

Assessing diabetes and cardiovascular disease among uninsured Latinos in Southwest Kansas

Mitzi Ramirez; Brenda Cartujano; Mariana Ramirez, LMSW; Paula Cupertino, PhD; Liliana Abdulla-Martinez

Department of Preventive Medicine and Public Health, University of Kansas Medical Center

Overview



Background

Program Overview

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Q & A

Background

- Latinos/Hispanics have become the fastest growing minority group in Kansas

- Latinos are more predisposed to chronic conditions

- Latinos face important barriers to well being such as poverty, disruption of family structures, linguistic barriers, low health literacy, changes in diet and poor access to health care

Challenges

- Language barriers
- Low average income
- Education



- Immigration status
- Occupational characteristics
- Uninsured rate

Their needs

40%

have not visited a doctor in over a year

29.8%

Female participants have not had a mammogram in the last 2 years.

58.5%

have never been tested for HIV

50 %

female participants reported not doing at least 30 min physical activity five days a week.

Program Overview

Participants obtain their BMI, blood glucose, and blood pressure measurements.

Participants receive a print out and/or verbal explanation of their screening results.

Participants receive health education information to develop an action plan.



Objectives

- ★ To develop a community infrastructure for health services access in rural Kansas
- ★ The development of an alternative venue to implement a culturally relevant intervention that will promote access to preventive health screenings, health education, and healthcare among Latinos
- ★ To implement a community-based risk assessment to identify the health profile of Latinos and provide case management for those at high risk in rural Southwest Kansas

Methods

Develop standardized protocols

Partner with local community health clinics

Formed a Community Advisory Board (CAB)

Organize large community-based health events

Train community health workers (CHW)



Analysis

A standardized registration form was developed to describe demographics, socio-economic characteristics and health needs of all participants

SPSS was used to calculate frequencies, descriptive statistics on demographics

Study data was collected and managed using RedCap

Demographics

Demographics	Number of Participants	Percentage %
Age (years)		
Under 18	178	12.3%
18 – 29	387	26.9%
30 – 39	378	26.2%
40 - 49	333	23.1%
50 – 59	135	9.4%
Over 60	30	2.1%
Gender		
Female	809	55.8%
Male	641	44.2%

Education Level		
Less than high school graduate	438	57.0%
High school graduate or GED	242	31.5%
Some post high school education	35	4.6%
College graduate or more	53	6.9%
Decline to state	1	0.1%
Health Insurance		
Yes	390	27.4%
No	1,035	72.6%

Ethnicity		
Hispanic	1,388	97.2%
Other	40	2.8%
Country of Origin		
México	902	92.3%
USA	22	2.3%
Guatemala	9	1.0%
Honduras	3	0.3%
Dominican Republic	1	0.1%
Time living in US		
Less than 1 year	5	0.5%
1 to 5 years	75	8.2%
6 to 10 years	212	23.1%
11 to 15 years	345	37.6%
More than 15 years	281	30.6%

Overall results 2012-2013

	Number of Participants	%
Body Mass Index		
Underweight (<18.5)	9	0.8%
Normal (18.5-24.9)	202	18.6%
Overweight (25-29.9)	446	41.1%
Obese (≥ 30)	428	39.5%
TOTAL	1,085	
Blood Pressure		
Normal (<120/80)	522	39.8%
Pre-hypertension (between 120/80 & 139/89)	512	39.0%
Hypertension (> 140/90)	279	21.3%
TOTAL	1,313	
Blood Glucose*		
Normal	889	83.2%
Pre-diabetic	125	11.7%
Diabetic	55	5.1%
TOTAL	1,069	

*Excluded participants that did not state if they were fasting or not.

Participants BMI, Blood Pressure, and Blood glucose overall results 2014

	Number of Participants N (%)
Body Mass Index	
Normal (18.5-24.9)	283 (20.2)
Overweight (25-29.9)	571 (40.8)
Obese (≥ 30)	546 (39)
TOTAL	1,400
Blood Pressure	
Normal (<120/80)	515 (33.6)
Pre-hypertension (between 120/80 & 139/89)	678 (44.3)
Hypertension (> 140/90)	339 (22.1)
TOTAL	1,532
Blood Glucose*	
Normal	895 (72.8)
Pre-diabetic	238 (19.4)
Diabetic	96 (7.8)
TOTAL	1,229

Results

Around **3000 participants** have attended the health fairs

The percentage of pre-diabetes has increased from **11.7% to 19.4%** ($p < 0.001$)

Since **2012** a total of **25** health fairs have been organized

Results

663 participants were referred to local community health clinics

Implementation of CDC prediabetes care

Immigrant population is young
concerning clinical profile

Conclusion

Foundation

*Promotoras
de salud*

Referral

*Early
detection*

*Community
Needs*

Q & A

Thank you

