Enhancing Latino Health: Research Considerations

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Research continuum spanning problem definition to public health impact

**Observational**
- Epidemiology
- Risk factors
- Define nature & scope of problem
- Who is affected?
- How much?
- Why?

**Efficacy**
- Does intervention work in tightly controlled, research context?

**Effectiveness**
- Does intervention work in more real world setting, with fairly extensive research supports?

**Implementation**
- Intervention in real world setting, implemented with few/no research supports
- Implementation by org personnel
- Integration into routine operations of org
- Informs sustainability
- More realistic assessment of effect size
- Requires strong partnerships with community orgs

**Dissemination**
- Wide, systematic dissemination to broader set of similar settings
- Adaptation for other settings
- Scaling up
- Strong collaborations w community agencies

Population Impact
Multi-Level Health Outcomes Framework

Health Policy Environment
Health Care System
Built Environment
Economic Environment
Community Capacity & Engagement
Neighborhood Context

Patient
- Demographics, Living conditions
- Health care coverage
- Medical/preventive health history
- Knowledge, Beliefs, Culture
- Communication with provider
- Barriers & Supports
- Cue to action

Provider
- Demographics, Specialty
- Knowledge, Beliefs, Culture
- Communication Style
- Barriers & Supports
- Practice Related Factors

Clinic & Health System
- Age/Maturity/Size
- Type/Structure/Climate/Resources
- Patient & Provider Mix
- Readiness for Change
- Policies/Practices/Procedures

Barriers/Supports:
Individual, Provider, System, Societal

Achieving threshold for action

Health Outcome

I = Intervention
Mixteco & Zapoteco – One of largest indigenous groups in CA

- Majority monolingual Mixtec/Zapotec-speaking (oral-only language)
- Agricultural workers – low income & education, many undocumented, lack healthcare

Community Partner since 2004: Mixteco Indigena Community Organizing Project (MICOP)

- **Needs assessment**, n=1000 households (high social needs: food, housing, employment insecurity; low access to care, esp preventive care)
- **Community Awareness**: Developed Spanish/Mixtec “radionovela” (health content)
- **Randomized Intervention trial**: Promotoras assist in establishing medical home (local FQHCs)

CA BCRP, 2016-2019; Maxwell (UCLA), Young (MICOP), Gere (UCLA Art & Global Health)

Mental Health – Community Priority

- Assisted MICOP in obtaining $1 million mental health grant
- UCLA responsible for evaluation

CDPH Office of Health Equity, Grant #20153323; Lopez (MICOP), Herrmann, Glenn (UCLA)
Addressing Obesity among Young Latino Children

Obesity linked to many early onset chronic diseases e.g., T2DM, fatty liver
- Obesity prevention efforts need to shift to younger ages
- Low income Latinos and African Americans have highest obesity rates
- High rates of overweight/obesity in LAC preschools (needs assessment in 100 preschools)
  - 38% of children, 42% of teachers, 59% of parents

Community Partner: Child Care Resource Center (CCRC)
- Serves 50,000 children/month; over 85% Latino/Black/Asian
- Supports 1,500 preschools in LA County, part of national network of 700 CCRCs

Cluster Randomized Trial in 60 preschools
- Underserved areas of San Fernando & Antelope Valleys (high concentration of Latinos)
- Multilevel system intervention (policies, curriculum, teacher/parent engagement)
- Outcome – child BMI z-score
- Assess implementation to inform dissemination & scale-up

NIH R01, 2018-2023; Bastani, Chung, Savage (CCRC), Glenn, Hermann, Crespi, Wang, Cowgill
Increasing HPV Vaccine Uptake in Underserved Populations

Cervix and other HPV related cancers - disproportionately high among Latinos
- Effective prophylactic HPV vaccine available since 2006, yet uptake is low

Community Partner since 2004: Northeast Valley Health Corporation (NEVHC)
- Large Federally Qualified Health Center (FQHC) in Northern LA County
  - 65,000 patients/yr. in 15 clinics; 86% Latino
  - HPV vaccine completion rate = 38%; improvement is a system-wide priority

Pragmatic Comparative Effectiveness Trial (2018-2024)
- Stepped-wedge factorial design (2x2)
- Strong implementation assessment to inform sustainability & dissemination
- Stakeholder engagement prioritized in all project phases

Multi-level, system-focused intervention

Parent Reminders (Text/Letter)

Clinic-Based Strategies
  Workflow changes to reduce missed opportunities

Combined Condition

PCORI, 2018-2024; Bastani, Glenn, Rosen (NEVHC), Herrmann, Crespi
Major Aim: Increase access to smoke-free multi-unit housing in Los Angeles

Priority Populations

- Latino and African American families living in multi-unit housing in the City of Los Angeles
  - Over half of all Latinos and African Americans in LA reside in multi-unit housing

Built a robust community coalition

Outcomes

- Identified approx. 77,000 apartment units in LA with a smoke-free policy
- Educated >300 landlords re implementation of smoke-free policies in rent controlled units
- Created community-based cessation network & trained CBOs as cessation promoters/navigators

Reach

- > 353,000 LA Residents
- + Media Audience of 4.7 Million

CDC REACH AWARD, 2014-2018; Wallace, Toy, Gomez
Lessons

1. Identify the appropriate community partner
   - e.g. clinic, school, other CBO
   - must have capacity; topic is priority
   - respected/trusted organization

2. Compromises needed re. intensity of intervention without losing critical elements

3. Not practical to tailor to specific subgroups – identify strategies that will work across groups

4. Likely have to rely on non-Latino staff to deliver interventions; strive to create inclusive org norms; provide training; workforce diversity

5. Expect smaller effect sizes over larger population, but likely more sustainable

6. Will not work without equitable and mutually beneficial partnerships
LA County: Age Distribution by Ethnicity

- **Mixed/Other**: N=268,994
- **Asian**: N=1,437,544
- **Black**: N=801,182
- **Latino**: N=4,861,648
- **White**: N=2,687,787

*U.S. Census Bureau, 2016; LAC, 2016*