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LATINO CENTER FOR HEALTH

ENGAGING LATINO COMMUNITIES

POLICY BRIEF

Mi Salud: Community-Based Cardiometabolic Health Screening, Counselling and Referral Pilot Program.

December 6, 2024

Background

Latinos in Washington State (WA) are at increased risk for cardiometabolic conditions, including obesity, diabetes and hypertension. They also face multiple barriers to health care including lack of insurance, absence of a usual source of care, language and cultural barriers, low health literacy, and geographic social vulnerability. The recent escalation of anti-immigrant sentiment and threat of mass deportation is likely to further marginalize the estimated 325,000 undocumented immigrants among the 1.1 million Latinos residing in WA.

In response, the Latino Center for Health (LCH) has organized a mobile cardiometabolic health screening, counseling and referral program, building on its experience with providing vaccine pop-ups during the COVID-19 pandemic. The Mi Salud pilot program, in partnership with grassroots community-based organizations throughout WA state, offers A1C screening, blood pressure checks, height, weight, and BMI measurements. Based on these metrics, brief individualized counseling is provided on lifestyle factors including nutrition, physical activity, and mental health. For those needing medical care, referrals to local clinics are provided. To complement individualized counselling, healthy living group talks are offered, led by a *Promotora de Salud* (Community Health Worker) and based on a culturally tailored wellbeing pamphlet developed by the LCH. All services and materials are offered in Spanish and English.

In this policy brief, we report the findings from 7 screening clinics conducted statewide from January through November of 2024.

Community Screening Participant Characteristics and Health Outcomes (N=237)

	Number	Percent
Age group (n= 236)		
18-39	83	35.2%
40-64	138	58.5%
65+	15	6.4%
Gender (n=237)		
Male	85	35.9%
Female	148	62.4%
Other	4	1.7%
Language (n=185)		
Spanish	133	71.9%
English	38	20.5%
Both	14	7.6%
A1C Level (n=205)		
Normal (<5.7)	102	49.8%
Prediabetes (5.7-6.4)	72	35.1%
Diabetes (6.5+)	31	15.1%
Blood Pressure (n= 212)		
Normal (<120 & <80)	46	21.7%
Elevated (120-129 & <80)	27	12.7%
Stage 1 HTN (130-139 or 80-89)	83	39.2%
Stage 2+ HTN (140+ or 90+)	56	26.4%
Body Mass Index (n=205)		
Normal (<25)	41	20%
Overweight (25-29.9)	70	34.1%
Obese (30-39.9)	85	41.5%
Morbidly Obese (40+)	9	4.4%

FINDINGS

Our screening data revealed that the majority of participants were Latinx women aged 40-64, with over 70% being Spanish

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speakers. Among those screened, 35.1% had prediabetes, 15.1% had diabetes, 12.7% had elevated blood pressure, 39.2% had stage 1 hypertension, and 26.4% had stage 2 or higher hypertension. Additionally, only 20% of participants had a normal BMI of 25 or lower; 34.1% were overweight, 41.5% were classified as obese, and 4.4% as morbidly obese.

POLICY RECOMMENDATIONS

Data from our pilot program highlight a significant need for community-based cardiometabolic health screening, counseling, and referrals for treatment. Conversations with participants revealed that many go without care entirely or for extended periods due to numerous barriers, even though this was not captured in our data. For those with health insurance, access to primary care is often limited, leading to delays in receiving necessary treatment. In many parts of our state, particularly in rural areas, primary care is limited or non-existent, resulting in excessive wait times for appointments. Participants have also expressed concerns about healthcare costs—whether real or perceived—a shortage of Spanish-speaking providers, difficulty taking time off work for medical care, and limited transportation options, particularly in rural areas, where distances to care can be significant. Additionally, many lack knowledge about where or how to seek care or are unaware of the importance of prevention and addressing diagnosed health conditions. For individuals without documented immigration status, fear of deportation further deters them from accessing care through traditional channels.

A key part of our strategy is partnering with trusted community-based organizations (CBOs) in planning, organizing, and implementing our clinics. We rely on our CBO partners to identify a space to hold our clinic, advertise our clinics to the community, connect us with local health care providers for follow-up care, and welcome community participants while providing navigational support on the day of the event.

Our data point to the urgent need for greater capacity to deliver place-based community care, specifically mobile screening, referral, and treatment clinics for Latino and other underserved and marginalized communities in WA. There are large numbers of people in our state who currently are not well served by our healthcare system. If unaddressed, community members with undiagnosed, untreated and poorly managed chronic conditions will develop downstream complications, resulting in diminished health status and requiring expensive emergency healthcare.

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