

Developing chronic disease prevention programs for adult Latinas: Lessons learned

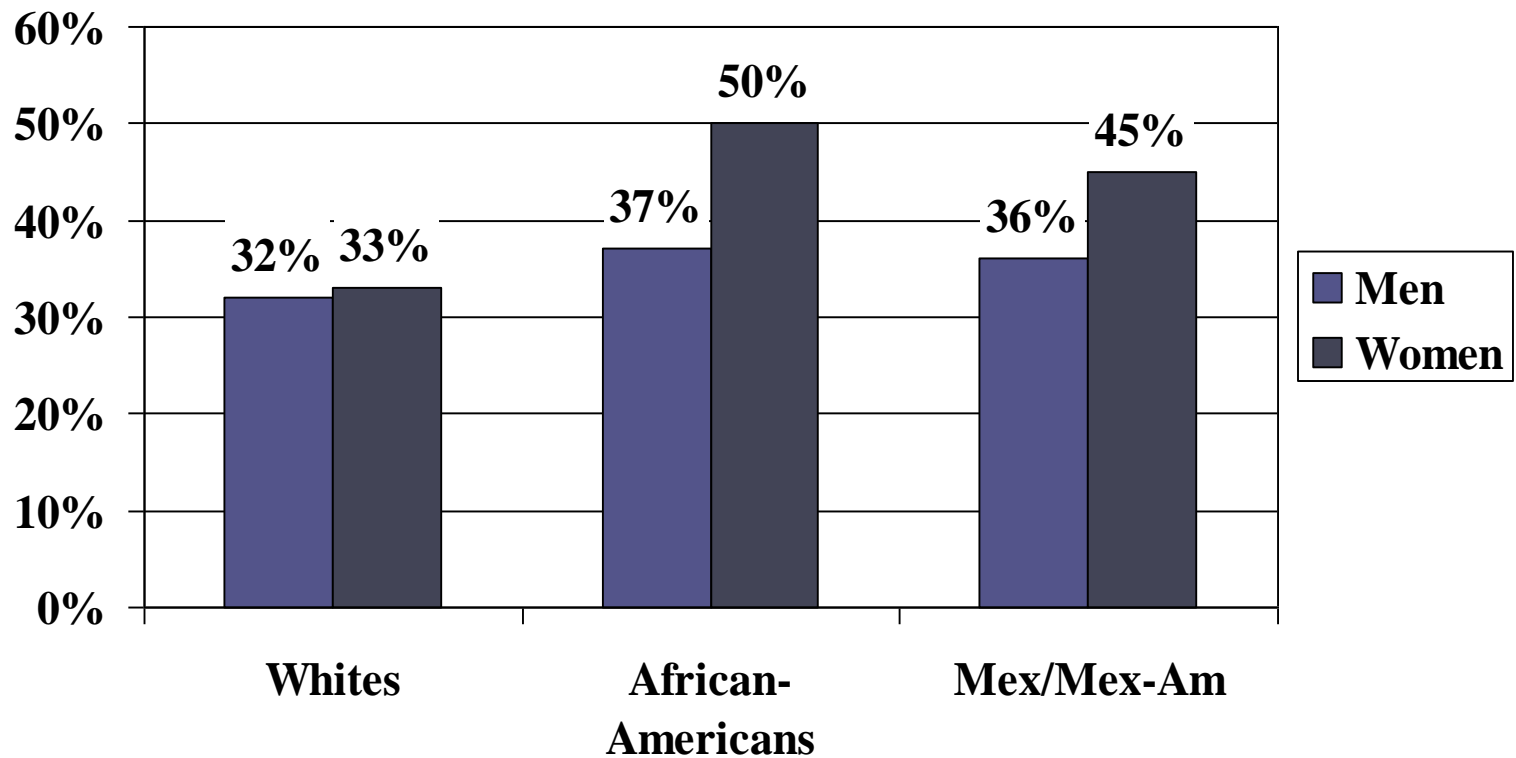
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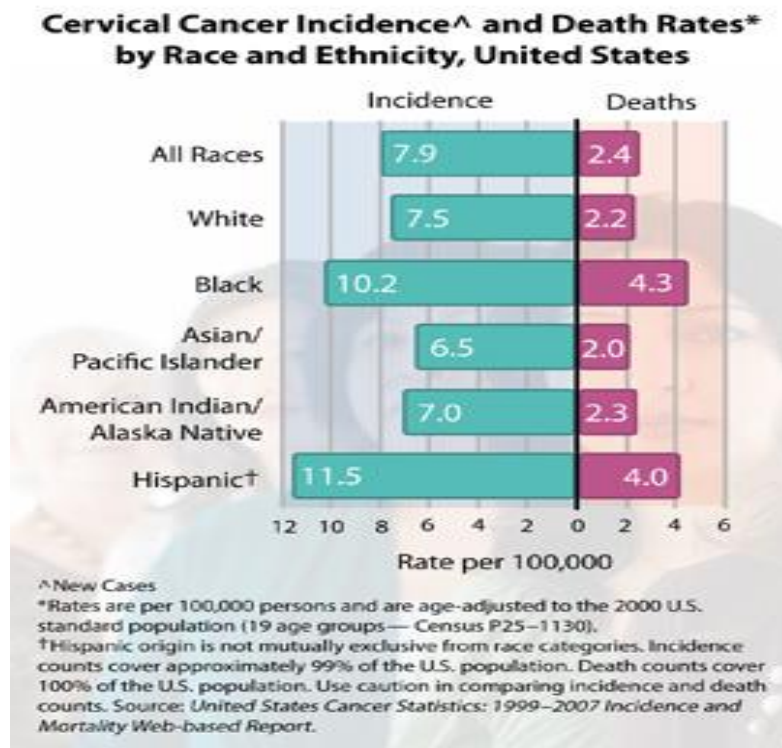
Overview

- Disparities in obesity and cancer
- Conceptual approach to obesity and cancer prevention (cervical)—Focus on Latina women
- Factors that inhibit or facilitate physical activity, healthy eating, and cervical cancer screening
- Intervening with Mexican-American women
 - Fe en Acción/Faith with Action
- Lessons learned

Obesity at 20+ years old



Cervical cancer—incidence and mortality



Source: U.S. Cancer Statistics Working Group. United States Cancer Statistics: 1999–2007 Incidence and Mortality Web-based Report. Atlanta (GA): Department of Health and Human Services, Centers for Disease Control and Prevention, and National Cancer Institute; 2010.

CONCEPTUAL APPROACH

Communities
(e.g., access to parks,
grocery stores, and
clinics)



Interpersonal
(Families, Neighbors,
Friends)



Intrapersonal
(e.g., Physical activity, diet,
cancer screening)



Acculturation and socio-economic status

Intrapersonal level

Intrapersonal-- physical activity

- Latinos are more likely to walk at least 30 minutes for transportation (**29.2%**) than African Americans (25.6%) and Whites (19.4%)
- Latinas ages 20-59 are more likely to engage in moderate to vigorous levels of activity (**22.1 min/day**) than African Americans (20 min/day) and Whites (19.7 min/day)
- However, Latinas are less likely to engage in leisure time physical activity (**20%**) per week than African Americans (36%) and Whites (25%).

Besser & Dannesberg, 2005

Troiano, Berrigan, Dodd, et al. 2007

Intrapersonal- dietary practices

- Foreign born (vs. US born) Latinos consume a greater percent of energy from legumes, fruits and vegetables.
- All Latinos consume a higher percent of calories from snacks, desserts, candies, and fast foods (compared to non-Hispanics)

Intrapersonal--Cervical cancer screening

- Hispanic women are less likely to get a Pap test in the past 3 years (78.7%) than Non-Hispanic women (83.8%)



Interpersonal level

Interpersonal- Physical activity

- Family responsibilities has been noted to be a barrier for engaging in leisure time physical activity
 - Childcare
 - Home chores
 - Cooking
- Male partner tends to be a barrier
 - Takes time away from home responsibilities

Interpersonal - dietary practices

- Family meals:
 - Mexican-American families who are less acculturated are more likely to eat meals together.
 - Eating together as a family is associated with healthier eating.

Andaya, Arredondo, Alcaraz, et al., (2011)

Interpersonal- cancer screening

Cervical cancer screening

- Family obligations have been noted to be a barrier to seeking preventive services
- Male partners are a barrier to screening

Wilcher, Gilbert, Siano, & Arredondo (1999-2000)
Arredondo, Pollak, & Costanzo (2008)

Community level

Community—physical activity and cancer

- Latinos are less likely to have access to opportunities for physical activity
 - Lack of access to parks (and safe parks)
 - Live in neighborhoods that lack specific features that support walking, such as clean and well-maintained sidewalks, trees and nice scenery.
- Latinos are less likely to have access to clinics

Humpel, Owen, & Leslie (2002)

Brownson, Baker, Housemann, et al., (2001)

Faith in Action Fe en Acción

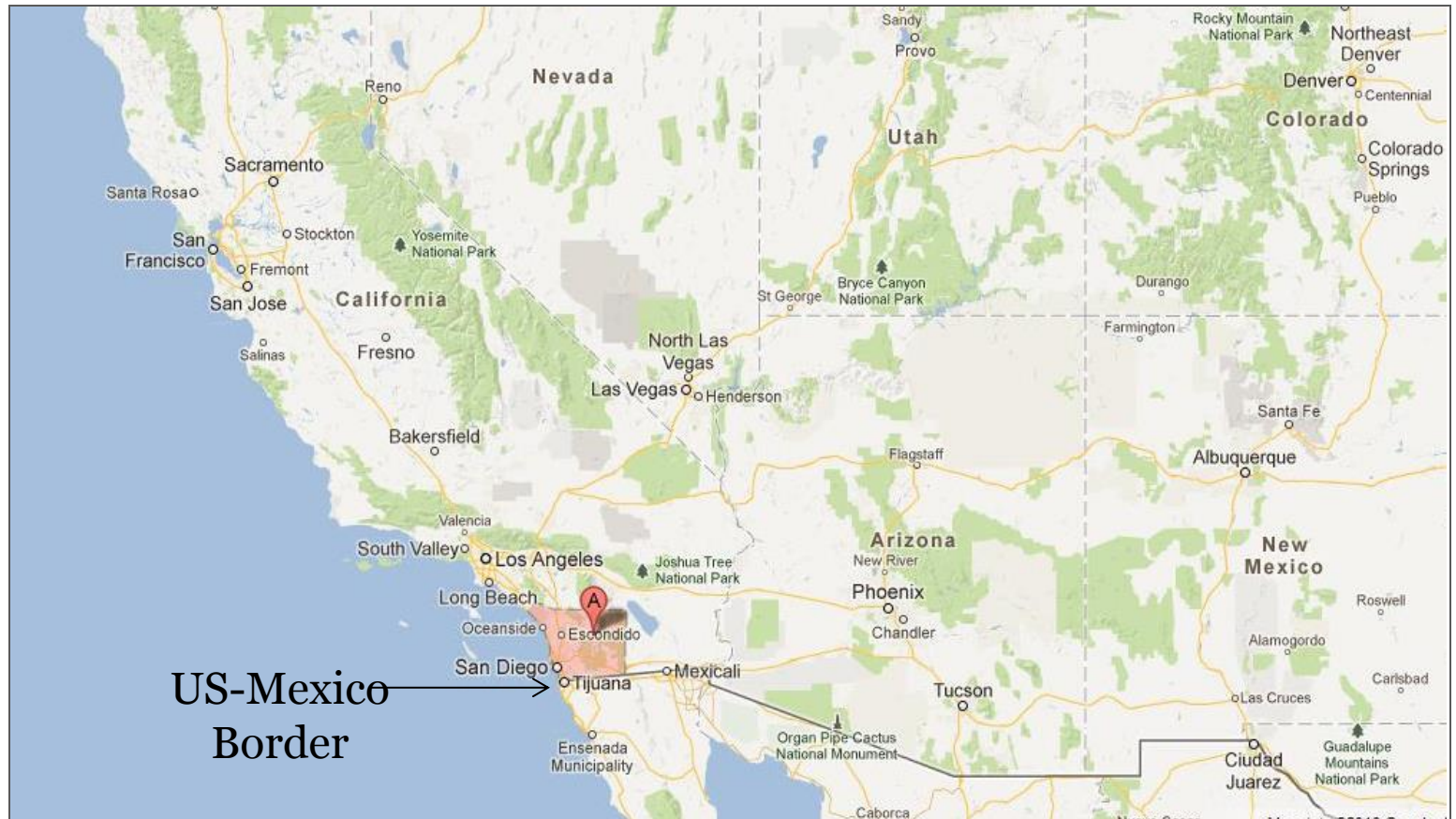


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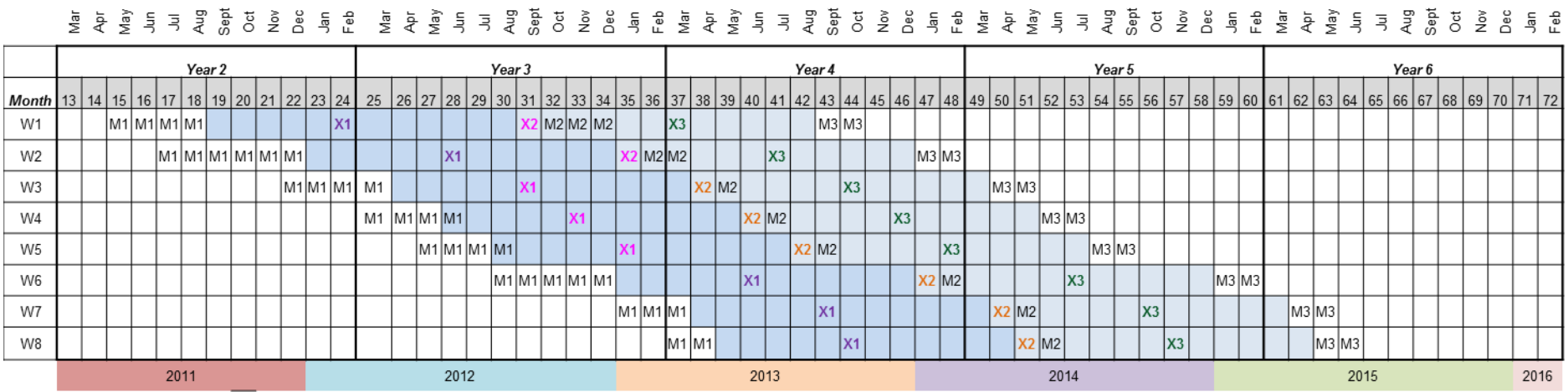
Faith in Action

- Faith in Action (*Fe en Acción*) is a program designed to increase physical activity (and healthy eating) and cancer screening of Latinas.
- Church members (*promotoras*) are trained to provide education and support to fellow parishioners to improve the health of their community.
- Two year intervention (6 year study)

Map of intervention region (n=16)

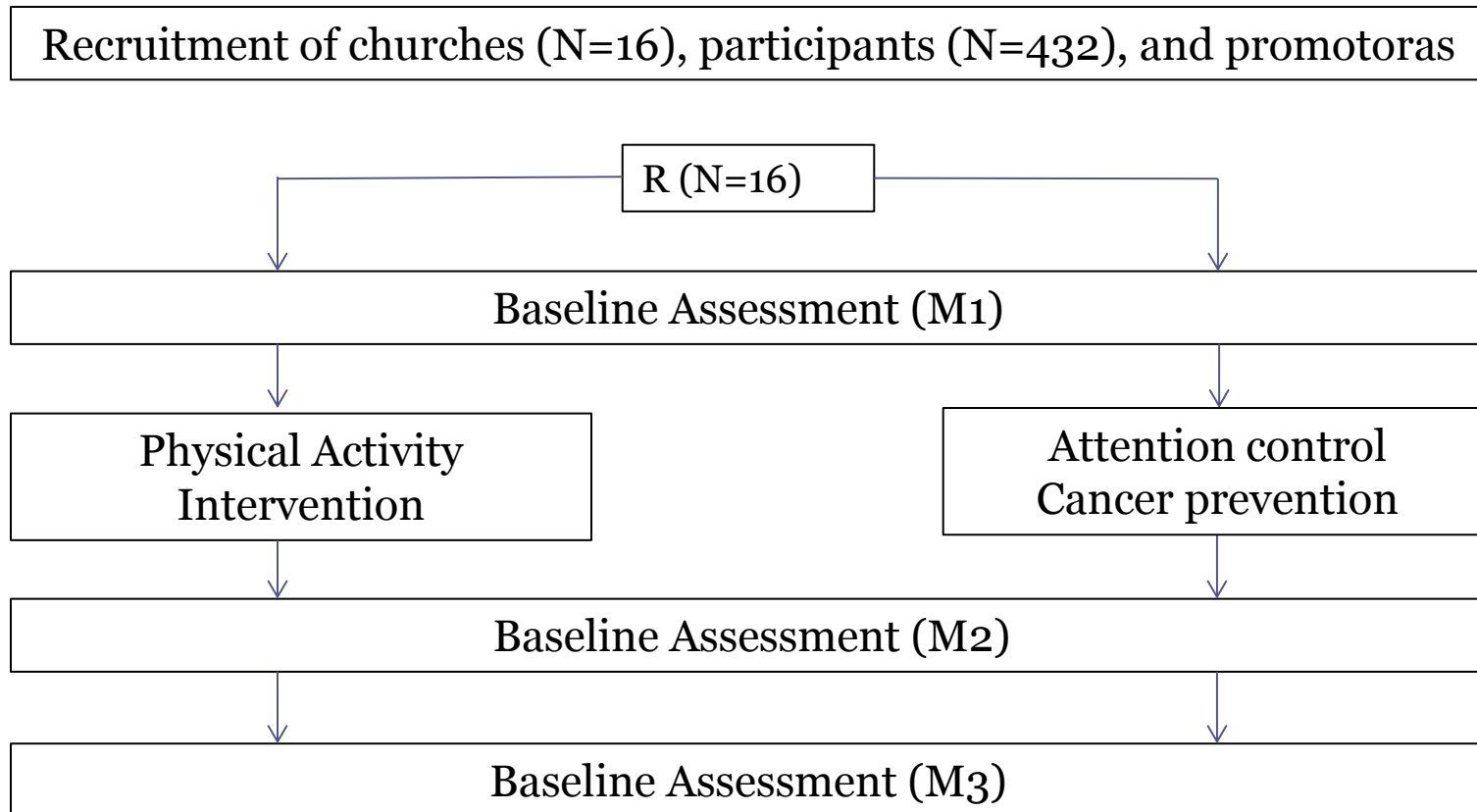


Study timeline



M1	baseline measures
M2	follow-up measures; 12 months post lx start
M3	follow-up measures; 24 months post lx start
X1	6 month SOFIT-X assessments of PA classes- lx team
X2	12 month SOFIT-X assessments of PA classes- lx team
X3	18 month SOFIT-X assessments of PA classes- lx team
X_	Delayed SOFIT-X assessments

Design of intervention trial



Formative Research

Findings from six focus groups with churchgoing Latinas:

For older women

- walking should be the core of the intervention
- physical activity is a motivator to help prevent further health complication

For younger women

- male partners be involved
- establish babysitting cooperatives
- walking/aerobics should be the core of the intervention

Pilot study (R21): Increases in moderate to vigorous levels of physical activity 6 months following baseline; input from experts

First year of RCT: Pilot tested various components of the curriculum in a focus group format with churchgoing Latinas and received input from church leaders (Catholic).

Promotoras (community lay health worker)

- Lay health advisors recruited from the faith community
- Selection- two types of promotoras



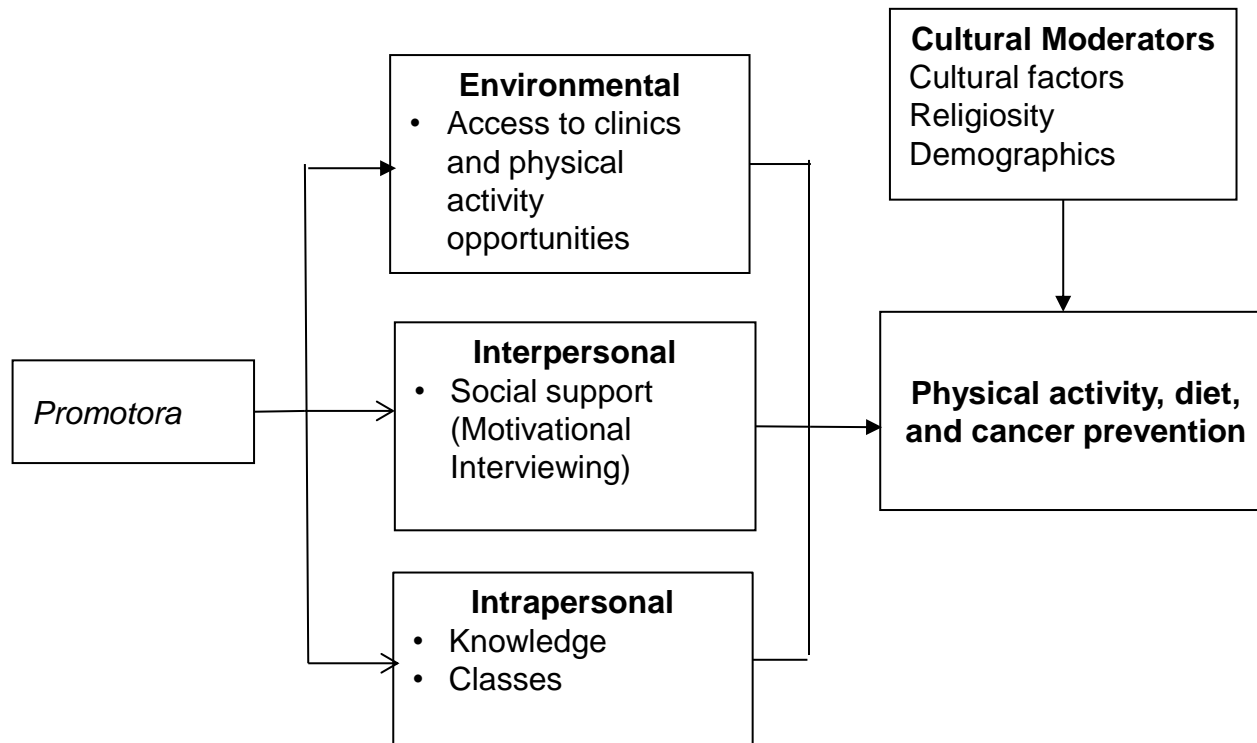
Promotora interventions

- Evidence based intervention with some health behaviors/outcomes
- Considerations of involving paid vs. volunteer
 - Documentation
 - Administrative paperwork and attrition

Ayala, Vaz, Earp, et al., (2010)

Cherrington, Ayala, Elder, Arredondo, et al., (2010)

Promotora targets



Promotora training- physical activity

- Six weeks of training to become group fitness instructors
 - Topics include:
 - 1) Warm up and class instruction
 - 2) Cool down and injury prevention
 - 3) Developing walking groups
 - 4) Strategies for healthy eating
 - 5) Cardio dance
 - 6) Strength training
 - 7) Healthy weight
 - 8) Motivational interviewing
- Competency test

Promotora training--Cancer prevention

- Six week series of cancer prevention classes
 - Topics include:
 - 1) Importance of cancer prevention
 - 2) Breast cancer
 - 3) Cervical cancer
 - 4) Colorectal cancer
 - 5) Skin cancer
 - 6) Patient rights and responsibilities & Graduation
 - 7) Motivational interviewing
- Competency test

physical activity

- **Intervention:**
 - Each church teaches 6 classes a week (2 walking groups and 4 group fitness classes)



- Health education sheets provided during the PA classes

cancer prevention

- **Intervention:**

- *Promotoras* meet with participants once a week (2hrs) for six weeks to provide cancer prevention educational classes



Cancer prevention groups



Fe en Acción—Faith in Action

Anatomía fe

Prevención del cáncer Sesión 7: Folleto 1

Fe en Acción - Faith in Action



Mi riesgo personal

Marque los factores de riesgo que aplican a usted. Después de marcar su lista, puede llevarla a su cita con el médico.

Factor de riesgo de cáncer de cuello uterino	¿Cómo sabré?	¿Este factor de riesgo aplica a mí?
Virus del papiloma humano (VPH)	Si es (o ha sido) sexualmente activa, corre el riesgo de contraer VPH. Usted está en mayor riesgo de contraer VPH si: <ul style="list-style-type: none"> • Ha tenido más de una pareja sexual, o • Si su pareja sexual han tenido otras parejas. 	<input type="checkbox"/> Sí <input type="checkbox"/> No
Falta de pruebas regulares de Papanicolaou	Si no se hace pruebas regulares de Papanicolaou, se encuentra en mayor riesgo de desarrollar cáncer de cuello uterino.	<input type="checkbox"/> Sí <input type="checkbox"/> No
Sistema inmunológico debilitado	Si tiene infección HIV (virus que causa SIDA) o si toma medicamentos para reprimir el sistema inmunológico, tiene un riesgo mayor que el promedio de desarrollar cáncer de cuello uterino.	<input type="checkbox"/> Sí <input type="checkbox"/> No
Edad	Si usted tiene más de 40 años, ha llegado a la categoría de edad donde el cáncer de cuello uterino ocurre con más frecuencia.	<input type="checkbox"/> Sí <input type="checkbox"/> No
Fumar cigarros	Si usted tiene infección por VPH y fuma cigarros, tiene un mayor riesgo de desarrollar cáncer de cuello uterino que las mujeres con infección por VPH que no fuman.	<input type="checkbox"/> Sí <input type="checkbox"/> No
Uso de pastillas anticonceptivas por mucho tiempo	Si usted tiene infección por VPH y ha tomado pastillas anticonceptivas por un largo periodo de tiempo (5 años o más), usted podría tener un mayor riesgo de desarrollar cáncer de cuello uterino que las mujeres sin infección por VPH que utilizan pastillas anticonceptivas por un largo periodo de tiempo.	<input type="checkbox"/> Sí <input type="checkbox"/> No
Tener muchos hijos	Si usted tiene infección por VPH y ha tenido muchos hijos, puede tener un riesgo mayor de desarrollar cáncer de cuello uterino que las mujeres sin infección por VPH que han tenido muchos hijos.	<input type="checkbox"/> Sí <input type="checkbox"/> No
Exposición a Dietilestilbestrol (DES)	Si a su madre le recetaron DES cuando estaba embarazada de usted, usted puede tener mayor riesgo de contraer cáncer de cuello uterino. DES se administró a mujeres embarazadas en los Estados Unidos entre 1940 y 1971. Ya no está en uso.	<input type="checkbox"/> Sí <input type="checkbox"/> No

Prevención del cáncer Sesión 7: Folleto 3



[respuesta: 7]

[respuesta: curable]

[respuesta: más curable]

Interpersonal-physical activity

- Motivational interviewing
 - Help address barriers, increase confidence and motivation
 - Evidence based

Family events and “noche familiar”



Interpersonal- Cancer

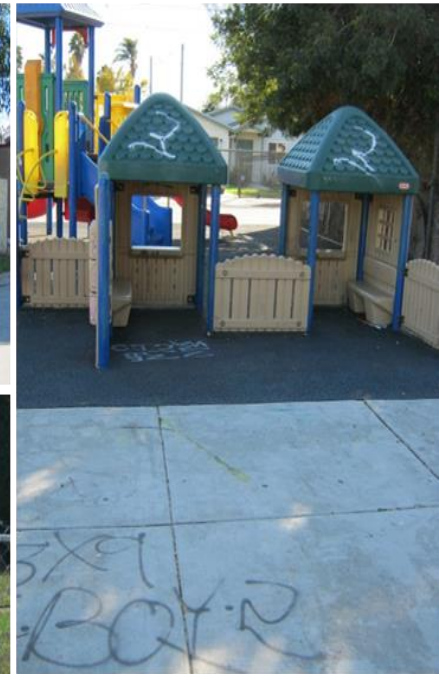
- Motivational interviewing
- Invite Latino men at the last class of the cancer classes



Community-Physical activity



Parking lot improvements



Park/community improvements: graffiti, trash, lighting, safety

Community- cancer screening

- Access to health clinics
 - Bring in health care providers from local clinics to discuss the various services offered
 - Discuss the various forms of insurance
 - Provide information about the Family Pact and BCCT for every woman counts
 - Patients' rights



Evaluation

- **Physical Activity:**
 - Individual: physical activity, fitness, questionnaires (individual, interpersonal, environmental), and biomarker
 - Environmental: Assess the park and neighborhood environment
- **Cancer:**
 - Assess attitude, knowledge and cancer screening behavior changes

Extensive process evaluation including SOFIT-X

Target audience

- Latinas ages 18-65
- Being inactive
- Committing to living in the region for 2 years
- Attending the church at least once a week
- Passing the Physical Activity Readiness Questionnaire (PAR-Q)

Challenges to date

Faith based organizations

- Church leaders and staff have limited time
- Religious holidays may influence project timelines (e.g., Easter, X-mas, etc.)
- Churches have limited resources (e.g., rooms)
- Church leaders move to other churches

Promotoras

- Training promotoras in cancer condition vs. PA condition
- Completing necessary paperwork for study

Challenges to date (cont.)

Participants

- Living in the border community
- Involving inactive women

Program

- Day light savings time and the walking program

Best practices for working with Catholic churches

Faith based organizations and church leaders

- Emphasize how the program is an important part of the ministry (e.g., body, mind, and spirit).
- Take time to meet with the leaders on a regular basis to discuss the progress of the program.
- Recruitment--show the success of previous programs that were implemented in faith based settings (discuss how they are going to benefit).

Other considerations

Promotoras

- Boosters to reinforce previous training
- When promoting physical activity, involve a physical activity specialist to support promotoras
- Involve promotoras recommended by the church leaders.

Participants

- Incentives to participate- bottles, t-shirts, etc.

Sustainability

Acknowledgements

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- Church leaders
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- Community partners

Thank you!

iGracias!