

## **Community-Based Participatory Approaches in Health with a Latino Community**

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### **Abstract**

A goal of Healthy People 2020 is to: “Achieve health equity, eliminate disparities, and improve the health of all groups” (About Healthy People 2020). Health disparities are especially common across ethnic and/or racial minority populations. The Latino and/or Hispanic population faces several health care problems, as well as obstacles in the health care system and with respect to determinants of health. Some obstacles include: communication barriers, lack of culturally competent health care providers, less access to health care information and health insurance, etc.

The focus of this project was to work with the Spanish-speaking community of St. Eugene Catholic Church to help improve their health knowledge, attitudes, and practices. Utilizing a community participatory approach, approximately 17 adults and their families participated in a health event to identify health topics of interest and importance to the community. The main health concerns identified by the community members included nutrition, physical activity, and stress. From this information, a series of related workshops were implemented to address the community’s needs through a fun, interactive approach that involved the whole family. The goal was for community members to gain health knowledge to help them make more informed choices to improve their quality of health. Community members enjoyed the sessions and feedback suggests that they intended to improve their health behaviors after participation. This project demonstrates how a community participatory approach can help facilitate interest and engagement in improving health among Latino/Hispanic populations.

**Keywords: Immigrant, Latino, Church-based health promotion**

## Origins of the Project

Students in the Health & Wellness (HW) Department expressed an interest in initiating a community-based participatory research (CBPR) project, which is a collaborative approach between researchers and the community in addressing the community's health needs (Minkler & Wallerstein, 2008), in the local Spanish-speaking community. During the first meeting of students with Ameena Batada, professor from the HW Department, and Ellen Bailey from the Foreign Languages department, most agreed that a church community would be a good place to start. The group selected the Latino community at St. Eugene Catholic Church since there was already a community partnership through myself, as a church member, and Professor Bailey, who had previously done a health needs assessment project with the participation of some of the church members. St. Eugene church is also accessibly located near campus. I arranged a meeting with Father Pat, priest of St. Eugene, in January to obtain permission to begin the process of CBPR with the Latino community and to explain what the group's intentions were. After Father Pat gave permission, the group met with active members from St. Eugene to discuss possible health interventions.

The church members included Bruce Cahoon, coordinator of the adult ESL program at St. Eugene, and Marta Alcala-Williams, part of the Pastoral Council of St. Eugene, the Latino Advocacy Committee and previously involved with the health intervention program with Professor Bailey. Family health was a concern brought up during the meeting. I discussed with Dr. Batada the idea of implementing family workshops and began developing a series of workshops that address the needs or concerns of the community using an interactive community-based approach. The workshops took place at St. Eugene after mass in the church social hall, which made it accessible and convenient for the community.

There has been a considerable increase in the Latino population over the past decade, with a corresponding need to address health disparities for this community. The Latino population is a fast growing minority group in North Carolina. There has been an increase from 4.7% in 2000 to 8.4% in 2010 within North Carolina. The Latino population has more than doubled from 2.8% in 2000 to 6.0% in 2010 for Buncombe County (U.S. Census Bureau). An overarching goal determined by Healthy People 2020 is to "achieve health equity, eliminate disparities, and improve the health of all groups" (About Healthy People 2020). The Buncombe County Department of Health and Health Partners similarly identified in the 2010 Community Health Assessment the need to focus on ethnic, racial, income and other disparities in addressing health priorities (Buncombe County Department of Health, 2010).

The Latino Health Promotion Partnership (LHPP) conducted a health needs assessment and gap analysis to address the health promotion needs of Latino families and youth in Buncombe County (2008). The LHPP report also identified determinants that contribute to health disparities in the Latino community. The LHPP administered surveys to local Latino programs and service providers, physicians, interpreters, and individual Latino community members. The report's finding focus on the following themes: support in staying healthy, nutrition, physical activity, emotional support and mental health, parenting, language, and more. (Summary Report: LHPP, 2008, p. 5). Community members identified nutrition/weight as a needed service for children and that some were unable to access. Adults also identified nutrition/weight management information as a service needed for themselves. Exercise/physical activity is another needed service adults

mentioned for their children (Summary Report: LHHP, 2008). Service providers recognized language barrier, cultural factors, and access to services, including transportation, as a challenge for the Latino community. Community members acknowledged these same challenges as well as not knowing how to access services, what services exist, scheduling an appointment and legal status as barriers in accessing health promotion services (Summary Report: LHHP, 2008, p. 17-18).

The Latino Community at St. Eugene had similar health needs identified in the LHHP needs assessment. Nutrition and physical activity are important health services the Latino community continues to need for their children and themselves. Being Latina and bilingual, I was able to provide health information that took into consideration Latino/Hispanic cultural factors and did not encounter language barriers during the workshops. This does not mean that service providers have to be Latino. I believe that being from the same ethnic background as the community is convenient since there is already an understanding of each other's culture in providing services. Yet, service providers from different racial or ethnic groups are also capable of providing great health services as long as they are culturally competent in addressing the community's health needs.

## **Methods and Work Undertaken**

The initial plan for the project consisted of organizing a meeting with the parishioners of St. Eugene on Sunday, February 26<sup>th</sup> in order to find out the health needs or concerns of the community. The following few weeks would have included advertising the community selected topics as part of a series of workshops in March. The work began after Spring Break, on Sunday's, March 18<sup>th</sup> through April 1<sup>st</sup>. Things did not necessarily go as initially planned, but the project did turn out well in the end.

Prior to the first meeting I spoke with Bruce Cahoon to ensure that it would be okay for ESL students to participate in the workshops, since they both took place at the same time. Church bulletin announcement inserts (flyers) were created to advertise the event as well as the workshops that would be taking place in March. The bulletin inserts were placed in visible areas in main locations of the church prior to the first meeting and were distributed the same date. Since the topics had not yet been selected at that time, the flyers included general information letting the community know about the health workshops in March and reasons why their participation was important. I created a meeting outline and sign-up sheets in preparation for the first meeting. Also, all workshops were to be held in Spanish.

I made an announcement after the Spanish mass for people to participate in the meeting in which they would be able to express any health concerns or needs. After mass I made myself available for any questions people had and I distributed some of the announcements inserts. The UNC Asheville group was present to assist with the discussion. Since I noticed that church members were not meeting in the social hall, I decided to be proactive and approached people in the hall to ask if they had any health concerns or needs. I spoke with a few people and explained why their feedback and opinions are important and the intention in trying to address their health needs. A couple of adults willingly responded and talked about health issues that concerned them, which included diabetes and childhood obesity. Afterwards, I spoke with Bruce's adult ESL class of 3 students (2 males, 1 female) to get more information on health topics that would help the

community. There are more ESL classes, but I only spoke with this one class. The UNC Asheville group was confused because we believed that we would be speaking with all the ESL classes together in the social hall. However, Bruce thought that the UNC Asheville students would be going to each class to speak with the community members. This incident happened since I did not communicate well between Bruce and the UNC Asheville group. Despite the helpful feedback received from the ESL students, the group needed more participants in the health assessment to have a more accurate representation of the needs of the entire community.

Because the first meeting did not include many participants, seven participants in the first meeting in a Latino community of approximately 200 people, another form of having people from the community participate was designed. Spring Break started the following weekend, March 3<sup>rd</sup> until 10<sup>th</sup>, so on March 11<sup>th</sup> the “Health Festival” was announced. The “Health Festival” would take place Sunday, March 18<sup>th</sup> after mass. The announcement gave people an advance notification of the event taking place. An announcement about the health event was made again the same day of the event, March 18<sup>th</sup>, and also that the health workshops would begin the following Sunday.

The “Health Festival” was a different method of trying to get feedback from the community in order to meet their health needs or concerns. To encourage participation during the event, there was health information available for adults, including brochures on various topics, activities for the children such as fruit and vegetable coloring sheets and hula-hoops, healthy snacks and a raffle for a \$25 gift card to Ingles (as an incentive). The time frame for the event was about 30 minutes. We created an opportunity for participants to interactively participate. Attendees received a raffle ticket after placing three bean tokens into a bucket of 5 main health topics. The number of bean tokens for each health topic were: nutrition (20), physical activity (13), illness or disease (8) (medical conditions), mental health (7), and other needs or concerns (3) (which they were asked to clarify by anonymously writing their specific concern on a paper and placing in the bucket). At this event approximately 17 adults participated. As I managed this activity, I was unable to ask each person what specifically interested them about each topic. For this reason, after the raffle took place, another Spanish-speaking UNC Asheville student and I spoke with groups of people who stayed afterwards to ask them if they have any particular areas of interest in each health topic.

Nutrition is a main topic of concern people mentioned, but additional information was helpful in planning the workshops since nutrition is a broad health topic. Feedback included child nutrition and childhood obesity, food quality over quantity, and how to eat healthier. When asking people to specify areas of interest in each topic, making suggestions may be necessary to help narrow the topic. The topic of stress was mentioned in the first meeting and when asked during the health festival people agreed that it would be a helpful topic. Gratitude was expressed to everyone who attended and for participating in the event.

The first workshop was held Sunday, March 25<sup>th</sup> on the topic of stress. The stress workshop was announced to the community the day of the event along with the nutrition class that would occur the following Sunday. The event included physical activity for the children (items were borrowed from Dr. Himelein’s G.I.F.T. program), healthy snacks and a raffle for free prizes. The workshop included discussions on what stress is, the effects of stress, symptoms of stress. Interactive stress management techniques such as breathing techniques, making stress balls, and hula-hoops as a form of exercise are activities that were included. Ten adults and their children attended this event and some activities involved parents and their children participating together.

At the end of the event people filled out a brief workshop evaluation form, prizes were given, additional stress information was handed-out, and all forms such as a sign-in sheet and photo release forms were completed.

The following workshop happened on Sunday, April 1<sup>st</sup>. The topic was on nutrition using “My Plate” and recommended portions of the food groups. “My Plate” is a food guide illustration by the U.S. Department of Agriculture focusing on the following 5 major food groups: fruits, vegetables, grains, dairy and protein. A pre- and post-tests were created to assess parent’s knowledge on the major food groups and portions. The group discussed challenges in eating healthier along with eating habits, changes they could make at home to eat healthier, as well as daily recommended portions of each food group. Data on chronic illnesses such as Type 2 diabetes and obesity was presented relative to nutrition. Parents also created their own version of “My Plate” using cut-out images from magazines. This allowed people to create their own example of a healthy plate to take home. A suggestion for improving this activity is having Latino/Hispanic magazines with Hispanic cultural foods, which may have made the activity more relevant and meaningful for the participants. This workshop provided activities for the children, snacks, and prizes. Additional information on nutrition and daily food group tracker forms, which is a chart I created to help families record how many portions of each food group they consume, were given to parents and photo-release forms were signed.

During the workshops I received help from the following St. Eugene community members: Father Pat, Luz Maldonado, Marta Alcala-Williams and Bruce Cahoon, as well as UNC Asheville students who supervised the children activities and helped with other tasks. Professors Ameena Batada, Ellen Bailey, Melissa Himelein and Campus Recreation were also great resources and contributors in implementing the lesson plans for the health workshops. Other resources to consider if implementing a similar health program would be the Spanish professors of UNC Asheville (who also have helpful connections in the community), the YWCA, and the Family Resource Center at Emma which provides services to the Latino community.

## **Ties to Academia**

According to Minkler and Wallerstein, approaches that are community-partnered are increasing in the research field to address complicated health issues and health disparities (2008, p. 5). Community-based participatory research (CBPR) is especially gaining support in the health research field. Minkler and Wallerstein quote the W.K. Kellogg Foundation’s Community Health Scholars Program, who defined CBPR as:

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 and eliminate health disparities (2001).

Through a community participatory approach, health professionals are able to work with the community in close relation to respond to their particular health problems and together find possible solutions that will engage members into making healthier choices. Minkler and Wallerstein go on to state that: “The fight against disparities can only be won only if the most oppressed communities can be fully engaged as partners in exploring and in taking action to

address the health and social problems about which they- not experts as outsiders- care most deeply” (2008, p. 12).

Health disparities are especially prevalent in racial/ethnic populations. Latino populations commonly face many challenges in health. Factors such as language and cultural barriers, lack of insurance, poverty, and discrimination contribute to the health disparities within the population (Hispanics/Latinos: Health Disparities Overview, 2003). In working with Latino populations, or other racial/ethnic groups, it is important to take into consideration cultural factors in designing and implementing health programs. By utilizing a participatory method of identifying the health needs or concerns of the community, effective intervention plans can be implemented to produce positive health outcomes. Examples are provided by Stacciarini in “A review of community-based participatory research: A promising approach to address depression among Latinos?” (2009). The researcher offers a review of theoretical evidence for validating the use of CBPR in addressing the issue of depression in the Latino population. Stacciarini includes that CBPR has shown to foster effective community health intervention programs in cancer (Mosavel, Simon, van Stade, & Buchbinder, 2005; Scarinci, Garcés-Palacio, & Partridge, 2007), HIV prevention (Rhodes et al., 2006), diabetes, and cardiovascular diseases (Boltri et al., 2006; Cartwright et al., 2006; Norris et al., 2006) (2009).

I attempted to present information that was culturally relevant for greater involvement of participants in the health workshops. A culturally competent program respects and encourages participation from community members (Castro, Cota, & Vega, 1999, p. 138). Also, having well-known members from the community as active participants in the early parts of programming, such as planning or designing, is needed to understand what some community health needs may be. A community member can be helpful in creating implementation plans based on their familiarity with the community (Castro, et al., 1999, p. 138).

Health promotion in the Latino/Hispanic population is needed since there is lack of a usual health care provider for treating illness or providing health advice. In the U.S. over one-fourth of Hispanic adults do not have a usual health care provider (Livingston, et al., 2008, p. 4). According to a research report by the Pew Hispanic Center and Robert Wood Johnson Foundation, 41% of Hispanic respondents said the main reason for the lack of a usual provider is because they are rarely sick (Livingston, et al., 2008, p. 5). I believe that this can be detrimental since they are not concerning themselves about their health until they realize they have symptoms of an illness or are at a later possibly harmful stage in treating the disease. This is indication of increased preventative health education in Spanish-speaking communities.

Following a CBPR approach for this project, Latino’s from St. Eugene were encouraged to actively participate in selecting health topics that met their needs or concerns. Based on their selected topics, workshops were created for the participants to gain health knowledge and make more informed choices that would enhance their quality of health. Fortunately, a community member eagerly participated in the initial process of identifying the community needs. The community member also assisted during the first events and she made herself available to help with any necessary tasks. She was a key contributor in reaching out to the community especially since she was someone most people seemed to know and trust.

Research has shown how a community participatory approach has significant contribution in health outreach, especially in trying to reduce health disparities in racial/ethnics groups (Minkler & Wallerstein, 2008, 11). By having members of the community actively engaged in health

programs that are culturally relevant there can be better outcomes in improving people's health (Castro, et al., 1999, p. 138). This is a lesson I also learned from a previous Health & Wellness course when working with minority populations. By having interactive activities or games, the community members are engaged and enjoy the activity even more. The community member's participation in the activities makes the health topic more significant in the learning process.

## **Challenges Faced and Responses**

A challenge encountered during the project was time. More time would have allowed for better assessment of the community needs and in advertising the health program. When planning workshops it was necessary to be aware of school breaks and religious holidays. The last workshop was to occur on Palm Sunday, so I spoke with Father Pat in advance to make sure the workshop would not interfere with church activities. I also realized after the first workshop that I needed to follow my time frame planned for each activity. For example, the first workshop on stress was planned to last one hour, but it actually went on for almost two hours. Fortunately the participants were actively engaged in each of the activities and all 10 participants stayed the entire time. I tried to be more considerate during the following workshop on nutrition, which was planned for 45 minutes, but took slightly over an hour.

A recommendation for each workshop is to have about three people to help manage each workshop. Managing a workshop with little assistance may be challenging, so one may need to make plan modifications including last minute changes. For instance, the last workshop on nutrition was going to include participants making their own "veggie burrito," but because of uncertainty on how many people to anticipate and of having enough preparation time for the food (since it was going to be only one person preparing), the activity was modified and fruits were provided as snacks. Nonetheless, having workshops with two people managing does work out, but being able to multi-task is necessary when coordinating the activities.

In addition, it is necessary to consider time conflict of the workshops for the adult ESL students. The ESL classes are held after mass from 2:45pm-4:45pm. Since the workshops were also after mass some of the ESL participants who would have liked to participate were unable. At the same time, ESL students who participated in the workshops missed their class. This conflict had been anticipated since I was aware of the ESL class' schedule and for this reason I had spoken previously with Bruce to discuss the situation. He understood the time conflict and at the same time acknowledged that as adults people make their own choices.

In trying to assess the health needs and concerns of the community, it was necessary to approach the community members in a respectful and kind manner to ask if they would be willing to participate and invite them to each workshop. Initially I was uncertain of how many people to anticipate for each workshop. After the workshops ended, six to ten adults and approximately eight children attended each workshop. Being flexible with the activities planned and being prepared with enough material are necessary things to consider for each workshop. Overall, the community members are friendly, very sociable and receptive of the health information provided. Parents were willing to engage in learning information that will help them enrich their family's quality of health.

## **Results**

In order to evaluate the effectiveness of the workshops in improving the health status of participants, I created and used anonymous evaluation forms to receive their feedback. Some of the questions on the evaluation included: Was the topic helpful in improving your health status? Was the information easy to understand/was it presented at an adequate level? Do you think you will use the information learned in life or at home? The possible responses included: Yes; No; maybe/somewhat; additional comments. According to the evaluations, everyone found the workshops to be helpful. Only eight of ten participants (6 females, 4 males) filled-out a survey during the stress workshop, which may be due to couples filling-out a survey together; all six participants (5 females, 1 male) in the nutrition workshop filled-out an evaluation. Based on the stress workshop evaluation, all eight reported that they would use the information learned. Of the six participants in the nutrition workshop, four said they would utilize the health information at home; one said yes and added "I will try"; and one other person responded with maybe.

Based on the discussion during the nutrition workshop, women are willing to make adjustments in their eating habits and adopt healthier ways. The obstacle mentioned in changing their eating habits is that they do not know how to make healthy foods that their children would eat and that are quick and easy to make. The women are aware of the unhealthy habits their children have and commented that it is difficult changing their eating habits. Changing eating habits is a major challenge for many in the community. For this reason the group was asked to think of ways in which they could begin to make minor yet healthier changes. Together they shared possible ideas and suggestions for eating healthier.

From observations made during the workshops, people were laughing, enjoying their time with one another as well as with their children. An activity that includes parents and children interacting together should be included in each workshop. I make this suggestion because this type of interaction happened in the stress workshop and not in the nutrition workshop, and I noticed the positive effect of family interaction. Family time together in the activities created a fun engaging environment which hopefully made the event more worthwhile. Family bonding that happened during the activities seemed to make the event valuable for the family and also for everyone else enjoying the company of their fellow community members.

## **Sustainability**

The series of health workshops can continue to be implemented by students of the Health & Wellness department. Students who are interested in and would enjoy working with the Spanish-speaking community are encouraged to continue the health program, especially if they are bilingual. The product I created for the project includes workshop lesson plans, flyers for advertising events, and other informational resources that may be used in a similar project. Professor Batada and Professor Bailey have been attentive throughout the project's process and have given constructive advice.



## Conclusion

Implications of the project have led to the St. Eugene community recognizing who I am and even gaining trust. Someone has suggested that I be on the Pastoral Council of the church to contribute what I know from working with the Latino community. Another person has approached me wanting to know more information about attending UNC Asheville. My presence has become more prominent at the church, which I believe is something positive. Hopefully I may be a helpful resource for the community and be able to assist them even after the completion of this project.

As a Health and Wellness Promotion student, this project has been an important experience in my field of study. The project has allowed me to better understand the importance of community participatory approaches in helping people make healthier lifestyle choices. Particularly in addressing health disparities, it is important to have the community involved in the process of implementing health programs. Community feedback and attitude help improve the effectiveness of health programs and increase the possibility of taking action in improving their health.

## References

- Arias, D., Bailey, E., Gonzalez, A., Lanou, A., & Rodriguez, A. (2008). Summary Report: Latino Health Promotion Partnership needs assessment and gap analysis. Retrieved April 14, 2012, from [http://healthpartnerswnc.org/files/LatinoHealthPromotionP\\_Summary\\_Report.pdf](http://healthpartnerswnc.org/files/LatinoHealthPromotionP_Summary_Report.pdf)
- Buncombe County Department of Health. (December 2010). *2010 Buncombe County Community Health Assessment*. Retrieved April 13, 2012, from <http://www.buncombecounty.org/common/health/cha/cha2010.pdf>
- Castro, F. G., Cota, M., & Vega, S.C. (1999). Health promotion in Latino populations. In Robert M. Huff & Michael V. Kline (Eds.), *Promoting health in multicultural populations* (137-168). Thousand Oaks, CA: Sage Publications, Inc.
- Management Sciences for Health. (2003). *Hispanics/Latinos: Health disparities overview*. Retrieved April 13, 2012, from [http://erc.msh.org/provider/informatic/HL\\_Disparities\\_Overview.pdf](http://erc.msh.org/provider/informatic/HL_Disparities_Overview.pdf)
- Minkler, M., & Wallerstein, N. (Eds.). (2008). *Community-based participatory research for health: From process to outcomes* (2<sup>nd</sup> ed.). San Francisco, CA: Jossey-Bass.
- Livingston, G., Minushkin, S., & Cohn, D. (2008). Hispanics and health care in the United States: Access, information and knowledge. *Pew Hispanic Center and Robert Wood Johnson Foundation Research Report*. Retrieved April 13, 2012, from <http://www.pewhispanic.org/files/reports/91.pdf>
- Stacciarini, J. R. (2009). A review of community-based participatory research: A promising approach to address depression among Latinos?. *Issues In Mental Health Nursing*, 30(12), 751-757. doi: 10.3109/01612840903177456.

- U. S. Bureau of the Census. (2012). 2010 U. S. Census Bureau. State and County quickfacts: Buncombe County, North Carolina. Retrieved April 13, 2012, from <http://quickfacts.census.gov/qfd/states/37/37021.html>
- U.S. Bureau of the Census. U.S. Bureau of the Census, Census 2000: Buncombe County, North Carolina. Retrieved April 13, 2012, from <http://censtats.census.gov/data/NC/05037021.pdf>
- U.S. Bureau of the Census. U.S. Bureau of the Census, Census 2000: North Carolina. Retrieved April 13, 2012, from <http://censtats.census.gov/data/NC/04037.pdf>
- U.S. Department of Health and Human Services. About health people. (2012). Retrieved April 13, 2012, from <http://www.healthypeople.gov/2020/about/default.aspx>