are beginning here to foster an understanding of the way to combine the American and Russian spirit; to share our lives with the people we meet in US and find common ground in the things we share, like nature, the ocean, body language. If we are here together, Russian and non-Russian, we already have in common the water and the task to try to keep it healthy.” Pomoshnik Alex

The Let's Be Healthy! project uses the "promotore" model of health promotion engaging nine people within the Russian community in San Francisco who are natural leaders (i.e., those who seek to improve the health of individuals and their communities). By understanding the community's health belief system these "Pomoshniks" can better facilitate individual Russian-speaking newcomers in a move toward lifestyle changes

without threatening their cultural values. "Pomoshnik" is a Russian word meaning 'helper.'

The focus groups conducted with Pomoshniks in years one and two revealed the ways their involvement in this project helped them combat the isolation they were otherwise feeling because the project gave them an opportunity to reconnect with their culture of origin, renew acquaintance with Russians in San Francisco and help them overcome the cultural barriers they face when they come to a new place. Another set of focus groups were conducted in the Fall 2007, at which time a more detailed picture of the new Pomoshniks was developed as we explored their reasons for joining the project, the contributions they are making, as well as the level of orientation and preparation they received from LBH staff. (See Appendix I)

Finding #2: All Pomoshniks exhibit knowledge, confidence and skill in community health education - all have and are following written work plans detailing their tasks and timing for them to conduct outreach, recruitment and health education groups. All of the Pomoshniks discuss the skills they brought to the program and their gratitude for a place to share these skills. The increase in skills is evident based on the training they received.

The evidence base for findings related to this objective is from multiple sources including: focus groups with the Pomoshniks; evaluation of Pomoshnik training; and interviews with the Project Director about the roles and responsibilities held by Pomoshniks.

Themes from the third set of focus groups:

- ✚ Most people have skills and talents which they have been able to offer to the larger Russian Community, with the support of this program. For example, one Pomoshnik managed group of 25 workers in his profession as a computer scientist in the FSU, and now he works with the Newcomers Program on the Health Living Chronic Disease group and as an Information Technology specialist. Another woman is a botanist who is now leading the gardening group.
- ✚ Pomoshniks are not looking as much to develop skills as they are to offer what they already know, as these are older and more seasoned Pomoshniks.
- ✚ All Pomoshniks have written work plans that are regularly reviewed and updated. The type of tasks they are responsible for include: conducting the activity groups such as the walking group, gardening group, cooking classes, exercise group, and facilitating the group medical visits with clients.
- ✚ All Pomoshniks expressed confidence in being able to conduct the activities in the workplan and fulfill the tasks they are expected to do.
- ✚ The Pomoshniks have received an orientation and on-going training and several of them would like to have even more help to achieve higher levels of professionalism through further training and/or certification.

Finding #3: 100% of the Pomoshniks report increasing their skills in the following areas: promoting health and well-being in the Russian community; making changes in lifestyle to be healthy; and educating on a broad range of topics related to health.

The specific areas of increased skill were the outcome of the Pomoshnik training, evaluated through questionnaires, with open-ended questions, and administered to Pomoshniks after the training series was complete. They understood their responsibilities as Pomoshniks to be: implementing health education activities; taking the lead for conducting group medical visits and generally to provide help toward health and well-being to people from the Russian community.

Finding #4: Other knowledge gained included: the role of public health and non-profit organizations in working with immigrant communities.

When asked the most important things they learned from the training they reported: how non-profit organizations help Russian and other underserved communities (77%); what is public health (44%); and how to do outreach (33%). The skills they developed include: how to share their knowledge (44%); how to make public presentations (33%); better communication (33%).

- ***Recommendation #1: Pomoshniks expressed a need for more information on health, pharmacology, management of diabetes, and how to adapt the health information into a form that the Russian community can accept.***

- ***Recommendation #2: Although it may be outside the immediate scope of the project to provide several Pomoshniks expressed a desire for more professionalization through advanced training and certification. The exercise instructor, for example, would like to become a certified licensed exercise instructor.***

- ***Recommendation #3: The physical space for the healthy activities series currently poses limits on the number of people who can engage. Indoor exercise room, bigger kitchen and more spacious gathering spaces overall were requested by Pomoshniks.***

“What we have here is a “healthy club” of Russian people. We are very happy with the program; it is free, friendly, no limits to the patience of the people involved. People come after work like family; like this is a second home where we can share our happiness, our skills, our knowledge. It is always a positive emotional exchange.” Pomoshnik Anatoly – Fall 2007

IIb Outreach to Russian – speaking Newcomers

Objective #2: By June 30, 2009 at least 7,000 Russian-speaking newcomers will have been reached by a community education campaign.

Finding #5: The goal was met in year two for reaching 7,000 Russian-speaking newcomers through this community education campaign. Still it continues and has included Russian newsletters, cultural events, health/community fairs, community presentations, outreach materials, and ads placed in Russian language media.

Health promotional messages are delivered in a variety of venues depending upon the audiences. The large cultural activities and events that have proven successful in the past (i.e., the Borscht contest that drew over 100 people) are being continued. Last year staff organized a Russian cultural celebration on International Women's Day, May 8, 2007, featuring live performers and Russian cuisine, attended by 40 people. This year they produced a Vinaigrette Tasting Competition which engaged over 50 Russian speaking people and featured over 16 ethnic dishes.

So too are smaller scaled activity groups being conducted as part of the community campaign. For example, two years ago staff began offering monthly cooking classes with former Soviet Union regional cuisines, entertainment and reminiscences. Through these classes, sustained discussion occurs linking food, cooking and health. Of course, it would not be a Russian event, if politics

were not part of the conversation as well! These types of activities have reached 277 Russian participants, who are intensively involved in the Let's Be Healthy! Project.

Beginning in the fall of 2006, over the course of two weeks in November staff delivered 870 pharmacy bags in groups of 30 each to 29 shops visited by Russian customers. These shops include medical supply companies, flower shops, health centers, chiropractic centers, and dental offices. An additional 500 pharmacy bags were distributed in June 2007 to local stores, doctors' offices, community agencies and pharmacies. In the winter of 2007 LBH distributed 400 pharmacy bags, stuffed with brochures, calendar of activities and recipe postcards for healthy Russian dishes, to a total of 37 different locations.

The San Francisco Russian Radio Talk show featured Let's Be Healthy! And three leading Russian-speaking newspapers in San Francisco carried ads for this program. The combined circulation of these newspapers is 38,000. The newspaper Kstati has a circulation of 9000; East/West Newspaper also has a circulation of 9000 and Vzglyad has a circulation of 10,000. All these ads were featured large, placed as a quarter of a page. In addition arrangements have been made to put the LBH "hedgehog" logo and advertisement on activities in three additional newspapers in the summer of 2007.

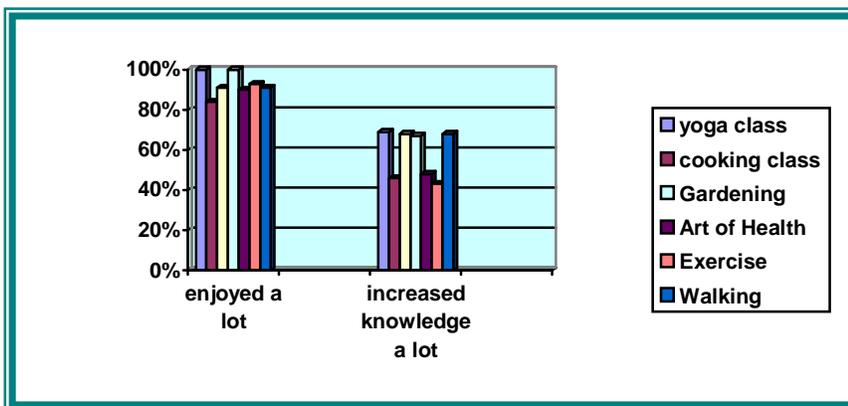
Health Promotion efforts included participation in three health fairs and distribution of Let's Be Healthy! newsletters in Russian and English to over 700 community members. The health fairs this report period include Sunset Community Festival where the project distributed materials and provided information/education.

Finding #6: Though outreach to newcomers is multi-faceted, word of mouth is still the most effective recruitment strategy for participants in activity groups. Most people who participate in project activities indicate that they first heard of the project from staff (65%) from a friend or relative (8%). However, this year 15% reported that they heard about LBH from a Health Fair.

IIc Newcomer Participation in healthy living activities

Objective #3: By June 30, 2009, at least 1,200 Russian-speaking newcomers will participate in group health education sessions and activity groups.

Finding #7: The participants reported that they enjoyed the activities and learned a good deal about health while attending these events.



People attending the sessions completed an evaluation survey and rated their enjoyment and learning, among other things. The majority enjoyed and

learned a lot in every activity. Specifically they liked the atmosphere of the cooking class; the

individual attention in the exercise class; the presentation and hands-on experience in the Art of Health class; working outdoors in the gardening class; seeing friends during the walking class.

Finding #8: The majority of the participants reported that they have been influenced by the activity groups to make positive lifestyle changes.



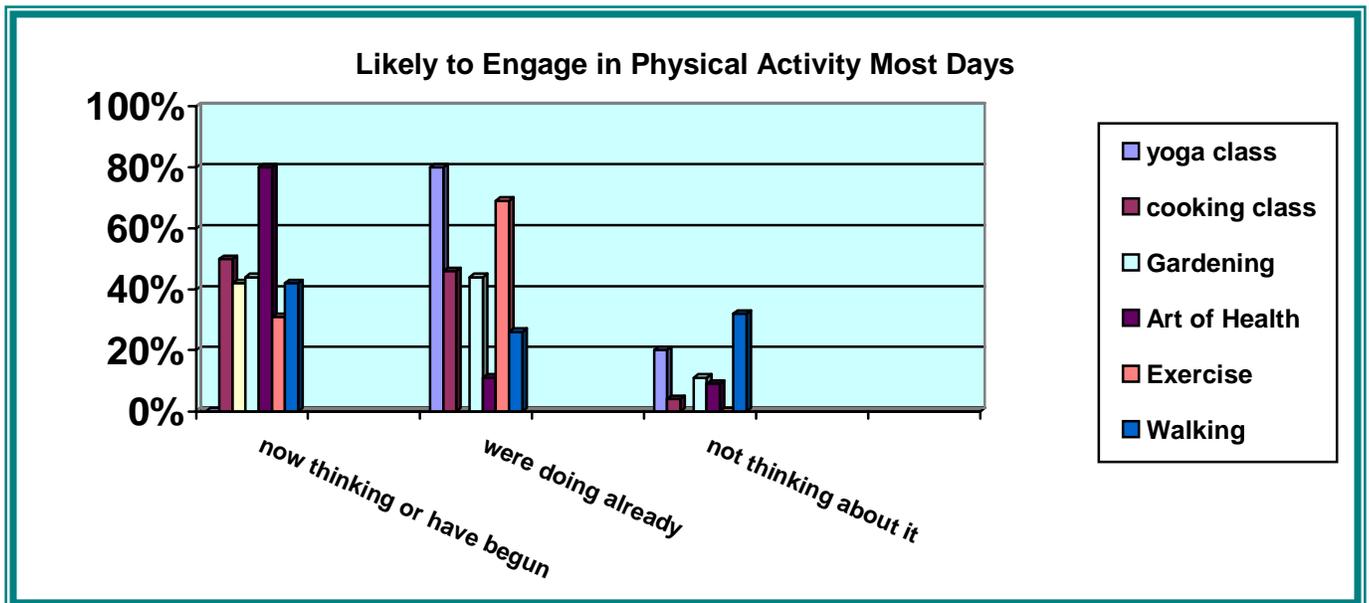
The changes include engaging in physical activity most days, eating healthier (less fats, less salt, more vegetables), and managing stress in a healthy way (deep breathing, taking walks, talking with a

friend). These photographs illustrate the Russian-speaking clients in the organized walking group,

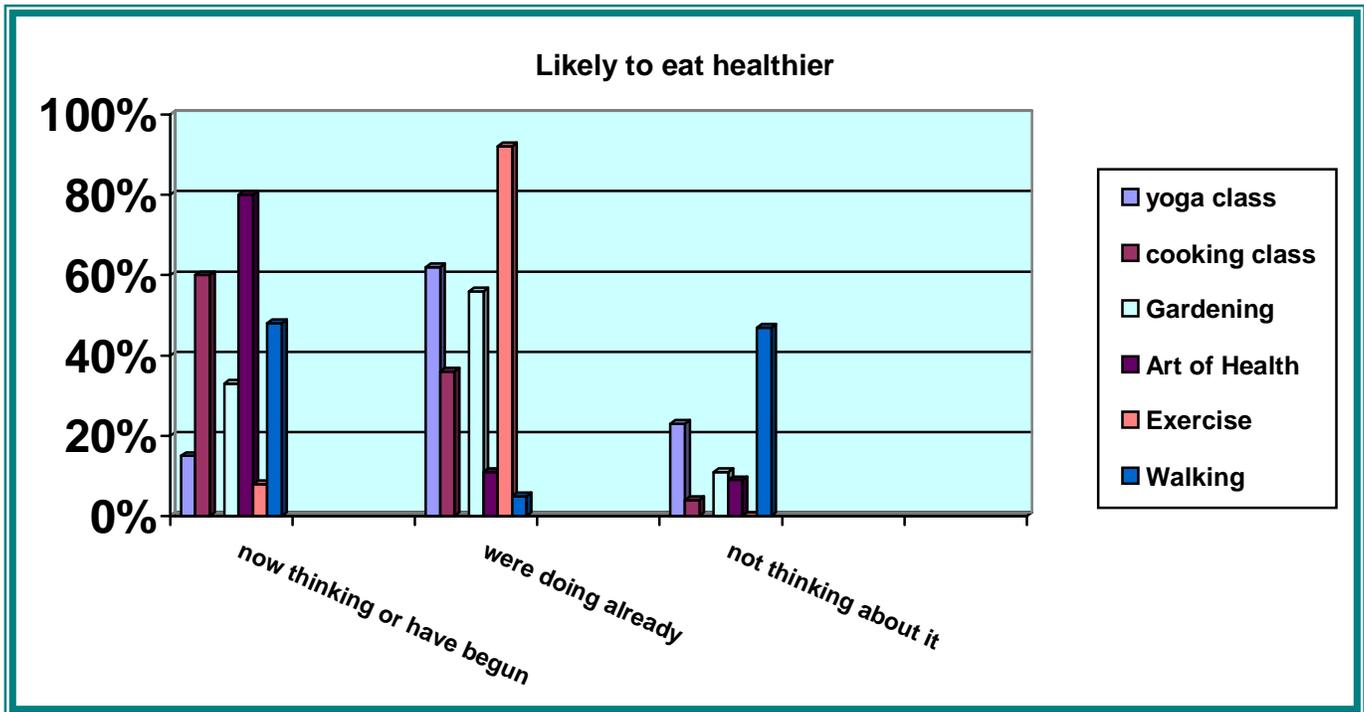


Finding #9: The activities have influenced participants to begin thinking about and/or plan to engage in daily physical activity, within the next month.

The chart below shows that all the groups are having the effect of getting people to think about or plan to engage in physical activity most days. The participants in the exercise program (as we might expect) were already habituated to daily exercise, while the people in the Art of Health program were not and were affected the most. The yoga participants were also habituated to daily exercise and are likely attending this activity session as part of their routine.

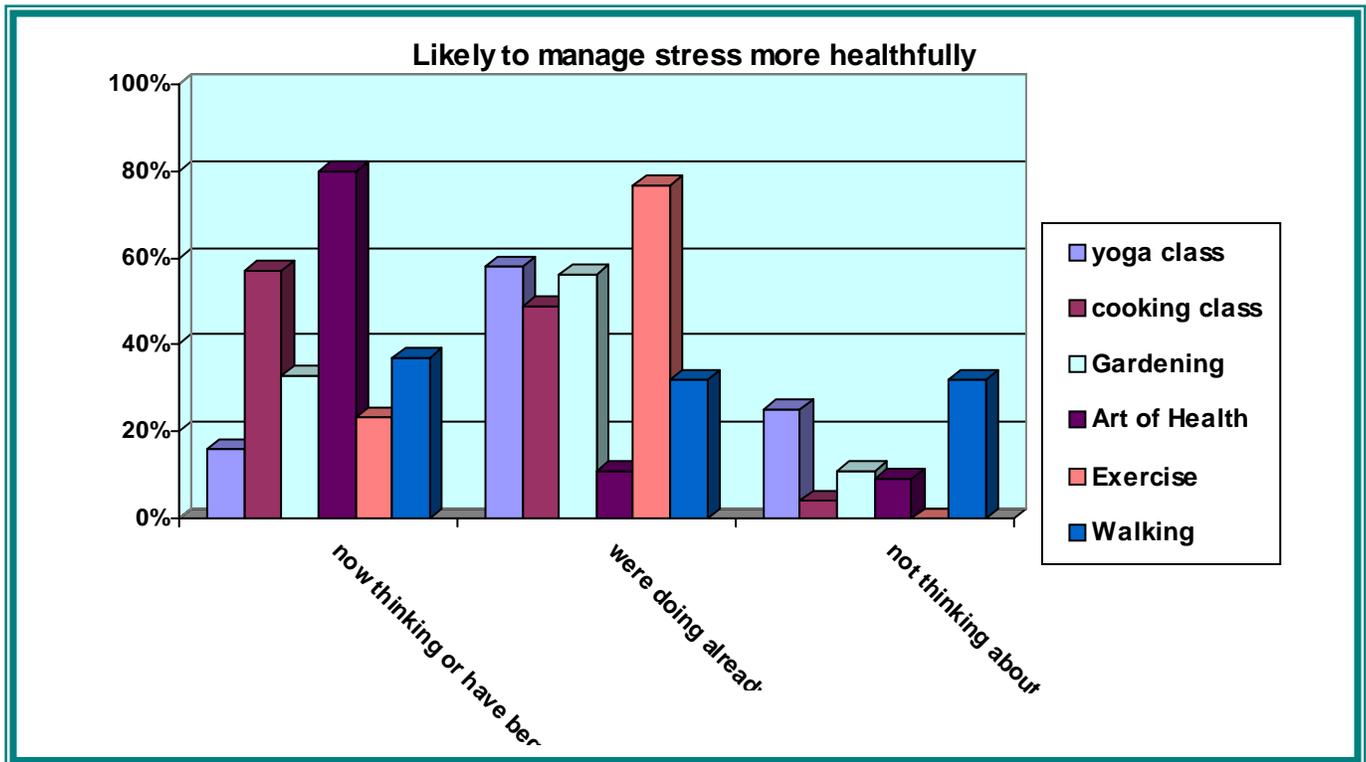


Finding #10: Similarly, the activities have influenced the majority of the participants to contemplate or begin eating healthier.



More of the participants in the Art of Health class were influenced to eat more healthfully, and the participants in the walking class (while many have been influenced to eat more healthfully) have the greatest numbers who are still not thinking about it.

Finding #11: The majority of participants reported that because of the activity group(s) they were likely to manage stress in a healthy way (deep breathing, taking walks, talking with a friend).



The group that consistently reports being currently influenced by the program to make lifestyle changes is the Art of Health group; whereas the exercise and yoga groups are serving to reinforce the existing good health habits of participants. It is entirely possible that the individuals attending these groups have been attending over the course of several years and have become motivated to exercise and eat healthfully, manage stress more healthfully in the groups and now they are using the groups for maintenance of these good behaviors. What we know for certain is that a large majority are using these groups to either adopt or maintain healthy living in exactly the way the program was intended to be used.

Recommendation #4: It appears that in the walking group there are a number of people who are still not thinking about making healthy lifestyle changes and it

bears considering how that activity might become more motivational for those individuals.



IIId Addressing chronic health conditions

Objective #4: *At least 75 Russian-speaking patients with chronic conditions will attend group medical visits and at least 45 (60%) will exhibit improved medical indicators.*

A minimum of 150 Russian-speakers experiencing or at at-risk for chronic disease will participate in a Healthier Living chronic illness self-management groups with at least 70% reporting increased self efficacy related to chronic disease management series.

This community experiences high rates of chronic illness linked to lifestyle such as obesity, hypertension, diabetes and heart disease. This spectrum, referred to as metabolic syndrome, accounts for over half of all diagnoses among the estimated 700+ Russian-speaking patients seen annually at San Francisco's public health clinics. The project helps newcomers manage their chronic health conditions by equipping local health care facilities to better provide culturally sensitive clinical care and by working directly with newcomers in workshops and groups focused on patients with metabolic syndrome.

Finding #12: The total number of participants attending Group Medical Visits to date is 51. The project met its goal of 50 by the end of year three.

Group medical visits began in the fall of 2006 for Russian-speaking patients having chronic disease risk factors. There have been four series conducted thus far with a total number of individuals at 51. We do not have medical indicator data computed yet for the last 14 participants, and because not all these individuals completed enough sessions for us to track their progress, we are presenting data here for 27 people.

Baseline indicators were taken on the patients and these indicators included: height, weight, body mass index (BMI), blood pressure (BP). The following are markers for metabolic syndrome: HDL or "good cholesterol: triglycerides (TG) and fasting blood glucose (FBG) as an indicator of diabetes. Blood pressure, weight, and BMI were taken every month on the patients attending group medical visits. Baseline measures for TG, FBG, and HDL were also taken, but because these measures are highly dependent upon compliance of the patient in keeping the lab appointments made for them by clinic physicians, not all patients have baseline data. If the baseline data indicated to the clinic physician that the person was within normal range, no follow-up measures were taken.

Table 1. Results of Group Medical Visits Medical Indicator Data – Fall 2006 through Winter 2007								
Year/Series	Total # Clients Measured	# and % Improvement in Blood Pressure		# Within Normal Range of BP at End of Series	# and % Improvement in BMI		# Within Normal Range of BMI at End of Series	Attendance
Fall 2006	7	0	0	6/7 = 86%	4/7	57%	2/6 = 33%	7/9
Jan – June 2007	10	13/17 systolic	76%	7/10 70%	7/15	47%	1/17 = 5%	10/17
		10/17 diastolic	59%					
June – Dec 2007	10	6/11 systolic and diastolic	54%	5/10 = 50%	6/11	54%	1/11 = 9%	10/11

Summary of Results of Group Medical Visits

In the fall of 2006 the first series of monthly group medical visits for Russian-speaking patients having chronic disease risk factors was held at Ocean Park Health Center and attended by nine people.

1. Seven out of the original nine people attended three or more group clinical visits so the attrition rate was 22%.
2. The majority (57% or 4 out of 7) of participants lost weight average weight loss being 3.8 lbs.
3. The majority (57% or 4 out of 7) experienced a decrease in body mass index with an average decrease of 0.528.
4. The majority (57% or 4 out of 7) experienced an increase in blood pressure reading with and average increase of 1.428 in diastolic and increase of 7.571 in systolic. However, the majority (86% or 6 out of 7) were within the normal range for blood pressure by the end of the series.

- ❑ The second group of medical visits engaged 17 participants and was conducted at the Family Health Center, beginning in January 2007.
 1. Ten out of the seventeen people attended four or more (out of 6 possible) group clinical visits so the attrition rate was 41%. Only 2 of the 17 (12%) people attended all possible doctor visits.
 2. Nearly half (47% or 7 out of 15) experienced a decrease in body mass index with an overall group average decrease of 1.11.
 3. The majority (76% or 13 out of 17) experienced a decrease in systolic blood pressure readings, the average of the group being a drop of 13.06 points. For diastolic readings, 59% (10 out of 17) experienced a decrease, with the group average drop being 6 points.
 4. All 15 of the people who had a baseline BMI (body mass index) measurement began as overweight or obese, and only 1 of the 15 dropped below the overweight BMI at their last measurement.

- ❑ A third group of medical visits occurred in the Fall of 2007.
 1. Ten out of the eleven people attended four or more (out of 6 possible) group clinical visits so the attrition rate was 9%. Six (6) of the 13 (46%) people attended all possible doctor visits.
 2. More than half (54% or 6 out of 11) experienced a decrease in body mass index with an overall group average decrease of -0.17.
 3. The majority (54% or 6 out of 11) experienced a decrease in systolic blood pressure readings, the average of the group being a drop of 2.72 points. For diastolic readings, 54% (6 out of 11) also experienced a decrease, with the group average drop being 4.36 points.
 4. Two of the 11 people started and ended with their BMI remaining in the normal range (under 25 BMI). *None* of the remaining 9 people, all being overweight or obese, dropped below 25 BMI at their last measurement, although one dropped from obese (30-39 BMI) to overweight (25-29 BMI).

- ❑ A fourth group of medical visits occurred in the Spring 2008 and the results were not reported to the evaluator in sufficient time for this report but will be available in the next annual evaluation report.

See Appendices G and H for full report of group medical visits, results of which have not been reported out previously. The results of the Group Medical Visits that occurred in the Spring of 2008 will be reported in the next annual evaluation report.

Finding #13: The percentage of individuals with improved medical indicators thus far is on track with the goals and objectives.

Finding #14: Of the 27 individuals whose medical indicators were calculated, 60% showed improvement in Blood Pressure, with 69% having Blood Pressure within the normal range by the end of the group medical visits. Fifty-three percent improved their BMI scores with 17% within the normal range for BMI at the end of the group medical visits.

Finding #15: A group health series, called Healthy Living Classes, was implemented for the past two years, for 72 Russian Speakers who wanted to learn how to handle chronic health conditions. Given the twenty people signed up thus far for the Fall 2008 series, the overall number may not reach the goal of 150 individuals attending this group at the end of year three.



Healthy Living Series

The groups were led collaboratively by two LBH health educators and a Pomoshnik. Occasionally guests were invited to present, such as doctors, nurses, and an acupuncturist. Each session focused on a different aspect of managing chronic diseases with social supports and idea sharing being

offered by all participants. The evaluator conducted a focus group in December 2007 with 15 participants who attended the Fall 2007 Healthy Living Group. The program evaluator was assisted by a Russian translator, but not staff members were present.

Finding #16: The participants report finding the group helpful because the people presenting give useful information about managing their medical conditions, information their primary doctors do not have the time to discuss.

Generally it was felt that the people presenting at the group were professional people with important knowledge to share. They said they got “*a lot of important and helpful information about taking care of their health and were very grateful for this.*”

Recommendation #5: Healthy Living Series participants reported wanting more information about: heart problems, kidney, pancreas, liver, osteoporosis, diet, stomach problems, headache, and “women’s problems.”

The participants were given pre and post questionnaires designed to measure changes in their self-efficacy in managing their chronic health conditions.

Finding #17: The project is on track for meeting its goals for 70% of the group reporting increased self-efficacy.

Finding #18: All participants in the first Healthy Living Series increased self-efficacy around the issues of feeling in control of health, confident to manage health on an everyday basis, and feelings that s/he is likely to prevent serious long-term complications with health and feeling motivated to keep up health and well being.

Finding #19: All participants in the second Healthy Living Series increased self-efficacy around the issues of getting enough exercise and understanding the foods they are able to eat.

III. Conclusion

This project, in the words of a Pomoshnik “provides new life for Russian people who were depressed, and it is very important for many people, young and old. Older people enjoy different parts of the program than do younger people.” For another Pomoshnik the project allows her to focus is on the interconnection between people and nature in urban life — she is a member of the American Society of Plant Biologists and interested in social ecology. She was previously a botanist in the FSU and worked at the Botanical Gardens in San Francisco, teaching classes. The Pomoshnik who offers exercise classes to the larger Russian community says: “we make a beautiful relationship and a good team, coming together like a family.” The adage “There more you give the more you get out of something” seems very true for these lay health educators. The remarkable feature of the project as it has progressed is the way it allows the Pomoshniks to offer their gifts to their community, while providing them with training, support, structure, and high expectations on community norm change around healthy lifestyles.

However, it is not just the Pomoshniks who are benefiting from the project. There are a variety of supports for healthy living among the larger Russian-speaking immigrants and refugee community in the San Francisco/Bay Area. The core group of mostly older newcomers from the Former Soviet Union (FSU) participate in the activity groups has expanded from 183 in year one to 277 in year

two to 191 in year three. The significance of their engagement is psychological as well as physical. With the help of Let's Be Healthy Project, they overcome their isolation brought on by the conditions of their immigration (many of them are refugees), and have formed a community around healthy activities and lifestyles.

Still there is room for the project to grow. Pomoshniks, like Anatoly who has been with the project for two years expresses his wish list: “before the cooking class a dietician can orient us. We could use more Russian music at all events, at the clinic and health living series. There are tons of national parks which we cannot get to without driving support. Doing more crafts, making music, making jewelry, more family activities — we are only limited here by the number of facilities we have!”

Appendix A

Cooking Class Survey

Question 1	Total Responses =	25	Comments
Did you enjoy this activity? (check one)	A lot (1)	21	84%
	Somewhat (2)	4	16%
	Not at all (3)	0	0%
Question 1a	Total Responses =	0	Comments
What did you enjoy most about the activity/sessions?	Liked the atmosphere (5); Like the organization (3); Food was delicious (2); Like program's attitude (1).		
Question 2	Total Responses =	22	Comments
Do you have any recommendations to improve the activity/sessions? (check one)	Yes (1)	4	18%
	No (2)	18	82%
Comments: Increase frequency (1)			
Question 3	Total Responses =	24	Comments
Has this activity increased your knowledge? (check one)	A lot (1)	11	46%
	Somewhat (2)	13	54%
	Not at all (3)	0	0%
Question 3a	Total Responses =	1	Comments
If yes, please describe what you learned.	Learned new recipes (5); Learned about traditional foods (3); Learned to prepare holiday meals (1).		
Question 4 - Because of this class are you more likely to:			
Question 4a	Total Responses =	26	Comments
...engage in physical activity most days? (check one)	Not thinking about it (1)	1	4%
	Was already doing this (2)	12	46%

	Now thinking about it (3)	12	46%	
	Yes - begin next month (4)	1	4%	
Question 4b	Total Responses =	25		Comments
...eat healthier (less fats, less salt, more vegetables) most days? (check one)	Not thinking about it (1)	1	4%	
	Was already doing this (2)	9	36%	
	Now thinking about it (3)	12	48%	
	Yes - begin next month (4)	3	12%	
Question 4c	Total Responses =	25		Comments
...manage stress in a healthy way (deep breathing, taking walks, talking with a friend)? (check one)	Not thinking about it (1)	1	4%	
	Was already doing this (2)	10	40%	
	Now thinking about it (3)	11	44%	
	Yes -begin next month (4)	3	12%	
Question 5	Total Respondents =	26		Comments
How did you hear about this activity or series? (check all that apply)	Health fair (a) (1)	5	19%	27 answers from 26 people
	Russian speaking staff (b) (1)	15	58%	
	friend or relative (c) (1)	1	4%	
	media (radio or newspaper) (d) (1)	4	15%	
	brochure or flier (e) (1)	2	8%	
	worker, health care provider (f) (1)	0	0%	
	other (g) (1)	0	0%	

Appendix B

Exercise Class

Question 1	Total Responses =	14	Comments
Did you enjoy this activity? (check one)	A lot (1) 13 93%		
	Somewhat (2) 1 7%		
	Not at all (3) 0 0%		
Question 1a	Total Responses =	5	Comments
What did you enjoy most about the activity/sessions?	Liked individual attention (3); Instructor was kind and patient (2); Instructor was professional (2); Liked activities for beginners (1); Liked exercising outdoors (1); Liked the teacher's energy (1); Liked the atmosphere (1); Class and teacher are consistent/reliable (1); Class helps me stay healthy (1).		
Question 2	Total Responses =	11	Comments
Do you have any recommendations to improve the activity/sessions? (check one)	Yes (1) 4 36%		Do the class daily or more often (4)
	No (2) 7 64%		
Question 3	Total Responses =	14	Comments
Has this activity increased your knowledge? (check one)	A lot (1) 6 43%		
	Somewhat (2) 8 57%		
	Not at all (3) 0 0%		
Question 3a	Total Responses =	0	Comments
If yes, please describe what you learned.	Relationship of exercise and energy levels (2); Exercise promotes strength AND spiritual well-being (2); Weight loss (1); No limits for elderly people (1); Increases flexibility (1); Learned new exercises (1); Learned to exercise at home (1).		
Question 4 - Because of this class are you more likely to:			
Question 4a	Total Responses =	13	Comments
...engage in physical activity most days? (check one)	Not thinking about it (1) 0 0%		
	Was already doing this (2) 9 69%		
	Now thinking about it (3) 1 8%		
	Yes - begin next 3 23%		

	month (4)		
Question 4b	Total Responses =	13	Comments
...eat healthier (less fats, less salt, more vegetables) most days? (check one)	Not thinking about it (1)	0	0%
	Was already doing this (2)	12	92%
	Now thinking about it (3)	0	0%
	Yes - begin next month (4)	1	8%
Question 4c	Total Responses =	13	Comments
...manage stress in a healthy way (deep breathing, taking walks, talking with a friend)? (check one)	Not thinking about it (1)	0	0%
	Was already doing this (2)	10	77%
	Now thinking about it (3)	1	8%
	Yes -begin next month (4)	2	15%
Question 5	Total Respondents =	13	Comments
How did you hear about this activity or series? (check all that apply)	Health fair (a) (1)	2	15%
	Russian speaking staff (b) (1)	7	54%
	friend or relative (c) (1)	4	31%
	media (radio or newspaper) (d) (1)	0	0%
	brochure or flier (e) (1)	0	0%
	worker, health care provider (f) (1)	0	0%
	other (g) (1)	0	0%

Appendix C

Art Of Health Class

Question 1	Total Responses =	30	Comments
Did you enjoy this activity? (check one)	A lot (1)	27	90%
	Somewhat (2)	2	7%
	Not at all (3)	1	3%
	(Some participants who commented did not check a box.)		
Question 1a	Total Responses =	11	Comments
What did you enjoy most about the activity/sessions?	Liked the presentation (5); liked the hands-on experience (3); got answers to my questions (2); liked the opportunity for open discussion (2); always something new about healthy lifestyles (2); liked the atmosphere (2); class gets better each time (1); ongoing class is good for mood (1); its consistency and a variety of subjects to discuss (1); liked how the class was organized (1); different approaches to health issues (1); Informed approach (1); learned about art therapy (1); new healthy products (1); combination of knowledge and wit (1); illegible (1).		
Question 2	Total Responses =	29	Comments
Do you have any recommendations to improve the activity/sessions? (check one)	Yes (1)	2	7%
	No (2)	27	93%
	(Participant who checked "yes" did not leave a comment.)		
Question 3	Total Responses =	31	Comments
Has this activity increased your knowledge? (check one)	A lot (1)	15	48%
	Somewhat (2)	15	48%
	Not at all (3)	1	3%
Question 3a	Total Responses =	10	Comments
If yes, please describe what you learned.	Learned about using art to promote health (3); how to cope with a bad mood (2); learned how to eat healthily (2); explored new things regarding exercise and walking (1); liked the projects (1); learned new info on healthy lifestyles (1); learned how to deal with depression (1); learned to buy/choose healthy foods (1); what to do instead of watching TV (1); the role of physical activities (1).		
Question 4 - Because of this class are you more likely to:			
Question 4a	Total Responses =	35	Comments
...engage in physical activity most days? (check one)	Not thinking about it (1)	3	9%
	Was already doing this	4	11%

	(2) Now thinking about it			
	(3)	27	77%	
	Yes - begin next month			
	(4)	1	3%	
Question 4b	Total Responses =	35		Comments
...eat healthier (less fats, less salt, more vegetables) most days? (check one)	Not thinking about it (1)	3	9%	
	Was already doing this (2)	4	11%	
	Now thinking about it (3)	27	77%	
	Yes - begin next month (4)	1	3%	
Question 4c	Total Responses =	35		Comments
...manage stress in a healthy way (deep breathing, taking walks, talking with a friend)? (check one)	Not thinking about it (1)	3	9%	
	Was already doing this (2)	4	11%	
	Now thinking about it (3)	28	80%	
	Yes -begin next month (4)	0	0%	
Question 5	Total Respondents =	34		Comments
How did you hear about this activity or series? (check all that apply)	Health fair (a) (1)	2	6%	
	Russian speaking staff (b) (1)	31	91%	
	friend or relative (c) (1)	1	3%	
	media (radio or newspaper) (d) (1)	0	0%	
	brochure or flier (e) (1)	0	0%	
	worker, health care provider (f) (1)	0	0%	

Appendix D

Gardening Class

Question 1	Total Responses =	9	Comments
Did you enjoy this activity? (check one)	A lot (1)	9	100%
	Somewhat (2)	0	0%
	Not at all (3)	0	0%
Question 1a	Total Responses =	4	Comments
What did you enjoy most about the activity/sessions?	I live to work outdoors (4); It's an opportunity to be at this garden (2); Being able to see the results (1); The location was beautiful, cozy, and quiet (1); Having a piece of land that could be treated as my own (1).		
Question 2	Total Responses =	7	Comments
Do you have any recommendations to improve the activity/sessions? (check one)	Yes (1)	0	0%
	No (2)	7	100%
Question 3	Total Responses =	9	Comments
Has this activity increased your knowledge? (check one)	A lot (1)	6	67%
	Somewhat (2)	3	33%
	Not at all (3)	0	0%
Question 3a	Total Responses =	2	Comments
If yes, please describe what you learned.	New information about plants (3); Learned about new plant species (1); Learned how to choose the right plants (1).		
Question 4 - Because of this class are you more likely to:			
Question 4a	Total Responses =	9	Comments
...engage in physical activity most days? (check one)	Not thinking about it (1)	1	11%
	Was already doing this (2)	4	44%
	Now thinking about it	4	44%

	(3) Yes - begin next month (4)	0	0%	
Question 4b	Total Responses =	9		Comments
...eat healthier (less fats, less salt, more vegetables) most days? (check one)	Not thinking about it (1)	1	11%	
	Was already doing this (2)	5	56%	
	Now thinking about it (3)	2	22%	
	Yes - begin next month (4)	1	11%	
Question 4c	Total Responses =	9		Comments
...manage stress in a healthy way (deep breathing, taking walks, talking with a friend)? (check one)	Not thinking about it (1)	1	11%	
	Was already doing this (2)	5	56%	
	Now thinking about it (3)	2	22%	
	Yes -begin next month (4)	1	11%	
Question 5	Total Respondents =	5		Comments
How did you hear about this activity or series? (check all that apply)	Health fair (a) (1)	2	40%	7 answers from 5 people. Comments: Walking group (1); Cooking class (1).
	Russian speaking staff (b) (1)	9	180%	
	friend or relative (c) (1)	0	0%	
	media (radio or newspaper) (d) (1)	0	0%	
	brochure or flier (e) (1)	0	0%	
	worker, health care provider (f) (1)	0	0%	
	other (g) (1)	0	0%	

Appendix E

Walking Class

Question 1	Total Responses =	18	Comments
Did you enjoy this activity? (check one)	A lot (1)	12	67%
	Somewhat (2)	6	33%
	Not at all (3)	0	0%
Question 1a	Total Responses =	17	Comments
What did you enjoy most about the activity/sessions?	Seeing friends (4); like the atmosphere/mood (3); it is making me healthier (3); I like this group and the activity (2); I love the teacher (2); it's increasing my stamina (1); it lowered my blood pressure (1); I'm spending time in fresh air (1); it's better than staying home alone (1).		
Question 2	Total Responses =	13	Comments
Do you have any recommendations to improve the activity/sessions? (check one)	Yes (1)	1	8%
	No (2)	12	92%
Question 3	Total Responses =	16	Comments
Has this activity increased your knowledge? (check one)	A lot (1)	4	25%
	Somewhat (2)	12	75%
	Not at all (3)	0	0%
Question 3a	Total Responses =	0	Comments
If yes, please describe what you learned.			
Question 4 - Because of this class are you more likely to:			
Question 4a	Total Responses =	19	Comments
...engage in physical activity most days? (check one)	Not thinking about it (1)	6	32%
	Was already doing this (2)	5	26%
	Now thinking about it (3)	4	21%
	Yes - begin next month (4)	4	21%

Question 4b	Total Responses =	19	Comments	
...eat healthier (less fats, less salt, more vegetables) most days? (check one)	Not thinking about it (1)	9	47%	
	Was already doing this (2)	1	5%	
	Now thinking about it (3)	6	32%	
	Yes - begin next month (4)	3	16%	
Question 4c	Total Responses =	19	Comments	
...manage stress in a healthy way (deep breathing, taking walks, talking with a friend)? (check one)	Not thinking about it (1)	6	32%	
	Was already doing this (2)	6	32%	
	Now thinking about it (3)	4	21%	
	Yes -begin next month (4)	3	16%	
Question 5	Total Respondents =	14	Comments	
How did you hear about this activity or series? (check all that apply)	Health fair (a) (1)	0	0%	
	Russian speaking staff (b) (1)	6	43%	
	friend or relative (c) (1)	2	14%	
	media (radio or newspaper) (d) (1)	3	21%	
	brochure or flier (e) (1)	2	14%	
	worker, health care provider (f) (1)	1	7%	
	other (g) (1)	0	0%	

Appendix F

Yoga

Question 1	Total Responses =	16	Comments
Did you enjoy this activity? (check one)	A lot (1)	16 100%	
	Somewhat (2)	0 0%	
	Not at all (3)	0 0%	
Question 1a	Total Responses =	1	Comments
What did you enjoy most about the activity/sessions?	Liked the teacher (1); everything (1).		
Question 2	Total Responses =	15	Comments
Do you have any recommendations to improve the activity/sessions? (check one)	Yes (1)	3 20%	
	No (2)	12 80%	
Question 3	Total Responses =	16	Comments
Has this activity increased your knowledge? (check one)	A lot (1)	11 69%	
	Somewhat (2)	5 31%	
	Not at all (3)	0 0%	
Question 3a	Total Responses =	1	Comments
If yes, please describe what you learned.	Learned how to breathe (1); learned how to work on myself (1).		
Question 4 - Because of this class are you more likely to:			
Question 4a	Total Responses =	15	Comments
...engage in physical activity most days? (check one)	Not thinking about it (1)	3 20%	
	Was already doing this (2)	12 80%	
	Now thinking about it (3)	0 0%	
	Yes - begin next month (4)	0 0%	
Question 4b	Total Responses =	13	Comments
...eat healthier (less fats, less salt, more vegetables) most days? (check one)	Not thinking about it (1)	3 23%	
	Was already doing	8 62%	

	this (2) Now thinking about it (3) 2 15% Yes - begin next month (4) 0 0%		
Question 4c	Total Responses =	12	Comments
...manage stress in a healthy way (deep breathing, taking walks, talking with a friend)? (check one)	Not thinking about it (1) 3 25% Was already doing this (2) 7 58% Now thinking about it (3) 1 8% Yes -begin next month (4) 1 8%		
Question 5	Total Respondents =	15	Comments
How did you hear about this activity or series? (check all that apply)	Health fair (a) (1) 5 33% Russian speaking staff (b) (1) 6 40% friend or relative (c) (1) 1 7% media (radio or newspaper) (d) (1) 1 7% brochure or flier (e) (1) 1 7% worker, health care provider (f) (1) 0 0% other (g) (1) 1 7%		

Appendix G

Group Medical Visit Data January – June 2007

Baseline indicators were taken on seventeen (17) patients and these indicators included BP (blood pressure), BMI (body mass index). The following are markers for metabolic syndrome: HDL (“good” cholesterol), LDL (“bad” cholesterol), TG (triglycerides), and A1C (3 month blood glucose) as an indicator of diabetes.

Table 1. Medical Indicators (Pre and Post) for Participants of Group Clinical Visits - January-June 2007

Patient ID	BP (Blood Pressure)		BMI (Body Mass Index)		HDL (Good Cholesterol)		LDL (Bad Cholesterol)		TG (Triglycerides)		A1C (3 mo. blood glucose)	
	PRE	POST	PRE	POST	PRE	POST	PRE	POST	PRE	POST	PRE	POST
MELU	145/76	143/78	30.11	30.15	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
RESO	123/73	124/72	33.0	32.0	32	45	115	132	174	154	n/a	n/a
BUYE	138/76	141/63	30.11	n/a	71	59	92	149	140	226	7.2	7.5
SHTA	139/78	110/70	30.23	28.7	67	n/a	152	n/a	80	n/a	n/a	n/a
LELI	159/89	142/75	30.9	30.9	51	n/a	166	n/a	203	n/a	n/a	n/a
VONA	152/65	142/69	36.58	38.2	63	64	67	69	162	132	n/a	n/a
ZHLE	145/78	109/65	39.33	41.5	54	56	117	66	128	71	7.2	7.7
SHVI	211/122	193/112	39.15	32.89	41	n/a	128	n/a	278	n/a	n/a	n/a
GLIN	126/66	117/72	36.05	35.5	50	53	93	86	157	139	7.4	7.2
LEBO	120/80	113/53	31.32	25.0	37	n/a	143	n/a	134	n/a	n/a	n/a
ZHZH	138/66	113/53	26	25	87	93	133	96	61	143	n/a	n/a
MEVL	174/86	172/79	44.2	n/a	32	n/a	n/a	n/a	458	n/a	7.4	n/a
GAAN	155/84	n/a	33.7	n/a	40	37	100	118	102	140	11.8	12.4
KHYU	n/a	n/a	n/a	n/a	56	55	59	71	188	134	6.3	n/a
BYAB	166/87	157/75	n/a	n/a	41	n/a	101	n/a	201	n/a	n/a	n/a
NALY	156/77	147/79	29.3	31.0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
MOLA	133/51	106/65	26.2	24.0	92	73	165	162	80	87	n/a	n/a

N/A indicates no more data was available for that measurement.

Blood pressure, weight, and BMI were taken every month on the patients attending group medical visits. Baseline measures for HDL, LDL, TG and A1C were also taken, but because these measures are highly dependent upon compliance of the patient in keeping the lab appointments made for them by clinic physicians, not all patients have more than one set of these data. Participation in the group visits was spotty; some people (9 total) dropped out, refused a vitals check, or only attended once with 1 or no lab results so no comparisons could be made. Fifteen people in total attended two or more sessions and for those people the differences have been computed Pre-post in Table 2.

Table 2. reflects the computations on changes in medical indicators that were measured from pre to post visit.

Table 2. Changes in Medical Indicators - Pre-Post Group Clinical Visits			
Patient ID	Blood Pressure Increase or Decrease Systolic/Diastolic	Body Mass Index Increase or Decrease	Number of Visits
MELU	-2/+2	+.04	2
RESO	+1/-1	-1.0	2
BUYE	+3/-13	*	2
SHTA	-29/-8	-1.53	4
LELI	-17/-14	0	4
VONA	-10/+4	+1.62	4
ZHLE	-36/-13	+2.17	5
SHVI	-18/-10	-6.26	4
GLIN	-9/+6	-.55	6
LEBO	-7/-27	-6.32	5
ZHZH	-25/-13	-1.0	6
MEVL	-2/-7	*	2
GAAN	*	*	1**
KHYU	*	*	1**
BYAB	-9/-12	*	2
NALY	-9/+2	+1.7	4
MOLA	-27/+14	-2.2	4
Averages	-13.06/-6	-1.11	3.4 avg. visits

* Not enough data to determine change.

** 1 doctor exam/visit, 2 sets of lab data.

Summary of Findings:

5. Ten out of the seventeen people attended four or more (out of 6 possible) group clinical visits so the attrition rate was 41%. Only 2 of the 17 (12%) people attended all possible doctor visits.
6. Nearly half (47% or 7 out of 15) experienced a decrease in body mass index with an overall group average decrease of 1.11.
7. The majority (76% or 13 out of 17) experienced a decrease in systolic blood pressure readings, the average of the group being a drop of 13.06 points. For diastolic readings, 59% (10 out of 17) experienced a decrease, with the group average drop being 6 points.
8. All 15 of the people who had a baseline BMI (body mass index) measurement began as overweight or obese, and only 1 of the 15 dropped below the overweight BMI at their last measurement.

Follow-up from the Evaluation:

The evaluator, physician and program director reviewed the findings and determined that the blood pressure should be examined as it trends across the five months of visits, since at the post-period there may be many reasons why the BP rate is higher than normal. Given that, the evaluator re-examined the individuals' BP month by month and found that less than half the group (7 out of 15) were in normal range at the end of the visits. Results are illustrated in the following chart:

Table 3. Trend of Monthly Blood Pressure Readings Across Five Months

	January 2007	February 2007	March 2007	April 2007	May 2007	June 2007	Trend of Systolic (S) & Diastolic (D) measurements
MELU	145/76	143/78					Downward S and Upward D- <i>Slightly above normal range</i>
RESO	123/73			124/72			Upward S & Downward D- <i>within normal range</i>
BUYE	138/78	141/63					Upward S & Downward D- <i>Slightly above normal range at the end</i>
SHTA	139/78	126/73			109/66	110/70	Downward trend- <i>within normal range</i>
LELI	159/89	138/54	135/69	142/75			Downward S & D trend- <i>slightly above normal range at the end</i>
VONA	152/65	162/68		157/75	142/69		Downward S & Upward D- <i>slightly above normal range at the end</i>

Table 3. Trend of Monthly Blood Pressure Readings Across Five Months

	January 2007	February 2007	March 2007	April 2007	May 2007	June 2007	Trend of Systolic (S) & Diastolic (D) measurements
ZHLE	145/78	128/78		123/75	131/78	109/65	Downward S & D- <i>within normal range at the end</i>
SHVI	211/122	172/98	188/104		193/112		Downward S & D- <i>far above normal range-serious hypertension indicated</i>
GLIN	126/66	118/79	133/78	110/60	113/64	117/72	Fluctuation- <i>within normal range</i>
LEBO	120/80	135/84	132/82	128/77		113/53	Fluctuation- <i>Within normal range</i>
ZHZH	138/66	134/66	119/58	122/56	143/59	113/53	Fluctuation- <i>within normal range at the end</i>
MEVL		174/86	172/79				Downward S & D- <i>above normal range-hypertension indicated</i>
BYAB		166/87		157/75			Downward S & D- <i>above normal range-hypertension indicated</i>
NALY			156/77	157/70	143/83	147/79	Downward S & D- <i>above normal range-hypertension indicated</i>
MOLA			133/51	123/60	124/65	106/65	Downward S & Upward D- <i>within normal range</i>

Key to Normal/Abnormal Ranges for Medical Indicators

Metabolic Syndrome definition (no clear consensus)

1. Abdominal obesity BMI greater than or equal to 30
(BMI = height (kg) / weight (m) squared)

Categories of BMI:

- ◆ 19-24 normal
- ◆ 25-29 overweight
- ◆ 30-39 high risk (obese)
- ◆ >40 extremely high risk (morbidly obese)

2. Hypertension: systolic BP \geq 140, diastolic BP \geq 90
3. Triglycerides \geq 150
4. HDL < 40 (men); < 50 (women)
5. Fasting glucose >100

Appendix H

Group Medical Visit Data July – December 2007

Baseline indicators were taken on thirteen (13) patients (2 dropped out) and these indicators included BP (blood pressure), BMI (body mass index). The following are markers for metabolic syndrome: HDL (“good” cholesterol), LDL (“bad” cholesterol), TG (triglycerides), and A1C (3 month blood glucose) or a Fasting Glucose test as an indicator of diabetes.

Table 1. Medical Indicators (Pre and Post) for Participants of Group Clinical Visits - July - December 2007

Patient ID	BP (Blood Pressure)		BMI (Body Mass Index)		HDL (Good Cholesterol)		LDL (Bad Cholesterol)		TG (Triglycerides)		A1C or Fasting Glucose	
	PRE	POST	PRE	POST	PRE	POST	PRE	POST	PRE	POST	PRE	POST
RF	160/117	149/86	35.9	36.2	49	52	74	70	108	104	6.8	6.2
NF	155/84	165/97	40.8	40.3	50	52	119	131	111	100	96	96
MG	147/100	118/80	30.8	29.7	53	51	150	142	326	249	131	127
SK	147/98	130/83	23.1	24.2	66	64	115	109	86	152	79	81
VK	178/105	175/95	27.3	26.8	49	n/a	107	n/a	51	n/a	100	n/a
LK	122/77	123/72	26.7	25.2	68	69	183	183	53	95	95	95
OL	136/78	156/91	29.3	30.4	n/a	63	91	126	94	152	62	90
VN	204/112	190/113	27.9	28.1	30	n/a	94	n/a	333	n/a	103	n/a
LZ	110/82	119/77	34.6	33.9	39	38	116	54	141	184	7.1	7.2
RP	139/89	138/92	18.4	19.0	63	67	147	163	108	121	93	n/a
LP	143/90	148/98	29.2	28.3	60	64	133	114	98	69	104	92
SB*	166/104	n/a	30.2	n/a	53	n/a	177	n/a	261	n/a	7.2	n/a
SR*	n/a	n/a	28.4	n/a	46	n/a	157	n/a	199	n/a	111	n/a

*Only one initial visit was made with one set of data available, so no comparisons are possible.

N/A indicates that no more data was available for that measurement.

Blood pressure, weight, and BMI measures were taken every month on the patients attending group medical visits. Baseline measures for HDL, LDL, TG and A1C or fasting glucose were also taken, but because these measures are highly dependent upon compliance of the patient in keeping the lab appointments made for them by clinic physicians, not all patients have more than one set of these data. Participation in the group visits was spotty for some; two people dropped out of the series, some who stayed in did not get a second set of labs so comparisons could only be made on vitals in Table 1. Eleven people in total attended two or more sessions and, for those people, the differences have been computed pre-post in Table 2.

Table 2 reflects the computations on changes in medical indicators that were measured from pre to post visit and the number of visits.

Table 2. Changes in Medical Indicators - Pre-Post Group Clinical Visits			
Patient ID	Blood Pressure Increase or Decrease Systolic/Diastolic	Body Mass Index Increase or Decrease	Number of Visits
RF	-11/-31	+.3	6
NF	+10/+13	-.5	6
MG	-29/-20	-1.1	6
SK	-17/-15	+1.1	6
VK	-3/-10	-.5	3
LK	+1/-5	-1.5	5
OL	+20/+13	+1.1	6
VN	-14/+1	+.2	6
LZ	+9/-5	-.7	5
RP	-1/+3	+.6	4
LP	+5/+8	-.9	4
Group Averages	-2.72/-4.36	-0.17	5.18

Summary of Findings:

9. Ten out of the eleven people attended four or more (out of 6 possible) group clinical visits so the attrition rate was 9%. Six (6) of the 13 (46%) people attended all possible doctor visits.

10. More than half (54% or 6 out of 11) experienced a decrease in body mass index with an overall group average decrease of -0.17.
11. The majority (54% or 6 out of 11) experienced a decrease in systolic blood pressure readings, the average of the group being a drop of 2.72 points. For diastolic readings, 54% (6 out of 11) also experienced a decrease, with the group average drop being 4.36 points.
12. Two of the 11 people started and ended with their BMI remaining in the normal range (under 25 BMI). *None* of the remaining 9 people, all being overweight or obese, dropped below 25 BMI at their last measurement, although one dropped from obese (30-39 BMI) to overweight (25-29 BMI).

Follow-up from the Evaluation:

The evaluator, physician and program director reviewed the findings and determined that the blood pressure should be examined as it trends across the six months of visits, since at the post-period there may be many reasons why the BP rate is higher than normal. Given that, the evaluator re-examined the individuals' BP month by month and found that less than half the group (4 out of 11) were in normal range at the end of the visits. Results are illustrated in the following chart:

Table 3. Trend of Monthly Blood Pressure Readings Across Five Months

	July 2007	August 2007	September 2007	October 2007	November 2007	December 2007	Trend of Systolic (S) & Diastolic (D) measurements
RF	160/117	126/72	131/95	152/116	157/91	149/86	Downward S and Downward D- <i>Slightly above normal (S) range</i>
NF		155/84	148/90	154/105	160/92	165/97	Upward S & Upward D- <i>above normal range</i>
MG	147/100	135/84	125/78	123/83	129/87	118/80	Downward S & D trends - <i>Within normal range at</i>

Table 3. Trend of Monthly Blood Pressure Readings Across Five Months

	July 2007	August 2007	September 2007	October 2007	November 2007	December 2007	Trend of Systolic (S) & Diastolic (D) measurements
							<i>the end</i>
SK	147/98	131/88	149/94	120/78	124/72	130/83	Downward S & D trends -within normal range at the end
VK	178/105	168/100			175/95		Very slight Downward S & D trend- above normal range at the end
LK	122/77	128/96	124/72	121/76		123/72	Fluctuations - within normal range
OL	136/78	113/69	113/64	148/76	130/76	156/91	Upward S & D- above normal range at the end
VN	204/112	193/109	174/102	158/98	163/102	190/113	Downward S & D- trend, but above normal range- hypertension indicated
LZ		110/82	118/81	121/84	131/92	119/77	Fluctuation- mostly within normal range
RP		139/89	130/83	126/83	138/92		Fluctuation- mostly within normal range

Table 3. Trend of Monthly Blood Pressure Readings Across Five Months

	July 2007	August 2007	September 2007	October 2007	November 2007	December 2007	Trend of Systolic (S) & Diastolic (D) measurements
LP		143/90	139/94	145/90		148/98	Upward S & Upward D – <i>above normal range at the end</i>

Appendix I

Third Focus Group Report – December 2007

This research was conducted at two intervals, one focus group with Lillia, Anatoly and Inna and the other with Tatiana, Yelena, and Sonia. Dates: September 11, 2007 and November 29, 2007. Both focus groups were conducted by the external evaluator with a Russian translator, with no staff present.

A. Your livelihood and this project

1. What attracted you to become involved in the Let's Be Healthy Project?

Sonia – I “self identified” and came because I could meet interesting people.

Yelena – was working with the Russian community in her job in San Francisco; she is a hypno-therapist now and was a psychologist in FSR.

Tatiana –her focus is on the interconnection between people and nature in urban life – she is a member of the American Society of Plan Biologists and interested in social ecology. She was previously a botanist in the FSU and worked at the Botanical Gardens in San Francisco, teaching classes.

Lillia – had a desire to help the Russian community be healthy and free from chronic illness.

Anatoly – was depressed and looking for friends within the Russian community, in February 2006 he met Sasha Masolov, Olga Radom, and volunteered to help with the walking group. He meets other Russian men who express that they do not feel any support within the Russian community in San Francisco, and by contrast, and because of this program, Anatoly feels that he does have support.

Alex – I was attracted to this because there are good people; “we make a beautiful relationship and a good team.” He offers an exercise class and notices that after the exercises people come together “like family.”

Inna – This program provides new life for Russian people who were depressed, and it is very important for many people, young and old. Older people enjoy different parts of the program than do younger people.

(Theme: Combination of who they could meet, a felt need to combat the isolation and depression of the immigrant experience, and to be able to offer their talents)

2. What are your personal strengths, skills and talents that you bring to this work – in what ways will you be able to share these with Russian newcomers?

Anatoly - has experience managing groups; in the FSU he managed a group of 25 workers in his profession as a computer scientist, working as a technician. In this project he uses the computer to search Russian sites for culturally-specific information on chronic diseases. Now he works with the Newcomers Program on the Healthy Living Chronic Disease group and as an Information Technology specialist (his regular job is with a lawyer's office as an IT specialist).

Tatiana — works as a guide in Golden Gate Botanic Garden where she sees people from all different countries coming to her tours. She guides 15 – 20 people at a time through the garden and does this up to twice monthly. She focuses on how to use plants as food, to enhance meditation, aroma therapy, history of plants. She has led over thirty tours and tries to get people to learn how to evaluate our environment using plant life as a reference point.

Inna — helps with the paperwork, office work. She has a paid job with Jewish Vocational Services as a clerk.

Sonia — her background is in interior design and she wants to start a class in interior design in February 2008. She would like to help people who have a small amount of money to spend use it to redecorate their surroundings. She feels that this helps with the depression many Russians feel.

Yelena — She wants to use her counseling skills to help newly arrived Russians learn how to adapt to their new surroundings. They suffer from loneliness and aren't inclined to go out to organized programs and events when they have little money. She feels she can draw them out.

Lillia — uses her knowledge of the English language to translate promotional and educational materials and uses her knowledge of healthy nutrition to conduct the Healthy Cooking class.

(Theme: Most people have skills and talents which they have been able to offer to the larger Russian Community, with the support of this program)

3. What kind of skills are you hoping to develop and use in the Let's Be Healthy! Project?

Lillia —making better presentations.

Tatiana —Skills in coping with my own depression and want to develop a series of educational activities on how to develop local solutions to our own water problems.

Sonia — Wants to further her interior design skills.

(Theme: People are not looking as much to develop skills as to offer what they already know, these are all older and more seasoned Pomoshniks)

4. What type of satisfaction or reward do you hope to achieve by becoming a Pomoshnik?

All — To see the participants of the Let's Be Healthy project in better health and excellent mood — this is my reward.

B. Your role in the project

1. How long have you worked with the Let's Be Healthy Project?

Tatiana — For a year as Pomoshnik and as a volunteer before that.

Anatoly — Began in Feb 2006 as volunteer and in May 2006 as Pomoshnik.

Others — similarly came in as volunteer for months before becoming Pomoshnik for a year or less.

Lillia — From its inception.

(Theme: Most for a year or less, having begun as volunteers)

2. How were you oriented to your role in this project? (e.g., *brief discussion, given a job description, given the scope of work*)

Lillia — had discussion about what I was to do.

Anatoly, Inna, Tatiana — Olga invited us and explained the difference between being a volunteer and a Pomoshnik; and then Sasha and Olga provided a written job description.

C. Expectations of you

1. Do you have a work plan? What are the activities listed in your work plan?

All said they had job descriptions, or as they explain “A paper signed with Patricia Erwin, with the duties and what we are to do.” All have work plans. Individually they review the work plan with Micha monthly. Things in the work plan include classes they lead and preparation for events held in the community.

(Theme: All have written job descriptions and work plans that are regularly reviewed)

2. What are the major activities you have done since you've been hired? How confident are you that you will accomplish your work plan activities in the timeframe?

Inna — Cooking classes, group medical visits, paperwork, passing out pharmacy bags

Anatoly — Monthly walking group, health living series, prepare for Vinagarette Contest, art of health class,

Sophia — prepare for health classes.

Yelena — hold classes on stress reduction, two or three times a month; sharing how to adapt to different stressors and address problems with high blood pressure.

Tatiana — Gardening group, walking tours, Golden Gate Botanical Garden tours, and along ocean Beach, and in forests and parks monthly. I have also been teaching people about plants, how to change plant in the garden during the winter, how to use plants as salad and botanicals.

Lillia — cooking classes, providing translation, interpretation during yoga classes and delivering presentations.

Alex — Exercise group weekly. People passing by, especially at Golden Gate Park, want to join in but we must limit the size of the group because there is a good deal of personal attention involved in order for people to incorporate meditation and different approaches to address their specific needs. I want them to get the joy of life out of the exercises, and be refreshed both physically and mentally.

(Theme: All expressed confidence in being able to fulfill the tasks in their work plan)

D. Learning and growing

1. In what areas do you feel you need more knowledge to do your job (*developing plans to do outreach, on health topics such as diabetes management, etc*)?

Alex —I would like to become a certified licensed exercise instructor, but have difficulty making the time available for it. I was an electrical engineer in FSU and do work on appliances now — which is very time consuming.

Yelena — I have enough knowledge to do what I do as a Pomoshnik, and everyone helps, it feels safe and comfortable.

Inna — When we began we got project information (e.g., health, management of diabetes, etc.) but I feel we need more information from professionals with these specialties, such as pharmacology.

Anatoly — We need to think about how to adapt the health information into a form that the Russian community can accept.

Lillia — There is always room to learn more.

(Theme: more professionalization of them through training and certification)

2. What other kinds of support or direction do you need to do your job?

Alex — There is not enough space for the exercise program. With the winter weather coming, we close down the outdoor activities, but need a facility for indoor activities. There is not much equipment involved. I have tried to use playgrounds but attract a lot more people than we can handle. We currently have about 15 people three times a week.

Tatiana — We need a microphone for the larger presentations, one that can be used by everyone in the program and by me in the garden tours.

Anatoly — before the cooking class a dietician can orient us. We could use more Russian music at all events, at the clinic and health living series. There are tons of national parks which we cannot get to without driving support. Doing more crafts, making music, making jewelry, more family activities — we are only limited here by the number of facilities we have. For example, for the cooking class we have upwards of 40 people and not enough room for that many at Ocean Park.

Lillia — I think that support is sufficient, and Pomoshniks have all the needed direction to do their jobs.

(Theme: The program has outgrown the facilities, need an indoor exercise room and kitchen and other gathering places. Need a portable microphone)

3. Have you been given anything to read or has training been provided thus far to help you do your job? Do you know if there are plans for future workshops?

All had job descriptions and work plans and training in chronic disease management.

(Theme: The Pomoshniks are well prepared to take on their role.)

Is there anything else you would like to share? (All direct quotes)

Alex: We all have the immigrant experience in common and the stress that comes with it. That stress is hard on us. This Newcomer society softens things. Programs like this offer us an “open window and fresh air” in an otherwise stuffy room, where we cannot breathe. We are beginning here to foster an understanding of the way to combine the American and Russian spirit; to share our lives with the people we meet in US and find common ground in the things we share, like nature, the ocean, body language. If we are here together, Russian and non-Russian, we already have in common the water and the task to try to keep it healthy.

Tatiana — I would like to see us get more involved in the protection of our water supply and of our environment in general.

Anatoly — This program is a format for a healthy life. Our people are not necessarily a healthy, happy people — it is a point where people get together and talk and walk and work through their own depression. This is very important, and so are the people who organize it. Sash and Olga are very easy and open people and they are always ready to help. What we have here is a “healthy club” of Russian people. We are very happy with the program; it is free, friendly, no limits to the patience of the people involved. People come after work like family; like this is a second home where we can share our happiness, our skills, our knowledge. It is always a positive emotional exchange.

Yelena the interpreter adds: Six years ago Sasha and I were just two Russian people in the clinic and we began working with the Russians around smoking issues. The Russians speak many languages and we serve them all. Now we are talking with them about being healthy, walking and eating together, and people love it.

Appendix J**Self Efficacy Data from Health Living Series – November 2007**

Healthy Living Series (Ending November 2007)
Nov 07 Pre-Test (N=21) Survey Nov 07 Post Test (N=21)
 (Pre-test scores followed by post-test in the table below)

	Very Well	OK	Not Well
1. Feeling that I have the energy to deal with my health.	14% / 26%	86% / 69%	0% / 5%
2. Feeling that I can control my eating.	19% / 19%	71% / 62%	10% / 19%
3. Feeling that I see my doctor often and long enough.	10% / 30%	70% / 45%	20% / 25%
4. Feeling that I am getting enough physical exercise.	10% / 20%	47% / 42%	43% / 38%
5. Feeling calm and in control of my health.	5% / 10%	79% / 62%	16% / 28%
6. Feeling confident to manage my health on an everyday basis	10% / 10%	71% / 69%	19% / 21%
7. Feeling that I will prevent serious long-term complications to my health.	10% / 10%	55% / 55%	35% / 35%
8. Feeling I am sticking closely enough to a good meal plan.	14% / 24%	58% / 47%	28% / 29%
9. Feeling motivated to keep up my health and well being.	33% / 28%	57% / 53%	10% / 19%
10. Feeling that friends or family give me the emotional support that I need.	45% / 45%	50% / 55%	5% / 0%
11. Understanding of what food I am able to eat.	24% / 34%	66% / 66%	10% / 0%

Summary of Findings: What we are looking for: that the post measure is higher for the “very well” category and lower for the “not well” category. The only two measures for which this is true for the entire cohort, where self efficacy among this cohort appeared to increase was around the issues of feeling that they are getting enough exercise and understanding what they are able to eat.

Age and Gender of Participants: There were 21 people responding to these identification questions in the pre-test, the oldest of whom is 79, youngest 59, and average age 68. Seventeen were women and four were men. There were 20 people responding to the gender and age questions in the post-test, the oldest of whom was 79 and youngest 44; average age 71. Seventeen were women and three were men.

Appendix K

Focus Group with Healthy Living Group Participants — March 2008

Report from Focus Group with Healthy Living Group

This focus group was conducted with 15 participants who attended the Fall 2007 Healthy Living Group. The program evaluator was assisted by a Russian translator, but no staff members were present. The time allotted for the focus group was only 15 – 20 minutes, leaving no time for introductions around. Therefore, the responses recorded here are by individuals not identified.

1. What made you decide to join the group, and what did you get from the group?

One woman worked with the “smoking project” four years ago and became involved with the Healthy Living group because she saw Sasha and Olga as “intelligent, professional” people. The classes about diabetes particularly interested her.

Another person heard about the fact that the group discussed healthy diet and could learn how to change recipes to be healthier.

Several people came from the clinic because they heard that a registered nurse from the clinic would be talking about diabetes, hypertension, yoga, how to manage cholesterol and other health complications. They described it as a friendly atmosphere, food served, great hospitality, and that the staff members of Newcomers were patient.

People were also interested in learning about the type of medical supplies available, how to procure them and use them.

(Theme: Generally it was felt that the people presenting at the group were professional people with important knowledge to share. They said they got “a lot of important and helpful information about taking care of their health and were very grateful for this.)

2. How would you describe your health?

As one man said: “Before this class I felt depressed, didn’t want to see anyone, and now have more energy, and need the doctor less because of the emotional support I feel here.”

7 people have diabetes; 11 have hypertension; 1 has a pacemaker; 6-7 have kidney problems; everyone has cholesterol problems and depression.

3. Thinking back before you started this group, are you taking better care of yourself now than you were then?

"I know more now from this class. When you came in to see a doctor they command but don't explain why things are so. There is always mixed communication with the doctor because we are Russian. Now, after taking this class we learned to prepare questions for the doctor before calling and we get more out of the visit.

(Theme: The primary doctor doesn't have time to explain and now everyone is better able to talk to the doctor.)

4. What could be improved in this group; how could it be better?

A variety of responses were offered to this question. There was a consensus that more information was key, since the information was the main benefit of the group. The list of types of information they want includes: heart problems, kidney, pancreas, liver, osteoporosis, diet, stomach problems, headache, women's problems.

Bringing in a specialist, rather than a primary care physician was mentioned by one person.

One person wanted night classes, but there was no consensus on that, since others mention that "no one works during the day, so they should be able to come during the day."

One person mentioned preferring to know more about the schedule of activities in the Healthy Living Series in advance so he can plan his time better.

One person mentioned they would like to have the class once a week for 2 – 3 months.