

## Community-Partnered Research Successes and Challenges: A Case Study

Jacquelyn H. Flaskerud, RN, PhD, FAAN  
Co-Director, Participatory Research and Community  
Partnerships Core, Center for Vulnerable  
Populations Research  
Director, Health-Related Problems of Vulnerable  
Populations: Pre & Postdoc Research Training  
UCLA School of Nursing

## Acknowledgements: The Partners

### UCLA

Deborah KoniakGriffin, RNC  
EdD, FAAN  
Sue Kim, NP, PhD  
Peter Guarnero, CNS, PhD  
Elizabeth Dixon, RN, MPH,  
PhD  
Coleen Jackson, RN, MS,  
FNP  
Evelyn Gonzalez-Figueroa,  
MPH, PhD

### LACDHS

Margaret Avila-Monge RN,  
Womens Health NP  
Eloisa Gonzalez, MD, MPH  
Antronette Yancey, MD, MPH

### Pacoima Beautiful

Marlene Grossman, Director  
Lisbeth Romero-Martinez,  
Outreach

### LAEP

Elvia de la Torre, Director

## Focus for Today

A community-based participatory  
research project: *Promotoras de Salud*  
and Community Health Promotion

### Strategies for conducting community partnered research

- Process
- Challenges
- Participant involvement and feedback
- Outcomes
- Evaluation

## Context of the Problem

- Obesity, lack of exercise, and exposure to tobacco smoke contribute to chronic diseases and decreased life expectancy.
- Lay health advisors have been used successfully in a variety of health promotion and disease prevention programs with a variety of social and ethnic groups.
- LHA programs identify and train community members to work with their established social networks.

## Aims of the CBPR Project

Aim 1: Conduct a community needs assessment to determine which low-income group in a LACDHS SPA has the greatest need for health education (exercise, nutrition, smoke-free environments) and the fewest resources to meet those needs.

Aim 2: Develop and implement an LHA training program that focuses on the community group with the greatest needs and fewest resources.

Aim 3: Implement the LHA outreach program in the target community through the LHA's existing social network.

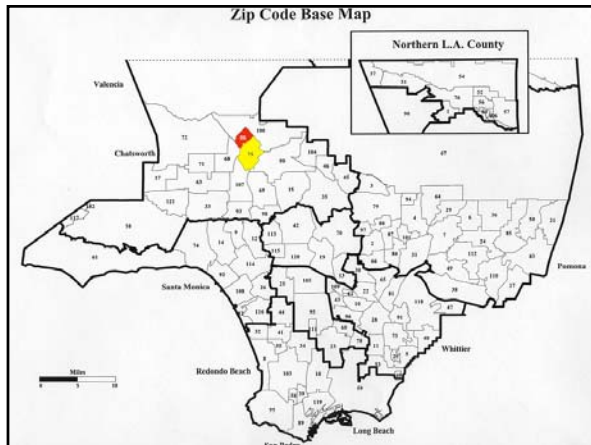
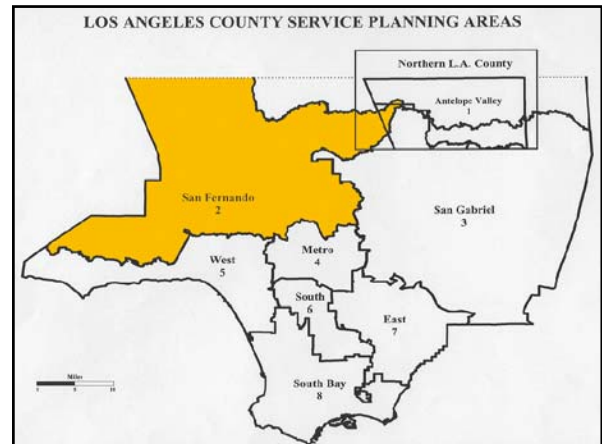
Aim 4: Evaluate the process and outcomes of the LHA training and outreach program.

## Methods: Study/Project Conducted in Phases

- Phase 1: Community needs assessment
- Phase 2: Recruitment and training of LHAs  
(renamed *Promotoras de Salud* or Health Promoters - HPs - at participant request)
- Phase 3: Outreach activities by HPs in their communities; pre and posttest administered
- Phase 4: Evaluation - natural control group and debriefing of HPs

## Phase 1: Process

1. 2 SPAs identified by LACDHS: Metro (4) and San Fernando (2); SPA 2 selected
2. Three Methods of Community Needs Assessment were used:
  1. Key Informant Interviews in SPA 2
  2. Social Indicators data for LAC & SPA 2
  3. Community Survey data reviewed: lifestyle and behaviors, health status data



## Key Informant Interviews in SPA 2

Glendale Clinic	4 interviews	(RN, Exec, Health Officers)
Pacoima Clinic	4 interviews	
School Districts	17 interviews	(RNs, MSWs, counselors, teachers)
CBOs	5 interviews	(Execs)
LACDHS epidemiologist	3 interviews	(MD, RD)

All identified Latinos with greatest needs and fewest resources:  
60-80% of clients uninsured; poor nutrition, little exercise

## Community Assessment: Population Characteristics\*

	LAC	SPA 2	Pacoima
Population	9,343,055	1,893,411 (20.2%)	95,763 (5.1%)
<b>Ethnicity</b>	%	%	%
White	39.0	52.0	6.0
Latino	38.0	34.2	80.4
Asian/Pacific Islander	12.0	9.4	6.0
African Amer	10.0	3.4	7.0
Amer Indian	0.3	0.2	0.2
<b>Poverty</b>	%	%	%
Public Assist	16.0	12.0	19.0
<Poverty Level	22.2	16.5	30.3
In Workforce (excludes <16 years old, housewives, retired)	49.8	53.7	45.0
Female headed with children	19.7	15.1	16.7
Uninsured	37.0	35.0	47.5

\*LAC Health Survey, 1999; United Way, State of the County, 1998-99; Health of SPA2, 1999

## LAC Health Survey Data: Tobacco Use

	LAC	SPA2	Pacoima
Cigarette Use	18%	19%	18%
Exposed to smoke in home	10%		

Tobacco Use	Men	Women	Both
Total	22	14	20
Asian	23	9	16
Latino	22	9	16
White	22	18	20
Afric Amer	22	20	20



## LAC Health Survey Data: Overweight, BMI>25, Obese, BMI<30

Totals	LAC		SPA 2	Pacoima
	47%		45%	49%
	Overwt	Obese	Total	
	%	%	%	
Afric Am	36	22	58	
Latino	38	16	54	
White	31	13	44	
AsianAm	21	4	25	

## LAC Health Survey Data: Exercise/Physical Activity

	LAC	SPA 2	Pacoima
Regular exercise	39%	43%	34%
Irregular exer	20%	20%	20%
Sedentary	41%	37%	46%



## ON-GOING LHA PROGRAMS IN LAC AND SPA 2

LACDHS and CA Nutrition Network: Communities in Action uses community health workers (CHWs)/*promotoras* to promote healthy eating and physical exercise for low income Latino and African American families.

SPA 2 Health Office, Pacoima Beautiful & LAC Poison Prevention: Healthy Homes Initiative uses CHWs to decrease poor indoor air quality leading to respiratory problems, and lead poisoning.

LA Educational Partnerships: Trains LHAs for health promotion activities

Olive View Medical Center Foundation: Healthy Beginnings uses *promotoras* for prenatal care and Arthritis Empowerment

Esperanza Community Housing Corp trains and uses *promotoras* for health education, access, utilization and neighborhood organization.

## Challenges of Phase 1

- Finding agencies with stable infrastructure
- Partnering with agencies that are vital & enthusiastic
  - impetus for partnership: lead samples
- IRB approval:
  - 1) study population undetermined at start
  - 2) staged approval

## Participant Involvement and Feedback: Phase 1

Community Advisory Board formed:

- Changed name from LHA to HP
- Reviewed training materials and selected *Su Corazon, Su Vida* (Your Heart, Your Life - NHLBI); food models, exercise video
- Classes to be taught in Spanish
- Structure and length of sessions: morning classes, refreshments
- “Tests” for HPs - provided by LACDHS

## Outcomes: Collaborative Contributions

Pacoima Beautiful & L.A. Educational Partnerships:

Vitality/Interest/Enthusiam

Space

Potential LHAs

LACDHS:

Health education materials in Spanish

Health educators who spoke Spanish

UCLA - CVPR:

Project personnel

Project & post doc funding -

Research materials

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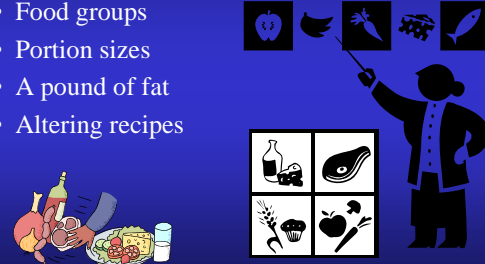


## Phase 2: Process

- HPs recruited thru the two CBOs; applicants interviewed in Spanish; 14 were selected & 12 completed training; 11 were women; all were Latinos; mean age - 38 yrs
- HPs were paid \$9.09/hour during training
- 13 session training program (two 3 hr sessions/week) in the Pacoima Beautiful center by bilingual health educators from LACDHS Dept of Chronic Disease Prevention and Health Promotion

## Healthy Nutrition

- Food groups
- Portion sizes
- A pound of fat
- Altering recipes



## Physical Exercise

- Stretching
- Aerobics
- Strength training
- Hydration



## Smoke Free Living Environments

*Nuestra familia no fuma.  
Gracias no fumar.*

*We're a Smoke-Free Family.  
Thank You for Not Smoking*

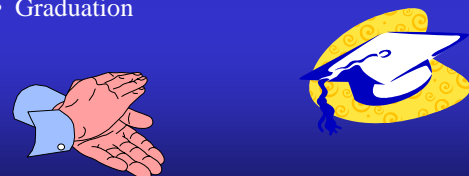


## Phase 2: Process cont.

- Content condensed at end of training into a core curriculum for use in community outreach
- Two additional sessions added for practice teaching and training in administering questionnaires (15 total)
- Teaching aids for outreach by HPs: video on physical activity, audiotape with music, plastic food models, food pyramid poster, measuring spoons and cups, 1 lb bags of fat (shortening)

## Phase 2: Process cont.

- Protection of human subjects in research - training by UCLA bilingual post doc
- Graduation



## Challenges of Phase 2

- IRB certification - no training available in Spanish; only web-based training available; research and legal terms used
- Solution: bilingual, bicultural post doc condensed the IRB training and taught it in a 2 hr session
- UCLA IRB approved & honored this training and provided certificates to HPs

## Challenges of Phase 2 cont.

- No experience in speaking/teaching large groups: Solution - practice sessions
- No experience in procedures & strategies of outreach, data collection: Solution: sessions on strategies to recruit, safety issues, class management; assigning codes, obtaining consent, administering questionnaires

## Participant Involvement & Feedback: Phase 2

- Future recommendations: more sessions for practice teaching & learning research procedures
- Use of term “Principal Investigator” (*Investigador Principal*)- “investigator” associated with immigration officials
- Use of term “research” - researchers’ motives are suspect; use term “project”



## Outcomes: HP Roles That Emerged

- Cultural brokers
- Spokesperson for community
- Spokesperson for the research team
- Problem-solver
- Planner
- Recruiter/Educator/Evaluator
- Link between health care system & community

## Phase 3: Process

- Recruitment of community participants (target 25 per HP - paid \$10/participant)
- Identifying teaching sites: school-based parent centers, community centers, churches, workplaces, homes
- Conducting classes: 3 2hr classes one week apart on nutrition, exercise, not smoking
- Administering questionnaires: BL & FU (1 month after last class)
- Monthly staff meetings (HP diaries)



## Phase 3 Research Procedure

	Sociodemo-graphic Q	Lifestyle & Behavior Q	Open-ended Q
Baseline	X	X	
Three Classes	1) Nutrition	2) No smoking	3) Exercise
Follow-up (one month)		X	X

### Community Outreach Participants:

- Recruited - 272 participants/com members
- Completed BL & FU questionnaires - 256 (participants paid \$5 for BL & \$10 for FU)

**Profile:** 95% women & 88% Catholic

Age: M=38, SD=10.2

76% married

71% unemployed

51% with no health insurance

56% lived in US <14 yrs

60% < 9 yrs of education

### Instruments

- Lifestyle Behaviors & Beliefs Q (alpha =.77)
  - Behaviors (23 items): nutrition (11), exercise (7), smoke free environments (5)
  - Beliefs (11 items): nutrition (6), exercise (2), smoking (3)
- Questions on access to care, health educ, weight
- Exploratory Questions: successes & challenges for community outreach participants in implementing change in their behaviors

### Sample Questions: Behaviors

- 1) I eat three meals a day (breakfast, lunch, dinner).
- 2) I exercise for 20-30 minutes at least 3 times per week.
- 3) I allow family to smoke in my home.

**Never Sometimes Often Regularly**

1            2            3            4

### Sample Questions: Beliefs

- 1) Children who are thin are usually not very healthy.
- 2) Smoking can help a person maintain his or her weight.
- 3) People should exercise to stay healthy

AGREE      DISAGREE

### Additional survey questions

- Do you have a regular source of health care?
- Has a doctor or nurse ever talked to you about exercise? About healthy eating? About your weight? About smoking?
- Do you know your weight? Your height? How much a person of your height should weigh?

**YES NO**

### Data Analysis

- Descriptive statistics
- Paired comparison t-tests
- Content analysis

## Phase 3 Outcomes: Findings

- **LBBQ:** There was a significant improvement in scores from baseline to follow-up (df = 225)
- **Behaviors: Overall** (t = -13.40, p<.0001)  
**nutrition** (t = -10.27, p<.0001); **exercise** (t = -12.46, p<.0001); **smoking** (t = -2.61, p<.05)
- **Beliefs: Overall** (t = -2.57, p<.05); **nutrition** (t = -3.77, p<.01); **exercise** (t = -2.10, p<.05); **smoking** (NS) - baseline attitudes positive

## Findings: Open-Ended Questions

- **Nutrition Themes:** Successes & Challenges for community participants  
Successes: eliminating unhealthy foods; incorporating healthier methods of food preparation  
Challenges: maintaining family interest in new foods; eliciting cooperation of family; adolescent's continued interest in fast foods

## Findings: Open-Ended Questions

- **Physical Activity**  
Successes: sense of well-being & weight loss; incorporating family & daily routine into exercise routine  
Challenges: family resistance, limited time
- **Smoke-free Environment**  
Successes: discussing & setting up a smoke free home & car  
Challenges: setting limits when there was more than one smoker

## Challenges of Phase 3

- For HPs - Managing Paper Work: time involved & maintaining participant interest, assigning code numbers  
Solution: another HP assisted at the first class with paper work; used the exercise video at the first class with participant involvement in exercise (instead of the nutrition class); a bilingual, bicultural research staff member contacted each HP each week for help with individual problems



## Challenges of Phase 3 cont.

- **Childcare in the Outreach Classes:** classes in parent centers had 13 to 25 participants  
Solutions: HPs brought books, toys; volunteers recruited for childcare - gave certificates of appreciation. Additional problem: volunteers were attracted to content & wanted to be participants.
- **Scheduling Sites:** Community & parent centers eager to be involved - aided recruitment & contributed funds - but needed to be scheduled months ahead

## Participant Involvement & Feedback: Phase 3

- HPs recommended: 1) certificates for community participants: "commitment to healthy lifestyles;" 2) hire separate community workers for education & data collection in the future; 3) more classes on nutrition in the future - great interest in recipes, wt loss, healthier food choices
- Parent & community centers requested more classes in additional sites
- HPs wanted to continue outreach education in their communities



### Phase 4: Evaluation: Quantitative Process

- Natural Control Group (n=99)
- Comparable sociodemographic characteristics as Phase 3 participants
- Recruited by HPs from neighboring community of San Fernando with comparable demographics
- Administered same questionnaires (BL and one month FU)
- Received printed health education materials at FU

### Phase 4 Outcomes: Quantitative Findings

- **LBBQ:** Comparison of BL and one month FU of the “study” group & natural control group showed significant group differences Overall - (F[1,345] = 39.99, p<.0001)
- Nutrition - group x time interaction (F[1,341] = 37.76, p<.0001)
- Exercise - group x time interaction (F[1,341] = 37.01, p<.0001)
- Smoking - NS



### Phase 4: Evaluation: Qualitative Process

- Focus Group Interviews: 7 HPs involved in 4 focus group interviews (2 hrs each)
- Conducted by bilingual, bicultural post doc
- Foci: role of HP; experience of working as an HP in this project; experience of “being a researcher”; what they learned; why they were effective; recommendations for other researchers

### Phase 4 Outcomes: Focus Group Findings

#### What does it mean to be a HP?

“It’s a serious responsibility; you’re responsible for the health of the community

“You need to have integrity - be a credible advisor/teacher”

“You need to be trained - You need accurate information”

#### What did your job involve?

“Health education and research”

### Focus Group Findings cont.

#### What were the challenges?

“Getting them (the community outreach participants) there & keeping them coming”

“Getting them to sign the consent”

#### How did you meet the challenges?

- Promised games - eg, guessing how much fat in potato chips
- Explaining what the consent signature meant: no one will know your identity or responses

### Focus Group Findings cont

#### What were your successes?

- Women in the classes shared with each other how to alter recipes with less fat; also shared not to tell the family - “not yet”
- HPs saw their class participants getting thinner
- Women in the classes did not understand why they had to have classes on smoking - they didn’t smoke - “for prevention” “for the children, teenagers” - then it was OK

## Focus Group Findings cont

What did you learn most from your experience?

- “About research & being a researcher”
- “About informed consent, about data”

What is your reaction to being a researcher?

- Learned many new skills - believe skills are marketable
- Learned people can withdraw from research
- In the community research is associated with making you take drugs - “there are no drugs here; they (nurses) want to learn about the community”

## Focus Group Findings cont

What do people in the community think about the university & researchers?

- UCLA is seen in a good light
- “They’ll welcome UCLA but people are most likely to not listen as much as they do us (HPs) who are more like them - we (HPs) can say “it happens to me too” or “this is how I handle it”
- “We (HPs) are effective because we know the community but we also have a link to the professionals (the nurses conducting the research) - the info from the nurses is considered reliable”
- “We are ‘intermediario’ to prof health info”

## Focus Group Findings cont

What were the most difficult parts of the project for the participants?

- “Signing the forms” - families & participants were suspicious/distrustful - of the forms & research
- Consternation & embarrassment over eating fast foods. Blamed on “becoming American” - discarded traditional foods for what was fast & easy
- Unaware & embarrassed about ethnic & family propensity toward certain diseases



## Participant Involvement & Feedback Phase 4

Recommendations by HPs for future research:

- Establish trust - an HP working with a professional
- Learn to know the community - norms, how they live, speak their language
- Demonstrate commitment by being/staying there
- Use simple clear language - not technical jargon
- Provide more nutritional sessions
- Present material in a non-threatening manner to encourage change
- Provide scales - few participants know their weight

## Conclusions of Research Team for Community-Partnered Research

Based on this project/study:

- CBO partners must have stable infrastructure & financial viability - vitality & enthusiasm also help
- Allow ample time, constant & fluid interaction; use an iterative approach
- Maintain an open dialogue with the IRB to obtain support & assistance
- Food & childcare are necessities with low income populations: if research on health disparities is a priority, federal agencies will have to re-think these issues

## Summary of Research Findings

- HPs deliver feasible & effective community health promotion education & health behavior change at a grass-roots level
- Indicators of sustainability were promising
- HPs may be more credible health educators than professional outsiders
- Researchers are rewarded by important & significant outcomes/findings



## Successful Community Research Strategies: General Recommendations



## Successful Community Research Strategies

### Use Members of the Targeted Group (Peers)

- to recruit & retain
- to convey the message

### Use Existing Community Agencies & Social Networks

### Collaborate with Other Community Programs

- to share resources & information
- to learn norms & values
- to discover credible settings
- to learn acceptable communication

## Successful Community Research Strategies

### Foster Community Pride & Self Sufficiency

- esteem building activities - eg, our participants present at UCLA in various forums
- leaderships positions in research program

### Provide Resources

- **Economic** - salary, reimbursement, transportation
- Child care, food
- Insurance
- Other ideas: temporary housing, mobile units - bring study to community

## Successful Community Research Strategies

### Provide Resources (cont)

- **Social & political power** - skills, knowledge, power accrue from roles in the research process

### Cultural Responsiveness: Strength in Diversity

- Mobilize and enhance cultural beliefs
- Use traditional gender & family roles
- Speak language(s) of the community
- Use images common to community culture

### Long-Term, Ongoing Presence

- Research career; serve on community boards; health fairs

Community partnerships offer the strongest research approach available for reducing health disparities



Thank You

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