Development of education intervention to improve awareness and knowledge of heart disease in Hispanic women at a non-profit organization in Salt Lake City

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In Partial fulfillment of Requirement for the Doctor of Nursing Practice

Executive Summary

Heart disease continues to be the primary cause of death for women in the United States (CDC, 2015). In 2009, heart disease killed 292,188 women, and despite the effort of education campaigns, only 54% of women identify that heart disease is their number one killer (CDC, 2014). Hispanic women have been identified to have a much higher risk of developing heart disease when compared with other ethnicities. Hispanic women have a tendency to develop heart disease 10 years earlier than non-Hispanic women (AHA, 2014). Only 3 in 10 Hispanic women are educated of their high risk of heart disease by their primary care doctors (AHA, 2014). Several studies have shown that there is a gap in educational efforts that are tailored to the Hispanic woman. With the determination to address this gap among Hispanic women, a program designed to be delivered in a culturally sensitive manner should be identified to increase Hispanic women's knowledge and awareness of heart disease.

Therefore, the purpose of my project is to utilize local promotoras to provide heart-health education to increase knowledge and awareness of heart-disease risks factors and to introduce healthy behaviors to Hispanic women through a program that is tailored to their culture with the objectives of (a) identifying a culturally sensitive educational program on Hispanic women's risk of heart disease, (b) facilitating education and training of promotoras to implement heart disease modules in their educational program, (c) evaluating the effectiveness of the training and materials with the promotoras for cultural relevance and fit for their unique community, and (d) developing a tool kit of resources for the promotoras to use in their program.

As part of the implementation and evaluation of this project, "Conozca su Corazon" (CSC) was identified as a culturally sensitive educational program for Hispanic women. I became a facilitator of the CSC program to ensure adequate training and support for the promotoras throughout the initial training and the execution of classes. The promotoras were educated and trained on the CSC program. A post survey and a debriefing session were conducted to evaluate the promotoras' knowledge, confidence and learning experiences from the CSC program. Finally, culturally relevant materials and a list of appropriate resources were collected to ensure that promotoras were equipped with CSC material for future classes.

This project aimed to utilize local promotoras to increase knowledge and awareness of heart disease risk factors and to promote healthy lifestyles and behavioral changes to prevent heart disease with the hope to reduce the existing gap in education among Hispanic women.

The Doctor of Nursing Practice Scholarly Project committee includes:

Chair Advisor: Ana C Sanchez-Birckhead, APRN, WHNP-BC, PhD.

PCNP Program Director: Julie Balk, DNP, FNP-BC

MS/DNP Program Director: Gillian Tufts, DNP, DNP, APRN, FNP-C

Content Experts: Karla Padilla, MA, Sara Carbajal - Salisbury, BS and Karina Gibson, BS

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Acknowledgment

I would like to express my gratitude to my chair advisor Ana C Sanchez-Birkhead, for your inspiring guidance throughout this project. You have been an amazing mentor, and your advice in my project has been priceless. I am grateful for my content experts Karla Padilla, MA, Sara Carbajal-Salisbury, BS and Karina Gibson, BS for the valuable contribution towards the implementation of this project. I am also sincerely thankful for the support of the promotoras Lourdes Avila and Esperanza Aria for making this project possible and memorable. A special thanks to my family, friends and professors who have helped me throughout this project. A warm thanks to my dear son, Italo who brought love, happiness and strength into my life. Finally, I would like to take the opportunity to direct my appreciation to my husband, Wilson, who has always and unconditionally been there for me.

Problem Statement

Heart disease has been the leading cause of death among women in the United States for several years (CDC, 2015). Risk factors have been disproportionately higher in minority women, especially among Hispanics/Latinas as compared with non-Hispanic women. In fact, "eighty percent of Hispanic women ages 20 and older are overweight or obese, and 15 percent have been diagnosed with diabetes" (National Institutes of Health [NIH], 2014). Despite the fact that efforts have increased public awareness of heart disease in most women, a persistent gap in awareness remains between Hispanic women and non-Hispanic women (Daviglus, Talavera & Santa, 2012). Hispanic women have a tendency to develop heart disease 10 years earlier than non-Hispanic women (American Heart Association [AHA], 2014). Additionally, younger Hispanics are less likely to identify heart disease as the leading cause of death in women (Munoz, Etnyre, Adams, Herbers, Witte, Horlen & Jones, 2010).

Hispanic women are particularly at a disadvantage as compared with other ethnicity groups because only 3 in 10 Hispanic women believe they have been educated by their healthcare providers about their higher risk of heart disease, and only 1 in 4 are aware of treatment options (AHA, 2014). Furthermore, "they are more likely to take preventive action for their family when it comes to heart health" (AHA, 2014). "In 2005, awareness that heart disease is the leading cause of death was lowest in Latino women at 34% compared to 62% for white women, and 38% for black women" (Close The Gap, n.d.) This lack of knowledge has created the highest prevalence of heart disease in Hispanic women globally (Schroetter and Peck, 2008).

Hispanic women's lack of knowledge is problematic because they have strong genetic traits for heart disease and without knowledge, Hispanic women may not be aware of important prevention approaches (AHA, 2014). Moreover, Hispanic women have a firm commitment to their families, providing care for everyone else before themselves. Likewise, they are less likely to seek medical help and/or follow up with treatment (AHA, 2014). In order to address this gap among Hispanic women, AHA launched the Conozca Su Corazon (CSC) in Salt Lake City, Utah in 2008. The CSC is designed to be delivered in a culturally sensitive manner using the community health worker model (Conozca Su Corazon Overview, 2013).

Clinical Significance

Regardless of the efforts of several non-profit and private organizations to develop campaigns to increase knowledge and awareness of heart disease among Hispanic women, they remain very poorly informed about their risk factors. This lack of information is a result of not having enough educational campaigns to raise awareness of heart disease in Hispanic women that are sensitive to the Hispanic culture (Galbarith, Mehta, Veledar, Vaccarino &Wenger,

2011). Promoting awareness of the risk factors and effective prevention strategies against heart disease through a culturally sensitive program for Hispanic women will holistically improve their lives, and will contribute to the reduction of health care costs that result from heart disease.

The United States Centers for Disease Control and Prevention (CDC) reports that "Heart disease is the leading cause of death for women in United States, killing 292,188 women in 2009—that is 1 in every 4 female deaths" and "despite increases in awareness over the past decade, only 54% of women recognize that heart disease is their number 1 killer" (2013). It is important that women become knowledgeable about their risks of heart disease because "nearly 60 percent more women die of cardiovascular disease than from all cancers combined" (Womenshealth.gov, 2009, p.1). AHA (2011) reports that "Cardiovascular disease is responsible for 17% of national health expenditures" (p. 1). Furthermore, the United States (U.S) health care annual total direct cost is estimated to be $273 billion (CDC, 2011) and unfortunately, this amount is expected to triple by 2030 (AHA, 2011).

There are many communities in the U.S. that have applied the "Promotora de Salud" Community Health Workers Model in an effort to connect with Hispanic communities and to decrease the overall financial burden on the U.S. health care system. This model supports both the individual and community by providing health awareness and supporting independence through outreach activities, community education, informal counseling, social support, and advocacy (Pittman, Sunderland, Broderick and Barnett, 2015). The use of the promotoras in a wide range of health activities is important because they are trusted individuals in the Hispanic communities that share social, cultural and economic characteristics (RAC, 2014). The use of the promotoras is also enhanced when they work collaboratively with other health care individuals such as providers and nurses to educate Hispanic women about their health. This

project aimed to utilize the promotoras to raise awareness of heart disease risk factors and to introduce healthy behaviors in Hispanic women in partnership with CSC program, a heart disease program designed to be tailored to the Hispanic culture**.**

Objectives

The first purpose of this DNP scholarly project was to identify a heart-health education program that is culturally tailored to meet the needs of Hispanic women. The second purpose was to utilize local promotoras to provide heart-health education to increase knowledge and awareness of heart-disease risk factor and to introduce healthy behaviors to the Hispanic women.

To achieve the purposes of this project, I developed four objectives of which all were approved by my project chair and the scholarly project faculty members:

- Objective #1: Identify a culturally sensitive educational program on Hispanic women's risk of heart disease.
- Objective # 2: Facilitate education and training of Promotoras to implement heart disease modules in their educational program.
- Objective # 3: Evaluate the effectiveness of the training and the teaching materials with the promotoras for cultural relevance and fit for their unique community.
- Objective # 4: Develop a toolkit of resources for the promotoras to use in their program.

Literature Review

Background

Despite the efforts of educational campaigns, knowledge and awareness of heart disease among Hispanic women continue to be unsatisfactory (Giardina, Sciacca, Flink, Bier,

Paul & Moise, 2013). Studies have concluded that traditional campaigns might be lacking culturally sensitive educational efforts to educate minority women (Mosca, Hammond, Mochari-Greenberger, Towfighi & Albert, 2013). This is problematic because this population lacks information on heart disease risk factors, healthy lifestyles, and behavioral changes to prevent heart disease (AHA, 2014). An implementation of a heart disease program that is tailored to the Hispanic population may be promising as the Women's Heart Disease Awareness Study (2012) found that "racial and ethnic minorities reported higher levels of trust in their healthcare providers compared with whites, and were also more likely to act on the information provided — dispelling the myth that mistrust of providers contributes to disparities" (AHA, 2014).

Risk Factors

Heart disease risk factors can be divided in two categories: non-modifiable risk factors (age, race & ethnicity, gender, and family history) and modifiable risk factors (diabetes, dyslipidemia, hypertension, overweight and obesity, physical inactivity, poor diet, excessive alcohol use, and cigarette smoking). While there are a number of approaches to combat the modifiable risk factors, there are many strong non-modifiable risk factors that can contribute to the likelihood of the development of heart disease in Hispanic women. In general, occurrence of heart disease is increased by age, having a history of an immediate and/or extended family that suffered from heart disease and passing through the menopausal period.

Although, non-modifiable risk factors are independent of race and/or ethnicity, minority groups have a particularly greater risk for heart disease due to higher rates of high blood pressure, obesity and diabetes (The American Diabetes Association [ADA], 2014). When risk factors are compared amongst gender, "women ages 18-55 years old tend to be less healthy and have a poorer quality of life than similar-aged men before suffering a heart attack." ("Heart

Attack Risk Factors: Women vs. men," n.d.). Besides, when a heart attack occurs with women, they tend to have more medical complications and an inferior quality of life (AHA, 2014). Likewise, women are at a higher risk for other medical conditions associated with heart disease than men, including diabetes, obesity, stroke, heart failure, renal failure, and depression (AHA, 2014).

Risk Reduction Strategies (primordial, primary and secondary prevention)

Stuart-Shor, Berra, Kamau & Kumanyika (2014) noted the importance and the urgency of effective prevention strategies among racial/ethnic minority communities. This preoccupation is partly due to the high prevalence and poor management of heart disease risk factors that minorities, particularly women, have been facing for years. There are four recognized levels of disease prevention: primordial; primary; secondary; and tertiary prevention. Primordial prevention is relatively new, but extremely significant as "it involves preventing the development of risk factors for disease." (CDC, 2011, p.1). In primary prevention, the aim is to modify existing risk factors to prevent the development of the disease (CDC, 2011). Stuart-Short et al, 2012 added that primary prevention's purpose is to prevent the appearance of the first heart disease event through counseling on known heart disease risk factors such as blood pressure, weight control, physical inactivity, diet, and smoking.

The goal for the secondary prevention is the management of risk factors in those individuals with an established condition for reduction of recurring events. Tertiary prevention involves avoiding complication and damage from the disease. It is important to recognize that primordial and primary prevention are the most valuable to this project as the purpose of my project is to raise awareness of heart disease risk factors and encourage healthy behavior.

Psychosocial Barriers

An important aspect when promoting awareness and knowledge of heart disease in Hispanic women is to consider the psychosocial barriers that these women have been facing throughout their lives. Galbraith, et al (2011) studied several psychosocial barriers that prevent women from recognizing heart disease risks and risk factors. Among all the psychosocial barriers analyzed, the most common predictors of motivation to engage in healthy behavior were age. Women less than 45 years in age were less motivated than women older than 45. This finding can be explained by the fact that younger women are usually more preoccupied with constructing a family and pursuing a career. In addition, it is assumed that younger women are less motivated to learn about their risk factors and taking action against heart disease because they haven't developed a condition yet (Galbraith, et al., (2011).

The next most motivators were having knowledge of family history and worrying about developing heart disease. Social barriers such as household income, level of education, and location of residency were not affected by the level of motivation among the women participating in this study (Galbraith et al., 2011). Last to be assessed was the perception of personal heart disease risk, and it was recognized that urban minority women have lower motivation levels. Therefore, an educational program designed not only for older Hispanic women, but also for the less motivated younger women, may be essential to raise awareness of heart disease and improve motivation to modify their risk factors (Galbraith et al., 2011).

Solutions

There are several studies that support the need to develop an educational intervention tailored to Hispanic women with the effort to decrease the existing gap in awareness of heart disease. Recognized organizations such as AHA have been working collaboratively not only in the State of Utah, but across the country, to promote awareness and knowledge of heart disease in Hispanic women. In order to accomplish this goal, it is also important to recognize the utilization of the promotoras in the Hispanic communities. For that reason, CSC was identified as an appropriate heart disease program for the Hispanic population, and it was implemented at the Holy Cross Ministries (HCM) in the promotoras program. The promotoras were trained on the CSC program to advocate for awareness of heart disease among the population they serve. The dissemination efforts included the development of a heart disease toolkit in Spanish and ongoing support from CSC staff to ensure continuity of the CSC program. In addition, the final results of this project were presented to the promotoras during their bi-monthly meetings.

Theoretical Framework

The Health Belief Model (HBM), the oldest of the individual behavioral theories and the most broadly used in public health, (Edberg, 2007) was designed to understand what motivates an individual to act towards achieving a preventive health behavior. HBM refers to an outcome of perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action, and self-efficacy. Another aspect of the HMB is that it is based “on individual decisions” (Edberg, 2007, p. 38) and the supposition that an individual will participate in healthy behavior if they value the outcome of being healthy (Edberg, 2007).

In the study, *Women and Heart Disease: Knowledge, Worry, and Motivation*, the authors concluded that “higher motivation scores were associated with greater personal risk factor

knowledge/awareness and more worry about cardiovascular disease" (Galbraith, Mehta, Veldedar, Vaccarino & Wenger, 2011, p. 1529). Therefore, an individual's decision to become knowledgeable about heart disease risk factors and to take action against heart disease is heavily influenced by the individual's motivation.

Implementation Plan

Objectives	Implementation	Evaluation
Identify a culturally sensitive educational program for Hispanic women's risk of heart disease.	Conozca Su Corazon (CSC) was identified as a culturally sensitive program for the Hispanic women.	Program was reviewed with my project chair and content experts.
Facilitate education and training of promotoras to implement heart disease modules in their current educational program.	Coordinated and scheduled training and classes with the CSC program coordinator. Became a facilitator of the program to ensure support to the promotoras and participants.	Evaluated cultural fit and appropriateness of CSC to the existing curriculum and acceptance of this program by the promotoras. Training concluded on Jan 2nd, 2015 and classes on Feb 3rd, 10th, 17th, 24th, 2015.
Evaluate the effectiveness of the training and materials with the promotoras for cultural relevance and fit to their unique community.	Promotoras were educated, trained and allowed to practice before implementing the CSC in their curriculum.	Post-survey was conducted with the promotoras (n=6) after the initial training. Post-survey and debriefing session was conducted with the promotoras (n=3) to evaluate their knowledge, confidence and learning experiences from the CSC program
Develop a toolkit of resources for the promotoras to use in their program.	Culturally relevant materials and list of appropriate resources were gathered.	Promotoras were equipped with CSC material for future classes.

CSC, a national program established by AHA, was identified as a program developed to aid Hispanic/Latinos to reduce their risk for heart disease. I identified the CSC program after several online searches and with the assistance of my project chair. CSC was launched in Utah with the support of the George S. and Dolores Dore Eccles foundation in 2008 (CSC Overview, 2013). The CSC program consists of four small group sessions: a heart disease health assessment, online support Heart360 and social media, worksite wellness integration, and other activities that promote health behaviors. These sessions are taught in Spanish, are free of charge and designed to be delivered in a culturally sensitive manner using the community health worker model (CSC Overview, 2013).

After the approval of Institutional Review Board, the next step towards the implementation was to facilitate education and training of promotoras to implement heart disease modules in their educational program. I initially contacted Karla Padilla, the program coordinator of CSC, in September of 2014. She was responsible for coordinating, training and implementing the CSC program in the local community. Shortly after the initial email contact, we met in person and reviewed the course material. She was very excited about my scholarly project and interested in our partnership. She thanked me "for reaching out for them and for caring so much about Latina health issues." She also agreed to be my content expert person for this project. In December, 2014 I had the opportunity to meet with my second content expert, Sara Carbajal-Salisbury— director of health programs from Alliance Community Services. She has been the Co-founder and program coordinator for the Hispanic Breast Cancer Support Group, among other responsibilities within the Hispanic community.

In January 2015, Karla Padilla contacted me by phone stating that she was resigning the CSC coordinator position, but consented to continue to be my content expert. On January 20th,

2015, I met with the new CSC coordinator, Karina Gibson, who seemed to appreciate my project as well. We discussed this project's objectives, implementation, evaluation, and reviewed the agenda for the CSC initial training. We also discussed the CSC new requirement, which included the cardiopulmonary resuscitation (CPR) portion to the current curriculum. During our meeting, she agreed to be my third content expert of this project. Meanwhile, there were several phone calls, text messages and e-mails between Karina Gibson and the HCM promotoras, in an attempt to accommodate an extra day for the CPR section for the CSC training.

During the training, there were a total of six promotoras. They successfully received the CSC training on January 22nd, 2015 from 10 am to 2 pm at the HCM office. The agenda for the training included introductions, CSC curriculum, health promoter purpose, program goals and checklist, participant survey, presentation skills/materials, and coordination (Appendix A). The completion of the training took place on February 6th, 2015 where the CPR class was taught effectively for one hour.

The first CSC class occurred on February 3rd, 2015 and consisted of a heart disease awareness and health assessment, including weight, height and BMI checks. On February 10th, 2015, the CSC promotora highlighted the importance of losing weight in a healthy manner. During this session, CPR training was provided and practiced. The third session of the class was on February 17th, 2015 where physical activities were emphasized, and a thirty-minute Zumba class provided. The fourth and last session of the CSC program was accomplished on February 24th, 2015 with a focus on "How to live healthy eating" (CSC power point, 2015). The CSC course concluded with a small farewell with a typical and healthy plate from each participant's culture. There was an iPad and a cooking utensils basket raffle at the end of the fourth class. However, only participants who attended at least three classes qualified for the raffle. Each of the

classes in the four sessions lasted approximately one hour and half, and they were taught by the CSC promotoras in the Niños Especiales Familias Fuertes (NEFF) program located at the South Main Clinic.

The third objective of my project was to evaluate the effectiveness of the training and materials with the HCM promotoras for cultural relevance and fit for their unique community. In order to assess the effectiveness of the CSC training and the materials, a survey was provided after the training on January, 22nd to the all six promotoras that participated that day (Appendix B). The same survey was delivered to the three promotoras that actually completed the four classes along with a debriefing session. The last step toward the implementation of my project was to gather culturally relevant materials and a list of appropriate resources for the promotoras to use in their program. This last objective was accomplished by equipping the promotoras with a promoter packet that included health promoter checklist, interested participant list, attendance sheet, BMI chart, $10 Wal-Mart gift card, sodium pledges, "Conozca Su Numeros" cards, and other promotional material. Other materials included participant manuals, pre and post-test surveys, recipe booklets, CPR training material, including mannequins, promotional flyers and CSC pens. Measuring tape and scale, computer and projector were not provided for this project; however, these items are available at the clinic where the classes will be taught in the future.

Evaluation Plan

Through online search, literature review and communication with my project chair, the CSC program was recognized as a culturally sensitive program for the Hispanic Women. The identification of CSC program established the groundwork of this project and marked the completion of my first objective. The second objective was fulfilled by (1) assessment and evaluation of the CSC program with the promotoras to be a culturally fit and appropriate

program to the HCM existing curriculum, (2) becoming a facilitator of the CSC program to ensure adequate training and support for the promotoras, and (3) education and training promotoras at HCM so they could implement their program with Hispanic women. This objective also allowed promotoras to become facilitators of the CSC program and to practice before implementing the program in their curriculum.

The hallmark of the third objective was the conduction of a post-survey after the initial training and actual classes, with a debriefing session after the completion of four-week length course to evaluate the promotoras' knowledge, confidence and learning experience in teaching the CSC program. The successful conclusion of the fourth objective was marked by gathering cultural relevant materials and completing a list of appropriate resources to ensure that the promotoras were equipped with CSC materials for future classes and to enable continuity of this project.

Results

As mentioned in the implementation section, there were a total of six HCM promotoras to the CSC training. A total of six post-surveys were given the same day following the initial training. Out of six promotoras, 50% rated CSC program as "excellent" and 50% as "good." The second post-survey question focused on how useful the promotoras believed the CSC program would be for their population, 100% stated, "very useful." Then, 80% of the promotoras expressed that CSC promotoras provided sufficient training time, and 80% felt "very confident" about teaching the CSC program. When asked how likely they were to incorporate the CSC program material into their existing educational program, 100% answered "very likely." Out of six promotoras, 80% estimated to teach CSC program "yearly" and 20% "semi-annual". The last

three post-surveys questions were regarding the heart disease toolkit and resources: “How would you rate the heart disease toolkit?” and “how likely are you to use the heart disease toolkit and resources?” 50 % rated the toolkit and resources as “excellent” and 50% as “good," then 100% stated, “very likely” to use toolkit and resources.

The same post-survey questions were provided after completion of the actual CSC classes followed by a debriefing session. During the actual classes, only three promotoras participated. All three promotoras rated CSC program and its toolkit as “excellent” and they continue to believe that CSC is a “very useful” program. They also were “very likely” to incorporate the CSC program material into their educational program and to use the heart disease toolkit. Out of those three promotoras, two of them felt “very confident” about teaching the CSC program, and estimated to teach the CSC program “yearly.”

The debriefing session took place next, and it was recorded with the promotoras’ consent for accuracy of the results. The debriefing session provided the promotoras the opportunities to expand on the following four open-ended questions: the first question was “What do you feel will be your biggest barrier in teaching the CSC program?” The three promotoras expressed concern about finding time to incorporate the four sessions’ classes into their existing curriculum. One promotora mentioned, “I wished the program was set up for two-day classes… I could easily fit these four classes into two.” The second open-ended question was, “Are there components of the CSC program you would like to add or remove in order to meet the needs of your population?" This question referred back to the previous question where the schedule seemed to be an issue. The following question was “Is there anything else that we could assist you in the process of implementing the CSC program in your organization?” The promotoras stated that providing materials, including the fliers and slides were sufficient during the

implementation process. The last question asked if they wanted to mention or discuss anything else about the CSC program. They believed the classes turn out to be very successful. They added, the classes were "very dynamic, informative and helpful" and concluded that "the majority of the participants were greatly satisfied with the classes."

Recommendations

In an effort to bridge the gap of heart disease in Hispanic women, it is important to identify a culturally sensitive heart disease program that promotes awareness and knowledge about heart disease such as the CSC program. This project has proven the acceptance of the participants when a program is tailored to their culture. The success of the classes was also demonstrated through application of the health promoter/ promotoras model. Recommendation for the future includes facilitating education and training of promotoras in other communities to implement the CSC program and improve Hispanic women's overall access to health information.

DNP Essentials

The completion of this scholarly project fulfilled at least the following Doctorate of Nursing practice (DNP) Essential:

- Essential I: Scientific Underpinnings for Practice

  This project allowed the integration of nursing science with knowledge from ethics, biophysical and psychosocial. It aimed to promote strategies to change health behavior that focused on factors such as knowledge and beliefs about heart disease in Hispanic women.

- Essential II: Organization and System Leadership for Quality Improvement and systems Thinking

  The strategies created for this quality improvement project made sustainable changes not only to the HCM organization, but hopefully to its clients as well. Implementation of the CSC program into their existing educational program will assist with the nursing and health care goals to eliminate health disparities, and consequently, to decrease the gap about heart disease knowledge and awareness among Hispanic women.

- Essential III: Clinical Scholarship and Analytical Methods for Evidence-Based Practice.

  This project especially achieved the criteria for integration and application of knowledge to improve health outcomes through basic research skills. Analytic methods were used to evaluate current literature, not only to identify gaps in evidence practice, but to determine and implement the heart disease program at the HCM. Finally, DNP essential III were also fulfilled by the dissemination of this project's findings to the HCM promotoras.

- Essential VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes

  Completion of this project allowed effective communication, leadership, and collaborative skills by working in conjunction with a recognized organization such as AHA, a culturally sensitive heart disease program known as CSC, and other patients' advocates, including the promotoras from the HCM.

- Essential VII: Clinical Prevention and Population Health for Improving the Nation's Health

  This criterion fulfills the national goal of improving the health status of the population of the United States (DNP essential, 2015) by the implementation of CSC, a health

prevention and promotion program. The hallmark of this project included leadership to integrate and institutionalize evidence-based clinical prevention.

- Essential VIII: Advance Nursing Practice

  This project developed and sustained partnerships with the Hispanic women who participated in the CSC program, and other professionals in the area. These partnerships will result in the improvement of health care outcomes of the Hispanic women in Salt Lake County.

Conclusion

Heart disease is the number one killer among Hispanic women (AHA, 2015). Several studies have demonstrated that Hispanic women continue to be poorly informed about their heart disease risk factors, despite many educational campaigns' efforts. The identification of a cultural sensitive heart program that promotes awareness and knowledge of heart disease risk factors for Hispanic women is vital not only for this unique population, but also to lessen the overall financial burden on U.S. health care costs. Hence, the objective of this DNP project was to identify a culturally sensitive educational program that teaches about the Hispanic woman's risk of heart disease, and therefore facilitate education and training of promotoras to implement heart disease modules in their educational program. Next, evaluate the effectiveness of the training and materials by the promotoras for cultural relevance and fit their unique community, and develop a toolkit of resources for the promotoras to use in their program. The objectives were successfully accomplished and were marked with overall positive responses from the promotoras, noting that they are in the best position to bridge the gap of heart disease education among Hispanic women.

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Appendix A: Training Agenda

American Heart Association. | CONOZCA SU CORAZÓN.

Capacitación de Promotores

Holy Cross Ministries

AGENDA

Jueves 22 de enero, 2015
10am-2pm

No.	Time	Item
1.	10:00	Bienvenido/Agenda
2.	10:05	¡A conocer!
3.	10:15	Metas y propósito de Conozca Su Corazón
4.	10:30	Guía para los Promotores
5.	10:55	Descanso
6.	11:00	El Currículo
7.	12:00	Almuerzo
8.	12:30	Los Materiales
9.	12:45	HOCPR
10.	1:30	Las Encuestas

Appendix B: Post-Survey Questions

1. How would you rate the Conozca Su Corazon (CSC) program?

Excellent

Good

Fair

Poor

2. How useful do you think the CSC program will be for the participants?

Very useful

Somewhat useful

Not useful

3. Did you feel that CSC health promoter provided sufficient training time (Yes/No)? If not, what could they have done differently?

4. How confident and comfortable are you about teaching the CSC program?

Very confident

Somewhat confident

Not confident

5. How likely are you to incorporate the CSC program material into your existing educational program?

Very likely

Somewhat likely

Not likely

6. On Average, How often are you estimating to teach the CSC program?

Quarterly

Semi-annual

Yearly

Other

7. What do you feel will be your biggest barrier in teaching the CSC program?

8. How would you rate the heart disease toolkit?

Excellent

Good

Fair

Poor

9. How likely are you to use the heart disease toolkit?

Very likely

Somewhat likely

Not likely

10. How can I make the heart disease toolkit to look better?

11. Are there components of the CSC program you would like to add or remove in order to meet the needs of your population?

12. Is there anything else that we could assist you in the process of implementing the CSC program in your organization?

13. Is there anything else that you wanted to mention or discuss about the CSC program?

Appendix C: CSC Flier

Appendix D: Proposal Defense

DEVELOPMENT OF EDUCATION INTERVENTION TO IMPROVE AWARENESS AND KNOWLEDGE OF HEART DISEASE IN HISPANIC WOMEN AT A NON-PROFIT ORGANIZATION IN SALT LAKE CITY

Carolina Guitarrari, BSN, RN

In partial fulfillment of the requirements for the Doctor of Nursing Practice degree
October 2, 2014

Background

- Heart disease continues to be the leading cause of death in Hispanic Women (American Heart Association [AHA], 2014).
- Only 1 in 3 Hispanic women are aware that heart disease is their number 1 killer" (AHA, 2014).
- Hispanic women have a tendency to develop heart disease 10 years earlier than non-Hispanic women (AHA, 2014).

Background Cont.

- Hispanic women lack information on heart disease risk factors, healthy lifestyles and behavior changes to prevent heart disease (AHA, 2014).
- Despite the efforts of educational campaigns, knowledge and awareness of heart disease continue to be unsatisfactory (Giardia, Sciacca, Flink, Bier, Paul & Moise , 2013).
- Traditional campaigns might be lacking culturally sensitive educational efforts to educate minority groups, especially Hispanic women (Mosca, Hammond, Mochari-Greenberger, Towfighi & Albert, 2013).

Problem Statement

- A non-profit organization lacks a structured culturally relevant, evidence-based heart health program for their growing number of Hispanic families.
- Promotoras at this facility requested education and training on how to improve their existing educational program.

Purpose: To raise awareness of heart disease risks factors and to introduce healthy behaviors in Hispanic women tailored to their culture.

Significance & Policy Implications

- "Nearly 60 percent more women die of cardiovascular disease than from all cancers combined (Womenhealth.gov, 2009) and " only 54% of women recognize that heart disease is their number 1 killer"" (Centers for Disease Control and Prevention [CDC], 2013).
- Heart disease contributes to an annual direct cost of $273 billion on the United States health care system (CDC, 2011). This amount is expected to triple by 2030 (AHA, 2011).
- "In 2005, awareness that heart disease is the leading cause of death was lowest in Latino women at 34% compared to 62% for white women, and 38% for black women"(Close The Gap, n.d.).
- There are not enough educational campaigns to raise awareness of heart disease in Hispanic women that are sensitive to the Hispanic culture (Galbarith, Mehta, Veledar, Vaccarino & Wenger, 2011).

Objectives

- Identify a culturally sensitive educational program for Hispanic women's risk of developing heart disease.
- Facilitate education and training of Promotoras to implement heart disease modules in their current educational program.
- Evaluate the effectiveness of the training and materials by the promotoras for culturally relevance unique to their community.
- Develop a tool kit of resources for the promotoras to use in their program.

Theoretical Framework

- Conozca Su Corazon (CSC) was developed by the American Heart Association and uses the health behavior theory:
  - Health behavior theory is the oldest of the behavioral theories and it is used widely in public health (Edberg, 2007).
  - It is applied to predict health-related behaviors and it is focused on behavior modification.
  - CSC "focuses on healthy weight through behavior modifications, physical activity level and healthy nutrition" (CSC Overview, 2013).

Literature Review

- Risk Factors
  - Several studies demonstrated that Hispanic women are poorly informed about risk factors for heart disease.
  - Minority groups have a particular greater risk for heart disease due to higher rates of hypertension, obesity and diabetes (American Diabetes Association [ADA], 2014)
- Risk Reduction Strategies
  - Primordial and primary prevention are important to this project as heart conditions develop insidiously.
  - Hispanic women do not perceive heart disease as their number-one killer(AHA, 2014).

Implementation & Evaluation

Objectives	Implementation	Evaluation
• Identify a culturally sensitive educational program for Hispanic women's risk of heart disease.	• Conozca Su Corazon (CSC) was identified as a culturally sensitive program. • CSC program Coordinator was contacted.	• Program was reviewed with my project chair.
• Facilitate education and training of Promotoras to implement heart disease modules in their current educational program.	• Coordinated and scheduled training and classes with the CSC program coordinator • Become a facilitator of the program to ensure support to the promotoras and participants.	• Evaluated cultural fit and appropriateness of CSC to the existing curriculum and acceptance of this program by the promotoras. • Training are scheduled on Jan 2nd, 2015 and classes are scheduled on Feb 3rd, 10th, 17th, 24th, 2015.

Implementation & Evaluation

Objectives	Implementation	Evaluation
• Evaluate the effectiveness of the training and materials by the promotoras for culturally relevance unique to this community.	• Promotoras will be educated, trained and allowed to practice before implementing the CSC in their curriculum.	• Conduct a post-survey with the promotoras. • Conduct a debriefing session with the promotoras to evaluate their knowledge and confidence about teaching the subject.
• Develop a tool kit of resources for the promotoras to use in their program.	• Gather cultural relevant materials and list of appropriate resources.	• Ensure the promotoras are equipped with CSC material for future classes.

Summary

Heart disease continues to be the leading cause of death in Hispanic Women (AHA, 2014).

- Project Aims:
  - Identify a culturally sensitive heart disease program for Hispanic women.
  - Raise awareness and knowledge of heart disease risk factors and to introduce healthy behavior in Hispanic women located in South Salt Lake.
  - Implement the program at an accepted location by the Hispanic community.
  - Ensure and support continuity of the CSC program by promotoras.

Acknowledgments

Committee:

- Project Chair: Ana C Sanchez-Birckhead, APRN, WHNP-BC, PhD.
- Primary Care Program Director: Julie Balk, DNP, FNP-BC
- Former Primary Care Program Director: Dianne Fuller, DNP, APRN, FNP-C

Content Expert:

- Karla Padilla, MA
  Program Coordinator, Conozca Su Corazon.
- Working on the 2nd content Expert

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Appendix E: Final Poster Defense