



**CAMBIO DE COLORES
IN SOUTHWEST MISSOURI**
Workshop for Healthier Communities

Diabetes and Heart Disease Prevention

Crowder College in Neosho, Missouri
September 29th, 2006
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Objectives

Participants will be able to:

1. List risk factors for diabetes and heart diseases among Hispanics
2. Explain “Fatalism” and its role in disease prevention
3. Name two elements of successful prevention programs

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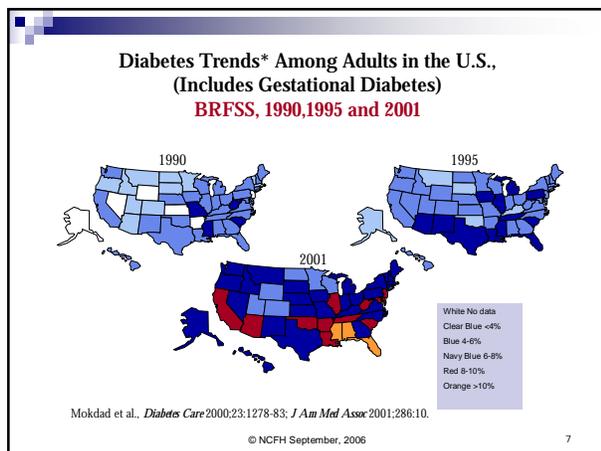
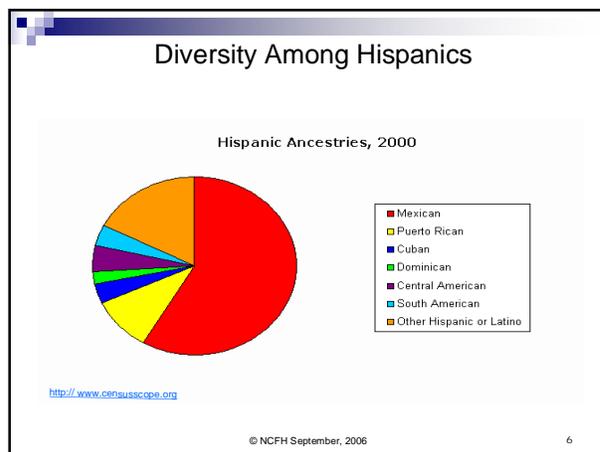
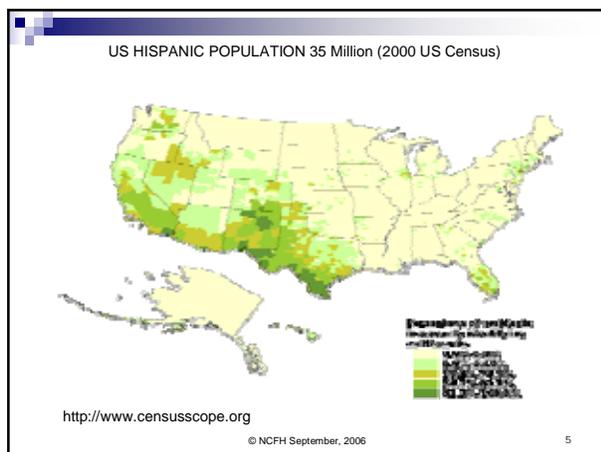
Outline

- Diabetes and heart diseases among Hispanics
- Prevalence & risk factors
- The role of culture in diabetes and heart diseases**
- Cultural & socio and economic factors
- Approaches for prevention**
- Barriers for prevention
- Protective factors
- Prevention program
- Resources**

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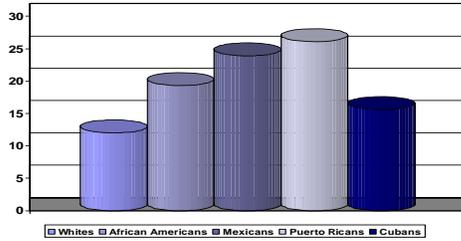
Diabetes and Heart Diseases Among Hispanics

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- ### Diabetes Among Hispanics
- **Race:** the risk of diabetes among Hispanics is about *two times* that for other ethnic groups (5.7/1000 vs. 3/1000)
 - Hispanics or Latinos are more likely to suffer "Metabolic Syndrome"
 - Insulin resistance
 - Central obesity & high lipids
 - Elevation of blood pressure
 - **Age:** among Hispanics, diabetes appears at an earlier age compared to other ethnic groups
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Diabetes Prevalence by Groups (%)



Luchsinger J. Diabetes in Health Issues in the Latino Community, 2001

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Prevalence of Heart Disease and Stroke among Hispanics

- **Race:** Heart disease is the *fourth* leading cause of death and *the leading* cause of stroke among Hispanics.
- Approximately 65% Hispanic adults have high cholesterol levels and are less likely to be aware of it.
- **Gender:** Among Hispanics, 24% men and 22% women older than 20 years have elevated blood pressure.
- Among Hispanic men, HBP is more likely to go undiagnosed, untreated and uncontrolled.

Strategies for Improving Latino Healthcare in America. Report of the Latino Health Care Taskforce. The Latino Coalition, Sept 2006

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Modifiable Risk Factors Associated with Diabetes and Heart Disease

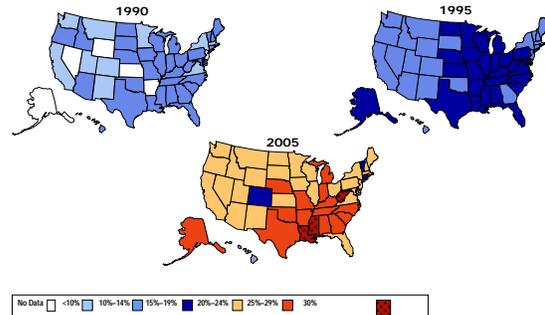
- Obesity
- Sedentary lifestyle
- High cholesterol level
- High blood pressure
- Smoking
- Stress levels

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Obesity Trends* Among U.S. Adults

BRFSS, 1990, 1995, 2005
(*BMI ≥30, or about 30 lbs overweight for 5'4" person)



No Data 10%-14% 15%-19% 20%-24% 25%-29% 30%

Behavioral Risk Factors Survey System. CDC.

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Prevalence of Overweight & Obesity among High School Students

% of Obesity & Overweight by Gender			% of Obesity & Overweight by Ethnicity			
	Male	Female		White	Hispanic	Black
Overweight	17%	14%	Overweight	12%	18%	23%
Obesity	12%	8%	Consider themselves overweight	25%	37%	29%
Consider themselves overweight	24%	36%	Exercise for loss weight	70%	----	59%
Exercise for loss weight	49%	67%				

CDC. 1999 Youth Risk Behavior Surveillance System.

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Diet

General characteristic of Hispanic diet

- High in fiber
- Relies on vegetable vs. animal protein*
- Few dairy products
- Low consumption of leafy green vegetables

Subgroups

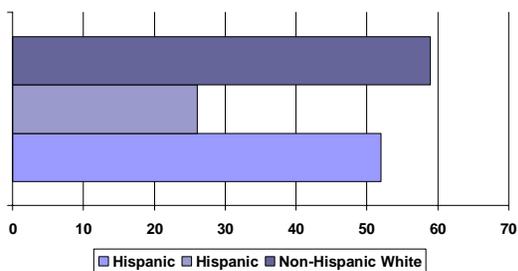
- Mexican-American women: Higher intake of vitamins A,C, Folic Acid & Calcium
- Cuban-American & Puerto Rican children: recommended level of Iron intake
- Mexican-American children: Low intake of Iron, fruits, vegetables & dairy products

Delivering Health Care to Hispanics: A Manual for Providers Third Edition (2004)

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Breastfeeding by Ethnic Group (%)



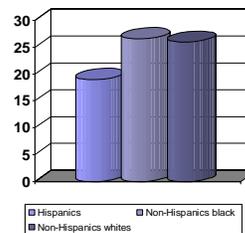
Delivering Health Care to Hispanics: A Manual for Providers Third Edition (2004)

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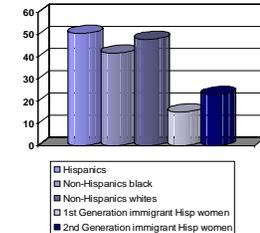
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Smoking Among Hispanics

1998 Prevalence of Smoking by Ethnicity



1998 -8th grade students by Ethnicity
2000- Immigrant Hispanic women

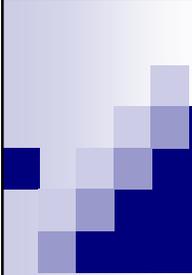


1. National Institute of Drug Abuse, 1999

2. National Alliance for Hispanic Health 2000

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The Role of Culture in Diabetes and Heart Diseases

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Cultural and Social Factors and Their Role in Diabetes and Heart Diseases

- Cultural Values
- Health Care Beliefs
- Health Care Seeking Behaviors
- Socio-Economical Factors

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Cultural Values

Family Unit: *Nuclear vs. Extended*

Welfare: *Group vs. Individual*

Respect: *Elder & Authority Figure*

Responsibility & Protection: *"Machismo"*

Locus of Control: *External "Fatalistic"*

Time Orientation: Present

- *Yesterday = History*
- *Tomorrow = "Dios Dira"*

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Life Orientation of Spanish Speakers

- According to Julia Zamora:
 - "To Spanish-Americans, God is the creator of the Universe, is omnipotent. The destiny of one's personal life is subject to His judgment and justice."
 - "Through original sin man's nature is basically evil; the process of living one's life, then, is always difficult because hardships and sufferings are the destiny of man."
 - "The reward, ... for living this life is to be found not on this earth, which is a temporary existence, but in an eternal existence."
 - "Having subjected one's self to God's will, life is good...one is doing His will and He will personally take care of one through the joys and sorrows of life"

Hispanic Culture and Health Care page 61

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Health Care Beliefs: Samples

Divine Intervention: Destiny or Punishment

- Diabetes
- Heart disease
- Stroke
- Behavioral factors: Overindulgence
 - Diabetes
 - Alcohol, drug abuse, mental health problems
- Strong Emotions: Susto
 - Diabetes
 - Heart disease

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Disease Is The Presence of Symptoms

- Presence of symptoms (pain, blood)
- Process for seeking help:
 - Analysis of the cause of the disease
 - What has worked in the past
 - Persistence of symptoms
 - Knowledge of the health care system
 - Previous experience
 - Health care providers
 - Cultural healers**

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Socio-Economic Factors

- Culturally accepted body image: i.e. fat is healthy
- Unfamiliarity with the environment
- Language limitations
- Level of formal education
- Dependency for transportation
- Job insecurity and/or inconsistent job schedules
- Limited food budget and food insecurity
- Child discipline issues
- Influence of school & friends

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Approaches for Prevention

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Barriers for Behavioral Modification to Prevent Diabetes and Heart Diseases

- Cultural perception of health; i.e. fat is healthy
- Lack of full-scale supermarkets in poor neighborhoods and rural areas
- Presence of convenience stores with ethnic food by limited choices of fruits & vegetables
- Limited budget
- Language barriers (juice vs. fruit juice)
- Unfamiliarity with serving sizes
- Child discipline issues
- School & friend influence in children
- Television influence
- Fatalism

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Fatalism

"If one is doing God's will... the secret of making life endurable is one of submission and acceptance" <small>Hispanic Culture and Health Care page 61</small>	"Voluntad de Dios" "Ya le tocaba"	"God's will" "It meant to be"
	"Es mi destino" "Es mi cruz"	"Is my destiny" "Is my cross"
	"Dios sabe porque" "Dios guia la mano del medico"	"God knows why" "God directs the physician hand"
	"No se puede oponer a la voluntad de Dios" "No hay poder humano que pueda mas que la voluntad de Dios"	"You can not oppose God's will" "There is no human power that can defeat God's will"

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Protective Factors

- Traditional diet (corn tortilla vs. flour, agua fresca vs. soda)
- Low levels of smoking
- Low illicit drugs use
- Strong family structure
- High rates of breastfeeding
- Hispanics have the lowest rate of smoking 18.9% compared to more than 25% among other groups ¹
- Only 15% of the first generation Hispanics women smoke; the number increase to 23% among second-generation women ²
- Acculturation tend to deteriorate those protective factors ^{3,4}

1. US DHHS, 1998 2. NAHH, 1999 3. US SAMHSA
4. A Primer for Cultural Proficiency: Towards Quality Health Services for Hispanics. The NIHHA, 2001

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Elements of Successful Prevention Programs

Combination of at least two of the following components:

- Education
- Behavioral modification
 - Physical activity
 - Weight loss
 - Smoking cessation
- Advocacy for systems change
- Access to nutritious food
- Community collaboration

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Point to Remember About Hispanics

- **Preferred source of information: personal networks**
 - Make alliances with natural networks: i.e. beauty salons, etc.
- **Limited number of household with computers**
- **Radio is an effective media to communicate** with Hispanics- research what Spanish radio station is the favorite of your target group
- **Soccer and dance are the preferred physical activities for Hispanics**
- **Be aware of communication barriers**
 - Signs of impatience and annoyance may reflect Intercultural misunderstanding.
 - Personal questions asked of you from you client may reflect the need for trust and reassurance.
 - Clients hesitation may be an indicator of a cultural wall.

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Point to Remember...cont.

- **Hispanics are loyal to people, not to institutions.**
- A major indicator of customer satisfaction is
 - Acknowledgement by front desk person is important
 - Service provider's expectations
- Importance of human interaction: handshake, eye contact.
- When encourage prevention remember that the welfare of the family is an important value

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Best Practices & Resources

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Prevention Programs

- **Vida Entera y Sana**
 - Redes (weight management program)
 - Comienzo Sano/*Healthy Beginning* (Breastfeeding program)
 - Raizes/*Roots* (Home gardens)
 - Integrated Comprehensive Clinical Model
- **Contact information:**
Helen Bellanca, MD
La Clínica del Cariño Family Health, Inc.
Phone: 541.308.8386
E-mail: hbellanca@lccdfh.org

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Vive tu vida! - Get Up! Get Moving

- The national Alliance for Hispanic Health new national healthy lifestyle initiative. "This will be an annual family health celebration promoting physical activity, strengthening families, and community opportunities. Events will take place in communities across the country throughout the year. Local activities will be developed within local resources and may be held in neighborhood schools, downtown areas, parks, malls, stadiums, or even indoor gyms. Each year the activities will emphasize the importance of being active, supporting families, and building community" [Http:// www.hispanichealth.org](http://www.hispanichealth.org)
- **Contact:**
National Alliance for Hispanic Health
Phone: 202.387.5000
Web: [Http:// www.hispanichealth.org](http://www.hispanichealth.org)

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!Vida Saludable, Corazón Contento!

- "The program developed culturally appropriate, Spanish –language material to help Latina women make dietary and physical activity changes that will reduce their risk for health disease and stroke"
- **Contact information:**
Alice Ammerman, DrPH, RD
University of North Carolina-Chapel Hill
Phone: 919.966.6082
E-mail: alice_ammerman@unc.edu

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Racial and Ethnic Approaches to Community Health (REACH 2010)

- Health education and advocacy for community and system changes that supports healthy lifestyles
 - Coalition Intervention at a clinic, school & community
 - Use promotoras
 - Informal leadership model
 - Training in anatomy, diabetes, risk factors, complications, medical treatment , leadership, communication, advocacy, nutrition, physical activity
- **Contact: Migrant Health Promotion**
Phone; 956.565.0002

Closing the Gaps Jan/Feb 2003 Newsletter. OMH, USDHHS

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Healthy Eating by Design

- School and home-based initiative targeting urban low-income Latino Children and their Families.
Its objective is to increase knowledge about access to food for low-income children
 - Nutritious snacks
 - Nutrition information to children
 - Monthly nutrition fact sheet for family
 - Demonstration of low-budget healthy meal
 - Gardening workshops
- **Contact: Illinois Health Education Consortium**

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Resources

- American Diabetes Association. <http://diabetes.org>
- American Heart Association. <http://americanheart.org>
- American Obesity Association. <http://obesity.org>
- Center for Disease Control and Prevention. <http://www.dcd.gov>
- Eliminating Health Disparities. Office of Minority Health. <http://www.cdc.gov/omh>
- National Alliance for Hispanic Health. <http://www.whispanichealth.org>
- National Council of La Raza. <http://www.ncr.org>
- National Diabetes Education Program (NDEP) <http://ndep.nih.gov>
- National Diabetes Information Clearinghouse. <http://diabetes.niddk.nih.gov>
- RWJF Childhood Obesity Initiative. <http://rwjf.org>

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