

Episode 56. Operation Change Community Report:

Hazard, Kentucky, with Keisha Hudson.

Every iteration of Operation Change has a unique aspect. There may be certain chronic health conditions that are common to urban, suburban and rural communities, but the needs of different communities vary greatly. Hazard in eastern Kentucky has some of the highest levels of chronic conditions and poverty rates in the country. Many people are living in isolated circumstances and with limited access to health services. Many are on fixed incomes, claim disability benefits, and many do not access preventive care until they reach Medicare age. In this podcast, Hazard program leader Keisha Hudson describes some of the challenges and successes experienced during the first truly rural Operation Change. Part 5/7 of our Operation Change series. Hosted by Dr. Bonnie Simpson Mason. Posted on July 22, 2020.

Dr. Mason: Welcome to the next episode of The Health Disparities Podcast, conversations about health disparities with people who are working to eliminate them across the country. I am your host, Dr. Bonnie Simpson Mason, and this week we are recording our conversations at the National Harbor in Maryland, where we are enjoying a program filled with speakers and workshops at the annual Movement is Life Caucus. Over the last year, Movement is Life has been running a series of their grassroots health programs called Operation Change in both rural and urban settings. We are delighted to have leaders from these programs here with us at the caucus to share their experiences with us during the podcast. And this

afternoon, I am more than pleased to have Miss Keisha Hudson with us from the Operation Change location in Kentucky. Welcome.

Keisha: Thank you.

Dr. Mason: Wonderful. So, tell us about specifically where your Operation Change program is located and really how it got started.

Keisha: Okay, so we were located, we had our program in Hazard, Kentucky, that is in Perry County, and that is a Eastern Kentucky County, where we have the University of Kentucky Center of Excellence in Rural Health and that is who I work for. That's the organization that Movement is Life partnered with to pilot this program. We were actually the first rural site for the Operation Change program. And it came about our director, Dr. Francis Feltner met Verona Brewton at a conference and they had a mutual friend that put them in contact with each other and they immediately decided, the two of them, that Operation Change needed to come to Perry County.

Dr. Mason: Hazard, Kentucky here we come.

Keisha: Absolutely.

Dr. Mason: Okay. How many enrollees did you wind up having participate?

Keisha: We have 49, of which 47 completed the program.

Dr. Mason: Wow!

Keisha: We actually had to start a waiting list because we didn't have room or enough motivational interviewers to take more than that. Verona and her team had told us about 10 people per motivational interview group, a little more than that gets crowded, but we stretched it a little bit and had 12 in each group but it worked out very well.

Dr. Mason: And yours was an 18-week program as well?

Keisha: Yes, ma'am.

Dr. Mason: And you held it there at the University of Kentucky?

Keisha: Yes, we held it at the Center of Excellence in Eastern Kentucky. We have some pretty large rooms, but you can imagine 15 women plus all of us, there was about seven of our staff, fills up a room, especially the movement part. So, we did hold it there. I do feel like that may have been one of the successes of the program. We're already an established organization and a lot of the ladies know some of our work out in the

community and thought, "You know what? If they're doing this program, hey, we should give it a try. Maybe it works."

Dr. Mason: So, that built a little inherent trust into the process.

Keisha: Yes, I do believe so.

Dr. Mason: Perfect. So, I'm thinking about okay, Eastern Kentucky. I'm visualizing a map in my brain. So, how far away did the participants come from to participate in the program? We're talking about a rural health site, and we want to give our listeners, you know, just maybe some perspective on, you know, what that distance in geography looks like.

Keisha: Sure. So, we did only take women from Perry County this first time.

Dr. Mason: Okay, countywide.

Keisha: So, only Perry County, but I will tell you, since it is a rural area, we had ladies that traveled anywhere from 30 to 45 minutes, probably to get to the site. You know, you hear about the time that the crow flies. I don't know if you guys have ever heard this, but when the car drives, it's not so fast. So, our county is fairly big for an Eastern Kentucky County, so to get from one end of it to the other, and then just some of the roads in the rural areas,

you have like a one-lane road in some of as we call the Hollers, so it takes you a little more time.

Dr. Mason: Gotcha. So, when you were designing the program, and we've talked with some of our other leaders from the other sites about the three components, so they're the presentations from experts, there's the movement component and the motivational interviewing. What did you find were some of the specific presentations that you thought were critical for your population that may have been different from some of the urban population presentations? And I don't know if you've had time to exchange many ideas with them but at the very least, what did you think about in terms of presentations that would help your ladies in your community?

Keisha: And no, I have not had a whole lot of time to talk to the other leaders about what they did, I've heard a little bit. One of our biggest ones, we actually had an extra week on nutrition because of the lack of fresh fruits and vegetables. We only have a couple of grocery stores that are in town, in Hazard, in city limits. And we have some convenience stores out in the county that a lot of people, especially people on a fixed income, may only go to the actual grocery store once a month, and then the rest of the time they run out of food or need something, they'll run to the convenience store and we know that's not as healthy. So, we spent a little extra time. We brought in our local farmers' market on site. They did a pop-up farmers' market for us. They let the ladies try some fresh fruits and

vegetables that they maybe normally wouldn't. So, they got to do a little taste testing and they were able to purchase things on site. And they do take different forms of payment and work out some things with the ladies.

Dr. Mason: I love it.

Keisha: And we also had one of the leaders from the farmers' market come another time and do a cooking demonstration on how to utilize some of the healthier options you may have in your home to make muffins and things such as that, that you normally, maybe some of the women would not try on their own. And every single woman there loved the healthier option for the muffins, and I've been told that they've been making those at home.

Dr. Mason: Oh, wonderful.

Keisha: So, we're really excited about that.

Dr. Mason: Okay, well, we're increasing the options on their nutritional intake, right, even on something such as muffins, so that's great.

Keisha: Absolutely. And one session we had, you know, we think of pizza as one of the most unhealthy foods that we can eat. The reality is we had a lot of

mothers who are raising kids who play sports. We had a lot of grandmothers raising their grandkids who are constantly on the go. So, fast food or get a quick pizza, whatever the case may be, that's the reality of their life. So, what we did one night, we had pizza night at Operation Change, and we introduced them to some different pizzas, some thin crust, some multi-grain crust, with spinach, and veggies and things like that. And several of the ladies have come up to me and said, "I never ever, ever would have tried that but now we will order that if we order pizza."

Dr. Mason: Awesome.

Keisha: So, it actually reaches the whole family, not just the ladies.

Dr. Mason: Absolutely. So, it's not individual transformation, but to the family, at the family level as well. And certainly, this is going to stretch out across the community because that's a huge cohort, 47 people.

Keisha: Absolutely.

Dr. Mason: That is absolutely phenomenal. So, let's move over to the motivational interviewing and give us your take on, you know, how physically active your enrollees were, maybe initially, versus towards the end of your

program. And how do you think the motivational interviewing, how did you see that impacting their level of physical activity?

Keisha: So, in the beginning, we had a pretty diverse, mixed group. We had ladies who were already exercising together or walking together daily, and we had some who were absolutely sedentary, just sitting at their jobs or at home, whatever the case may be. So, we had a huge mix. Now, by the end of the 18 weeks, everybody was up moving, dancing. We did a lot of fun dances. We actually introduced the ladies to belly dancing, if you can imagine that. That was a fun session.

Dr. Mason: That's great. Yes.

Keisha: We did the merengue, ballroom dancing, line dancing, Zumba. So we did have one lady in particular, that came to us on a cane. You could just see it in her face that she was in a lot of pain.

Dr. Mason: Sure.

Keisha: By the end of the program, that cane had been thrown away.

Dr. Mason: What?

Keisha: I ran into her at one of our local convenience stores a couple of weeks ago, and she had to strut up the aisle and show me that she still is not using her cane.

Dr. Mason: Awesome.

Keisha: Her story alone was a huge success to me to see her get off that cane.

Dr. Mason: Awesome. Well, because you're showing her how mobility really does add to your quality of life, and that she could do it.

Keisha: Yeah, well, the first dance session we had, we had a guy in our area, he teaches ballroom dancing at the local Community and Technical College. So, we asked him to come and just teach us a few dance moves. And he started out with the merengue and we end with the Electric Slide who doesn't like to do the Electric Slide, you know?

Dr. Mason: Who doesn't like the Electric Slid?

Keisha: So, the ladies were, you know, you know how we are, we're ladies, we like to complain sometimes. We like to "I don't want to do this. I don't want to, I'm tired." Not one time did I see one person sit down. They danced an

entire hour after telling me, "I cannot even exercise for 20 minutes." But they were having so much fun that they forgot.

Dr. Mason: Awesome. And then what role did motivational interviewing, what did you hear in some of the group work that you were doing?

Keisha: So, motivational interviewing for our site was a challenge in the beginning.

Dr. Mason: Okay.

Keisha: So, the ladies, I don't think they really understood what the motivational interviewing part was in the beginning. They really loved the speaker, the educational session, they really loved the movement session, then they were ready to go home. And I'm like, "Nope, you don't get credit being here if you don't stay." But once they realized, once we explained to them what the goal was for the motivational interviewing and what it truly was, it was almost like an aha moment. So, this is really just a group discussion, and it turned into, "Oh, this is camaraderie." "Oh, this is our women's group." So, they became very excited. So what I saw happen with that is, when someone would say, "I don't think I can do that", then other members of the group would encourage them and motivate them. "Yeah, you can do this. Come over here and stand with me. We'll do a modified version." And that's one of the things we asked our movement specialists

that came in every time, if they could teach us some type of adaptive version, if someone couldn't do the entire, because we did yoga, so not everybody can get on the floor and get back up. So, we have to adapt. Just the way that they took care of each other and were protective of each other and just really motivated each other, more so with movement than anything else, just reassuring each other, "You can do this." If you're just standing in place and just walking for 20 minutes, that's better than sitting over there in the corner.

Dr. Mason: For 20 minutes, exactly.

Keisha: Yeah. So, that really came out in our motivational interviewing more than anything.

Dr. Mason: That's completely awesome, that supportive group dynamic. That's what we've heard from many of the other locations as well. And so I'm really happy to hear that Operation Change is now addressing the needs of rural America because I don't think I understood before coming to the Movement is Life Caucus this time, the dire need for effective health interventions in the rural community, because we do hear about it more in the urban setting, but not as much in the rural setting. And so, suffice it to say that our other rural locations are primarily with women who are either

African American or Latina. Are these women Caucasian or do you have mixed races and ethnicities?

Keisha: No, we had mixed races and ethnicities.

Dr. Mason: Okay.

Keisha: We had Caucasian and we had about six African American. And two of our motivational interviewers were actually African American. And then, so that was one of the things because most people have a misconception of rural America, it's all Caucasians.

Dr. Mason: Sure.

Keisha: So, that was one of the things that we discussed Dr. Feltner and myself with Verona in the beginning because even Verona said, you know, "We've already tested on African American population, Latina." So, she said, "We're going to come with the rural Caucasian", and we were like, "So we have some African American ladies that want to join" and she's like, "Oh, it's totally fine", you know, because we're going to say, "We're not turning them away. They're in our community." So, we did have the majority was Caucasian, but we did have a little mixture.

Dr. Mason: Well, I think that's also building community and building community, you know, between racial-ethnic lines, as well. And that could only work to strengthen the breadth of the community as well. So, I think that's awesome. So, what recommendations would you have for other rural health leaders who might want to start an Operation Change program in their community?

Keisha: Oh, wow. I would just say establish your team from your community. Everyone that was on our team was from our community. I think that really helped us with recruiting women to come to our Operation Change program. So, we live, like I said, in a rural community. We have a lot of people just don't do social media still. We have a lot of elder population. So, we had women 45 and older, our oldest being 73, I think is how old she is. So, we hung flyers in post offices and local businesses, the grocery store, Walmart - who don't go to Walmart? – clinics. We just really got out in our community and talked to people. Dr. Feltner took it to her church, some committee she sits on at the local hospital, and talked to these ladies about it. That's actually how we came up with the day of the week that we had our program. I know a lot of the programs in the past have been on Saturdays. And our ladies told us they wouldn't come in on Saturdays, that was family time and errands. So, we actually held our sessions on Thursday evenings from 4:30 to 7:30.

Dr. Mason: Really?

Keisha: And I think that was a huge success for us, too, because what we were doing, we did have some ladies that was retired, obviously, and those who watch their grandchildren. So, they watch them during the day, they can come in the evening. And then we had a lot of people who work. So, they get off about 4:00, 4:30. So we were catching them before they got home and got comfortable and wouldn't come back out.

Dr. Mason: Right.

Keisha: So, that really helped us, and we let the women choose what day of the week worked best for them, that helped too. We created flyers with all of our pictures on it, just saying, "This is your team. Come hang out with us on Thursday nights." We made it seem fun. And I think that that was a big, important factor for us, especially in our community. You know, as rural communities, we say we're-- And we can say this because we're researchers, they are researched to death. People come in, research them, and then leave. But this was a program that we wanted to make sure they knew this is not research. It's already been tested, it works. And this is fun. And we're going to keep going with you, we're not going to stop. We're not just going to leave you hanging.

Dr. Mason: Exactly.

Keisha: So, that would be my advice to anyone else.

Dr. Mason: I think that was outstanding advice. Outstanding advice. Well, we thank you for sharing your best practices with us today and your insight. We're sure that we will have other rural health programs, Operation Change programs popping up, so maybe you can be the resident consultant expert.

Keisha: Hopefully, we're going to have another one in spring in Hazard.

Dr. Mason: Oh wow! Excellent!

Keisha: So, we're really excited. We already have people on the list. People are calling us daily to say, "Hey, my friend was in this program. Are you guys going to do this again? She had so much fun and her results are amazing." Our results absolutely floored me. I can share that with you.

Dr. Mason: Share some of that with us. Yep.

Keisha: In the beginning, when Dr. Feltner came to me and told me we were doing this program and I was going to direct it, I looked at her like she was crazy

and I said, "We'll be lucky to have 10 women complete this 18-week program, three hours a week."

Dr. Mason: That's lengthy.

Keisha: That's a long, you know? So, we had seven women, I had to think about it a minute, we had seven women who improved in blood pressure, weight, and the 50-foot timed walk that we do on their assessments. And we had a 97% retention rate. We had over half of the ladies improved in blood pressure, and every single person in our program improved in their walking.

Dr. Mason: Well movement, right? That means you were 100% effective in movement.

Keisha: Absolutely. So, we're really excited about that.

Dr. Mason: Well, those are just some outstanding results.

Keisha: Absolutely. My mother, for one, was a participant.

Dr. Mason: Okay.

Keisha: And she has a job that she's sitting at a desk every day, like most of us. She has some knee pain. She has some blood pressure problems, you know, she's on medication for it, it's maintained. And I talked her into coming to the group, which I didn't know how it was going to work out in the beginning since I was directing the program, and she knew I would be hearing some of the things that was going on, but I was really proud of her. She was having a lot of shoulder pain before we began, and my sister and myself would just preach to her she needed to go to the doctor. I was very afraid that she would get frozen shoulder. I mean, she really was having some issues with her shoulder. Didn't know what-- she didn't injure it or anything. It just happened over the years.

So, she started coming to Operation Change, fell in love with Verona. She's adopted Verona, so Verona and I are sisters now. So, she took it upon herself to make a doctor's appointment and not even to my sister and myself until after. They did some X-rays, some MRIs and he just thinks it was stiffness from working at her desk, and only moving certain parts of her body, put her in physical therapy. And with some of the exercises and things she learned within Operation Change, she is now rocking' and rolling' with that shoulder. She's walking at least two miles a day. And she was one of the ladies that improved in all three categories. I'm very proud of her. She lost over 20 pounds, too.

Dr. Mason: Wow.

Keisha: I know, it's not weight loss but that just goes to show if you get up and move, and you --- You know, she didn't completely change her eating habits. We're from the South, and we are biscuits and gravy kind of people, you know, so she did a little bit. She cut back but, you know, just with what she did and what I saw her go through. And we had another lady that was in Stage 3 kidney failure, about to go into Stage 4, who was drinking a 12-pack of Pepsi a day. I was talking about some new literature that come out about strokes because I work a lot with strokes and disabilities population at our center. And so, I was talking about that and she asked me to print it off for her and show her because it shows if you drink, especially diet soda, you have a 50% chance increase of a stroke, especially in women. So, that scared her to death. It put the fear of God in her is what she told me. She said, "You put the fear of God in me." But so she stopped cold turkey. She stopped drinking her pop. She only drinks water. And we took them out on a little outing one day for their movement exercise and we were transporting them with our company vehicles. And she said, "You know, I just want you guys to know Operation Change saved my life." And that has just stuck with me from that moment on, just to hear her say. So, when she went back to the doctor, her doctor said, "I really don't know what you're doing but you need to keep doing it." He

said, "You look more like Stage 2 renal failure than a Stage 4 like you were.

Dr. Mason: Wow.

Keisha: So I love that story in itself too. It's just amazing.

Dr. Mason: Well, you know, that's the power of community. I mean, she trusted you with that and the information you shared with her. I just think on every level, you've got so many wins there, so congratulations.

Keisha: Thank you.

Dr. Mason: Oh, this is completely awesome. Well, we thank you once again for sharing your best practices, your tips, and I think you're inspiring a lot of people to make some similar changes in their community. So thank you so much, Keisha.

Keisha: Thank you all for having me.

Dr. Mason: Absolutely. And thank you listeners for joining this episode of The Health Disparities Podcast. Join us again at movementislifecaucus.com or you can subscribe to the podcast at iTunes, Google, Spotify and Stitcher. New episodes post every two weeks and look out for our special series

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featuring more thought leaders from our partner organizations who are working to decrease healthcare disparities and increase health equity across the country with purpose and passion. Thank you so much.

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