

ENGAGING IN COMMUNITY-BASED PARTICIPATORY RESEARCH PARTNERSHIPS

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Community-based Participatory Research

Community Engagement:

- “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 and eliminate health disparities.”

- W.K. Kellogg Community Scholar’s Program (2001)

Rationale for CBPR

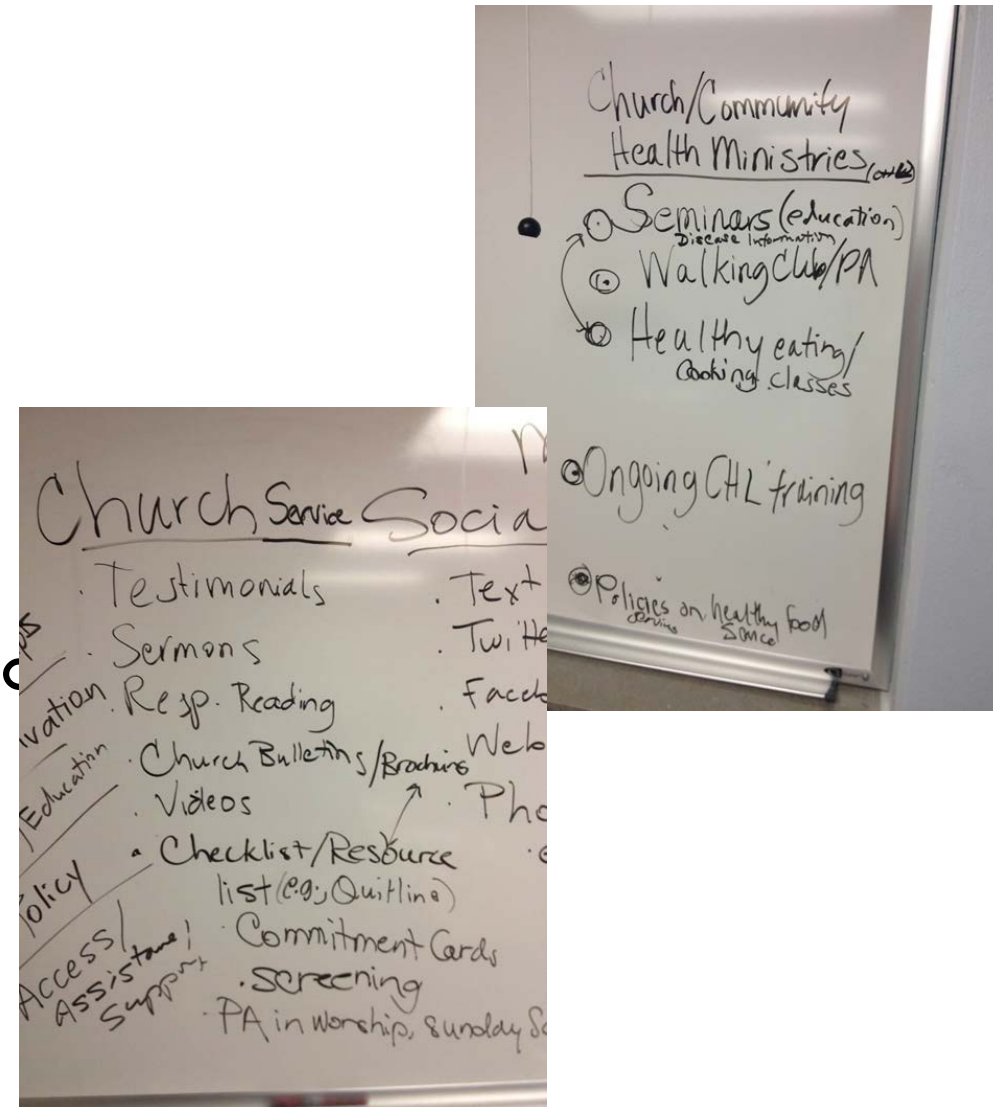
- Traditional “outsider” research approaches have failed to solve complex community health disparities
- CBPR well-suited for empowerment research with marginalized populations (e.g., developing community leaders)
- Significant community involvement can lead to scientifically sound research (validity and feasibility)
- Builds community trust with researchers and capacity that can lead to further community collaboration and lasting change



How does the CBPR process begin?

With a group of interested and prospective community partners, researcher(s) and a white board. Asking questions like:

- What is the need as determined by the community?
- What are we interested in learning?
- What data exists or does not exist that supports the need to address a particular area of research?
- What community resources currently exist?
- Who needs to be at the table?



Forming Partnerships

Learn about your partners:

- Discuss goals, processes, and outcomes
- Determine roles and responsibilities between partners (MOA)
- Create agreements for communication
- Develop plans for “small wins”
- Discuss budget considerations
- Discuss ownership of data, products, and process for interpreting and sharing data



CBPR Grant Opportunity

- ▣ Funding from NIH/National Institute of Minority Health and Health Disparities
- ▣ R24 Grant
- ▣ Goals:
 - Identify a priority health issue to address in a ethnic/racial minority and/or underserved populations
 - Use a CBPR approach to design and implement a health promotion intervention to address the identified priority health issue

How we approach using Community-based Participatory Research as our guide

Religiously-Tailored Supportive Tool Kits



- Sermon guides
- Responsive readings
- Video and print testimonials
- Church bulletins/brochures
- Educational games
- Bible bookmarks & more

Church-wide examples:
Sunday morning service
Sunday school
Bible study



Interpersonal examples:
Peer-to-Peer
Telephone messages
Text messages

Community examples:
TIPS Revival
Outreach Ministries
RAGC conference

Ministry group examples:
Women's Ministries
Singles Ministries
Youth Ministries

Multilevel Interventions

Access to Care



During church services: Health screenings, linkage to care, weight loss programs

The KC FAITH Initiative Community **Action** Board (CAB)

- Made up of over 40 representatives from faith, health, community, and academic organizations
- Guided the health needs assessment survey process
 - Developed needs assessment survey and reviewed survey findings
- Designed the health promotion pilot intervention
 - Assisted with developing intervention materials, activities, and surveys



Community-based Participatory Research Approach

Roles of Faith Leaders Across Research Process



Agenda
Setters

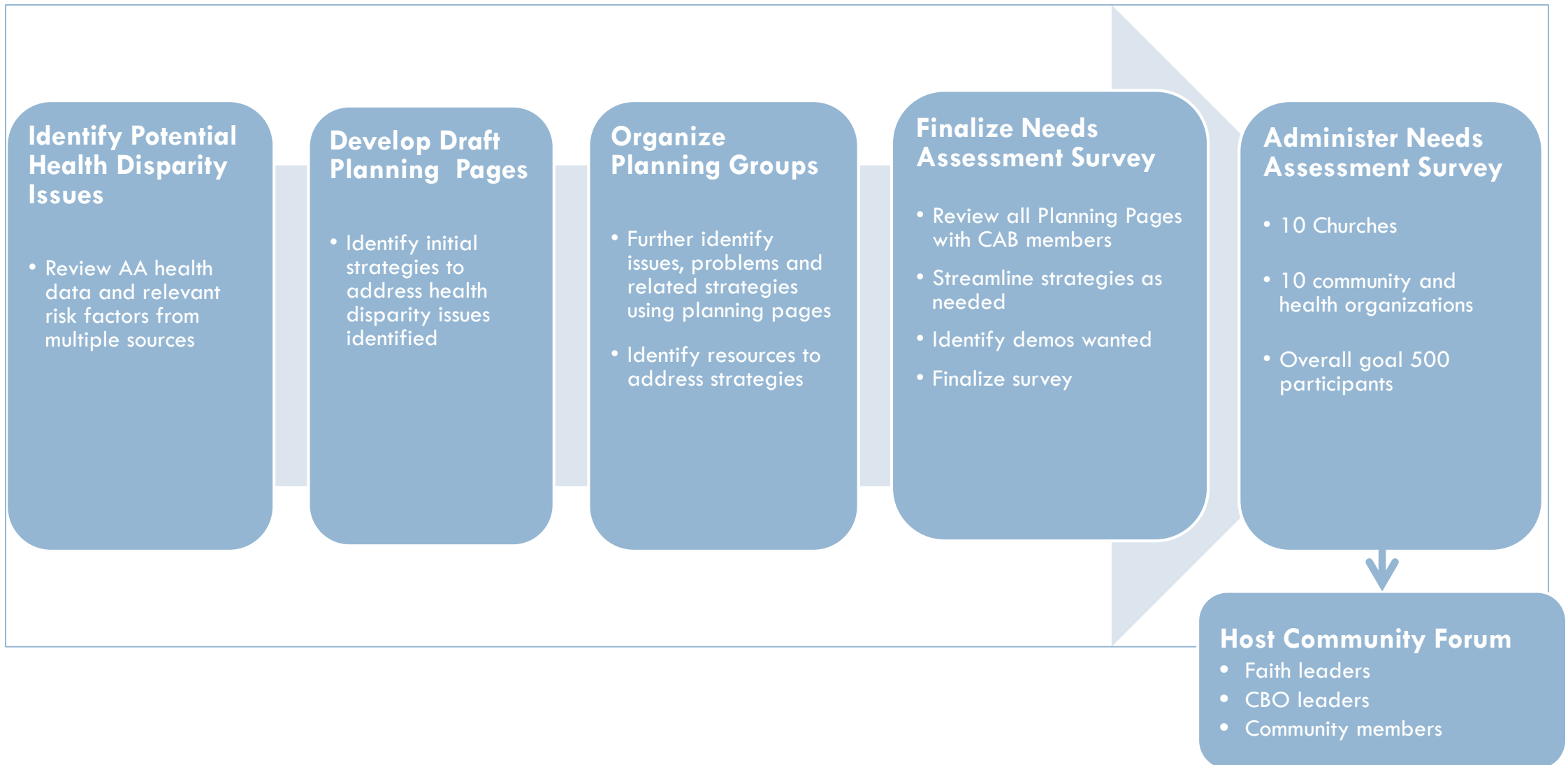
Intervention
Developers

Intervention
Implementers

Evaluators

Disseminators

Community Partners as Agenda Setters: Using a Health Needs Assessment Survey Process



Example Planning Page: Diabetes

prevention, screening, linkage to care

Planning Group Worksheet: Diabetes

Health Disparity Description

Diabetes is a condition characterized by high blood sugar resulting from the body's inability to use blood glucose for energy. In Type 1 diabetes, the pancreas no longer makes insulin and therefore blood glucose cannot enter the cells to be used for energy. In Type 2 diabetes, either the pancreas does not make enough insulin or the body is unable to use insulin correctly.

Health Disparity Data

- 18.7% of all African Americans aged 20 and above have diabetes (undiagnosed and diagnosed).
- African Americans are 1.8 times more likely to have diabetes as non-Hispanic Whites.
- 1 in 4 African-American women aged 55 and above have diabetes.
- African-Americans are also more likely to suffer diabetes' most serious complications. They are:
 - 2.7 times more likely to have a lower-limb amputation (a toe or foot removed)
 - 2.6 to 5.6 times as likely to suffer kidney disease
 - Are more as likely to develop diabetic retinopathy (which leads to blindness) as non-Hispanic Whites.

Risk Factors

- Overweight
- History of diabetes during pregnancy
- High cholesterol
- Unhealthy eating
- Age
- High blood glucose (sugar)
- High blood pressure
- Physical inactivity
- Smoking
- Family history

Planning Group Members:

(Write in names below)

Adam Blackstock	Christina Belfort
Mary Taylor	Rose Palmer
Eric Thompson	
Briana Dawkins	
Rebecca Burns	

Church/Community Level	Potential Strategies/Changes in Churches and Communities to Address [Health Disparity]	Resources, Support, and Infrastructure Available
Community (including collaborations with other community sectors and church outreach services such as daycare/ afterschool programs, food/clothing pantries, recovery programs)	<ul style="list-style-type: none"> • Project meetings with church leaders • Church health coach trainings • Community health fairs with health screening events • Linkage to American Diabetes Association programming • Linkage to Care services • Church sports leagues • Church/Community gardens • Exercise and weight support groups • Diabetes buddy programs • Social marketing through African American and social media outlets • Health professionals workshops on African American patient care/communication <p><i>Testimonials ✓</i> <i>AD. Assoc. box - screen trainings ✓</i> <i>Annual run rotating farmers' markets</i></p>	YMCA, YWCA Research - at Baptist Fitness Hospital
Church Services (including Sunday services, bible study, special services and events primarily targeting church members)	<ul style="list-style-type: none"> • Pastoral sermons and comments with motivational messages • Adding regular screenings to the church calendar and announcements • Church wide drive to ensure members are screened and linked to services • In-person and video health education and testimonials • Collective liturgical readings/prayers committing to healthy behaviors ✓ • Church bulletins/brochures and posters (e.g., tips for making popular receipts healthier) • Health screening including description of process by trained health screeners at events with pastors modeling receipt of screening (e.g., blood sugar testing, A1C, foot checks) ✓ • Pastoral/member modeling of proper blood sugar monitoring ✓ • Active movement during praise and worship ✓ • Adopting church policies to serve healthy foods ✓ • Church member physical activity and nutrition commitment cards ✓ 	
Ministry Groups (including ongoing group meetings targeting men, women, singles, youth, couples)	<ul style="list-style-type: none"> • Outreach and home visits to screen for diabetes and complications • Outreach and home visits to link to care • Implement American Diabetes Association programming • Educational seminars on physical activity and exercise • Educational games on physical activity and exercise • Videos and printed testimonials with facilitator discussion guides • Active movement and stretching during Sunday school and ministry classes • Healthy cooking classes ✓ • Church wide weight loss program ✓ 	
Interpersonal/Individual (including communication directed to individuals through texts, telephone messaging, email, social media, and peer-to-peer contact)	<ul style="list-style-type: none"> • Church computer access to American Diabetes Association programming • Health risk checklist, resource list, and educational materials • On-line materials and Videos • Phone/text/email motivating messages to exercise and eat healthy • Church promotional items (e.g., healthy cookbook, bible bookmarks, church fans) • Linkage to care contact and follow-up • Assistance from church health coaches <p><i>prominent, rotating message on website</i> <i>Health Fairs</i> <i>instruction on smart phone APPs</i></p>	

Health Needs Assessment Survey

- Health Information
 - Health screenings received and chronic diseases and other health issues diagnosed
- Health Priority Interest Areas
 - Asthma, Diabetes, Heart Disease/Stroke, HIV/STD's, Homicide/Violence, Mental Health
- CAB added new sections to the strategies list:
 - Health Care Access and Church-service activities
- Hundreds of potential intervention strategies developed by CAB with about 30 strategies per health priority area
 - 110 strategies on survey; 8 pages of strategies
 - Survey inquired: **Importance and Feasibility** of strategies



Administer Needs Assessment Survey (N=463)

- Planned survey administration
 - Selected churches – mostly from CAB members' churches
 - Met with Pastors
 - Facilitated planning logistics with church health liaisons (CHLs)
- Surveys completed before & after Sunday church services
 - **11 Churches Participated** (n= 449)
 - Participants received a \$10 reimbursement
 - Other CAB member participants (n=14); completed survey during lunch meetings



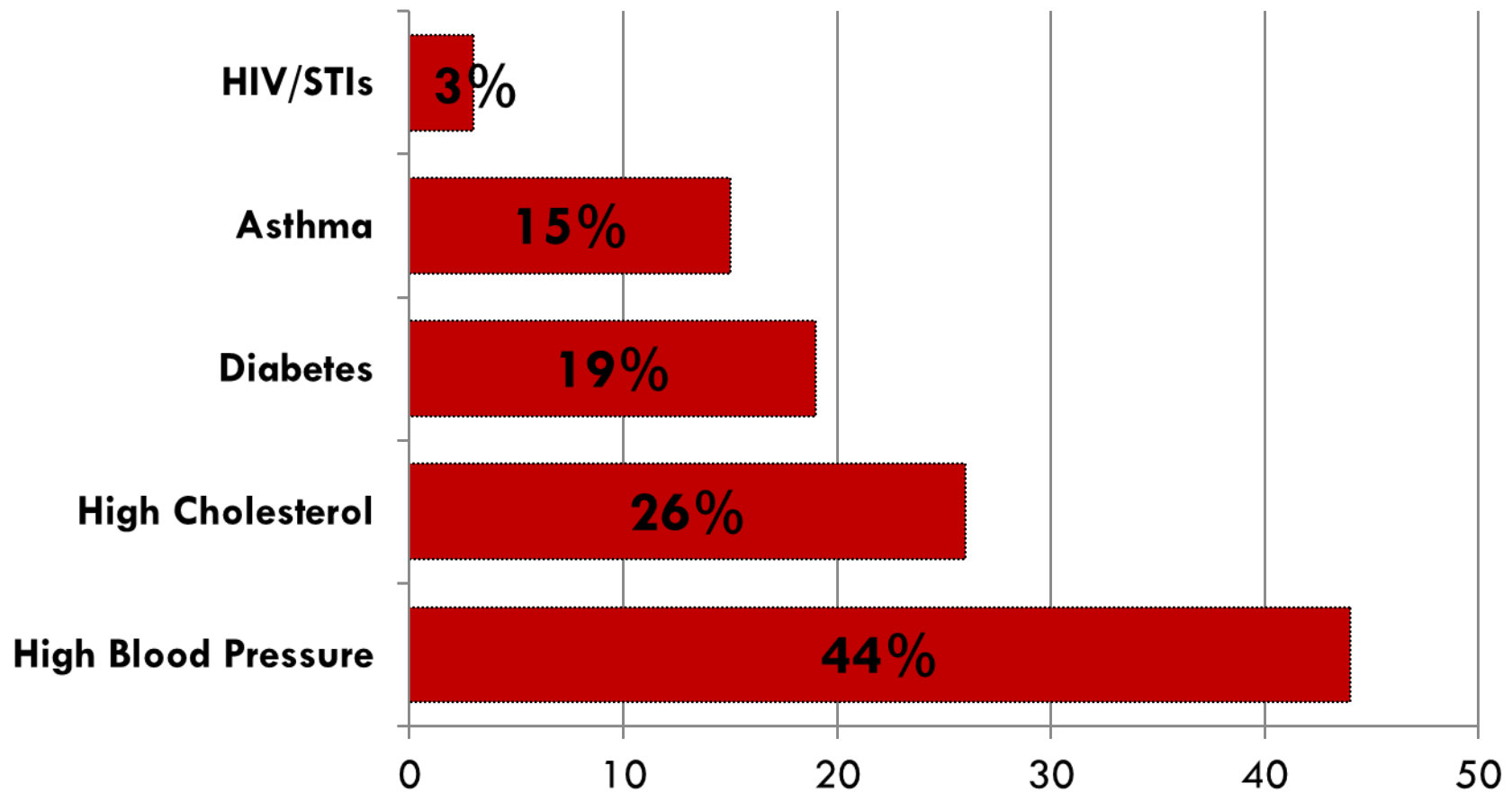
Participants' Reported Health Behaviors

- 77% had check-up in last year
- 64% never smoked
- 46% received counseling services from their pastor or other religious leader
- 35% had flu vaccine in last year
- 17% exercised 5 days/week
- 6% eat fruits/vegetables daily

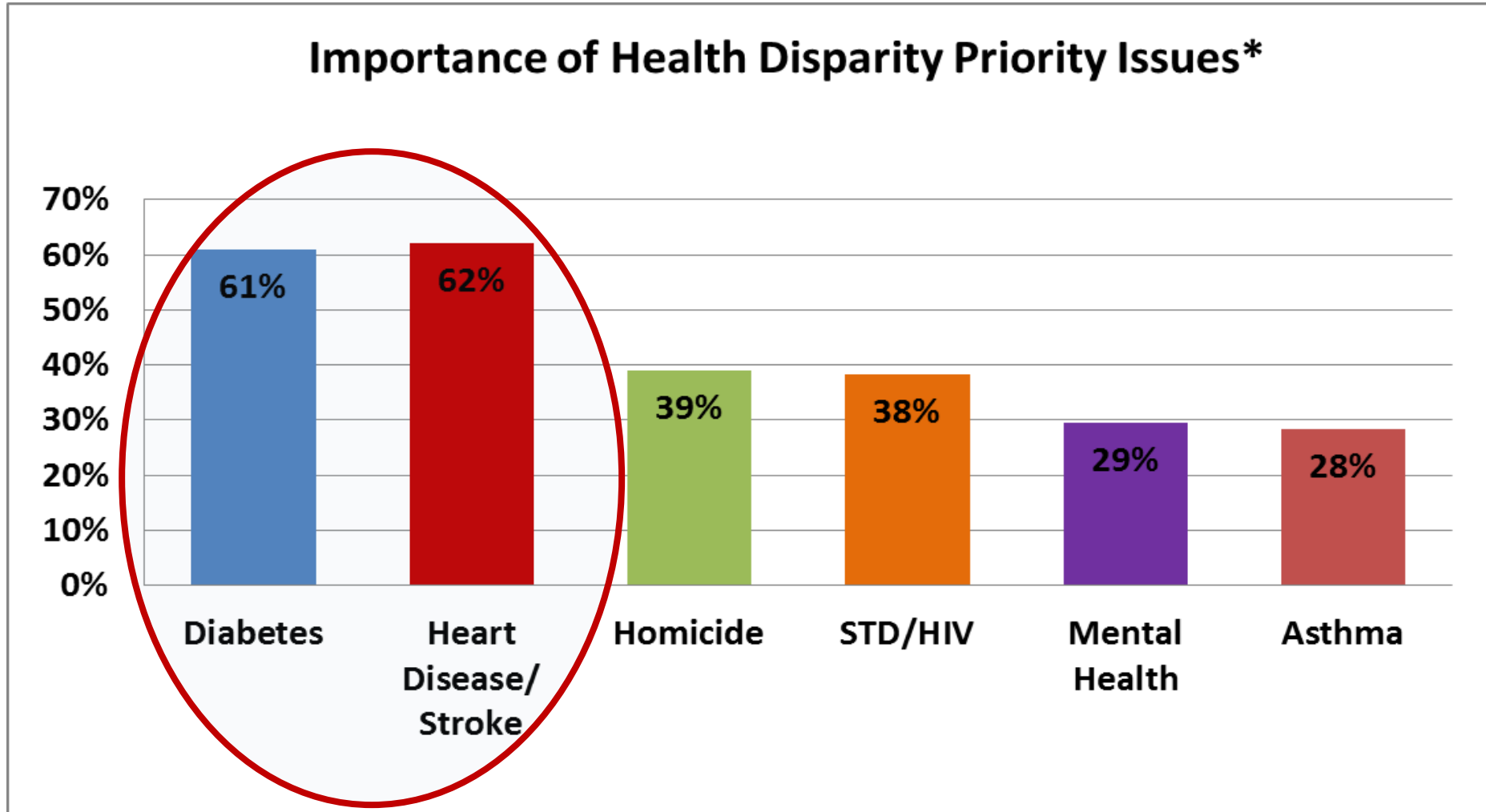


Participants' Diagnosed Health Conditions

Participants Most Frequently Reported Diagnosed Health Conditions (%)



Priority Health Issues Identified



Intervention Developers: Selecting Strategies to Address Diabetes and Cardiovascular Disease

Most important and feasible **diabetes** strategies:

Coordinate diabetes prevention and management seminars in African American churches in collaboration with local diabetes organizations.

Offer church-based diabetes health screenings, including pastors modeling receipt of diabetes screening (blood sugar testing, foot checks).

Promote/create church and community sports leagues for church and community youth and adults to encourage regular exercise.

Prepare samples of healthy foods and complete meals featuring vegetables and fruits during church and community events.

Provide educational games in church settings that promote physical activity, healthy eating, and diabetes care.

Most important and feasible **CVD** strategies:

Train families to incorporate healthy eating into their home meals and family exercise in their daily lives.

Offer church-based weight loss programs for church and community members.

Promote and coordinate price-reduced memberships to YMCA, local gyms, and other exercise facilities.

Provide free counseling services to help church and community members quit smoking.

Advocate for safer streets, trails, and parks for walking, bicycling, and other physical activities.

Coordinate church-based and neighborhood walking groups.

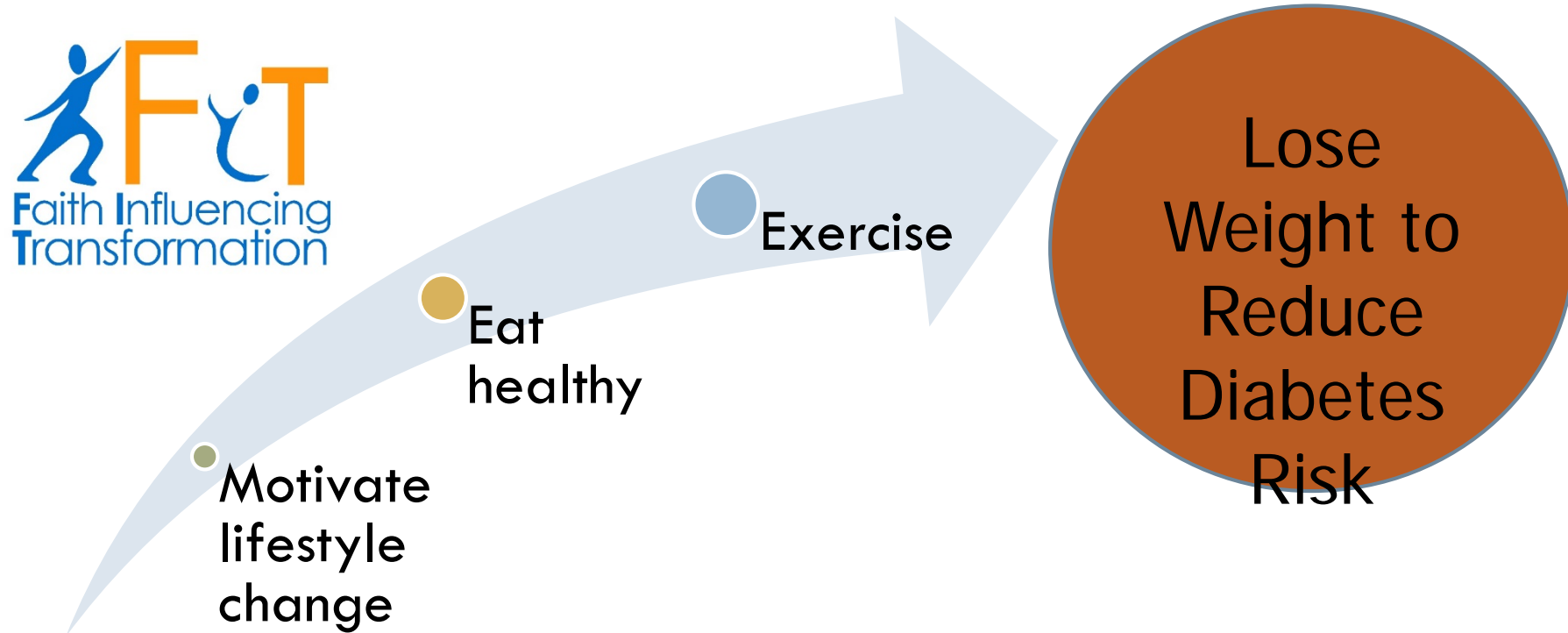
Project Faith Influencing Transformation (FIT): Primary Research Question

Can a religiously-tailored, multilevel diabetes and CVD prevention intervention increase weight loss in African American churches?



Faith Influencing
Transformation

PROJECT FIT Research Agenda



- 6 Churches (3 Intervention & 3 Comparison churches)



Project Aims: Increasing healthy eating, exercise, and weight loss; health screenings; and linkage to care

Faith Leaders as Interventionists

Religiously-tailored FIT Tool Kit

- Sermon guides
- Responsive readings
- Commitment card
- Church bulletins
- Brochures
- Text/phone/email messages
- Risk checklist
- Church healthy food policy
- Bible bookmarks



FIT Feasibility and Outcomes

- Trained church leaders delivered about 3 tools/month and provided implementation data
- Church-based health screenings during Sunday morning services was feasible
- Linkage to care was feasible
- **DPP intervention participants had greater odds achieving ≥ 5 lb weight loss** Odds Ratio: **3.58** (.89, 14.4 Confidence Interval) $p < .072$



FIT Faith-Health-Academic Partners

- **KC FAITH Initiative CAB members**
- Calvary Community Outreach Network
- African American Churches
- KC Care Clinic
- YMCA
- Children's Mercy Hospital
- American Diabetes Association
- UMKC Health Sciences Students



Million Dollar Question!!!

HOW TO INCREASE SCALABILITY *and* SUSTAINABILITY?



Project FIT in Kansas City

Cohort 2 (Spring 2018)

- 36 UMKC School of Medicine students trained to facilitate Project FIT DPP and exercise classes
- Time period: January – April 2018
- 9 churches participated in 8 locations

To date:

Students (N=119)

FIT II (Cohort 1): 23 students

Cohort 2: 36 students

Cohort 3: 62 students

Participant (N=511)

FIT II: 72 participants

Cohort 2: 158 participants

Cohort 3: 281 participants

Church	Average Attendance (Week 4)	Average Attendance (Week 9)	Sum of Pounds Lost/Gained	Average Pounds Lost per Person
Church 1	68%	56%	-65	-4.1
Church 2	47%	40%	-20	-3.1
Church 3	59%	41%	-45	-1.8
Church 4	88%	81%	-14	-1.0
Church 5	52%	37%	-21	-3.1
Church 6	55%	53%	-26	-2.0
Church 7	75%	60%	-121	-3.9
Church 8	52%	34%	-10	-1
Average	62%	50%	-322 (total)	-2.5

Some Church Health Liaison Feedback

- *I'm very please to report that Project Fit is going well at Swope Parkway United Christian Church. We recently completed Week 7, and I must say that Participants and Students alike are engaged in both the exercise and instructional aspects of the classes. As CHLs, we are pleased to observe the weekly transformation to a healthier lifestyle taking place. The interaction between Project staff and participants is awesome! It's hard to believe we are midway, and our weeks soon to be completed. It's been insightful for all.*
- *We truly thank you and the students and everyone that helped us out at Mt Carmel [MBC], we had so much fun and learned so much ! The members & ... wanted to keep going, we learned so much in a short time. We are planning on next year, but finish before Thanksgiving 😊 Thank You Again for helping us to change our new look for the New Year !*

Lessons Learned in Using CBPR with Community Partners

- Engage partners early
- Share findings and lessons learned often
- Understand end user satisfaction
- Continue making refinements to the project based on community input
- Identify strategies to maintain the project early
- Determine how increased capacity and experiential knowledge can be applied to future projects

Participant and Student Reflections

- Project FIT participants

- https://www.dropbox.com/sh/e0984nf25efgfin/AAC8UsZszs2yBohb64BcwE_Sa?dl=0

- Student video:

- <..\..\Research Projects\FIT Phase IV\Video\Anna FIT FacilitatorTrim.mp4>



