

Friendship Circles for Health

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Latina Immigrants in the South

Demographics

- Low educational attainment
- Young
- Low-income – most live below the poverty line
- Married/living together
- Came to US with family
- Came to the South - employment opportunities
- Recent immigrants
- Lack of transportation
- Language barriers
- Lack of health insurance
- Limited access to health care

Why are we concerned about cervical cancer in such a healthy and young population?



Background

- The incidence of cervical cancer among Latinas is 16.3 as compared to 7.8 for non-Latinas
- Mortality rate of cervical cancer in the U.S. is 40% higher among Latinas as compared to white women (Ries et al., 2000)
- Incidence of cervical cancer in Central America: 40.3
- Incidence of cervical cancer in South America: 30.9
- Cervical cancer is the leading malignancy among women in Latin America

Background

- Three reasons have been attributed to such disparities in incidence and mortality:
 - Delay in seeking care for cancer-related symptoms
 - Lower rates of Pap Smear
 - HPV infection
- HPV meets the epidemiological criteria for a causal agent of cervical cancer, and it is present in almost 100% of women with cervical cancer
- Latinas were five times more likely than white women, and two times more likely than AA women, to display an association between HPV infection and squamous intraepithelial lesions (SIL) (Tortolero-Luna et al, 1998)

Cervical cancer prevention

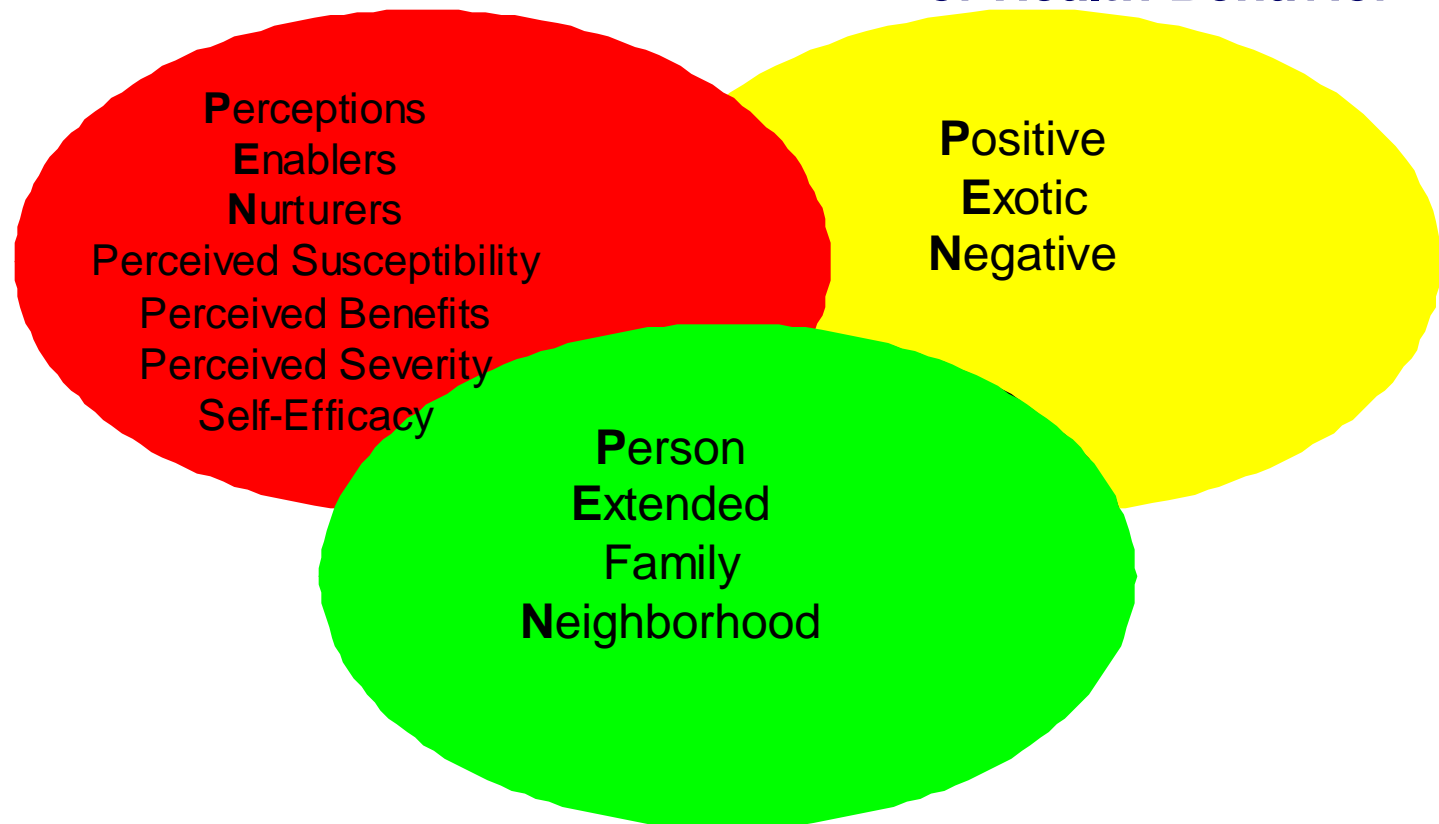
- Primary prevention
 - Dietary changes
 - Preventive vaccination
 - Risk reduction (sexual and smoking)
- Secondary prevention
 - Screening – Pap Smear

Theoretical Framework

PEN-3 & Health Belief Model

**Educational Diagnosis
of Health Behavior**

**Cultural
Appropriateness
of Health Behavior**



Health Education

Needs/Assets Assessments and Pilot

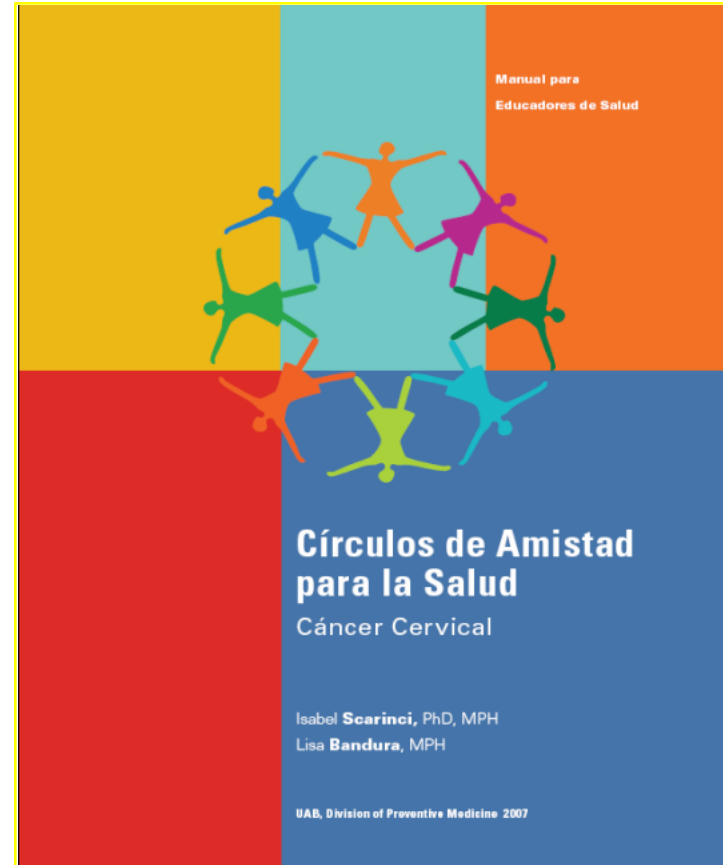
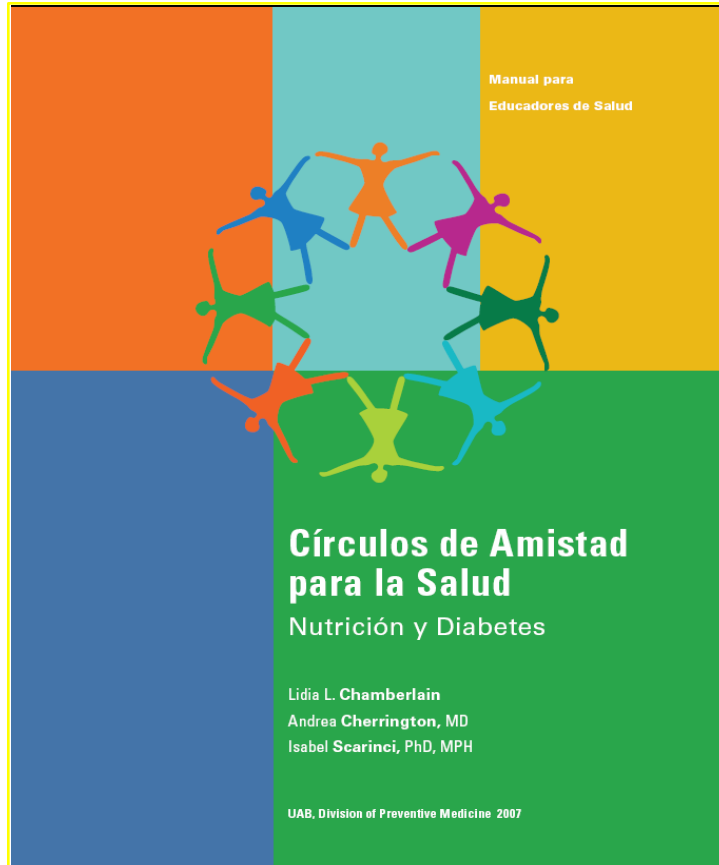
- Qualitative and quantitative assessments
- Provided results to the community
- The target audience assisted in the development of an intervention focusing on primary and secondary prevention of cervical cancer
- Piloted the intervention/Revisions

Friendship Circles for Health

- Group randomized clinical trial – 416 Latina immigrants
- Friendship circles held at homes – led by lay health educators
- Culturally-Relevant
 - Collectivism
 - “Personalism”
 - Gender roles – “marianismo” & “machismo”
- Cognitive-behavioral intervention

Training of Lay Health Educators

- 3-4 months of full-time training
- Examples of content
 - Research design and methods
 - Behavior change/cognitive-behavioral strategies
 - Adult education
 - Safety in the community
- Review the sessions
- Practice
- Taping



Content

1. Overview of the program/importance of relying on each other – social support
2. Cancer, cervical cancer, screening/problem solving
3. Communication skills/navigating the U.S. health care system
4. Personal responsibility/self-esteem/goal setting

Individual session

5. Partner communication/HPV

Individual session

6. Integration of skills/knowledge

Theoretical Construct: Perceptions Pap Smear

Intervention Objectives:

- Reinforce the knowledge, attitudes, and beliefs that lead to getting a Pap Smear
- Promote knowledge about cervical cancer and screening
- Recognize the importance of taking care of themselves in order to be healthy

Theoretical Construct: Perceptions Pap Smear

Strategies - Group Sessions

- Provision of education and knowledge
- Cognitive restructuring – procrastination and embarrassment
- Increase self-efficacy
- Emphasize ethnic and gender pride

Strategies – Individual Sessions

- Personalize the education (e.g., reinforcement of personal motivators to be healthy) and correct misinformation
- Cognitive restructuring – challenge irrational thoughts



Recruitment Strategies

- Canvassing
- Door-to-door
- Talk on how to raise your children in the U.S.
 - **Cómo Educar A Nuestros Niños En Este País**
- Screening
- Randomization
- Baseline questionnaires

Retention Strategies

- Monthly phone calls
- Quarterly merienda
- Quarterly newsletters
- Cards -- Birthday, christmas, etc
- Lay health educators have a database with detailed notes about each participant

Challenges

- Recruitment of lay health educators and manager
- Training of lay individuals in CBT
- Recruitment
- Babysitting
- Retention