



ENGAGING COMMUNITIES TO ADDRESS LATINO HEALTH DISPARITIES

INDIA J. ORNELAS, PHD, MPH

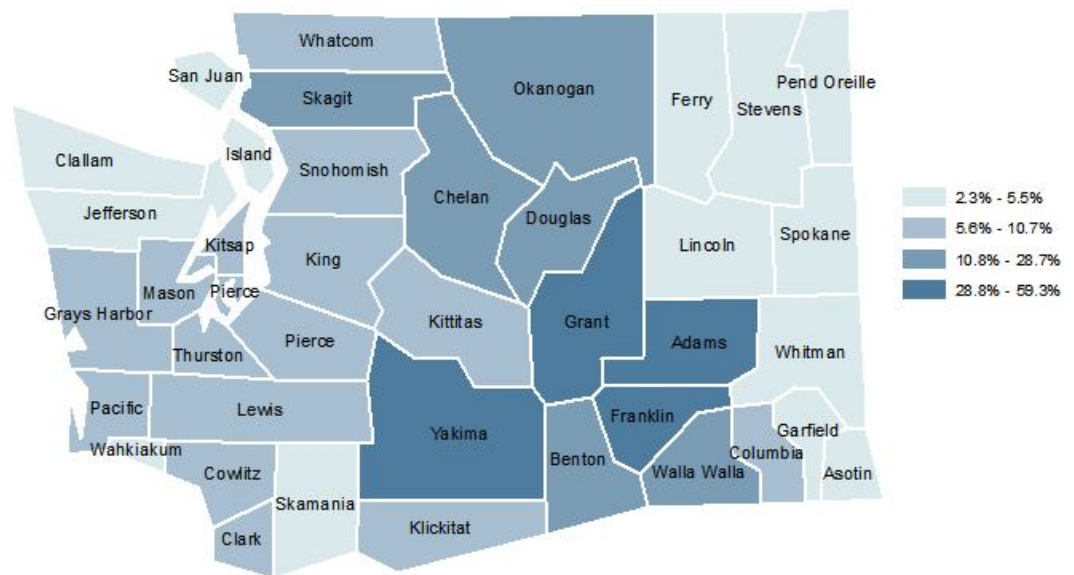
ASSOCIATE PROFESSOR, HEALTH SERVICES, SCHOOL OF PUBLIC HEALTH

RESEARCH DIRECTOR, LATINO CENTER FOR HEALTH

UNIVERSITY OF WASHINGTON

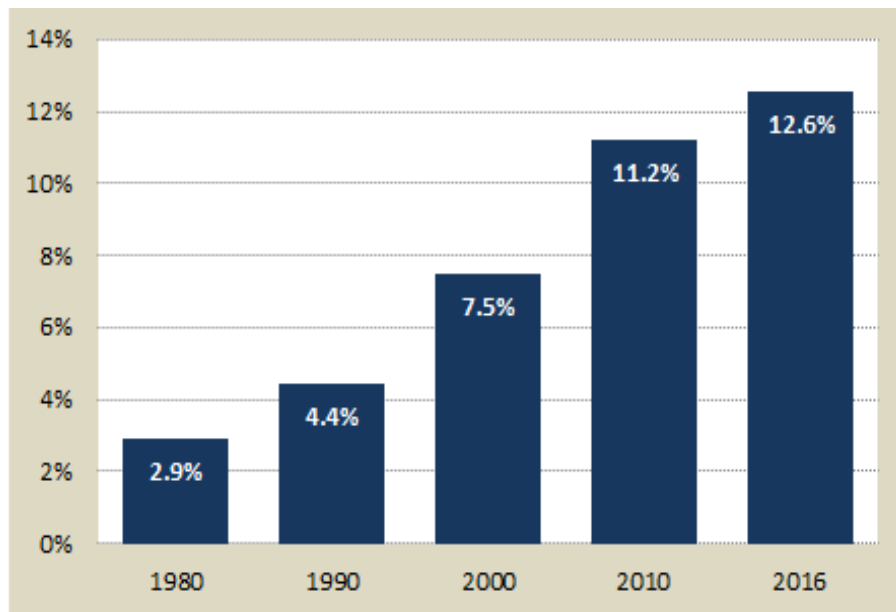
LATINOS IN WASHINGTON STATE

- Latinos are the fastest-growing racial/ethnic group in US and Washington
- Latinos are 12% of state population
- 32% of Latinos in Washington are immigrants.
- 28% of Latinos in Washington living in poverty.



Office of Financial Management, 2010

Latino Population Growth – Washington State



Office of Financial Management, 2016

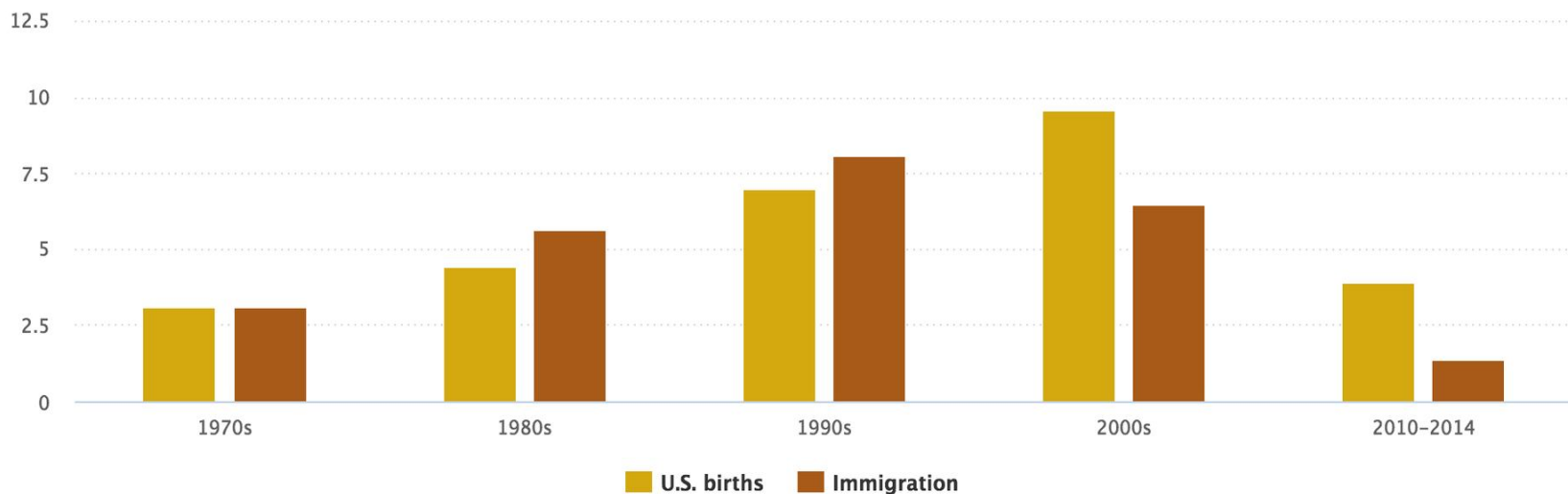
2017 South Sound Latino Population Estimates

- Thurston – **8%**
- Lewis – **10%**
- Grays Harbor – **10%**
- Mason – **10%**
- Pacific – **10%**

LATINO HEALTH DISPARITIES SHAPED BY CHANGING DEMOGRAPHICS

Latino Population growth in US by Births and Immigration across last five decades

in millions

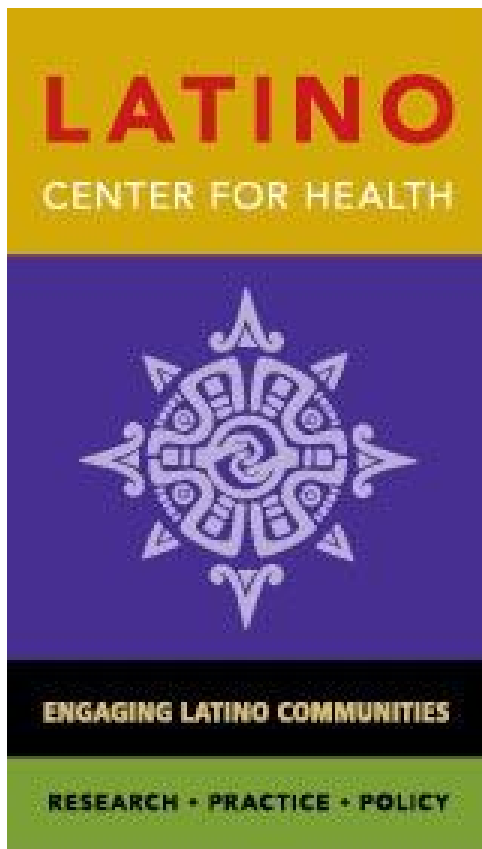


LATINOS IN WASHINGTON STATE



- Only **69%** of Latinos report being in good or excellent health, compared to **87%** of whites
- **69%** Latinos are more likely to be overweight or obese, compared to **61%** of whites
- Among Washington residents, quality of diabetes care lowest among Latinos, specifically those on Medicaid
- Only **46%** of Latinos in Washington state report having a usual source of care

UNIVERSITY OF WASHINGTON LATINO CENTER FOR HEALTH



- Established in 2014, housed within the School of Public Health
- The only research center in the region with a singular focus on Latino health
- Priority areas of research, practice, & policy:
 - Physical Health
 - Mental Health
 - Environmental & Occupational Health
 - Violence & Injury Prevention



UW LATINO CENTER FOR HEALTH

- Mission of the Center is to provide leadership to prevent disease and promote the health and well-being of Latino communities through:
 - Innovative, interdisciplinary research in authentic partnerships with community-based organizations, researchers, and government agencies
 - Promotion and dissemination of evidence-based practices and health policy to advance sustainable and culturally responsive improvements in health across the life span

UW LATINO CENTER FOR HEALTH



- Dr. Gino Aisenberg
Co-Director
- Dr. Leo Morales
Co-Director
- Dr. India Ornelas
Research Director
- Antoinette Angulo
Special Projects Advisor
- Daron Ryan
Research Coordinator

IMPACT OF IMMIGRATION ON LATINO HEALTH

- Latino paradox
 - Immigrants have better health than their US born counterparts despite lower socio-economic status
- Immigrants' health tends to get worse with increased time in the US
 - Obesity
 - Diabetes
 - Cancer
 - Substance use
 - Mental health
- Previous research has focused on acculturation as the explanation
 - As immigrants acculturate, they lose culture-related protective factors
 - Immigrants adopt unhealthy behaviors associated with American culture

UNPACKING ACCULTURATION

Social, historical and environmental context

- Where are immigrants coming from and why?
- Where have they settled and why?
- What are the changes in immigrants' social ties and networks?

Racism and Discrimination

- How are immigrants' becoming minoritized and racialized?
- What are their experiences navigating discrimination and institutionalized racism?

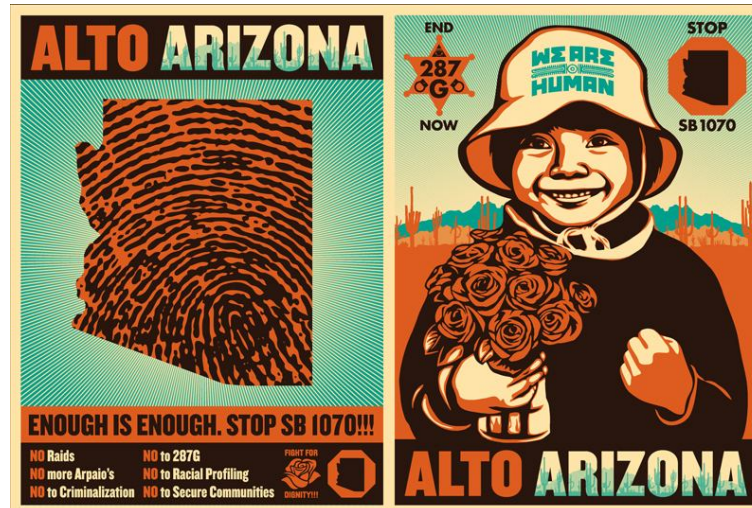


UNPACKING ACCULTURATION

Immigration policy

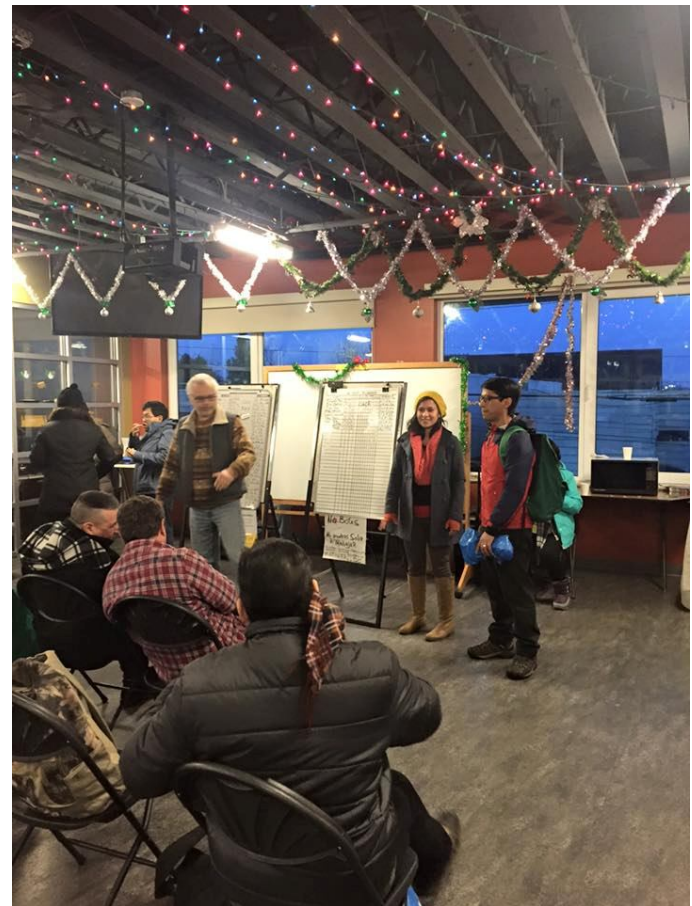
- Are they able to access the benefits and legal protections associated with DACA or citizenship (or even acceptance by mainstream US culture) ?
- How do attitudes about immigration policy affect all Latinos?

Stress and coping responses to immigration stressors



ENGAGING THE COMMUNITY

- Building trust with community partners
- What do they see as health priorities in their community?
- What can and should be done about them?



ALMA: Amigas Latinas Motivando el Alma

Aims to prevent and reduce stress and depressive symptoms in Latina immigrants

Promotes self-care and social support in weekly group classes over 8 weeks

Topics include:

- Understanding what stress is and how it impacts the body
- The impact of migration on emotional health and social networks
- Healthy ways of coping with stress, including yoga and mindfulness
- How to seek mental health treatment if needed





"I really liked the yoga because it helped me to rediscover myself and my values. It helped me to meditate in my own space and change my thoughts to be more positive."



"The classes have helped me love myself more, meditate more, know myself deeper, and learn to relax."

Table 1. ALMA Pilot Participant Characteristics (N = 24)

	Mean/N	(SD) %
Age	45	(9.2)
Years lived in U.S.	12.7	(5.6)
Education		
Less than High School	12	50.0%
HS graduate or more	12	50.0%
Marriage Status		
Single	4	17.4%
Married (or living as married)	15	65.2%
Divorced or widowed	4	17.4%
Number of Children	2.8	(1.2)
Weekly Household Income		
Less than \$300	6	26.0%
\$300-\$500	8	34.8%
\$500-\$700	4	17.4%
More than \$700	5	21.8%
Employment Status		
Employed year-round	13	54.2%
Temporarily employed	6	25.0%
Currently not working	5	20.8%
Languages Spoken		
Only Spanish	5	20.8%
Spanish and some English	19	79.2%
Attendance		
0-3 Sessions	12	50%
4-5 Sessions	12	50%

Table 2. Pre and Post Intervention Scores on Depression and Anxiety (N = 21)

	Baseline	Post	Change
Measure	Mean	Mean	Actual/Percent
Depression	6.3	5.1	-1.2 (24%)
Anxiety	5.7	4.2	-1.5 (30%)

MAKING THE PROGRAM CULTURALLY RELEVANT

- All sessions and evaluations conducted in Spanish
- Incorporating social and cultural context into the content
- Drawing on their strengths – and what already brings them peace
- Providing food and time to eat and socialize together
- Incorporating time for rest, music
- Offering sessions after work and in familiar location
- Providing child care
- Providing materials (yoga mats, cushions, blankets)
- Staying flexible and open to the needs of the participants



BUILDING RAPPORT

- **Meetings with Community Partners:** We had in-person and phone meetings with our community partners, Casa Latina and El Centro de la Raza, in the first grant year.
- **Memorandum of Understanding (MOU):** Document to formalize our relationship with our community partners.
- **Attend Community Events:** Building relationships by attending local community events.



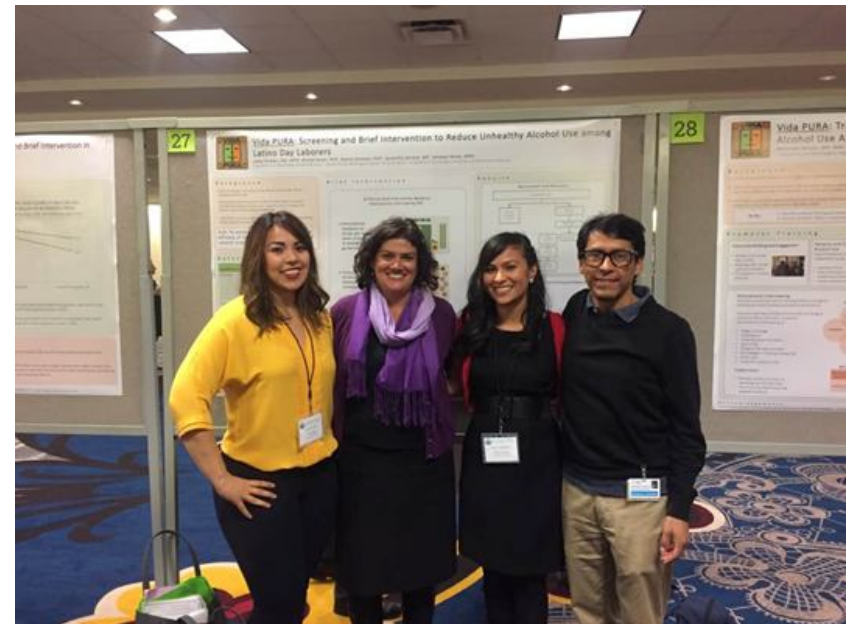
COMMUNITY ADVISORS

- **Casa Latina** (a community organization providing employment and educational opportunities for Latino immigrants)
- **SeaMar Community Health Centers** (a network of community health clinics with a large Latino population)
- **El Centro de la Raza** (a community organization providing social services to Latino immigrants)
- **Puentes** (provides advocacy and support to undocumented migrants and their families)



VIDA PURA (PUEDE USTED REDUCIR SU CONSUMO DE ALCOHOL)

- Culturally adapted screening and brief intervention to reduce unhealthy alcohol use among Latino day laborers
- Screening and brief intervention typically used in primary care and emergency departments
 - Identify people drinking at unhealthy levels
 - Offer them a brief counseling session to reduce their drinking



PATTERNS AND CONTEXT OF ALCOHOL USE

- Unhealthy drinking was common among Latino day laborers
- Drinking was related to and helped relieve immigration-related stressors
- Men had limited knowledge about what constitutes unhealthy drinking and were unsure of how to change their behavior

Te diré que por qué tomo... porque estoy lejos de mi familia, vivo en la calle, y todo eso; para darme valor

I will tell you why I drink... because I am far away from my family, I live on the streets, and all that; to give me courage

INTERVENTION DELIVERY

- Men preferred to receive information from trusted providers in Spanish

Well, the important thing is that, that we do need that kind of group or program especially for us because sometimes we do not attend programs in America for the same reason, we do not feel comfortable with others or we may not understand, we cannot communicate.

ADMINISTRATIVE AND COMMUNITY FACTORS

- Men faced barriers to health and social services
- Few programs provide culturally appropriate alcohol-related services
- Men were receptive to receiving BI in community settings

"We prefer to carry our pain, than to heal, because I can't... I have no money to do it. If, well, there is a place with programs where they start to increase your awareness and help you with all of these types of problems... well, it would help a lot."

"People are afraid that if they access any resources if they're undocumented they will be deported. That's the big thing here... If you access any public funding you're going to be on a list."

VIDA PURA

Retained Core Elements of Evidenced Based Brief Intervention

- Provide personalized feedback about drinking behavior and how it compares to NIAAA guidelines
- Use Motivational Interviewing to assess readiness to change, discuss pros and cons of drinking, elicit desired changes, support and encourage behavior change
- Negotiate a plan/goal, identify strategies and offer referral information.

Adapted Aspects to meet needs of Target Population

- Intervention delivery and content (*promotores*)
- Setting (day labor worker center)
- Referral (low-cost Spanish speaking services)

PROMOTORES

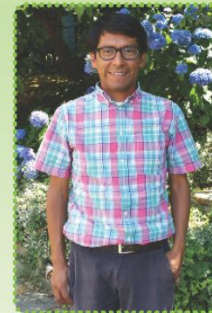
- Experience with counseling or health education
- Experience working with Latinos
- Can build rapport easily
- Warmth, non-judgmental
- Organized, detail-oriented
- Spoke Spanish



Llamado a Voluntarios!!!

*¿Le gustaria participar en
un estudio de investigacion sobre
el consumo de alcohol en
los Hombres Inmigrantes Latinos?*

Conectece con nosotros



Roger



Ivonne

Los días **Martes y Miércoles** desde las **7** de la **mañana**.

Para llenar encuestas y hacer seguimientos en

Casa Latina

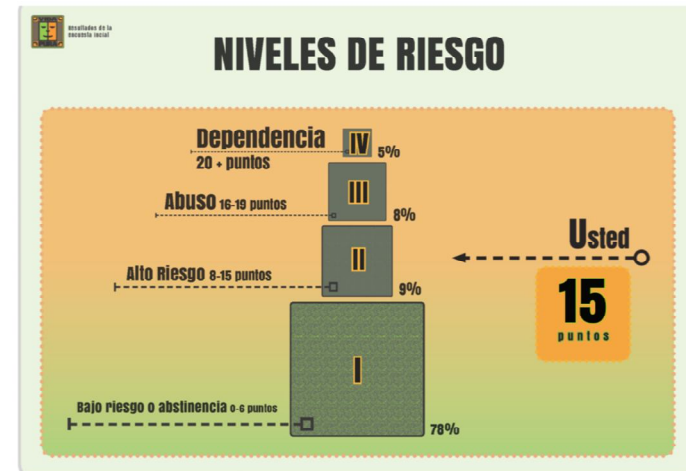
Vida PURA teléfono: 206.221.3647



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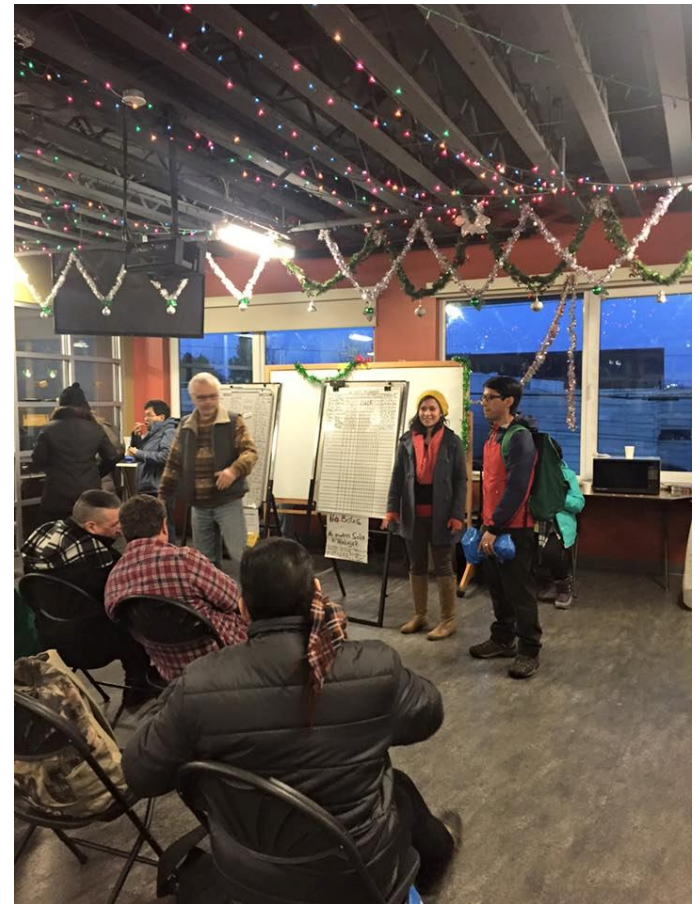
BRIEF INTERVENTION

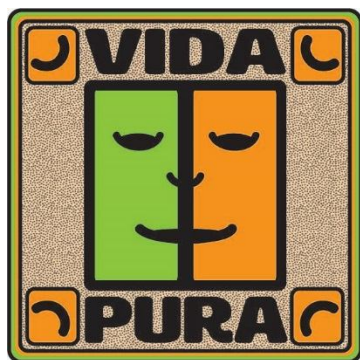
Promotores provide personalized feedback on drinking compared to daily and weekly low-risk guidelines set by the National Institute on Alcohol and Alcoholism (NIAAA)



ENGAGING THE COMMUNITY

- Took time to build relationships with organization and members before starting data collection
- Met with Community Advisors regularly
 - Araceli Hernandez, Casa Latina
 - Marcos Sauri, Consejo
 - Josina Bohmer-Tapia, SeaMar
- Meet with Casa Latina staff regularly to provide updates on data collection and preliminary findings, troubleshoot problems



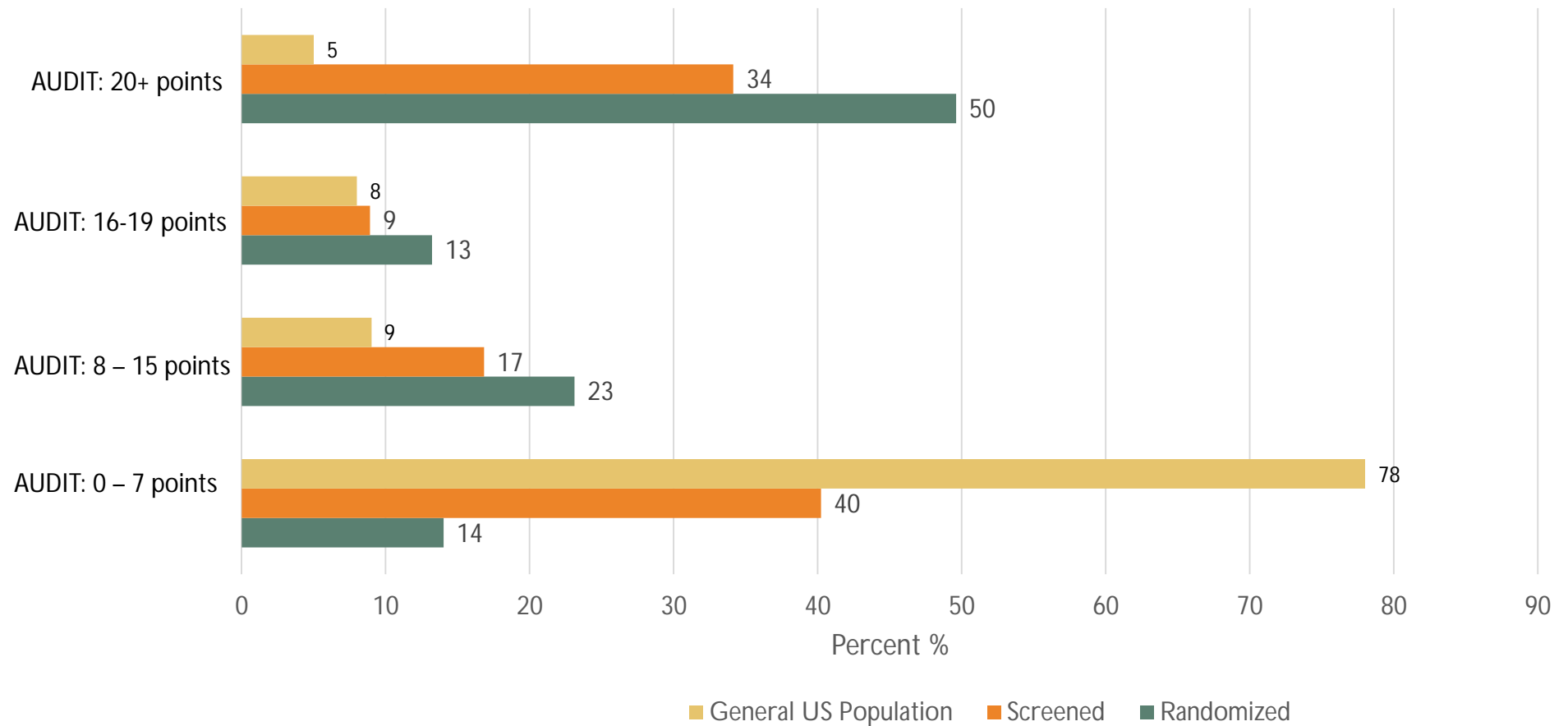


Vida Pura Participant Characteristics (n=121)

Characteristics	Average/Number	Range/%
Age	47.8	18 - 75
Marital Status		
Single/divorced/widowed	95	78.5
Married/living with partner	26	21.5
Living Situation		
House/apartment	69	57.0
Homeless/temporary housing	52	43.0
Education		
Elementary school or less	67	55.4
High school diploma or more	35	28.9
Some college or more	19	15.7
Weekly Salary		
\$200 or less	36	29.8
\$200 - \$300	30	24.8
\$300 - \$400	26	21.5
\$400 or more	25	20.7
Country of Origin		
Mexico	79	65.3
Other	42	34.7
Years living in US	20.2	0-52
Language		
Only Spanish	35	28.9
English and Spanish	86	71.1



VIDA PURA PARTICIPANTS: LEVELS OF RISK



RESULTS

- Promotores can be trained to do brief interventions with good fidelity.
- Regular in-person, phone and text contact can result in high recruitment and retention rates.
- High levels of dependence among Latino day laborers and low uptake on referrals.
- Alcohol use and risk decreased in both intervention and control group.
 - Assessment effect? Is the survey an intervention itself?
 - Was there diffusion of the intervention into the control group?
 - Was the intervention not effective at all?



BENEFITS OF COMMUNITY ENGAGEMENT

- Builds capacity and reduces dependency on “professional outsiders”
- Ensures cultural and local relevance
- Enhances fit and efficacy of programs
- Facilitates sustainability



GRACIAS

VIDA PURA TEAM:

DENNIS DONOVAN

BONNIE DURAN

SUZANNE DOYLE

SAMANTHA SERRANO

IVONNE POVEDA

ROGER HUMANI-VELASQUEZ

VANESSA TORRES

FUNDERS:

UW INSTITUTE OF TRANSLATIONAL HEALTH
SCIENCES

NATIONAL INSTITUTE OF ALCOHOLISM AND
ALCOHOL ABUSE

ALMA TEAM:

ANH TRAN

GISELLE CORBIE-SMITH

SERENA MAURER

GIGI PEREZ

DARON RYAN

FUNDERS:

UW CENTER FOR CHILD AND FAMILY
WELLBEING

UW INSTITUTE OF TRANSLATIONAL HEALTH
SCIENCES

NATIONAL INSTITUTE OF MINORITY HEALTH
AND HEALTH DISPARITIES