

Community-engaged transformation: Innovative approaches and lessons learned

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Abstract

Who Are We Reaching? Analyzing Hypertension Rates and Food Insecurity at Mobile Health Clinics with Healthy Food Support

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Issues: This study analyzes patient populations in greater Boston to determine if offering healthy food alternatives correlates with reaching community members at increased risk for hypertension and diabetes.

Description: Our initiative provides mobile screenings and interventions for chronic conditions, including hypertension and diabetes, with healthy food options offered at select locations in partnership with community organizations. Patient data collected includes blood pressure readings, hypertension history, and self-reported health risk factors (Fig. 1A–C). We conducted a meta-data analysis comparing patients at sites with and without food distribution, using Chi-Squared tests to identify relationships between food availability and patient health outcomes.

Lessons Learned: Patients at food distribution sites had higher rates of elevated blood pressure (1,083/1,826, 59.3%) compared to non-food sites (1,574/2,893, 54.4%; $p < 0.0001$). Similarly, diagnosed hypertension was more common at food-supported locations (836/1,436, 58.2%) than non-food sites (1,163/2,117, 54.9%; $p < 0.0001$). Self-reported food insecurity was also higher at food sites (309/615, 50.2%) compared to non-food sites (335/1,034, 32.4%; $p < 0.0001$). Additionally, significantly more Hispanic patients attended food sites (1,026/1,863, 55.1%) compared to non-food sites (713/3,243, 22.0%; $p < 0.0001$). Providing healthy food at mobile clinics effectively attracts populations disproportionately affected by hypertension and food insecurity, suggesting optimal clinic placement.

Recommendations: Expand food support services at additional mobile health clinics and further investigate long-term health outcomes associated with this integrated approach.

Chronic disease management and prevention Planning of health education strategies, interventions, and programs Program planning Public health or related research

Abstract

"Engaging community partners to fight hypertension inequities through the Happy Heart (HH) campaign in Alameda County (AC), Northern California"

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Hypertension is a significant public health concern in AC, particularly in Cities with hard-to-reach, low income, culturally diverse populations. The second HH campaign improved & engaged more partners, extending

reach to residents in high-risk areas by offering blood pressure screenings, nutrition education, and health incentives with culturally appropriate delivery.

Method: The AC Nutrition Program reached out to first-year partners with established connections to focus populations. For 4 months prior, partners helped adapt education materials and resident evaluation to appeal to their constituents. Partners held events, offering HH messages, blood pressure screenings, and nutrition materials. Marketing included billboards translated into seven languages, social media challenges, websites, posters, and flyers.

Two partners advised on how to successfully conduct resident surveys. Contracted partner El Timpano to develop HH video for Mam community (no written language) and Spanish social media posts. The Nutrition program trained and employed five community residents to ensure culturally appropriate connection at events and engaged University student nurses to improve BP screening efficacy.

Results: Outreach increased the number of partners and events (200%, 230% respectively), and trusted staff ensured that clients completed 129 post-intervention surveys. According to the Health Belief Model, results showed Perceived Benefits: checking BP increased 50% to 73%; Cues to Action: 85% respondents will check BP, 69% will consume more produce, and 63% will eat less processed foods; Self-efficacy: 63% very confident using BP monitor.

AC's effective campaign combined partnerships, employment of residents, culturally responsive materials, and free desired blood pressure monitors to build resident's capacity.

Administer health education strategies, interventions and programs Diversity and culture Planning of health education strategies, interventions, and programs

Abstract

Sharing the byline: Recommendations for inclusive authorship in community engaged research

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Background: Despite growing community engagement in research, community researchers are often excluded from shaping research ideas and writing manuscripts—key stages for addressing community needs and ensuring accessible findings. We developed authorship recommendations to ensure their contribution as co-authors when partnering in community engaged research (CER).

Methods: We followed a participatory approach to develop the recommendations. We shared a literature review of authorship guidelines with 11 academic researchers and two community partners in the Research Authorship Equity Working Group (RAEWG). We ensured that community insights shaped RAEWG's agenda and integration of meaningful, community-driven principles. RAEWG met four times via Zoom (12/2022 – 11/2023) to refine recommendations through iterative consensus building. We also created a dissemination plan to promote accessibility and uptake.

Results: Strategies for authorship equity include educating communities on authorship criteria and assessing their interest and readiness. To ensure community researchers in CER meet ICMJE authorship criteria, recommendations include: (a) involving community in research conceptualization and valuing their novel approaches, (b) incorporating their oral analysis and plain language text into manuscripts, (c) inviting community members to writing workshops and encouraging them to draft relevant sections reflecting their meaningful contributions (e.g., recruitment), and (d) hosting academic-community meetings to finalize drafts and address concerns. Additional ways to share credit, e.g., publishing in non-peer-reviewed outlets, are included.

Conclusions: Broad support of the recommendations, with adoption and promotion by the Journal of the International AIDS Society Editorial Team, suggests necessity and usefulness. Impact will be assessed as

more academic-community research partnerships implement them.

Public health or related organizational policy, standards, or other guidelines

Abstract

Increasing Black Americans' Participation in Clinical Trials: A Qualitative Analysis

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Black Americans are underrepresented in clinical trials, a disparity that limits the applicability of medical research and perpetuates health inequities. This underrepresentation is particularly urgent given its implications for health outcomes, as it hinders the development of treatments tailored to diseases disproportionately affecting Black populations, such as hypertension, diabetes, and certain cancers. Without equitable representation in clinical trials, advancements in these areas may not fully address the unique needs of Black communities, further exacerbating existing health disparities. This qualitative study analyzed data from four focus groups conducted in the summer of 2024 to explore perceptions of clinical trials among Black Americans. Participants, primarily over the age of 40, were recruited from diverse community settings. Deductive content analysis identified themes around knowledge gaps, attitudes, barriers, motivators, and communication strategies for healthcare providers. Results revealed a general understanding of the purpose of clinical trials. Barriers included mistrust rooted in historical injustices, logistical challenges, and perceived risks, while motivators focused on community benefits, compensation, and ease of participation. Participants emphasized the importance of clear, culturally sensitive communication and suggested leveraging a wide variety of marketing channels and community partnerships. These findings will guide the development of a social marketing campaign, and a provider training curriculum aimed at increasing clinical trial participation among marginalized communities.

Conduct evaluation related to programs, research, and other areas of practice Implementation of health education strategies, interventions and programs Social and behavioral sciences

Abstract

Youth-driven solutions to mobilize against community violence: Violence is a Public Health Crisis

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Abstract:

Issue: According to the CDC, in 2023 over 700,000 youth were treated and released from emergency departments in the United States due to injuries resulting from violence. Communities impacted by violence are associated with increased risk of chronic disease, and mental health issues that impacts residents of all ages and backgrounds. A partnership between the Flint Public Health Youth Academy (FPHYA), WOW Youth Ambassadors, the Flint Youth Justice League, the City of Flint, and the Community Based Organization Partners has launched collaborative programming to address community violence and develop youth-driven solutions.

Description: This partnership hosts a series of youth focused health communications campaigns focused on Community Violence and Prevention Education in Flint/Genesee County, MI. Collaborative activities such as townhalls, summits, unity marches, summer camps, and virtual interactive engagement geared to increasing education, awareness but most importantly creating a platform for youth to ideate solution driven responses to violence and models for prevention.

Lessons Learned: Providing platforms for youth to discover their own voice empowering them to be creators and facilitators of effective programs and interventions is a pathway for introducing youth to public health. Hybrid learning (in-person and virtual engagement) is effective and attractive to youth. Community-based participatory approaches were effective to introduce youth community violence prevention public health models.

Recommendation: Utilize Community Engaged Research (CErR) approaches as a framework for youth to: 1) develop campaign content (messaging imagery and hashtags), 2) identify effective media platforms for dissemination, and 3) engage the target audience using youth platforms and mechanisms.

Diversity and culture Other professions or practice related to public health Public health or related education Social and behavioral sciences Systems thinking models (conceptual and theoretical models), applications related to public health

Abstract

"Improving Asian American, Native Hawaiian, and Pacific Islander (AANHPI) enrollment in biomedical research through community-based research clinics"

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Background

Asian American, Native Hawaiian, and Pacific Islander populations, have experienced rapid demographic growth but remain under-represented in health research. To address these gaps, the NHLBI and other NIH institutes awarded grants to establish MOSAAIC, a community-based, multiethnic, longitudinal cohort study. The objective of MOSAAIC is to contribute to understanding of the health disparities among people of Asian ancestry with a focus on cardiac, metabolic, pulmonary, and mental health. Cohort eligibility is inclusive of adults, 18-64 years of age, living in the U.S.

Methods

A longitudinal study of 10,000 individuals of Asian, Native Hawaiian, and Pacific Island ancestry, recruited through five clinical/ community field centers. We are collaborating with the University of Chicago to establish 3 community-based clinics at AANHPI-serving CBO sites to collect data such as questionnaires on demographics, health history, lifestyle, environmental factors, mental health and acculturation, conduct physical exams, and collect biospecimens from participants in hard-to-reach populations within AANHPI communities.

Results

The feasibility study conducted in April-May 2024, our center was tasked with recruiting 25 Korean and 15 Chinese participants (N=40) to administer surveys. This effort was part of the preparation for the large-scale national study to evaluate the acceptability of translated documents and identify barriers and facilitators to participation. Our center successfully recruited 55 participants, showing the strengths of the community-based approach.

Conclusions

The pilot study is ongoing, with the help of three community clinics sites we have fully enrolled 45 participants in the study through collaboration with our CBO partners and the UChicago team.

Administer health education strategies, interventions and programs Advocacy for health and health education Clinical medicine applied in public health Diversity and culture Public health or related education Public health or related research

Abstract

Addressing Practical Challenges in Implementing a Culturally Tailored Technology-Based Intervention among Asian American Breast Cancer Survivors

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Background: Despite the growing use of technology-based interventions in healthcare research, the practical challenges in implementing these interventions among specific populations have rarely been explored. This presentation aims to identify key practical challenges in implementing a Web App-based intervention among Asian American breast cancer survivors and to provide directions for future technology-based interventions.

Methods: In an ongoing technology-based intervention study targeting Asian American breast cancer survivors with depressive symptoms, the research team members have written research diaries about the challenges that they have faced during the implementation of the intervention. Weekly team discussions have been held to address the challenges, and the minutes of these meetings have been recorded. For this presentation, the research diaries and meeting minutes were analyzed using a content analysis to identify the common themes reflecting the challenges.

Results: Several practical challenges were identified: (a) unauthentic cases; (b) lack of technology literacy; (c) non-compliance issues related to Fitbits; (d) perceived burden of multiple intervention activities; (e) psychological and logistical barriers; (f) concerns on the integrity of research; and (g) Unexpected events affecting depressive symptoms. Based on the identified challenges, the following strategies are recommended: (a) requiring preliminary Zoom sessions; (b) providing technical support through various channels; (c) sending regular reminders; (d) modifying intervention logistics to ease the participation burden; (e) offering flexibility; (f) making efforts to build trust; and (g) refining suicidal ideation protocols.

Conclusions: These practical challenges need to be considered in planning and implementing culturally tailored technology-based interventions among Asian American breast cancer survivors.

Chronic disease management and prevention Diversity and culture Public health or related nursing

Abstract

Mobilizing community-driven public health response: increasing access to diagnostic testing for underserved and uninsured individuals in Connecticut through lab-in-a-van partnerships

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Background. This study explores the potential of a community-informed lab-in-a-van model to increase access to COVID-19 testing for underserved populations.

Methods. Free saliva-based, SARS-CoV-2 diagnostic testing was offered between June 2023 to July 2024 at 123 community sites in Connecticut, USA via a CLIA-certified lab-in-a-van; results were available in as little as two hours. Organizations with existing relationships with underserved, uninsured, and/or low-income communities in the region were engaged to offer input on outreach strategies, identify events or services to pair testing events with, and better understand barriers and evolving community health needs.

Results. Approximately 100 local contacts informed the mobile testing model. Overall, 1,428 individuals participated, with 838 completing a testing experience survey. Of these, 54% identified as Black, Indigenous, People of Color; 59% reported annual household income less than \$25,000; 31% were uninsured. Test results were reported in an average 3.1 hours, 48 positive samples were identified. Test takers agreed it was easy to access the van (74%) and felt comfortable (75%); 29% received their first COVID-19 test at the van; 48% were unaware of alternate testing; 44% reported difficulty accessing health care; and 49% identified transportation as a challenge.

Conclusions. This study demonstrates the positive impact community-driven mobile testing programs can have in overcoming barriers to accessing healthcare, and its potential to serve as a framework for managing and responding to future public health needs as well as the value of working in partnership with established, trusted community organizations to provide health services.

Administer health education strategies, interventions and programs
Clinical medicine applied in public health
Conduct evaluation related to programs, research, and other areas of practice
Epidemiology
Implementation of health education strategies, interventions and programs
Provision of health care to the public

Abstract

From Crisis to Collective Action: A Co-production Approach to community Driven Solidarity Kitchens

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In September 2024, violent conflict rapidly escalated between Israel and Lebanon, triggering a humanitarian crisis and internally displacing over 1.2 million people in Lebanon. Internally displaced populations (IDPs) faced severe food insecurity, prompting community-led solidarity movements to establish community kitchens in temporary shelters to provide food assistance. However, these initiatives encountered challenges, such as resource shortages, power imbalances, and limited capacity to sustain operations.

We used a co-production approach to enable solidarity kitchens to share their capacities and enhance their collective agency to provide food assistance to IDPs. We conducted focus group discussions and interviews with five solidarity kitchen focal points to identify capacities, needs and challenges, and understand power dynamics. Data analysis and co-production workshops to validate and prioritize the identified needs informed a series of capacity-sharing activities: **(1) a technical guide for kitchen operations in emergency settings**, including nutrition, food preparation, resource procurement and management, and safety measures, **(2) workshops** to support leadership skills, advocacy, conflict resolution, and psychological first aid.

This participatory model allowed ownership and facilitated collective agency. Focal points were able to co-develop solutions to their challenges, share their knowledge and capacities with each other, and identify common needs, including tailored technical guidelines and leadership skills.

Future initiatives should prioritize community-led solutions and capacity-sharing to build sustainable food assistance systems. The project underscores the value of co-production approaches in promoting healthy communities through collaboration and practice change in emergency settings.

This work was supported by the Canadian International Development Research Centre (IDRC) (Project ID:

Assessment of individual and community needs for health education Diversity and culture Implementation of health education strategies, interventions and programs Other professions or practice related to public health Program planning Public health or related education

Abstract

Application of ripple effects mapping (REM) in evaluating a multi-aim youth focused community health systems intervention

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Ripple Effects Mapping (REM) is a participatory method that combines appreciative inquiry, group interviews, and mind mapping to explore program outcomes. While REM is an established tool for evaluating systems interventions, its use has been limited to interventions with narrowly focused objectives. There is little evidence of its application to programs with multiple anticipated cross-domain outcomes. This work contributes to the literature on REM's effectiveness demonstrating utility in evaluating complex multi-aim interventions.

In 2017, Boston Children's Hospital launched the Healthy Living Initiative (HLI), a systems intervention grounded in CBPR. HLI provided funding and technical support to 19 community organizations aiming to increase physical activity, access to healthy food, and leadership opportunities among underserved youth and families in Boston. To engage community stakeholders as co-evaluators and ensure their experience with HLI was central to our work, we integrated REM into our summative evaluation.

We held an in-person REM session with 19 participants from funded organizations. We mapped intended and unintended changes resulting from HLI. Three pathways of significant change were identified: (1) Use of a food sovereignty approach helped increase healthy food consumption, (2) information delivered through trusted community messengers promoted healthy behavior uptake, (3) physical activity interventions served as a catalyst for improved youth mental health.

REM successfully engaged funded partners and streamlined our evaluation to concentrate on the change pathways identified as most significant, with the greatest potential for community impact. We encourage others to iterate on REM's application and explore new pathways for engaging in equitable evaluation.

Conduct evaluation related to programs, research, and other areas of practice Program planning Public health or related research Social and behavioral sciences Systems thinking models (conceptual and theoretical models), applications related to public health

