

Corazón de la Familia (Heart of the Family) The California WISEWOMAN Program

INTENT OF THE INTERVENTION

California's WISEWOMAN program, entitled *Corazón de la Familia (Heart of the Family)* uses the *¡Vida Saludable, Corazón Contento!* intervention materials.

¡Vida Saludable, Corazón Contento! is the Spanish-language adaptation of the research-tested intervention, *A New Leaf...Choices for Healthy Living*. *¡Vida Saludable, Corazón Contento!* is designed to help individuals:

- Improve healthy eating behaviors
- Increase physical activity
- Cease tobacco use
- Improve blood pressure or control hypertension
- Improve cholesterol or blood lipid profile

Developers of the *New Leaf* intervention translated the materials into Spanish to help address the need for culturally appropriate health educational materials for the growing Hispanic population in many regions of the United States. Foods, activities, and recipes were adapted and field-tested to be culturally relevant.

¡Vida Saludable, Corazón Contento! was developed and evaluated within the context of the CDC's WISEWOMAN Program and users of this template should understand the context before they can determine the appropriateness of this intervention for their particular populations and settings.

OVERVIEW

In 2006, California's WISEWOMAN program began a study of the *¡Vida Saludable, Corazón Contento!* intervention materials. In the first year, the intervention was piloted in four sites in the Los Angeles and San Diego areas.

¡Vida Saludable, Corazón Contento! consists of structured assessment and counseling tools that emphasize practical strategies for making changes in dietary and physical activity behaviors. The materials can be used in the prevention and treatment of cardiovascular disease.

The *¡Vida Saludable, Corazón Contento!* materials are designed to:

- Identify positive as well as atherogenic (e.g., high-fat diet and low fruits and vegetables intake) dietary behaviors
- Assess types and levels of physical activity
- Assess barriers to diet and physical activity changes
- Facilitate goal setting and self-monitoring
- Guide counseling by lay health care workers
- Serve as a self-help guide

¡Vida Saludable, Corazón Contento! contains modules on:

1. Nutrition
2. Physical activity
3. Tobacco cessation
4. Osteoporosis prevention

Intended Population: In California, *¡Vida Saludable, Corazón Contento!* is used with women who

- Are low-income Hispanics ages 40 to 64
- Have at least one abnormal cardiovascular risk factor value or take medication to lower blood pressure and/or cholesterol
- Have less than a high school education in most cases

Setting: The intervention is delivered through community health care centers and clinics.

Length of Time in the Field: *¡Vida Saludable, Corazón Contento!* has been in the field since 2002.

CORE ELEMENTS¹

Note: The core elements are the aspects of the intervention that are central to its theory and logic and that are thought to be responsible for the intervention's effectiveness. Core elements are critical features of the intervention's intent and design and should be kept intact when the intervention is implemented or adapted.

1. **Assessment of Diet, Physical Activity, Smoking, and Readiness to Change:** Risk assessments are used to identify participants' problem areas and barriers to change, as well as those areas in which they are doing well. The risk assessments identify participants' current practices and attitudes and help the health counselor focus on the areas in which participants are most ready and willing to make changes. Risk assessments are used to document participants' goals, monitor progress, and reward successes. In addition to the assessments that are part of *¡Vida Saludable, Corazón Contento!*, California's WISEWOMAN program implements a Readiness and Confidence Questionnaire to assess women's behavioral stages of readiness and confidence in making lifestyle changes.
2. **Tailored Feedback:** Feedback may affect participants' motivation to change or sense of self-efficacy; it may also provide cues to action. Health counselors should provide targeted and personalized *feedback* immediately or very soon after participants complete the personal risk assessments.
3. **Goal Setting and Action Planning:** *¡Vida Saludable, Corazón Contento!* risk assessments identify problem areas that participants can select as goals to work on. Goal setting is a collaborative process between counselors and participants. Goal setting also includes *action planning*—having participants make specific plans for what they will do to reach their goals.
4. **Guidelines and Strategies:** "Tip sheets" provide counselors with recommendations to help women overcome barriers to healthy eating, increase their physical activity, and stop smoking.
5. **Follow-up and Reinforcement:** Over the course of the lifestyle intervention, counselors develop rapport with their clients and serve as educators and coaches to

support and offer advice throughout the behavior change process. The counselor has a dynamic role, which includes encouraging healthy habits, engaging in active problem solving when the client faces barriers or challenges, and referring the client to appropriate community resources to assist her in achieving healthier eating and increasing physical activity. The counselors assess women's level of confidence in making lifestyle changes and use positive reinforcement to acknowledge the taking of small achievable steps.

6. **Social Support:** *¡Vida Saludable, Corazón Contento!* emphasizes enlisting social support from family and friends and teaches women why, where, and how to generate and sustain a successful social support network.

¹ The use of bilingual community health workers is not considered a core element of California's intervention. They are essential to intervention success in California; however, participant population needs vary across the nation, and these interventionists may not necessarily be critical to the success of *¡Vida Saludable, Corazón Contento!* in other locations. For programs with participant populations similar to California's, bilingual, well-educated, and local community health workers are an important adaptation to consider.

RESOURCES REQUIRED

Note: This section describes the resources used by the California WISEWOMAN Program to implement this intervention. Please note that the resources needed to implement the intervention in your community may vary and are dependent upon your existing infrastructure and how the intervention is adapted for your community. When determining the resources required, consider the intervention delivery method(s) (e.g. will the intervention be delivered in groups, one-on-one, self-study, etc.); the planned exposure to the intervention including the number (dose) and length (intensity) of contacts; the number of sites that need to be staffed; and the knowledge, skills, and abilities of staff.

Staff:

At the state level, the current structure of this program includes the following staff:

- A full-time project director oversees overall program activities, which covers the development, implementation and oversight of program protocols that guide local lifestyle intervention delivery (LSI) delivery. This includes monitoring and compliance, data collection, and quality assurance of local site LSI related activities.
- A full-time bilingual program consultant supervises local WISEWOMAN program delivery, liaisons with local sites, and provides local training and technical assistance.

In each local site, three staff members are devoted full time to WISEWOMAN:

- Two community health workers explain and obtain informed consent from all women, complete assessments, deliver one-on-one counseling sessions, and conduct follow-up calls and reminders. During the six-month enrollment period of California's pilot study, community health workers provided these services to an average of 55 women and assessed approximately 55 additional women. Community health workers are well educated, bilingual and bicultural, and native to the community. These staff characteristics are instrumental to the success of the intervention.
- One full-time WISEWOMAN registered nurse (RN) oversees local WISEWOMAN activities, manages cases of women who have alert risk factor

values, and conducts clinical measurements. The RN conducts quality assurance of recruitment, data collection, and reporting.

Training: California's community health workers come to the program with little cardiovascular disease, nutrition, and physical activity content expertise. As such, the program staff thought it would be a good idea to provide new community health workers with a "how to" guide on the implementation of *¡Vida Saludable, Corazón Contento!* The detailed training manual helps prepare community health workers to use the materials and ultimately facilitate the process of helping women make healthful nutrition and physical activity behavior changes. The beginning of the manual provides basic background information on cardiovascular disease risk factors and nutrition and physical activity ("nutrition 101" and "physical activity 101"). It also recommends that community health workers develop referral binders on diabetes, smoking, mental health, community resources for physical activity, and other self-help programs that may serve a woman's needs. The manual describes the accompanying assessments, tip sheets, and the cookbook. Guidance on conducting assessments, such as utilizing women's stages of readiness, setting goals, and addressing barriers is also provided. Throughout the document, text boxes in the margin contain information for community health workers to pass on to women, as well as counseling tips. The manual, titled *Community Health Worker (CHW) Guide to Corazón de la Familia (Heart of the Family)*, was developed by California WISEWOMAN program staff, see **Intervention Materials**.

Materials: Participants receive the *¡Vida Saludable, Corazón Contento!* loose-leaf binder with assessments and tip sheets and the accompanying Spanish-language recipe book linked to tip sheets. Educational materials can be downloaded free of charge. The cost of reproducing the notebooks and cookbooks is the responsibility of the program provider. Notebook covers and spines can be downloaded for reproduction. Binders (1" capacity, 3-ring) can be purchased for approximately \$1.60 from an office supply store.

Other Materials:

- Stamps for reminder postcards, letters, and newsletters.
- Educational aids, including 13 Hispanic food replicas (\$160 each) and 13 food-portion models (\$16 each).
- Incentives for participants, while optional, are used to increase retention in the lifestyle intervention. California used items such as pedometers and measuring cups and spoons. A complete list of incentives used in California and their costs can be found in **Intervention Materials**.

IMPLEMENTATION

Note: This section of the template provides a succinct outline of the basic steps to implement the intervention. For many interventions, a more detailed implementation protocol is also available, and provides a more thorough description of the implementation process. This section also describes the methods of delivery and the dose and intensity that have been found to be effective in prior tests of the intervention. This does not rule out the possibility that other methods, doses, and intensity may be effective.

How It Works:

1. **Initial Contact:** One week before the three counseling sessions, women receive the results of the cardiovascular risk factor screening and complete the dietary and physical activity risk assessments and the Readiness and Confidence Questionnaire.
 - The diet and physical activity assessments allow community health workers to quickly determine the food and activity patterns and attitudes that contribute most to risk of heart disease and stroke, as well as those patterns and attitudes that are beneficial.
 - The Readiness and Confidence Questionnaire provides community health workers with a baseline understanding of women's readiness to make dietary, smoking, and physical activity changes. It also assesses women's level of confidence in making corresponding lifestyle changes.
2. **The Counseling Process:** *¡Vida Saludable, Corazón Contento!* integrates behavior change theory with nutrition and exercise science in a clinically feasible intervention tool.
 - Together, the community health worker and the woman select goals addressing the more problematic areas of diet and physical activity that are identified on the assessments. The goals are linked by number and color coding to simple, illustrated "Tip Sheets" that provide practical, low-cost strategies for lifestyle change and for overcoming barriers. The assessments and tip sheets make it easy for the community health worker to provide advice that is tailored to specific concerns.
 - Diet-related tips are linked with recipes that reflect Hispanic preferences and are low in fat and cholesterol. Activity tips are linked with guides for starting new activities, stretching tips, and safety guidelines for increasing physical activity.
3. **Dose and Delivery:** *¡Vida Saludable, Corazón Contento!* is implemented face-to-face through one-on-one counseling. Intervention sessions take place one month, two months, and six months after an initial screening visit. On average, intervention sessions last about 45 minutes. However, community health workers who become efficient with counseling and the materials may conduct sessions lasting 30 minutes. A follow-up visit occurs at 12 months, when women are reassessed for clinical risk factors, nutrition and physical activity behaviors, and readiness to change.

Keys to Success:

- **Community Health Workers:** Community health workers play an important role in maximizing the intervention's impact. The community health workers come from the same community as participants, and they are bilingual and bicultural. They understand the diets of Hispanic women, are cognizant of family and/or community pressures, and understand the difficulties of lifestyle change.
- **Training Manual:** California's WISEWOMAN program strongly values providing guidance to lay health workers on how to use *¡Vida Saludable, Corazón Contento!* materials so that community health workers are prepared to facilitate the process of women making healthy nutrition and physical activity behavior changes.
- **Intervention Delivery Flowchart:** California's WISEWOMAN program has maintained clear documentation on intervention procedures and activities in a detailed flowchart laying out how women proceed through the intervention (from the eligibility assessment to the follow-up assessments). The flowchart helps clinic staff understand the next steps to take with each client to ensure that the intervention is delivered as intended.

Barriers to Implementation: The main barriers affect the ability of women to attend the face-to-face intervention sessions:

- Lack of transportation. Women may need to rely on public transportation to reach the intervention site. In some cases, this could involve taking multiple buses; in other cases, public transportation may not be available.
- Lack of childcare or inability to leave work.
- Lack of time to participate in the WISEWOMAN program.

EVIDENCE REVIEW SUMMARY

Underlying Theory/Logic: *¡Vida Saludable, Corazón Contento!* draws on numerous conceptual models and theories:

- Stages of change—addresses participants' readiness to attempt change toward healthy behaviors
- Health belief model—derives key concepts such as self-efficacy and perceived barriers to action
- Social cognitive theory—focuses on the interaction between individuals and their environment and how each affects and influences the other
- Social ecological theory—establishes linkages and partnerships to influence the multilevel social and environmental factors that impact women's health

Research Findings: *¡Vida Saludable, Corazón Contento!* was pilot tested in randomized controlled trials in Los Angeles and San Diego health centers in 2006. The amount of change in behavioral and clinical risk factors was compared between an enhanced intervention (EI) group and a minimum intervention (MI) group. The EI group received screening, three intervention encounters with one-on-one counseling and clinical measurements, referrals to community resources, and rescreening. The MI group received screening and rescreening; an educational pamphlet; and in some cases, referrals to community resources.

Results:

- When controlling for age and education, more EI than MI women added one or more healthy eating or physical activity behavior between baseline and rescreening. Significant reductions in 10-year CVD risk were found for those who improved both eating and physical activity (estimated coefficient for this category=0.009, 95%CI=0.003-0.015, p-value=0.003).
- The EI group had a significantly greater improvement in systolic blood pressure compared to the MI group (difference=1.8, p-value=0.019).

¡Vida Saludable, Corazón Contento! is the Spanish language adaptation of the research-tested intervention, *A New Leaf...Choices for Healthy Living*. *New Leaf* and its nutrition-only precursor, *Food for Heart*, have been tested in numerous randomized control trials. *Food for Heart* has been in the published literature since 1992 and *New Leaf* since 1999. (See the [New Leaf](#) template for a complete listing of publications.)

POTENTIAL PUBLIC HEALTH IMPACT

Reach: *¡Vida Saludable, Corazón Contento!* was designed for a lower literacy level Spanish-speaking Hispanic population.

Effectiveness: *¡Vida Saludable, Corazón Contento!* has demonstrated effectiveness in reducing risk factors for heart disease and stroke in California. Results from randomized controlled trials in California showed improvements in diet and physical activity behaviors. Specifically, the EI group made significantly more improvement in changing one or more healthy eating and physical activity behaviors than did the MI group. Significant improvements were also found for systolic blood pressure, where the EI group had a significantly greater improvement in systolic blood pressure compared to the MI group. Extensive formative research was conducted to assess the cultural appropriateness of *¡Vida Saludable, Corazón Contento!* among Hispanic women in California. Community health workers were interviewed after the pilot study to document successes and challenges. In general, community health workers were satisfied with the intervention components and believed they were effective for participants. (See **Evidence Review Summary** for more details.)

Adoption: California adopted *¡Vida Saludable, Corazón Contento!* as its primary intervention tool and made adaptations as needed. *¡Vida Saludable, Corazón Contento!* has been used in the North Carolina WISEWOMAN Program and in the Alabama WISEWOMAN Partnership program.

Implementation: The interventionist can be a nonspecialist health care or lay provider. *¡Vida Saludable, Corazón Contento!* has been implemented successfully in California through face-to-face, one-on-one counseling, using well-educated, bilingual lay community health workers who are native to the community. To help ensure that *¡Vida Saludable, Corazón Contento!* is delivered as intended, the program developed a training manual for community health workers, which provides guidance on counseling activities. Other programs that serve a predominantly Hispanic population may consider different methods of delivery that have been found to be effective with *New Leaf*. Depending on program objectives and available resources, different strategies to consider are one-on-one counseling in which phone contact is substituted for some in-person counseling; group education counseling, with support by community (lay/peer) health advisors; or a combination approach.

Maintenance: California implemented *¡Vida Saludable, Corazón Contento!* in the past several years in selected areas. However, as future funding allows, the program plans to implement the intervention statewide. Although there may be some future refinements to intervention materials, the formative research conducted early on increases the likelihood that the intervention will be sustained.

INTERVENTION MATERIALS

California's WISEWOMAN program, entitled *Corazón de la Familia (Heart of the Family)* uses the *¡Vida Saludable, Corazón Contento!* intervention materials.

¡Vida Saludable, Corazón Contento! includes content on nutrition, physical activity, tobacco cessation, and osteoporosis prevention. Materials on these topics include: risk

assessments, tip sheets with behavior change suggestions, general information, exercises, and a recipe book. Risk assessments with corresponding tip sheets include the following:

Risk Assessment

¿Cómo me alimento yo?

(Dietary Risk Assessment)

¿Por qué le es difícil comer saludablemente?

(What Makes It Hard to Eat Healthy?)

Eating

¿¿Qué tan activa es usted?

(Physical Activity Assessment)

Sheets

¿Por qué es difícil mantenerse activa?

(What Makes It Hard to Keep Active?)

¿Qué cosas limitan sus actividades físicas?

(What Limits Your Activity?)

¿Tiene usted riesgo de padecer de osteoporosis?

(Are you at Risk for Osteoporosis?)

Healthy

Dejar de fumar

(Smoking and Quitting Assessment)

Tip Sheet

Healthy Eating Tip Sheets

Hot Tips for Healthy

Physical Activity Tip

Being More Active

Being Active with Physical
Limitations

Keeping Your Bones

Smoking and Quitting Tip
Sheets

¡Vida Saludable, Corazón Contento! materials are in PDF format and may be downloaded and saved from this site. The materials should not be modified without express written permission in advance from the UNC Center for Health Promotion and Disease Prevention (HPDP) and the California WISEWOMAN Program.

Products:

→ *¡Vida Saludable, Corazón Contento!*

→ *¡Vida Saludable, Corazón Contento! Recipes*

→ *Readiness and Confidence Questionnaire*

→ *Community Health Worker (CHW) Guide to Corazón de la Familia (Heart of the Family)*

→ *California WISEWOMAN Program Incentives List*

TRAINING AND TECHNICAL ASSISTANCE

The information contained in this document provides an overview of this intervention and the evidence available to support it. If you would like to know more and/or explore possible adoption/adaptations of this intervention in your community, please contact:

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