REACH OF A COMMUNITY-BASED, WHOLE FAMILY-INCLUSIVE INTENSIVE HEALTH BEHAVIOR AND LIFESTYLE INTERVENTION IN RURAL ADOLESCENTS

Jessica McQuaid, Vicky Jimenez, Lyndsey Parrott, Elvia German-Palacios, Orion Zuni, Addie Rzonca, Megan Moran, Matthew Haemer, Talia Thompson, Ana Gutierrez-Colina, Lauren Shomaker, Nicole Clark

Purpose: Rising incidence of adolescent-onset type 2 diabetes (T2D) is a serious public health concern. Access to intensive health behavior and lifestyle treatment (IHBLT), standard-of-care T2D prevention, is limited in rural areas despite greater prevalence and morbidities of obesity/T2D in rural vs. urban areas. To address this need, researchers and rural Extension partnered to implement IHBLT tailored for rural Southwest Colorado (SW CO). The current study describes the recruitment methods and participant reach during the initial implementation of IHBLT.

Methods: Health Without Barriers (HWB) is a whole family-inclusive IHBLT delivering ~2.25-hr sessions 2x/week for 6 weeks, plus orientation and 6-month reunion (30 face-to-face contact hrs), at local community venues by trained, bilingual community facilitators. Content includes family cooking/nutrition, youth/family physical activity, adolescent/family mindfulness-based stress reduction, and parenting support. Families in SW CO with ≥1 11-19-year-old are eligible to participate. HWB is open to enrollment; we evaluated recruitment data from 10/2022 to 8/2025. Recruitment methods (e.g., area flyers, in-person outreach, mailings to schools/community organizations, email listservs, healthcare referrals, & social media) were tracked from initial contact to recruitment (i.e., scheduled enrollment session), enrollment (i.e., consented), and HWB attendance.

Results: Staff contacted 161 potential participants (Fig. 1). Most contacts came from flyers (56; 35%), yet none attended HWB. In-person outreach yielded 49 contacts (30%), with 29 families attending HWB (59% of in-person contacts). Healthcare referrals resulted in 9 contacts (6%), with 2 (22%) attending HWB. N=48 teens (M±SD=13±2y; 56% girls) attended HWB (Median=9.5/12 sessions). 71% of teens identified as Hispanic. Regarding race, 4% identified as American Indian, 2% Black, 58% White, and 4% Multiple Races. 50% of teens preferred English, 29% preferred Spanish, and 10% were bilingual. 42% of teens had BMI≥85th%ile, and 23% had ≥1 elevation in blood pressure, lipids, or HbA1c.

Conclusion: Flyers reached the largest volume of rural families with ineffective translation to IHBLT attendance, whereas in-person outreach resulted in strong reach to rural families. Although low volume, a sizable percentage of healthcare referrals attended HWB, representing an area for optimization. Based on teen demographics, strategies reached the intended rural communities at risk for obesity and T2D.