

Losing weight, shedding baggage: When it comes to health, people rely on community

By Daphne Chen

Deseret News

Sunday, April 10 2016

Link: <http://www.deseretnews.com/article/865651948/Losing-weight-shedding-baggage-When-it-comes-to-health-people-rely-on-community.html>



Vivian Story, left, and wellness coach Cathy Wolfsfeld talk about Story's health challenges and success stories at Calvary Baptist Church in Salt Lake City on Wednesday, April 6, 2016. (Kristin Murphy, Deseret News)

SALT LAKE CITY — High blood pressure. Depressed. Overweight. Vivian Story was sick — very sick — when she met Cathy Wolfsfeld in a church classroom one year ago and started to tell her tale.

“I’d never been free to share what I was going through,” said Story, an elegant woman with close-cropped gray hair, appropriate for the two decades she spent in the Army. “I’ve never been free to do that because I was embarrassed. Especially about the drugs.”

But she had signed up for a “wellness coach” because her church needed recruits. So that day she had found herself telling Wolfsfeld about everything: about the divorce, about the kids, about her career, about her back, about the painkillers, about the blood pressure, about her breakdown, about the year in a VA hospital, putting the pieces back together, and about how all of that had brought her here, to Salt Lake, in order to try and repair what was left of her relationship with her daughters.

Although she has no medical training, Wolfsfeld has served as a wellness coach and health educator for dozens of women in her congregation for the past two years.

Wolfsfeld is considered a “health care worker” — a rapidly growing occupation in public health that is only recently starting to be recognized. Part-time social workers, part-time therapists, community health workers are often plucked from underserved communities and trained to provide basic health education to their peers. They go by many names: Patient advocate. Peer support specialist. Promotora. Wellness coach.

In fact, “There are so many synonyms for community health workers that when you say that, a lot of times it's often not immediately recognized by people who are community health workers,” said Anna Guymon, a community health worker specialist at the Utah Department of Health.

They don't wear white coats or have fancy degrees. They almost never have clinical experience or medical training. Instead, community health workers are often parents or friends. They sing in your church choir. They go to your PTA meetings. They live in your neighborhood. They speak your language.

Wolfsfeld, who is a full-time grandmother and part-time housekeeping supervisor at Calvary Baptist Church, was selected for the job by her pastor, a man she respects deeply.

“I didn't want to let him down,” she said. “It was a motivation I had to rise to.”

The church is one of the state's largest and oldest African-American congregations, and Wolfsfeld was told to start there to look for recruits.

Some people were ready for a change, Wolfsfeld knew. Others weren't.

Story had no doubts.

“I was ready,” she said. “I was ready.”

‘These women are real’

Wolfsfeld is one of a handful of women recruited by the University of Utah in a study of community health workers that has lasted five years.

Researchers recruited women from five local cultural groups — American Indian, Pacific Islander, Latino, African-American and African refugees — and asked them to tackle obesity among women in their communities.

Researchers trained the coaches on the basics: How to check blood pressure. How to recruit clients. How to be encouraging without being overbearing. What foods they should avoid. What types of exercise they should recommend.

For Story, the changes came quickly and almost imperceptibly. She requested a Pilates kit, started drinking fruit smoothies and swapped greasy red meat for healthier alternatives cooked in coconut and avocado oil.

She was supposed to check in with Wolfsfeld once a month. But Story often saw Wolfsfeld more often than that at services or in choir practice.

“It was kind of like being monitored,” Story said. “She was holding me accountable. And it was going to mean something in the end.”

What surprised all of the coaches and researchers was how often the conversation turned to more personal matters.

Penelope Pinnecoose, a wellness coach who works out of the Urban Indian Center, said her clients often wanted to talk about issues like divorce, poverty, or even drug abuse or alcoholism in their family.

“These women are real,” Pinnecoose said. “And they're going to trust you.”

Many of these issues were preventing women from getting healthier, the coaches found.

“Sometimes when we start working with someone in nutrition, digging a little bit more, sometimes we found depression, we found anxiety, or maybe domestic violence,” said Jeannette Villalta, a wellness coach in the Latino and Hispanic community.

Family demands, financial difficulties and cultural barriers could also be an issue. Pinnecoose has offered bus tokens when clients can't find transportation. Villalta has assisted women who needed to go to the doctor but were afraid to go because of the language barrier. Wolfsfeld conducted some of her coaching sessions onto the phone after clients moved to other states.

“Doctors don't have the time to sit and talk to their patients,” Wolfsfeld said. “They have their 15 minutes — ‘Do you have any questions?’ — and they're going out the door... I've had interviews that should have lasted 45 minutes last 3.5 hours because people would want to just get things off their chest.”

Sara Simonsen, a family and preventive medicine assistant professor at the University of Utah who is leading the study, said there's “no way” she could do what Villalta, Pinnecoose and Wolfsfeld do.

“I'm a 30-year-old white woman,” Simonsen said. “... You realize you can't just tell people to eat better. They have a lot of issues to adjust. So the coaches ended up serving much bigger of a role than ‘Eat better and exercise.’ They became an important part of their lives.”

'Whatever you're doing is working'

The study isn't over yet, but the stories give Simonsen goosebumps.

One of Pinnecoose's clients, a grandmother who weighed 221 pounds, started jogging. She now runs half-marathons and has since lost 85 pounds.

Another client, also with Pinnecoose, recruited her son for her daily walks around the neighborhood. Even though he wasn't part of the study, he lost 60 pounds, Simonsen said.

Villalta is still in touch with one client who called Villalta after her elderly mother was hospitalized. When the woman's mother later died, Villalta helped arrange funeral services for her.

The data — although preliminary — is also favorable.

Among the women who started the program overweight or obese, half had lost weight after a year, according to Simonsen. On average, each woman lost 11 pounds, or about 5 percent of her body weight — enough to significantly reduce her blood pressure, blood sugar and cholesterol levels, according to experts.

The women are also eating more fruits and vegetables, drinking more water and exercising more often, according to Simonsen. To her surprise, a significant portion of women are also reporting lower levels of depression and improvements in sleep.

For Wolfsfeld, the best part was seeing Story — who had a reputation of being "unapproachable" — open up. "When I met her, she was very serious all the time," Wolfsfeld said. "But now she's lighthearted — it's like the shedding of the pounds, the gaining of the confidence."

Story said later that she had "a force field shielding myself."

"I didn't want to deal with no more pain — physically, emotionally or otherwise," she said.

But as she shed the weight, she seemed to shed baggage from her past, too.

At her last two doctor's appointments, her blood pressure came back normal. So she quit both of her blood pressure medications as well as her sleeping pills and antidepressants.

She picked up yoga. She started drinking tea. She started dating.

When Story stepped onto the scale at her last weigh-in, Wolfsfeld beamed as she announced the results: Story had lost 25 pounds.

"I haven't weighed 142 pounds since high school," Story exclaimed.

"Whatever you're doing," her doctor told her, "is working."

'I made it'

With the study nearly over, clients are wondering what happens next.

There are signs that community health workers are gaining recognition. In 2010, the Bureau of Labor Statistics started tracking how many people consider themselves community health workers. They estimate that 48,130 such workers now exist nationwide, including 600 in Utah — up 27 percent from three years prior.

The problem is that the industry is still relatively unorganized. The occupation relies heavily on volunteers. Training can be scattershot. Funding is piecemeal.

Still, numerous studies also support the theory that community health workers who are well-trained and culturally competent can reduce health care costs.

In Denver, researchers assigned community health workers to nearly 600 underserved men and found that the program increased visits to primary care providers and reduced visits to urgent care. The program saved the health care system \$2.28 for every dollar spent, researchers estimated.

In West Baltimore, researchers estimated that a similar program reduced emergency room visits for African-American Medicaid patients with diabetes by 40 percent, resulting in an average savings of \$2,245 per patient per year.

Most recently, a 2012 study on poor children with asthma in Chicago found that the program reduced symptoms and hospital visits so much that the intervention generated a return on investment of \$5.58 for every dollar spent. Such studies have gotten the attention of the business sector, which sees the potential for "an improvement in their bottom line," according to Guymon. The question is whether these successes can be standardized, replicated and recreated across the country.

A coalition formed by the Utah Department of Health — and led by Guymon — hopes to answer some of those questions. Molina Healthcare, Utah Health Policy Project and local health departments are involved. Intermountain Healthcare is putting \$1.2 million over the next three years into the effort.

"Having worked in public health for the last decade and seeing all of the interventions that we come up with — they don't stick with some of these underserved communities," Guymon said. "... These community health workers

can really help address the social determinants of health in a way that clinical health and public health hasn't been able to."

She added: "This really is the missing link."

For now, unless they hear differently, Wolfsfeld and Story will go back to their regular lives.

Story has been busy. Her youngest grandchild was born in February and things are good with her daughters. On Wednesday, Story and her daughter made the five-mile trek to Bells Canyon, gasping for breath as they scrambled on rocks in the chilly air, crossing bridges and scaling waterfalls.

"I stopped 15 times," Story said, laughing. "But I made it."

As she began to climb back down, the trail widened. Her breathing slowed. And Story looked up at the snow-capped peaks that once seemed so intimidating.

They seemed so distant now, she thought.

"It's like I've come down and made it through all of those mountains and hills and valleys," Story said later. "And it's peaceful now."

Email: dchen@deseretnews.com, Twitter: [DaphneChen_](https://twitter.com/DaphneChen_)