



Teach-With-Stories: Lay Health Advisor Prenatal Outreach Program for Latinas

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INTRODUCTION

Reaching and engaging Latinas is a critical strategy to reduce disparities and improve health outcomes for these communities. Prenatal care, often the first interaction Latinas have to the US medical system, is a place where disparities in care begin.

- Latinas are two times as likely to receive late or no prenatal care as Non-Hispanic white women.
- The traditional design of prenatal care (~15 minutes per visit) and the typical clinician-centered approach to prenatal education leave little opportunity to respond to the complex needs and unique cultural and language differences of pregnant Latinas.
- The shortage of interpreters and bilingual providers creates additional barriers.

Currently at 11 million, the number of Latinas in their childbearing years is projected to increase exponentially in the next 10-20 years. Quality prenatal care is designed to promote health and reduce risks for women, infants, and families before, during, and after pregnancy.

Seeking an innovative way to expand access to quality care and to build capacity of our healthcare systems, in 2011, we pilot-tested an empowerment-based prenatal education program for Latinas led by lay health advisors (LHA).

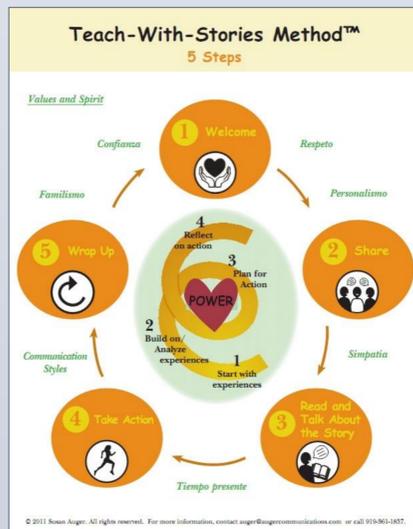
AIMS

- 1) Develop and field-test a bilingual *Teach-With-Stories* (TWS) prenatal lay educator outreach training and evaluation program package.
- 2) Determine the effectiveness of the participatory TWS prenatal education program for Latinas led by trained lay health educators (LHE) as compared to the outcomes of a control match group receiving usual care.

TEACH-WITH-STORIES METHOD™

The program curriculum is based on the TWS Method™ used with the *De Madre A Madre* series of photonovels (*fotonovelas*) on prenatal care.

The TWS Method™, a person or learner-centered model, is designed to:



- Build 3 Kinds of Power**
- Power-with-Others
 - Power-from-Within
 - Power-as-Mastery

Honor Latino Cultural Values & Norms

Foster Critical Thinking and Behavior Change

Create a Safe Place to Discuss Social Determinants of Health

STUDY METHODS

Guided by a diverse and experienced community advisory board, the study team used a community-based participatory development process and the Plan-Do-Study-Act (PDSA) cycle methodology to develop and refine the TWS prenatal care photonovels and training materials.

Lay Health Advisor Recruitment and Training



- Selected 2 teams of Lay Health Advisors with different levels of lay education experience.
- Provided 4-hour orientation plus coaching before and debriefing after each session. Training focused on power-sharing strategies, facilitation techniques, and prenatal education.

Intervention

- Conducted (2) 8-week groups at two sites: Piedmont Health Services in Carrboro, NC and Wake County Health Department in Raleigh, NC. Sessions were approx. 90-120 minutes.



De Madre A Madre Photonovels (bilingual)

Prenatal care topics addressed:

- Pregnancy
- Labor
- Clinic
- First Week
- Nutrition
- Breastfeeding
- Risks

About the Participants

The participants (n=43) were Latina and Spanish-speaking. Most were born in Mexico or Central America, and lived with a partner or husband.

- ✓ **Children:** About 25% were expecting their first baby, 25% already had 1 child, 25% had 2 children, and a bit less than 25% had 3-4 children.
- ✓ **Education:** About 33% had 6-8 years of schooling, approx. 33% had attended (but not finished) high school, and approx. 33% had a high school degree.
- ✓ **Residency:** About 33% were in the U.S. and North Carolina for 10 years or longer; 45% were 6-10 year residents.
- ✓ **English Fluency:** 50% of the women reported medium to high English fluency; 50% reported low to none.

Evaluation (used a mixed methods design)

- Collected information from program participants:
 - Pre and post measures: knowledge, confidence, social support (*T-test comparison*)
 - Session evaluations (*satisfaction survey*)
 - Follow-up focus groups (4) at 3 months (*theme analysis*)
- Observed all sessions and conducted debriefings with the lay health advisors who facilitated them
- Reviewed medical records of participants and a matched group on birth outcomes and utilization, such as prenatal, post-partum, well-baby visits and hospitalizations (*T-test comparison*)

RESULTS

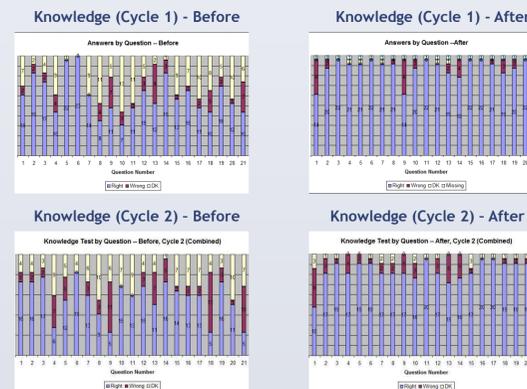
Participation

- ✓ Out of 45 participants, 43 completed the program, attending at least 6 out of 8 sessions.



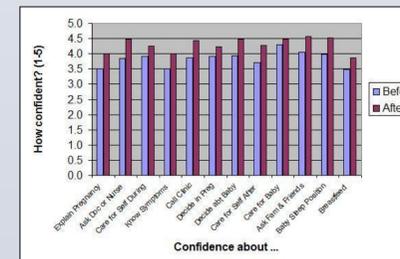
Knowledge Survey (21 key prenatal education messages)

- ✓ Participants showed a significant increase in their knowledge ($p < .00001$). In other words, the odds of this improvement being due to chance alone are 8.8 trillion-to-one.



Confidence Survey (added during Cycle 2)

- ✓ Participants had, on average, more confidence after the program than before about all 12 tasks related to pregnancy and childbirth. The difference is statistically significant ($p \leq .05$).



Medical Record Review

- ✓ There were no statistically significant differences in health outcomes between our participants and a demographically matched control group (at the $p \leq 0.05$ level).
- ✓ There was only one difference that approached statistical significance: participants had relatively fewer cesareans than did the controls ($p \leq 0.08$).
- ✓ There was a small increase in the average number of prenatal visits and a small decrease in the rate of hospitalizations during pregnancy.

*Note: Social Support Survey showed no significant change in perceived support from family or friends before/after; participants reported a firm sense of support from group peers.

PARTICIPANT FEEDBACK



Participants...

- ✓ **Self-worth:** Expressed feeling better about themselves as women and mothers.
- ✓ **Knowledge:** Enjoyed the program and appreciated all the information they learned. They shared this knowledge with family and friends.
- ✓ **Confidence:** Gained greater confidence about their abilities to navigate pregnancy and childbirth and in asking family, friends and health professionals for help.
- ✓ **Engagement:** Reported being much more apt to ask questions of their health providers after participating in the groups.
- ✓ **Reinforcement:** Felt that the program reinforced and deepened their understanding of information received from their health care providers.
- ✓ **Behavior Change:** Gave examples of changing behaviors and ways of thinking, such as deciding to breastfeed, exercise more, making diet changes, and talking with their children differently.
- ✓ **Social Support:** Were very positive about the LHAs' work. They found them trustworthy, knowledgeable, and approachable. They appreciated the support that they received from the LHAs and from the other participants.

CONCLUSIONS

- **TWS curriculum is effective:** It improved women's knowledge about pregnancy, childbirth, and breastfeeding. Women reported not only feeling greater confidence, but also making changes, e.g., in how they interacted with medical providers and how they cared for themselves and their babies during and after pregnancy.
- **LHA group format works:** 96% of women attended regularly, for the duration of each session. Women reported an increased sense of social support from their group peers and lay health advisors. They appreciated the opportunity and felt comfortable discussing personal and community issues that affect their health and the health and well-being of their families.
- **TWS program maintains good medical outcomes,** with a slight increase in the number of prenatal visits and decrease in cesareans and hospitalizations.

With appropriate support, training, and curriculum, lay health advisors were able to implement a group-based prenatal education program using power-sharing strategies to achieve better outcomes. These findings are consistent with the preliminary studies conducted during the development of the TWS Method™.

We are planning research to explore these findings further.

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TWS Network