Promoting Hispanic Health Via Community Health Workers and Motivational Interviewing

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Background

- Hispanic immigrant health disparities are among highest in nation in regards to heart disease, cancer, obesity, tobacco use
- Low income, minority, and immigrant patients face various barriers to healthcare such as low socioeconomic status, low education levels, and immigration status

Community Health Workers can increase access to healthcare by:
- communicating sensitive information
- advocating on participant behalf
- creating a partnership to help resolve any ambivalence

Healthy Fit
- A health promotion program that works with CHWs to reduce risk of chronic diseases, like cancer and cardiovascular disease, in El Paso, Texas.
- Provides free health resources and vouchers:
  - active living resources encouraging healthy eating and exercise
  - tobacco & alcohol misuse education
  - breast, cervical, and/or colon cancer screenings
  - vaccinations against HPV, flu, and pneumonia

Motivational Intervention (MI)
- A client centered interview technique intended to bring awareness to risky behaviors and increase the chances that the person will address any ambivalence and change their behavior.
- CHWs in Healthy Fit were trained to apply MI to address ambivalence towards making healthy behavioral changes, including utilization of the health resources provided to them.

Research Questions

Do Healthy Fit participants who received MI for healthy behavioral changes show greater weight loss and/or healthy behavioral changes (exercise, diet, and blood pressure) as compared to those who did not receive MI?

What are the most common responses to the benefits and barriers of making a healthy behavioral change towards improving weight and/or blood pressure measures?

Study Sample

| 1,664 Total Healthy Fit Participants |
| 1,126 Latino Participants |
| 32 Self Reported Non-Latino 0 Blanks |
| 665 did not qualify for exercise or blood pressure resources |
| 613 did not have final data |
| 264 Latinos had final data and qualified for exercise/blood pressure resources |
| 97 completed survey with MI |
| 264 completed survey without MI |
| 63 completed and received MI for exercise or blood pressure resources |

Method

Quantitative
- Created variable to distinguish between those who had received MI and didn’t
- Sorted data by MI received variable using SAS
- Computed means of body measurements, behavior change, and intentions by T-tests

Qualitative
- Read and categorized each response from those who received MI for exercise/diet or blood pressure for motivation to change

Results

Body Measurement | Means Without MI | Means With MI
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Weight | 81.4801 | 84.2776
Weight change | 0.0255 | -0.3296*
Body Mass Index | 31.5682 | 32.7319
Body Mass Index Change | -0.0496* | -0.4259*
Body Fat % | 42.8619 | 49.4017*
Body Fat % change | -0.0463 | -1.9687*
Visceral Fat | 10.05 | 11.2859*
Visceral Fat change | -0.0465 | -0.0320
Systolic Blood Pressure | 122.7 | 122.0
Systolic Blood Pressure Change | -0.9261 | -0.4671
Diastolic Blood Pressure | 80.2016 | 80.1318
Diastolic Blood Pressure Change | -0.9419 | -0.2961

Discussion

The small but significant differences in decreases in weight, BMI, and body fat percentage indicate that the interview with MI may be more effective in helping individuals address their high BMI than the interview without MI. The data also indicates that health and family are main motivations to making health changes although CHWs may need to probe more when asking about barriers.

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*References available upon request