Academic-Community Partnership for Health: Promotores de Salud Assessing Health

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8/27/2010

1







Latinos in Kansas

TABLE 11

MEXICAN TRACK LABORERS IN ARGENTINE (KANSAS CITY DIVISION), 1905 to 1927 (JUNE SAMPLE)

Year	Total Mexican		Percentage of Mexi-
	Employes	of Employes	can Irack Laborers
1905	52	803	6.5%
1910	240	435	55.2%
1915	366	429	85.3%
1920	305	349	87.4%
1927	366	400	91.4%
Source:	J. R., "Outl:	ine of Study. Mexic	an Track Labor on the
		Santa Fe Railroad,"	
			neral Offices, August
		aylor Papers, Bancro	

Source: <u>Argentine, Kansas: The Evolution of a Mexican-American</u> <u>Community, 1905-1940</u>; Laird, Judith Fincher; 1975, dissertation



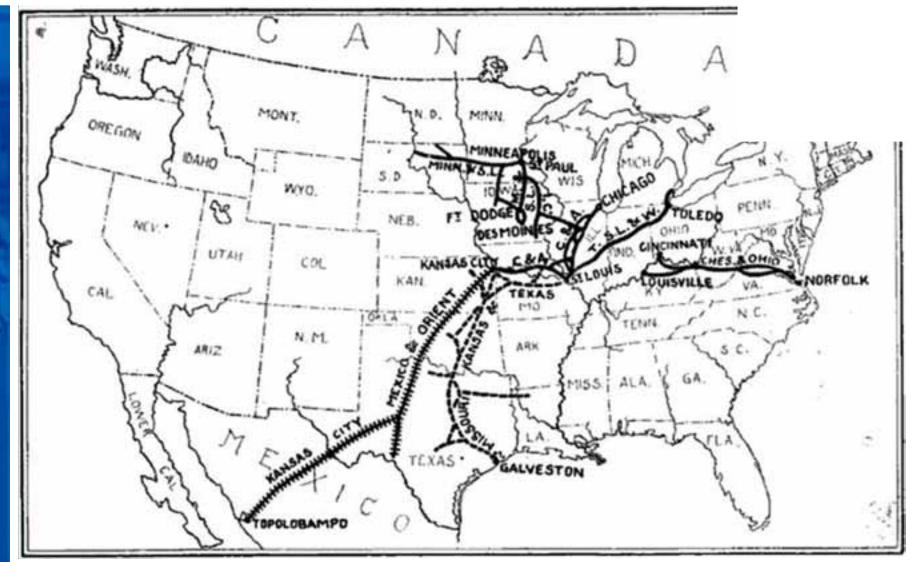








The Kansas City, Mexico and Orient Railway Company, 1900-1928





Kansas City, Mexico and Orient Railway Company Routes



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Atchison Topeka Santa Fe Section Crew, Pauline, Kansas 1913 8/27/2010







Mexican Immigrants' Lodging Tents Near Railroad Tracks, Garden City, Kansas 1918





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Global Migration

- 200 million people in the world live outside their country of birth
- The foreign born represented 12.4 percent (35,689,467) of the total population of the United States in 2005 *Source:* US Census Bureau, 2005 <u>American Community Survey</u>
- Demographics and income differences between countries
- Migration brings development primarily to developing countries but also to rich
 ^{8/27}Countries

Top Five Countries of Origin of the Foreign-Born Population Living in the United States

	Source: US Census Bureau, 2005 American Community Survey				
Countries of birth	Number	Percent of total foreign-			
		born population			
Mexico	10,969,941	30.7			
Philippines	1,593,421	4.5			
India	1,422,492	4.0			
China (excluding Taiwan & Hong Kong)	1,208,905	3.4			
Vietnam	1,066,085	3.0			
All other countries	19,428,623	54.4			
TOTAL	35,689,467	100.0			



Immigrants in Kansas Source: Migration Policy Institute



8/27/2010

13



Immigrant Population in Kansas

	19	90	200	07
	Number	Percent	Number	Percent
Total Population of Kansas ¹	2,477,574	100.0	2,775,997	100.0
Native born	2,414,734	97.5	2,608,912	94.0
Foreign born	62,840	2.5	167,085	6.0
Foreign-Born Population of Kansas ²	60,854	100.0	167,085	100.0
Born in Europe	13,113	21.5	13,502	8.1
Born in Asia	23,952	39.4	45,080	27.0
Born in Africa	1,232	2.0	9,511	5.7
Born in Oceania	511	0.8	202	0.1
Born in Latin America	19,398	31.9	95,897	57.4
Born in Northern America	2,648	4.4	2,893	1.7

The foreign-born population or immigrants of Kansas changed by 24.0 percent between 2000 and 2007.

57.4 % of immigrants in Kansas are from Latin America (South America, Central America, and Mexico)

48.5 % were born in Mexico



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15

Percent

PERIOD OF ENTRY BY WORLD REGION OF BIRTH - 2007

Born in Mexico	100.
Entered in 2000 or after	<mark>37.7</mark>
Entered 1990 to 1999	<mark>35.7</mark>
Entered 1980 to 1989	<mark>16.1</mark>
Entered before 1980	<mark>10.4</mark>

CITIZENSHIP STATUS BY PERIOD OF ENTRY

Total Foreign-Born Population

Not a citizen	68.8
Naturalized citizen	31.2
GENDER	
Total Native-Born Population	
Male	49.2
Female	50.8
Total Foreign-Born Population	
Male	53.1
Female	46.9



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Total Native-Born Population

Now married (not separated)	<mark>54.1</mark>
Separated	1.3
Divorced	11.5
MARITAL STATUS	
Now married (not separated)	<mark>62.8</mark>
Separated	3.0
Divorced	6.2
HOUSEHOLD AND FAMILY SIZE	
Total Native-Born Population	
Average family size	2.98
Total Foreign-Born Population	
Average family size	3.57
FERTILITY	
Total Native-Born Female Population, Ag	es 15 to 50
Women who had a birth -last 12 months	6.3
Married	4.4
Total Foreign-Born Female Population, A	ges 15 to 50
Women who had a birth - last 12 months	10.9
Married	9.8

50



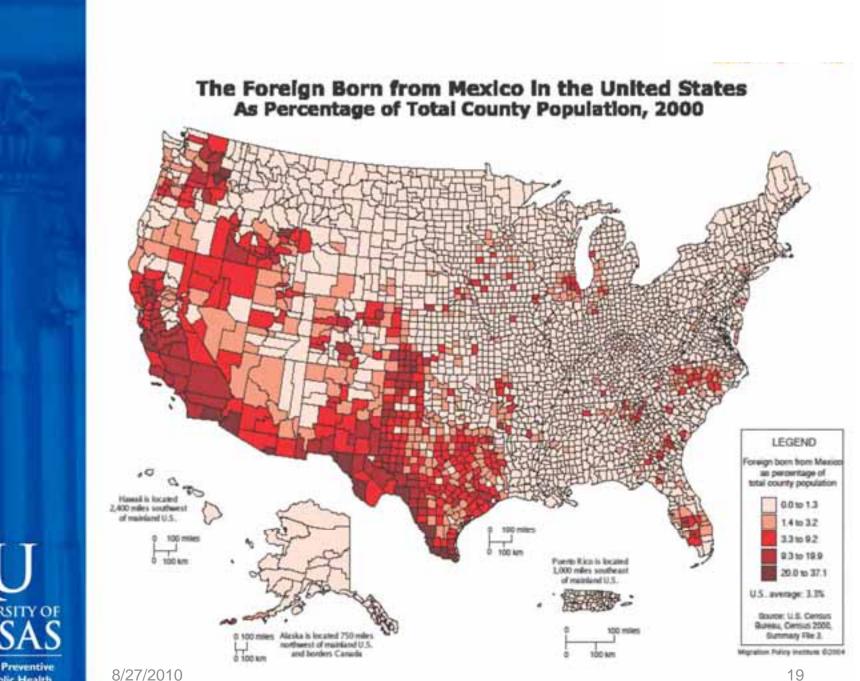
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Where are the immigrants?



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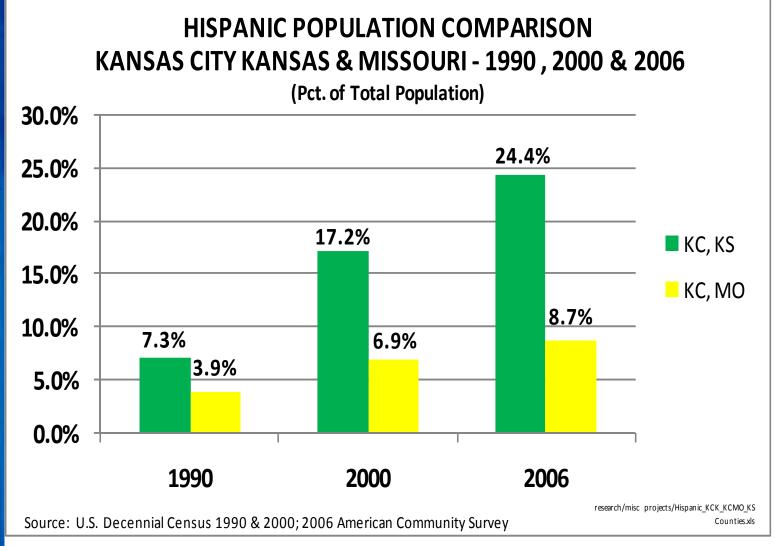
18



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HISPANIC POPULATION – KANSAS CITY, KS & MO





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LATINOS In KANSAS

(2005 Census Estimates)

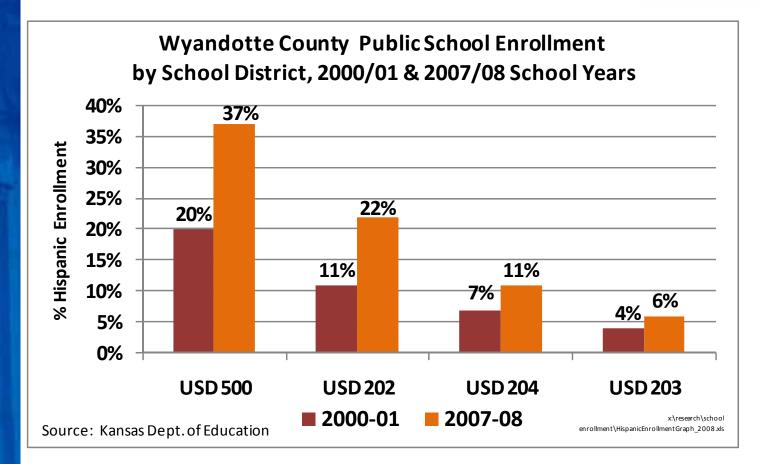
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WYANDOTTE COUNTY HISPANIC POPULATION

HISPANIC ENROLLMENT NEARLY DOUBLED IN KCK SCHOOL DISTRICT





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Promoting Health among Latino Immigrants



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23



"CIGARETTE SMOKING...

is the chief, single, avoidable cause of death in our society and the most important public health issue of our time."



Tobacco Related Disparities

 Differences in patterns, prevention, and treatment of tobacco use; the risk, incidence, morbidity, mortality, and burden of tobacco-related illness that exist among specific populations groups in the United States; and related differences in capacity and infrastructure, access to resources, and environmental tobacco smoke exposure."

Eliminating Tobacco-related Health Disparities: Summary Report, USDHHS 2002

- Disparities in Smoking Prevalence
- Disparities in Smoking Cessation
- Disparities in Smoking Cessation Resources Utilization 8/27/2010



Access to Health (Melinda Lewis, 2006)

- 26% report that they do not receive regular medical care when needed
- 20% rely on emergency rooms
- 59% on safety net clinics for medical care
- 61% of employed respondents with benefits do not use all of them
- 36% report difficulties finding needed medical interpretation.
- Less that 30% of all respondents have health insurance



Rationale for our Smoking Cessation Treatment for Latinos

- Identifying smokers
- An intervention that guides smokers in the process of deciding whether to quit, and follows up with guidance on how to quit, has potential for substantial public health impact, especially if it is integrated into primary care practices and community organizations.
- Increasing provider intervention and utilization of effective smoking cessation resources among Latinos will increase cessation rates and reduce ethnic cancer disparities.



Empowering Community Health Workers



• "Pedagogy of the Oppressed"

"People should actively participate in and take responsibility for their own education, and their community should take control of health and disease prevention awareness"

* Smith, M. K. (1997, 2002) 'Paulo Freire and informal education'



Popular education

- Change begins with individuals reflecting on their values, their concern for a more equitable society, and their willingness to support their own community
- Popular educators facilitate groups, assisting them to identify their strengths and abilities to change.
- Promotoras/es are <u>volunteers</u> who serve in their <u>neighborhoods</u> as liaisons between their peers and their local clinics, government etc. "Superacion" / "Conscientização"
- The professionalization of promotores can destroy the empowerment of the community 8/27/2010



Background

- •41 City blocks from census tract maps
- •853 single family houses
- •410 (48%) houses in Wyandotte County knocked
- •112 (27.3%) completed assessments
- •516 Disseminated health resources
 - 342 (66.3%) Adults
 - 174 (33.7%) children

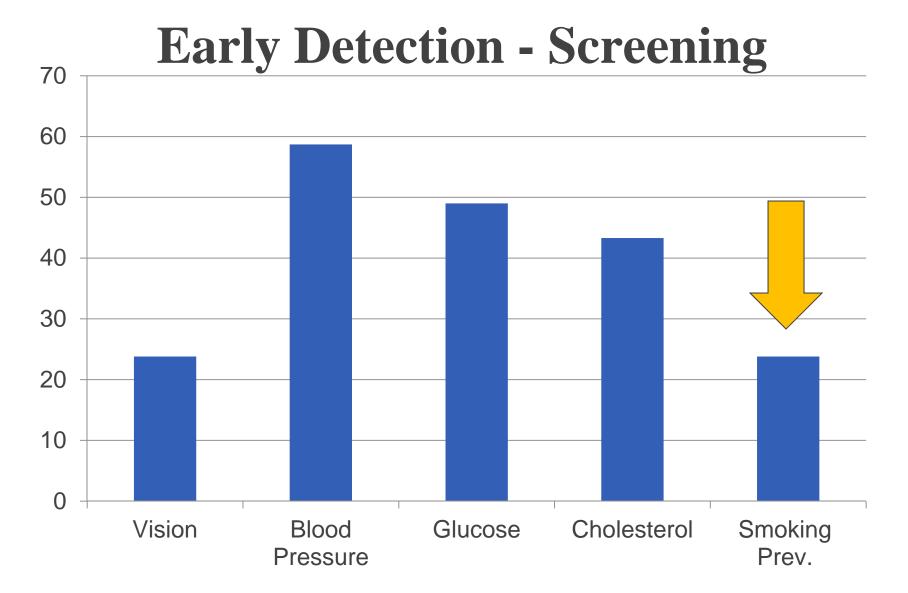




Promotores Assessing their own Community









Community-based Training Curriculum for *Promotores de Salud*



Objectives

 To develop and implement a community-based training curriculum for *Promotores de Salud* to enhance knowledge, skills and self-efficacy to promote smoking cessation among Latinos.

 To assess knowledge, skills and self-efficacy pre and post training.



Empowering Community Health Workers

- Paulo Freire (1967)
- Banking education
- Interactive learning process



- 7 communication and leadership skill sessions
- Graduation Ceremony
- Smoking cessation



Methods

- Fourteen Promotores de Salud were invited to participate in a community-based training curriculum to promote smoking cessation among Latinos.
- Training sessions were conducted at El Centro, Inc.
- The training curriculum used was *Técnicas Básicas Para Dejar El Tabaco*.



Demographics

	Percentage	Ν
Gender (Female)	92.9%	13
Born in Mexico	92.9%	13
<10 years in the US	50%	7
< High School education	64.3%	9
Unemployed	42.9%	6
Smokers in the family	28.6%	4
Home smoking restriction	92.9%	13
1-10 smokers in their social network	85.7%	12



Topic / Objectives and Activities

- 1. Pre-Assessment
- 2. Communication Skills
- **3. Stages of Change**
- 4. Smoking and Nicotine Dependence
- 5. Smoking cessation medications

6. Counseling

7. Outreach the community





Quotes from Promotores de Salud

- "My son cried because he saw on TV that people die from cigarette consumption and asked me to quit smoking. That had an impact on me and that's why I quit smoking."
- "Quitting smoking is really difficult. But I knew I had to do it. At a health fair I was given the information and the patches to quit smoking. I used them and that's why I quit smoking."
- "The quitline called me twice. I feel that I really didn't need it. But I think that there are people that really need it to quit smoking."
- "We need to speak to women in a subtle and peaceful way. While with the men we need to talk to them in a direct way. That's why it is easier for a woman to talk to another woman and a man to talk to another man."
- "I have heard that there are medications to quit smoking other than the patches, but I don't know what's out there."



Preliminary Results – 4 months

- 91 smokers
- Each promotor identified between 2-15 smokers
- 74% referred to quitline
- Smoking Cessation Clinic Day
 - » Group counseling
 - » Visit with a provider
 - » Contraindication assessment
 - » Referral to medication Assistance progarm
 - » Cessation plan



Conclusions

 By serving as a doorway into the Latino community, promotres de salud from a community based organization provide a unique opportunity to reach medically underserved smokers and link them to effective treatment.



 Promotores' experience with smoking cessation can guide the development of future tailored smoking cessation interventions



Looking forward...

- Surface, superficial, or peripheral structure
 - » Language, context and preferences
- Deep or sociocultural structure
 - » Bicultural/Immigration Experience
 - » Collectivist approach
 - » Evidence-based interventions
- Constituent Involving
 - » Communication and interpersonal skills
 - » Culture: food, festivities, social events, coalition, and Radionovela