

# Welcome

Office for State, Tribal, Local and Territorial Support  
*presents . . .*

## **CDC Vital Signs** **Hispanic Health in the US**

**May 12, 2015**  
**2:00–3:00 pm (EDT)**



Centers for Disease Control and Prevention  
Office for State, Tribal, Local and Territorial Support

# Agenda

- |                |                                    |  |
|----------------|------------------------------------|--|
| <b>2:00 pm</b> | <b>Welcome &amp; Introductions</b> | <b>Samuel Taveras, MEd, MPH</b><br>Associate Director for Partner Support, Office for State, Tribal, Local and Territorial Support, CDC  |
| <b>2:05 pm</b> | <b>Presentations</b>               | <b>CAPT Kenneth L. Dominguez, MD, MPH</b><br>Medical Epidemiologist, Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD & TB Prevention, CDC<br><br><b>Jaime R. Torres, DPM, MS</b><br>President, Latinos for Healthcare Equity<br><br><b>Theresa Byrd, DrPH, MPH, BDN</b><br>Associate Dean and Chair, Department of Public Health, Graduate School of Biomedical Sciences, Texas Tech University Health Sciences Center |
| <b>2:30 pm</b> | <b>Q&amp;A and Discussion</b>      | <b>Samuel Taveras, MEd, MPH</b>  |
| <b>2:55 pm</b> | <b>Wrap-up</b>                     |  |
| <b>3:00 pm</b> | <b>End of Call</b>                 |  |



# **CDC** *Vital*signs™ Teleconference

to support STLT efforts and build momentum around the monthly release of CDC *Vital Signs*



## Vital Signs: Leading Causes of Death, Prevalence of Diseases and Risk Factors, and Use of Health Services Among Hispanics in the United States — 2009–2013

Kenneth Dominguez<sup>1</sup>, Ana Penman-Aguilar<sup>2</sup>, Man-Huei Chang<sup>1</sup>, Ramal Moonesinghe<sup>2</sup>, Ted Castellanos<sup>3</sup>, Alfonso Rodriguez-Lainz<sup>4</sup>, Richard Schieber<sup>5</sup>

**CAPT Kenneth L. Dominguez, MD, MPH, USPHS**

Medical Epidemiologist

National Center for HIV, Viral Hepatitis, STD, TB Prevention

Division of HIV/AIDS Prevention

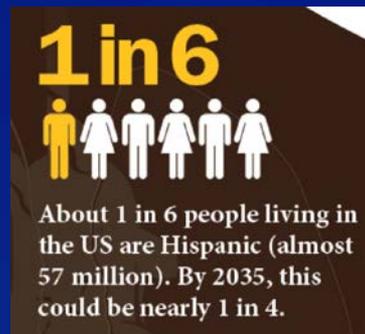
Centers for Disease Control and Prevention

*Vital Signs* Town Hall Teleconference

May 12, 2015

## Introduction

- ❑ Hispanics estimated to represent about 1 in 6 people (2015) and 1 in 4 people (2035) in the US
- ❑ Largest racial/ethnic minority population in US
- ❑ Hispanic Community Health Study in four cities in US—shows key differences by Hispanic origin and other factors
- ❑ Published national health estimates by Hispanic origin and nativity are lacking



(1): Hispanic community health study/study of Latinos data book: a report to the communities. Bethesda, MD: National Institutes of Health; 2013. NIH Publication No. 13-7951.

## Purpose/Methods

- ❑ **Purpose: Nationally representative study of causes of death, prevalence of disease and risk factors, and use of Health Services**
- ❑ **Methods**
  - Compared Hispanics, Hispanic subgroups, and non-Hispanic whites by nativity and sex (where possible)
  - Ages 18–65 during 2009–2013 (unless otherwise specified)
  - Sociodemographics—American Community Survey (Census)
  - Leading causes of death—National Vital Statistics System (CDC)
  - Disease Prevalence and risk factors—National Health Interview Survey and National Health Examination and Nutrition Survey (CDC)
  - Use of Health Services—National Health Interview Survey (CDC)

## Results: Sociodemographics

### □ Among Hispanics living in the US

- Mexicans (64%), Puerto Ricans (9.5%), and Central Americans (8.9%)
- About 1 in 3 has not completed high school (non-Hispanic whites [NHWs]—about 1 in 10)
- About 1 in 4 lives below the poverty line (NHWs—about 1 in 10)
- About 1 in 3 does not speak English well (NHWs—about 2 in 100)

# Results—Leading Causes of Death (LCOD) in US

- ❑ Cancer and heart disease—first two LCOD of death for Hispanics and non-Hispanic whites (NHWs) (2 in 5 deaths)
- ❑ Cancer is first LCOD in Hispanics, heart disease in NHWs
- ❑ Hispanic death rate is 24% lower than NHW
- ❑ Hispanic death rates for 7 of 10 LCOD lower than NHWs (#1, 2, 3, 4, 7, 8, and 9), similar death rates for kidney disease

Differences in the **10** leading causes of death, NON-HISPANIC WHITES vs HISPANICS

Non-Hispanic Whites	Hispanics
<b>1</b> Heart Disease	<b>1</b> Cancer
<b>2</b> Cancer	<b>2</b> Heart Disease
<b>3</b> Chronic Lower Respiratory Diseases	<b>3</b> Unintentional Injuries
<b>4</b> Unintentional Injuries	<b>4</b> Stroke
<b>5</b> Stroke	<b>5</b> Diabetes
<b>6</b> Alzheimer's Disease	<b>6</b> Chronic Liver Disease & Cirrhosis
<b>7</b> Diabetes	<b>7</b> Chronic Lower Respiratory Diseases
<b>8</b> Influenza & Pneumonia	<b>8</b> Alzheimer's Disease
<b>9</b> Suicide	<b>9</b> Influenza & Pneumonia
<b>10</b> Kidney Diseases*	<b>10</b> Kidney Diseases*

\*Types of kidney diseases—Nephritis, Nephrotic Syndrome & Nephrosis

# Results—Leading Causes of Death (LCOD) in US

- Hispanics are 50% more likely to die from diabetes or liver disease than NHWs
- Puerto Ricans had about a 20% higher overall death rate compared with Mexicans and Cubans\*

\*Note: Hispanic ethnic origin subgroups refer to cultural heritage, not necessarily birth place

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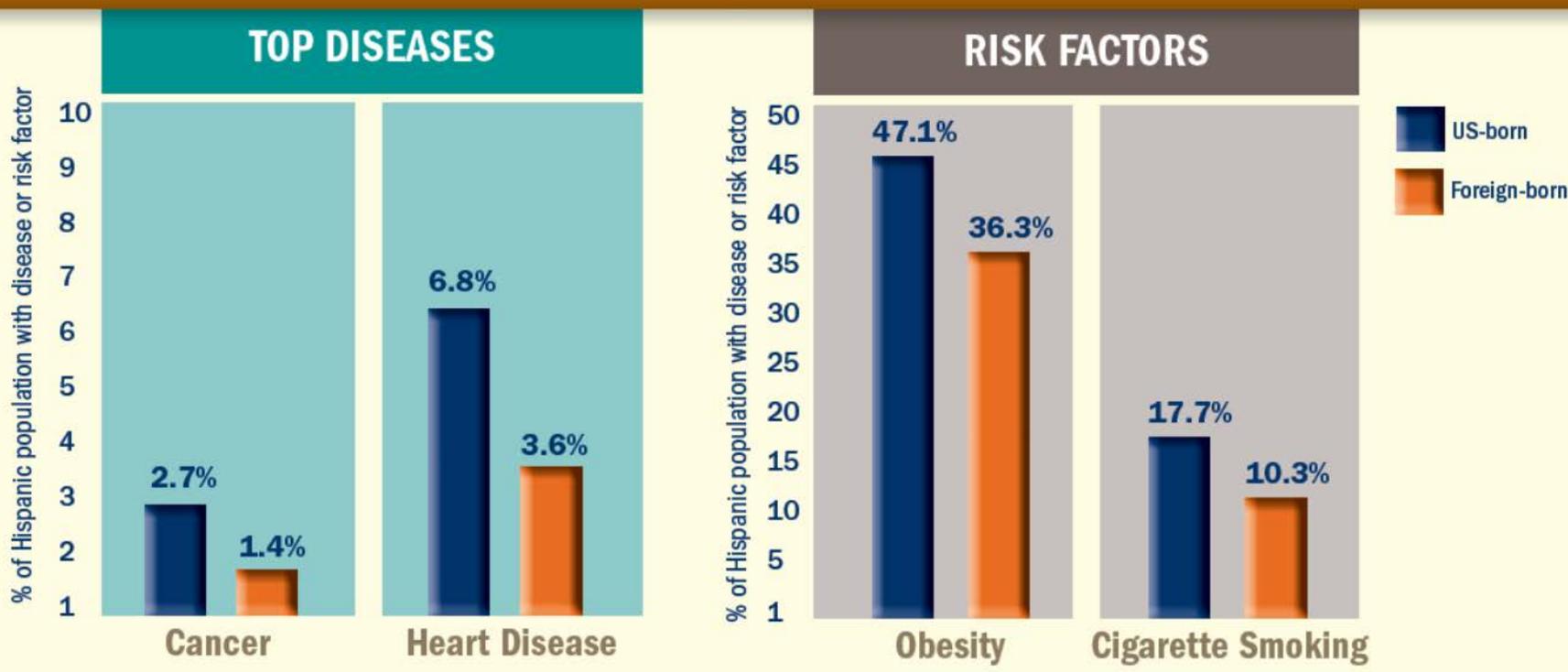
\*Types of kidney diseases—Nephritis, Nephrotic Syndrome & Nephrosis

## Results—Other Key Differences in Health Indices Comparing Hispanics and Non-Hispanic Whites

- ❑ **Hispanics had lower self-reported prevalences of cancer (↓ 49%) and heart disease (↓ 35%), but higher diabetes prevalence (↑ 133%)**
- ❑ **Hispanics less often reported smoking (↓ 43%), but showed a higher prevalence of obesity (↑ 23%)**
- ❑ **Hispanics were 28% less likely to have had colorectal cancer screening**
- ❑ **Hispanic women 7% less likely to receive recommended screening for breast cancer (mammogram) and cervical cancer (Pap test)**

# Differences in Prevalences of Diseases and Risk Factors Among US-Born and Foreign-Born Hispanics

## TOP DISEASES and RISK FACTORS for HISPANICS



Sources: National Health Interview Survey, 2009–2013, National Health and Nutrition Examination Survey, 2009–2012.

## Discussion

- ❑ The better health outlook for all Hispanics combined compared with whites despite many social factors that present barriers to health—termed “Hispanic Paradox” (1).
- ❑ Hispanic paradox is partly explained by lower Hispanic smoking rates, migration to US of health immigrants and reverse migration of elderly or sick Hispanics (2)(3).
- ❑ The findings of elevated death rates from diabetes and chronic liver disease, elevated obesity prevalence, and positioning of cancer as a leading cause of death in Hispanics may be interrelated (4).

(1) Palloni. Et al. Demography 2004; (2) Blue, et al. Int. J Epid (2011) ; (3) Singh, et al. Scientific World J 2013, and (4) Gallagher, et al. Diabetes Care 2013.

## Conclusion

- ❑ **Need for culturally and linguistically appropriate health care and preventive services for Hispanics (e.g., bilingual health materials, use of “promotores de salud” [community health workers])**
- ❑ **Need for patient center-centered medical homes and increased outreach to decrease the proportion of uninsured Hispanics.**
- ❑ **Need for feasible and systematic data collection strategy to reflect the health diversity in major Hispanic origin subpopulations, including by nativity.**

# Contact Information

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



# The Role of Community Health Workers/Promotores in 2015 and Primary Prevention of Diabetes

**Jaime R. Torres, DPM, MS**  
**President, Latinos for Healthcare Equity**



**May 12, 2015**



# Who are Community Health Workers?

- Community health worker (CHW) is an umbrella term for dozens of paid and volunteer job titles that constitute a vital part of the public health workforce. Some examples of commonly used job titles are community health representatives, health outreach workers, lay health workers, community health advisors, peer health educators, and *promotores de salud*.

*“Community health worker interventions have been found to be a promising strategy for improving diabetes outcomes, especially among low-income and racial and ethnic minority populations.”*



# What Community Health Workers Do?

- Directly address health disparities
  - Build trust in communities, work with patients and providers, reach disadvantaged populations, provide culturally competent assistance, promote health
- Improve health outcomes
  - Asthma, hypertension, diabetes, cancer, infant mortality, HIV/AIDS
- Contain costs for health and social service systems
- Reduce emergency room visits, increase number of kept appointments, improve adherence

Sources: Lubberts M, Reyna J. Core Health: an effective chronic disease management program with impressive Triple Aim results. Retrieved from [http://www.usm.edu/sites/default/files/groups/college-health/pdf/plenary\\_session\\_i\\_wednesday.3.pdf](http://www.usm.edu/sites/default/files/groups/college-health/pdf/plenary_session_i_wednesday.3.pdf).

Felix HC et al. Health Affairs. 2011; 30(7): 1366-1374

Margellos-Anast H et al. Journal of Asthma. 2012

Fedder Do et al. Ethn Dis. winter 2003



# Several Studies On CHW Have Documented

- The impact on health outcomes and costs of care
- As members of the care delivery team, CHWs have been shown to play a critical role in
  - Securing access to health care
  - Coordinating timely access to primary care
  - Behavioral health, and preventive services
  - Helping individuals manage chronic conditions
- CHW programs for which the return on investment has been calculated fall in the range of savings or returns of \$2.28 to \$6.10

Sources: Whitley Em et al. Measuring Return on Investment of Outreach by Community Health Workers. [J Health Care Poor Underserved](#). Feb 2006.

Culica D1 et al. Effectiveness of a community health worker as sole diabetes educator: comparison of CoDE with similar culturally appropriate interventions. [J Health Care Poor Underserved](#). 2008 Nov;19(4):1076-95. doi: 10.1353/hpu.0.0076.

Parker EA et al. Evaluation of Community Action Against Asthma: a community health worker intervention to improve children's asthma-related health by reducing household environmental triggers for asthma. [Health Educ Behav](#). 2008 Jun;35(3):376-95. Epub 2007 Aug 29.

# CHW and the Health Care Reform

## **2010—Bureau of Labor Statistics**

- The Department of Labor defines CHWs as frontline, public health workers who function as liaisons between individuals and health and social services delivery systems.

## **March 23, 2010—Patient Protection and Affordable Care Act**

- The Affordable Care Act (ACA) cites the use of CHWs as an effective way of improving health outcomes as part of a health care team while containing costs.

## **July 15, 2013—Centers for Medicare and Medicaid Services (CMS)**

- CMS new rule allows state Medicaid agencies to reimburse for preventive services provided by professionals that may fall outside a state's clinical licensure system, i.e. CHW.

## **State Initiatives around CHWs**

- A number of states have taken to diverse, individual initiatives to advance the CHW infrastructure, professional identity, workforce development, and financing.

Sources: US Bureau of Labor Statistics | Division of Occupational Employment Statistics.

<http://www.bls.gov/soc/2010/soc211094.htm>

Patient Protection and Affordable Care Act, 42 USCA (2010); <http://www.michwa.org/wp-content/uploads/ACA-one-pager.pdf>

Centers for Disease Control and Prevention, "A Summary of State Community Health Worker Laws".

[http://www.cdc.gov/dhdsp/pubs/docs/chw\\_state\\_laws.pdf](http://www.cdc.gov/dhdsp/pubs/docs/chw_state_laws.pdf)



# The Role of CHW/Promotores on Primary Prevention of Diabetes

## **Case: Diabetes prevention program led by CHW/Promotores is effective in reducing blood glucose**

### *Study Shows Community Approach Effective in Fight Against Diabetes*

This is the largest program to successfully replicate the results achieved by the Diabetes Prevention Project (DPP), a research study led by the National Institutes of Health and supported by the Centers for Disease Control and Prevention, which demonstrated several years ago that lifestyle weight-loss interventions can reduce the incidence of diabetes by 58%.

**“Given the high prevalence of obesity and metabolic syndrome and risk for diabetes, our study shows we can provide an effective program in a community setting,” said the study's lead author, Jeff Katula, PhD, Wake Forest University.**

# The National Diabetes Education Program (NDEP)

## What is the NDEP's Road to Health Toolkit/Camino a la Buena Salud (RTH)?

A bilingual toolkit on primary prevention of type 2 diabetes for community health workers/*promotores*. It aims to

- Encourage healthy food choices
- Increase physical activity
- Promote moderate weight loss for those who are overweight



Toolkit development involved looking reviewing findings from the Diabetes Prevention Program (DPP) study. The DPP study showed that type 2 diabetes can be prevented or delayed in people at high risk for the disease. <http://www.cdc.gov/diabetes/ndep/index.htm/>



# Intended Audiences of Partner Activities Using the RTH Toolkit

## Community Education Activities

- Individuals with prediabetes
- Family members and caretakers of individuals with diabetes
- Community health clinic patients (including people who are on Medicare, Medicaid, or uninsured, and racial/ethnic minorities)
- Local community residents, regardless of race/ethnicity or other demographic characteristics
- Community health clinics
- Coalition members, such as from a local diabetes coalition



# What We Have Learned?

- CHW/Promotores can improve access to diabetes prevention education for Hispanic or Latinos.
- Sustainable funding for CHW/Promotores training, placement and supervision are needed.
- RTH offers an effective alternative approach for providing primary prevention education on diabetes to people with low health literacy level.
- Developing partnerships with CHW/Promotores and community organizations is an important strategy for increasing resources and supports for primary prevention efforts.



# Contact Information



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***AMIGAS: Developing and Testing a  
Cancer Screening Intervention for  
Women: A CDC Program***

Theresa Byrd, DrPH, MPH, BSN  
Associate Dean and Chair  
Department of Public Health  
Texas Tech University Health Sciences Center



## What is AMIGAS?

AMIGAS (Ayudando a las Mujeres con Información, Guía, y Amor para su Salud) is a theory-based intervention developed with the participation of the community, aimed at increasing cervical cancer screening in women of Mexican origin.





## Why is AMIGAS important?

- In the United States, Hispanic/Latina women have higher rates of cervical cancer and lower rates of Pap test screening than non-Hispanic white women.
- Regular screening can prevent cancer by finding cervical changes early, and can improve outcomes of cancer by finding early stage disease.



## How was AMIGAS developed?

### Phase 1

- A pilot study with 18–25 year old women
- A larger study of over 500 women in El Paso, Texas
- Using the data, we developed an intervention together with community members
- The product was pilot tested



# How was AMIGAS developed?

## Phase 2

- AMIGAS was “renovated” by a team including
  - Theresa Byrd, DrPH
  - CDC researchers
  - Battelle researchers
  - Lay Community Advisory Group
- Material updated to include new guidelines, add English, activities, and games

**AMIGAS**



La guía de instrucciones de la promotora  
Promotora Instruction Guide

September, 2007

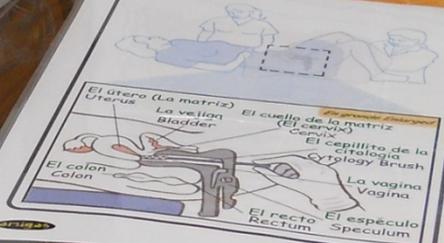
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¿Quiénes pueden contraer el cáncer cervical (del cuello de la matriz)?  
Who can get cervical cancer?

Hacerse la prueba de Papanicolaou  
Getting a Pap Test



El útero (La matriz)  
Uterus

La vejiga  
Bladder

El cuello de la matriz (El cervix)  
Cervix

El cepillito de la citología  
Cytology Brush

El colon  
Colon

La vagina  
Vagina

El recto  
Rectum

El espéculo  
Speculum

Diagrama del cuerpo  
Body Diagram



El sistema reproductivo de la mujer  
The Female Reproductive System

Las trompas del Falopio  
Fallopian Tubes

Los ovarios  
Ovaries

El útero (La matriz)  
Uterus

La vagina  
Vagina

¿Sabes que las mujeres más de 21 años de edad deben hacerse la prueba de Papanicolaou?

**Hay de Océano**

Yo prometo a mí misma y a mi familia a seguir estas pautas:

Firmado por:

Voy a hacerme la prueba de Papanicolaou. Ya he dado un paso para hacerme la prueba de Papanicolaou.

AMIGAS  
DIDR  
4216  
Proyecto Amigas



## AMIGAS Video





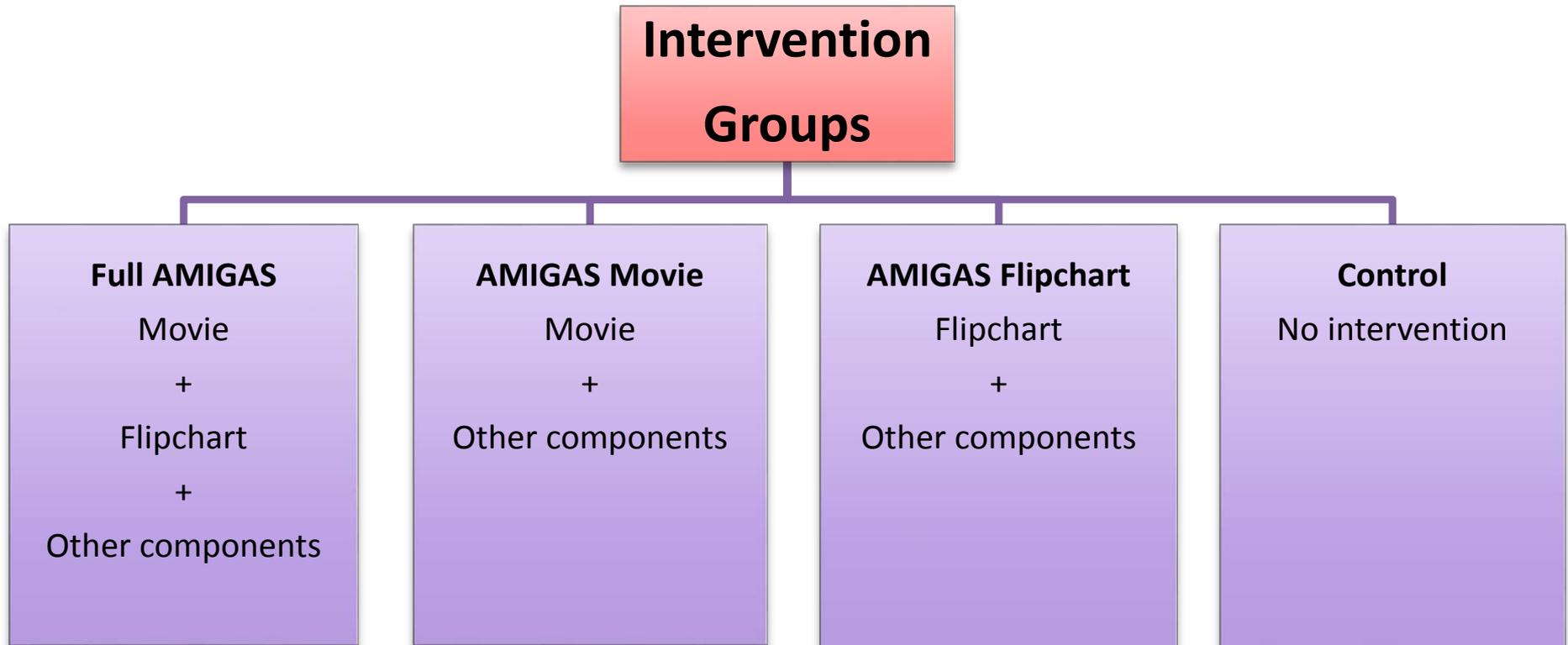
## How was AMIGAS evaluated?

### Phase 3

- Clinical trial to test the effectiveness of the intervention
- Trial was conducted in
  - Houston (Urban)
  - El Paso (Border)
  - Yakima Valley (rural)



## AMIGAS Intervention





## Percentage of women having a pap test by study arm across all sites

All Sites (per protocol)	
Control group	28.6
Full AMIGAS	61.7
No flipchart	56.0
No video	50.8
P-value for the comparison of the four arms. <0.0001	
P-value for the comparison of the 3 non-control arms 0.2169	



## Why did AMIGAS work?

- Was it
  - The theory base?
  - The involvement of the community in the development?
  - The *Promotoras*?



Thank you!

You can contact me at

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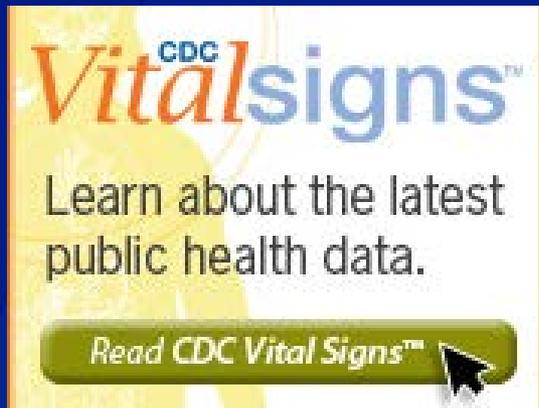
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Please mark your calendars for the next  
***Vital Signs Town Hall Teleconference***

**June 9, 2015**

**2:00–3:00 pm (EDT)**

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The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

