

Vida Sana Program

Problem

Lifestyle factors, including exercise, diet, smoking, and stress, are known to affect health and risk for cardiovascular disease. About 78 million American adults—1 in every 3—have hypertension (defined as blood pressure greater than or equal to 140/90 mmHg or taking antihypertensive medication).^{1,2} Lifestyle interventions may contribute to improved hypertension and cardiovascular disease (CVD) outcomes and are an important resource for linking patients in clinical care environments with community resources using public health strategies.

Project

The Vida Sana program is implemented by the Clínica Esperanza/Hope Clinic (CEHC), a community-based clinic located in Providence, Rhode Island. CEHC aims to provide high-quality, culturally sensitive medical care using volunteers to serve adults without health insurance. More than 1,000 people have participated in the Vida Sana program from 2012 to 2019.

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Overview

The Vida Sana program was developed to engage and educate individuals at higher risk of having chronic conditions about healthy behaviors, diet, and physical activity. This program consists of an orientation session and eight weekly group classes led by trained bilingual Spanish-speaking and bicultural community health workers (CHWs) called *navegantes*. Classes are administered in a conversational format and use the low-literacy Thumbs Up™ curriculum developed by Dr. Susan Oliverio of the Institute for Education on Health and Research. The curriculum covers various topics, including blood pressure, cholesterol, diabetes, healthy eating, and physical activity. The first five sessions cover material from this curriculum. Sessions 6–7 consist of social group interactions where participants continue discussions from previous sessions, discuss progress toward goals, and reinforce learning with activities such as Zumba®, walking groups, bingo, or cooking demonstrations. Participants graduate in the eighth session, complete a post-test survey, retake their biometric measures, and receive a certificate of completion. Four weeks later, participants attend a follow-up session, where they receive counseling with a *navegante* and referrals to follow-up services or other community resources, as well as having their biometric measurements taken.

Key Characteristics of the Vida Sana Program

-  Use of *navegantes* to deliver curriculum
-  Use of the Thumbs Up™-based curriculum
-  Consistent individualized follow-up with participants
-  Use of community locations outside the CEHC clinic

Intended Participants

The program primarily focuses on persons from predominantly low-literacy Spanish-speaking populations with indicators of or at a higher risk for metabolic syndrome (a condition combining high blood pressure, high waist circumference, high triglycerides, low HDL cholesterol, and high glucose). Based on reported data, the mean age among participants is 48.1 years. Participants are recruited by *navegantes* and nurses from the CEHC clinic or through community sites.

Baseline Participant Demographics

Characteristics	No. Participants (%)
Gender	
Male	302 (29.7)
Female	714 (70.3)
Total	1,016
Ethnicity	
Hispanic or Latino	795 (97.2)
Non-Hispanic	23 (2.8)
Total	818
Race*	
African American	21 (11.2)
White	67 (35.8)
Multiracial	84 (44.9)
Other	15 (8.0)
Total	187

* Many participants did not select a race option provided; however, ethnicity was selected.

Goals and Expected Outcomes

The goal of the Vida Sana program is to improve the rates of blood pressure control and other CVD risk factors within the population of focus. In the short term, the program is intended to improve biometric measures, including blood pressure and cholesterol. The program also aims to increase patient self-efficacy and encourages participants to engage in the health care system. The long-term goal of the program is to improve the health of the community as participants share what they learn with their family and friends.

Progress Toward Implementation

Many factors aided in the implementation of the Vida Sana program. Use of the existing low-literacy, visually engaging, and interactive Thumbs Up™ curriculum allowed *navegantes* to tailor sessions to meet participant needs. The program facilities offered a relaxed atmosphere and allowed participants to form a community of support. CEHC leadership was supportive of the program overall, specifically in offering the program outside of the clinic to ensure accessibility to the entire community. Existing trust between the *navegantes*, who were housed within the clinic, and patients from the CEHC aided in participation and retention.

Reach and Impact

There was a decrease in the rates of high blood pressure among participants within the Vida Sana program. Systolic and diastolic blood pressure changes were consistent with staff perceptions and anecdotal information shared related to participant experiences. Overall, blood pressure control rates increased from 76.9% at baseline to 82.2% post-program. At the 12-week follow-up, control rates increased to 86.7%, a difference of 9.8 percentage points from baseline.

Change in Mean Blood Pressure (BP) Levels from Baseline to 12-Week Follow-Up

Change in Mean BP Levels	Baseline Mean (SD), mmHg	12-Week Follow-Up Mean (SD), mmHg	% Change from Baseline
Systolic BP	130.3 (14.0)	122.7 (13.6)	-5.8
Diastolic BP	81.9 (9.1)	76.9 (8.3)	-6.1

In addition to blood pressure, participants showed improvements in total cholesterol, weight, body mass index, waist circumference, and A1C levels, both at the post-program assessment and at the 4-week post-program follow-up. Individuals affiliated with the program reported an increase in knowledge, a first step in behavior change. This was supported in the data through a statistically significant increase in test scores from pre- to post-program.

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This document does not constitute an endorsement of any organization or program by CDC or the federal government, and none should be inferred.

¹ Wall HK, Ritchey MD, Gillespie C, Omura JD, Jamal A, George MG. Vital signs: recent prevalence of key cardiovascular disease risk factors for Million Hearts 2022 — United States, 2011–2016. *MMWR*. 2018;67:983–991.

² Fryar CD, Ostchega Y, Hales CM, Zhang G, Kruszon-Moran D. Hypertension Prevalence and Control Among Adults: United States, 2015–2016. National Center for Health Statistics Data Brief, no 289. Hyattsville, MD: National Center for Health Statistics; 2017.