


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 (Pazzagli 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

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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

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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

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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

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PARTICIPANTS

- Women ages 50+ were invited from a Catholic Parish to participate in AEA
- Characteristics of Participants at Baseline (N = 34)

	Mean (S.D.) or %
Age	64 (8)
Mexican Origin	91%
Time spent in U.S. (years)	32 (15)
Formal Education (years)	6 (3)
Depressed	100%

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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

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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

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DEPRESSIVE SYMPTOMS

What proportion of participants were depressed?

Fisher's Exact test, $p = .03$

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DEPRESSIVE SCORES

Did depressive scores significantly decrease over time?

Baseline Post Follow up

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

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DEPRESSIVE SCORES

Did median depressive scores significantly change?

Baseline Post Follow up

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

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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)

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INTERVIEW CONTINUED...

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)

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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

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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)

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