

# TOWARDS THE SUCCESSFUL USE OF LOCAL PARTNERSHIPS TO REDUCE HEALTH DISPARITY: LESSONS LEARNED FROM A PRELIMINARY EVALUATION OF RURAL HISPANIC HEALTH ADVISORY COMMITTEES

Sergio Cristancho, PhD, Karen Peters, DrPH, Marcela Garcés, MD, MSPH, Ben Mueller, MS  
University of Illinois College of Medicine at Rockford

## ABSTRACT

The success of community-based participatory research approaches to reduce health disparities largely depends upon the successful formation and sustainability of community partnerships. However, little is known regarding the factors that contribute to, or lessen these partnerships' ability to work more effectively. Project EXPORT Center of Excellence in Rural Health formed 10 local partnerships in rural communities of Illinois between 2003 and 2006 with the objective of investigating Hispanic health disparity issues. Using a Community Based Participatory Action Research approach (CBPAR), partnerships have been actively involved in community assessments of health needs, implementation of mini projects to address those needs, and evaluation of numerous components of the process. Results from a structure-process-outcomes evaluation of eight EXPORT-formed local Hispanic Health Advisory Committees (HHACs) are presented using survey data that was collected from active HHAC members six months after they started the mini projects implementation. Evaluation results suggest that HHACs have a good representation of academic and public health sectors but could benefit from increased participation of Safety Net Providers and Hispanic community members, among others. There were high levels of satisfaction among participants related to decision-making, communication, technical assistance and, to a lesser extent, financial resources. Partnership members perceived positive impacts of their work with regard to awareness building and the development of culturally appropriate communication and health promotion strategies for Hispanic community residents. Associations between specific structural/process indicators and successful outcomes are discussed highlighting ideal partnerships' characteristics to effectively address health disparity in rural areas of the Midwest.

## BACKGROUND

### Hispanic Health Disparities

- The reduction of health disparities is one of two major public health goals in the U.S. for this decade (Healthy People 2010)
- Although disparities are currently better identified and have decreased in some areas they still exist both in the access to, and in the quality of healthcare (AHRQ, 2006)
- There is insufficient data about rural Hispanic health in Illinois
- Project EXPORT at the University of Illinois College of Medicine at Rockford conducted a community health needs assessment in some rural communities in Illinois between 2004-2006
- Survey results suggest that major health concerns for rural Illinois Hispanics are Oral Health, Diabetes, Cardiovascular Disease, Arthritis, Mental Health, and associated risk factors
- Major barriers to access healthcare included language differences, low insurance coverage, and high costs of services

### Partnership Model

- The successful reduction of health disparities largely depends upon the successful formation and sustainability of community partnerships aimed at improving access to healthcare
- However, little is known regarding the factors that contribute to, or lessen these partnerships' ability to work more effectively
- Project EXPORT formed 10 local partnerships in various communities of Illinois between 2003 and 2006 with the objective of investigating the usefulness of using participatory approaches to address Hispanic health disparity issues
- The generic name used for these partnerships is Hispanic Health Advisory Committees (HHACs)

### Community Based Participatory Action Research (CBPAR)

- Blend of Participatory Action Research (Fals-Borda, 1979, 1987) and Community Based Participatory Research (Israel et al., 2003)
- Partnerships are actively involved throughout all CBPAR phases (See spiral figure)
- Evaluation of HHACs is the first and one of the most crucial components of the CBPAR evaluation phase



## PURPOSE

- This evaluation was intended to assist HHACs and Project EXPORT to determine:
  - HHAC's membership profile
  - Lessons learned and suggestions to improve the partnerships' work
  - HHAC's short and long-term plans
  - Perceived community impact
- Recommendations for EXPORT or other external partners to best support the HHAC's work

### Evaluation Methods

- Cross-sectional descriptive design

### Participants

- HHAC members who regularly attended the committees' meetings were identified with the assistance of local HHAC Coordinators
- Participation was voluntary
- No economic incentives or rewards were offered to participants

### Instrument

- Evaluation survey was developed in partnership among Project EXPORT evaluation experts, community outreach advisory committee, and HHAC members
- Structure-Process-Outcomes framework (Donabedian, 1980)
- Final version consisted of 35-items
- Paper-based and self-administered in English or Spanish, depending on each respondent's language preference
- Approved by the IRB at the University of Illinois College of Medicine at Rockford

### Procedure

- Survey data collection took place after the committee started the mini grant implementation
- Surveys were distributed by mail or through regular HHAC meetings with detailed instructions in a cover letter
- Completed surveys were mailed back to EXPORT for data analysis
- Only combined results from the various communities are presented. Individual community reports were also made available to each HHAC
- Numeric data was analyzed descriptively and responses to open-ended questions were content-analyzed using a grounded approach (Glasser & Strauss, 1967; Glasser & Corbin, 1990)

## RESULTS (N=76)

Combined response rate was 66.09%

Community	Members	Responses	Response Rate
Beardstown	5	4	80.0
Belvidere	11	6	54.5
Carbondale/Cobden	11	3	27.2
Danville	9	5	55.5
DeKalb/Sycamore	18	17	94.4
Effingham	12	11	91.6
Galesburg	8	4	50.0
Monmouth	15	14	93.3
Rochelle	7	3	42.8
Rockford	19	9	47.3
<b>TOTAL</b>	<b>115</b>	<b>76</b>	<b>66.1</b>

### Partnership Profile

- Average length of involvement in the partnerships ranged from 7.7 (Rockford) to 40.2 months (Danville). See Figure 1.
- Most respondents were representing an agency or organization (75%), and a few were representing themselves (9.2%) or both (15.8%)
- The majority of partnerships were coordinated by a UI Extension county director (7 of 10)

Figure 1. Average length of involvement by partnership

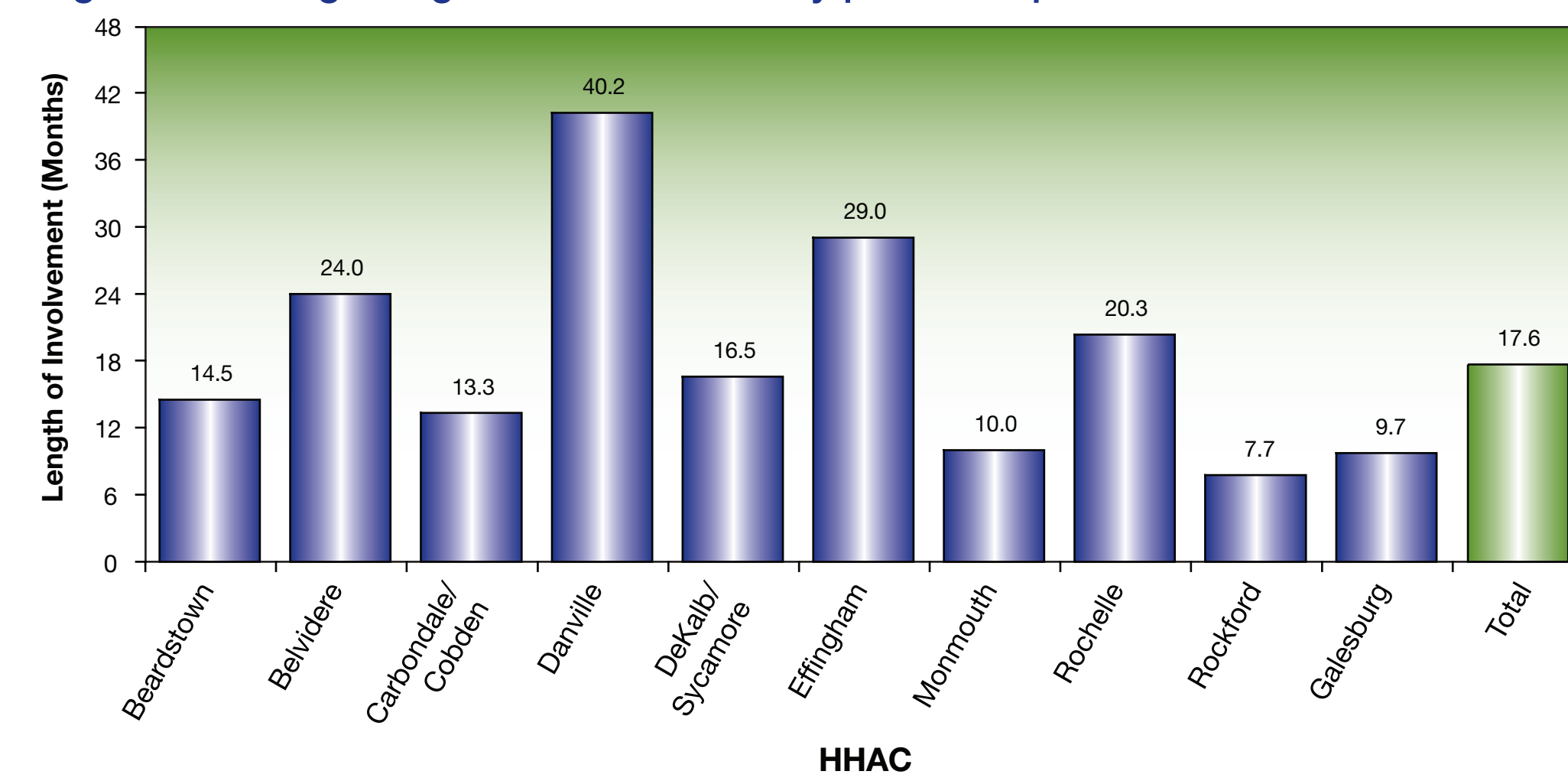


Figure 2. Types of organizations represented in the partnerships

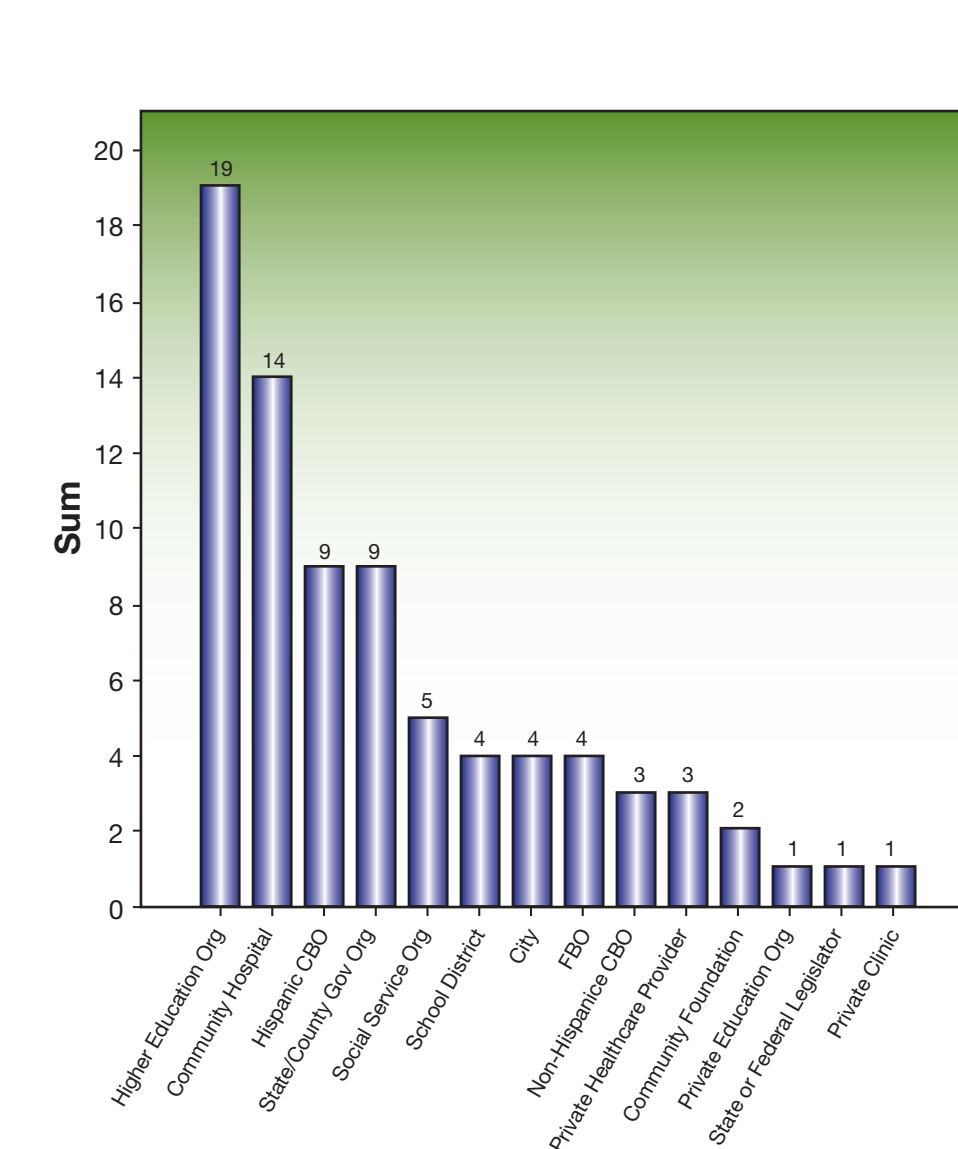
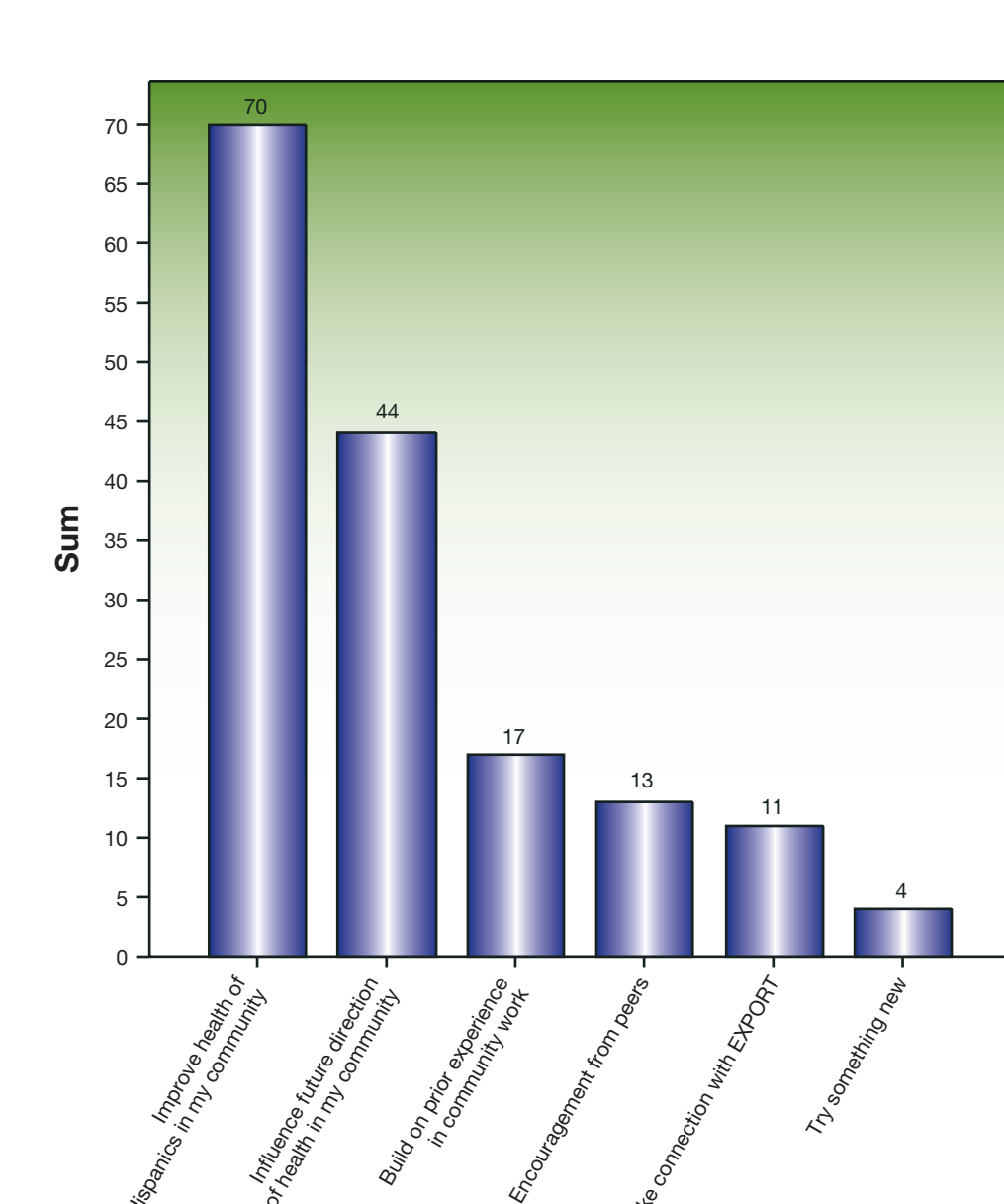
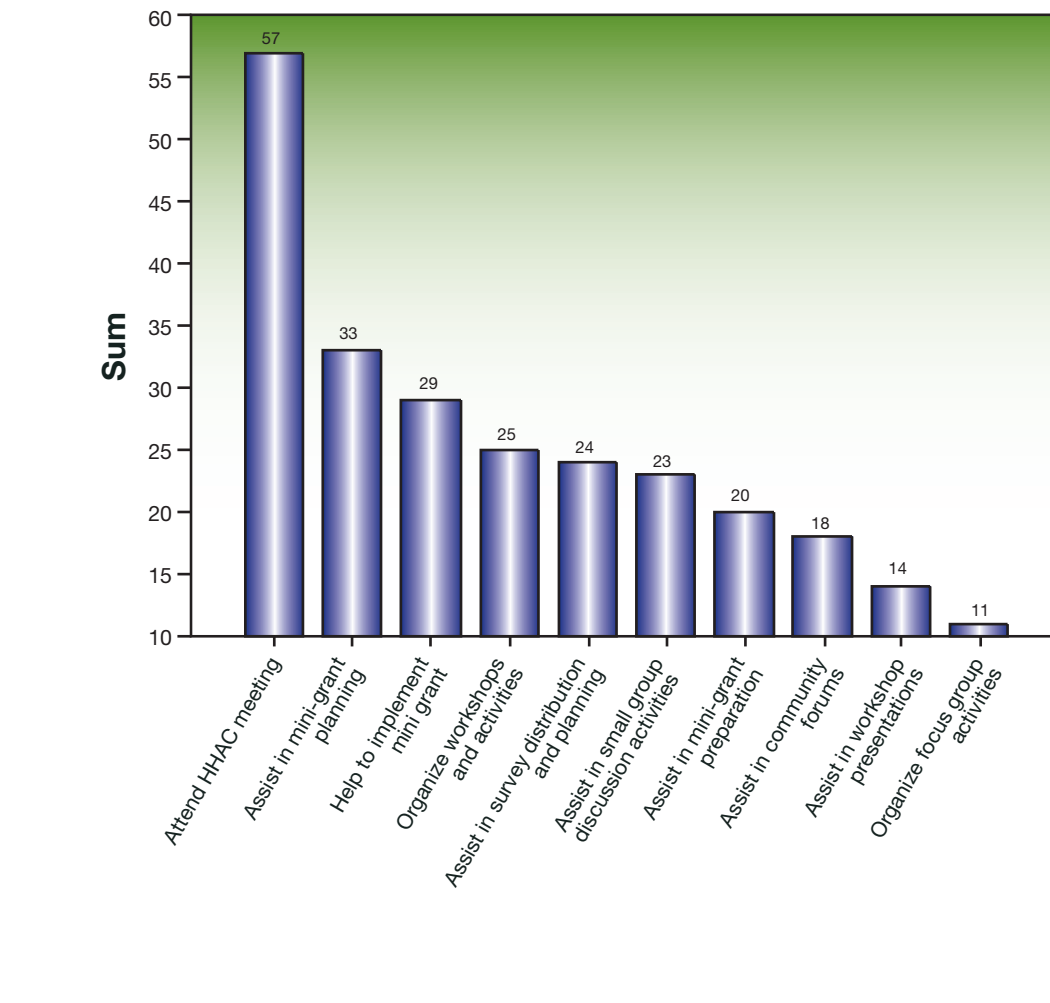


Figure 3. Motivations to join the partnership

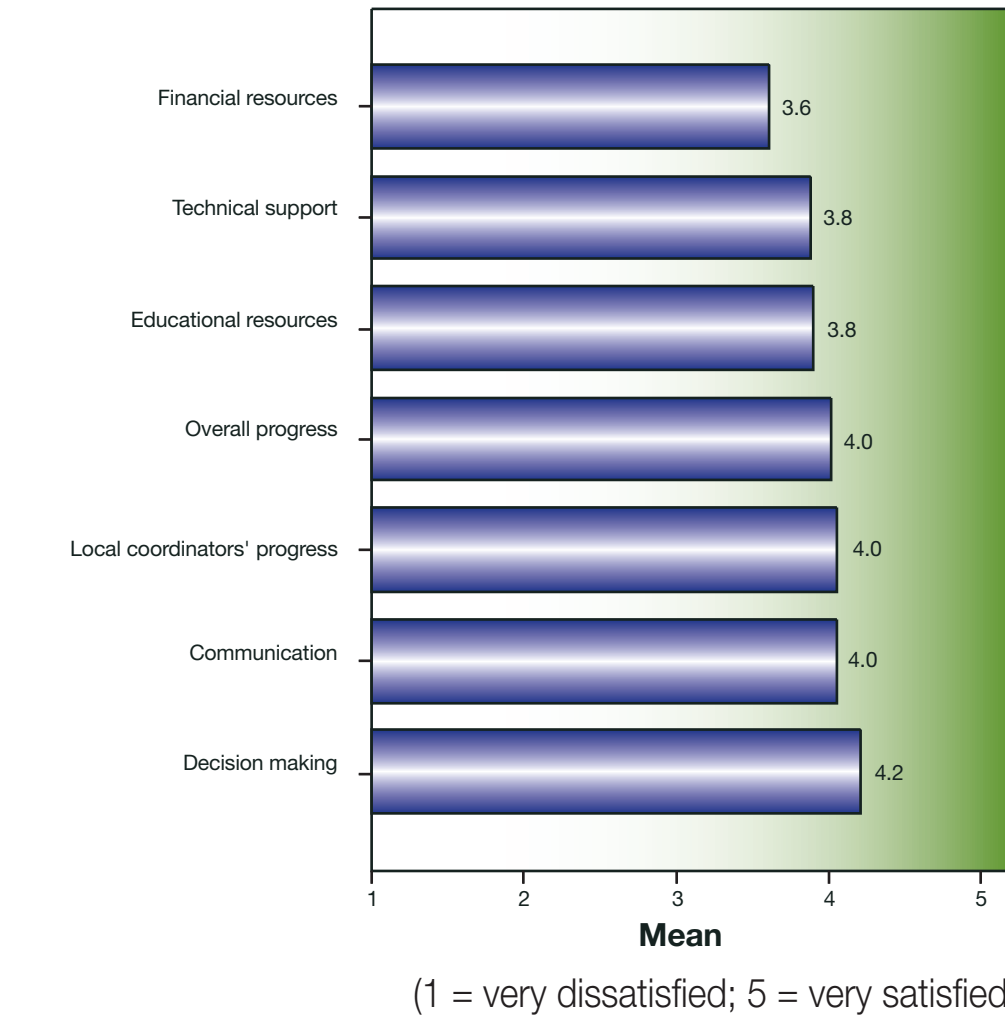


- Participants suggested increased involvement of:
  - Community Members** (e.g. lay Hispanic community members)
  - Healthcare Providers** (e.g. FQHCs, private practitioners, public health departments, mental healthcare providers)
  - Community Agencies** (e.g. county youth service bureaus; human resource centers, community services departments, counseling agencies)
  - FBOs** (e.g. churches or church-affiliated groups)
  - Local Politicians** (e.g. local political representatives at the township, and state level)
  - Business Sector** (e.g. Hispanic-owned and other businesses)
  - Education Sector** (e.g. faculty members at local colleges and universities, public library staff, and ESL teachers)

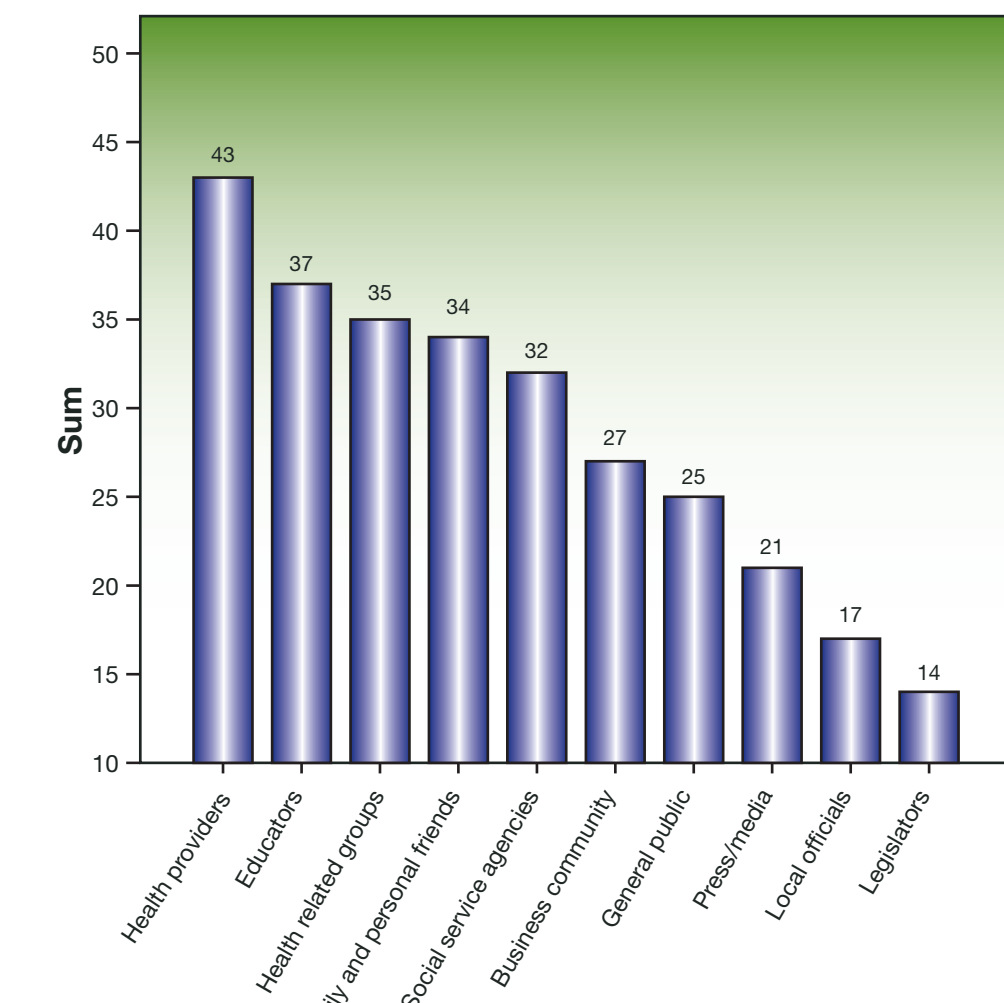
### Involvement in HHAC activities



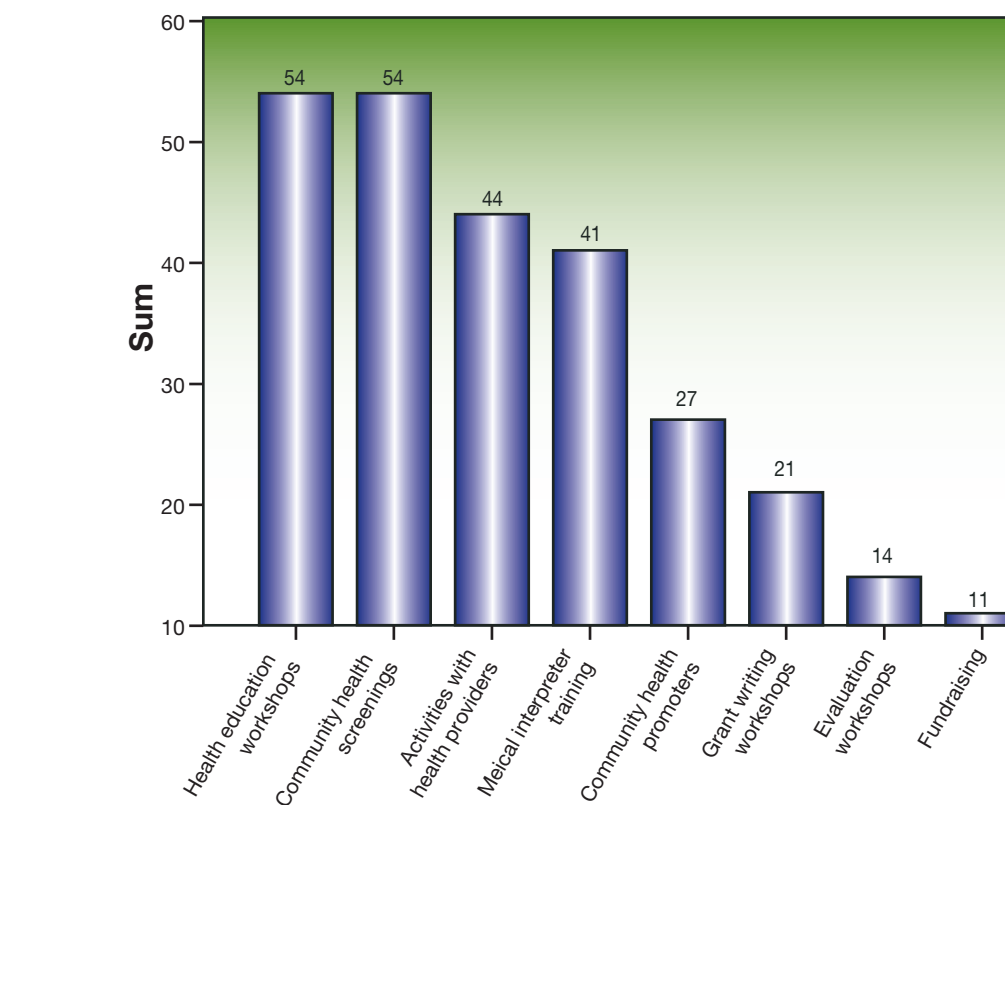
### Levels of satisfaction/dissatisfaction



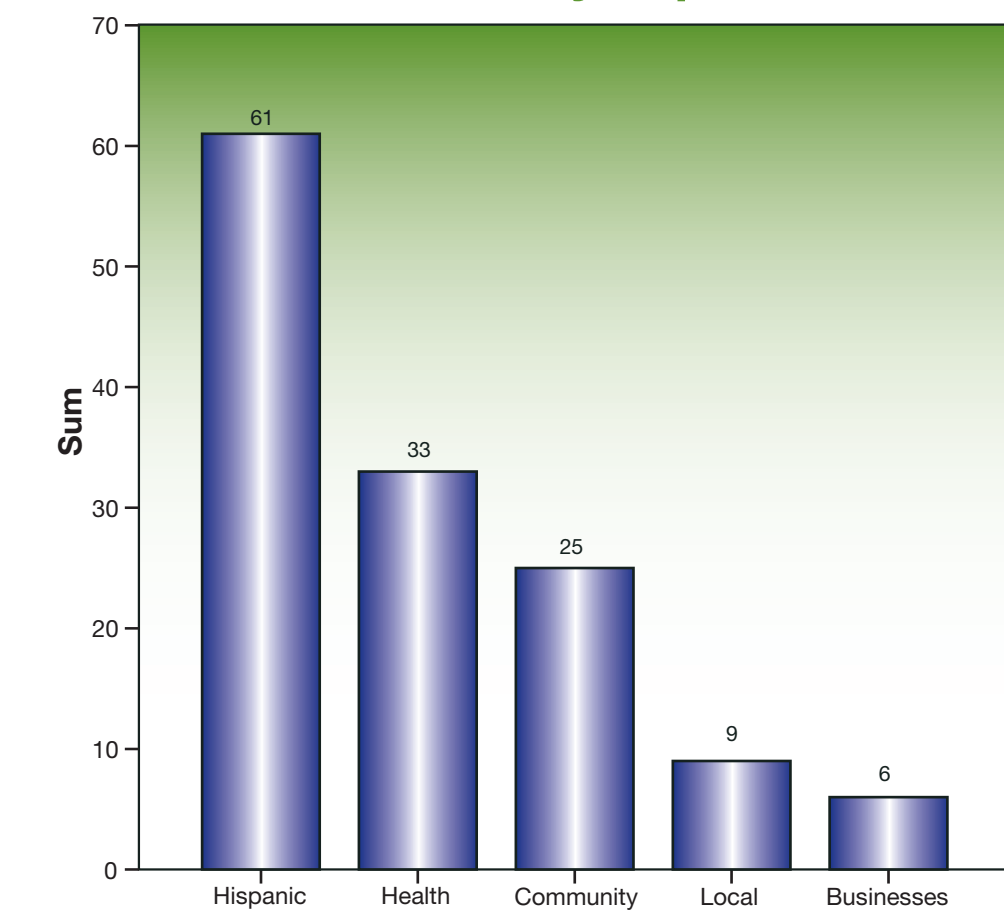
### Dissemination of information



### Future activities



### Perceived community impact and outcomes



### Other community impact and outcomes

- Improved Knowledge** (Providers)
  - "We have discovered good opportunities to help the community"
  - "Health providers now know what areas are of more concern to the population; what the perceived barriers are to accessing health care"
  - "Survey work and interpreter training benefit these groups"
- Awareness Building** (Community)
  - "Increased knowledge of available resources"
  - "We are all about giving more information of Hispanic people"
- Information Sharing**
  - "HHAC has established a strong base/clearing house for getting information to the Hispanic Community"
  - "Through information sharing about critical needs"
- Improved Access To Preventive Services**
  - "Mobile health screenings for school physicals, increased awareness of area health providers to need for improved services using first language support"
  - "We have offered workshops & gathering opportunities for Hispanic community & cultural awareness advancement for the community in general"

### Improved Quality of Healthcare Communication

- "Through Project EXPORT, partnership with other organizations led to improved health services for clients"
- "The mini grant has allowed us to send seven people to receive training as medical interpreters"

### Strengths

- Collaboration**
  - "Collaboration across many diverse community groups"
  - "Collaboration with a local grassroots Hispanic community group that was underway prior to development of our HHAC"
  - "A desire to work together and increase awareness of needs"
- Common goals/responses**
  - "Common goal, technical support from EXPORT"
  - "Common/focused response to needs survey"
- Desire to care for others**
  - "Caring people who embrace diversity"
  - "Commitment to assist community"
  - "Patience, flexibility, follow through, a sense of genuine caring about target population"
- Other**
  - "A lot of local interest"
  - "Good organization"
  - "The diversity of the group - willingness of all to participate to address the issues"

### Challenges

- Representation of other groups**
  - "Need more healthcare providers to participate; some organization representatives do not have the ability to impact barriers - need different reps at the table; some issues have been approached too generically with not enough specific local focus"
  - "Group could use more members, especially from Latino groups"
- Leadership structure**
  - "Facilitators are disorganized"
  - "Group needs stronger direction"
  - "Dominant personality of one member"
- Communications**
  - "A few of the meetings seem to get hung up on small issues"
  - "Lack of communication"
  - "Accessibility to targeted population because of language differences"
- Other**
  - "More money and more help in the projects"
  - "El mantenere firme en el plan"

### Lessons Learned

- Increased awareness about Hispanic health needs**
  - "Needs of Hispanics - helped in many ways to open eyes and to see possibilities."
  - "We discovered the needs and things that would benefit this group of people and that we lack"
  - "The needs of the Hispanic community are overwhelming and it is good to chip away a little at a time"
  - "The diversity of the needs of the Hispanic population as well as the various obstacles in reaching their needs"
  - "The extreme need of the Hispanic population for interpretive services"
- Increased awareness about Diversity and its value**
  - "How extensive the community diversity is"
  - "That diversity really does add good dynamics to a group - we learn from each other"
- Value of teamwork**
  - "The power of caring when people came together around a common mission. The need to clarify committee structure and leadership early on"
  - "There are many groups interested in assisting the Latino population"
  - "Working together avoids reinventing the wheel & we all can inform each other"
  - "That different Hispanic groups can work together to improve health and that it helps to meet for purposes other than health in culture and current events"
- Logistic challenges**
  - "It's hard to get word out"
  - "It is hard to get everyone together"
- Other**
  - "How we can help our community"
  - "Many agencies share the same concerns. By involving local foundations on committee it is much easier to secure funding"
  - "It helps me with my school and also networking to bring more projects into the Hispanic culture"
  - "Working with a 'grass roots' organization can present many challenges-while at the same time provide a close-up view of the needs of the community"

## CONCLUSIONS

- Structure**
  - University Extension Offices seem to be the best coordinating entity for these partnerships at least in their initial phases
  - Involvement of colleges, universities, healthcare providers, public health departments, and hispanic organizations or other community organizations seems to be crucial
  - In spite of various efforts, recruiting Hispanic community members remains a challenge particularly for some communities. Involvement of Hispanics in the partnerships has been perceived by program coordinators as leading to better outcomes
  - Unclear leadership structure associated with participatory nature of the partnerships may create confusion in members that are familiar with a more hierarchical approach
- Process**
  - Minigrants strategy seems to be an excellent tool for partnerships to "get off the ground" and better coordinate Hispanic health initiatives. However, financial sustainability of the partnerships beyond the minigrant period depends on the partnerships' ability to obtain external funding
  - Community health workshops in Spanish and screenings seem to be the preferred strategies for partnerships to continue addressing Hispanic health disparity issues from a community standpoint
  - Evaluation is a crucial tool to help the partnerships focus on certain health and organizational issues
- Outcomes**
  - Increased awareness about Hispanic health in committee members and in general community has been the most important outcome of the partnerships' work
  - Institutional coordination of efforts has maximized the efficient use of limited resources
  - More well trained medical interpreters in participating communities has increased communities' capacity to better address communication barriers to good quality healthcare



## RECOMMENDATIONS

- For partnerships**
  - Increase participation of Hispanic members
  - Define leadership structure
  - Build financial support
  - Coordination of dental and other priority primary care services
  - Coordination of health education workshops in Spanish and screenings in community settings (churches, CBOs, schools, ESL classes, etc)
- For EXPORT (NCRHP at the U of I)**
  - Provide technical assistance with grant writing
  - Continue support and development of the Alianza (Partnership of HHACs in Illinois)
  - Advocacy at the local and State level (e.g. Latino Caucus)

## ACKNOWLEDGMENTS

- HHAC Coordinators and HHAC Members in Beardstown, Belvidere, Carbondale/Cobden, Danville, DeKalb/Sycamore, Effingham, Galesburg, Monmouth, Rochelle and Rockford, IL
- NIH/NCMHD (5 P20 MD000524), Project EXPORT Center of Excellence in Rural Health
- National Center for Rural Health Professions (NCRHP) at the University of Illinois College of Medicine at Rockford
- Ellen Blokus, NCRHP
- Martin McDowell, NCRHP
- Sharon Mills, Southern Illinois University
- Alan Robinson, Northern Illinois University