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

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>Characteristic</th>
<th>Mean (S.D.) or %</th>
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<tbody>
<tr>
<td>Age</td>
<td>64 (8)</td>
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<tr>
<td>Mexican Origin</td>
<td>91%</td>
</tr>
<tr>
<td>Time spent in U.S. (years)</td>
<td>32 (15)</td>
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<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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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

DEPRESSIVE SYMPTOMS
What proportion of participants were depressed?

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<th>Baseline</th>
<th>Post</th>
<th>Follow up</th>
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<td>100%</td>
<td>78%</td>
<td>63%</td>
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Significant decrease from baseline to follow-up
Fisher’s Exact test, p = .03

DEPRESSIVE SCORES
Did depressive scores significantly decrease over time?

Yes!

Significant difference by time, \( t_{10} = -1.70, p < .0001 \)

DEPRESSIVE SCORES
Did median depressive scores significantly change?

Yes!

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 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)

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)
REFERENCES


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