

Co- Learning with Community Members: How to Measure What Matters to Stakeholders



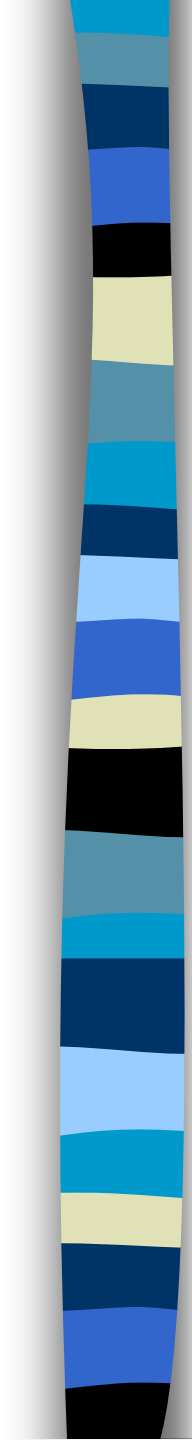
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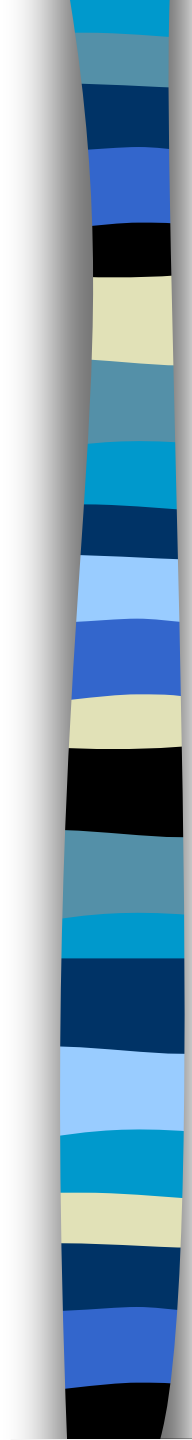
LAZOS America Unida

Workshop for “Advancing Health Through Community Engaged Research:
Successful and Emerging Approaches, March 31, 2015



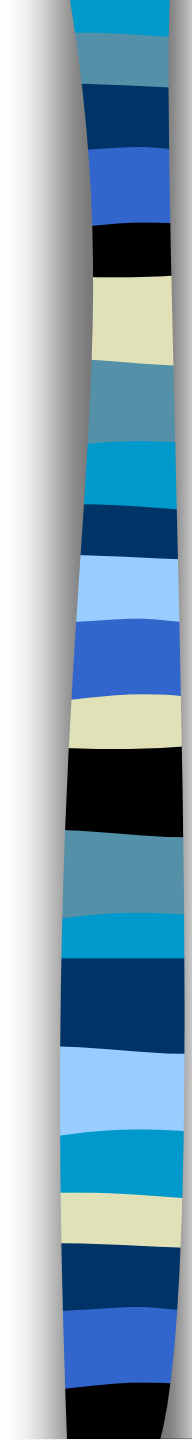
Workshop Description

- In this workshop, we will discuss efforts to learn with community members about health issues that are of concern to them and about how to address them
- Several of these efforts have used focus groups as key means for learning what matters to community stakeholders
- We will provide examples of the methods and results of these co-learning activities



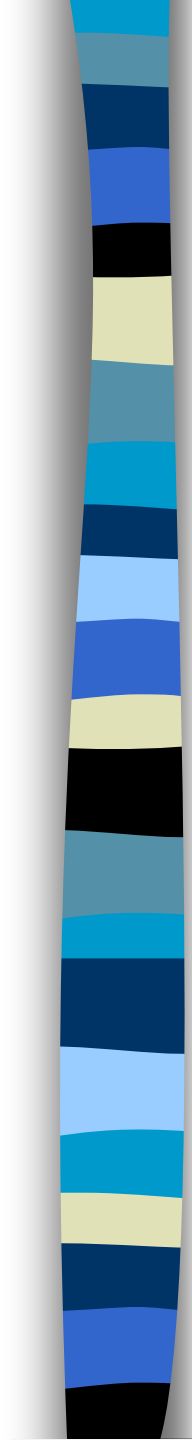
Introductions

- Name and Affiliations
- What is your community engaged research experience?
- Do you have any upcoming meetings with the community?
- Have you ever used focus groups as a community assessment tool?



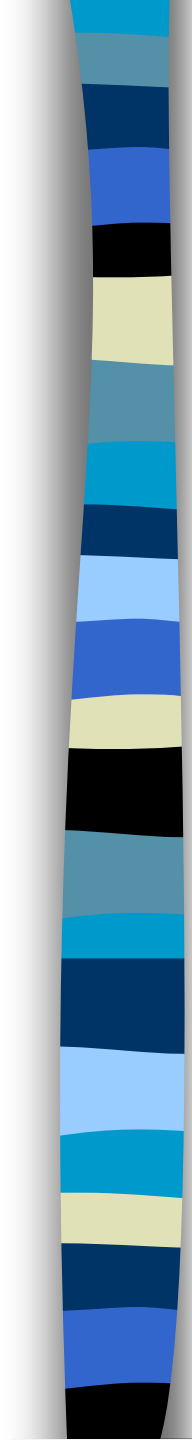
Rationales for and Uses of Focus Group

- Concept exploration
- Community Needs Assessment
- Identification of ideas about health
- Instrument development
- Testing existing measures
- Translation and adaptation of measures
- Development of new measures



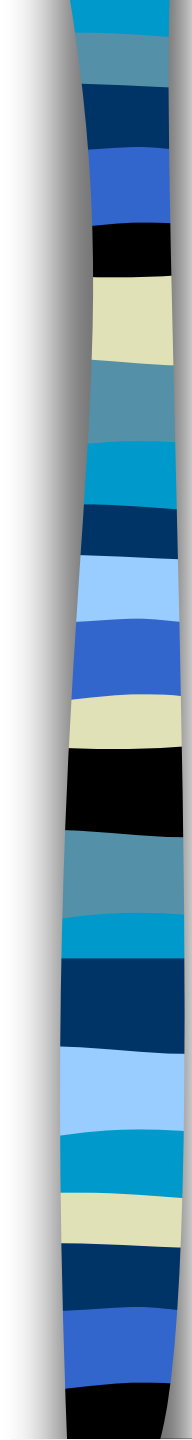
Selection of Participants

- Who are the key participants?
 - Age, Gender
 - Ethnicity
 - Language Abilities
 - Roles
- How will you select/recruit participants?
- 8-10 people is ideal
 - how many will you need to recruit to get 8-10?
- People who are willing and able to talk
- Key people in community to help you



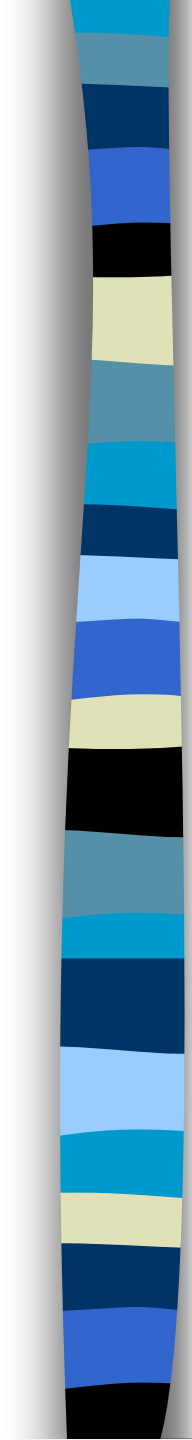
Development of structure and agenda for focus groups - 1

- **Welcome:** often helpful to have a senior person from project do this
- Broad exploration or Specific task ?
- Be realistic about time
 - 1.5 - 2 hours is reasonable
- **Orientation** to the focus group
 - Keep it clear and simple
 - Don't give away too much of purpose



Development of structure and agenda for focus groups - 2

- Process you will use to run the group:
 - Questions
 - Participation
- Make clear the **participants are the experts**; there to learn from them
 - Very powerful part of a focus group
 - Also makes it useful and fun



Development of questions for focus groups

- Develop open-ended questions that elicit people's input
- Define the broad areas that you are concerned about
- State in appropriate language for the group
 - educational level
 - translation into other languages
 - idiomatic expressions

Latinos' Perspectives on Mental Health

Conducted for *Changing Minds, Advancing Mental Health for Hispanics*



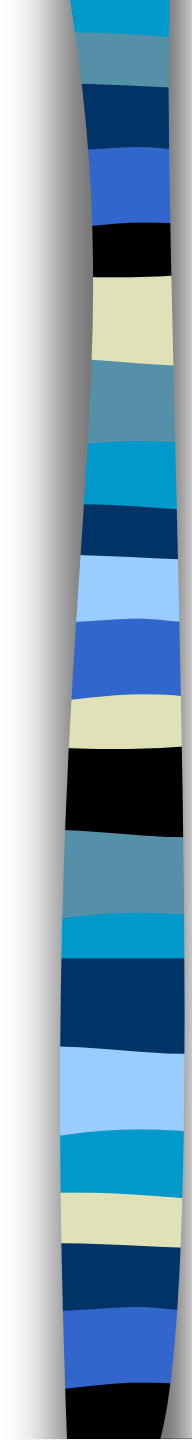
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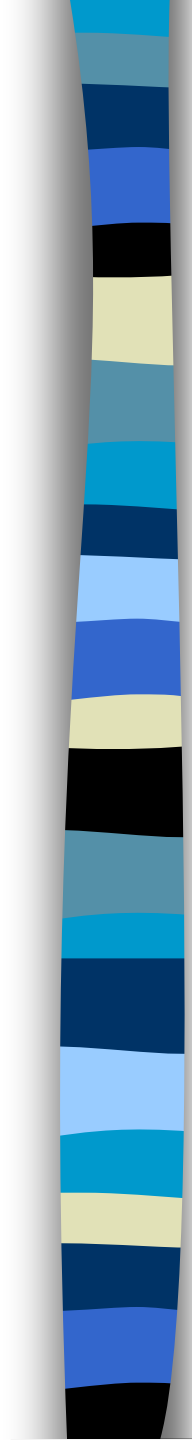
Henry Acosta, MA, MSW, LSW

Changing Minds, Advancing Mental Health for
Hispanics



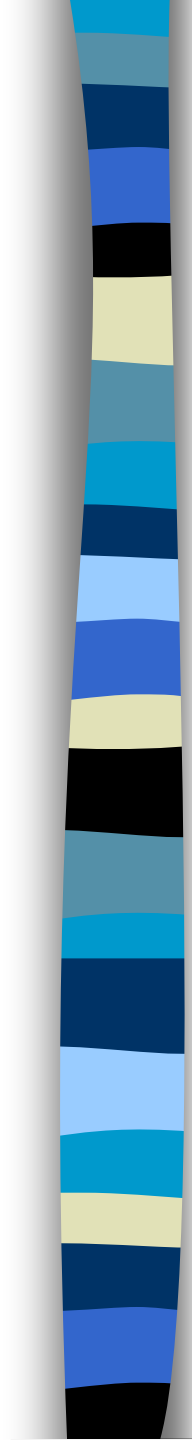
Purpose

- To identify key issues in community mental health for Latinos
- To provide guidance for developing interventions for improving access to mental health services for the Latino community



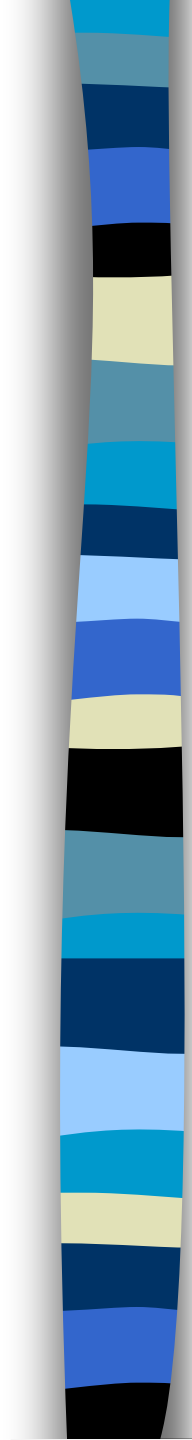
Key Areas of Discussion

- How do Latinos define mental health and mental illness?
- What mental health problems do they recognize?
- What are the barriers Latinos face to accessing mental health services?
- What kinds of programs would help improve Latinos' knowledge of mental health problems and access to mental health services?



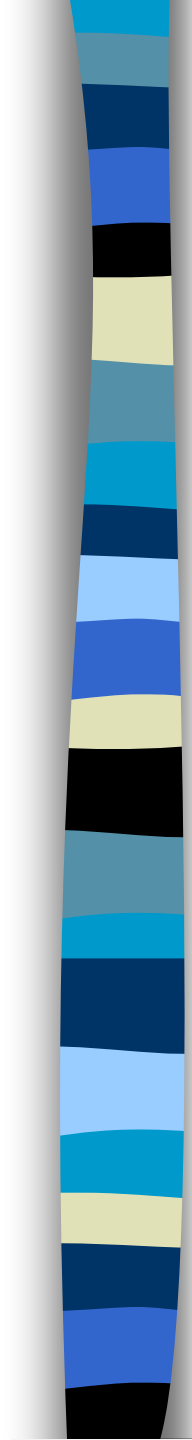
Key area 1: What is mental health?

- Being able to function and contribute to society
 - Not abusing drugs or alcohol
 - Being capable of social interaction
 - Not aggressive



How to remain mentally healthy

- Social connections are key to good mental health across Latino groups
- Across groups, it was understood that everyone has problems but it is the way one *cope*s with them that determines if one is healthy/unhealthy



Key Area 2: Mental illnesses

■ Depression

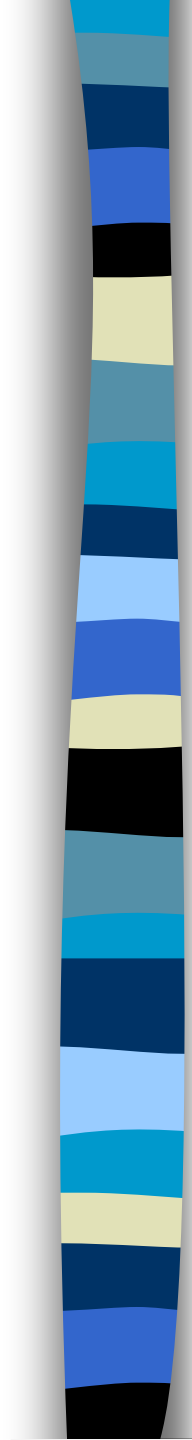
- death of family member
- reaction to news such as Sept. 11th
- loss of job
- isolation

■ Stress/Anxiety

- alcohol use
- domestic violence

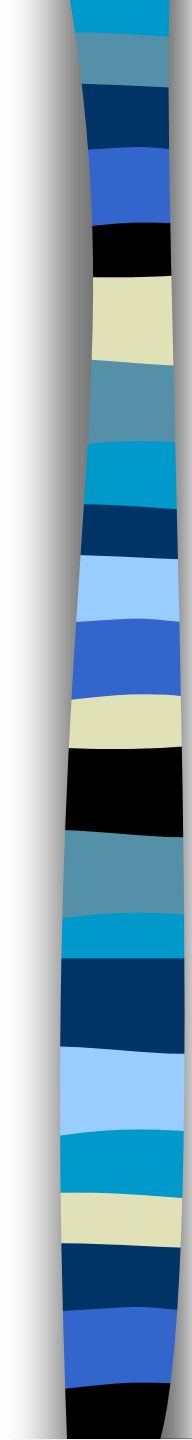
■ *Nervios (crisis nerviosa, ataque de nervios)*

■ ADHD (younger population)



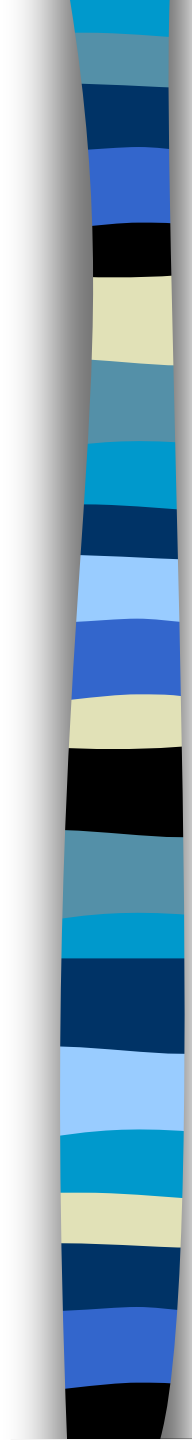
Key area 3: Barriers to care

- Transportation
- Communication problems
- Money/lack of insurance
- Stigma
- “Coldness” of providers
- Lack of knowledge of where to go for help



Key area 4: Improving knowledge

- An advertisement campaign to educate the public about mental illness
 - Spanish TV, newspapers and radio stations
 - Information given by doctors/researchers
 - Posters and other information in churches, workplaces, public places
 - 800 number (if in Spanish)
 - Information about alcohol abuse, stress management, and domestic violence
- Focus on reduction of stigma of mental illness in Latino community



General views: Mental health services

- Majority of respondents have positive view of mental health services
- Difference of opinion about the degree of accessibility of mental health services
- Majority of respondents believe mental health services are too expensive
- General preference for therapy interventions over prescription medications

New Brunswick Community Health Assessment

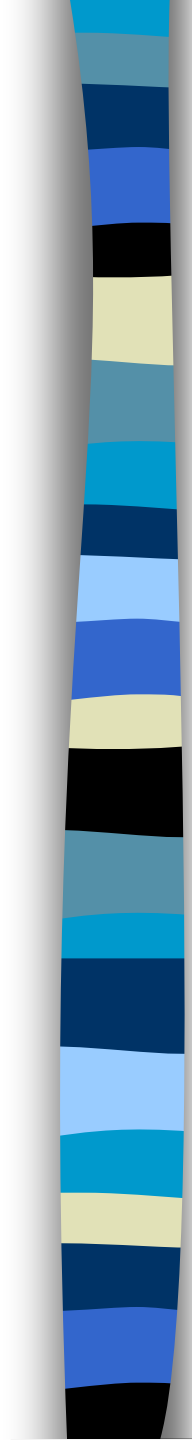


Report on Focus Groups

Peter J. Guarnaccia, Ph.D.

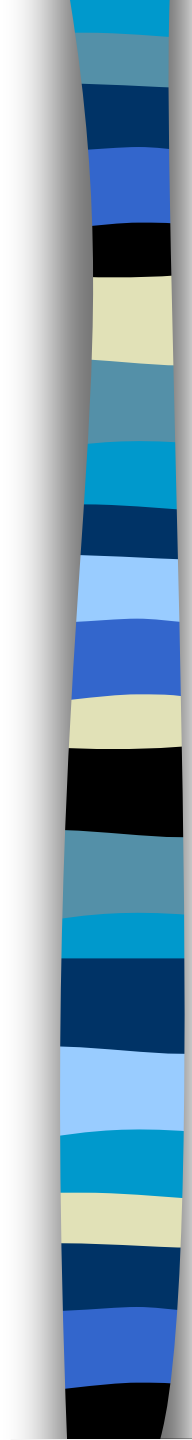
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Focus Groups

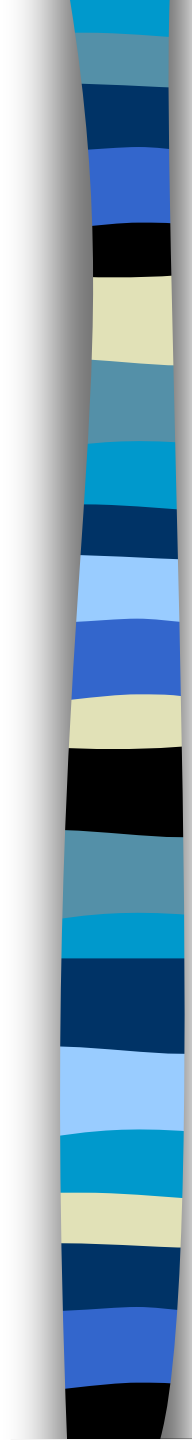
- 12 focus groups
- 110 participants
- Represent community participants and community resources
- Broad range of age, gender and ethnicity



Access to health care

ACCESS to health care is the
key health issue in the
community

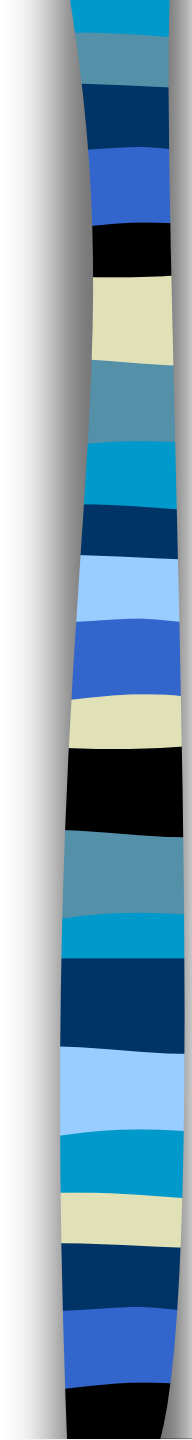
Access means different things:
respect, transportation,
insurance, language, knowledge



Health Education

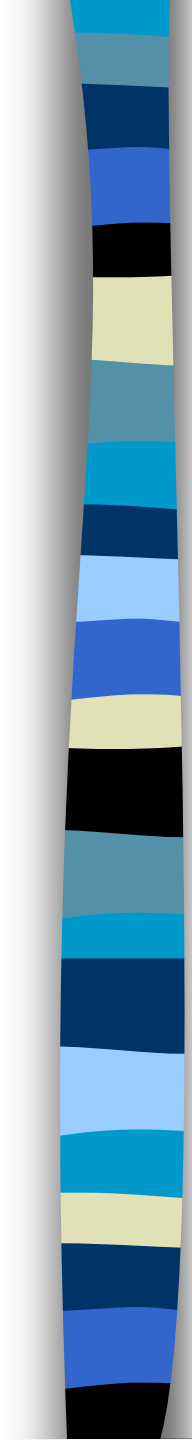
There is a great need for various kinds of health education:

- How to navigate the health care system
- Specific health problems
- Preventive interventions, like vaccination and screening
- Childcare and parenting



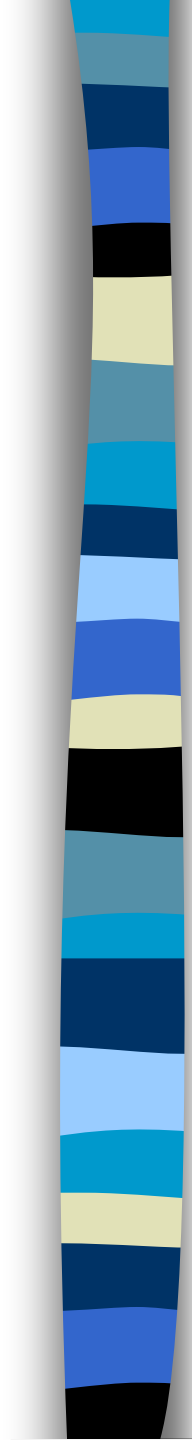
Major Health Problems: Adults

- Diabetes
- Depression
- High Blood Pressure
- Cancer: breast and prostate
- Domestic Violence
- Reproductive & Sexual Health



Major Health Problems: Children and Adolescents

- Oral health
- Obesity, diet & diabetes
- Asthma
- Alcohol and Drugs
- Immunizations
- Sexual Health: pregnancy, STD's
- Cigarette smoking

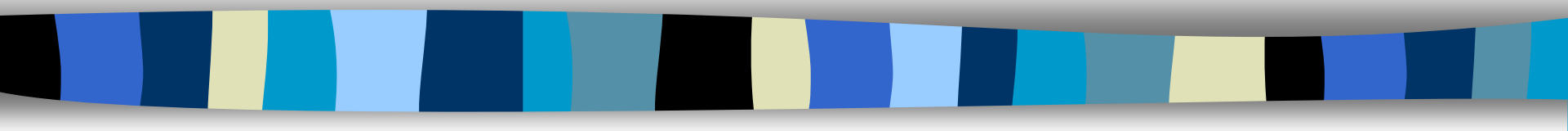


Need for Expanded Resources

- Expanded school-based health resources
- More primary care clinics closer to different neighborhoods
- More health education and outreach
- Utilize churches as untapped resource in the community

“We Eat Meat Every Day”

Ecology & Economy of Diet in Oaxaca & New Jersey



Peter J. Guarnaccia, Ph.D.

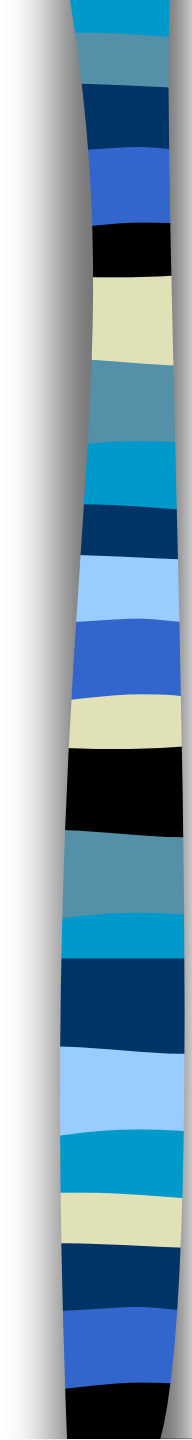
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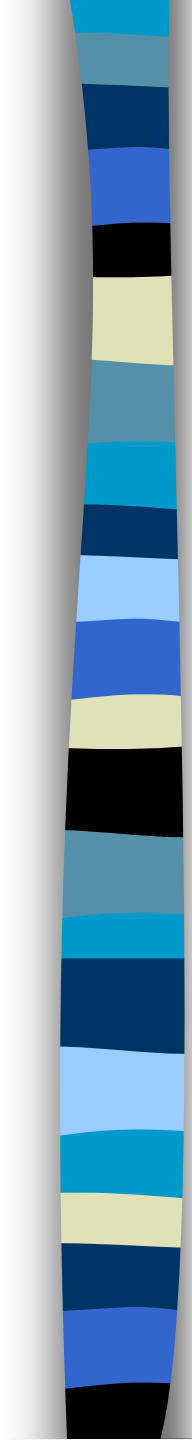
School of Environmental & Biological Sciences

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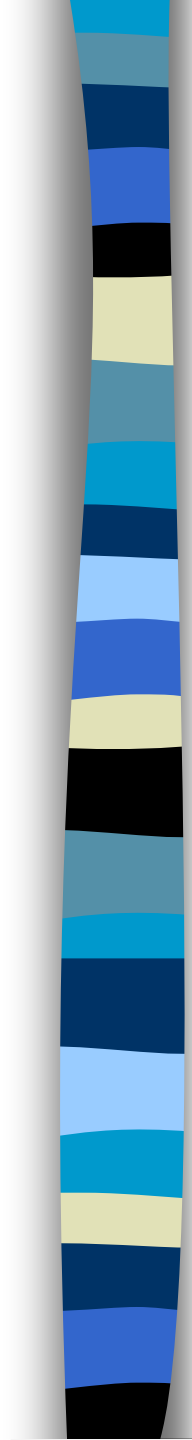
Purpose of Study

- To compare dietary practices between Mexicans living in New Brunswick and Oaxaca, Mexico
- To understand processes of dietary change produced by migration
- To identify food preferences among Oaxacans
- To propose interventions to improve the diets of people from Oaxaca in New Brunswick



Approach to the Study

- Focus groups in New Brunswick & Oaxaca
 - 4 in New Brunswick: 3 women, 1 men
 - 3 in Oaxaca: all women
- Discuss issues of foodways and dietary change
- Focus groups in Oaxaca with people from same communities as in New Brunswick



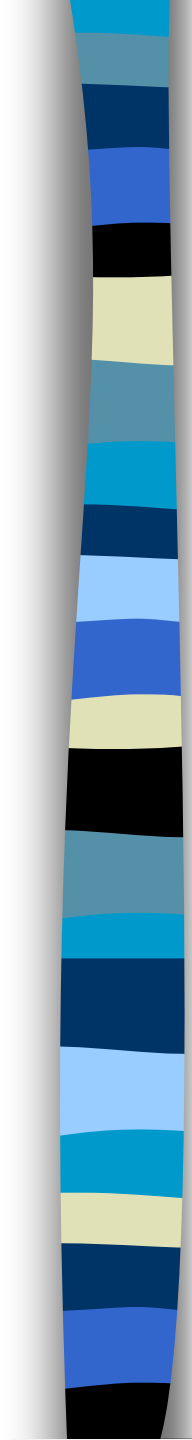
Profile of Participants

New Brunswick

- N=23
- Female=17
 - Mean 8 yrs in NB
- Male=6
 - Mean 10 yrs in NB
- Spanish primary language
- Education
 - Primaria 48%
 - Secundaria 35%
 - Preparatoria 17%

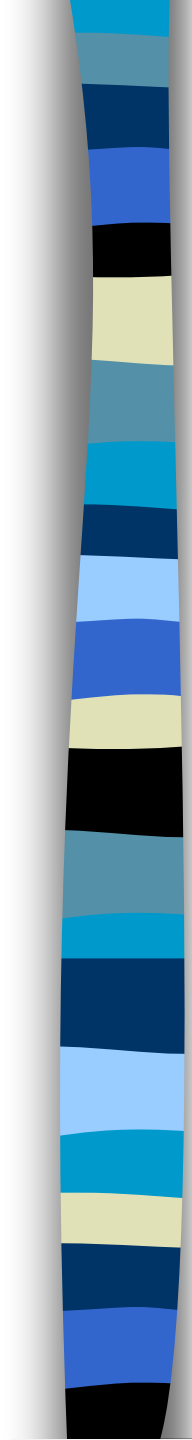
Oaxaca

- N=32
 - 8 urban, 10 town, 14 rural
- Female=31;Male=1
- All but 1 speak Spanish as primary language
 - 6 speak indigenous languages
- Education
 - No education 22%
 - Primaria 62%
 - Secundaria 6%
 - Preparatoria 9%
- Refrigerators & Stoves mostly in urban area



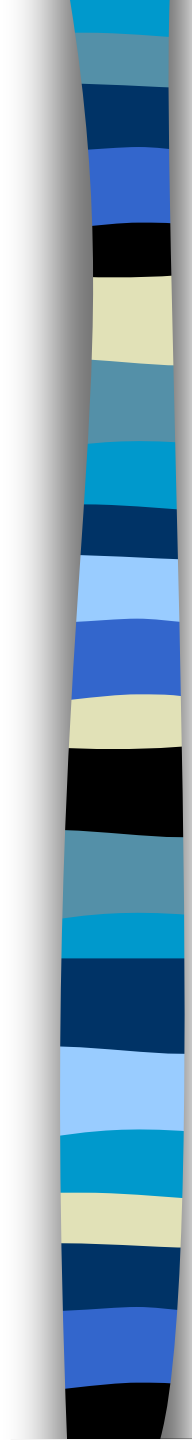
Children in New Brunswick

- Often not eating typical Mexican foods
 - Extra burden on food preparer to make different meals for different family members
 - Adults prefer Mexican diets with *sabor*
 - Children prefer more American diets
 - Women in New Brunswick usually cook once a day because of own work schedules
 - Have to adapt cooking for different family members
- Difficult for adults to monitor what children are eating
- Greater availability of “junk foods” in U.S.



Thoughts for Nutrition Education

- Oaxacans have rich ideas about what is a good diet
- Limits are not lack of knowledge
 - Major limit is economics
 - Diet linked to what people were used to eating in Mexico
 - Do not know how to use many new foods available in U.S.
- Lack of supermarkets
 - Those in city are high cost and low quality



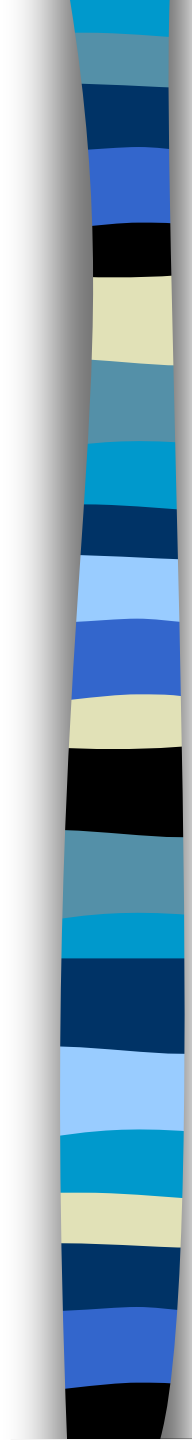
Thoughts for Nutrition Education

■ Role of schools

- In Mexico, food sold at schools often from small vendors
 - Concern about cleanliness and quality
 - Often sell snacks of high profit and low food value
- In New Brunswick, students prefer to buy lunch
 - Stigma of eating traditional foods
 - School lunch programs
 - Quality of foods a concern

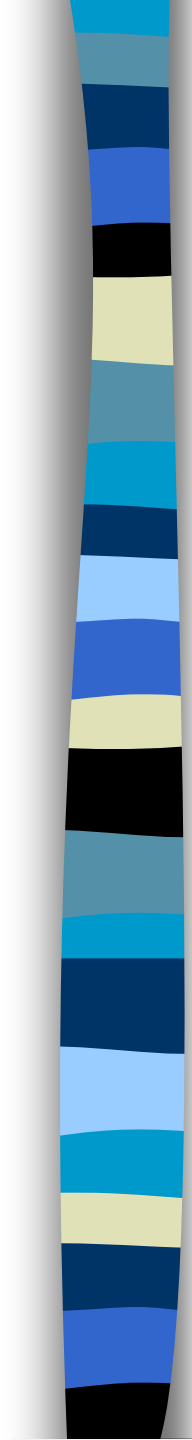
■ Build on New Jersey Fresh program – introduce new vegetables & recipes to Mexican families

- Expand community gardens in schools



Concluding Thoughts

- Build nutrition education on Mexican diets
- Emphasize freshness of foods
- Develop farmer's market/ *mercado* in New Brunswick
- Work with schools to improve school meals and also incorporate Mexican foods
- Work with families to identify strategies for having children eat Mexican diets
- Develop recipes that are easier to cook and fit with complex family schedules



Key Reference

- David L. Morgan and Richard A. Kreuger (1988) *The Focus Group Kit*. Thousand Oaks, CA: Sage. (6 vols.)
 - The Focus Group Guidebook
 - Planning Focus Groups
 - Developing Questions for Focus Groups
 - Moderating Focus Groups
 - Involving Community Members in Focus Groups
 - Analyzing and Reporting Focus Group Results