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

Recruitment and baseline assessment & risk counseling

Evidence-based 11-week curriculum

Follow up assessment to evaluate changes in health outcomes

Recruitment and participant intake

Baseline health assessment* and risk counseling

Referrals to medical clinics and healthy living programs

11-week Curriculum
- Health Education
- Skill Building
- Healthy Eating Strategies
- Physical Activity Strategies
- Self-management Goal Setting
- Social Support
- Walking Group

Repeat health assessment at end of 3-month curriculum

Graduation

Calls to follow-up on referrals and reinforce self-management goals
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.
INCORPORATION OF BEHAVIORAL HEALTH INTO CHARLAR
## behavioral health additions

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Curriculum</th>
<th>Referrals</th>
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<tbody>
<tr>
<td>• Perceived Stress Scale (PSS) for stress</td>
<td>• Additional class focused on how our heart health and mental health are interconnected.</td>
<td>• Partnership with primary health care, behavioral health, and telehealth providers</td>
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<tr>
<td>• Patient Health Questionnaire (PHQ) for depression</td>
<td>• Behavioral activation case mapping incorporated into each session.</td>
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<tr>
<td>• Generalized Anxiety Disorder (GAD) for anxiety</td>
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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

Top Codes

- Increased awareness of BH disorders (Mentioned 9)
- Learned to identify BH problems (Mentioned 14)
- Add more BH sessions to CHARLAR (Mentioned 10)
- Participants Appreciate/Trust Promotora (Mentioned 9)
“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.

- Understanding of Case Mapping (Mentioned 8)
- Complicated Explanation (Mentioned 3)
- Gained understanding with time (Mentioned 2)
"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
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.
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QUESTIONS? COMMENTS? IDEAS?

THANK YOU!

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