

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)

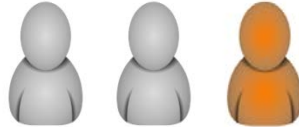
COMMUNITY BASED PARTICIPATORY RESEARCH (CBPR)

- 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.”**

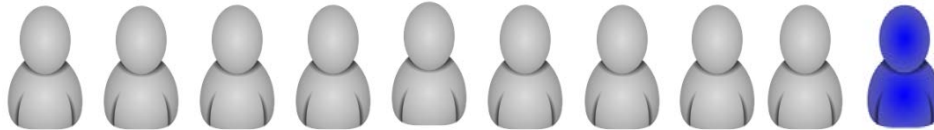
– W.K. Kellogg Foundation Community Health Scholars Program

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 ($N = 34$)

	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%

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

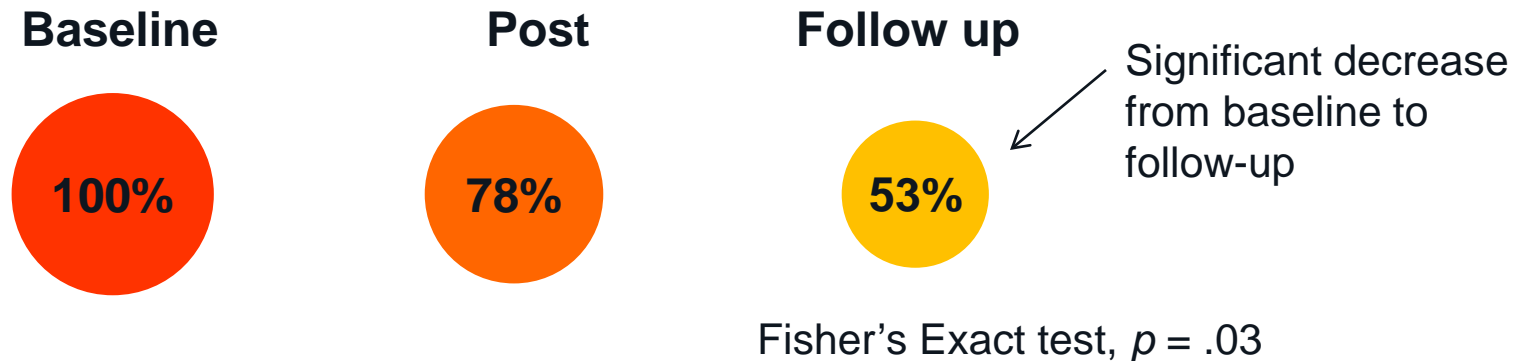
- All participant data was analyzed together ($N=34$)
- Paired 1-sample t-tests
- McNemar's test
- Multilevel linear regression models

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

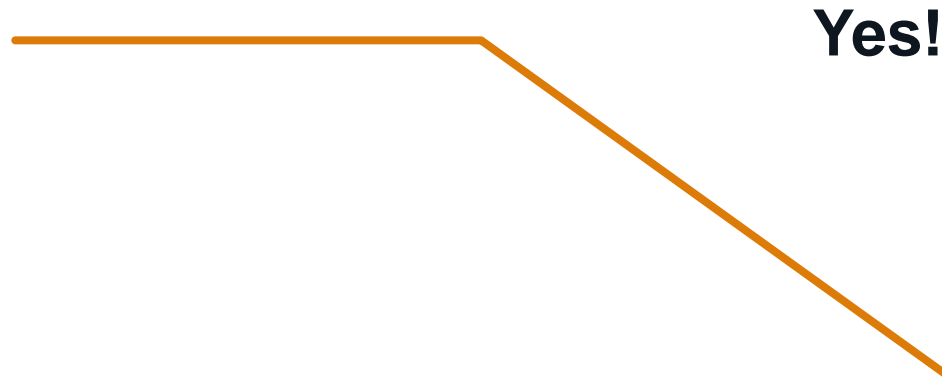
DEPRESSIVE SYMPTOMS

What proportion of participants were depressed?



DEPRESSIVE SCORES

Did depressive scores significantly decrease over time?



Baseline

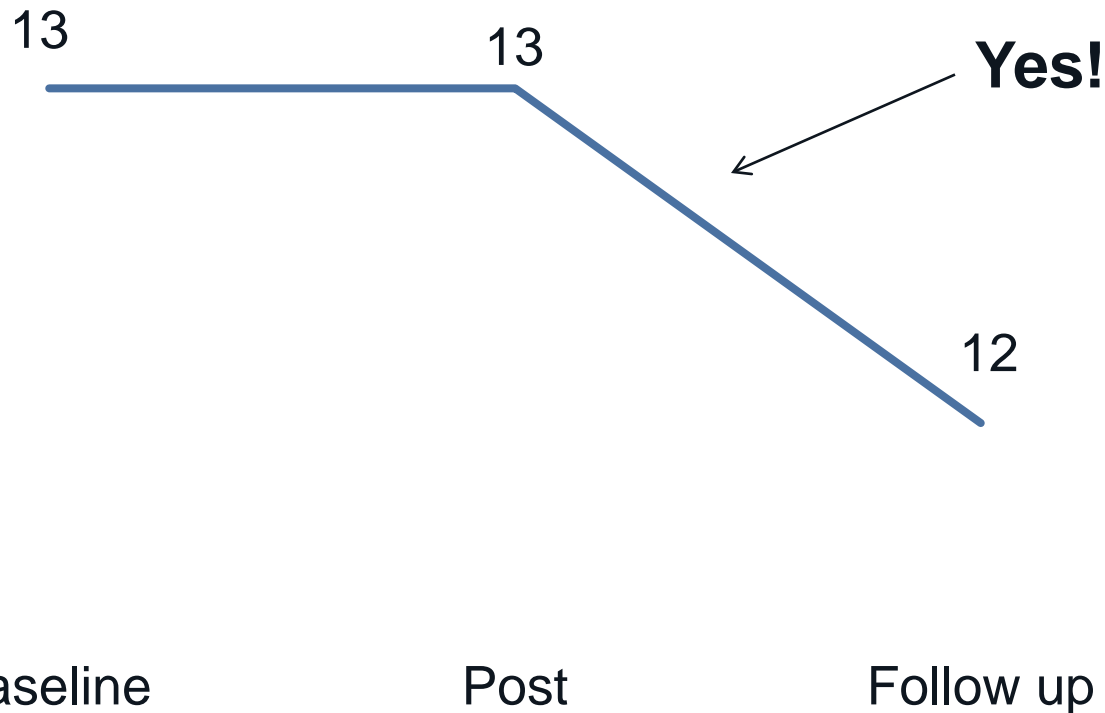
Post

Follow up

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

DEPRESSIVE SCORES

Did median depressive scores significantly change?



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)

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)

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)

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