



# Promotoras Improve Heart Health in Rural and Urban Settings



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Science Symposium

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# Background



- Latinos represent the fastest growing racial or ethnic population in the US, representing 17% of the population; 38% in California; 48% in LAC ( $\approx$  10% of US population)
- Compared to other races and ethnicities, Latinos are less aware that heart disease is the leading cause of death.
  - Also less likely to know if they have risk factors for heart disease, such as high blood pressure and high cholesterol
- Latinos have higher rates of cardiovascular risk factors (e.g., high cholesterol, diabetes and obesity). Latinos are also less physically active than white adults.
- Addressing these disparities may require more targeted outreach and prevention efforts.

# Partnerships



A collaboration between:

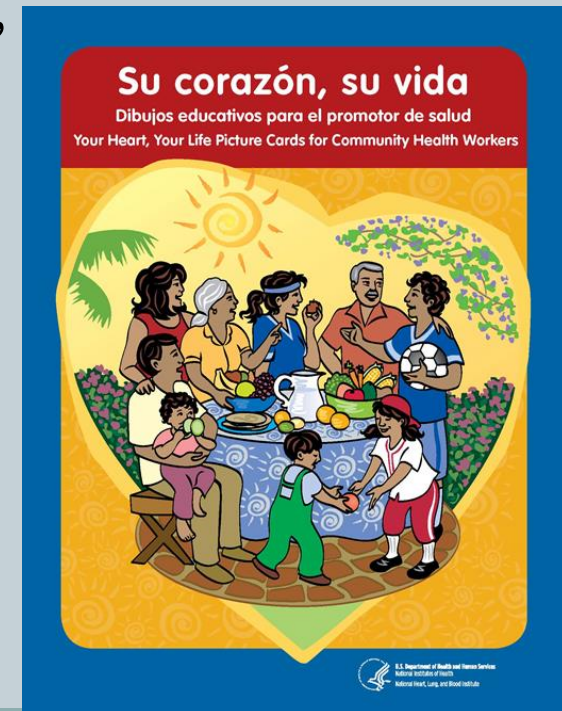
- Visión y Compromiso
- Keck School of Medicine of USC
- Southern California Clinical and Translational Science Institute

# Community Health Worker Health Disparities Initiative

Sponsored by Altarum and the National Heart, Lung and Blood Institute (NHLBI)

The initiative partners with community health workers (CHWs), promotoras, health educators, and others to promote heart health among underserved and minority populations.

Four sets of materials have been tailored and tested for Latino, African American, American Indian and Alaska Native, and Filipino American populations.



# Who are Promotores

Promotores are community members who act as natural helpers and liaisons to their neighbors and local neighborhoods; they may or may not be affiliated with community institutions.



# Methods



Train Promotoras on the NHLBI curriculum – Your Heart Your Life: A Community Health Educator’s Manual for the Hispanic Community (*Su Corazón, Su Vida*)

- Twenty-five promotoras (13 in Los Angeles and 12 in Kern County) trained in curriculum and evaluation methods; training completed over a 1 week period; 22 hours
- Promotoras completed 49 total workshop series to 730 community members; maintained 75% retention across 11-sessions
- Community members completed pre and post tests
- SC-CTSI team conducted a one-year follow-up to assess maintenance (54% completion rate for telephone interviews)

# Promotora Demographics (N=25)



	N (%) / Mean (SD)
<b>Gender - Female</b>	25 (100)
<b>Age (range 35-56)</b>	47.1 (7.21)
<b>Preferred Language</b>	
English and Spanish	7 (28)
Spanish	18 (72)
<b>Education Level</b>	
Less than high school	1 (5)
High school/GED	2 (8)
Technical/Vocational School	9 (36)
Some college	4 (16)
College/Graduate school	9 (36)
<b>Previously worked as a promotora</b>	22 (88)
<b>How long have you worked as a promotora (range 2-20 years)</b>	7.97 (4.87)
<b>Other health topics taught</b>	
Asthma	6 (24)
Diabetes	8 (32)
Cancer	8 (32)
HIV/AIDS	10 (40)
Cardiovascular	10 (40)
<b>First time using Su corazon, su vida?</b>	21 (84)

# Community Participant Demographics (N=521)

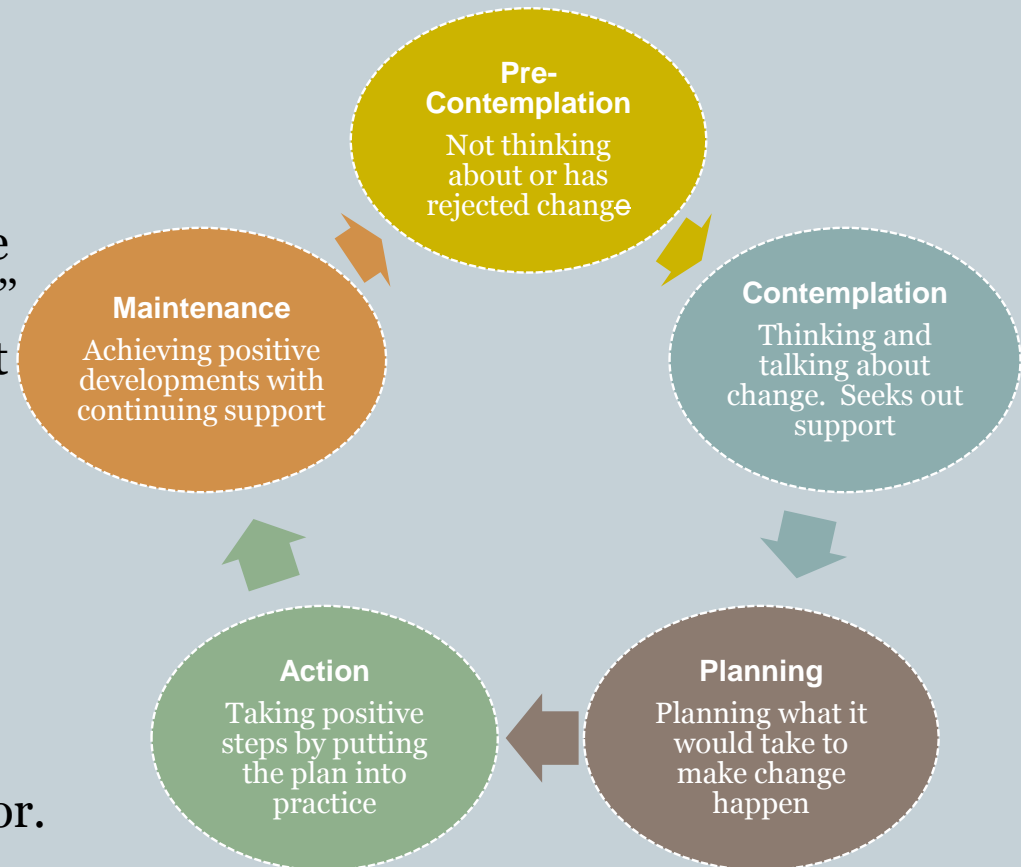


	<b>N (%) / Mean (SD)</b>
<b>Gender</b>	
Female	451 (92)
Male	40 (8)
<b>Age (range 19-78)</b>	43.4 (10.79)
<b>Household Size (range 1-12)</b>	4.65 (1.59)
<b>Latino/Hispanic Ethnicity</b>	506 (99)
<b>Spanish Spoken at Home</b>	517 (99)
<b>Education Level</b>	
Less than high school	250 (58)
High school/GED	129 (30)
Some college	32 (7)
College/Graduate school	19 (4)
<b>Employment</b>	
Full time	71 (14)
Part-time	89 (18)
Unemployed	89 (18)
Homemaker	233 (46)
Retired	20 (4)



# Theory of Change

- Health educators such as promotores have been called “agents of change”.
- Based on the fact that these community members willingly participated in the intervention activities, we assume that they were all at least in the “**contemplation**” stage where they are thinking about making changes in their behavior
- Participating in the workshops provided individuals the tools to **plan** for their behavior change through educational activities – which in turn can lead to **action** through positive changes in behavior.



# Knowledge Changes

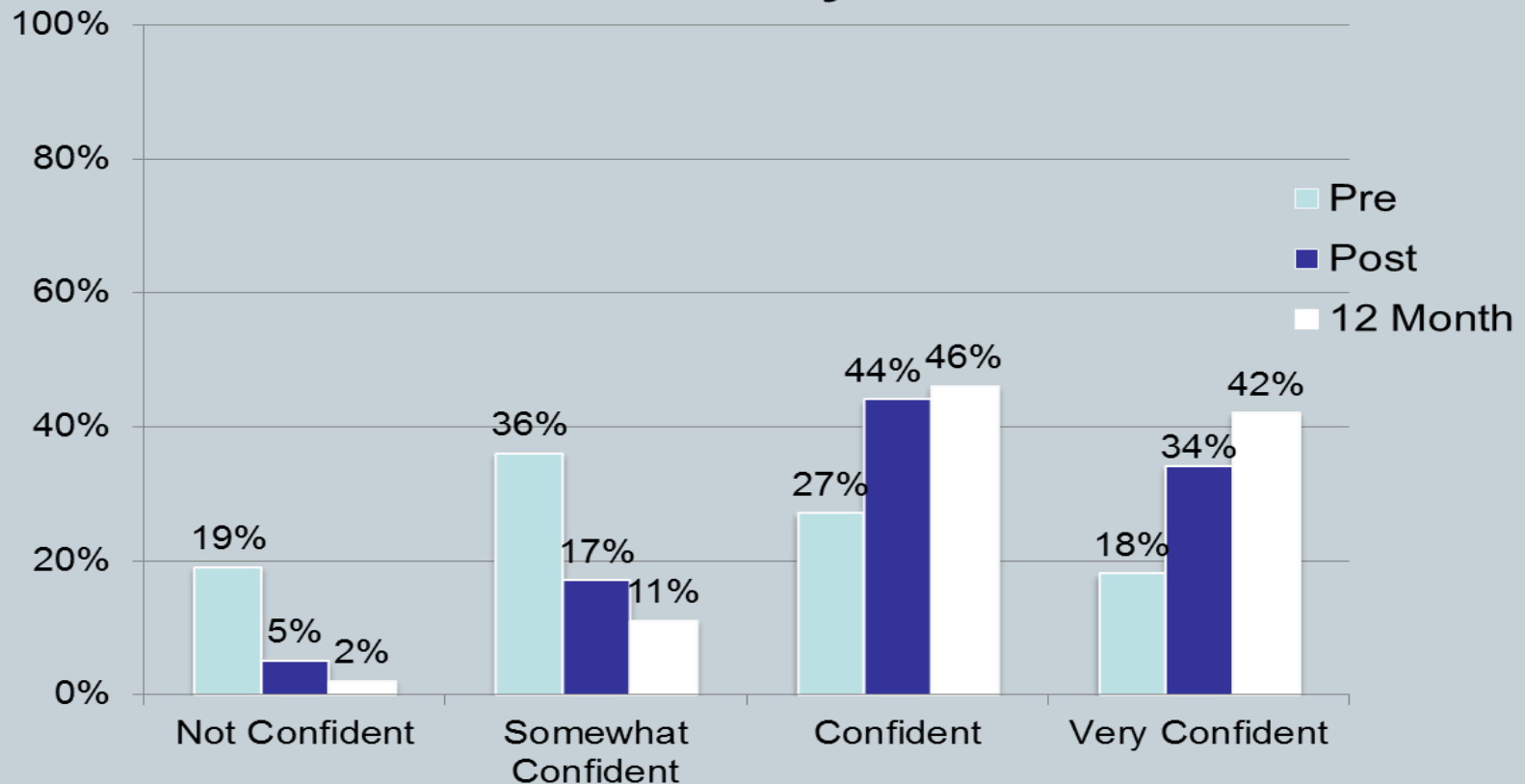


<b>Knowledge Subscale (n=211)</b>	<b>Pretest</b>	<b>Posttest</b>	<b>12 Month</b>
	<b>Average Score</b>	<b>Average Score</b>	<b>Average Score</b>
<b>What raises risk for heart disease (5-items) ***</b>	3.67	4.16	4.85
<b>What raises risk for diabetes (4 items)***</b>	2.40	3.24	3.54
<b>Signs of a Heart Attack (4 items)***</b>	2.31	3.30	3.74
<b>Heart Attack Knowledge (3 items)***</b>	1.68	2.36	1.92
<b>Ways to Lower Risk for Heart Disease (5 items)***</b>	3.96	4.57	4.99
<b>Risks of Smoking Cigarettes (4 items)***</b>	2.71	3.50	3.94
*** Significant at .001 level			

# Attitude Changes



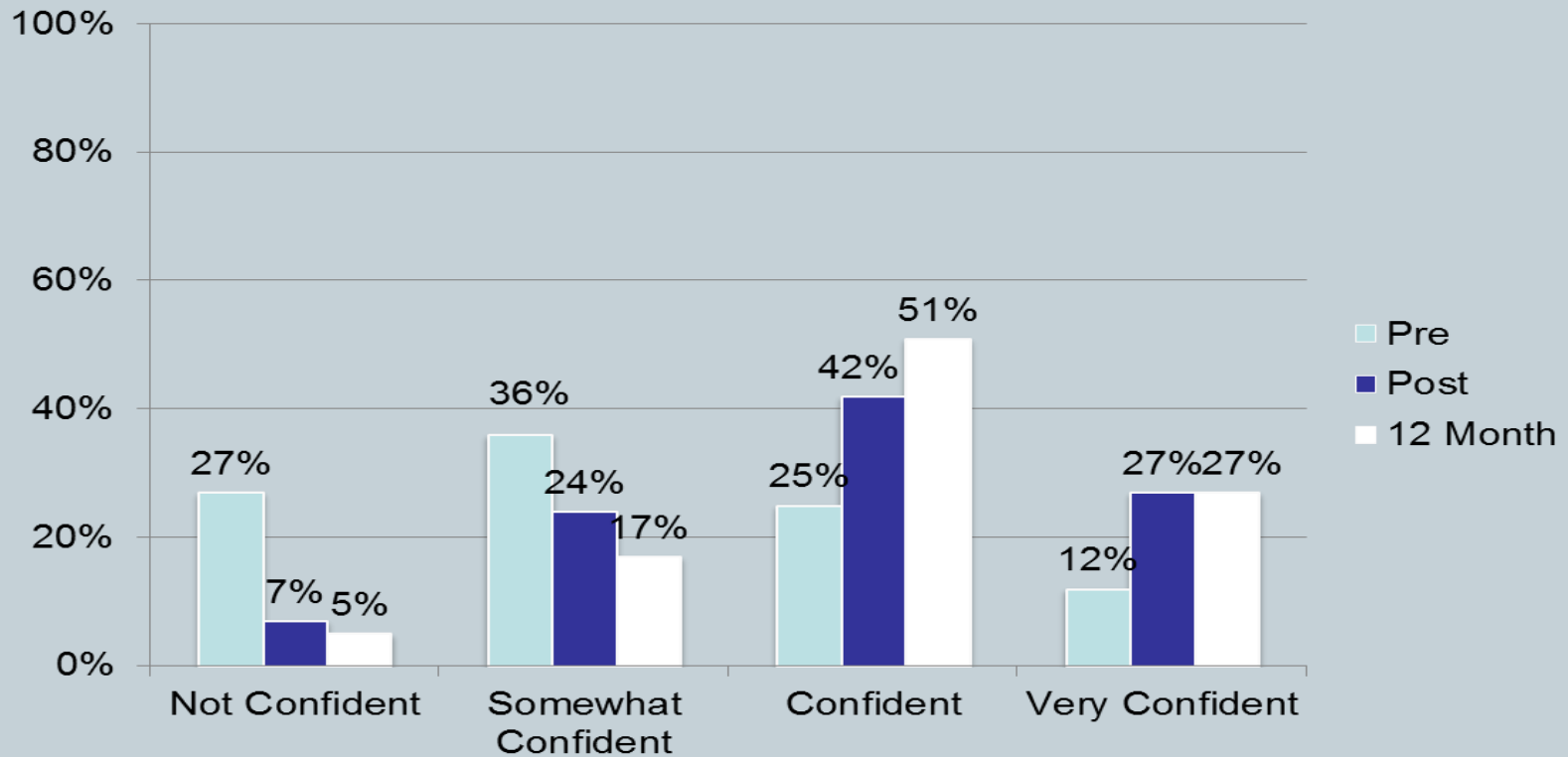
## How Confident Do You Feel in Your Ability to Cook Healthy Foods



# Attitude Changes



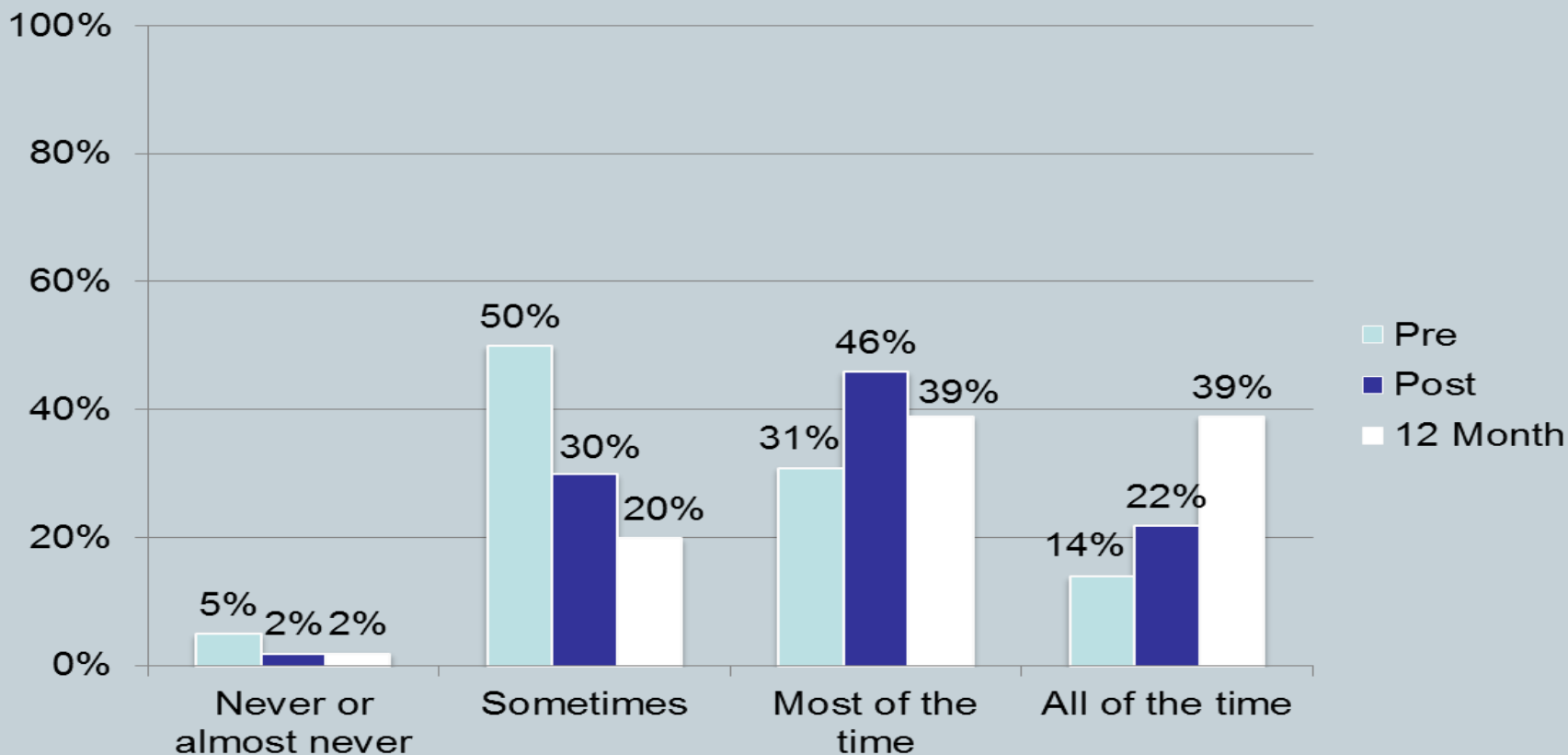
## How Confident Do You Feel in Your Ability to Read Nutrition Labels



# Action: Behavior Changes



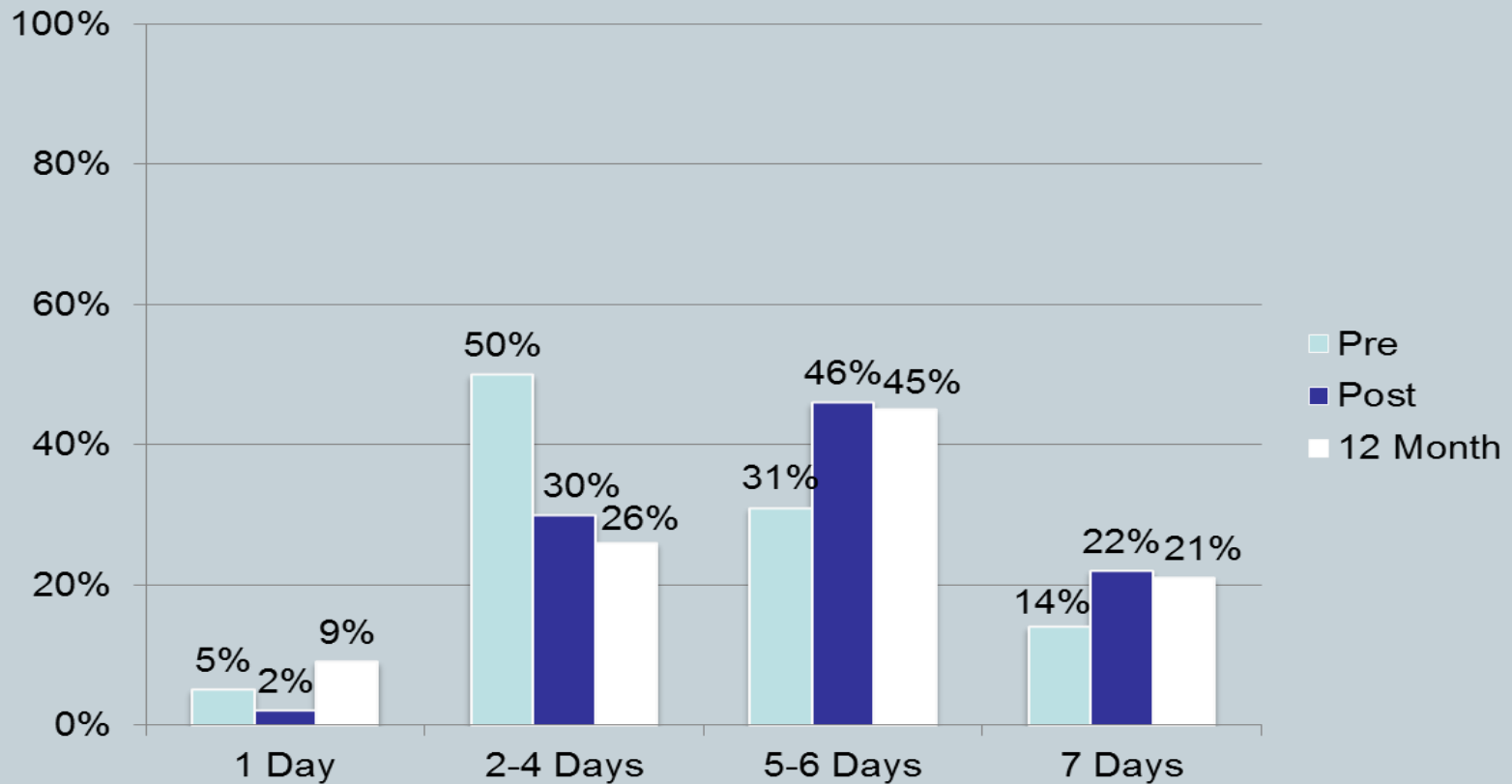
## How Often Do You Eat Three or More Servings of Vegetables a Day



# Action: Behavior Change



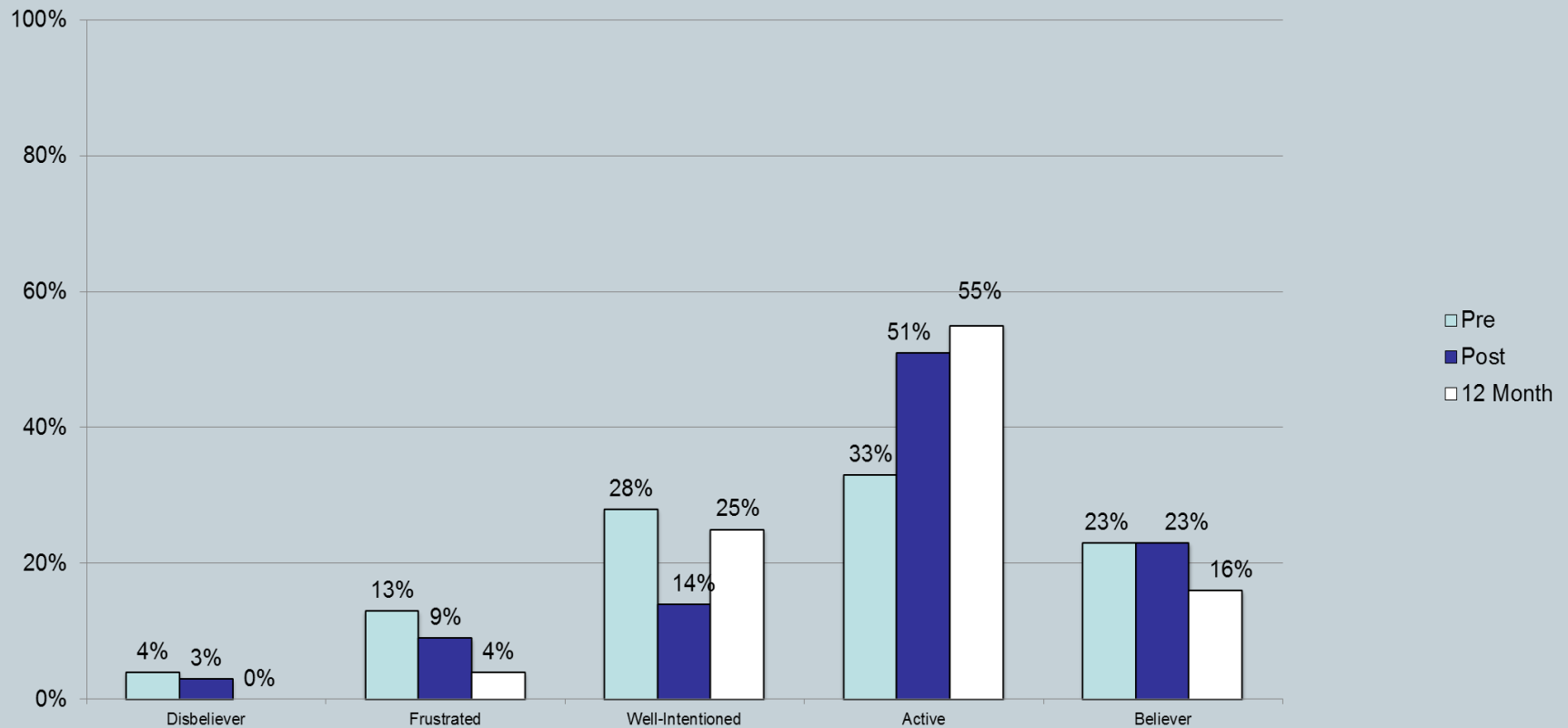
## How Many Days a Week Do You Exercise for 30 Minutes or More



# Stages of Change



## Participants' Self-Reported Placement in Stages of Change



# Benefits to Integrating Promotores in a Research Study



- Knowledge of community needs and resources
- Provide valuable input on many of the research activities
  - Reaching their target population
  - Insight on the best methods of recruitment and on how to best disseminate results
  - Contribute to the interpretation of the data and the development of recommendations.
- Have access to spaces and locations that might not be readily available to academic researchers working alone



# Challenges to Integrating Promotores in a Research Study



- Shifting between roles of researcher and health promoter
- Protecting participant confidentiality, data quality and integrity
- Time needed for supervision of promotoras

# Recommendations for Integrating Promotores into a Research Study



- Consistent and on-going support and supervision
- Partner with an organization with experience in using the promotor model
- Develop mechanisms to ensure bidirectional feedback for the research team
- Compensation and respect for the work of the promotor

# Conclusions



- Promotores have long been recognized for their capacity to lead, teach and advocate for the communities they serve.
- This project adds to the evidence-base that a promotor can be effective in improving community health and implementing EBPs in community settings
- Adoption of similar programs in community settings by CHWs or promotores is recommended

# Acknowledgements



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- This project would not be possible without the amazing team that I had the privilege of working with.

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**Muchas Gracias!**