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## Pfizer Inc's Alliance for a Healthy Border

### Making a Difference in the Prevention of Health and Cardiovascular Disease in U.S.-Mexico Border Communities

The Alliance for a Healthy Border (AHB) is a diabetes and cardiovascular disease prevention program sponsored by Pfizer Inc, which targets the high incidence of diabetes and heart disease among the largely Hispanic population residing in US-Mexico border communities. The initiative funds 12 federally-qualified community health centers (CHC) in the four states bordering Mexico to provide culturally sensitive nutrition, physical activity, and disease prevention programs.

#### Unique Programs

Pfizer's Alliance for a Healthy Border emphasizes the independence of each community health center by allowing the centers to design programs that draw from their experiences and community characteristics. As such, each educational program is unique in its curriculum, program length, and delivery method; curriculums can be adopted from well-established national programs or fully developed in-house, program durations range from four weeks to six months and interventions can take place at the individual level or within a group setting. The underlying premise is that individual behaviors towards physical activity, nutrition and disease prevention can be influenced by culturally-sensitive educational programs. The resulting behavioral changes will lead to improved individual health outcomes.

#### Timeline

Planning for AHB activities occurred January through March 2006 with programmatic activities beginning during April to June 2006. Most CHCs began their initial educational programs with a small number of participants with the plan to increase enrollment as the initial program and structure was finalized. By year-end 2006 most programs were conducting their educational intervention to the desired number of participants. Program-end and six-month post intervention evaluation data was submitted consistently during the January to June 2007 period and the centers continued enrolling new participants. By June 30, 2007, baseline surveys relating to health status as well as nutrition and physical activity behaviors had been received from 1,736 individuals enrolling in an AHB educational program. The 12 community health centers had also submitted 903 program-end evaluation instruments and 275 six-month post instruments.

*The socioeconomic and health status profile of participants gathered from the baseline survey shows that AHB programs are reaching the border population most in need of health prevention services.*

- Over 69 percent of the participants do not have a high school degree.
- Over 79 percent live in households with a total income of less than \$20,000 per year.



- Only 38 percent reported their general health condition to be good or better.
- Over 48 percent of the participants have been diagnosed with diabetes.
- Over 64 percent of the participants have been diagnosed with high cholesterol.
- Over 52 percent of the participants have been diagnosed with high blood pressure.

***Individuals' nutrition behaviors appear to be improving.***

- Fruit and vegetable consumption increased
  - › Participants from all centers increased their fruit and vegetable consumption over the course of the program with six of these increases being statistically significant. By the end of the AHB educational program, these six centers saw increases in weekly consumption of fruits and vegetables ranging from 22.2 to 70.4 percent.
  - › Six months following program end, participants from 11 of the centers still showed an increase in fruit and vegetable consumption with five of these increases being statistically significant, ranging from 4.27 to 17.0 additional weekly servings on average.
    - Healthy Habits Scale, that indicates healthy eating habits related to salt/sodium and cholesterol/fat intake improved.
  - › Participants at all centers on average increased their Healthy Habits Scale with ten centers having statistically significant increases.
  - › Six months following program, participants from the 11 centers reporting data had improved Healthy Habits Scale relative to their baseline and seven of these changes were statistically significant.

**Educational Programs that Work**

The preliminary findings indicate that the educational programs sponsored by the 12 community health centers through Pfizer's Alliance for a Healthy Border are having a substantial, positive impact in changing the behaviors of participants towards physical activity and nutrition. Measures of health outcomes also appear to be improving as a result at both program end and at the six month post program end point. The impact of the educational programs on both behaviors and health measures will become more apparent as more individuals complete the educational program and its follow-up evaluation.

**Best Practices**

The unique nature of each AHB program gives the opportunity to look at differences in the approach each takes as far as curriculum, program length, and delivery method. While the programs, in general, only began functioning at an optimal level towards the end of 2006, a few preliminary best practices can be observed about the programs that appear to provide the best results:

- Educational programs held over a period of 9 to 12 weeks.
- Educational programs delivered in a group setting (or at least some portion of the intervention held in a group setting).
- Educational programs utilizing a predefined curriculum.
- Promotora-based interventions.

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