CO-CREATING A DIGITAL HEALTH TOOLKIT TO STRENGTHEN PARTICIPATION IN A MENTAL AND LIFESTYLE INTERVENTION IN RURAL COLORADO(LA PLATA & WELD COUNTY)

COLORADO STATE UNIVERSITY EXTENSION

Author: Ximena Garcia
Mentors:
Nicole Clark, Ana Gutierrez-Colina, Vicky Jimenez

Program Introduction

- **Rural and agricultural communities experience significant health disparities**, including higher rates of obesity, diabetes, cardiovascular disease, and mental health challenges.
- **Access to health services is also a significant challenge in rural Colorado** and has been identified as one of the top needs among rural communities.
- **Health Without Barriers (HWB) was developed to support families in these communities** through a 6-week, family-inclusive lifestyle program focused on improving health behaviors. The program includes 30 contact hours of cooking, nutrition education, goal setting, physical activity, and mindfulness-based stress reduction.
- **Feedback from participants and community partners highlighted interest in using technology to reinforce HWB skills and make program resources easier to use in everyday life..**

Internship Goals

- Help conduct a rapid qualitative analysis (RQA) of parent and teen focus groups and interviews to inform the future development of digital health tools.
- Work on develop sample text message content for participants between and after the program
- Create presentations summarizing qualitative findings (from focus groups and interviews) for HWB partners.

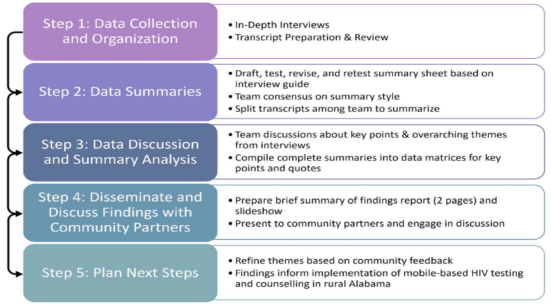
Career Application

- Strengthens my ability to develop equitable, community-driven health programs.
- Develops my ability to translate qualitative findings from diverse communities into meaningful program improvements
- Supports my interest in applying relational approaches to improve healthcare access and engagement.



Completed Goals

- Rapid qualitative analysis (RQA) charts summarizing parent and teen feedback across three HWB cohorts.
- Participation in one Community Advisory Board meeting.
- Participation in a six-month HWB reunion with families after program completion.
- Presentation for HWB and CSU Extension partners summarizing findings from two cohorts, with a focus on participants' preferences for text-message content and delivery.



	Levels of Influence*			
	Individual	**Interpersonal**	**Community**	**Societal**
Biological	Biological Vulnerability and Mechanisms	Caregiver-Child Interaction Family Microbiome	Community Illness Exposure Herd Immunity	Sanitation Immunization Pathogen Exposure
Behavioral	Health Behaviors Coping Strategies	Family Functioning School/Work Functioning	Community Functioning	Policies and Laws
Physical/Built Environment	Personal Environment	Household Environment School/Work Environment	Community Environment Community Resources	Societal Structure
Digital Environment	Digital Literacy, Digital Self-Efficacy, Technology Access, Attitudes Towards Use	Implicit Tech Bias, Interdependence (e.g. shared devices), Patient-Tech-Clinician Relationship	Community Infrastructure, Healthcare Infrastructure, Community Tech Norms, Community Partners	Tech Policy, Data Standards, Design Standards, Social Norms & Ideologies, Algorithmic Bias

Text Message Prototypes

Week	Program Section	Sample Parent Message	TDF
2	Physical Activity	Hello! What kind of physical activity have you done this week? Remember, things like dancing, doing chores, walking to the park, or going for a walk outside all count!	Knowledge| Be about Capabili

Week	Program Section	Sample Parent Message	TDF
1	Family Support	Hello! This week we discussed how family norms can influence the way we think about food, eating, and our daily health habits. When you have a few minutes, talk with your family about any routines, traditions, or norms that help support your health and well- being.	Social Influences

What I Learned

Rapid Qualitative Analysis (RQA):

- Learned how to use a theoretical framework to develop domain definitions, collaboratively define coding domains, and identify representative participant quotes both individually and in a group.
- Learned about the range of factors that should be considered when developing a digital program component, such as internet access, online vs. offline delivery, differences between teen and parent needs, existing technology use, and ease of use.

Community Advisory Board (CAB) Meeting: Learned community-centered recruitment strategies, including leveraging trusted partners such as healthcare providers, recreation centers, and schools to increase participation in community health programs.

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