Participatory Approaches: How Can CBPR Guide Translation and Dissemination?

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Definitions

• “Community-based participatory research (in health) is a collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings. CBPR begins with a research topic of importance to the community with the aim of combining knowledge and action for social change to improve community (health)…”

Minkler and Wallerstein, 2003
Definitions

- Participatory research is defined as systematic inquiry, with the collaboration of those affected by the issue being studied, for purposes of education and taking action or effecting change.”

Green 2003
Some signs of CBPR working

- Shared decision making: center of gravity shifts
- Community members set agenda/run the meeting
- Community gets significant resources/budget
- Community leads implementation
- Community members collect data
- Community members participate in national meetings and conferences
- Community gains expertise to write grants
Evaluating CBPR

• Multiple methods: qualitative and quantitative
• Outcomes—think broadly
  – Health indicators
  – Social and environmental change
  – Increased resources and use/access to resources
  – Social capital/collective efficacy
• Community members involved in evaluation and interpretation
The HOPE Projects: Addressing Economic and Social Determinants of Health Among Low Income, Ethnically Diverse Women in Rural North Carolina

University of North Carolina
Center for Health Promotion and Disease Prevention
Funded by the Centers for Disease Control and Prevention and the Center for Minority Health and Health Disparities, National Institutes of Health
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Health Works For Women and Her Daughters
Worksite health promotion for blue collar women: lay health advisers and computer-tailored newsletters addressing cancer screening, smoking, healthy eating, and physical activity.

**Health Works in the Community 1998-2004**

Added community and organization/workplace-level strategies; community-based participatory research; massive layoffs and structural changes in the economy.
Community Advisory Committee

- Community-Based Participatory Research
- First meeting September 1999; monthly dinner meetings and yearly retreats for 11 years
- Raised issue of the context of obesity: social and economic factors leading to less hope
- Evolution from advisory to action and name change in 2009

Community Action Council
Community Action Council
2009
2004-2009

Health, Opportunities, Partnerships, Empowerment

HOPE Works
Figure 4.
Number in Poverty and Poverty Rate: 1959 to 2009

Numbers in millions, rates in percent

Number in poverty
43.6 million

Poverty rate
14.3 percent


Note: The data points are placed at the midpoints of the respective years.
NC Rural Poverty

- Average per-capita income for all North Carolina residents in 2008 was $35,249.
- Rural per-capita income lagged at $30,431.
- Poverty rate of 19.1% exists in rural North Carolina, compared to 15.0% in urban areas of the state (2009).
- 2000 data reports 27.3% of the rural population has not completed high school, while 19.2% of the urban population lacks a high school diploma.
- The unemployment rate in rural North Carolina is 11.6%, while in urban North Carolina it is 10.3% (USDA-ERS, 2009).
North Carolina Leads Nation in Job Loss (12/10)

• Manufacturing jobs in the state have fallen 19 percent since December 2007, while construction jobs have fallen 33 percent during that span.

• "We're still restructuring our economy," Walden said. "You can still see jobs pulling out of our legacy industries: tobacco, textiles and apparel. You don't have that going on in the [rest of the] nation."

• Read more: http://www.newsobserver.com/2010/12/18/8690537/nc-job-loss-is-nations-highest.html#ixzz1FMUrGiUt
Poverty is hazardous to women’s health

The link between health and poverty

- Low-income Americans are significantly more likely than those with high incomes to have health risk factors including smoking, being overweight, and sedentary lifestyle; higher prevalence of disability and chronic illness and shorter life expectancy.
- African Americans, Native Americans and Hispanic Americans are more likely to be low income.
- Women are more likely to be low income.
Development strategies

- Grameen Bank model: microenterprise/loan circles and third world models linking health education to women’s economic security
- Structural interventions
- Native American Talking Circles
- Social Support Models
HOPE Works Intervention

HOPE Circles:
• Low income, overweight African American, Latina, American Indian (Coharie) and white
• Circles led by trained community women
• Provide social support, information, and strategies for health behavior change
• Goal-setting in health and hope domains (e.g. getting education, jobs, housing, starting a business)
• Tailored newsletters (6) that address both health and hope-related issues and goals
• Planning and participating in community-wide events (kickoffs, health fairs, advocacy)
Profile of HOPE Circle Participants

Poverty (household income)
- 37% lived on less than $20k per year
- 12% lived on $50k or more per year
- 200% Federal poverty level for family of 3 is $44k; used for govt. assistance

Education
- 46% high school or equivalent
- 44% some education beyond high school

Race/ethnicity
- 72% African American
- 6% Native American (Coharie)

Weight
- Average BMI: 34.2
- BMI Categories:
  - Overweight=25
  - Obese=30
  - Extreme obesity=40
• 485 women completed both baseline and 6 month usable surveys (73% retention rate)

• Compared to comparison group, intervention group:
  \textit{Lost more weight:}  
  -4.5 lb vs. -0.4 lb (p<.05)  
  \textit{Increased physical activity:}  
  174 minutes per week vs. 123 minutes per week (p<.01)

Intervention women also increased fruits and vegetables and increased sense of hope, but differences between groups were not statistically significant. No significant changes in education or jobs/income after 6 months.
Seeds of HOPE 2009-2014
HOPE Accounts for Women and Seeds of HOPE Counties

Percentage of North Carolina Adults Who Are Overweight or Obese

Legend

Percent

- 70% - 75%
- 65% - 69%
- 62% - 64%
- 57% - 61%
- 47% - 56%

BRFSS Regions

County Boundary

Source: 2006 Behavioral Risk Factor Surveillance System (BRFSS)
Seeds of HOPE

- Dissemination study based on HOPE Works
- Expands into 2 new counties; 12 month intervention
- More emphasis on building assets, microenterprise and financial literacy
- Implemented via organizations: community health centers, churches, Tribal Centers
- Organizational assessments and RE-Aim framework for evaluation (Reach, Effectiveness, Adoption, Implementation, Maintenance)
- Randomized trial at organization level (28 clusters)
Creating Transformational Approaches to Rural Health Disparities

UNC Center for Health Promotion and Disease Prevention

Funded by the National Institutes of Health
National Center on Minority Health and Health Disparities
ARRA Challenge grant: RC1MC004447
Figure 1. Asset Poverty by County in North Carolina

Source: Action for Children (2009)
Asset Poverty—HOPE Works
n=664

African American women
- Own home: 60.2%
- Own or lease car: 80%
- Checking account: 80%
- Savings account: 73.6%
- Could get low interest loan: 56.3%
- Enough income to pay monthly expenses: 70.1%
- Enough money if emergency expense: 36.1%

White/Caucasian women
- Own home: 77.8%
- Own or lease car: 91.2%
- Checking account: 95.3%
- Savings account: 85.4%
- Could get low interest loan: 78.9%
- Enough income to pay monthly expenses: 88.3%
- Enough money if emergency expense: 55.6%

All comparisons p<.001
New Partners

HOPE Accounts
• UNC IDA Researchers: Michal Grinstein-Weiss, Andrea Taylor, Clinton Key
• North Carolina Assets Alliance
• FDIC Money Smart
• Community bank branches
• NC Dept. of Labor

Seeds of HOPE
• Lumbee Tribe, Healing Lodge (Robeson County)
• Churches, community organizations
• UNC Tomorrow small grant—Lenoir County
HOPE Accounts for Women

• Randomized Controlled Trial
  – Primary Measure:
    • Weight loss
  – Secondary Measures:
    • Assets Building
    • Financial Literacy
    • Physical Activity
    • Fruits and Vegetable

• 400 women
HOPE Accounts for Women

- Addresses obesity among low-income, Native American and African American women in rural NC
- Disseminate HOPE Circles model: goal setting and social support
- Financial literacy combined with health education
- Assets building to address poverty through matched savings (1-1 match up to $600) using alternative IDA model
- Savings used for education, job skills and small business development
- Website for tracking savings, telling “her account” & feedback on their Health and Life Goals.
- Individual monthly tailored newsletters
Dissemination/Translation

- New grant proposal partnering with Lumbee and other groups in Robeson County
- Possible state-wide IDA program for American Indians pending study results
- Other adopters:
  - Bangladeshi women
  - New Mexico project
  - AFI dissemination