

Improving Hispanic Health through an Integrative Approach: Outcomes from the Canyon Ranch Institute Life Enhancement Program

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BACKGROUND

The Canyon Ranch Institute Life Enhancement Program is an evidence-based, multi-disciplinary program using an integrative approach to health. The CRI Life Enhancement Program is grounded in the best practices of health literacy to prevent, diagnose, and address chronic disease in underserved communities.

CRI works with local partners to collaboratively customize the CRI Life Enhancement Program in a manner that is culturally and linguistically relevant to each community. The CRI Life Enhancement Program has been conducted with adults at eight diverse locations in the United States: South Bronx, NY; Pittsfield, MA; Milan, MO; Savannah, GA; Great Barrington, MA; Cleveland, OH; and two sites in Tucson, AZ. The communities in the South Bronx and in south Tucson are predominantly Hispanic/Latino.

Prior to starting a CRI Life Enhancement Program, comprehensive formative research is conducted to tailor program materials, including the development of community-specific stories depicting realistic and locally relevant healthy changes that are integrated into participant guides and facilitator training.

This formative research also informs the selection and training of interdisciplinary teams of health care professionals drawn primarily from the health care partner's staff. These teams provide participants at least 40 hours of community-based participatory and hands-on group sessions (in English or in Spanish), fitness instruction, live cooking demonstrations, social support, nutritionist-guided grocery store trips, and hour-long one-on-one consultations with each core team specialist.



CRI Life Enhancement Program participants are offered regular post-graduation reunions and take part in food demonstrations.



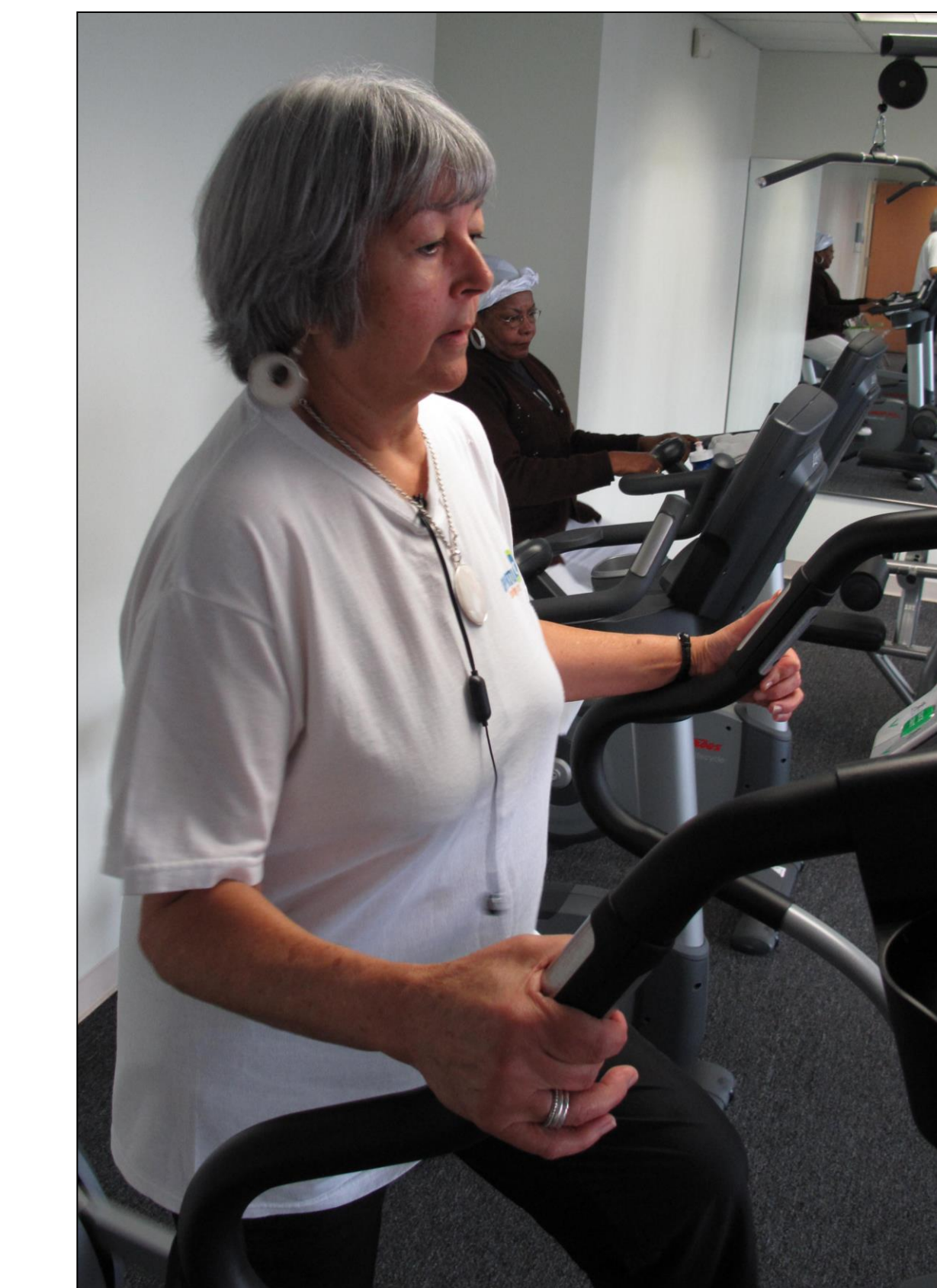
STUDY METHODOLOGY

The CRI Life Enhancement Program conducts participant evaluations at pre-, post-, post-plus 3 months, and at one year to monitor quality and measure outcomes. These evaluations include a survey of knowledge, attitudes, behavior and beliefs; fitness assessment; physical assessment; and blood work. Participants were recruited from the patient populations of partner health care agencies. The data in this report focus specifically on Hispanic/Latino participants. Analysis for this poster is conducted on matched pair results from 97 participants from seven program sites for which data are available using matched pre-, post-, and post-plus 3 months data. Analysis for some measures contains fewer matched pairs. All results displayed are statistically significant at $p < 0.05$.

KEY FINDINGS

PARTICIPANTS	
Demographics	
Male	12%
Female	88%
Years of Education	9.8
Grade School	17%
High School	31%
Associates Degree or Higher	13%
English Primary Language	50%
Spanish Primary Language	79%
Employed Full-time	12%
Employed Part-time	8%
More than 1 Job	17%
Retired	19%
Unemployed	60%
Income <\$15,000	59%
Income \$15-50,000	31%
Income >\$50,000	2%
Number of Children, Total	2.1
Number of Children at Home	1.0
Medicaid	51%
Medicare	17%
Self-Reported Conditions at Intake	
Overweight or Obese	69%
Diabetes	52%
Hypertension	51%
High Cholesterol	45%
Depression	41%
Other Diagnosis	27%
Cardiovascular Disease	6%
Ave. Number of Chronic Conditions	1.9

OUTCOMES	
Nutrition	
How Often Read Nutrition Facts Labels	+42.6%
How Often Read Ingredient List	+33.7%
Self-Efficacy: Nutrition	+17.8%
How Often Not Add Salt	+25.8%
How Often Eat Fried Foods	-17.8%
Glasses of Soda per Day	-17.7%
Glasses of Water per Day	+15.7%
How Often Serve 2 or More Vegetables	+15.5%
Exercise and Fitness	
Mild Exercise per Week	+57.9%
Moderate Exercise per Week	+59.2%
Average Minutes Exercised per Week	+57.9%
Know More Safe Places for Exercise	+35.5%
Self-Efficacy: Exercise	+24.2%
Number of Push-ups	+22.3%
Flexibility	+8.1%
General Health and Well-Being	
Days Not Physically Well Last 30 Days	-45.3%
Days Not Mentally Well Last 30 Days	-41.4%
Depression (PHQ-9)	-39.7%
Stress	-32.5%
Self-report Health Knowledge	+32.3%
Life Satisfaction	+13.6%
Health Literacy (Calgary Charter)	+13.3%
Civic Engagement	+12.2%
Total Cholesterol	-6.5%
Body Mass Index	-1.2%



Important components of the CRI Life Enhancement Program are opportunities for regular fitness activities and group support.



Alicia, 45 años - moverse más
Sabían que siempre he bailado. Pero ahora he comenzado a caminar todos los días e incluso a levantar pesas. Perdí alrededor de cuatro libras hasta ahora, pero más que nada me siento mucho mejor. Me veo mejor también. Mis brazos no se ven tan flácidos. Lo siguiente que quiero hacer es llevar las pesas mientras camino. Comenzaré con jarras de leche llenas con agua hasta la mitad. Tal vez las lleve del todo después de un tiempo. También quiero caminar durante la hora del almuerzo por alrededor de 15 minutos. Me gusta mucho caminar ahora. Ah, una cosa más - quiero conseguir mejores zapatos para caminar. ¡Supongo que necesito hacer una cosa a la vez!

CRI Life Enhancement Program materials are in English and Spanish. Stories are developed from formative research conducted in each community and are integrated into program materials, such as Alicia's story in the Participant Guide used in south Tucson.

CONCLUSIONS

While there is robust documentation of the health disparities Hispanic/Latino populations face in the U.S., there is much less research on effective programs that improve the health and well-being of those individuals and communities.

Results among Hispanic/Latino participants demonstrate:

- Positive behavior change and higher self-efficacy in exercise and nutrition
- Fewer physically and mentally unhealthy days each month
- Lower Body Mass Index (BMI) on average
- Lower rates of stress and depression
- Higher rates of health literacy and health knowledge
- Higher levels of life satisfaction and civic engagement

These results from the Canyon Ranch Institute Life Enhancement Program, implemented in multiple low-income communities across the United States, demonstrate that an integrative model of health coupled with the best practices of health literacy, creates dramatic improvements in the health of Hispanic/Latino participants.

