Mobilizing Communities for Health Equity and Promote Healthy Start Actions in a New Era of Health Care Reform: Thinking Prevention through Outreach and Models That Speak to Communities
1- To set the stage for approaching Healthy Start Actions: Lessons from The Hispanic/Latino Agenda and Latino Birth Outcomes

2- To Bring Integrated Ways For A Healthy Start Thinking Ecologically – Lessons from Obesity Epidemic

3- To provide an Example from Our Work that Describes Community Outreach Through the Promotora/Community Health Worker Model

4- To describe Win-Win Solutions within an Era of Health Care Reform: New Opportunities, New Directions
1-To set the stage for approaching Healthy Start Actions: Lessons from The Hispanic/Latino Agenda and Latino Birth Outcomes
Children’s Health Status
Comprehensive Approaches

Examine Heterogeneity of Immigrant Populations – Example from Hispanics/Latinos: Puerto Ricans - Mexican Americans - Cuban Americans - South/Central Americans, Other

Nutrition Problems
- Mild-Moderate forms of fetal growth retardation
  - W for gestation syndromes
    - Prematurity, Low Birth Weight, Infant Mortality - Health Paradox?
    - Neonatal Outcomes

Pregnancy Access and Utilization Health Services

Infancy Access and Utilization Health Services

Environment-Ecodevelopment Contexts - Call for Ecology of Action

Early Childhood

→ Childhood

→ Adolescence

Functional Indices of Mental-Behavioral Health Statuses
Theoretical Frameworks: Race and Ethnicity as Risk Factors for LBW
(Sherman A. James, Annals of Epidemiology 1993)

- Racial/Ethnic Minority
- Low SES/Not Married
- Exposure to Physical and Social Environmental Stressors
- Psychological Stress
- Protective Cultural Factors
- Standard Risk Factors
  - Behavioral
    - Unprotected Teenage Sex
    - Cigarette Smoking
    - Consumption of Alcohol and Illicit Drugs
    - Late/Non use of Prenatal Care
    - Physical Exertion at Work
  - Biological
    - Poor Nutrition Status
    - Poor Weight Gain
    - Anemia/Abnormal Hemoglobin
    - Urinary Tract Infections
    - Hypertension/Preeclampsia/Toxemia

LBW Infant
Moving To More Ecological Perspectives for a Healthy Start: Family-Community Health Promotion Model

- Environmental
- SES & Immigration
- Public Health
- Health Behaviors
- Family-Cultural Health Traditions
- Socio-Cultural Community

- Health Care
- Genetic Potential
- Psychological
- Functional
- Physical
- Perceived Health Status

Mendoza & Fuentes-Afflick, 1999
Purpose Presentation
Contact Information: Dr. Hector Balcazar, UTHealth Houston School of Public Health. El Paso Regional Campus.
Hector.G.Balcazar@uth.tmc.edu  915-747-8507

• **Lessons Learned from 1:** Healthy Start Means Comprehensive Approaches- Optimal Health Is About Moving Beyond Survival Towards Equity and Social Justice

• **2-To Bring Integrated Ways For A Healthy Start Thinking Ecologically – Lessons from Obesity Epidemic**
• One in three children will be of Latino ethnicity by 2025

• By 2050 Hispanic women of child bearing age will have grown to 92%

• Latino infants, children and families are at a particularly high risk for food insecurity while, at the same time, are suffering from obesity, and related chronic diseases.
Prevalence of overweight and risk of overweight among aged 2 to <5 years, by race and ethnicity
Social Determinants

Research documents that an increasing number of parents falter in transitioning their infants and toddlers from infant feeding to a healthy family diet, resulting in poor eating habits, often for a lifetime...and it’s not because parents aren’t trying- Stop Blaming. Infused “A Healthy Start” Healthy Start Principles- On Target for Solutions! An Ecology of Action Indeed!

Source: Dahigren and Whitehead, 1991
Lessons Learned from 2: Obesity is A Symptom of Our Society- It is not A Cause of Individual Failure- So What “Kind of New Patient is this” “How Should it Be Treated”

Move from Disease to Prevention Modalities through an Ecology of “Action” to Achieve Health Equity and Justice

Move to Community Action!

3-To Provide an Example from Our Work that describes Community Outreach Through the Promotora/Community Health Worker Model
Community health workers (CHW) are lay members of communities who work either for pay or as volunteers in association with the local health care system and “other systems” in both urban and rural environments and usually share ethnicity, language, socioeconomic status and life experiences with the community members they serve...

Can we create and validate an agenda of community outreach opportunities for CHWs as part of an interdisciplinary team to provide Health care and Prevention Actions for A Healthy Start?

Can CHWs help close the gap for meeting challenges for a Healthy Start Within and Outside the Context of Health Care Delivery?

Reference: National Community Health Advisor Study (Rosenthal, Wiggins, Brownstein, NCHAS, 1998)
Barriers = liability, siloed training, competition, economics

Handshakes = Incentives to collaborate, partner, interdisciplinary training to build better teams
Synergy and Cooperation: CHW Model Influencing Change

Communities

Society

CHW/Promotora Model

Family

Individuals
About La Maestra

- **Mission:** “To provide quality healthcare and education, improve the overall well-being of the family, bringing the underserved, ethnically diverse communities into the mainstream of our society, through a caring, effective, culturally and linguistically competent manner, respecting the dignity of all patients.”

First Clinic, opened 1990

LEED Gold Health Center, opened 2010
Residents of Public Housing - Outreach & Health Fairs (education/screening) at Housing Sites

- Eligibility & Enrollment Assistance
- Transportation
The NHLBI-Salud Para Su Corazon: Applying Community Health Worker Models That Work

- **THE CONTEXT:** How much science has translated positive and long-lasting change in communities to ameliorate disparities in cardiovascular disease among Hispanic populations?

- **THE REALITY:** More diabetes, More hypertension, “Obesogenic environment”, Poor control of disease

- **THE SOLUTION:** Apply Interventions-Programs That The Community Values- Work Towards Sustainability

- **THE FRAMEWORK:** The Ecology and Synergism of Multiple Dimensions
The *Salud Para Su Corazon*-CHW Models: Clinical, Community and Ecological Approaches


- **SPSC-UNT**- Am J Health Educ 2007, Medina et al
- **SPSC-NHLBI-HRSA**- Balcazar et al, Prev Chronic Dis Jan 2009
- **SPSC-CDC-UTSPH**- Balcazar et al, JHCPU, Nov 2009
- **SPSC-UTSPH-UTEP NIH HEART1@2**- Balcazar et al, Prev Chronic Dis March 2010, Education For Health, 2009; Prev Chronic Dis Jan 2012, Health Education & Behavior 2012
The HEART Participant’s Environment

Policy
Agents: Policy makers

Community
Agents: Community members, leaders

Organizations
Agents: YWCA, Parks and Rec Dept., CHALC, UT—El Paso, UT-SPH, Centro San Vicente, EPCC

Interpersonal
Agents: CHWs, family, friends, social networks

Individual
Agents: HEART participant
## Minimum Expectations for an Enrolled Participant, Per Month and Per 4 month Intervention (Total)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Expectations Per Month</th>
<th>Total Per Intervention (4 months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lifestyle – Nutrition (Su Corazon Su Vida)</td>
<td>1 session</td>
<td>4 sessions</td>
</tr>
<tr>
<td>Environment – Nutrition</td>
<td>1 session</td>
<td>4 sessions</td>
</tr>
<tr>
<td>Coffee Talks (“Charlas”)</td>
<td>4 sessions</td>
<td>16 sessions</td>
</tr>
<tr>
<td>Heart-healthy cooking demonstrations</td>
<td></td>
<td></td>
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<tr>
<td>Heart-healthy shopping – grocery store tours</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exercise and Fitness (Lifestyle and Environment)*</td>
<td>4 sessions</td>
<td>16 sessions</td>
</tr>
<tr>
<td>Exercise (YWCA aerobics classes)</td>
<td></td>
<td></td>
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<tr>
<td>Family soccer tournaments</td>
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<td></td>
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<tr>
<td>Dance Aerobics in the parks</td>
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<tr>
<td>Walking groups in the parks</td>
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<tr>
<td>Swimming in the parks/ Water aerobics</td>
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<td></td>
</tr>
<tr>
<td>Free choice (choose any activities from above)</td>
<td>1 session</td>
<td>4 sessions</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>7 sessions</strong></td>
<td><strong>28 sessions</strong></td>
</tr>
</tbody>
</table>
Lessons Learned from 3: Yes- Outreach Is A Must!
To Prevent is to ACT Synergistically!
Is To Discover Community Assets
Is To Engage All Actors- Transforming Towards A Society of Caring for the Greater Good: Health Equity and Justice!
Community Practice-Based - We Need More for a Healthy Start!
4-To describe Win-Win Solutions within an Era of Health Care Reform: New Opportunities, New Directions
Healthy Start in The New Era of Health Care Reform- How to Capitalize on Opportunities?

- Here are Few Pointers from Our Work with CHWs- Learning from Recommendations to Texas Legislatures and Other CHW’s Initiatives
- Move from Fees to Outcomes: Health Reform is Open to New Models for A Healthy Start- However We Need to Explore Benefits versus Costs of Some Sort!
- Feasibility of Applying Medicaid Models
- Explore New Transactions with Uniform Managed Care Contracts from HHSC
Healthy Start in The New Era of Health Care Reform- How to Capitalize on Opportunities?

- Incorporate CHWs into Patient Centered Medical Homes and Related Care Management Structures
- Increase utilization of CHWs in public health and behavioral health programs to “Speak to a Healthy Start”
- Consider potential roles with Quality Improvement 1115 Waiver Program

THINK OUT OF THE BOX FOR EXPANDING FUNDING AND REIMBURSEMENT FOR SERVICES PROVIDED BY CHWs
Lessons Learned from 4: We Need To Work Together for Health Equity and Justice to Bring A “Healthy Start to Our Communities”

Thanks!