Developing Community Academic Partnerships: The Hispanic Health Council Case Study

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HHC Case Study Context, Founding Story

- **Context:**
  - 1970s, growing numbers of Latinos (mostly Puerto Ricans) in Hartford
  - Service system not developing according to cultural and other needs of Latinos
  - Development of some Latino leadership, infrastructure, focusing mostly on housing and jobs

- **Founding story**
  - Death of eight-month old Rosa Maria Rivera (1973)
  - Puerto Rican Health Committee established, including community activists, UConn faculty and students, based in other Latino community organization
  - Grant received from NIMH to study PR health beliefs and how the community accessed health care
  - Grant received from local foundation (HFPG) to fund infrastructure for new organization focusing on Hispanic health
  - HHC born in 1978
Hispanic Health Council Mission:

To improve the health and social well being of Latinos and other diverse communities

Hispanic Health Council’s Core Strategies

- Community based participatory research
- Evidence based direct services
- Training
- Policy advocacy

Hartford, Connecticut
HHC Organizational Values and Strategies

- Relationship of trust and respect with community
- Integration of core strategies (research, service, advocacy)
- Culturally tailored approach: *dignidad, respeto, confianza, familiarismo, personalismo*
- Organizational cultural competence
- Empowerment and social support core to service models
- Development and use of evidence-based best practice models
- Multi-disciplinary approach
- Standard of excellence: evaluation of all initiatives
- Strong, authentic partnerships
- Social justice perspective
HHC Early Work

- National Institute of Mental Health (NIMH) grant received to study PR health beliefs and how the community accessed health care – late 1970s
  - Findings – high rates of sterilization among women surveyed
  - Results: state law instituted requiring informed consent in language of preference
- HIV/AIDS Work – started in 1980’s
  - Pioneered community education on taboo subject
  - Conducted community assessment on attitudes toward syringe exchange (SE), used results to advocate for SE funding
  - Evaluated SE, used results to advocate for continued funding
- Hunger and Food Security Work – starting in late 1980’s
  - Conducted Hartford Community Childhood Hunger Identification Project, part of national study, first to document “hunger”
  - Results released at press conference and policy report used for advocacy, education
  - Resulted in one of first Food Policy Advisory Commissions to Mayor’s Office and City Council – still exists
  - Continued hunger/food security work at HHC
Partnerships

NIH EXPORT Connecticut Center for Eliminating Health Disparities Among Latinos (CEHDL)
**Context:** Mid-1990s, establishment of Food Stamp Nutrition Education partnership between HHC and UConn/Dr. RPE, starting with assessment
Main Findings

- Suboptimal infant feeding practices
- Very low intake of fresh fruits and vegetables
- Frequent TV viewing
- One out of every six preschoolers were obese
- Very high levels of food insecurity

▶ One out of every five preschoolers experienced episodic hunger
- School system not equipped to provide nutrition education
Hispanic FNP

Formative Evaluation

Marketing Campaigns

Breastfeeding Promotion

Research & Evaluation

Culturally Competent Nutrition Education Materials

PANA Nutrition Education Program

Shared Planning

Authentic Research Partnerships/HHC Case Study

Hispanic Health Council
Authentic Research Partnerships/HHC Case Study

CHW Models: An Evidence Based Peer Counseling Intervention – Breastfeeding: Heritage and Pride
CHW Models: Breastfeeding: Heritage and Pride Peer Counseling Program

Formative/Assessment Research
- Mid-1980’s: qualitative interviews
- Early 1990’s: focus groups
- Mid-1990’s: Community Nutrition Assessment; KAB Study (HHC-UConn)
- 2000: Formative Research: Social Marketing Campaign (HHC-UConn)

Main research findings
- Misinformation and lack of information
- Lack of role models and support figures
- Shame and embarrassment regarding breastfeeding

Program Goal:
- To increase the rates of breastfeeding initiation and duration of breastfeeding among low-income women who give birth at Hartford Hospital

Client services:
- Prenatal and post partum, home, clinic and hospital visits – including post partum hospital rounds
- Telephone outreach and support
- Pump lending
CHW Models: Breastfeeding: Heritage and Pride Peer Counseling Program

Evaluation

- Randomized Controlled Trial (HHC-UConn-Hartford Hospital)
- Funded by Centers for Disease Control and Prevention through the Association of Teachers of Preventive Medicine, CT Family Nutrition Program, and Hartford Hospital
- Objective: to assess the effectiveness of an existing breastfeeding peer counseling program serving a predominantly low-income Latina population in Hartford, CT

Conclusions:

- Effective – significant differences in initiation and duration
- Cost-effective
  - healthier children
  - savings to society

Recommendation:

- Expansion of peer counseling efforts
CHW Models: Breastfeeding: Heritage and Pride Peer Counseling Program,

Results:

- Continued breastfeeding peer counseling and related research
- Research influences decision of federal government to fund peer counseling in every state through the WIC Program, HHC one recipient of those funds in CT
- Press conference at HHC disseminated results locally
- Program expanded and replicated

Publications

CEHDL at HHC: Annual Community Forums/Community Dialogues on Health

Engaging community members, documenting community voices, disseminating information
1) Gain an understanding of community perspectives on the social determinants of maternal health – specifically, the social determinants of stress - and their impact on maternal health

2) Involve community members in efforts to achieve system change towards addressing these social determinants through facilitated dialogue between community members and community leaders

The primary objective of the focus groups was to document community experiences and perspectives regarding:

1) Stress, including stress caused by discrimination based on race (racism);
2) The impact of stress on Puerto Rican women of reproductive age, their families, and/or their communities;
3) Stressors that affect pregnancy outcomes.
FOOD INSECURITY AS A SOCIAL DETERMINANT OF STRESS

Participants articulated the following experiences/ perspectives:

Running out of food
- Food is insufficient to meet the nutritional needs of the family
- Families have difficulty securing adequate and meeting the competing basic needs including rent, transportation, health care, child care, school supplies, etc.
- WIC does not provide enough to feed the family for the entire month.
- SNAP (food stamps) does not provide enough to feed the family for the entire month.

Limited access to healthy foods
- Participants often need to rely on unhealthy, “fast” food.
- The cost of healthy food is significant, so families often resort to lower-cost, less healthy options.
Community Forum Latino Women’s Health - 2009

Community Forum – Stress Relaxation

Community Forum – Screenings
Community Dialogue Objectives

The primary objectives of the community dialogue were to document:

- Community members’ expression of their perceptions of needed solutions to stress and maternal health problems,
- Dialogue respondents/community leaders’ commitments to working for systemic change to achieve these needed solutions articulated by dialogue participants,
- Actions taken by dialogue respondents/community leaders to attain systemic change through continued engagement with community members.
Methods

- A facilitated dialogue was conducted among 40 community members, stakeholders and community members.
  - Hispanic Health Council (HHC) facilities in Hartford, CT
  - Participants 18 years or older
  - Duration 1.5 hours
  - Conducted in Spanish, with English translation as needed
  - Focused on two of social determinants of stress: problems with the school system/education and food insecurity.

- Community leaders and stakeholders listened to the needed solutions as expressed by community members, and made a commitment work for systemic change to achieve the solutions.

- Facilitators of the dialogue (HHC) made a commitment to follow up with community leaders to document the actions they take to fulfill the commitments made to work for system change.
Community Forum on Latino Women’s Health - 2009

Community members articulate needed solutions to stressors identified in focus groups
Community leaders commit to working to achieve solutions identified by community members.
Participants articulated clearly the nature of the problems they experience.

Participants have clear ideas of the general solutions needed to resolve the problems they discussed.

Participants don’t have experience with the specific processes involved in advocating for change.

Next steps:

• Continue community-based training/empowerment process

• Take CBPR/Dialogue process to a new level for system change in neighborhoods related to social determinants of health
Food insecurity documented numerous times among Latinos in Hartford

- Community Childhood Hunger Identification Project (HHC, 1990)
- Knowledge, Attitudes and Behavior study (HHC, UCONN, 1995)
- Community Nutritional Problems Among Latino Children in Hartford, CT (HHC, UCONN, 1997)
- Diabetes Among Latinas in Hartford (DIPAL) (HHC, UCONN, 2004)
- PRENAT (HHC, UCONN, 2009)
- DIALBEST (HHC, UCONN, HH, 2010)
In 2009, CEHDL conducted a series of community focus groups with low-income Puerto Rican women in Connecticut.

The purpose of the focus groups was to document the social determinants of stress.

The result showed that participants identified food insecurity (including running out of food and limited access to healthy food) as a stressor that impacts maternal health.

Focus groups were followed by a community dialogue on social determinants of maternal health.

Community members were presented with stressors identified during focus groups and asked for solutions.

Community leaders responded by committing work towards achieving the solutions.

Results from the dialogue included the following solutions to food insecurity recommended by community members:

- Establish a community garden
- Create a mechanism to maximize the benefits of social services including WIC and SNAP
Formative Research on Barriers and Solutions to Fruit and Vegetable Access in Hartford's South End
Following the community focus groups and dialogue:

• A multi-disciplinary team of CEHDL's Community Core conducted a rigorous formative research process to:
  – Develop an innovative, feasible and sustainable method of increasing access to fruits and vegetables in Hartford's south end
  – Address food insecurity

• The formative process included:
  – A series of brainstorming sessions among team leaders
  – A series of focus groups and individual conversations with HHC staff who live in Hartford's south end
  – A series of focus groups and individual conversations with community members
  – A literature search for solutions similar to that suggested by community members, contact with several similar projects
  – Conversations with key leaders in the area of food security from a variety of government and private organizations at the city and state levels
  – Field research to determine locations where increased access to fruits and vegetables are most needed

Next steps:
• Seek funding to test model for solution identified by community members
Key Factor to this Successful Partnership

Shared involvement in all steps of research process, from planning to implementation to dissemination and community impact