Episode 55. Operation Change Community Report:

St. Louis, Missouri, with Darlene Donegan.

Historic St. Louis was the location for an Operation Change program led by Darlene Donegan, an educator and yoga teacher who is very active in her community. She and her team recruited participants from several sources including social media and flyers, but most of the group came through word of mouth, meeting weekly at the New Northside Conference Center. In this podcast Darlene shares some of the best practices they identified and describes some of the most impactful health literacy topics. Part 6/7 of our Operation Change Series. Hosted by Dr. Bonnie Simpson Mason. Posted on July 22, 2020.

Dr. Mason: Hello, and welcome to a new 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 of speakers and workshops at the annual Movement is Life Caucus. Over the last year, Movement is Life has begun running a series of our grassroots health programs called Operation Change in both rural and urban settings in the US. We are delighted to have leaders from these programs here with us at the caucus who are going to share their experiences with us here for the podcast. So, right now, I'm happy and so proud to introduce Ms. Darlene

Donegan, who is from the St. Louis Missouri Operation Change program. Welcome.

Darlene: Thank you. Thank you very much.

Dr. Mason: Absolutely. So, we're just going to start off with you telling us a little bit about the program in St. Louis. How many years has it been running? How many participants did you have and where did you pull them from?

Darlene: Okay. So, this is the first year for Operation Change in the St. Louis area. We started with 47 women. And this Saturday, tomorrow we'll be graduating our first group and our cohort is of 33.

Dr. Mason: Excellent.

Darlene: In the program. We pulled from a number of sources, mainly word of mouth. So we did flyers. We did mailings. We had some advertising on social media, but a lot of the leaders are active in the community and a so that was great source of participants is from just the word of mouth from those leaders.

Dr. Mason: Okay. Now, where do you host the St. Louis Operation Change?

Darlene: It's hosted at the New North Side Conference Center, which is affiliated with New North Side Baptist Church in North St. Louis City. My role is lead motivational interviewer, and I'm also a member of the executive team. So, I'm part of the leadership, but my actual title is Lead Motivational Interviewer.

Dr. Mason: Okay. Well, this is important for us to have this conversation with you because we know there are three components to the Operation Change intervention or program. You want to cover those three parts for us?

Darlene: Yes. So we have expert speakers that come in and provide health literacy to our ladies. The second component is motivational interviewing, and the third component is movement or exercise.

Dr. Mason: Excellent. So, tell us, we've used the term motivational interviewing in our other Operation Change interviews or conversations. What is this motivational interviewing and why is it so important? But we also know it's actually probably one of the most effective components and points of differentiation making Operation Change so successful. So, especially with you being the lead motivational interviewer tell us what it is and why it's so good?

Darlene: Thank you for asking that question. Motivational interviewing is the groundwork in which we really can bring about change. So, motivational interviewing allows the cohort to be separated into smaller pods or groups of women, and collectively they get to share, communicate, and learn from each other's experience. So, it has a look and a feel of like a group.

Dr. Mason: You mean like a coaching group?

Darlene: Like a coaching group.

Dr. Mason: Okay.

Darlene: But it's not where you have a leader, which is dictating what takes place. It’s more of facilitation of conversations amongst ladies that have similar backgrounds and experiences that lead to one, a sharing of experiences so they don't feel isolated. “This is my experience. No one can relate to me.” And two, it helps build a support network because when initiating change, one of the key components is having that support.

Dr. Mason: Yes.

Darlene: And so motivational interviewing brings all the information they learned from the expert speakers and what they learned from the movement to

this group in which they can share, learn, and grow together in that supportive, loving environment.

Dr. Mason: I love that, and I can see why that would be so transformational. So, what are some of the things you've heard discussed in the small group? You don't have to name names, you know, we want to hear some examples or maybe someone who is really where you could tell the motivational interviewing really made a difference for them.

Darlene: Yes. Well, we give all of our group names. So, my group is the Rays of Sunshine.

Dr. Mason: There you go.

Darlene: And it's so beautiful. It's so many people that I can discuss that have been moved and transformed by motivational interviewing, but I'm going to talk about one particular lady. She is in her seventies. She is very active, but she has heard constantly from her doctor, you have to get rid of the salt. She did not understand why. She didn't understand what the long-term consequences was of having that excessive salt intake in her diet. So, even though she was moving, and she had some awareness, the expert speakers help to make her aware of the long-term effects of that high sodium diet.

Dr. Mason: Sure, sure.

Darlene: But the motivational interviewing gave her that support and it also led to accountability. Because once you've told us that you're going to make a change, we're going to check to make sure that change is really happening.

Dr. Mason: Okay.

Darlene: So, I would say about Week 12 or 13, she came to the motivational interviewing group and said, “I had my doctor dancing around the office.” I was like, "Okay, what did you do to your doctor?" So she shared, "When I went in, I did the breathing techniques before he took my blood pressure to make sure that I didn't have elevated blood pressure. So, my blood pressure was very low, and I had lost weight." And that's why. She said I had to do everything, so I went dancing around that office as well. She was so excited, and the doctor was so excited because this is something he's been advocating for a long time.

Dr. Mason: Absolutely.

Darlene: But through the program, she really embraced it and was able to see change. Then, there, she was empowered and probably wants to participate even more.

Dr. Mason: Absolutely.

Darlene: And she empowered other women by sharing that story.

Dr. Mason: There we go. Get that positive reinforcement, absolutely empowering others. I love it. It sounds like an increase in health literacy, too.

Darlene: Absolutely.

Dr. Mason: And we know that's an important component of bringing the expert speakers in. Did you bring in speakers to address health literacy or you work with the speakers ahead of time to say, make sure that you're presenting information at a level that is digestible for our participants. How did you address the health literacy component?

Darlene: Okay. So, one thing about Operation Change, which is unique that I think is very important, that it's specifically for African American women of 45 years or older.

Dr. Mason: Okay.

Darlene: So, we made sure that our speakers were African American women who were in the age range in which our participants are. So, they naturally had that historical context on how to relate and present to the group.

Dr. Mason: Okay.

Dr. Mason: So, we didn't have to educate or inform the speakers. They already had the context and the knowledge to present to the women in an informative way, that was appropriate for the population, and that was actually embraced because as someone that looks like me presenting to me.

Dr. Mason: Exactly. So, I think you're saying there was the race concordance, there was the gender concordance, but also the cultural concordance as well, that lent to the program in ease of digestion.

Darlene: Yes.

Dr. Mason: And adoption and recommendations.

Darlene: Absolutely. So, the one component, because we evaluate each component of the program every week and the speakers have beyond our

expectations, always got positive evaluations from all the women. We have never had any of the participants in an evaluation of the speakers say anything negative or disheartening about any. It's actually, "I've learned, I've grown. They have exposed me to things that I wasn't even aware of." And they're taking that information to their families, to their communities.

Dr. Mason: Well, I love that. So, share with us some of the topics that the speakers covered because I don't think we've talked about that in any of our other sessions. So, just, right off the top of your head. I know you had 18 weeks, so maybe just a few.

Darlene: No, there's one speaker that continues to come up in the motivational interviewing throughout the whole 18 weeks. And this particular speaker spoke on boundaries, setting clear boundaries. And this was so profound for our population because as African American women we're so giving. It's a giving of our time, our energy to families, most of these women are the matriarchs of their family. So, boundaries are something that they hadn’t looked at and how it relates to their health. So, that was so powerful and it continued to come up in the whole 18 weeks, and she came in maybe the fourth or fifth week early in the program, but that particular speaker, and she was one of our younger speakers, she was in her late thirties, and she really in a realistic professional manner, talked about

boundaries, setting boundaries, and the consequences for us when we don't.

Dr. Mason: Yes, yes. And I don't think many of us have given ourselves permission to think about setting boundaries, the benefits of it, and how we've actually been living most of our lives by not setting the boundaries. So, that's what everybody related to. Right?

Darlene: Exactly. That's it. So, that sounds like a core presentation that all of the Operation Change locations should have because we heard that also from our program director from one of our Hispanic sites, that the Latina population also does not set boundaries. And it's not self-care first. It's self-care lasts, if at all.

Dr. Mason: Exactly. Okay. Any other presentations ring a bell or hit home with the participants?

Darlene: Yes.

Dr. Mason: Actually, you're going to make it the top three. So, boundaries.

Darlene: So, boundaries was a powerful one. We also had a conversation on the historical choices that black families made with food and its impact on our health.

Dr. Mason: Yes.

Darlene: Like going all the way back to slavery.

Dr. Mason: Yes.

Darlene: And the foods that were offered or that you had access to and what impact it had on the health and how that has been transmitted through generations and the effect that it still has to this day.

Dr. Mason: Yes.

Darlene: And the speaker was so very clear and spoke on it on a level where everybody could really have that aha moment.

Dr. Mason: Right, right. Because that's how we grew up eating certain foods and not even understanding why fully.

Darlene: Exactly. And she took it all the way back to slavery.

Dr. Mason: I would love to hear that one too. It was powerful.

Darlene: Right. All the way and brought to 2019.

Dr. Mason: That's awesome. Completely awesome. Okay. And maybe one more because this is good.

Darlene: Our very last speaker spoke on understanding the Medicaid, Medicare process. That was very enlightening, even for people who are not at that stage in life, where they're about to embrace on that journey. But to understand the nuances of it and to understand that there are programs that the state has to provide to assist people in making these choices so that individuals who are choosing plans will choose the plan that’s best for them.

Dr. Mason: Okay.

Darlene: Instead of trying to navigate through a lot of information and understanding, there are some entities who are paid to try to bring you into their program, but the state provides programs to assist individuals that are not affiliated with anyone.

Dr. Mason: So, clarification of that complex process, I think can benefit every person.

Darlene: Yes.

Dr. Mason: So, that sounds like that's improving access to care.

Darlene: Exactly.

Dr. Mason: Because you now you know how to navigate through or have more information about navigating through that complex system.

Darlene: Yes. And we've had several participants that were mother-daughter, they came into the program together. So, even if the daughter may not be at that stage, she's working with the mother who is at that point and receiving Medicare, receiving Medicaid assistance, and to help navigate that process.

Dr. Mason: Awesome, awesome. So, what recommendations as we close, would you have for other organizations or communities who want to start an Operation Change program in their area? Because this is your first year, so think back to the startup and planning, what recommendations

would you have for them? Because it just sounds so beneficial in so many locations across the country. I know it is for sure.

Darlene: I would say plan early and really put a lot of attention into the speakers that you select, choosing speakers that speak to the demographics that you're serving. I would say our program is in the community in which we want to serve. So, we specifically chose that location so that individuals will feel like this is my program, it's in my community. It's more buy-in as opposed to I'm going somewhere outside of my community to get access. So, that was very, important. We housed it in a facility affiliated with the church, but it was nondenominational. So, people who participated were of various faiths and belief systems. So, having the program really be open and not be tied to a specific denomination.

Dr. Mason: Okay.

Darlene: I think that was helpful as well.

Dr. Mason: Well, I love all of your best practices you're telling us about today. We really appreciate hearing from you, and I'm sure our listeners are going to be encouraged and hopefully, some wheels are turning about, "Wow, maybe we can implement an Operation Change program here." I'm

sure if people have questions, they want to reach out to you, they can reach out to us and we can put them in contact with you.

Darlene: Beautiful.

Dr. Mason: Did you see that? I just gave you some work without permission.

Darlene: That's alright. This work needs to be done.

Dr. Mason: Absolutely.

Darlene: So, more than happy to reach out and to share.

Dr. Mason: Absolutely. So, between the motivational interviewing really just being the point that or the part of the program that makes this different and making sure that health literacy needs are met.

Darlene: Yes.

Dr. Mason: I love that. And making sure that the program is community-centered and centric, right? So, that's being very intentional about being inclusive of the program. So, I love that.

Darlene: Yes, it builds a natural empathetic component to the program without trying to create it.

Dr. Mason: Yes, absolutely. That is huge.

Darlene: It's huge. Because it feels inauthentic, if I'm trying to create empathy, as opposed to having a shared history, background, and an understanding of who I'm serving, then I'm naturally empathetic.

Dr. Mason: This is incredible. That's why I love interviewing smart people because you just nailed that home for everybody listening, including me. I love that. Well, thank you so much. Everyone, this has been Darlene Donegan from the Operation Change location in St. Louis, Missouri. Thank you so much for your time.

Darlene: Thank you for having me.

Dr. Mason: The time and insights today. Love it. Thank you everyone for listening to 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 featuring additional thought leaders from our partner organizations across the country who are working to decrease

healthcare disparities and increase health equity with passion and purpose. Thank you so much.

Darlene: Thank you.

(End of recording)