Methods for Adapting Medical Clinic Referral to EFNEP to Serve Rural Native American Communities Via Telehealth

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Background
Rural communities in California face disproportionate rates of food-related health disparities. Decolonizing established community nutrition education programs, like EFNEP, in medical clinic settings could expand program reach and address food-related health disparities. A recent study of urban pediatric medical clinics demonstrated that a medical provider referral model (Figure 1) to connect parents to EFNEP classes was feasible and acceptable to participating parents and pediatricians.

Program Description
Parents with young children are referred by medical providers to attend an intervention (8-weekly sessions) delivered via telehealth by EFNEP educators. The intervention is focused on pediatric obesity prevention utilizing Guided Goal Setting, obesity risk assessments, storytelling, and food-related parenting topics (Figure 2).

Use of Theory & Research
The Expanded Food and Nutrition Education (EFNEP) program delivered intervention is based on Social Cognitive Theory and adult learning strategies. The adaptation methods are driven by the community-based participatory implementation science framework.

Evaluation Methods
Meetings (n=4) were convened over a four month period to develop a multi-phased community-based participatory approach to adapt the intervention. Members included the State EFNEP Director and County Program Advisors (n=2), EFNEP educator, Indian Health Center Outreach Director, Pediatric Endocrinologist, Public Health Nurse, Nutrition Education Professor, Nutrition Specialist, and Human Development Specialist with over half experience working with rural and Native American communities (n = 6).

Results
A three-phased approach was identified: formative, capacity building, and referral model implementation with each rooted in community-based participation (Figure 3). Community asset mapping should be conducted in the formative phases to identify relevant literature on food-related parenting practices and to outline healthcare partners serving Native American communities. A community advisory board consisting of Tribal members involved in health and child care services was created for consultation on all phases including intervention content modification, identification of community/tribal health clinic partners, and inform referral and telehealth delivery strategies.

Conclusion
Adapting an intervention to a different target audience, location and modality necessitates a thorough process to ensure relevance and sustainability. A three-phased approach with community-based participation was developed that can be used by other programs.

Citations