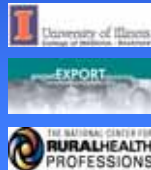


## Building Capacity in Rural Latino Communities to Address Health Disparities

Ben Mueller, MS  
Karen Peters, DrPH  
Marcela Garcés, MSPH  
Sergio Cristancho, PhD



*To promote the health of rural communities through partnerships in education, service, research and policy*

## Presentation Overview

Hispanic Health and Health Disparities in Illinois

A Rationale for Community Participatory Action Research

Applying the CBPAR Method to Address Hispanic Health Disparities

Examining the Pros and Cons of Community based Data Collection

Questions, Comments and Discussion

## I. History and Roles of Research Team

- **Ben Mueller, MS** – Extension Specialist, Community Development
  - 1998, UIUC Extension partnership begins with HRSA funded “*Merging Medical Education and Community Health*”, Rural Outreach grant; 2001 NCRHP Asst Dir, Community Outreach
  - 2003 Northern Illinois Area Health Education Center (NLAHEC) Director
- **Karen Peters, DrPH** – Assistant Professor, Health Policy & Administration
  - 2002, Rockford MPH program faculty & NCRHP Asst Dir, Research & Evaluation
- 2003 - NCRHP awarded NIH/NCMHD EXPORT Grant
- **Marcela Garcés, MD MSPH** - EXPORT Community Outreach and Engagement Core Coordinator
  - 2004, recruited to NCRHP from UIUC to coordinate Outreach efforts
- **Sergio Cristancho, PhD** – Research Assistant Professor, DFCM
  - 2005, recruited to NCRHP from UIUC to coordinate research efforts of EXPORT Community Outreach and Engagement Core
- 2008 NLAHEC awarded NACDD and CDC grant (only recipient in the U.S.)
- Note: Team represents 3 U of I campuses

## I. Perspectives and Expertise of Research Team

- Discipline Expertise of Research Team
  - Rural Community and Economic Development and Multi-media Studies (Mueller)
  - Population Health, Community Evaluation and Dissemination Studies (Peters)
  - Health Education/Health Promotion Studies (Garcés)
  - Cross Cultural and Acculturation Studies (Cristancho)

## II. Community Research: Frameworks, Models and Approaches

- Health Disparities Research
  - Health Disparity/Equity Frameworks (NIH 2002; DHHS 2000; WHO 1986)
  - Vulnerability Model (Shi and Stevens, 2005)
  - CBPAR approach (Israel 2003; Fals-Borda 1987; Freire 1982)
  - Evidence based practice approach (Brownson 1999; CDC 2001)
  - Practice based evidence approach (Green, 2007)

## A. Community Research Strategic Objectives

...to address health disparity and promote health equity...

- Identify and engage community partners in the joint conduct of in health-related research to reduce health and health care disparities using *evidence-based* disease prevention and intervention activities in rural underserved communities in Illinois
- Implement and evaluate a *practice based evidence* model of community research using a *participatory approach* that encourages and equips the community in addressing their own health-related priorities
- Build capacity in the community to create and deliver health information that is culturally sensitive and appropriate to needs of rural and underserved populations
- Enhance the abilities of community members and health providers to identify and resolve health and health care disparities

## What is Health Disparity?

- Differences in the incidence, prevalence, mortality and burden of diseases and other adverse health conditions and health states that exist among specific population groups (NIH, 2000)
- Disparity manifests as shorter life expectancy and higher rates of CVD, cancer, infant mortality, birth defects, diabetes, stroke, STD's and mental illness among others
- Disparity among population groups is also evident at the health care delivery system level, in differential rates of access and use of services
- Equity in health is the absence of systematic disparities in health (or in the major social determinants of health) between groups with different levels of underlying social advantage/disadvantage (e.g. wealth, power, prestige) – Starfield, 2000

## Types of Health Disparities

- Health Status AND/OR Health Outcomes**
- Individual personal factors** – biological/genetic, sociodemographic, socioeconomic, disabilities, residency, cultural norms and values, literacy levels, familial influences, environmental/occupational exposures
- Societal/System factors**– Social resource distribution, social and political advantages such as knowledge and social connections, insurance status, transportation/geography, distribution of health resources (clinics, health professionals training and approaches or patterns in providing care)

## Population Focus: Rural Hispanics in Illinois

- Rural:**
  - NCRHP mission: *to promote the health of rural communities through partnerships in education, service, research and policy*
  - 84 of 102 IL counties are rural
  - Known disparities among rural populations in health status/outcomes and access to services
- Hispanic:**
  - Fastest growing underserved population in US and IL (US and IL Census, 2000)
  - NIH interests in research regarding underserved including racial/ethnic populations
  - Little known about rural Hispanic immigrant health status/outcomes and access issues in upper Midwest of US

## Hispanics in Illinois

- 1,530,262 Hispanics in Illinois (12.3%);**
  - 1,253,670 of whom are Spanish speakers
    - 74.8% Mexican**
    - 11.7% Caribbean
    - 2.6% Central American
    - 2.5% South American
    - 8.4% Other
- 121.5%** was the growth rate of Hispanics in Illinois between 1990-2000



Source: IL Census, 2000

## Hispanic Health Disparities in IL

(Source: BRFSS, CDC, 2007)

Risk Factor/Health Issues	Hispanic	African American	White
<b>Risk Factor Issues</b>			
Hispanics less likely to have had cholesterol checked within last five years	50%	70%	75%
Hispanics less likely to participate in physical activities in past month	59%	70%	77%
Hispanics more likely to be current smokers	21%	16%	20%
Hispanics less likely to consume fruits and vegetables 5 or more times per day	18%	22%	24%
Hispanics less likely to self report health status as 'Good or Better'	70%	75%	87%
<b>Health Issues</b>			
Hispanics less likely to have been told to have diabetes by physician	6.5%	16.2%	6.8%
Hispanics less likely to have been told to have asthma by physician	8%	17%	12%
Hispanics less likely to have been told to have arthritis by physician	12%	27%	27%
Hispanics less likely to have been told to have high blood pressure by physician	14%	36%	26%
Percent Uninsured	30%	22%	13%

## Community and Economic Development Linkages: Vulnerability Model

(Shi and Stevens, 2005)

- In rural communities, health disparities in underserved populations have adverse affects on health care institutions, schools and business
- Negative economic impacts are related to access/navigational issues in the health care system (System)
- Susceptibility to risk factors aligned to cultural background (Individual)

## Community Based Participatory Research (CBPR)

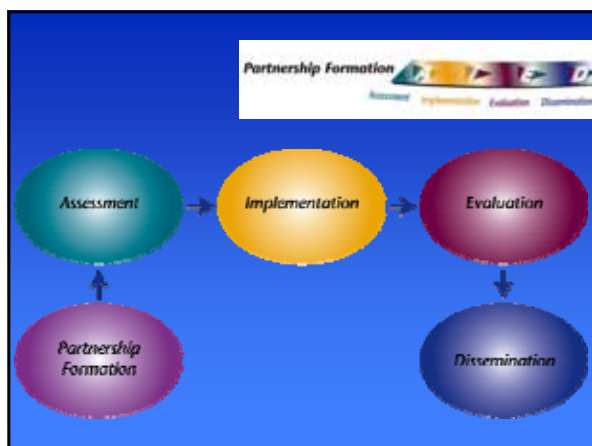
- “A partnership approach to research that equitably involves entities such as community members, organizational representatives, and researchers in all aspects of the research process; with all partners contributing their expertise and sharing responsibility and ownership to enhance understanding of a given phenomenon, and to integrate the knowledge gained with action to improve the health and well-being of community members” (Israel et al., 2003)

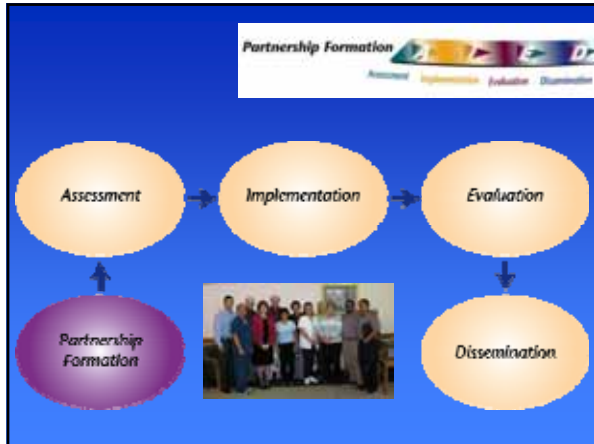
## Participatory Action Research (PAR)

- “Action-oriented research activity in which ordinary people address common needs arising in their daily lives and, in the process, generate knowledge” (Park, 2001, p.81)
- Roots in Latin America as an epistemological paradigm shift that calls for academics to become more involved with communities in addressing social disparities (Fals-Borda, 1987; Freire, 1982)

## Community Based Participatory Action Research (CBPAR)

- PAR
  - Commitment to social transformation
  - Origins in Latin America
  - Focus on oppressed and underserved populations
- CBPR
  - Commitment to evidence-based scientific rigor
  - Emphasis on diverse partnership building
  - Requires resource sharing between academic and community partners
  - Grounding in ecological model of health





## Partnership Formation: Overview

- Use adaptation of Community Organization and Development Model (Braithwaite, 1994)
  - Facilitates development/functioning of coalition boards that are dominated and controlled by the community
- Criteria for choice of communities:
  - Significant increase in rates of Hispanic growth
  - Presence of community linkage (Extension) expressing interest to engage in CBPAR process
  - Geographic distribution across IL
  - Diversity of community workforce (e.g. agriculture, low skill manufacturing, services, meat processing)

## Overview: Communities Involved

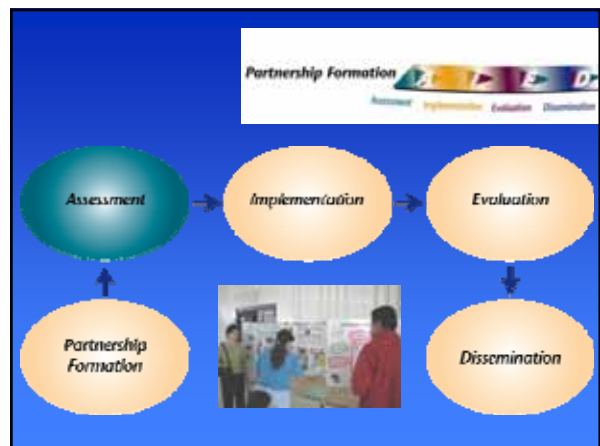
- Beardstown
- Belvidere
- Carbondale / Cobden
- Champaign / Urbana
- Danville
- DeKalb / Sycamore
- Effingham
- Galesburg
- Monmouth
- Rochelle
- Rockford

## Overview: Hispanic Population Growth (1990-2000) in Counties Involved

County	1990 # Hispanic	2000 # Hispanic	Numeric Change	Percent Change
Cass	56	1,162	1,106	1975.0%
Union	182	481	299	164.3%
Boone	2,065	5,219	3,154	152.7%
DeKalb	2,329	5,830	3,501	150.3%
Winnebago	7,771	19,206	11,435	147.1%
Warren	207	507	300	144.9%
Ogle	1,379	3,066	1,687	122.3%
Effingham	121	252	131	108.3%
Vermilion	1,405	2,504	1,099	78.2%
Champaign	3,485	5,203	1,718	49.3%
Knox	1,416	1,896	480	33.9%
Jackson	1,082	1,443	361	33.4%
<b>TOTAL</b>	<b>21,498</b>	<b>46,769</b>	<b>AVG GROWTH RATE</b>	<b>263.3%</b>

## Partnership Formation of Rural Hispanic Health Advisory Committees

- Formed and supported 10 pilot *Hispanic Health Advisory Committees* (HHAC) in 12 IL communities
- Stakeholders involved:
  - Community Foundations
  - Community Hospitals
  - Faith-based Organizations
  - Health Sector Organizations
  - Higher Education Organizations
  - Hispanic Community-based Organizations
  - Individual Healthcare Providers
  - Local Government Organizations
  - Non-Hispanic Community-based Organizations
  - Private Clinics
  - Private Sector Organizations
  - Public Health Departments
  - Safety-net Providers
  - School Districts
  - Social Service Organizations



## Assessment Objectives

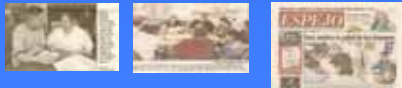
- Assess rural Illinois Hispanics' major health concerns and needs in order to identify health disparity issues and help focus prevention efforts
- Disseminate results to:
  - Hispanic Health Advisory Committees (HHACs) to help them prioritize local implementation efforts
  - Rural practitioners to inform their clinical or public health practice
- Identify information gaps and future research questions

## Research Questions

- What are rural Illinois Hispanics' major...
  - perceived health concerns?
  - perceived risk factors?
  - perceived barriers to access healthcare?
  - preferred health information seeking strategies?
- How do these aspects vary according to acculturation and other socio-demographic variables?

## Assessment Strategies

County	Assessment strategies		
	Survey	Small Group Discussion	Community Health Forum
Boone			n = 93
Cass	n = 255		
DeKalb	n = 239	n = 52	
Effingham	n = 119		
Jackson/Union		n = 80	
Knox	n = 149		
Ogle	n = 58	n = 49	
Vermilion	n = 117		
Warren	n = 106		
Winnebago	n = 811 (MHC)		n = 35
<b>TOTAL</b>	<b>n = 1,854</b>	<b>n = 181</b>	<b>n = 128</b>



## Results: Demographics (n= 941)

Age	M = 32.36 (SD = 12.53)
Women	53.8%
Married	62.3%
Have children	61.2%
No. of children	M = 2.84 (SD = 1.77)
Education	M = 8.48yrs (SD = 3.36)
Annual household income	M = \$17,800 (SD = \$11,863)
Years in the U.S.	M = 9.10 (SD = 8.06)
Rural origin in native country	53.2%
Used the Spanish version	89.8%
Uninsured	48.8%
Born in:	
Mexico	78.3%
U.S.	14.9%
Guatemala	3.3%
Puerto Rico	1.2%
El Salvador	1.8%
"Other" countries	2.7%

Notes: 100 cases were excluded from descriptive analyses due to missing data on acculturation measurements; 867 cases were excluded from multivariate analyses due to missing data on age or more variables included in the regression model (sex, race, rural/urban origin, and years in the U.S.).

## Assessment summary and conclusions

Converging evidence from survey, focus groups and small group discussions

- Major health concerns
  - Oral health; CVD; Diabetes; Mental health
- Major access and navigation barriers
  - Underinsurance; Costs; Limited information about available services; Language
- Preferred health information seeking strategies
  - Workshops in Spanish in community settings; Spanish language media
- Significant variations according to Acculturation in some of these aspects were found but need further probes



## Implementation Phase:

- Develop a minigrant proposal based on the findings from the Assessment phase
  - Problem description (use of assessment results)
  - Partnership description
  - Proposed activities
  - Budget
  - Timeline

## Rationale and Process of Minigrant Program

- Provision of financial resources to community partners is principle of CBPR methodology (Minkler and Israel, 1999; AHRQ, WKKF National Consensus Conference, 2001)
- Use of minigrant program component is evidence based (HP2010 microgrant program (2000); WKKF Community Initiative (1992); RWJF Medicine Public Health Initiative - CAHP(2000)
- Minigrant review process involves academic-community reviewers in grant review process
- Technical assistance provided to community applicants regarding suggested improvements to grant applications

## Community Minigrant Programs

Community	Minigrant title	Minigrant funds	Organizations involved
Beardstown	"Medical interpretation Training to community members"	EXPORT: \$4,500 Date: 8/23/05 Minigrant administrator: Cass County Health Department	Cass County Health Department (CCHD), St. Francis Community Clinic, Culbertson Memorial Hospital, Liberty Nazarene Church, St. Alexius Catholic Church, Cass/Schuyler Unit University of IL Extension, Cargill Meat Solutions, and the Latino Coalition for Prevention.
Belvidere	"Unidos por tu Salud: Series of educational workshops about Diabetes, Nutrition, Asthma and parenting"	EXPORT: \$4,500 Date: 11/22/2005 Minigrant administrator: ALERTA (Hispanic Community Organization)	University of Illinois Extension - Boone County, Boone County Health Department, ALERTA, Illinois Migrant Council, AL TECH of Rockford, Inc., Ida Public Library Rockford Human Services Department, Community Unit School District #100 (Lincoln Elementary School)

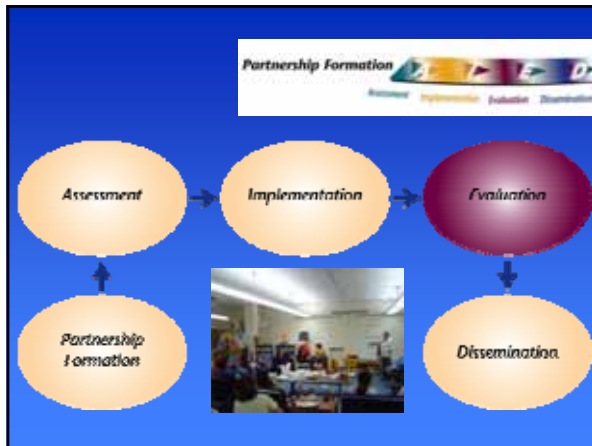
## Community Minigrant Programs

Community	Minigrant title	Minigrant funds	Organizations involved
Carbondale/Cobden	"Junos Si Se Puede Together We Can Do It :Diabetes Program for Hispanics"	EXPORT: \$7,100 Date: 7/19/06 - 8/06 Minigrant administrator: Carbondale: Bowen Gym Multicultural Community Center Cobden: University of Illinois Extension at Cobden	The Bowen Gym Multicultural Community Center (BGMCC) in Carbondale, Jesus vs El Señor United Methodist Church (UMC) in Cobden, and St. Francis Xavier Catholic Church in Carbondale; University of Illinois Extension
Danville	"Building community awareness among Latinos in Danville concerning primary Health care with an emphasis on Oral health"	EXPORT: \$4,999 Date: 11/03/2006 Minigrant administrator: Aunt Martha's Youth Service Center, Inc	University of Illinois Extension - City of Danville-Human Relations Commission, Vermilion County Health Department, School District #146 Danville Area Community College (DMCC), Faith-based organizations (i.e. Holy Family Church, Provena United Samaritan Medical Center, Aunt Martha's Community center
DeKalb	"Enhanced Health Services Program for Hispanics"	EXPORT: \$4,500 Date: 8/26/2005 Minigrant administrator: College of Health and Human Sciences, Northern Illinois University	DeKalb Schools, Spyanore School, Kishwaukee College, DeKalb County Health Department, Kishwaukee Community Hospital, DeKalb Clinic, Kishwaukee Medical Associates, Dr. Joseph Baumgart, St. Mary Church (DeKalb), Community Coordinator CMH Care, Ben Gordon Center, Family Service Agency, American Heart Association, DeKalb County Community Foundation, DeKalb County Community Services, Concrete Community, Rep. Robert Pirchard, Senator Brad Burzynski, University of Illinois Extension for DeKalb County, Tri County Community Health Services, and Northern Illinois University - College of Health & Human Sciences and Center for Latino & Latin American Studies.

## 1. Minigrant Program: Leveraging Opportunities by Sources and Types

- Direct Funding to Communities (~\$50,000)
- Leveraging Opportunities
  - (Sources) Directly from community:
    - Community foundations, CBO's, local government
    - State - Americorps/VISTA, IDPH
    - Universities - University of IL Extension, UIC, NIU
  - (Types) In-kind community contributions:
    - Volunteerism - release time from orgs for volunteers to attend meetings, community activities, assist in research activities
    - Building and meeting activity space
    - Materials, incentives, food etc

Priorities Identified After Assessment Phase	Communities	Community Programs
Language Barriers	Rochelle, Beardstown, DeKalb, Belvidere, Carbondale/Cobden, Monmouth, Rockford, Galesburg	Medical Interpretation Training
Lack of knowledge about "where to go" when health care services are needed	Rochelle, DeKalb, Monmouth, Galesburg, Belvidere, Carbondale/Cobden	Bilingual Resources Guides - Newsletters
Lack of local health educational programs in Spanish	Elftingham, Rochelle, DeKalb, Belvidere, DeKalb, Danville, Carbondale/Cobden, Rockford, Monmouth, Galesburg	Health educational programs; Workshops and Health Fairs in Spanish presented by Hispanic professionals
Lack of access preventive screenings (i.e. eye examinations, blood sugar, blood pressure, cholesterol etc)	Belvidere, Carbondale/Cobden, Danville	Use of free and low cost screenings and examinations to assist primarily uninsured community members to diagnose their health conditions.
Lack of access to culturally appropriate strategies to increase exercise and improve nutrition	Carbondale/Cobden, Galesburg	Fitness programs and cooking classes

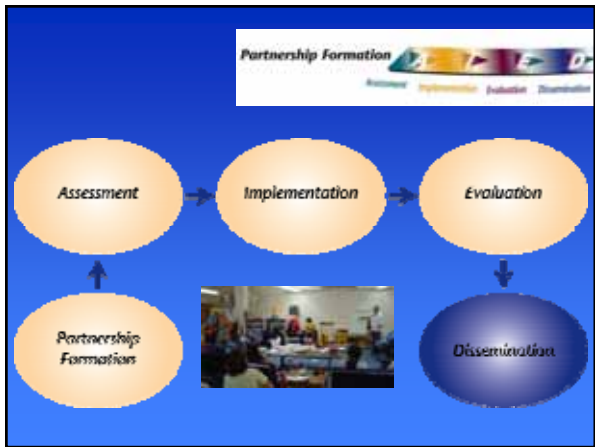


## Importance of Evaluation

The whole evaluation process has to lead to **self-determination**. This means that any evaluation process has to be **empowering** to the stakeholders/community and give them something that benefits them...something that gives them **more knowledge** about what is happening in the project, the program and/or the community.

### Evaluation Projects

Type of Evaluation	Communities involved
Hispanic Health Advisory Committee Evaluation (n = 76)	Rockford, Belvidere, DeKalb, Rochelle, Danville, Carbondale/Cobden, Beardstown, Effingham, Monmouth, Galesburg
Medical Interpretation training Daily, Final and follow – up evaluations (n= 24)	Beardstown, Rochelle, DeKalb, Belvidere, Carbondale/Cobden
Health educational workshops evaluation (n = 268)	Belvidere, Rochelle, DeKalb, Carbondale/Cobden, Rockford, Effingham, Danville
Community resources guide Evaluation (n = 50)	Rochelle, DeKalb
Providers resources guide evaluation (n = 30)	Rochelle, DeKalb
Fitness and nutritional programs (n=7)	Carbondale/Cobden
Minigrant evaluations (n = 71)	Rockford, Belvidere, DeKalb, Rochelle, Danville, Carbondale/Cobden, Beardstown, Effingham, Monmouth, Galesburg
Community Oral History (n = 10)	Rockford, Belvidere, DeKalb, Rochelle, Danville, Carbondale/Cobden, Beardstown, Effingham, Monmouth, Galesburg



### Community Dissemination Efforts

Dissemination Channel	Number	Communities
Flyers inviting the local community to participate in educational activities, or health fairs	Approximately 7,000 flyers have been distributed between 2005-2007	Belvidere, Rochelle, DeKalb, Rockford, Effingham, Danville, Galesburg, Monmouth, Carbondale/Cobden, Beardstown
Community popular reports Summarizing assessment results to Community members (English/Spanish)	Approximately 1,100 popular community reports have been distributed between 2005-2007	Belvidere, Beardstown, Rockford, DeKalb, Rochelle
Newspaper articles/News releases	Approximately 26 newspaper articles have been published in local newspapers and news letters between 2005-2007	Belvidere, Rockford, Monmouth, Galesburg, Rochelle, DeKalb, Danville, Carbondale/Cobden, Beardstown
Community resources guide/community newsletters	Approximately 2,800 copies have been distributed among community members between 2005-2007	Rochelle, DeKalb, Monmouth, Galesburg, Carbondale/Cobden
Community health fairs	7 community health fairs and approximately 850 community members participated in these events between 2005-2007	Belvidere, Danville, DeKalb, Monmouth, Galesburg
Informational meetings with local stakeholders	4 informational meetings and approximately 60 local stakeholders attended these meetings between 2005-2007	Rochelle, DeKalb, Beardstown, Carbondale/Cobden

### Acculturation and Mental Health on Chronic Disease among Hispanic/Latino Immigrants

- One year study of \$100,000 funded by the National Association of Chronic Disease Directors and the Centers for Disease Control and Prevention
- Northern Illinois Area Health Education Center administered the grant
- CBPAR approach used with 5 communities that were a part of the NIH funded EXPORT grant



### Acculturation and Mental Health on Chronic Disease among Hispanic/Latino Immigrants: Literature Review

- Correlation between chronic disease, mental disorders and its psychological and social consequences (Reinschmidt, 2007; Chapman 2005)
- Existing research on psychological adjustment to the stress of chronic disease has focused on whites belonging to higher social status than Hispanics or African Americans (Stanton, 2007)

### Acculturation and Mental Health on Chronic Disease among Hispanic/Latino Immigrants: Literature Review

- Cultural factors are important to the higher rate of depression among ethnic minorities compared with other U.S. groups (Alegria, 2007)
- Acculturative stress significantly affects the physical and mental health among Latino immigrants (Caplan, 2007)
- As the Latino population will be 25% in the U.S. by 2050, it is important to address these relationships (CDC, 2004)

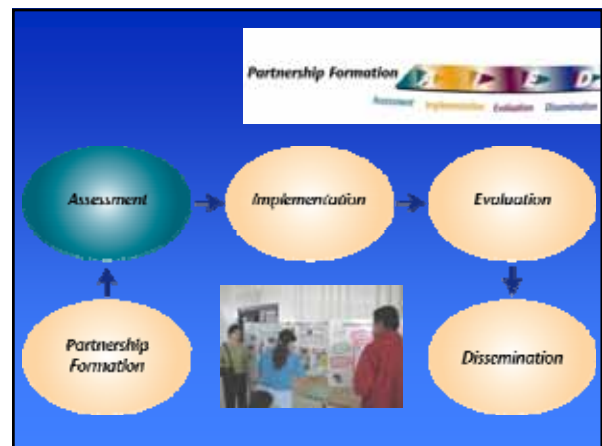
### Acculturation and Mental Health on Chronic Disease among Hispanic/Latino Immigrants: Some Preliminary Thoughts

- One year grant period is not enough time to complete all the Stages of CBPAR
- Active Partnerships in place facilitated Assessment and Implementation Stages
- Primary purpose of the data collection is to help communities identify and prioritize health and mental health issues in order to develop interventions and programs



### Partnerships

- Five of the HHAC communities were selected for this one year CBPAR project: Beardstown, Carbondale, Cobden, DeKalb and Monmouth
- Latina/o Coordinators were selected by each of the communities to organize the community survey assessments and assist with the migrants
- Wide variety of local organizations, many of whom were involved in the first round of the CBPAR such as Extension, Community Health organizations, and faith based organizations were the lead sponsoring organizations





## Assessment Stage

- Initial pilot of qualitative and quantitative instruments were conducted in each of the 5 project communities
- Small group discussions with separate groups of men and women were conducted in Spanish
- After capacity building with community coordinators survey recruitments plans were developed in consultation with the Hispanic Health Advisory Committees. Survey collection period continues until May 30<sup>th</sup>.



Community	Minigrant title	Minigrant funds	Organizations involved
Beardstown	"Beardstown Healthy Minds, Healthy Bodies Hispanic Health Project"	NACDD and CDC : \$4,999 Date: May 2009 <b>Minigrant administrator: Elizabeth Ann Seton (EAS) Program</b>	EAS Program, Cass Co. Health Dept, HHAC, Rural Health Clinic, Public Library, Economic Dev. Commission, Local Newspapers, Local Churches, Community College
Carbondale	"Muevate Con Amigos" (Move with Friends)	NACDD and CDC : \$4,999 Date: May, 2009 <b>Minigrant administrator: Shawnee Health Service</b>	Shawnee Health Service, HHAC, Bowen Multicultural Center Medical Interpreter Service, Catholic Social Services, Alcoholics Anonymous for Spanish Speakers, Boys and Girls Club, recreational facilities, and SIU Schools of Law and Social Work

Community	Minigrant title	Minigrant funds	Organizations involved
Cobden	"Clubs Vida" (Life Clubs)	NACDD and CDC : \$4,999 Date: May, 2009 <b>Minigrant administrator: Southern Illinois Hispanic Ministry, Inc.</b>	Southern Illinois Hispanic Ministry, Inc. Jesus Es El Senor (consultants), Meals on Wheels, U of Illinois (trainers), Murfreesboro Health Center (family counseling and nursing)
DeKalb	"Access to Mental Health for the Hispanic Community"	NACDD and CDC : \$4,999 Date: April, 2009 <b>Minigrant administrator: Kishwaukee College</b>	Kishwaukee College, Ben Gordon Mental Health Center, DeKalb Foursquare Church, DeKalb Latino Action Group

Community	Minigrant title	Minigrant funds	Organizations involved
Monmouth	"Monmouth Family Fun Night"	NACDD and CDC : \$4,999 Date: April, 2009 <b>Minigrant administrator: Starting Point, Inc.</b>	Starting Point, Inc., Illinois Coalition for Community Services, U of Illinois Extension, OSG Holy Family Medical Center, Monmouth College, Illinois DHS, Bridgeway, Hy-Vee Foods, Farmland Foods

Priorities Identified After Assessment Phase	Communities	Community Programs
Stress, Anxiety, Depression, Loneliness, Emotional Problems, Job pressure, difficulty being away from extended family in other countries	Beardstown	Update and Expand Health Resource Directory, Provide Health Education through workshops and speakers, Develop and , Produce a health issues newsletter, Organize walking clubs, Sponsor a monthly movie night, Distribute health educational materials at every event
Social Isolation - Family Fragmentation -Access to health and mental health services is limited due to language barriers -Legal Status problems Lifestyle and Health Habits -Diabetes and childhood obesity linked to poor dietary practices and lack of exercise -Lack of exercise despite physical nature of Hispanic jobs --Shift work sleep disorder --Lack of regular medical care for chronic diseases	Carbondale	Health Promotion through Exercise at Clubs and Centers, Bilingual education packet about health benefits of exercise, Participants will be encouraged to join Boys n Girls Club., Newsletter on health issues in Spanish, Bilingual health and mental health materials and community resource information will be provided, Exercisers will be encouraged to keep a log/scrap book, Community outreach volunteers will be recruited and trained, community educational event on legal issues, Immigration reform and legal services organized

Priorities Identified After Assessment Phase	Communities	Community Programs
Isolation, lack of community participation, loneliness, depression, addictions to escape these conditions. The groups most affected in order are elderly, adolescents, and children	Cobden	Work with youth so that they understand the strength and power of teamwork to change the community Create practical activities to involve the community, to promote positive and encouraging camaraderie (Life Clubs)
Increased incidence of stress, depression, insomnia, weight gain, and allergies. Difficulty coping with work schedules, decreased quality of health, loneliness, lack of exercise, relaxation and nutrition, feelings of loss being away from home country, discrimination, poor access to health/mental health services, financial pressures	DeKalb	Spanish speaking mental health educator to educate and provide referrals and meet with families, provide workshops, promote services available to the community

Priorities Identified After Assessment Phase	Communities	Community Programs
To connect the Hispanic families with the Monmouth community and create a network with the Hispanic community Provide new learning opportunities to the Hispanic community that will enhance their health and mental health	Monmouth	Conduct monthly Family Fun nights at the Armoury to participate in a variety of activities including sports (basketball, volleyball, indoor soccer), educational workshops (on topics such as cooking, baking, knitting, etc.) and offer activities for children. Food will be available each evening.

### Weaknesses of the data collected in the two CBPAR rural Illinois Hispanic community studies

- Weaknesses for Quantitative data: sample is relatively small, convenience samples, collection by community members with limited training
- Low levels of literacy, lack of familiarity with their own self reported health conditions
- Difficult for communities to disseminate their findings to state and national policy makers

### Strengths of the data collected in the two CBPAR rural Illinois Hispanic community studies

- Data findings empower communities to action
- Academic/community research partnerships build capacity and cooperation
- Qualitative data in particular more likely to be accurate portrayal of health conditions of community because of the trust established to “tell their stories”
- Opportunity to test scales and instruments in non traditional settings for researchers

### Why is Community Data Collection Significant?

- If we are to begin to build our social structures and strengthen our communities from the bottom up as has been suggested, CBPAR is one approach among others that allows for a model to diagnose community issues and at the same time serve as a catalyst for building partnerships that can be sustained to address and resolve these issues
- More significant than any data analysis is the process that supports community members from diverse backgrounds to work together and better understand one another and solve the problems in their community

### Some Final Reflections to Communicate: Evidence and Practice Practice and Evidence

- If we want more evidence-based practice, we need more practice-based evidence.
- Recognize the importance of practitioners and other end-users in shaping the research questions.
- Practitioners and their organizations represent the structural links (and barriers) to addressing the important health issues. Engage them.

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## Acknowledgments

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