
Participant and promotora satisfaction with the integration of behavioral health into the Community Heart Health Actions for Latinos At Risk (CHARLAR) program




APHA CONFERENCE


NOVEMBER 2022

PRESENTATION OUTLINE

1. The CHARLAR program
2. Incorporation of behavioral health into CHARLAR
3. Feasibility and acceptability of the behavioral health addition
4. Conclusion



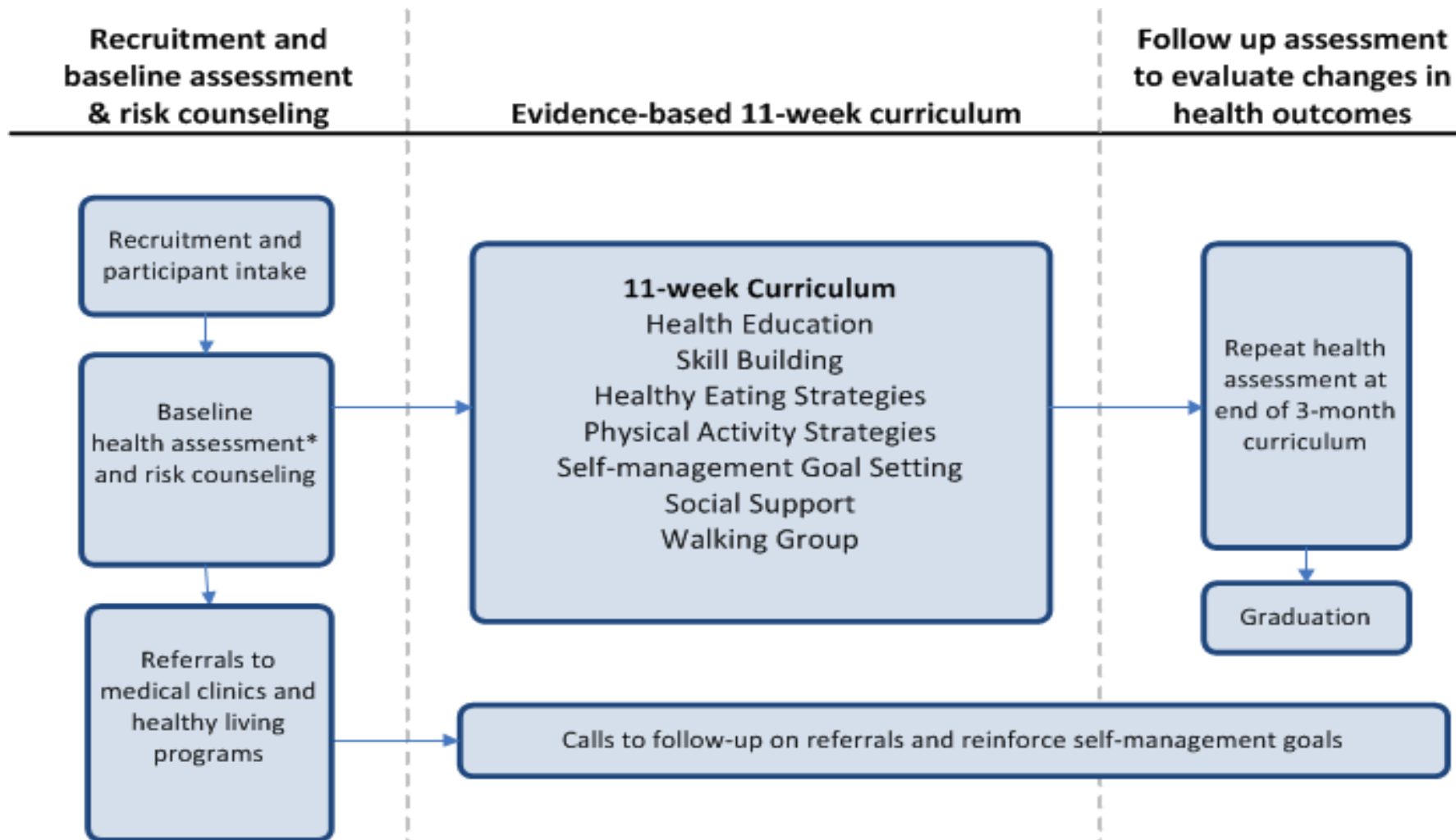
COMMUNITY HEART HEALTH ACTIONS FOR LATINOS AT RISK (CHARLAR)



THE CHARLAR PROGRAM

- Health Promoter-led cardiovascular disease and diabetes prevention and management program originally developed for adult Latinos in Denver.
- 11 group sessions focusing on health education, skill-building, healthy eating and physical activity strategies, self-management goal setting and social support.
- Community-based participatory approach draws on 10-year partnerships with VUELA for Health and the Community Advisory Committee.
- Over 2500 individuals have participated in CHARLAR since 2009.

CHARLAR PROGRAM MODEL



CHARLAR IS EVIDENCE-BASED

American Journal of Preventive Medicine

BRIEF REPORT

Reduction in Cardiovascular Risk Among Latino Participants in a Community-Based Intervention Linked With Clinical Care

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Introduction: Community Heart Health Actions for Latinos at Risk is a community health worker-led cardiovascular disease risk reduction program targeting low-income urban Latinos. The impact of community programs linked with clinical care has not been well characterized.

Methods: Community Heart Health Actions for Latinos at Risk provided 12 weeks of lifestyle education. Changes in risk factors were assessed before and after completion. Univariate, bivariate, and multivariate analyses were used to determine factors associated with changes in risk factors.

Community Heart Health Actions for Latinos at Risk (CHARLAR) Program

Problem

Lifestyle factors, including exercise, diet, smoking, and stress, are known to affect health and risk for cardiovascular disease. About 78 million American adults—1 in every 3—have hypertension (defined as a blood pressure greater than or equal to 140/90 mmHg or taking antihypertensive medication).^{1,2} Lifestyle interventions may contribute to improved hypertension and cardiovascular disease (CVD) outcomes and are an important resource for linking patients in clinical care environments with community resources using public health strategies.

Project

CHARLAR is a lifestyle program that focuses on modifying risk for CVD and diabetes. It was developed by the Colorado Prevention Center (CPC) in conjunction with community partners, including Vuela for Health, and the University of Colorado Denver School of Medicine. The program has served more than 2,500 participants from 2009 to 2019.

For more information, please contact:

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Field Notes

Overview

The CHARLAR program is implemented by the Colorado Prevention Center (CPC) in conjunction with Vuela for Health. CPC develops and implements evidence-based health promotion programs, and Vuela for Health provides community health workers (CHWs) called *promotoras*. They are trained, bilingual Spanish-speaking CHWs recruited from within the Hispanic/Latino community to implement day-to-day program activities. CHARLAR focuses on individuals with indicators for metabolic syndrome (a condition combining high blood pressure, high waist circumference, high triglycerides, low HDL cholesterol, and high glucose), or whose medical provider has identified them as having a higher risk of hypertension or diabetes.

Participants enroll in the program at a health screening event at a community-based location, where *promotoras* administer a pre-intervention survey and nursing student volunteers and CPC staff collect biometric data. Biometric measures include blood pressure (BP), cholesterol, glucose, and body mass index (BMI). Upon completion of biometric measurements, providers review screening results with each individual and invite them to enroll in program sessions. Between 15 and 25 participants typically attend sessions, conducted at churches or other locations within the communities being served. The program utilizes a lifestyle curriculum composed of eleven 2-hour sessions focused on lifestyle behaviors, heart health, and risk factors for CVD and diabetes. Interactive methods are used to engage participants throughout the program. At the conclusion of all the sessions, a final screening is done to reassess biometric data and provide individual feedback and counseling to each participant.

Key Characteristics of CHARLAR

- Administration of a baseline risk assessment
- Use of *promotoras*
- Eleven-week lifestyle program
- Use of community-based settings and institutions

Intended Participants

CHARLAR's population of focus within the Denver area is persons who live in urban areas, those who speak Spanish, have lower income, and are non-U.S.-born. Recruitment is conducted by the *promotoras*, who develop relationships with local community leaders and attend or host community health events. Participation in the program is open to individuals aged 18 years and older and not limited to individuals with hypertension only. Based on reported data, more than 45% of participants are unemployed, and 43.5% report having no health insurance. The mean age among participants is 55.4 years.

Baseline Participant Demographics

Characteristics	No. Participants (%)
Gender	
Male	657 (24.7)
Female	2,000 (75.3)
Total	2,657
Ethnicity	
Hispanic or Latino	2,507 (96.7)
Non-Hispanic	86 (3.3)
Total	2,593
Insurance Status	
Insured	1,437 (56.5)
Uninsured	1,105 (43.5)
Total	2,542



INCORPORATION OF BEHAVIORAL HEALTH INTO CHARLAR



BEHAVIORAL HEALTH ADDITIONS

Assessment

- Perceived Stress Scale (PSS) for stress
- Patient Health Questionnaire (PHQ) for depression
- Generalized Anxiety Disorder (GAD) for anxiety

Curriculum

- Additional class focused on how our heart health and mental health are interconnected.
- Behavioral activation case mapping incorporated into each session.

Referrals

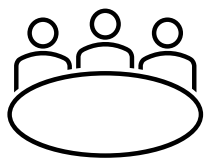
- Partnership with primary health care, behavioral health, and telehealth providers



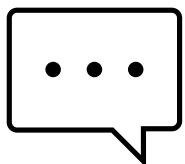
METHODS



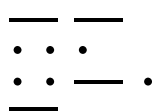
QUALITATIVE EVALUATION



Two focus groups with two cohorts of former CHARLAR participants who had completed the group program.



Six individual interviews with CHARLAR promotoras.



Nvivo 10.0 used to code using a thematic approach.
Interviews, coding and analysis were all conducted in Spanish.



RESULTS AND LESSONS LEARNED



DEMOGRAPHICS

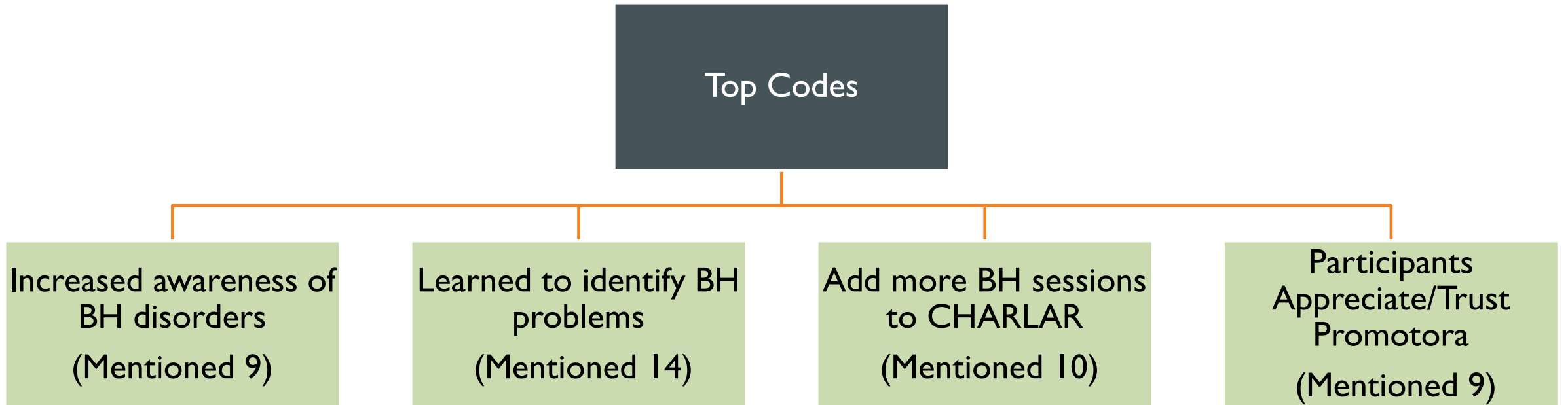
All focus group participants:

- Speak Spanish as their first and preferred language
- Attended at least 8 of the 11 sessions, including the behavioral health-centered session

THERE IS A
CONTINUED
NEED FOR
BEHAVIORAL
HEALTH
EDUCATION
AND SUPPORT

- Cultural taboos and general misconceptions limit understanding of behavioral health.
- The acculturation process is a huge factor affecting the behavioral health of immigrants.
- The COVID-19 pandemic presented additional stressors that exacerbated existing behavioral health challenges.

PROMOTORAS AND PARTICIPANTS WANT MORE BEHAVIORAL HEALTH EDUCATION AND SUPPORT



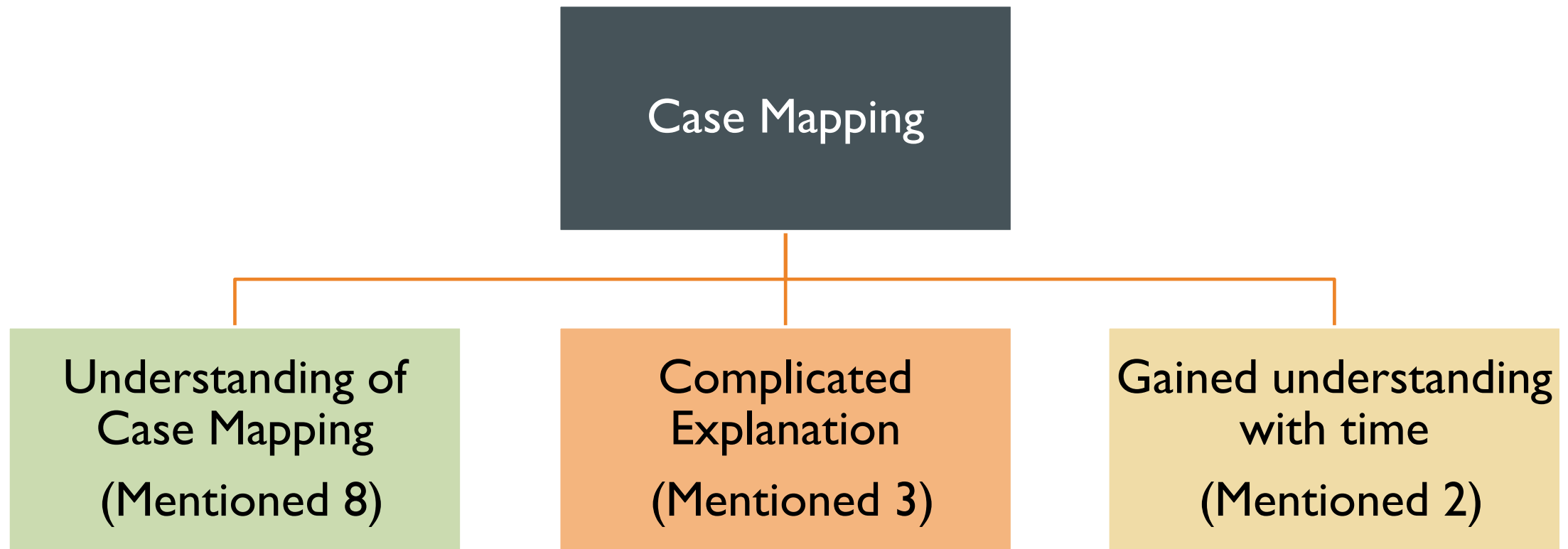
STIGMA AFFECTED PARTICIPANT RESPONSES

“No, no lo vayas a poner la verdad” y yo en ese momento estaba pasando por depresión y me dice “no vayas a poner la verdad porque van a decir que estás loca y te van a mandar con un psicólogo y te van a decir que estás mal de la cabeza.”

"No, don't tell the truth" and I was going through depression at that time and he told me, "don't tell the truth because they are going to say that you are crazy and they are going to send you to a psychologist and they are going to tell you that you are crazy."

- CHARLAR participant

CASE MAPS ARE HELPFUL IN IDENTIFYING STRESS THAT DRIVES HEALTH BEHAVIOR, BUT THEY NEED TO BE SIMPLIFIED



DESIRE FOR
GREATER
FOCUS ON THE
FAMILY AND
COMMUNITY

"Teniendo hijos en edad de once, diez, trece, que están en desarrollo y lo único que deseamos es informarnos para poder ayudar a nuestros hijos, a nuestra comunidad en sí."

"Having children at the age of eleven, ten, thirteen, who are developing, the only thing we want is to inform ourselves to be able to help our children, and our community as well."

- CHARLAR participant

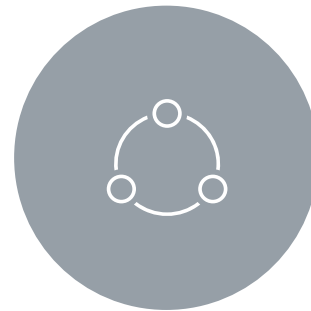
ITERATIVE MONITORING, ADAPTATION AND IMPROVEMENT



CREATION OF AN
ADDITIONAL
BEHAVIORAL HEALTH
CLASS



ADMINISTRATION OF
THE BEHAVIORAL
HEALTH QUESTIONNAIRE
AFTER TRUST IS WELL
ESTABLISHED



SIMPLIFICATION OF THE
CASE MAP



INCREASED FOCUS ON
THE FAMILY AND
COMMUNITY

CONCLUSION

- Promotoras can play an important role in empowering individuals to understand and improve their behavioral health.
- Expanding the time dedicated to behavioral health and including a focus on the family and community are important in improving the behavioral health component of the CHARLAR program.
- CHARLAR's addition of behavioral health has the potential to break down barriers to addressing behavioral health and ultimately improve heart health among Latinos.

ACKNOWLEDGEMENTS

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- Dr. Ray Estacio
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QUESTIONS? COMMENTS? IDEAS?

THANK YOU!
