IMPROVING OLDER LATINAS’ HEALTH THROUGH A COMMUNITY-BASED PARTICIPATORY RESEARCH PROJECT

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OBJECTIVES

1) Formulate culturally sensitive strategies for community-based interventions to improve older Latina’s health

2) Identify important community resources to partner with when implementing a community based participatory research intervention aimed at older Latinas
OLDER LATINAS’ HEALTH

- Encounter greater structural inequalities placing them at higher risk for chronic disease and poorer mental health
  - ~20% non-US born Latinos 60+ experience depressive symptoms (Jimenez et al., 2010)
  - Depression increases risk for mortality and morbidity (Evans & Mottram, 2000)
- Latino population will likely triple by 2050 (Vincent & Velkoff, 2010)
- Few programs target the older Latina population
  - Need for effective, sustainable, and culturally appropriate lifestyle interventions (Pazzaglia et al., 2013)
COMMUNITY BASED PARTICIPATORY RESEARCH (CBPR)

- Communities shape individual’s health
  - Access to healthy food choices
  - Health programming and resources
  - Spaces for engaging in active living (Bigby, 2007; Mobley, 2006)
- Important site for housing health interventions especially for underserved minority populations
- Increased attention on community-based interventions for preventing and controlling chronic disease

“Collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings.”

– W.K. Kellogg Foundation Community Health Scholars Program
LITTLE VILLAGE, CHICAGO, ILLINOIS (LV)

• Predominately Mexican community in greater Chicago

• 1 out of every 3 lives below the federal poverty level

• 1 out of 10 lives in extreme poverty

• Several social problems affect LV residents’ daily lives and well-being
  • Neighborhood violence
  • Limited green space and parks

(Chicago Department of Public Health, 2006; City of Chicago, 2003; Montoya, 2011; Sinai Urban Institute, 2001; Social IMPACT Research Center, 2011)
THE ABUELAS EN ACCIÓN (AEA) PROJECT

• In a prior study using photo elicitation and interviews with older women in LV two culturally-based themes emerged related to health and wellness (Najib Balbale et al., 2013)
  • Family
  • Faith (Catholicism)
• These were incorporated into the curriculum
• Adapted curriculum from evidence-based behavior change programs focusing on physical activity, nutrition, and stress management
CULTURALLY RELEVANT COMPONENT

• Linked important religious figures to Latinos’ experiences and health behaviors
  • Be active your way with Pier Giorgio Frassati
  • Our Lady of Guadalupe: The balance needed in life

• Home activities
  • Learn about preparing healthy meals together with grandchildren
  • Ways to be more physically active together as a family
AEA PILOT

- 6 month active phase and 3 month maintenance phase (biweekly phone calls only)
- Intervention focused on changing women’s health behaviors in the areas of nutrition, physical activity, and stress
- *Promotoras*- trained volunteers that were identified as being leaders in their community
AEA CURRICULUM

• Curriculum based upon several evidence based lifestyle interventions for older adults

• 3 core activities led by 4 trained *promotoras*
  • 1 personal planning session
  • 6 educational workshops
  • Weekly motivational phone calls

• 3 program types
  • Traditional
  • Intergenerational
  • Religious
WORKSHOP CONTENT

• Get ready, get set: An introduction to healthy living
• Healthy eating
• Get active
• Buying healthy food
• Be active your way
• Stress management and overcoming barriers
### PARTICIPANTS

- Women ages 50+ were invited from a Catholic Parish to participate in AEA

- Characteristics of Participants at Baseline ($N = 34$)

<table>
<thead>
<tr>
<th></th>
<th>Mean (S.D.) or %</th>
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<tbody>
<tr>
<td>Age</td>
<td>64 (8)</td>
</tr>
<tr>
<td>Mexican Origin</td>
<td>91%</td>
</tr>
<tr>
<td>Time spent in U.S. (years)</td>
<td>32 (15)</td>
</tr>
<tr>
<td>Formal Education (years)</td>
<td>6 (3)</td>
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<tr>
<td>Depressed</td>
<td>100%</td>
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</tbody>
</table>
DATA COLLECTION

• Participants were assessed using the following measures at baseline, post (6 mos), and follow-up (12 mos)
  • Center for Epidemiological Studies-Depression (CES-D; Kohout et al., 1993; Grzywacz et al., 2006) Boston 10 form in Spanish
  • “Me sentí muy sola.” or “I feel very alone.”
  • Likert response: 1 (false, not true at all) to 4 (very true)

• In-depth Spanish interviews (n =14) at the end of the program (6-month)
  • ~ 90 minutes
  • Examined perceptions and overall program experience
  • Provided insight on how the program was delivered by promotoras, and their experiences on behavioral changes
DATA ANALYSIS

Quantitative Analyses

• All participant data was analyzed together \((N=34)\)
• Paired 1-sample t-tests
• McNemar’s test
• Multilevel linear regression models

Qualitative Analyses

• Interviews were transcribed and analyzed by 4 Spanish speaking RAs
• Coded independently and analyzed \((Braun \& Clarke, 2006)\)
• Retained only themes coded by a majority of RAs and unanimously agreed upon
What proportion of participants were depressed?

- **Baseline**: 100%
- **Post**: 78%
- **Follow up**: 53%

Significant decrease from baseline to follow-up

Fisher’s Exact test, $p = .03$
DEPRESSIVE SCORES

Did depressive scores significantly decrease over time?

Yes!

Baseline | Post | Follow up
----------|------|----------

Significant difference by time, $\gamma_{01} = -1.70, p < .0001$
DEPRESSIVE SCORES

Did median depressive scores significantly change?

13 13 12

Yes!

Baseline Post Follow up

Significantly decreased when comparing post to follow-up, $z = 2.19, p = .03$
INTERVIEW
ANECDOTES

Positive Attitude towards Life

• Developed a more positive attitude

“We are benefiting with being more positive in what we eat, more positive in exercising, more happiness…”-(Ms. E)

Social Support

• Helped participants find people who they can talk to and place where they feel like they belong

“To share with other people, [the AEA program] helps a lot, one meets other people…I want to be involved in a club and then, I see this opportunity [in reference to AEA].”-(Ms. E)
Variety

• Helped bring variety into their daily routine

“You share [in AEA]…you escape from the routine … so many times we are stressed because we are stuck alone at home… for this reason I participate in a program like this.” - (Ms. L)
DISCUSSION

Conclusion

• Decrease in depression at follow-up

• Consistent with the literature that lifestyle interventions including physical activity can reduce depressive symptoms

• Helped older Latinas make positive lifestyle changes by giving them a sense of purpose and a common goal of improving their health and well-being

• Must consider

  • 100% depressed at baseline
  • Stress management workshop done the last week of the course and 1 week before post data collection
    • May need > 1 week for a significant reduction in depressive symptoms
DISCUSSION

Implications

- AEA is a promising approach to CBPR lifestyle interventions to improve older Latinas’ health
  - Low cost
  - Sustainable
  - Culturally-relevant intervention
  - Strengthens commitment to promoting health in religious organizations

Future Research

- Extend this intervention to communities in various locations
- Implement stress reduction techniques earlier in workshop
- Consider measuring stress levels as well as other factors related to improved mental health (i.e., perceived stress, resiliency, well-being; Southwick & Charney, 2012)
REFERENCES


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