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Giving Community Voice to Health Promotion

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“More and more of our folks are misinformed or not informed at all about their health,” reports a Hispanic Idahoan. Recognizing that health information won’t translate into action if it doesn’t reach Idaho’s Hispanic population, five organizations came together in 2006 to craft effective health interventions for the Hispanic community. The solution they arrived at is rooted in community participation in both planning and implementation. The benefit of the community’s involvement is its increased capacity to take charge of its own health.

Community-based partnerships

Nationwide, community-based partnerships are starting to assess health needs, and plan and evaluate interventions that are relevant for local communities. These collaborative alliances can generate a solid evidence base for policies that will improve the health of residents through preventive care, health promotion, and comprehensive education.

The Idaho Partnership for Hispanic Health (IPHH), a community-based participatory research project, focuses on identifying and intervening in the health conditions of greatest concern to Southwest Idaho Hispanics. Funded by the National Institutes of Health, Office of Minority Health, the partnership includes the University of Washington and Boise State University, two Hispanic organizations (Centro de Comunidad y Justicia and the Idaho Commission on Hispanic Affairs), and the Mountain States Group, a community nonprofit organization and Area Health Education Center. All of these organizations work on health, with specific projects focused on the Hispanic population.

To be successful, involving local community leaders and members is vital in health education projects. In the first phase of the project, the partnership concentrated on engaging community members and selecting a representative community advisory board. The board is the cornerstone of the project and is actively involved in all aspects of program development, decision making, and fostering community connections. The strength of this model is that the board makes all the decisions. It relies on the partners to do the data gathering and develop the plans, but before anything is enacted, it reviews all aspects of the project, makes suggestions and revisions, and has the final say. The partnership acts only with the consent of the board.

Assessing community health

In 2006, guided by the advisory board’s input, the partnership conducted a community assessment using both quantitative and qualitative survey methods to identify the Hispanic community’s perceptions about health care access, the prevalence of health conditions, and health status.

IPHH researchers interviewed 519 adult Hispanic individuals in an eight-county area of Southwest Idaho, asking about, among other details, height, weight, and physical activities. The results showed that 75 percent of surveyed Hispanic adults were either overweight or obese, compared to 61.4 percent of the general adult population in Idaho (*see table for other data*). Although the study participants identified many health problems including diabetes and high blood pressure, they also saw obesity and lack of exercise as important factors to consider for health.

Multiple studies have linked obesity with the development of type 2 diabetes. Obesity is

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Photo: A promotora delivers health information, including blood pressure readings.

reaching epidemic proportions in the United States, and the Hispanic population is at particular risk for obesity for a number of reasons, including poverty, acculturation (as immigrants incorporate the behaviors of the mainstream population, they become heavier), lack of available sources for healthy food, and maternal feeding practices, including a diet higher in fat and lower in fruits and vegetables.

The experience of the Hispanic community in Southwest Idaho mirrors what is happening across the nation. In addition, agricultural work conditions are changing. As a survey participant commented, “I think that when we were eating all these fattening food, we were working our little buns off out in the fields, we were working our fat off, and now we either drive a tractor or do other kinds of things that are not as physical.”

Community health workers key to success

The board, in cooperation with the other members of the partnership, selected the rural town of Weiser in Southwest Idaho to implement the pilot intervention. Of Weiser’s 5,343 people, 22.9 percent are Hispanic, compared to a 9.5 percent Hispanic population for Idaho as a whole. Weiser was chosen as the pilot intervention site, in part, because the town’s close-knit Hispanic community expressed a high level of interest in participating in the project.

In order to develop an appropriate intervention, the community advisory board had to make two decisions: what health condition should the intervention focus on, and what strategies would be best to manage that health condition.

The assessment results indicated that diabetes, hypertension, and heart disease were major health concerns in the Hispanic community. After much discussion, the partnership and board decided to target metabolic syndrome for intervention. Metabolic syndrome is characterized by increased abdominal fat, elevated cholesterol, hypertension, and insulin resistance. These factors also relate to diabetes and heart disease, and strategies to manage them are similar to those used to manage metabolic syndrome. And finally, the highest prevalence of metabolic syndrome has been found in Mexican Americans.

The partnership selected the *promotora* model for promoting health in the Hispanic community. *Promotores*, or community health workers, are leaders in traditional Mexican communities. In the United States, *promotores* have been used to help promote health in hard-to-reach Hispanic communities. Seen as trusted community members, and working in group settings as well as with families in their homes, *promotores*

provide health education and outreach services using culturally appropriate methods, such as taking time to get to know a family before delivering health advice. The *promotores* knew the community’s strengths as well as its weaknesses and were able to visualize how best to implement the family education program.

They recruited participants for the intervention by using a randomly assigned door-to-door method and often knew the residents.

Several members of IPHH developed an educational curriculum that addressed such issues as healthy lifestyles, healthy eating, physical activity, and health conditions related to metabolic syndrome. Advisory board members reviewed the curriculum for cultural appropriateness and relevance. The *promotores* received training to help them not only understand the curriculum but gain skills in presenting it to their community.

Assessing the project

As of spring 2008, the most exciting aspect of developing the intervention has been the *promotores*’ direct involvement in the revision of the curriculum. Even though the partnership used curricular materials designed for Hispanic populations, the inside perspective of the *promotores* helped make the educational content relevant to the particular characteristics of the Weiser community.

As active participants in the educational sessions, the *promotores* provided continual feedback on how the information could best be presented in a culturally congruent manner to the families participating in the program. Their insight into the needs and practices of the Weiser Hispanic community has been instrumental in creating a culturally appropriate curriculum.

The project’s next step is to implement the final educational program with Weiser families. The group education sessions will be complemented with family home visits. Program activities also include a grocery store outing, healthy cooking demonstrations, and group physical activities.

Education of the children is an integral part of the program, which is designed to meet the needs of different age groups. The advisory board believes this combination of educational strategies is the best way to inform Hispanics about conditions affecting their health. Partnership members are excited about the possibility of not just improving the health of a community, but of facilitating a process by which residents can take charge of their own health. ■

Issue of Concern	IPHH Data	BRFSS/ Census
Fair or poor health	43%	13%
Median monthly income	\$1750	\$3750
Self-reported diabetes	11.6%	5.9%
Hispanic population	13%	9.5% (state)
Speak Spanish in the home	75%	6.7% (state)
Overweight or obese	75%	61.4%

Table: Key indicators for eight SW Idaho counties and Idaho State. (IPHH data source: Survey conducted by IPHH, summer 2006.)

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