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# **NATIONAL COUNCIL OF LA RAZA** ***INSTITUTE FOR HISPANIC HEALTH***



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## **SANA LA RANA** **COMMUNITY OUTREACH RESULTS**

**2005**



# Project Overview

- Pfizer and NCLR's Institute for Hispanic Health formed an alliance to develop a "*promotores de salud*" community outreach program as an integral part of Pfizer's *Sana La Rana* (SLR) initiative
  - Peer educators were deployed to community events to give talks or *charlas* about high cholesterol using a flipchart that illustrates and explains the causes and consequences of the hypercholesterolemia and its prevention
  - The following community based organizations were selected for program implementation:
    - Pro Salud – Houston, TX
    - Abriendo Puertas – Miami, FL
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# Project Summary

- A total of **878 *charlas*** were conducted and **10,777** participants were reached between both sites in 2005
- Ratio data indicate that there is no significant difference between sites regarding evaluation collection
  - **Houston 1.2 (84% of evals collected from participants)**
  - **Miami 1.16 (86% of evals collected from participants)**
- A new, robust evaluation survey was implemented during the Fall of 2005 which was filled out by approximately 50% of the total participants (n=4,700\*).

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\* A total of 4,632 Latino participants who responded to the evaluation were over the age of 18



# Participant Demographics

(obtained via new evaluation form)

- Over half of the participants were married, 18% were single, followed by 12% divorced
  - The majority of participants were originally from Cuba (22.5%), Mexico (21.2%), Nicaragua (11.4%) and Honduras (9.1%).
    - Participants reported living in the US an average of 11.3 years
  - Seventy-four percent of participants were uninsured
  - Over  $\frac{3}{4}$  of the participants reported having heard about SLR previously
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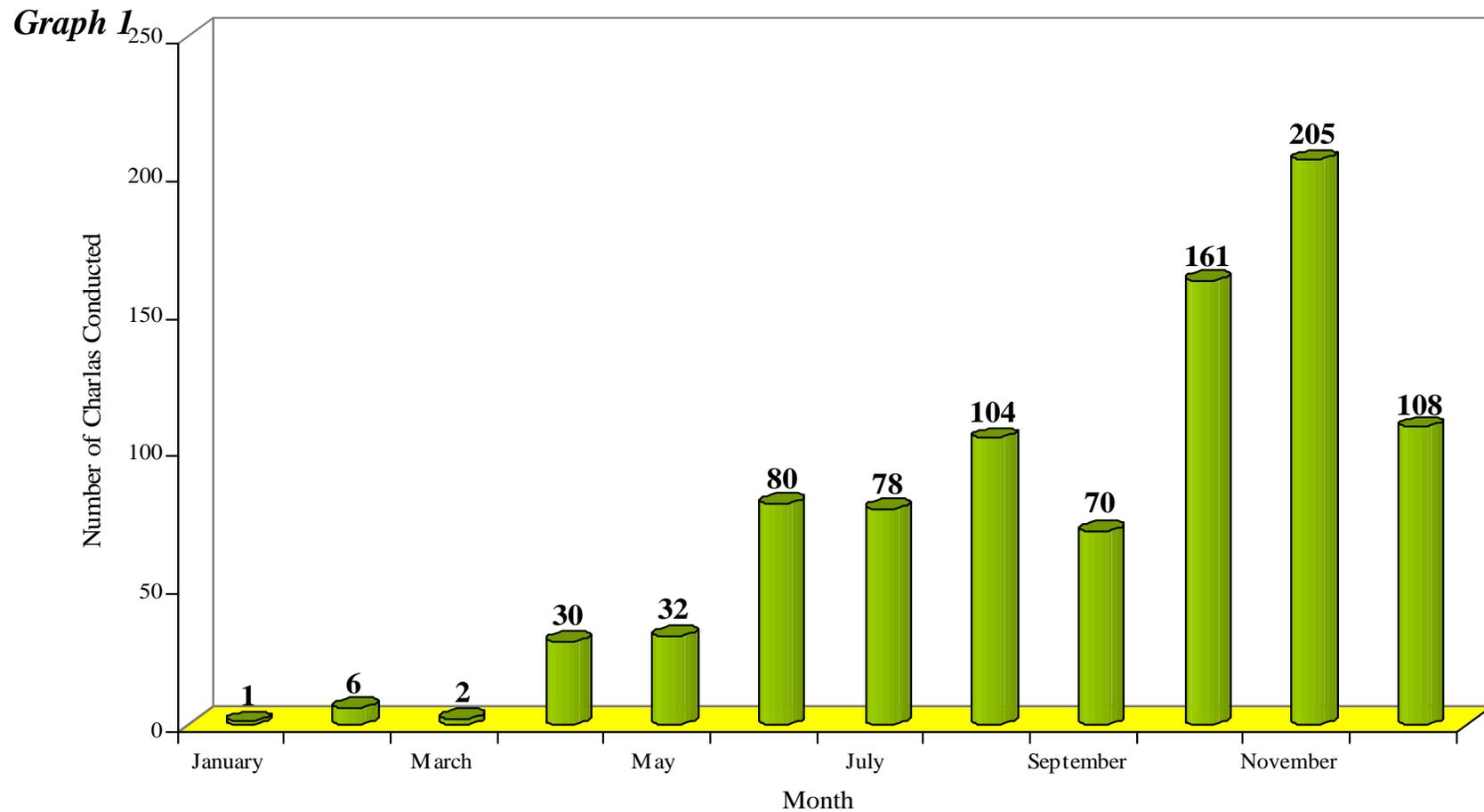


# *Charlas* Conducted





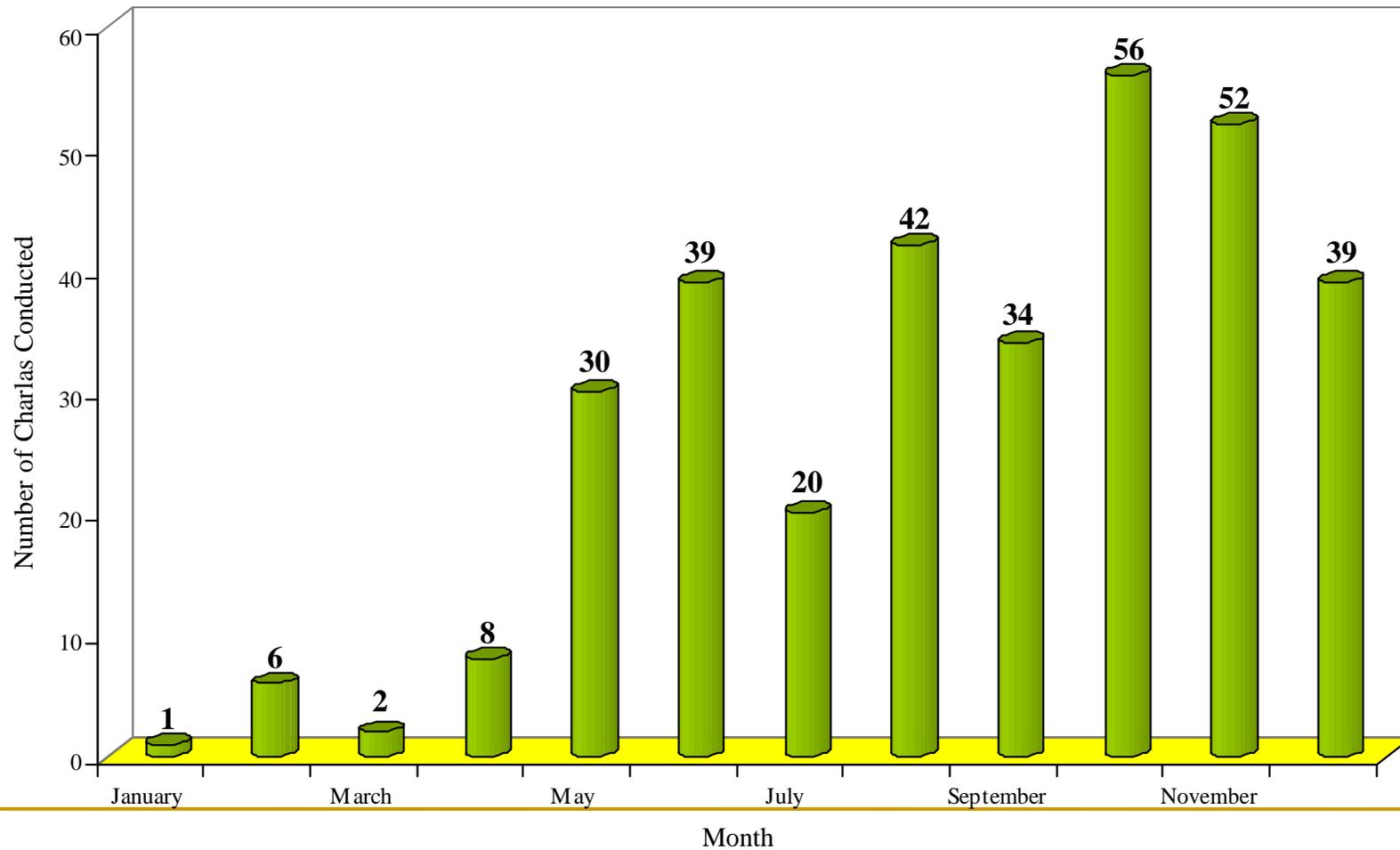
# Total Number of *Charlas* Conducted by Month Houston & Miami ( $n=878$ )





# Total Number of *Charlas* Conducted by Month Houston ( $n=330$ )

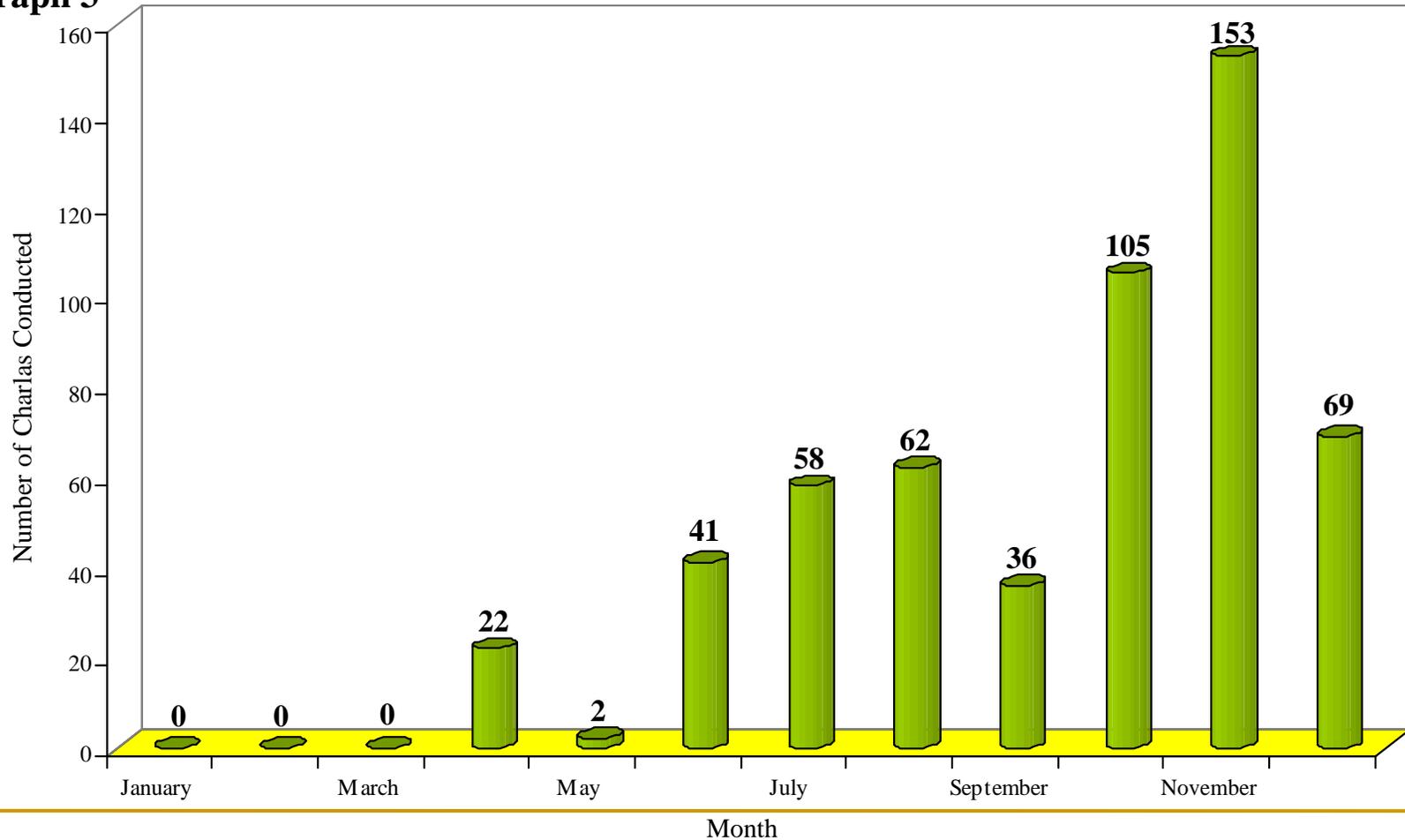
Graph 2





# Total Number of *Charlas* Conducted by Month Miami ( $n=548$ )

Graph 3

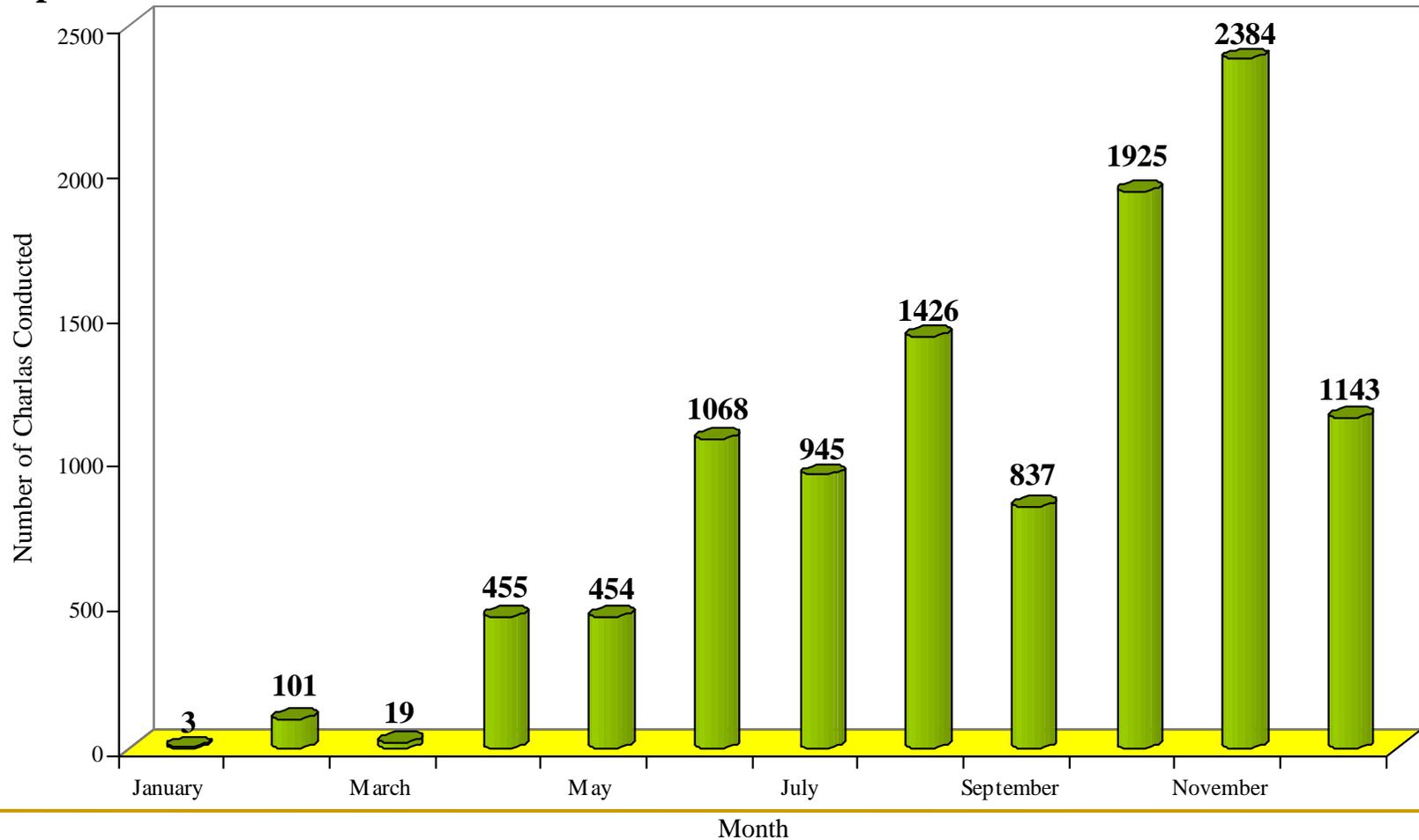




# Total Number of *Participants Reached* by Month

(*n=10,777*)

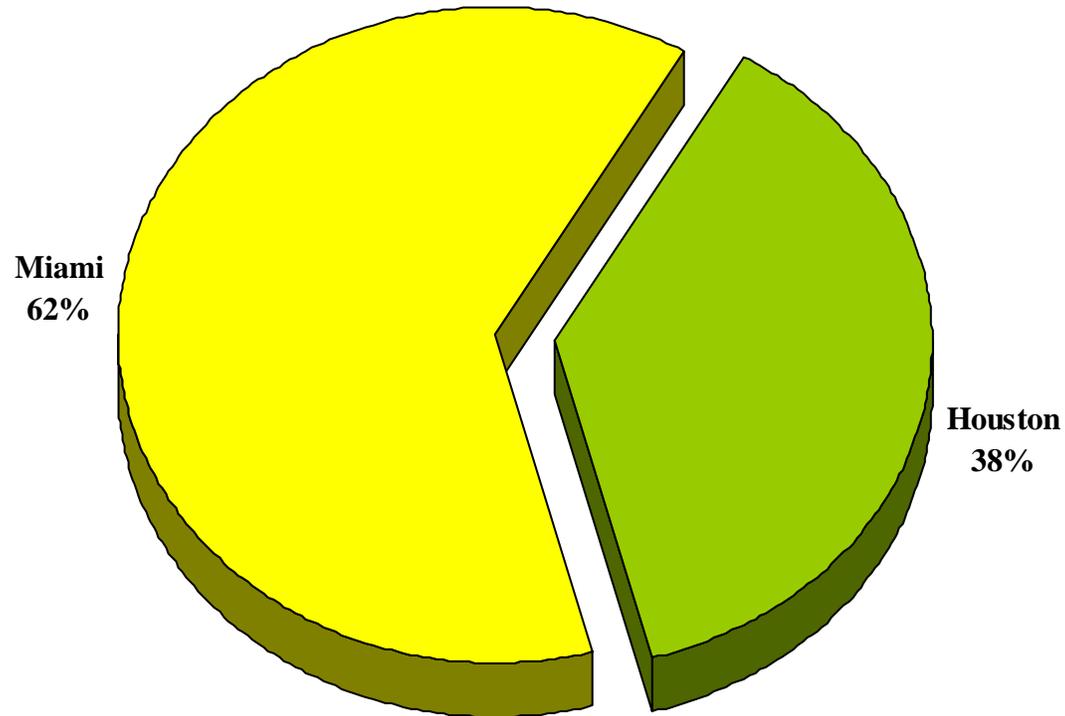
Graph 4





# *Percentage of Total Charlas Conducted by City*

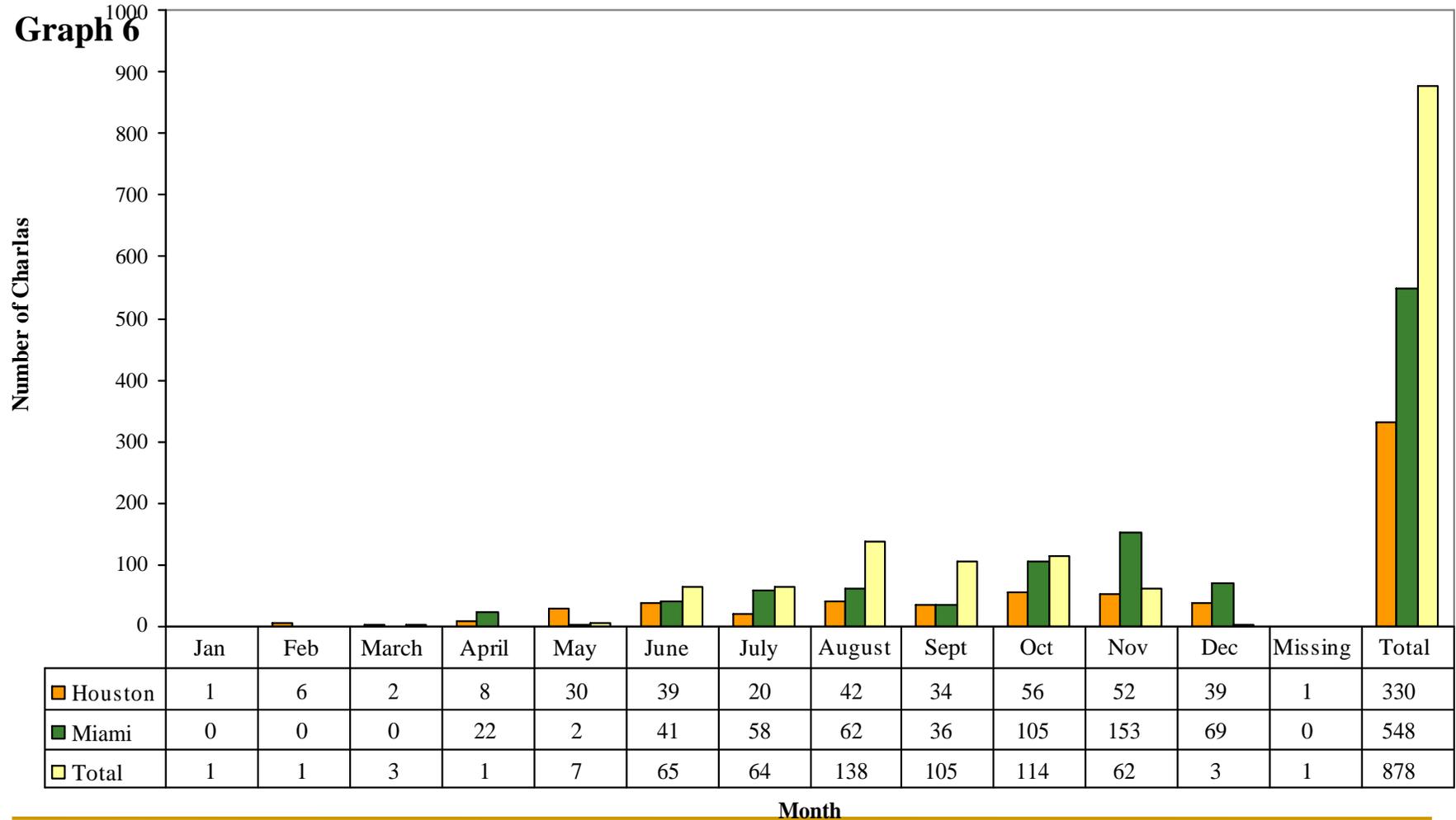
**Graph 5**





# Total Number of *Charlas* by Month and City

Graph 6

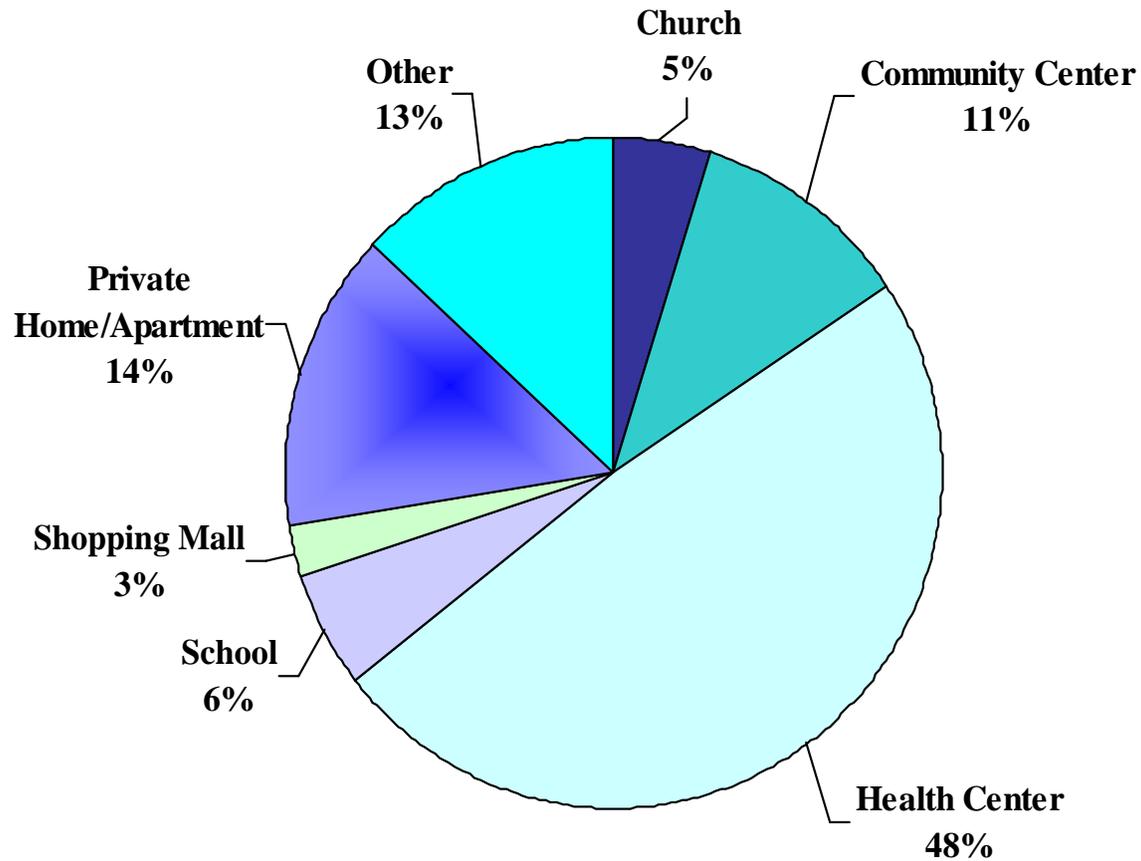


Month



# Percentage of *Charlas* Conducted by Venue

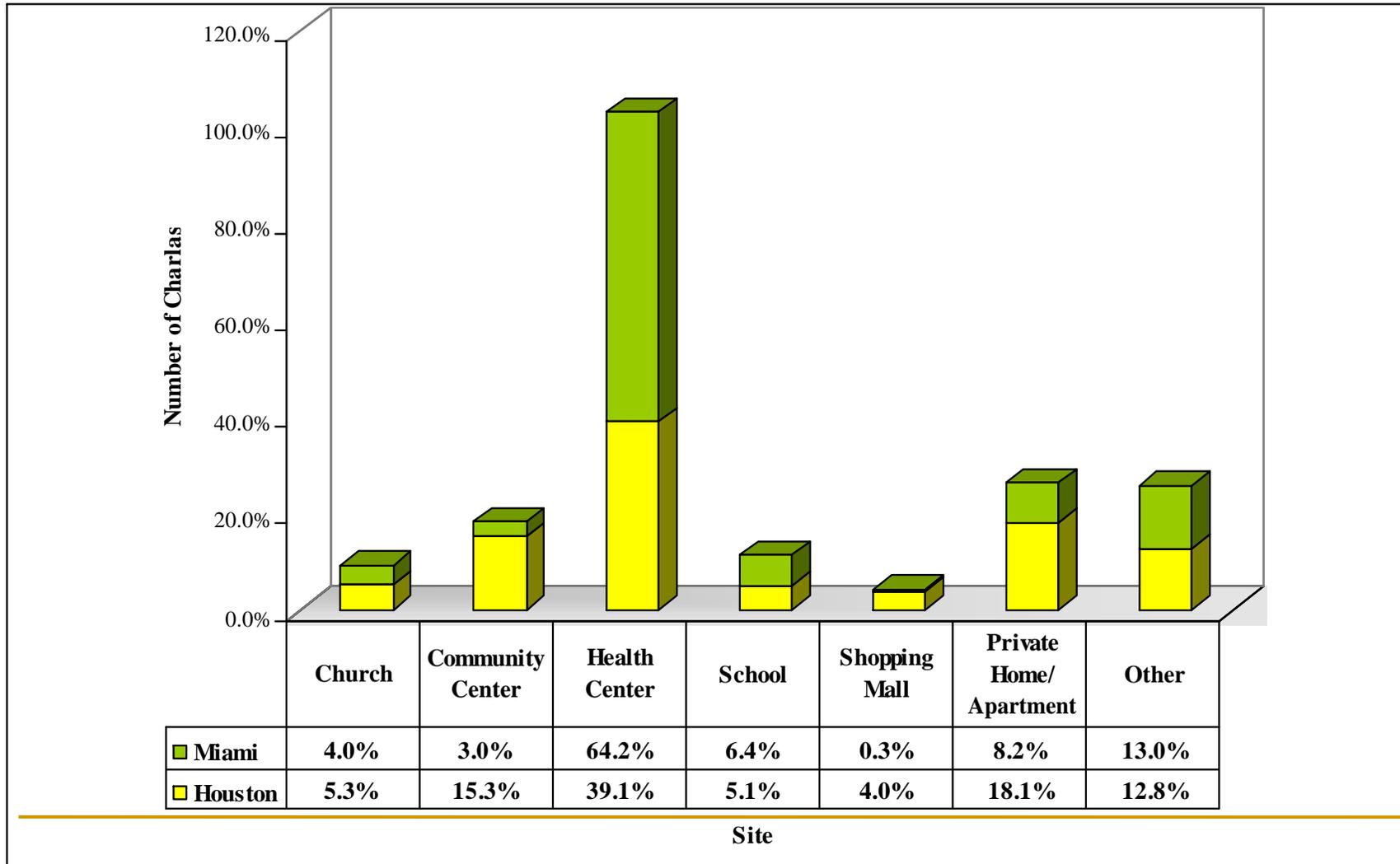
Graph 7





# Comparison *Charlas* Conducted by Site Houston and Miami

Graph 8





# Potential Explanation for Site Difference

- Significant personnel turnover at NCLR and implementation sites made oversight and project management activities difficult to assess progress and established metrics
  - Natural Disasters including hurricanes Katrina, Rita and Wilma resulted in cancellation of several SLR related events
  - A combination of natural disasters, lack of project coordinator, and conflicting schedules resulted in a delay in holding refresher trainings until later in project period:
    - Pro Salud – October 2005
    - Abriendo Puertas – November 2005
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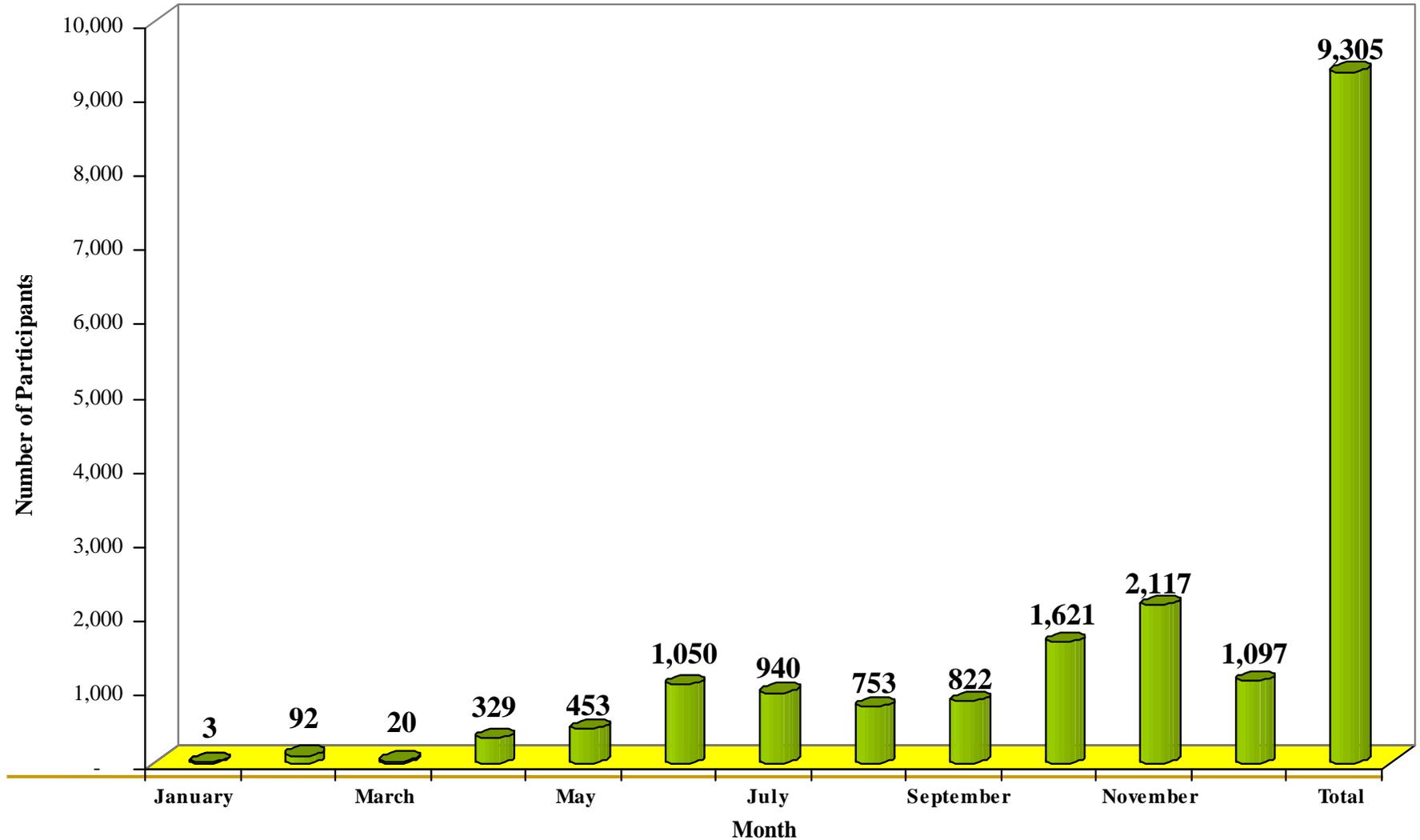
# Community Members Reached





# Total Community Member Evaluation Respondents by Month

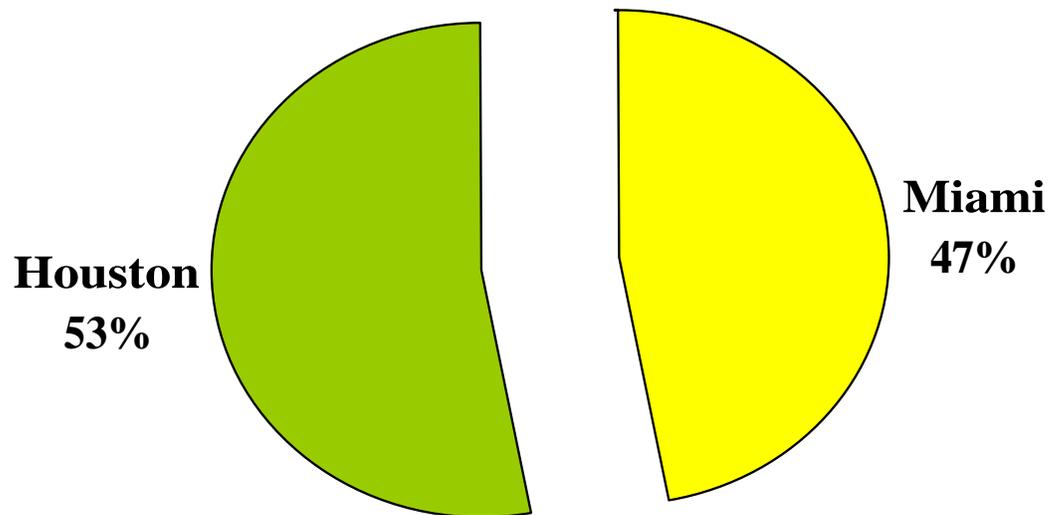
Graph 9





# Percentage of Community Member Evaluation Respondents by City

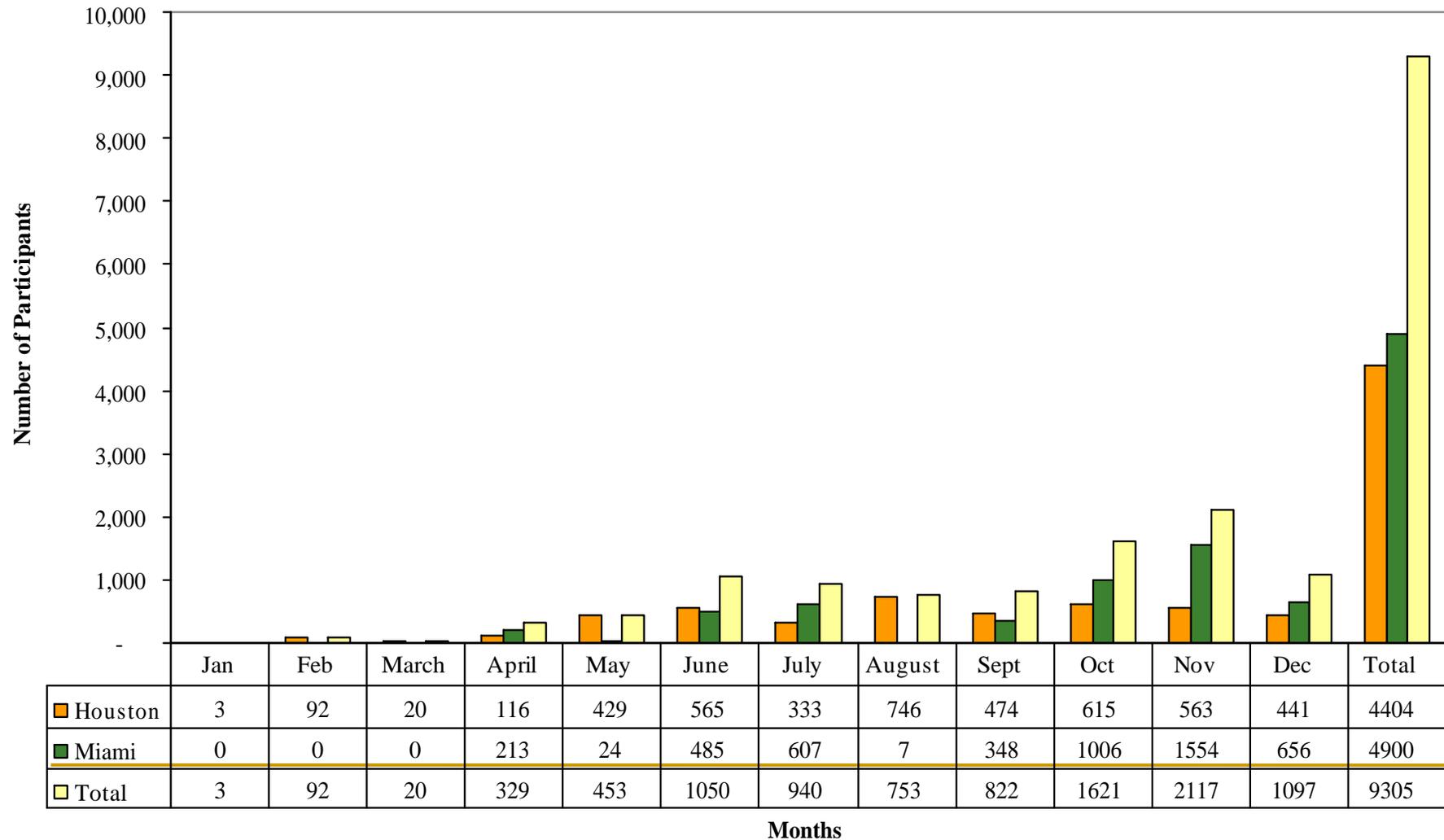
Graph 10





# Total Community Member Evaluation Respondents by Month and City

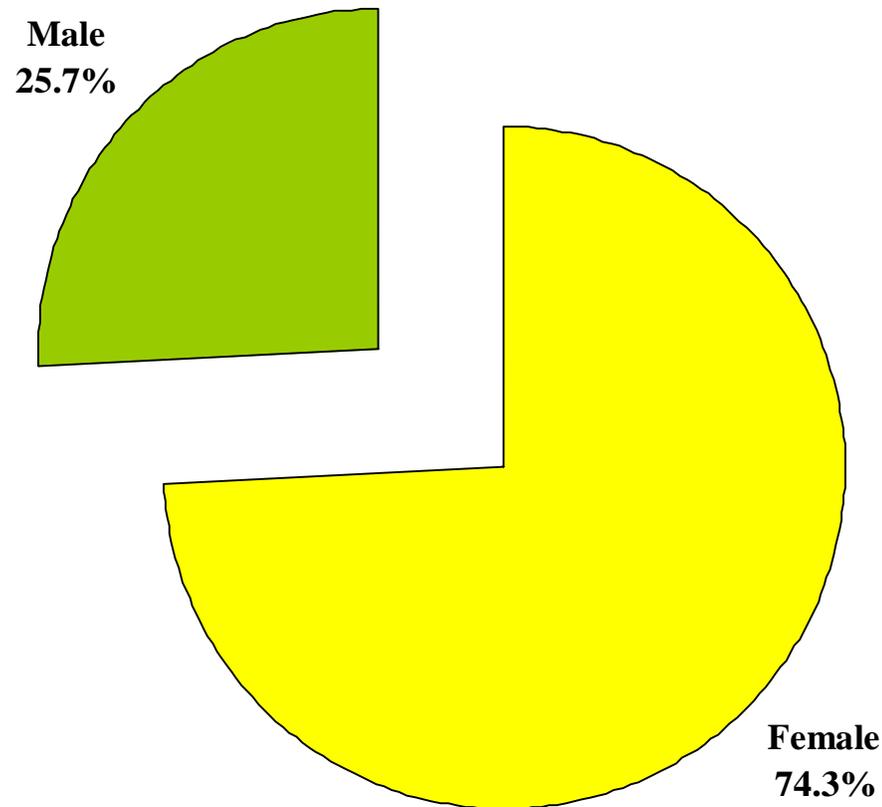
Graph 11





# Percentage Community Member Evaluation Respondents, by Gender

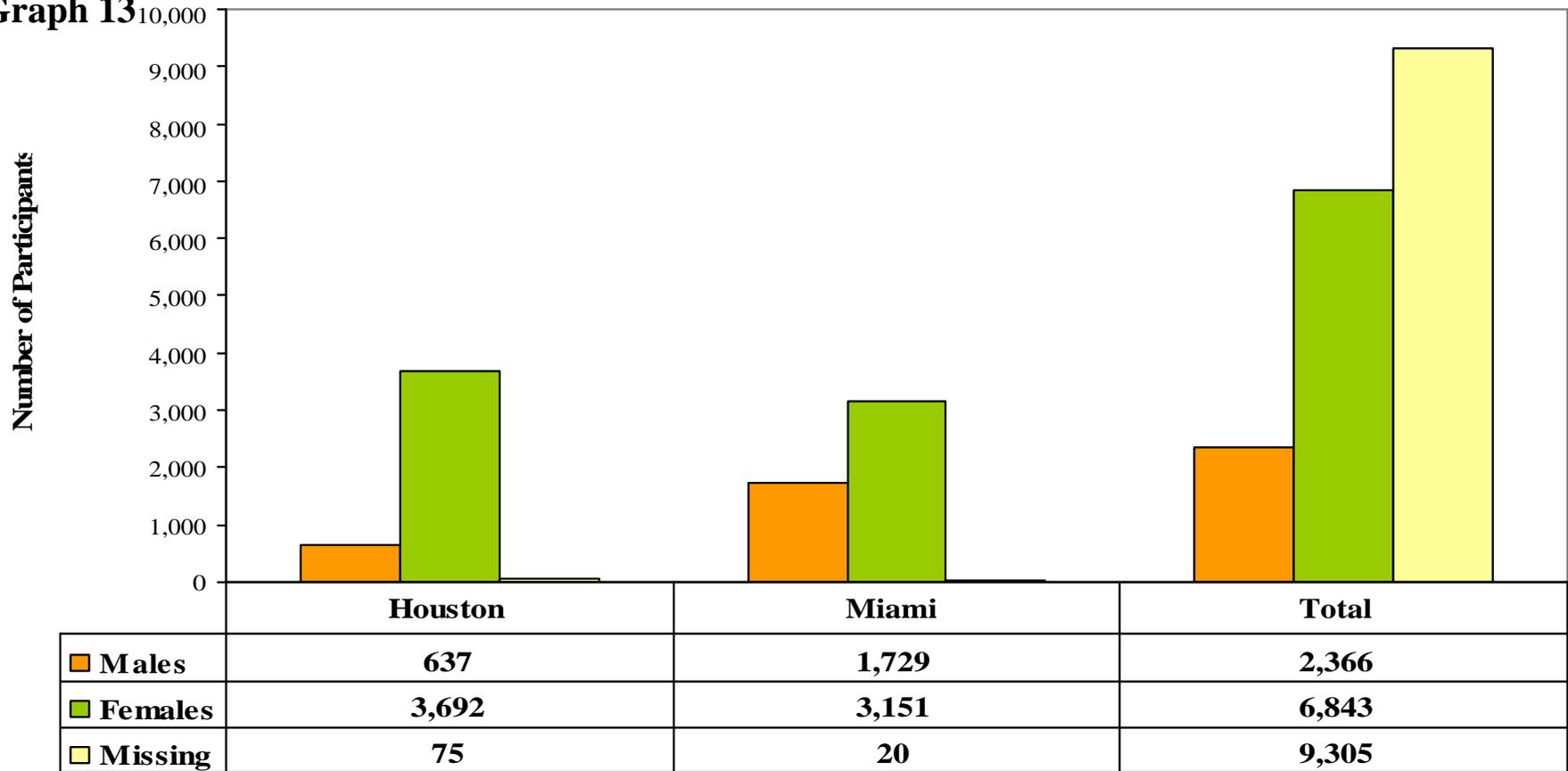
Graph 12





# Total Community Member Evaluation Respondents by Gender by Houston and Miami

Graph 13



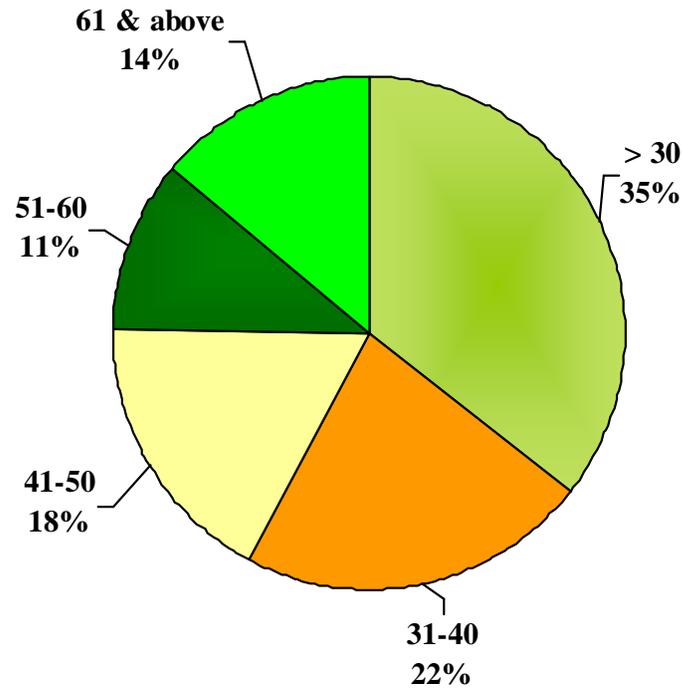
Gender



# Percentage of Members of the Community Reached, by Age Range (n=973)

Graph 14

## Male

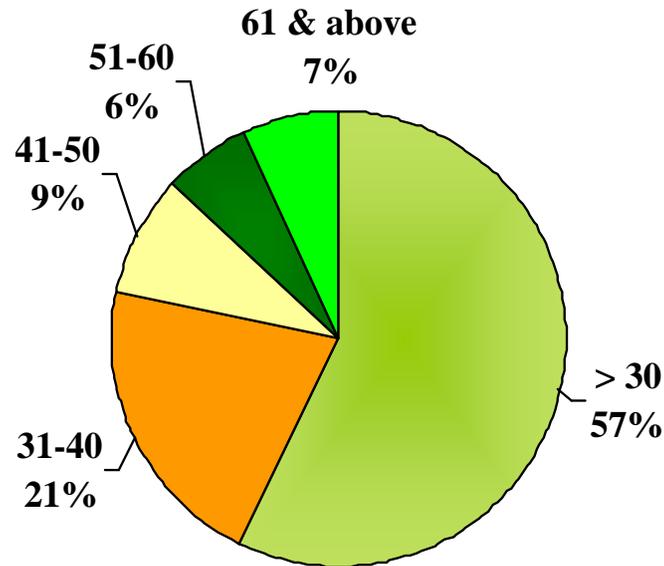




# Percentage of Members of the Community Reached, by Age Range (n=3,258)

Graph 15

## Female





## Average Age of Members of the Community Reached (n=4,720)

- Approximately half of the total respondents reported their exact age via the new evaluation form. Mean scores indicate statistically significant average age differences between genders:
    - Males = 42.80
    - Females = 38.46
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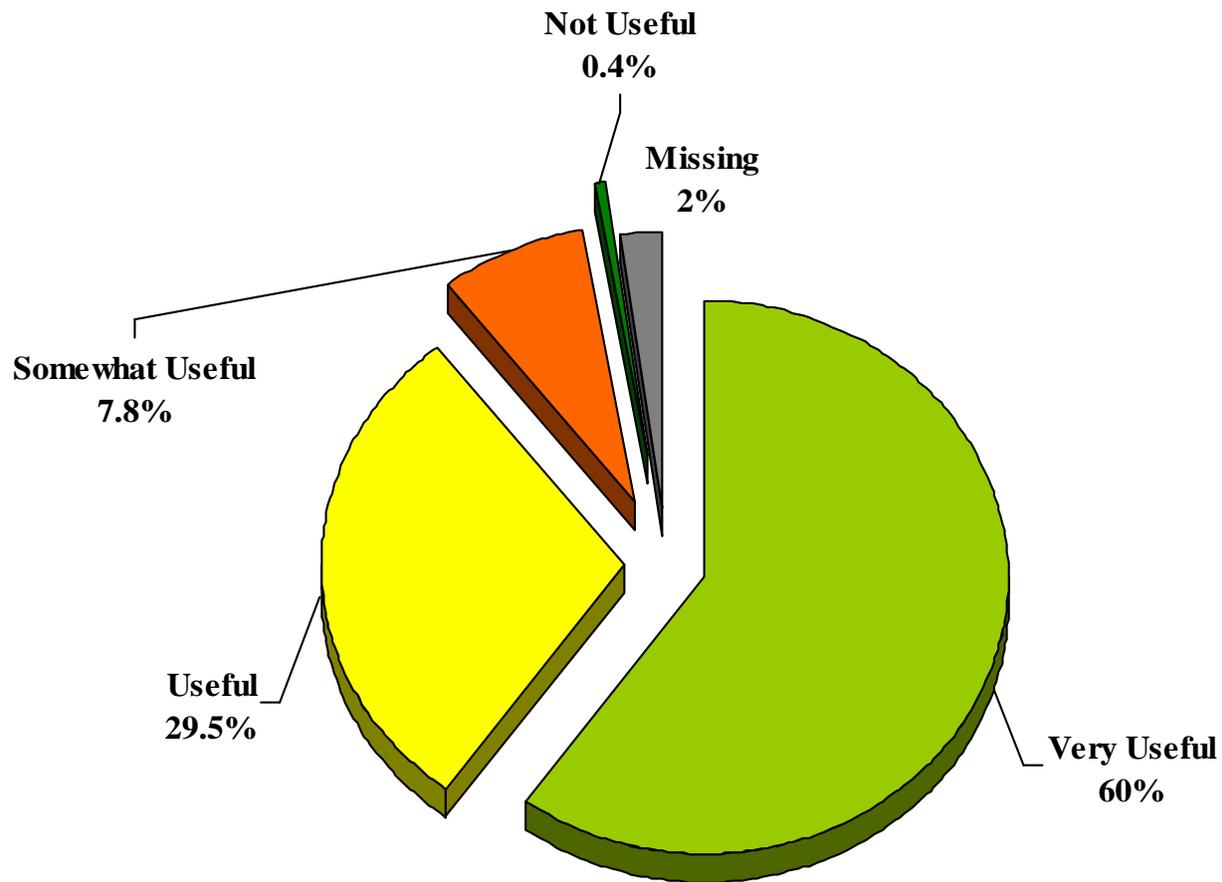
# **Responses from the Members of the Community to the Information Provided in the *Charlas***

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# Usefulness of the Topic Discussed, All Participants

Graph 16

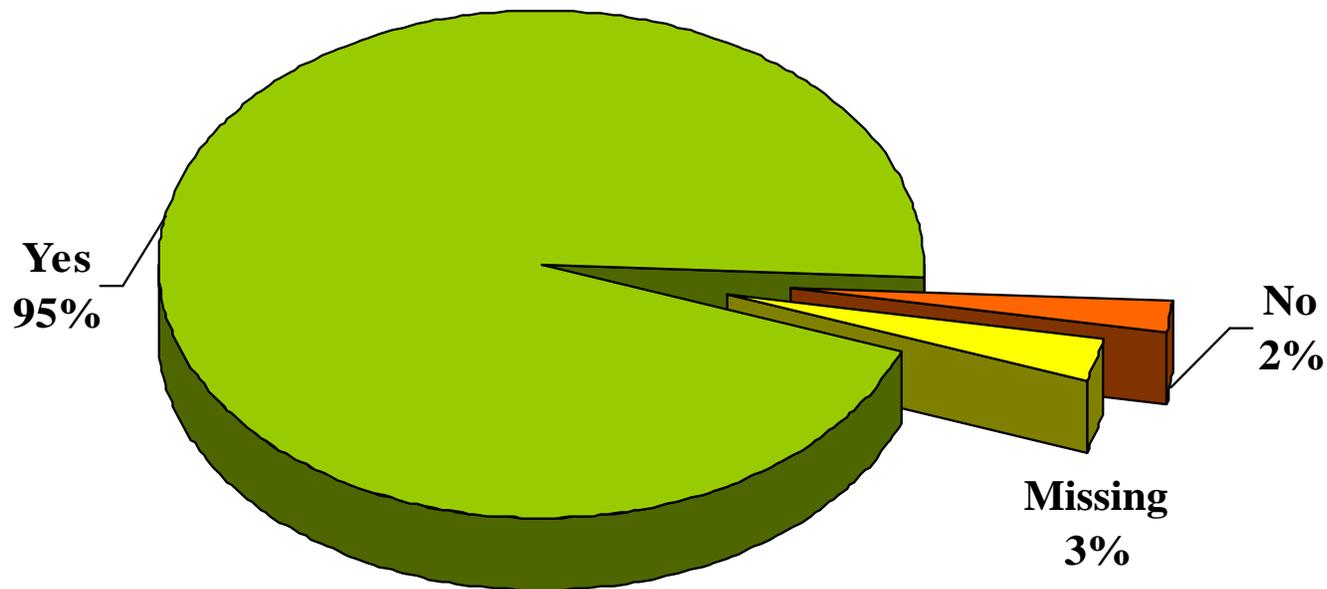


Q: Attending this *charla* was...?



# Participants' Response About Having Learned Something New from the *Charla*

Graph 14



Q: Did you learn something new during this *charla*?



# Participants' Previous Knowledge on Cholesterol Before Participating in the *Charla*

Graph 15



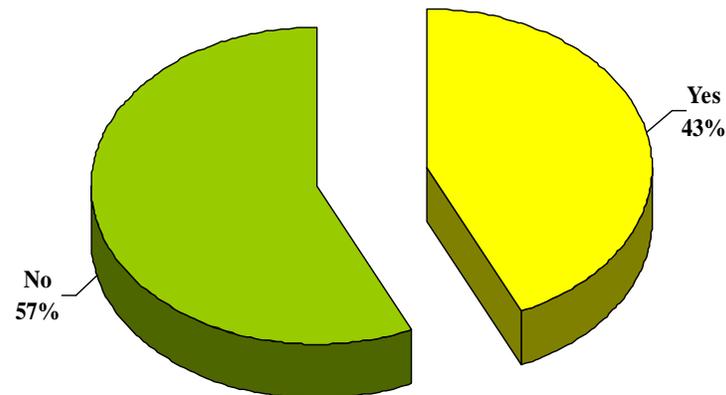
Q: Prior to attending this *charla*, were you familiar with cholesterol?



# Participants' Previous Cholesterol Exam

## Graph 16

- Participants' who answered "yes" had an average recall of total cholesterol of 228
- Participants' who reported attended two or more *charlas* were significantly more likely to recall their total cholesterol when compared to those who had not attended a previous *charla* (39.6% vs 16.8%)

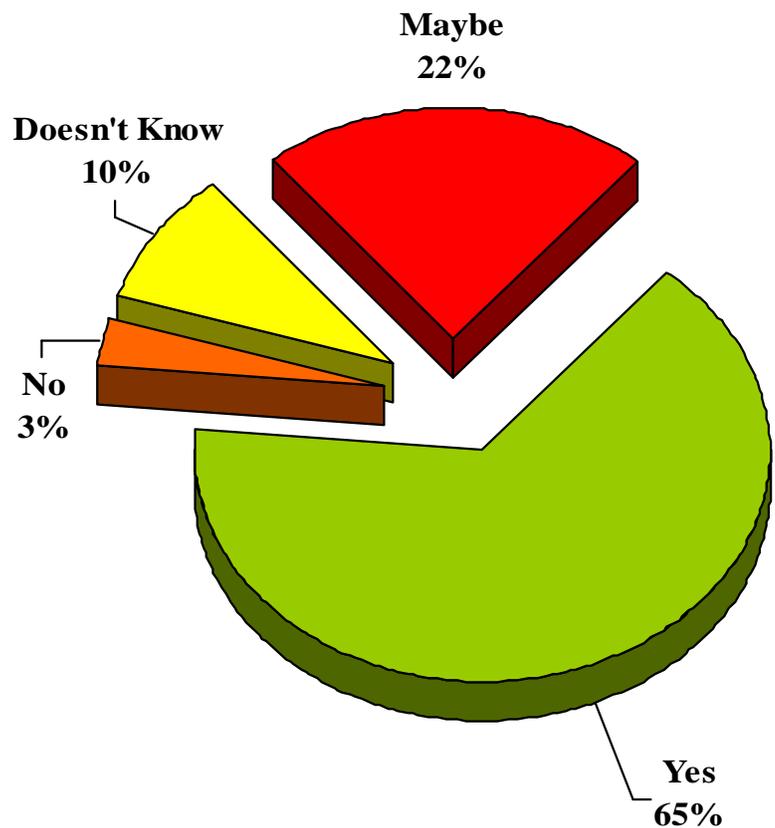


Q: Have you had a cholesterol exam in the past?



# Participants' Intention to Change Dietary Habits

Graph 17

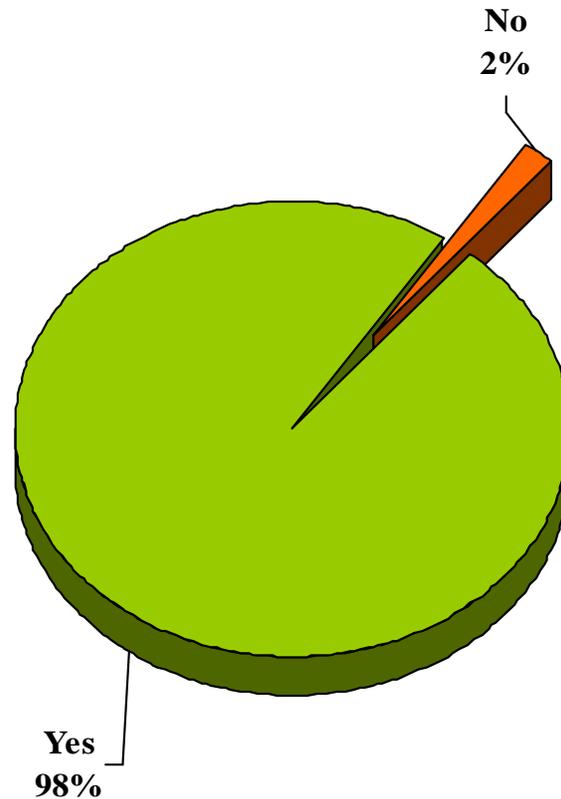


Q: Based on the information received today, do you intend to change your dietary habits?



# Participants' Intention to Obtain Cholesterol Exam

Graph 18



Q: Based on the information received today, do you intend to obtain a cholesterol exam?



# Findings

- Despite numerous natural disasters and project-related impediments, *promotores* were able to increase the number of *charlas* by 57% in 2005 when compared to previous year activity:
    - 2004: 561 *Charlas*
    - 2005: 878 *Charlas*
  - An additional 1,361 community members were reached in 2005
    - 2004: 9,416
    - 2005: 10,777
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# Findings

- Having attended more than one *charla* positively impacted cholesterol screening
  - Of the 3,550 persons who reported that it was their first time attending a *charla*, 40.9% stated that they had undergone cholesterol screening, compared to 66.9% of those had attended a previous *charla*\*
- Multiple *charla* attendance assisted participants in total cholesterol recall, which is essential to gauging the effects of personal behavior change on cholesterol values
- These findings strongly indicate the effectiveness of the promotora model in facilitating participants' access to medical screening as well as recall of personal health data necessary for initiating improvements in health locus of control

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\* significance at 99% Confidence Level



# Findings

- A significant difference\* was noted between previous cholesterol knowledge and time in the US
  - Participants with previous cholesterol knowledge = 11.8 years mean time in the US
  - Participants reporting no previous knowledge = 8.95 years mean time in the US
- Participants on cholesterol medication (N=485) had resided in the U.S. an average of 18.23 years vs. their non medicated counterparts who reported an average of 10.21 years (N=3,222) in the U.S.\*

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\* significance at 99% Confidence Level



# Findings

- Statistically significant differences\* were found between subpopulations with respect to previous knowledge of cholesterol:
  - ❑ Mexicans 17.7% (N=827)
  - ❑ South Americans 20.7% (N=786)
  - ❑ Cubans 28.1% (N=1,012)
  - ❑ Central Americans 33.4% (N=1,363)

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\* significance at 99% Confidence Level



# Findings

- Participants who reported more time living in the U.S. were also more likely to have a Spanish speaking physician \*
- Spanish speaking physician = Lived in US an average of 11.87 years
- Non-Spanish speaking physician = Lived in the US an average of 9.34 years
  
- The fact that 74% of respondents to the health insurance question reported no insurance provides further indication that the promotores are reaching a vulnerable and underserved portion of the Latino population

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\* significance at 99% Confidence Level



# Findings

- The fact that 74% of respondents reported no health insurance provides further indication that the promotores are reaching a vulnerable and underserved portion of the Latino population
    - Mexicans are the least likely to be insured (14.2%), followed by South Americans (24.9%), Central Americans (27.7%) and Cubans (33.1%)
  - Expansion of the project to Los Angeles would impact the promotores' ability to access a Mexican majority population and facilitate access to medication among a very vulnerable population.
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# Findings

- In line with recent studies that indicate poorer health status with increasing acculturation, a trend was found among participants demonstrating that longer time in the US negatively impacted fruit and vegetable consumption ( $p < .093$ ).
  - Participants who had been in the U.S. for a shorter period of time were also more likely to report intention to positively change dietary practices ( $p < .0001$ ) and intention to undergo cholesterol screening ( $p < .0001$ ), despite the fact that they were less likely to have health insurance and/or a Spanish speaking physician.
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# Future Directions

- As more community members become familiar with SLR it will be interesting to see changes in:
    - Previous cholesterol screening
    - Intention to change dietary and exercise habits
    - Previous *charla* attendance
    - Accurate recall of total cholesterol
  - New instrument will better measure changes in community exposure to SLR and the effects this has had on a variety of intentions and cholesterol screening utilization
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# Strategies for Improvement

- Survey 10% participants with follow up calls to measure:
    - Knowledge
      - Total cholesterol
      - HDL/LDL ratio
    - Cholesterol management strategies
      - Seen doctor
      - Exercise changes
      - Nutrition changes
  - Utilize quasi-control group to adequately measure increase in knowledge
-