

**An Interdisciplinary
Community-Academic CBPR
Partnership Addressing
Environmental Health Concerns
from Litter and Brownfields**

Rosemary Chaudry, Barbara Polivka (OSU College of Nursing),
J. Mac Crawford, Randi Love (OSU College of Public Health),
Robyn Wilson, Susan Colbert (OSU College of Agriculture)



APHA PHN Section Session 4141.0
Partnering with Communities in Practice
Tuesday 11/1/2011 10:30 – 12:00

**Presenter Disclosure
Rosemary Chaudry**

The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No relationships to disclose

Presentation outline

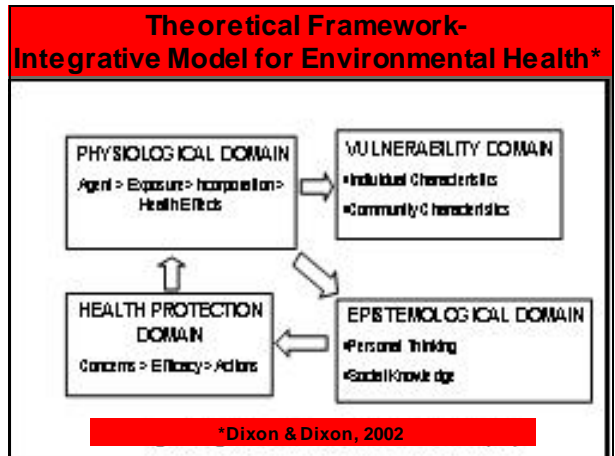
1. Project overview
2. Key findings: project, TF, CBPR approach
3. Implications & Sustainability
4. Questions

**Study Setting – Weinland Park
Columbus, Ohio**

- University revitalization target
- Historically working class neighborhood
- Key demographics:
 - 51% African American, 49% Caucasian
 - 36% age <19, 33% HH have children < 18 y.o.
 - 29% HH headed by single mothers
 - median HH income \$15,381 (\$37,897 in Columbus)
 - 50% below FPL (15% in Columbus)

Study Aims, Questions

- Study aims – use CBPR orientation to:
 1. develop partnership with community
 2. create common vocabulary to describe salient EPH concerns
- Research questions:
 1. How effective are photovoice & go-alongs for identifying core elements of salient EPH concern?
 2. How effective is mental models technique for identifying gaps in knowledge and perceptions between community members and experts regarding a salient EPH concern?



Community-Based Participatory Research* (CBPR) Orientation for Study

1. Community is focus of project.
2. Project builds on city strengths & resources, relationships within city.
3. Project conducted through collaborative partnerships- equal & shared power, recognition & respect for each participant's knowledge and contribution.
4. Project promotes co-learning & co-capacity building.
5. Balance between research and action to address community change.
6. Project focuses on issues relevant and of concern to city; focus recognizes that health concerns arise from many different areas (multiple determinants of health).
7. Collaborative nature of project develops progressively over time as participants work on project and always seek to maintain principles of CBPR in the project.
8. All project participants share & gain knowledge expressed in acceptable, logical, respectful, relevant language and are responsible for sharing project results.
9. CBPR approach requires long-term commitment, even if no funding.

*Minkler & Wallerstein, 2008; Springett & Wallerstein, 2008

Community-Based Participatory Research* (CBPR) Orientation for Study

- Promotes social change to improve community health & eliminate health disparities
- Full & equal participation of community
- Requires long-term commitment
 1. Steering Committee directs the study
 2. Residents select salient EPH concerns, affirm findings
 3. Co-learning and co-capacity building
 4. Includes participatory evaluation (PE)
 5. Residents' roles in dissemination-to community, scientific community
 6. Commitment beyond end of project & funding

Study Steering Committee

- **SC Composition:**
 - 10 community residents
 - 3 cty. partners (Civic Assn., LHD, Exten., Settlement Hs.)
 - 4 researchers
 - 2 BSN students, 1 MPH student
- SC directs all project activities
 - Operations, Research, PE Committees
- SC selects focus of study:
“On Our Soil: Litter & Brownfields in Weinland Park”

Data Collection & Analysis

Data collection:

- 2 Focus groups (n=17), individual interviews (n=7)
- Photovoice (n=3) & Go-alongs (n=3)
- Participatory Evaluation: two checklists each meeting, post-project interviews

Data Analysis:

- qualitative-content analysis
- qualitative and descriptive for PE checklists

Key findings - Brownfields



- ✓ Few knew Brownfield term, sites
- ✓ Concern about physical, emotional health effects; linked to personal experiences
 - Children
 - Older adults
 - Location of residence
- ✓ A “vulnerable” community from poverty, little voice
- ✓ Concern about cty. lack of knowledge, information
- ✓ Cty. knowledge, voice are key health protection actions

Key findings – Litter & trash

- More knowledge than with Brownfields
- “Litter and trash are everywhere,” in many forms
- Numerous physical, emotional health effects
- A “vulnerable” community- poverty, resident apathy, lack of community engagement & power, outsiders dumping, system issues
- Health protection actions:
 - ✓ Individual resident & community responsibility
 - ✓ System responsibility

Key Findings – CBPR approach

- FG, interviews, piloted data collection methods worked well
- Dixon & Dixon, 2002 model useful as framework –
 - Limited knowledge of health effects esp. Brownfields
 - Areas of individual, community vulnerability
- Health protection actions identified:
 - Brownfields: community knowledge, voice
 - Litter: individual, community, system and action
- CBPR approach- strengths & challenges
 - Participation, Co-learning, trust
 - Residents & research, dissemination
 - Sustaining the commitment & partnership
 - PH nursing role


Researcher's perspective - CBPR


- Declining participation
- SC engagement
- Limited research role
- Learning, capacity-building, trust
- Challenge building capacity, dissemination
- PE successful, valued
- Sustainability challenge
- Research collaboration effective (if limited)
- Go-along, photovoice enhanced data collection
- Partnership and commitment maintained

Implications & Sustainability

- Dixon & Dixon (2002) model useful framework
 - modifications
- CBPR successful, effective
 - sharing dissemination responsibilities
 - address IRB issues, more collaborative proposal dvp.
- Sustainable partnerships
 - 1 funded grant/1 under review/planning next
 - continued presence in community
- Public Health Nursing role examples
 - Health teaching, collaboration, consultation, advocacy

Thank you! Questions?





chaudry.1@osu.edu

16