University of South Florida
College of Public Health
Department of Global Health

Tampa FL, March 25, 2016

Unmet Need: Heart Disease Epide

- Cardiovascular Diseases (CVDs) include ischemic coronary disease, congestive heart failure, cerebrovascular disease (stroke), and peripheral vascular disease
- About 31% of all fatalities worldwide
- High mortality rates: Guyana (292/100,000), Trinidad and Tobago (289/100,000), and Venezuela (246/100,000)

(WHO, 2015)

Unmet Need: Country Profile

Total population (2013)

Gross national income per capita (PPP international $, 2013)

Life expectancy at birth m/f (years, 2013)

Median Age (years, 2013)

Population living in urban areas (%, 2013)

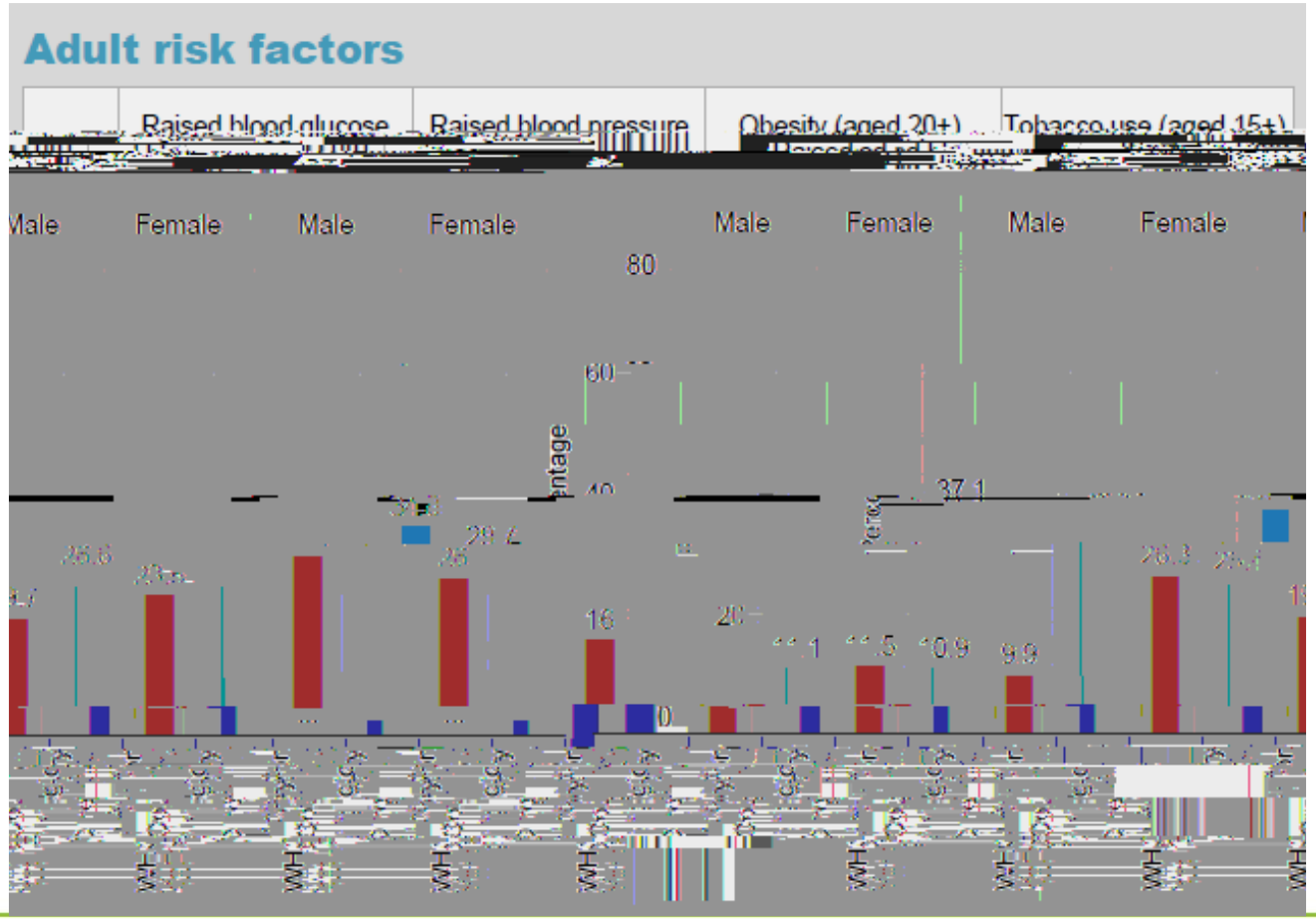
Probabilityof dying between 15 and 60 years m/f (per 1 000 population, 2013)

Total expenditure on health per capita (Intl $, 2013)

Total expenditure on health as % of GDP (2013)

(WHO, 2015)

Unmet Need: CVD Risk Factors in Venezuela



(WHO, 2015)

Unmet Need:
Health Promotion in Venezuela

- Highly politicized Ministry of Health
- Cardiovascular, Renal, Endocrine & Metabolic (CARMEN) Program
- Barrio Adentro (Inside the Neighborhood) Program: Promotores involved in health fairs, exercise clubs for older adults, door-to-door health censuses
- Barrio Adentro not specifically targeting CVDs

(MPPS, 2010; Cooper, 2015; Bonvecchio et al., 2011)

From Community Health Workers to Promotores: Definition

- ‡ ^ } u u µ v] š Ç Z o š Z Ý } ( ] Ç Ç Ç

From Community Health Workers to Promotores: Evolution

- Traditional practices involving local, lay helpers
- Barefoot Doctors (China)
- Village Health Volunteers (Thailand)
- CHWs (U.S.)
- Community Workers (Alma-Ata)
- Rural Health Assistants, Brigadistas, Promotores de Salud (Latin America, Venezuela)

(Zhu, Ling, Shen, Lane, & Hu, 1989)

Duties and Competencies of CHWs

- Culturally appropriate health education and information
- Cultural mediation between communities and health and social services systems
- Ensure people get needed services
- Provide informal counseling and social support
- Advocacy for needs
- Provide direct services (medically and socially oriented tasks)
- Capacity building

(APHA, 2009)

Determinants of Health Promotion Success

- Community Participation
- Political Stewardship and Adequate Resourcing
- Selection of appropriate CHWs
- Training and Continuing Education
- Appropriate Supervision and Infrastructure Support

(WHO, 2007)

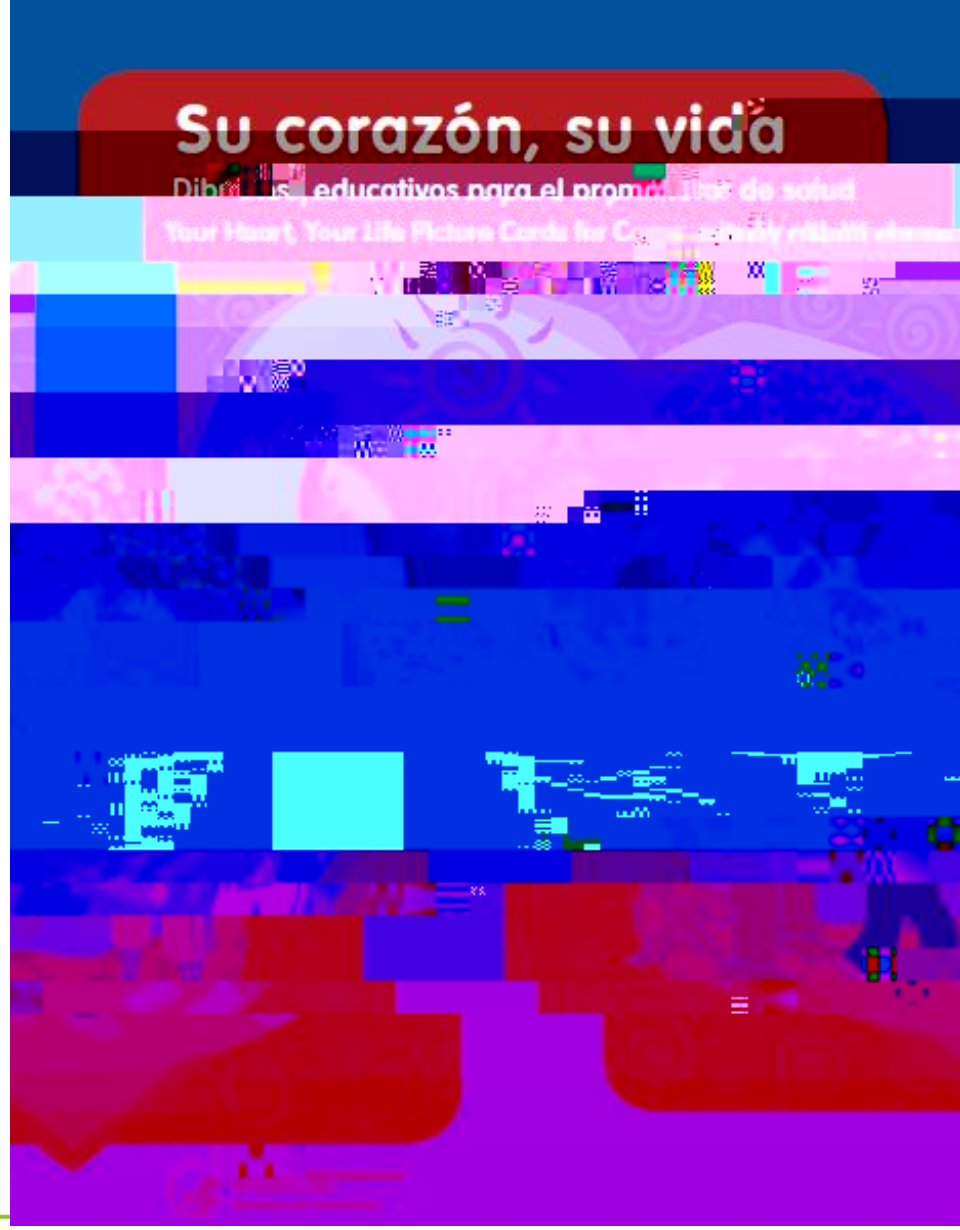
Agenda

‡ Unmet Need

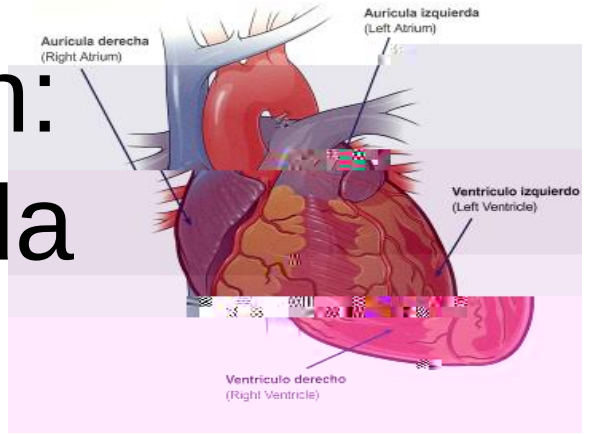
- ± Heart Disease in Venezuela
- ± Health Promotion in Venezuela
- ±

Proposed Health Intervention: Program Su Corazon, Su Vida

- Brief History
- Program Components
- Advantages of Su Corazon, Su Vida
- Experiences Delivering the Program



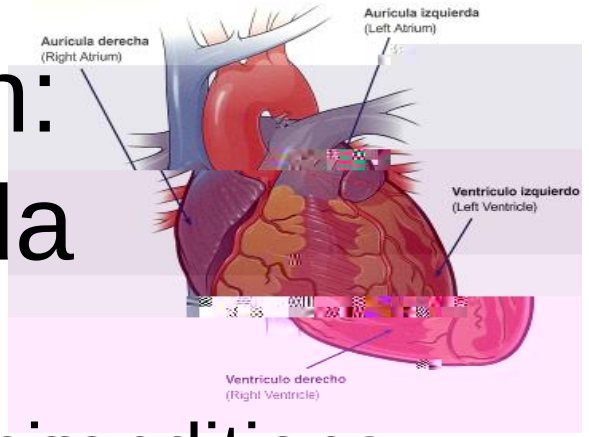
Proposed Health Intervention: Program Su Corazon, Su Vida



- Developed 1999; Reviewed 2008
- Culturally sensitive heart health promotion program
- Can be delivered in Spanish or English
- Based on simple concepts of behavioral control of CV risk factors
- Colorful picture cards or PDF format
- Includes familiar contexts, role play and games

(NHLBI, 2014)

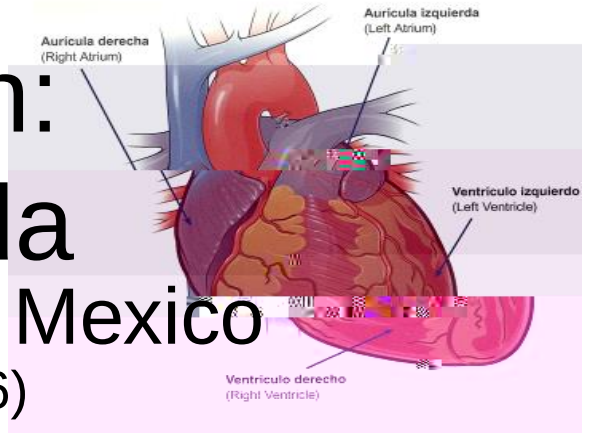
Proposed Health Intervention: Program Su Corazon, Su Vida



- Widely tested and utilized in the U.S.
- CVD as primary target without neglecting other chronic conditions
- Focused on CVD prevention rather than control
- Culturally competent in Latino communities
- Available in Spanish from its creation
- Understandable to low literacy audiences
- Developed with input from CHWs
- Designed to be facilitated by promotoras

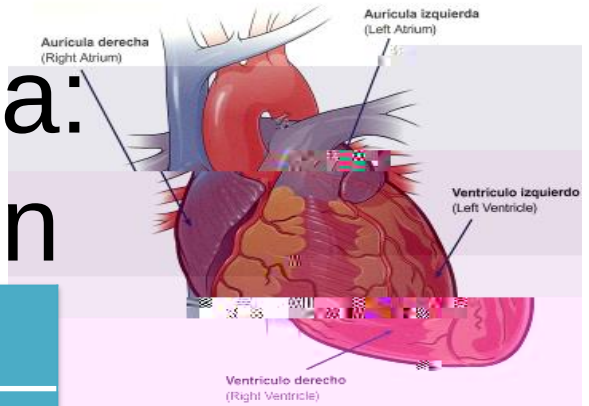
(NHLBI, 2014)

Proposed Health Intervention: Program Su Corazon, Su Vida



- Successfully implemented in California, Illinois & New Mexico (Balcazar, Alvarado, Hollen, Gonzalez-Cruz, Hughes, Vazquez, & Lykens, 2006)
- Some experience in northern Mexico (Balcazar, Byrd, Ortiz, Tondapu, & Chavez, 2009)
- Increased perceived susceptibility to CVD risk factors and benefits of healthy behaviors (Balcazar, de Heer, Rosenthal, Aguirre, Flores, Puentes et al, 2010)
- Improvement in self-reported behaviors related to weight control, salt and fat consumption (Balcazar et al, 2010)
- Enhanced physical activity and perceived awareness and motivation to workout (Trudnak, Lloyd, Westhoff, & Corvin, 2011)

Program Su Corazon, Su Vida: Original and Adapted Version



	Are You at Risk for Heart Disease? Act in Time to Heart Attack Signs Video: Act in Time to Heart Attack Signs	1
	Take Heart: Say Yes to Physical Activity Help Your Heart: Control Your High Blood Pressure Be Heart Smart: Keep Your Cholesterol In Check	2
	Keep Your Heart in Mind: Aim for a Healthy Weight Protect Your Heart: Take Good Care of Your Diabetes for Life	3
	Make Heart Healthy Eating a Family Affair Eat in a Heart Healthy Way v Even When Time or Money Is Tight Enjoy Living Smoke-Free Review and Graduation	4

Agenda

‡ Unmet Need
- ± Heart Disease in Venezuela
- ± Health Promotion in Venezuela
- ± From Community Health Workers to Promotores

‡ Proposed Health Intervention
- ± ^ ^Q orazon, Sus] (Your Heart, Your Life) Program
- ± Original Version
- ± Adapted Version

‡
- ±
- ±
- ±
- ±
- ±
- ±
- ± s

‡ Culture and Health
- ± What is Culture?
- ± Cultural Competence Continuum
- ± Cultural Nuances

Evaluation Plan: Purpose

- Evaluate the training process and learning outcomes in members of a faith-based youth organization in Barquisimeto, Venezuela who will receive Su Corazon, Su Vida program for the first time
- Assess the perceptions of community members who will receive the program from the newly trained church members

Evaluation Plan: Objectives

- Objective 1: To evaluate the learning outcomes of newly trained health promoters after completion of the Su Corazon, Su Vida program
- Objective 2: To evaluate the perceived benefits and challenges experienced by promotores de salud during the training to facilitate Su Corazon, Su Vida
- Objective 3: To assess the perceived benefits and challenges encountered during the facilitation process of Su Corazon, Su Vida to community members

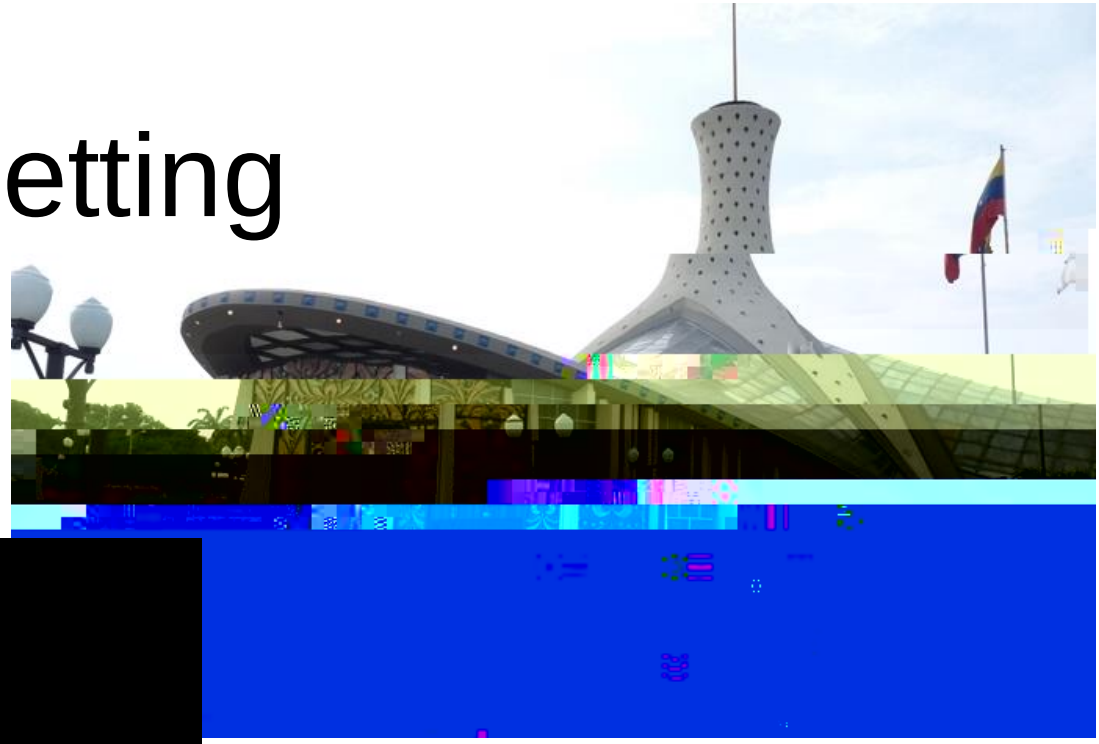
Methods: Setting

‡Lara State

‡Barquisimeto City

‡Seventh Day Adventist Church

‡SDA Youth Grou



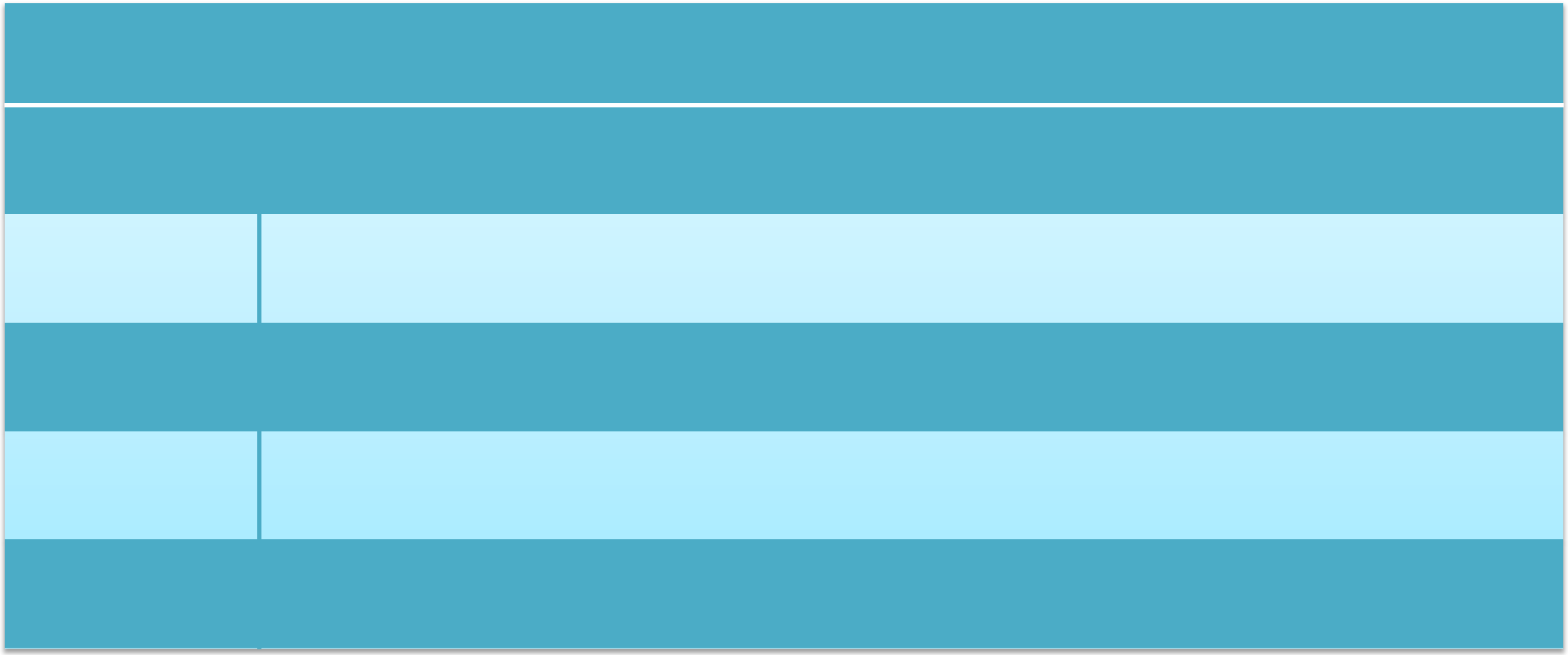
Methods: Subjects

- Population: d Z š } š o u u Œ • Z] ‰ } (y š o Z t h ^ Z µ groups in Barquisimeto metropolitan area is approximately 600 individuals in good standing within their clubs
- Sample:
  - A random sample of 60 youth church members, to be trained as health promoters, will be recruited from three local congregations: Northwest, Maranatha and San Jacinto churches
  - A purposive sample of 60 individuals will be recruited from among those community members who have received the program from the newly trained promotores

Methods: Phases

- Phase I:
  - Direct Intervention: Su Corazon, Su Vida Promotores Training during four 2-hour sessions
- Phase II:
  - Mediated Intervention: Su Corazon, Su Vida Facilitation to Community Members during four 2-hour sessions

Evaluation Plan: Phase I Questions



Evaluation Plan: Phase II Questions

	6. What are promotores [perceptions of Su Corazon, Su Vida compared to other conventional heart health programs in Venezuela?
	7. What are community u u Œ p e [rceptions of Su Corazon, Su Vida compared to other conventional heart health programs in Venezuela?

Methods: Evaluation Instruments

Methods: Data Analysis

‡Quantitative:

±

Agenda

‡ Unmet Need
- ± Heart Disease in Venezuela
- ± Health Promotion in Venezuela
- ± From Community Health Workers to Promotores

‡ Proposed Health Intervention
- ± ^ ^Qorazon, Sus] (Your Heart, Your Life) Program
- ± Original Version
- ± Adapted Version

‡ Evaluation Plan
- ± Objectives
- ± Setting
- ± Subjects
- ± Evaluation Instruments
- ± EvaluationQuestions
- ± Phases
- ± Data Analysis

‡
- ±
- ±

What Is Culture?

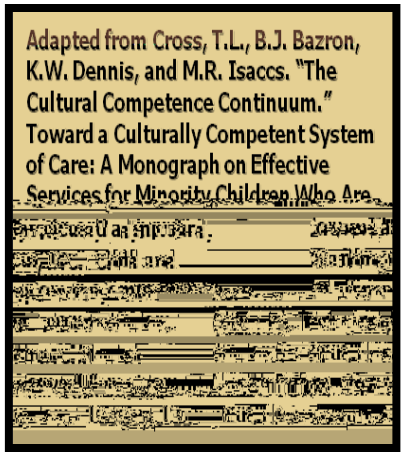
- Culture is the customs, beliefs, values, knowledge, and skills that guide people along shared paths (Linton, 1947)
- Culture refers to the way of life of people and includes the tools or methods by which they extract a livelihood from their environment (Corsini, 1987)
- Culture does affect how illness, disease, and their causes are perceived
- Subsequently, culture affects behaviors of patients/consumers who are seeking services and their attitudes toward health care providers

Cultural Competence

‡ µ o š µ Œ o }u ‰ š v ^š Œ š • Á] š Z š Z Œ }P v
own Biases/Prejudices

‡ ^ d Z process by which individuals and systems respond respectfully and
effectively to people of all cultures, languages, classes, races, ethnic
backgrounds, religions, and other diversity factors in a manner that
recognizes, affirms, and values the worth of individuals, families, and
communities and protects and preserves the dignity of each (NASW, 2001)

Cultural Competence Continuum



- Questions?
- Comments?

smatos@health.usf.edu