

Mobilizing partnerships: A community-based approach for promoting nutrition among African Americans and Latinos

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Introduction

- Health disparities among racial and ethnic minorities have a lengthy history
- Because resolving health disparities requires changing multiple and interrelated causes and behavior change among lots of people, it requires a comprehensive intervention (Thompson et al., 2003; Shortell et al., 2002)
- Limited evidence of a link between community initiatives and population level outcomes (Paine-Andrews et al., 2002) possibly because of short timeframe (Shortell et al., 2002)

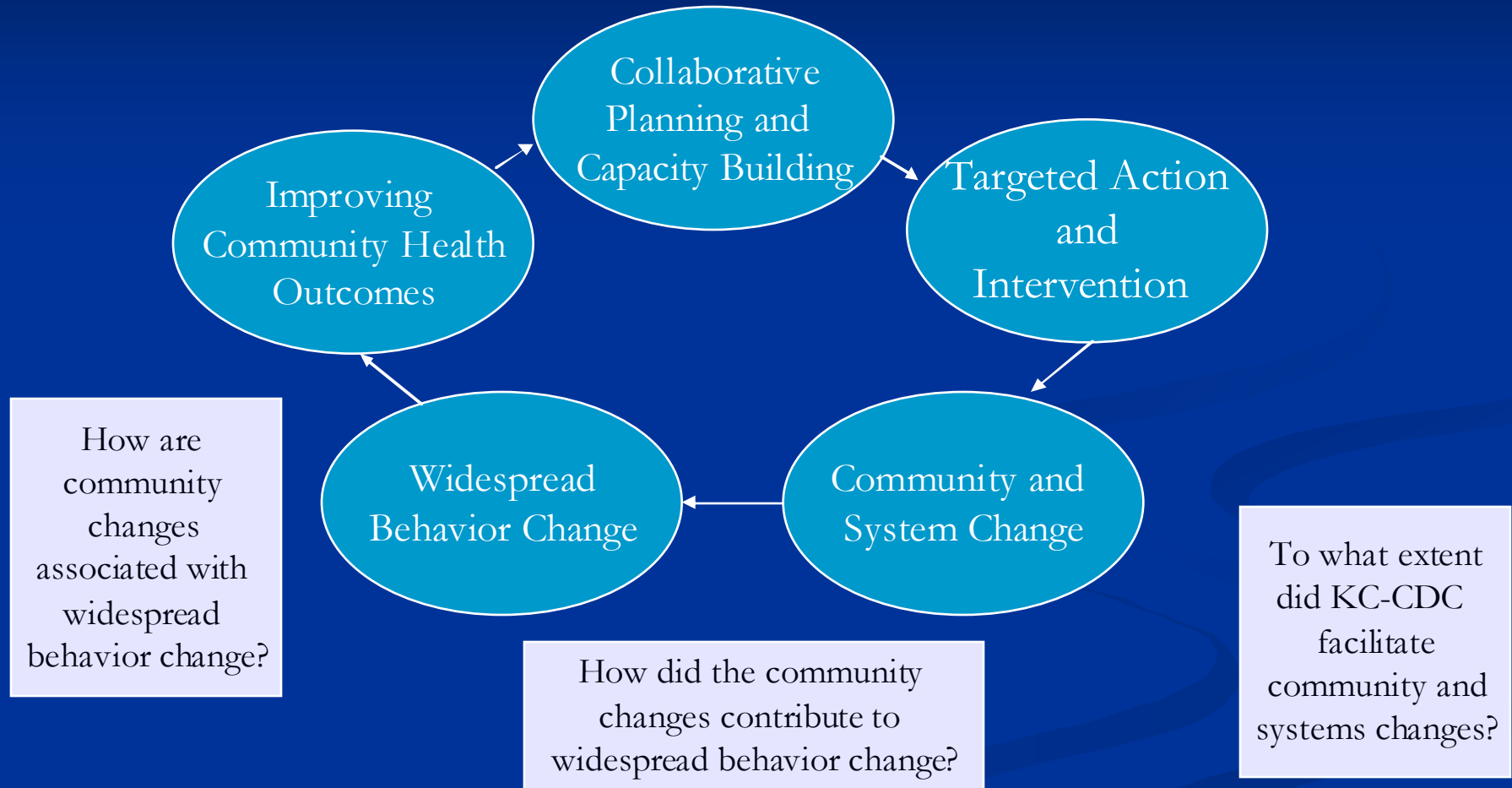
Purpose

- To examine the types of activities a community coalition, the Kansas City Chronic Disease Coalition (KCCDC), and its partner implemented to change the eating habits of African Americans and Latinos in Kansas City, Missouri

Background

- KCCDC, REACH 2010 initiative, is a multi-sector coalition established in 2001, after a year of planning it decided to:
 - Target cardiovascular disease and diabetes
 - Prioritize African-American and Latino

Background: Logic model and associated research questions



Source: Institute of Medicine (2003). Future of Public Health for the 21st Century

Background cont.

- Key Strategy: Mobilizing Partnerships
 - 86 item action plan
 - Pick Six approach
 - Supported the mobilization of these partnerships through several critical activities
 - Providing resources, technical assistance, and training

Methods: Design

- One group pretest-posttest design

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Methods: Independent Variable

- Any program, practice or process implemented to enable the mobilization of partners

Coalition Components and Activities	Illustrative Elements (and associated processes*)
Providing Information and Enhancing Skills	<ul style="list-style-type: none"> • Newsletters and coalition meetings to educate partners • Provision of information resources available to all partners. • Training provided to coalition partners (EAT RIGHT)
Enhancing Services and Support	<ul style="list-style-type: none"> • Community mobilizers* to provide technical assistance • Use of documentation and feedback*
Modifying Access, Barriers, and Opportunities	<ul style="list-style-type: none"> • Establishment of a coalition with a stated vision and mission* and a clear framework for action*. • Development of an action plan* • Development of partnerships to enable sharing resources. • Provision of grants/ contracts to partners to support implementation of the Community Action Plan
Modifying Consequences	<ul style="list-style-type: none"> • Provision of annual recognition ceremonies celebrating the accomplishments of partners.

Methods: Dependent Variables

- Community Change: New or modified programs, policies, or practices facilitated by or on behalf of the coalition related to the coalition's mission and objectives
- Widespread Behavior Change/ Population-level Outcomes: Percentage of people reporting they consumed five or more servings of fruits and vegetables daily

Methods: Secondary Analysis

Working hypothesis about the relationship
between two dependent variables



Amount of change by:

- Goal
- Intensity of behavior change strategy
- Duration
- Penetration (reach) targets via sectors in places

Methods: Measurement

- Community change: Reporting of events on an online documentation system by coalition members and staff; co-coded by research partner
- Widespread behavior change: Missouri Department of Health and Senior Services BRFSS and REACH 2010 Risk Factor Survey

Methods: Measurement

	African Americans	Latinos*
Pre	178	46
Post	2277	497

Methods: Measurement

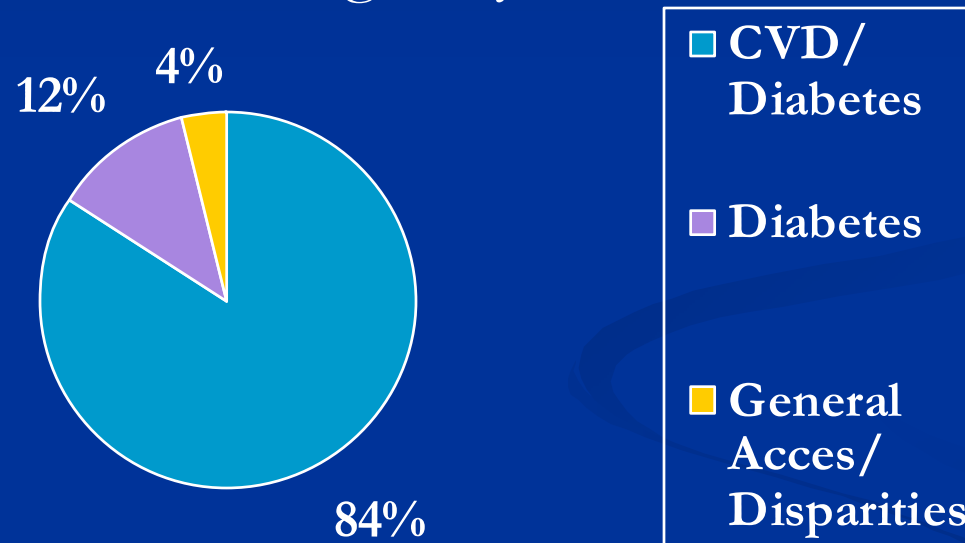
		Pre		Post	
		African Americans	Latinos	African Americans	Latinos
Gender	Female	117 (65.7)	27 (56.2)	1487 (65.3)	201 (40.4)
	Male	61 (34.3)	19 (39.6)	790 (34.7)	132 (26.6)
Educational Level	Never	0	0	1 (.04)	9 (1.8)
	Grades 1-8	9 (5.1)	4 (8.3)	75 (3.2)	132 (26.6)
	Grades 9-11	28 (15.7)	6 (12.5)	339 (14.9)	120 (24.1)
	Grade 12/ GED	63 (35.4)	17 (35.4)	939 (41.2)	155 (31.2)
	College 1-3	61 (34.3)	10 (20.8)	622 (27.3)	57 (11.5)
	College grad	17 (19.6)	9 (18.8)	295 (12.9)	23 (4.6)
Age	18-39	60 (33.7)	22 (45.8)	752 (33)	304 (61.6)
	40-64	79 (44.4)	15 (31.2)	1039 (45.6)	167 (33.6)
	65+	39 (21.9)	9 (18.8)	363 (15.9)	25 (5.0)
Income	Less than \$24,999	89 (50)	19 (39.6)	1174 (51.6)	315 (63.3)
	\$25,000- 49,999	56 (31.5)	15 (31.2)	647 (28.4)	99 (19.9)
	\$50,000 +	20 (11.2)	7 (14.6)	265 (11.6)	32 (6.4)

Results: To what extent did KCCDC facilitate community and systems change?

- Between 2001 and 2005, 105 community changes were facilitated that targeted nutrition.
 - Examples of these changes include:
 - Integrating nutrition education into the activities included in diabetes support groups at local health centers.
 - Conducting food demonstrations of using smart substitutes at neighborhood association meetings.
 - Establishing community gardens at local churches.

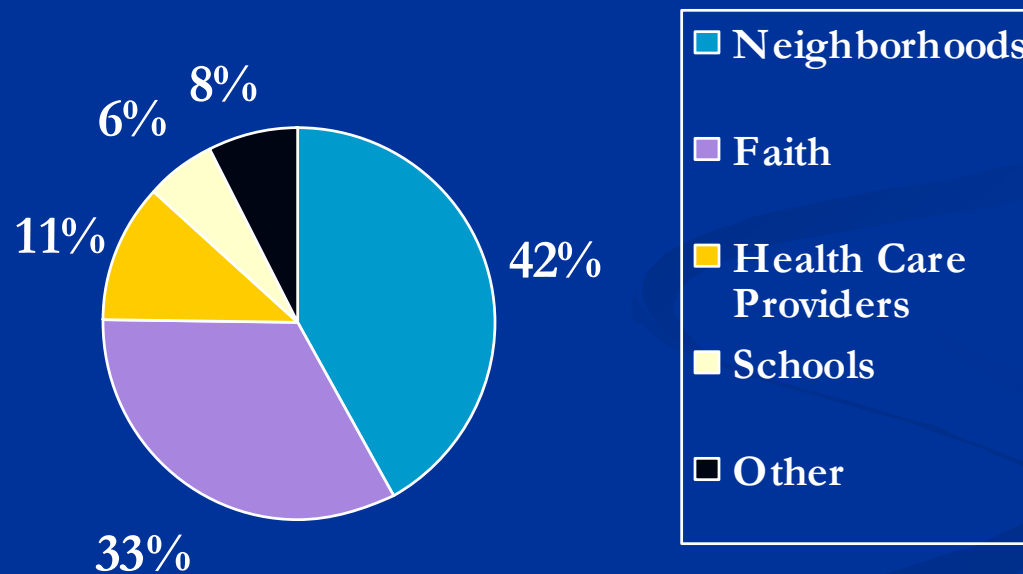
Results: How did the community changes contribute to widespread behavior change?

Distribution of Community Changes by Goal



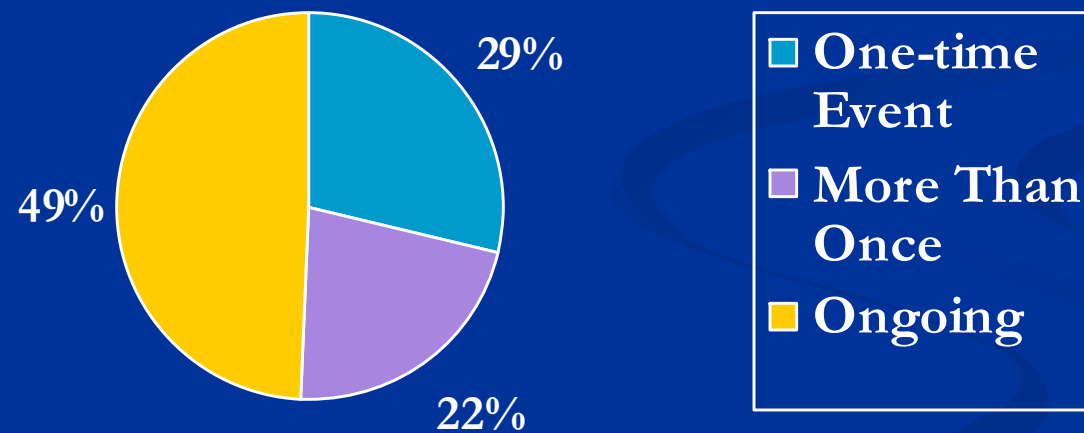
Results: How did the community changes contribute to widespread behavior change?

Distribution of Community Changes by Sector



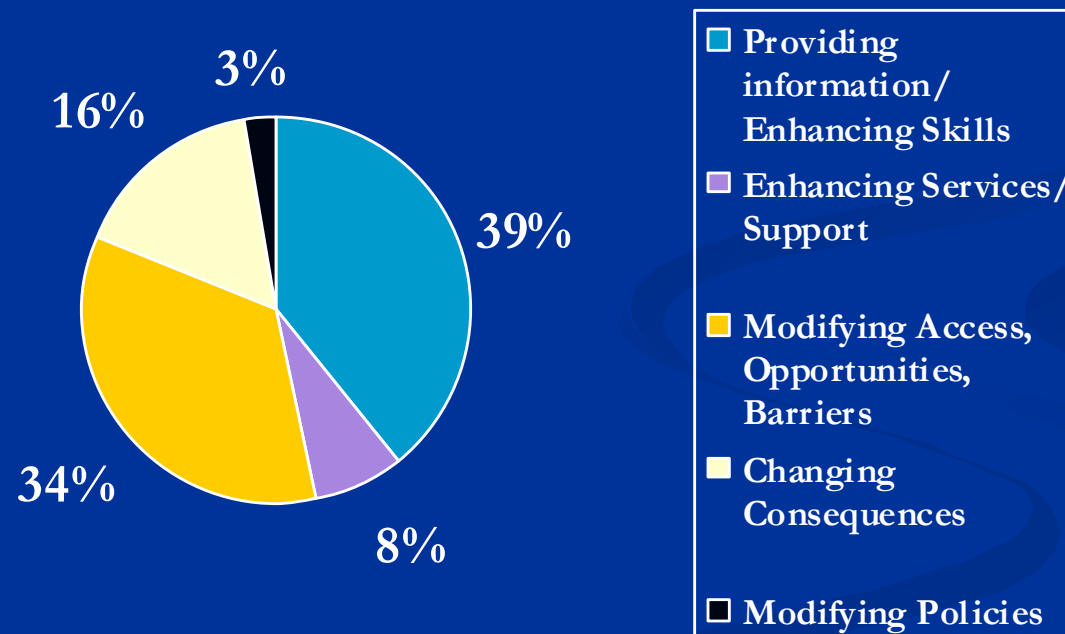
Results: How did the community changes contribute to widespread behavior change?

Distribution of Community Changes by Duration



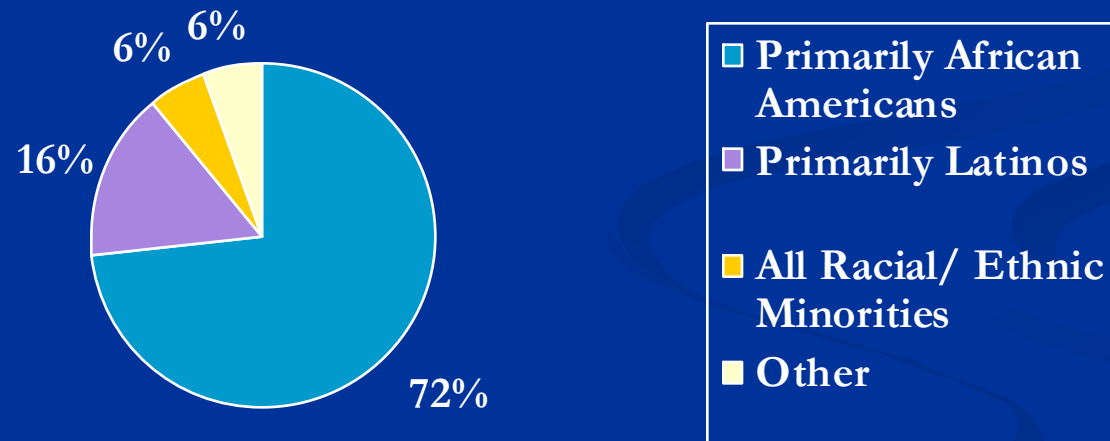
Results: How did the community changes contribute to widespread behavior change?

Distribution of Community Changes by Strategy



Results: How did the community changes contribute to widespread behavior change?

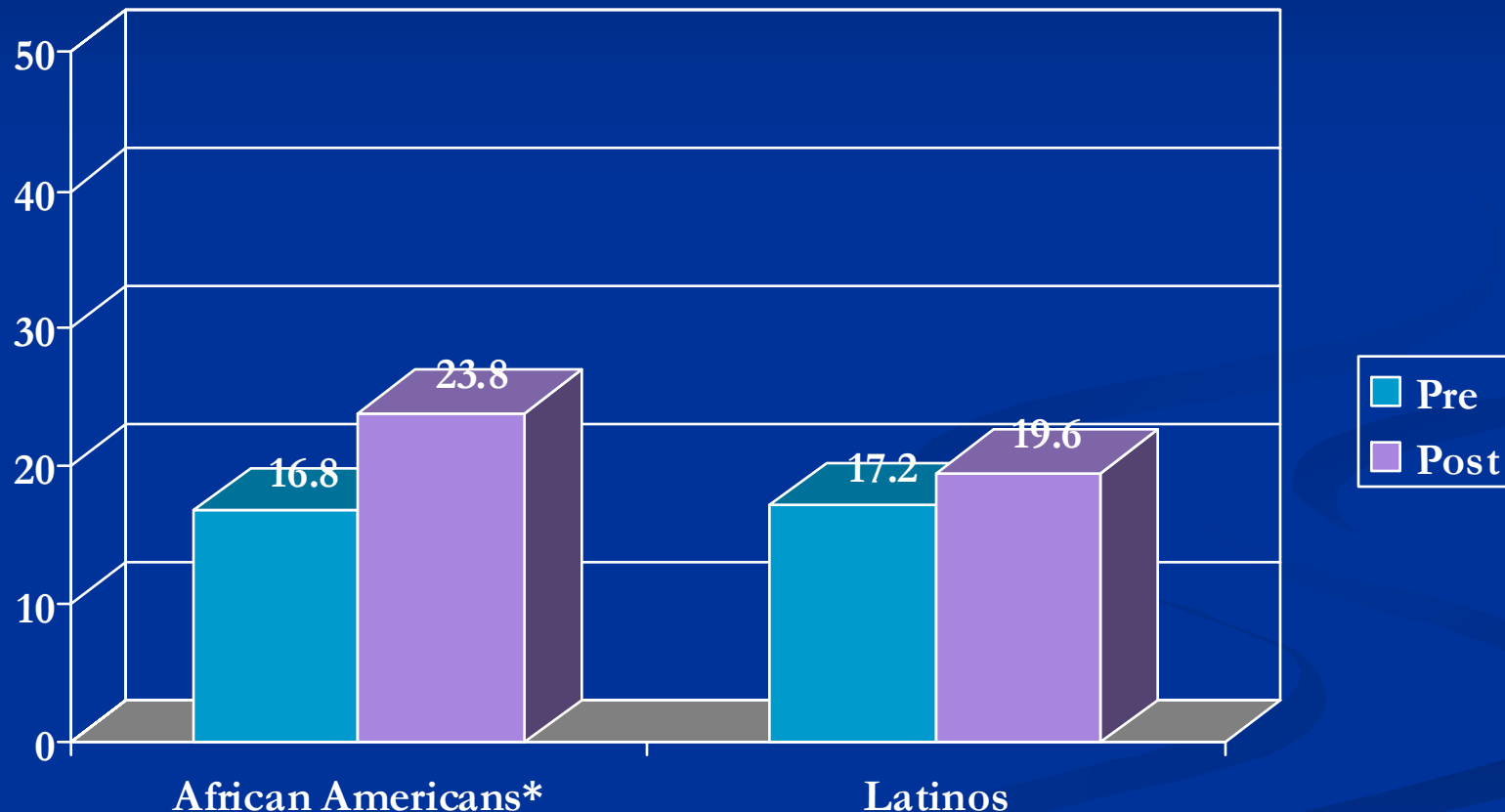
Distribution of Community Changes by Prioritized Populations



Results: Widespread Behavior Change

- Survey conducted in 2001 by the Missouri Department of Health and Senior Services served as a pre-test measure
- Surveys conducted in 2003, 2004, and 2005 by NORC on behalf of CDC served as post-test measures
- All participants were residents of the 11 zip code target area

Results: Percentage of adults who reported consuming five or more servings of fruits and vegetables daily



*The difference between pre and post among African-Americans was found to be statistically significant with a p-value (.028) < .05.

Discussion: Strengths

- Provides an example of how partners from a broad range of sectors can be supported to implement programs, policies, and practices related to healthy eating.
- Intermediate outcomes (community change) was collected to determine how the two priority populations were addressed differentially.
- Data was made available to allow us to look at population-level rates of behavior to allow for pre-posttest analysis.

Discussion: Limitations

- No data on comparison communities were collected
- Not clear that the sampling procedure for the MODHSS survey was the same as that used to for the REACH 2010 survey

Discussion: Implications for Research and Practice

- Stronger research designs
- Consideration should be given to how to engage and support partners across a community in promoting healthy eating

References

1. Fawcett, S.B., Lewis, R.K., Paine-Andrews, A., Francisco, V.T., Richter, K. P., Williams, E.L., & Copple, B. (1997). Evaluating community coalitions for prevention of substance abuse: The case of Project Freedom. *Health Education and Behavior, 24*, 812-828.
2. Institute of Medicine (2003). *Future of public health for the 21st Century* (pp. 178-211). Washington, DC: National Academies Press.
3. Paine-Andrews, A., Fisher, J.L., Berkely-Patton, J., Fawcett, S.B., Williams, E.L., Lewis, R.K., & Harris, K.J. (2002). Analyzing the contribution of community change to population health outcomes in an adolescent pregnancy prevention initiative. *Health Education and Behavior, 29*, 183-193.
4. Shortell, S.M., Zukoski, A.P., Alexander, J.A., Bazzoli, G.J., Conrad, D.A., Hasnian-Wynia, R., Sofaer, S., Chan, B, Casey, E., & Margolin, F.S. (2002). Evaluating partnerships for community health improvement: Tracking the footprints. *Journal of Health Politics, 27*, 49-91.
5. Thompson, B., Coronado, G, Snipes, S.A., & Puschel, K. (2003). Methodological advances and ongoing challenges in designing community-based health promotion programs. *Annual Review of Public Health, 24*, 315-340.