

## Evaluating “Reach” in the Health is Power (HIP) Study

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### ABSTRACT

**Background:** In the United States, minority women (African American [AA] and Hispanic or Latina [HL]) are most vulnerable to obesity and related health compromising conditions. Health Is Power (HIP; 1R01CA109403) was a randomized controlled community based trial to promote physical activity and vegetable and fruit consumption among AA and HL women. In order to examine the strengths and weaknesses of this intervention, the RE-AIM framework, a system to evaluate studies based on five constructs, was used. The first construct, reach, is an important indicator of the validity of an intervention. It provides information about both the intended and the actual population. **Purpose:** The purpose of this study was to examine the reach of HIP using the RE-AIM framework. **Methods:** Women were recruited via posted advertisements in local media and in announcements in bulletins of community partners. Reach was determined using the number of women screened, eligible, and retained. Chi-square analysis was used to determine whether participation rates differed significantly between AA and HL women at screening, baseline (T1), randomization, and post-intervention (T2) time points. **Results:** In Houston, 691 AA women (*M* BMI= 35 kg/m<sup>2</sup>, *M* age=44.8 years) and 99 HL women (*M* BMI= 33.8 kg/m<sup>2</sup>, *M* age=44.1 years) were screened. Out of the 691 AA women, 257 were eligible to participate, 226 (32.7%) were randomized, and 162 (23.4%) completed T2. Out of the 99 HL women, 50 were eligible, 33 (33.3%) were randomized, and 21 (21.21%) completed T2. In Austin, 176 HL women (*M* BMI= 34.3 kg/m<sup>2</sup>, *M* age=46.7 years) were screened. Of this number, 98 were eligible to participate, 70 (39.8%) were randomized, and 35 (19.89%) completed the post-intervention. Participation rates did not differ significantly between AA and HL women. **Conclusions:** Approximately one in three women screened were randomized and one in five women completed the intervention. HIP showed moderate levels of reach, with AA and HL women exhibiting similar numbers. Future studies should determine how to increase participation rates among AA

and HL women in weight loss interventions, and explore use of other RE-AIM constructs.

KEY WORDS: RE-AIM, Obesity, African-American, Hispanic, Latina, women