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 (NILAHEC) 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
- 2008 NILAHEC awarded NACBD and CDC grant (only recipient in the U.S.)

Sergio Cristancho, PhD - Research Assistant Professor, DHCM
- 2005, recruited to NCRHP from UIUC to coordinate research efforts of EXPORT Community Outreach and Engagement Core
- 2008 NILAHEC awarded NACBD 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)

<table>
<thead>
<tr>
<th>Risk Factor/Health Issues</th>
<th>Hispanic</th>
<th>African American</th>
<th>White</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk Factor Issues:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanics less likely to have diabetes diagnosed within last five years</td>
<td>6.5%</td>
<td>9.2%</td>
<td>6.8%</td>
</tr>
<tr>
<td>Hispanics less likely to participate in physical activities last month</td>
<td>59%</td>
<td>79%</td>
<td>77%</td>
</tr>
<tr>
<td>Hispanics more likely to be current smokers</td>
<td>23%</td>
<td>18%</td>
<td>20%</td>
</tr>
<tr>
<td>Hispanics less likely to consume fruits and vegetables 5 or more times per day</td>
<td>18%</td>
<td>22%</td>
<td>24%</td>
</tr>
<tr>
<td>Hispanics less likely to self report health status as ‘Good or Better’</td>
<td>79%</td>
<td>73%</td>
<td>87%</td>
</tr>
<tr>
<td>Health Issues:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanics less likely to have been told to have diabetes by physician</td>
<td>6.5%</td>
<td>9.2%</td>
<td>6.8%</td>
</tr>
<tr>
<td>Hispanics less likely to have been told to have arthritis by physician</td>
<td>8%</td>
<td>11%</td>
<td>12%</td>
</tr>
<tr>
<td>Hispanics less likely to have been told to have hypertension by physician</td>
<td>12%</td>
<td>27%</td>
<td>27%</td>
</tr>
<tr>
<td>Hispanics less likely to have been told to have high blood pressure by physician</td>
<td>14%</td>
<td>19%</td>
<td>20%</td>
</tr>
<tr>
<td>Percent Uninsured</td>
<td>39%</td>
<td>22%</td>
<td>13%</td>
</tr>
</tbody>
</table>
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, 1992)

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

<table>
<thead>
<tr>
<th>County</th>
<th>1990 # Hispanic</th>
<th>2000 # Hispanic</th>
<th>Numeric Change</th>
<th>Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cass</td>
<td>56</td>
<td>1,162</td>
<td>1,106</td>
<td>1975.0%</td>
</tr>
<tr>
<td>Union</td>
<td>182</td>
<td>581</td>
<td>399</td>
<td>164.3%</td>
</tr>
<tr>
<td>Boone</td>
<td>2,065</td>
<td>5,219</td>
<td>3,154</td>
<td>152.7%</td>
</tr>
<tr>
<td>DeKalb</td>
<td>2,329</td>
<td>5,830</td>
<td>3,501</td>
<td>150.3%</td>
</tr>
<tr>
<td>Winnebago</td>
<td>7,771</td>
<td>19,206</td>
<td>11,435</td>
<td>147.1%</td>
</tr>
<tr>
<td>Warren</td>
<td>207</td>
<td>587</td>
<td>380</td>
<td>144.9%</td>
</tr>
<tr>
<td>Ogle</td>
<td>1,379</td>
<td>3,066</td>
<td>1,687</td>
<td>122.3%</td>
</tr>
<tr>
<td>Effingham</td>
<td>121</td>
<td>252</td>
<td>131</td>
<td>108.3%</td>
</tr>
<tr>
<td>Vermilion</td>
<td>1,405</td>
<td>2,504</td>
<td>1,099</td>
<td>78.2%</td>
</tr>
<tr>
<td>Champaign</td>
<td>3,485</td>
<td>5,203</td>
<td>1,718</td>
<td>49.3%</td>
</tr>
<tr>
<td>Knox</td>
<td>1,416</td>
<td>1,896</td>
<td>480</td>
<td>33.9%</td>
</tr>
<tr>
<td>Jackson</td>
<td>1,082</td>
<td>1,443</td>
<td>361</td>
<td>33.4%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>21,498</td>
<td>46,769</td>
<td></td>
<td>263.3%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>County</th>
<th>Assessment strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boone</td>
<td>n = 93</td>
</tr>
<tr>
<td>Cass</td>
<td>n = 95</td>
</tr>
<tr>
<td>DeKalb</td>
<td>n = 119</td>
</tr>
<tr>
<td>Effingham</td>
<td>n = 88</td>
</tr>
<tr>
<td>Jackson-Tinsley</td>
<td>n = 85</td>
</tr>
<tr>
<td>Knox</td>
<td>n = 46</td>
</tr>
<tr>
<td>Pope</td>
<td>n = 117</td>
</tr>
<tr>
<td>Schuyler</td>
<td>n = 106</td>
</tr>
<tr>
<td>Vermilion</td>
<td>n = 41</td>
</tr>
<tr>
<td>Warren</td>
<td>n = 111 (MHC)</td>
</tr>
<tr>
<td>Winnebago</td>
<td>n = 35</td>
</tr>
<tr>
<td>TOTAL</td>
<td>n = 1,854</td>
</tr>
<tr>
<td>Boone</td>
<td>n = 35</td>
</tr>
</tbody>
</table>

Results: Demographics (n= 941)

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 & Israel, 1999; AHQR, WKFF National Consensus Conference, 2001)
- Use of minigrant program component is evidence based (HP2010 microgrant program (2000); WKFF 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

<table>
<thead>
<tr>
<th>Community</th>
<th>Minigrant title</th>
<th>Minigrant funds</th>
<th>Organizations involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beardstown</td>
<td>&quot;Medical interpretation Training to community members&quot;</td>
<td>EXPOFM 56,000</td>
<td>Cass County Health Department, UI Extension, UIC, NIU</td>
</tr>
<tr>
<td>Rivibire</td>
<td>&quot;United per in Salad: Series of educational workshops about Diabetes, Nutrition, Asthma and parenting&quot;</td>
<td>EXPOFM 56,000</td>
<td>Boone County, Boone County Health Department, UI/CHS, Boone County Health Department, UI/CHS, Easton Memorial Hospital, Liberty National Bank, + University of Illinois Extension, Cargill, Meat Solutions, and the Illinois Conference on Prevention</td>
</tr>
</tbody>
</table>

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
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

<table>
<thead>
<tr>
<th>Type of Evaluation</th>
<th>Communities involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic Health Advisory Committee Evaluation (n = 76)</td>
<td>Rockford, Belvidere, DeKalb, Rochelle, Carbondale/Cobden, Beardstown, Effingham, Monmouth, Galesburg</td>
</tr>
<tr>
<td>Medical Interpretation training Daily, Final and follow– up evaluations (n = 34)</td>
<td>Belvidere, Rochelle, DeKalb, Belvidere, Carbondale/Cobden</td>
</tr>
<tr>
<td>Health educational workshops evaluation (n = 268)</td>
<td>Belvidere, Rochelle, DeKalb, Carbondale/Cobden, Rockford, Effingham, Danville</td>
</tr>
<tr>
<td>Community resources guide Evaluation (n = 50)</td>
<td>Rochelle, DeKalb</td>
</tr>
<tr>
<td>Providers resources guide evaluation (n = 30)</td>
<td>Rochelle, DeKalb</td>
</tr>
<tr>
<td>Fitness and nutritional programs (n = 7)</td>
<td>Carbondale/Cobden</td>
</tr>
<tr>
<td>Migrant evaluations (n = 268)</td>
<td>Belvidere, Rochelle, DeKalb, Carbondale/Cobden, Beardstown, Effingham, Monmouth, Galesburg</td>
</tr>
<tr>
<td>Community Oral History (n = 10)</td>
<td>Rockford, Belvidere, DeKalb, Rochelle, Carbondale/Cobden, Beardstown, Effingham, Monmouth, Galesburg</td>
</tr>
</tbody>
</table>

### Community Dissemination Efforts

<table>
<thead>
<tr>
<th>Dissemination Channel</th>
<th>Number</th>
<th>Communities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flyers inviting the local community to participate in educational activities, or health fairs</td>
<td>Approximately 7,000 flyers have been distributed between 2005-2007</td>
<td>Belvidere, Rochelle, Rockford, Effingham, Monmouth, Carbondale/Cobden, Beardstown</td>
</tr>
<tr>
<td>Community popular reports summarizing assessment results</td>
<td>Approximately 1,100 popular community reports have been distributed between 2005-2007</td>
<td>Belvidere, Rochelle, Rockford, Effingham, Monmouth, Carbondale/Cobden, Beardstown</td>
</tr>
<tr>
<td>Newspaper articles/News releases</td>
<td>Approximately 26 newspaper articles have been published in local newspapers and some flyers have been distributed between 2005-2007</td>
<td>Belvidere, Rochelle, Rockford, Effingham, Monmouth, Carbondale/Cobden, Beardstown</td>
</tr>
<tr>
<td>Community workshops/Community Seminars</td>
<td>Approximately 1,500 community workshops have been run in the community between 2005-2007</td>
<td>Belvidere, Rochelle, Rockford, DeKalb, Carbondale/Cobden, Beardstown</td>
</tr>
<tr>
<td>Community Health Fairs</td>
<td>Approximately 1,500 community health fairs have been run in the community between 2005-2007</td>
<td>Belvidere, Rochelle, Rockford, DeKalb, Carbondale/Cobden, Beardstown</td>
</tr>
<tr>
<td>Community resources guide/community newsletters</td>
<td>Approximately 2,800 copies have been distributed among community members between 2005-2007</td>
<td>Rochelle, DeKalb, Carbondale/Cobden</td>
</tr>
<tr>
<td>Community health fairs</td>
<td>Approximately 2,800 community health fairs have been run in the community between 2005-2007</td>
<td>Rochelle, DeKalb, Carbondale/Cobden</td>
</tr>
<tr>
<td>Informational meetings with local stakeholders</td>
<td>Approximately 60 informational meetings with local stakeholders attended by members between 2005-2007</td>
<td>Rochelle, DeKalb, Carbondale/Cobden</td>
</tr>
</tbody>
</table>

### 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 (Reischmidt, 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: 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 minigrants
- 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

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)
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 recruitment plans were developed in consultation with the Hispanic Health Advisory Committees. Survey collection period continues until May 30th.

<table>
<thead>
<tr>
<th>Community</th>
<th>Minigrant title</th>
<th>Minigrant funds</th>
<th>Organizations involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carbondale</td>
<td>“Muevate Con Amigos” (Move with Friends)</td>
<td>NACDD and CDC: $4,999</td>
<td>Shawnee Health Service, HHAC, Bowie 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</td>
</tr>
<tr>
<td>DeKalb</td>
<td>“Access to Mental Health for the Hispanic Community”</td>
<td>NACDD and CDC: $4,999</td>
<td>Kishwaukee College, Gordon Mental Health Center, DeKalb Foursquare Church, DeKalb Latino Action Group</td>
</tr>
<tr>
<td>Monmouth</td>
<td>“Monmouth Family Fun Night”</td>
<td>NACDD and CDC: $4,999</td>
<td>Starting Point, Inc., Illinois Coalition for Community Services, U of Illinois Extension, OSF Holy Family Medical Center, Monmouth College, Illinois DHS, Big City, Py-Val Foods, Farmers Foods</td>
</tr>
</tbody>
</table>

Priorities Identified After Assessment Phase

Community Programs

<table>
<thead>
<tr>
<th>Communities</th>
<th>Community Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beardstown</td>
<td>Update and Expand Health Resource Directory, Provide Health Education through Nutrition and Physical Activity education and. Produce a health issues newsletter, Organize walking clubs. Sponsor a monthly movie night. Develop health educational materials at every event</td>
</tr>
<tr>
<td>Carbondale</td>
<td>Health Promotion through Exercise at Clubs and Centers. Bilingual education packet about health benefits of exercise. Participates will be encouraged to join Boys and Girls Clubs, Nutrition at Health, issues in the community. Materials and community resources information will be provided. Exercisers will be encouraged to keep a log/scrap book, Community outreach volunteers will be recruited and trained, community educational events on legal issues, immigration reform and legal services organized</td>
</tr>
</tbody>
</table>
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 life, 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.

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.

| Communities | Community Programs |
--- | --- |
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.

Acknowledgments

• NIH/NCMHD – Project EXPORT Center of Excellence in Rural Health
• NACDD and CDC
• National Center for Rural Health Professions
• UIC College of Medicine at Rockford
• UI Extension
• Community Health Advisory Committees

Thanks…