



# Empowering Change:

Advancing Evidence-Based Chronic Disease Self-Management Education Programs in Hispanic and Latino Communities



A Toolkit for  
Community-Based  
Organizations



**nco**  
national council on aging®

# Contents



<b>Introduction</b>	<b>3</b>
<b>Glossary</b>	<b>6</b>
<b>Understanding Hispanic and Latino Older Adults</b>	<b>7</b>
<b>Key Starting Points</b>	<b>8</b>
<b>Four Pillars of Successful Program Implementation and Sustainability</b>	<b>10</b>
<b>Summary</b>	<b>21</b>
<b>Acknowledgements</b>	<b>21</b>
<b>References</b>	<b>22</b>

# Introduction

**E**vidence-based programs (EBPs) can play a vital role in improving older adults' physical and mental health and their skills and confidence in managing ongoing health conditions. They offer proven ways to promote health and prevent disease. EBPs are based on rigorous study of the effects or outcomes of specific interventions or models.<sup>1</sup> They demonstrate reliable and consistent positive changes in important health-related outcomes. EBPs are also practical, effective, community-based programs. The goal of this toolkit is to support community-based organizations in advancing strategies for effectively implementing and sustaining EBPs for older adults in Hispanic and Latino communities.

Benefits of Evidence-Based Programs include:

Benefits to Older Adults	Benefits to Community-Based and Health Care Organizations:
<ul style="list-style-type: none"> <li>• Improved quality of life</li> <li>• Increased self-efficacy in managing one's health</li> <li>• Increased or maintained independence, positive health behaviors, and/or mobility</li> <li>• Reduced disability (fewer falls, later onset or fewer years of disability, etc.)</li> <li>• Reduced pain</li> <li>• Improved mental health (including delays in loss of cognitive function and positive effects on depressive symptoms)</li> </ul>	<ul style="list-style-type: none"> <li>• More efficient use of available resources</li> <li>• Strengthened partnership development and community/clinical linkages</li> <li>• Better health outcomes and a more positive health care experience</li> <li>• Fewer hospital and doctor visits and lower health care costs</li> <li>• Ease of replicating and expanding programs and their reach</li> <li>• Greater opportunity for varied funding sources (as programs get proven results)</li> </ul>

To ensure consistent program content and fidelity in all settings, EBP-implementing organizations license a packaged program with supporting materials, such as implementation manuals and specialized training, from program developers. The National Council on Aging provides [the Evidence-Based Program Search Tool](#) to identify programs that may match a community's needs and are approved for funding through [the Older Americans Act Title III-D](#), formula grants to State Units on Aging provided by the Administration for Community Living.

<sup>1</sup> More information on Evidence-Based Programs and funding requirements can be found at <https://acl.gov/programs/health-wellness/disease-prevention>

## Evidence-Based Programs in Hispanic and Latino Communities

Hispanic and Latino older adults are managing multiple chronic conditions and are disproportionately impacted by chronic conditions such as heart disease, diabetes, and stroke as many face disparities in accessing health care treatment and prevention services. While there has been an increase in uptake of **Chronic Disease Self-Management Education (CDSME) programs** among Hispanic and Latino older adults in recent years, only 16% of older adult participants identified as Hispanic or Latino according to the Healthy Aging Programs Integrated Database (HAPID), NCOA's database that tracks performance for CDSME and Falls Prevention EBPs primarily funded by Administration for Community Living discretionary grants nationwide.

We hope this toolkit will help community-based organizations and professionals in the field to expand their program reach, implementation, and sustainability in Hispanic and Latino communities.

## Who We Are

This toolkit was co-developed by the Administration for Community Living and the National Council on Aging's Center for Healthy Aging. It was prepared in close consultation with national and community leaders and experts serving Hispanic and Latino older adults through numerous individual and group conversations, including the roundtable discussion event "**Empowering Change: Advancing Culturally Competent Health Initiatives in Hispanic and Latino Communities**" co-hosted by ACL and NCOA on Feb. 13, 2024. During the roundtable, experts shared research-driven and practical insights for breaking down barriers to care and finding innovative and empowering solutions for meeting the needs of Hispanic/Latino older adults. The roundtable discussion focused on best practices for: building and advancing community partnerships and participant engagement; adaptation and effective delivery of evidence-based programs; workforce capacity and training; and sustainability pathways. The draft of this toolkit was reviewed and discussed by the advisory panel members, in consultation with the Administration for Community Living's Office of Nutrition and Health Promotion Programs. We sincerely appreciate their time and commitment for the development of this toolkit.

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# Glossary

**Chronic Disease Self-Management Education (CDSME) Programs**—CDSME programs provide older adults and adults with disabilities with education and tools to help them better manage chronic conditions such as diabetes, heart disease, arthritis, chronic pain, and depression.

**La confianza**—Translates to “trust” or “confidence”.

**Familia primero siempre**—The principle of the importance of family, translates to “family is always first”.

**Latino**—The term “Latino” was used in the title of the Roundtable event because “Latino” was the second most chosen word by the people of such ethnic background to describe themselves, after “Hispanic”. We chose not to use the word “Latinx” based on the League of United Latin American Citizens (LULAC) decision to discontinue use of “Latinx” in communications due to less popularity among their audience.<sup>2</sup>

**Mejores prácticas**—The term “mejores prácticas” translates to “best practices” in English. It refers to established methods, techniques, or approaches that are considered the most effective and efficient for achieving a particular goal or solving a specific problem. These practices are often based on experience, research, and successful outcomes.

**Personalismo**—The value placed on personal relationships.

**Promotores(as) de Salud**—Promotores are frontline public health workers who are trusted members of, and/or have an especially close understanding of, the community served. Promotores are often included under the umbrella of community health workers (CHWs).

<sup>2</sup> Latino civil rights organization drops ‘Latinx’ from official communication (nbcnews.com)

# Understanding Hispanic and Latino Older Adults

**Diversity.** Acknowledging tremendous diversity within and across the Hispanic and Latino population is essential to serve Hispanic and Latino communities. The Latino population is the largest racial and ethnic minority group in the United States, with approximately 63.7 million people, comprising over 19% of the total United States population.<sup>3</sup> The Hispanic/Latino population includes any person, regardless of race, of Mexican, Puerto Rican, Central American, South American, Cuban, or other Spanish culture of origin. The states with the highest Hispanic/Latino population are Arizona, California, Colorado, Florida, Georgia, Illinois, New Jersey, New Mexico, New York, North Carolina, Texas, and Washington.<sup>3</sup> Many Hispanic and Latino older adults in the United States live independent, healthy, and socially productive lives. About one-third of older Hispanic Americans had one or more disabilities, similar to all older adults aged 65 and older. At age 65, life expectancy for this group was 19.7 years for men and 22.7 years for women, compared to the total population which has a life expectancy at age 65 of 18.1 for men and 20.7 for women.<sup>4</sup>

The Latino culture is remarkably diverse, including in racial backgrounds, gender identity, and sexual orientation. Individuals come from different cultures and geographical regions, and speak a variety of different languages, including Spanish, English, Portuguese, and Indigenous languages. Many were born in the United States, while others are immigrants, making their way to a new home in the U.S. Some live in multiple countries, moving between the U.S. and another country at various times during the year. Immigration status can have a tremendous impact on the individual and their family. These multiple factors impact their involvement in the community and their ability to access services.

There are some common threads that unite the Hispanic and Latino population, including the love for family, especially for older adults, who are revered and protected. There is also a shared common resiliency built from the numerous challenges and disparities many have faced. In contrast to common negative perceptions of aging in the United States, Hispanic and Latino communities often see aging as an opportunity for growth, contribution, and participation within the community. Hispanic and Latino older adults have valuable knowledge and experience that benefit their families, friends, and neighbors. In turn, communities must be ready to effectively engage Hispanic and Latino older adults in services and activities that support them in aging with dignity, purpose, and security.

<sup>3</sup> [Hispanic Heritage Month: 2023 \(census.gov\)](https://www.census.gov/press/releases/stories/2023-hispanic-heritage-month)

<sup>4</sup> <https://acl.gov/sites/default/files/Profile%20of%20OA/HispanicProfileReport2021.pdf>



Not only do Hispanic and Latino older adults face ageism—discrimination based on a person’s age—but systemic racism has contributed to such disparities as:

- A lower median income (\$50,533 compared to \$70,254 for all older adult households in 2020)
- A higher poverty rate (17.1% among Hispanic adults 65+ compared to 8.9% for all older adults)<sup>4</sup>
- Low levels of health insurance coverage, even after the passage of the Affordable Care Act<sup>5</sup>

**“We must integrate the idea of aging with a superior level of knowledge and experience and separate from poor health and dependency.”**

*–Christine Perez, Director of Programs, National Hispanic Council on Aging*

The unresolved legal status of undocumented immigrants also remains a major challenge and concern. The immigration status of others in a multigenerational household may impact older adults’ use of services. Because of undocumented status or having worked for cash, many older adults do not receive Social Security. And even when they receive Social Security, the amount is not enough to live comfortably without having to continue working. This is especially true for older adults living in rural areas who have primarily worked in agriculture. With limited income and cultural and language barriers, many low-income Hispanic and Latino older adults are hesitant to seek health care. As a result, they miss early diagnosis and proper treatment, resulting in unmanaged chronic health conditions.

## Key Starting Points for Delivering EBPs for Hispanic and Latino Older Adults

A key part of implementing evidence-based programs is ensuring they meet the needs and desires of the target population, and that program information and materials are culturally relevant.

Understanding Hispanic and Latino older adults—their strengths, motivations, challenges, reality, and community—is the starting point for collaborating with and implementing health promotion programs. The following core strategies will help you build the necessary strong foundation for program implementation.

<sup>5</sup> 5 facts about Hispanic Americans and health care | Pew Research Center



- **Practice cultural humility.** The Hispanic and Latino culture is very diverse. Understanding the local community's needs, priorities, motivations, and customs is critical. Connect with local partners and hire staff and volunteers on your team to advise on the right wording for messaging, with special consideration for health-related terminology and nuances specific to language dialects.
- **Build La confianza (trust).** Building trust with older adults in the community is essential to success. This is even more important when you are working in a culture other than your own.
- **Reflect community voices.** Know the community and ensure that programs and services incorporate the community's voice. Providers of programs must know and understand the needs, challenges, and strengths of the community and then build evidence-based programs and other connections around those needs and attributes.

**"You can go really far by starting off with the community's strengths."**

*-Valerie Quintana*

- **Offer solutions to barriers.** Assess barriers older adults may face before or when participating in programs such as transportation to program sites, internet access and adequate technology for virtual programs, and timing of those programs. Offer solutions to these identified barriers by understanding and accommodating people's needs through creative partnerships and approaches.
- **Be aware of systemic health disparities.** Do not overlook the systemic factors that impact health. These include national, local, and community factors<sup>6</sup> such as: lack of safe housing and unsafe neighborhoods, racism, discrimination, and violence; limited education, job opportunities, and/or income sources; inadequate access to nutritious foods and physical activity opportunities; and polluted air and water. There must be trust and openness as practitioners and organizations to hear about the realities of people's lives.
- **Leverage data and testimonials.** Use the power of data to identify and prioritize areas of greatest need and opportunity within your community, and to share the impact of services and programs that you offer.
- **Build partnership based on shared value and mission.** Establish community partnerships with shared goals and outcomes. Start by building relationships and identifying commonalities.

<sup>6</sup> Social Determinants of Health - Healthy People 2030 | [health.gov](https://www.health.gov)

# Four Pillars of Successful Program Implementation and Sustainability



# 1

Building Community Relationships



# 2

Participant Engagement



# 3

Adaptation and Effective Delivery of Evidence-Based Programs



# 4

Workforce Capacity and Training



# 1. Building Community Relationships

**Strong partnerships within the community are essential to support successful and sustainable programs.**

- **Be respectful of “personalismo,” the value placed on personal relationships.**

If you are invited to an event, be sure to participate. An invitation to a special community event is a start to building trust and partnership and displays willingness to spend time in the community. For example, a partner organization may invite you to participate in a health fair, Hispanic Heritage Month celebration, or cultural event, like observing the primarily Mexican tradition of Day of the Dead. Furthermore, be open and honest about what you can and cannot do for them, and then follow through with what you say you are going to do. Other ways to build trust are to learn about and follow cultural norms.

- **Listen and integrate into the community.** Demonstrate that you and your organization are committed to offering the programs and maintaining a relationship long term. It’s important to ask questions about needs and gaps, align with guidance from local leaders, and promote and support local programs and efforts such as community walks and health fairs. When offering a new program, consider how the community will connect with a program or service. If you do not know the community or culture, find someone who is open to acting as your guide. This could be a community health worker, promotor(a) de salud, community resource navigator, community health representative, community health advisor, medical assistant, maintenance staff, cafeteria worker, member of a church club, or participants at a senior center. They may help you gain entry and acceptance to build trust. No one is better at reaching the community than those already part of the community.
- **Think broadly about potential partners.** Brainstorm non-traditional partners like senior mobile home parks, retirement communities, local school districts, and cultural groups/clubs. If a partnership does not come to fruition right away, it is important to continue reaching out to potential partners and always leave the door open for future collaborations.

**Community Snapshot:** *Presbyterian Healthcare Services in New Mexico built a relationship with the Mexican Consulate<sup>7</sup> in Albuquerque. They participated on the Consulate’s Facebook page, doing live videos talking about chronic disease and inviting Hispanic communities to participate in CDSME classes. This provided a different way to provide outreach and a new way to reach rural communities across the state, resulting in increased program participation. This unique partnership also increased trust in the programs offered, as the consulate is an agency that the community trusts and relies on.*

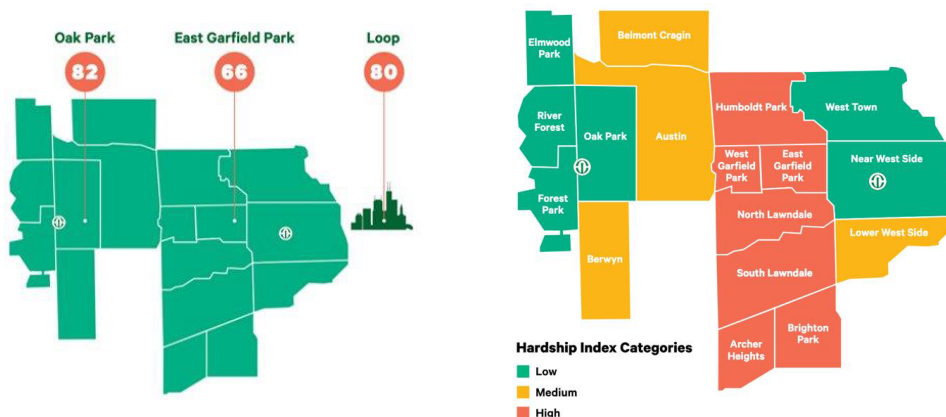
<sup>7</sup> A list of Mexican Consulates in the United States can be found at [List of Mexican consulates in the United States](http://www.gob.mx) Secretaría de Relaciones Exteriores | Gobierno | gob.mx (http://www.gob.mx)

**Community Snapshot:** Kaweah Health in Tulare County, California, uses memoranda of understanding (MOU) with shared expectations and roles with its many partners that include senior centers, senior living facilities, memory care facilities, mental health wellness centers, churches, health and wellness clubs, family resource centers and community-based organizations.

- **Align around the common goal of a healthier community.** Include partner staff in trainings and engage them in program recruitment. Conduct follow-up meetings and check-in calls frequently (e.g., at 30, 60 and 90 days) to ensure commitments are being met. Consider documenting and formalizing the partnerships by preparing and executing some forms of agreements.

**Community Snapshot:** Rush University Medical Center has leveraged life expectancy and hardship data to highlight the importance of implementing programs in neighborhoods beyond where their hospitals are located. For example, Chicago communities of color face a shorter life expectancy and medium to high hardship index. East Garfield Park, a majority Latino and Black neighborhood, has a life expectancy of 66 years, compared to 80 years in the Loop and 82 in Oak Park, more affluent and white neighborhoods.<sup>8</sup> The largest drop in life expectancy in 2019-2020 in Chicago was among the Latino community, which was disproportionately impacted by COVID-19, resulting in a decline in 3 years of life expectancy.<sup>9</sup>

## Our Community



Addressing Social Determinants of Health Needs in Workshop Participants

<sup>8</sup> Stronger Together: Advancing Equity for All. RUSH University Medical Center and RUSH Oak Park Hospital

<sup>9</sup> COVID-19 Impacts on Life Expectancy in Chicago, 2019-2020

- **Share information and data on community health within the community.** Data on years of life expectancy, formal hardship indices, and disease prevalence may be helpful in highlighting needs. Testimonials and success stories help add value to your work and build support within the community. Whether it is negative or positive, data collected should be shared with the community to depict the true picture and encourage them to take a step forward collectively for improvement. Sharing and leveraging data helps identify areas of high need and communicate the “big picture” for potential program participants. Presenting data and testimonials using infographics is an effective and engaging marketing strategy to quickly tell facts.
- **Show up in person.** Go in person to create new partnerships. Meet with the organization’s coordinator or manager to discuss the EBPs available. Talk about the population and what they’d like to include, depending on their needs.
- **Be organized.** Have an organized approach to establishing partnerships, including partner expectations, and strategy for scheduling classes. An organized approach will support a positive experience for all implementation partners and leaders involved in launching workshops. A structure for beginning workshops with new partners and program leaders may include timely scheduling following initial discussions of hosting classes, clear plans and documentation for which partners will lead processes like marketing and recruitment for workshops, timely training for any new leaders affiliated with partners, and management of any required data entry. Open communication, tailored implementation, and support from your organization can help partners see the advantage of the partnership and help them sustain and embed the programs in their operation.
- **Show appreciation.** Provide positive feedback to partners, including what was accomplished and the importance of what was done. Circle back with the site manager/staff and provide a summary of workshop results such as pre/post survey and evaluation results. Provide positive feedback on your organization and participants’ experiences. If possible, have a small celebration at the end of the workshops.

## Helpful Resources on Building Community Relationships

- [The National Reach of Chronic Disease Self-Management Education Programs: Participant Demographics and Program Outcomes](#) (NCOA)
- [Strategic Partnerships](#) (NCOA)
- [Developing Your Value Proposition: How-To Guide and Worksheet](#) (NCOA)
- [Mapping Medicare Disparities by Population](#) (Centers for Medicare and Medicaid)



## 2. Participant Engagement

Strategies for building trust and relationships with program participants center around understanding the overall situation the participant is in and connecting them to the services and resources available in the community as needed.

- **Listen to needs and be invested in understanding them.** Respect participants and potential participants. They should feel valued, be welcomed, and feel part of the CDSME program. Ensure there is enough time to engage with participants at a deeper level and offer the opportunity to participate in additional activities. Of course, always ask for permission before taking action or referring to additional services.

***Community Snapshot:** Neighborhood SHOPP provides art and culture activities including music and dance, creative arts, cooking classes and games, creating places where the community feels welcomed. They also host Café con Leche, time and space for people to connect.*

- **Be mindful that there may be issues of trust with the government and health care systems, especially for undocumented individuals or mixed status households.** Individuals may not want to share any personal data, and assurances that information will be protected will not be enough. Find locations and partners with existing trusted relationships within the community, like churches or community centers. Offering EBPs where people are already comfortable and have established connections may help to reduce fear and connect with services and programs.
- **Use effective outreach and marketing strategies.** Some of the best ideas come from community health workers. Keep promotional materials short and to the point, in understandable language. Simplicity all around may increase participation. Make promotional and marketing materials enticing and colorful, with graphics and images. Regardless of language, graphics help capture attention and communicate important information. If using pictures in marketing materials, be sure the people look like the community you are trying to reach. Word of mouth is often the best way to promote, particularly from current or prior program participants.

- **Meet participants where they are and consider the importance of program location.** Be thoughtful about the factors that may impact participants' willingness to attend workshops at different locations, including access to transportation, fear or mistrust of government and health care systems, and management of ongoing health symptoms. Trusted and convenient locations can take many forms and may be unique to specific communities. Examples include senior centers, community centers, coffee or lunch spots, churches, health and wellness clubs, schools, and youth-serving organizations. Also, don't forget about those that are often missed such as the unhoused population. There is an opportunity to provide resources and programming at shelters.

***Community Snapshots:** Dignity Health Mercy & Memorial Hospitals worked directly with Kern High School District Parent and Family Centers to provide health and nutrition programming. This allowed programs to reach multi-age groups in a location they saw as central to their community. Kaweah Health works with a broad range of partners and locations, including senior centers, senior living facilities, churches, health and wellness clubs, family resource centers, and community-based organizations. Neighborhood SHOPP has over 35 off-site service locations in almost every community district in the Bronx. Kaweah Health's CHWs provide a resource table at workshops and make themselves available after class to talk with participants.*

- **Make a good first impression.** Present yourself and the program well. Being present and engaging will entice people to enroll and participate in the program. Greet each participant as they come in. Try to address people by name so they feel welcomed and part of the group. Be engaging, genuine, prepared, welcoming, friendly, and respectful.
- **Be a real person/human being.** People can sense your intentions. Let them know you are also a human being and are there to have a conversation with them. Make interactions conversational with the community and build rapport. Be direct in what individuals should expect while empowering and educating them. Increased access and/or knowledge of services leads to returning clients. At the same time, be vulnerable; this opens the opportunity for you to be yourself and make connections with the participants. People may ask questions that you do not expect. Be real in answering them. It is also okay to say, "I do not know, please tell me."
- **Assess and support ongoing participation.** Participant engagement should be part of program assessment. Do participants feel appreciated, and do they want to come back? Have a strategy for what happens after participants complete the program. Some program participants will want to be engaged or trained to support the work. What else can they learn, and how else can they help? A very natural way of appreciating services received for Hispanic and Latino older adults is to give back.



- **Use technology and know its limits.** Technology provides opportunities and is a real area for growth. But limitations to remote programs and platforms remain. Not everyone has a quiet room and access to participate in remote programs and technology support may not be available in participants' native language. Presbyterian Healthcare Services experienced barriers to using Zoom because the U.S. Zoom numbers did not offer instructions in Spanish. Zoom recommended using international numbers from Spanish-speaking countries to have instructions provided. Find out which apps and online methods Hispanic and Latino older adults in the community use and are most comfortable with.
- **Make programs fun and entertaining.** Have positive energy. Use music to make programs fun. Provide food that aligns with cultural traditions. Neighborhood SHOPP in the Bronx, New York, holds Café con Leche and Viernes Sociales, which provide space for older adults to connect.
- **Use in-person communications.** Try to meet in-person to provide assistance. Many clients prefer in-person communication instead of calls or emails. Meet with clients out in the community and participate in outreach events.
- **Leverage testimonials and word of mouth.** Program flyers and staff outreach are not as effective as testimonials from program participants.

## Helpful Resources on Participant Engagement

- [How to Collect Powerful Testimonials from Program Participants](#) (NCOA)
- [Best Practices Clearinghouse: Marketing & Recruitment](#) (NCOA)
- [Marketing and Recruitment Materials for the Chronic Disease Self-Management Program](#) (NCOA)
- [Hispanic/Latino Audiences Promotional Materials for National Diabetes Prevention Program Lifestyle Change Program](#) (CDC)





### 3. Adaptation and Effective Delivery of Evidence-Based Programs

Many evidence-based health promotion programs are designed to reach older adults, but only a few were designed specifically for Hispanic or Latino older adults. It is necessary to adapt the programs to meet this audience. Numerous strategies were identified for adapting these programs to speak to and serve Hispanic and Latino older adults, increasing program impact and improving participation.

#### EBPs developed for or culturally translated for Hispanic and Latino Participants

- ¡Sí, Yo Puedo Controlar Mí Diabetes! (¡Sí, Yo Puedo!)
  - Manejo Personal de la Diabetes (DSMP in Spanish)
  - Pisando Fuerte (falls prevention program)
  - Camine Con Gusto (Walk with Ease)
  - Tomando control de su salud
  - Tomando control de su salud en trabajo
  - Programa de manejo personal de la diabetes
  - Programa de manejo personal del dolor crónico
  - Cáncer: triunfando y sobreviviendo
  - Vivir más sano con VIH
  - Convertirse en mejores cuidadores
- **Include Hispanic and Latino older adults in program development and implementation, and compensate them for their time and expertise.** They are the ambassadors; they are the voice. Listen to what they are asking for and empower them to be leaders. Show your appreciation of their time, contribution, and effort. Provide them with a stipend, honorarium, or gift card. Building trust includes putting money into the community. The National Hispanic Council on Aging moved their office into a senior housing center, and staff meets with seniors on daily basis.

- **Leverage multigenerational programs.** Many Hispanic and Latino older adults live in multigenerational households and may be more engaged in programs that reflect the multigenerational nature of their family. Multigenerational programs also expand potential partners and community involvement. For example, consider connecting with local schools or Head Start centers to engage grandparents involved in caring for their grandchildren.

**Community Snapshot:** *Since 2016, Dignity Health in Bakersfield, California has had a partnership with Kern High School District (KHSD) Parent and Family Centers to provide health and nutrition programs. KHSD has a large Hispanic student population, and the majority of workshops are offered in Spanish. This partnership has allowed Dignity Health to reach multi-age groups ranging from 32-70 years of age with chronic disease self-management programs.*

- **Be thoughtful about language.** Provide programs and materials in Spanish. Facilitators fluent in Spanish and of a similar cultural background make programs more approachable. Be thoughtful and aware of words that have different meanings in different dialects. For example, the term “caregiver” does not necessarily resonate with some in the Hispanic or Latino community who do not consider themselves caregivers but rather are helping their family.

## Helpful Resources on Adaptation and Effective Delivery of Evidence-Based Programs

- **Aging with Mastery in Colorado** (Colorado State University Engagement and Extension)
- **Adapting Evidence-Based Practices for Under-Resourced Populations** (Substance Abuse and Mental Health Services Administration)
- **Amplifying the Voice of Older Latino Adults through A Systematic Approach to Identifying Priorities and Aligning Care** (Johns Hopkins Center on Aging & Health)
- **Caring for and Connecting with Latino Older Adults** (NCOA)
- **Participation of Latinos in the Diabetes Self-Management Program and Programa de Manejo Personal de la Diabetes** (Gerontological Society of America)
- **Serving Hispanic and Latino Older Adults and Caregivers Creative Approaches for Social Engagement** (USAgging)
- **Resources & Style Guides for Framing Health Equity & Avoiding Stigmatizing Language** (CDC)



## 4. Workforce Capacity and Training

Having a workforce that represents the community/population and investing in building capacity among the Hispanic and Latino community are key in building overall workforce capacity.

- **Recruit staff and volunteers from the community.** Reflecting the community served is important. Staffing within the community also supports program sustainability. For example, community health workers (CHWs) are vital for community-based programs and services as they engage with individuals directly and connect them to services in need. Offering support or free classes to become CHWs or paying for associated certification fees can increase a workforce that comes from the community.

***Community Snapshot:** Presbyterian Healthcare Services recognized the necessary time commitment to become a certified CDSME leader by covering the cost of the trainings and providing gift card stipends to community members who became certified leaders. New Mexico now offers free classes to become certified as a CHW in the state, as well as associated certification fees. There are challenges in limited reimbursement for CHWs, and issues around certification and lack of national standards. Although the New Mexico Office of Community Health Workers does not require applicants for certification to be a U.S. citizen, they do require a national background check which has deterred some Hispanic and Latino community members from becoming state certified CHWs.*

- **Invest in training and staff support.** Train all people at all levels within the organization and partner organizations about cultural competency and diversity, not just those providing programming in the community. Training and ongoing staff support builds skills and confidence in working with Hispanic and Latino older adults. It also helps identify where adjustments can be made to evidence-based programs to make them more relatable and actionable for staff and participants. For example, invest in training needed for community health workers such as **motivational interviewing**, which is a natural method of working with community members. It is a very useful skill that is used throughout the workshops and interactions with participants and one-on-one discussions when approached for advice. Training program leaders on basics of **social determinants of health** or mental health needs may help them understand and handle some of the difficult conversations or situations that may arise during the workshops. It is also beneficial for both staff and program participants to establish an escalation protocol in case those situations require further interventions from medical experts or licensed social workers.

- **Empower CHWs.** Have practices in place to hear from CHWs, such as an advisory committee, to share their experiences and opinions. Give them seats at the table in decision making processes. CHWs are both program coaches/leaders and a source of referrals. It is important for the CHWs to see and know about both internal and external programs, services, and activities firsthand. Invest in training opportunities and shared resources. Provide career path growth for CHWs.
- **Diversify organizational workforce.** Diversity should be built throughout organizations. Build from within and support advancement to higher positions within the organization. Review job descriptions and assess if there are unnecessary requirements that impede recruitment and advancement, such as education requirements having a higher priority over years of experience for entry positions that can restrict qualified individuals from the community. Create competencies and opportunities for CHWs within organizations to enhance their knowledge, skills, and roles as CHWs.
- **Bring in expertise to fill gaps.** Training current staff may not be enough to effectively serve the population. If you do not have staff and need to hire outside expertise, look for people within the community you want to reach. You will find individuals that are engaged within the community, already serving as community leaders or in similar capacity, who may be a great fit for program implementation, whether as program leaders, or as coordinators.

**Community Snapshot:** *Colorado State University Extensions brings in community-focused, bilingual, grassroots leaders as independent contractors to serve as facilitators or co-facilitators for listening sessions.*

## Helpful Resources on Workforce Capacity and Training

- [5 Ways Community Health Workers Engage with Hispanic/Latino Older Adults](#) (MHP Salud)
- [The Community Health Worker Core Consensus Project](#) (C3 Project)
- [The Direct Care Workforce Strategies Center](#) (NCOA)
- [How to Successfully Involve Community Health Workers in Delivering Evidence-Based Programing](#) (NCOA)
- [Community Health Worker Networks and Training Programs By State](#) (National Association of Community Health Workers)

## Summary

There is tremendous opportunity to reach the increasing Hispanic and Latino older adult population with evidence-based health promotion programs. Including older adults in program adaptation and outreach, recruiting staff and leaders from the community, and establishing strong community partners can all support effective and sustainable programming. In addition to these strategies to support program implementation, more evidence-based programs developed for and from the Hispanic and Latino community are needed, as well as more consistent funding streams for community health workers, which are often the backbone of program implementation and community outreach.

## Acknowledgements

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# References: 2024 Roundtable Agenda and Presentations

## Empowering Change: Advancing Culturally Competent Health Initiatives in Hispanic and Latino Communities

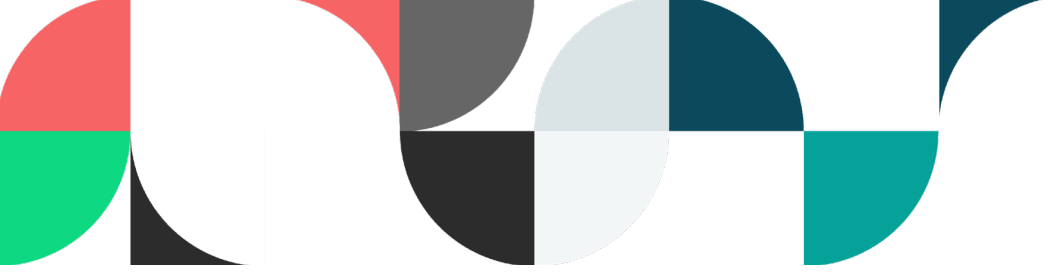
- **Agenda**
- **Participants**
- **Presentations**
  - **Promoting Social-Needs Supports within EBPs for Hispanic/Latino Participants in Chicago** – Rush University Medical Center
  - **Partnership between Dignity Health Mercy & Memorial Hospitals and Kern High School District** – Dignity Health
  - **Empowerment for Better Living Program** – Kaweah Health
  - **Presbyterian Healthcare Services' Journey with CDSME: Through a Lens of Equity and Social Health in New Mexico** – Presbyterian Healthcare Services
  - **Cultivating Health & Community: Engaging Latino Older Adults in Health Promotion Activities** - Neighborhood SHOPP

## Readahead Materials

- **2017 Status of Hispanic Older Adults: Insights from the Field** - National Hispanic Council on Aging
- **Community Voices: Aging Mastery** – Colorado State University Extension
- **Healthy Aging Program Breaks Down Stigmas and Language Barriers to Support Refugees and Immigrants** – CSU Office of Engagement and Extension - CSU Extension
- **Finding the Frame: An Empirical Approach to Reframing Aging and Ageism** - FrameWorks Institute
- **Cómo iniciar conversaciones de Planificación Anticipada de Decisiones con adultos mayores hispanos: Una guía para profesionales de la salud (How to Start Advance Care Planning Conversations with Hispanic Older Adults: A Guide for Healthcare Professionals)** - MHP Salud
- **Normas Culturales y Cuidado (Fillable-Spanish) / (Cultural Norms & Caregiving (Fillable-English)** - MHP Salud
- **La Enfermedad de Alzheimer y Demencia Relacionada en la Comunidad (Alzheimer's Disease and Related Dementia in the Hispanic Community)** - MHP Salud
- **Some Thoughts about Delivery** – Self Management Resource Center







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