Master Of Public Health Thesis Research and Field Experience Presentation

Briana Rockler

B.A. Biology, University of Colorado, 2007

Justin Hall 167 Kansas State University April 24, 2015 1:30pm





Outline

- Thesis Presentation
 - Background
 - Rural Health, Community-Engaged Research, Coalitions
 - Current Literature
 - Research Objective
 - Methods
 - Results
 - Discussion
 - Questions
- Field Experience Presentation
- Conclusion
- Questions





Communities partnering with researchers: An evaluation of coalition function in a community-engaged research approach

by

Briana E. Rockler

submitted in partial fulfillment of the requirements of Master of Public Health





Background





Rural Health in the United States

- Obesity¹⁻³
- Diabetes¹⁻³
- Cancer¹⁻³
- Injury
- Suicide
- All-age mortality¹⁻⁴

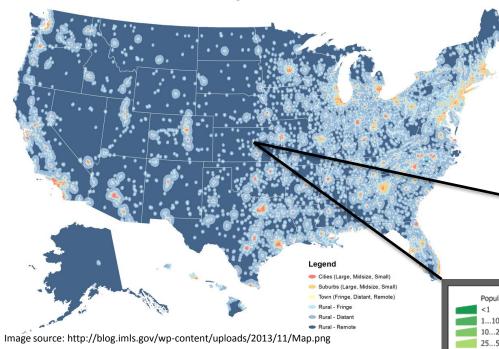


Elmer, Kansas





Rural, town, suburban, and city locales in the United States, FY 2012

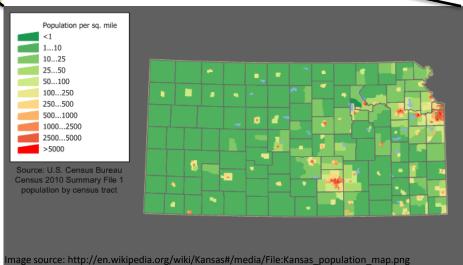


Rural = <40 persons/square mile⁵

(U.S. Department for Health and Human Services)

The United States is 72% rural land⁶

89/105 Kansas counties are considered rural⁵







Rural Health in the United States



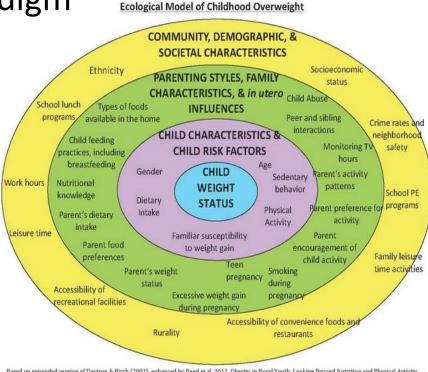
Elmer, Kansas

Kansas City



Social and Behavioral Approaches to Public Health

- Transtheoretical Model (Stages of Change)
- Information Processing Paradigm
- Theory of Reasoned Action
- Social Cognitive Theory
- Health Belief Model
- Social Ecological Model
- + more!



Based on expanded version of Davison & Birch (2001), enhanced by Reed et al, 2011. Obesity in Rural Youth: Looking Beyond Nutrition and Physical Activity. INE Vol.43. No. 5. Po. 403.





Applying what works, and doing what is right for the setting

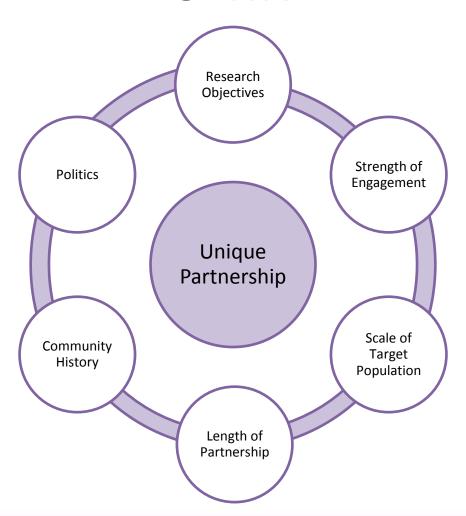
- Community-Engaged Research (CEnR)^{7,8}
 - Incorporation of community stakeholders into traditional public health or academic research
 - Framework to conduct research with an ecological approach
 - Evidence-based
 - Community tailored



Research and Extension



CEnR[®]







Community Coalitions

- Community activists that mobilize locally to promote improved conditions for their community⁹
 - Parents
 - Teachers
 - Law enforcement
 - Non-profit organizations
 - Religious leaders
 - Healthcare providers
 - Concerned citizens
 - + more!



Image source: https://diy.org/skills/urbandesigner/challenges/1298/attend-a-community-planning-meeting





Current Literature





 Public health efforts rooted in local communities successful in addressing complex health problems and reducing health disparities¹⁰⁻¹²

Limited information regarding partnership process^{13,14}

Focus on health outcome measures^{14,15}





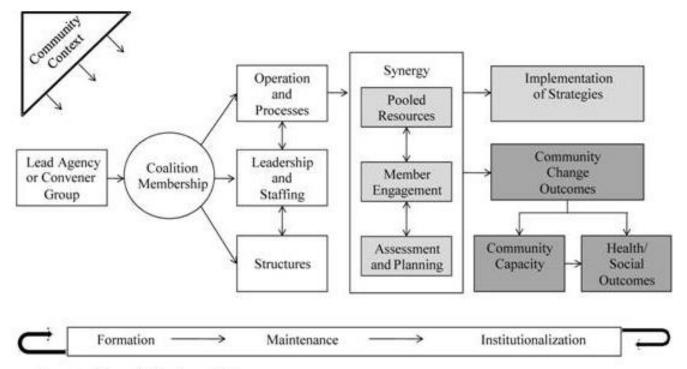
 Limited information regarding coalition groups as public health partners¹⁶

- Future research on community coalitions should be based in coalition theory, address theoretical constructs:¹⁷
 - Community Organization and Development Model
 - Framework for Partnerships and Community Development
 - Framework of Organized Viability
 - Model of Community Health Governance
 - Stages of Development Theory
 - + more!





Community Coalition Action Theory (CCAT)



Model source: http://aspe.hhs.gov/health/reports/2010/sustainlit/report.shtml

 Butterfoss, 2007: Coalition constructs determine community health outcomes¹⁸





- Several studies have reinforced the logic proposed by the CCAT by linking coalition constructs to short- and intermediate-term indicators of coalition success^{3,16,19-24}
 - Membership and recruitment
 - Decision-making
 - Conflict
 - Leadership
 - Staffing
 - Trust
 - Communication
 - Mission strategy and action plan
 - Participation
 - Coalition capacity
- No literature regarding CEnR dose-response relationship



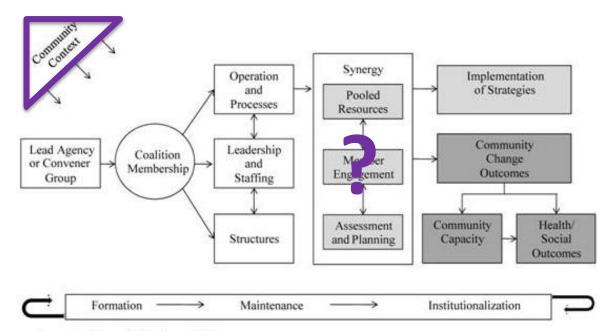


Research Objective





 This study seeks to evaluate the effects of CEnR partnership on existing rural community health coalitions involved in the pilot year of a collaborative CEnR project.



Model source: http://aspe.hhs.gov/health/reports/2010/sustainlit/report.shtml





Methods and Procedures



"O.K., let's slowly lower in the grant money."

Source: http://www.rogerebert.com/rogers-journal/the-new-yorker-no-the-new-yorker





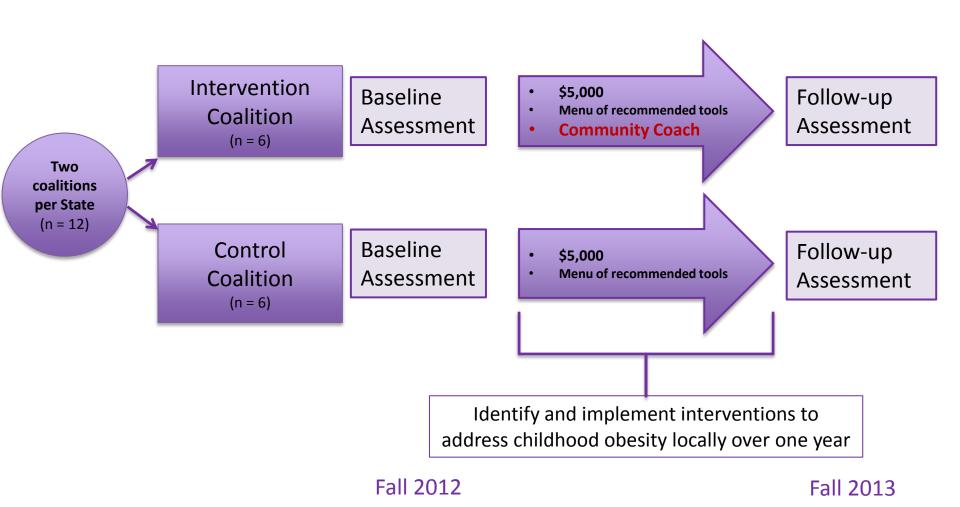
Mobilizing Rural Low-income Communities to Assess and Improve the Ecological Environment to Prevent Childhood Obesity



- Collaborative, multi-state, multi-disciplinary research project to address childhood obesity in low-income rural communities
- This project was funded by the Agriculture and Food Research Initiative (AFRI) from the USDA National Institute of Food and Agriculture









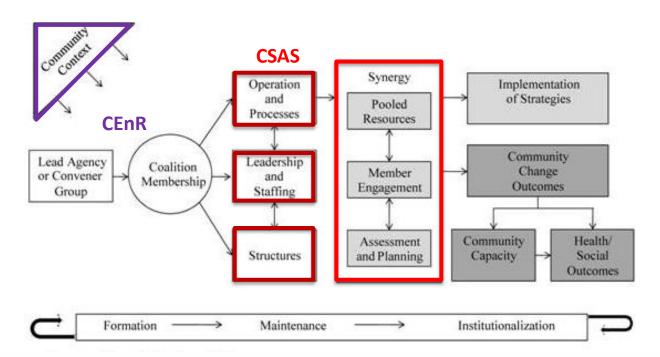
Measures





• Coalition Self-Assessment Survey (CSAS) (CSAS) (Robert Wood Johnson Foundation

- Quantitative data regarding constructs of coalition function²³
- 41 questions, ~30 minutes
- High face validity, in-depth use of tool²⁵







Data Analysis





- SPSS Version 21.0
- Three comparison groups
 - Control Baseline vs. Control Follow-up
 - Intervention Baseline vs. Intervention Follow-up
 - Control vs. Intervention at Follow-up
- Bivariate analyses
 - Pearson's Chi-square test for independence
 - Change in categorical variables within and between groups
 - Mann-Whitney U test
 - Change in Likert-type ordinal variables within and between groups
- Statistical significance set at *p* < 0.05





Results





Demographics

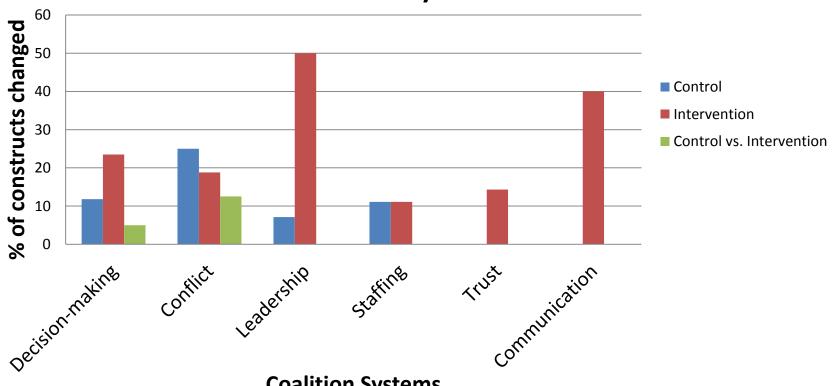
57	42	76	
		70	71
14%	9.5%	17.1%	12.7%
82.5%	90.5%	81.6%	84.5%
47.09 (SD = 12.72, Range = 23-77)	47.66 (SD = 12.90, Range = 13-68)	46.78 (SD = 11.79, Range = 23-73)	47.70 (SD = 10.64, Range = 26-73)
5.3%	2.4%		
89.5%	97.6%	98.7%	100%
	2.4%		
	2.4%		
7%	4.8%	3.9%	9.9%
1.8%	4.8%	6.6%	8.5%
57.9%	50%	50%	45.1%
29.8%	35.7%	38.2%	36.6%
14	11	17	17
	82.5% 47.09 (SD = 12.72, Range = 23-77) 5.3% 89.5% 7% 1.8% 57.9% 29.8%	82.5% 90.5% 47.09 (SD = 12.72, 47.66 (SD = 12.90, Range = 23-77) Range = 13-68) 5.3% 2.4% 89.5% 97.6% 2.4% 7% 4.8% 1.8% 4.8% 57.9% 50% 29.8% 35.7%	82.5% 90.5% 81.6% 47.09 (SD = 12.72,





Coalition Systems

Significant changes in coalition constructs related to coalition systems



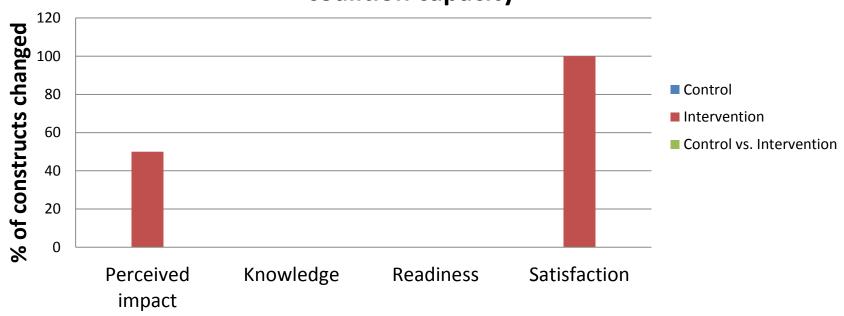
Coalition Systems





Coalition Capacity

Significant changes in coalition constructs related to coalition capacity



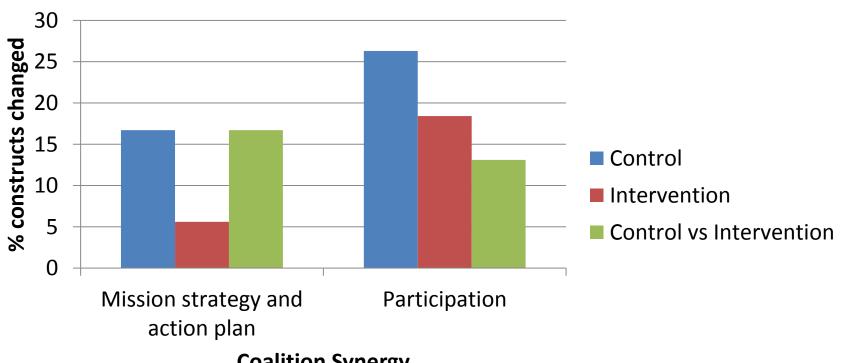
Coalition Capacity





Coalition Synergy

Significant changes in coalition constructs related to coalition synergy



Coalition Synergy





Mission Strategy

Mission strategy/Action Plan	Control	Intervention	Control vs. Intervention
Notification of meetings is timely	51.60/40.43	63.54/75.29	50.81/59.91
	473.00, p = 0.047*	1975.00, p = 0.05*	1231.00, p = 0.10
Background materials needed for meetings are prepared in advance of meetings (agendas, minutes, study documents)	51.73/37.12 795.00, p = 0.02*	58.82/73.51 1689.50, p = 0.01*	44.78/69.75 1021.00, p = 0.003*
Informative committee and/or task force reports are routinely made to the entire coalition	43.49/37.89	57.44/66.81	46.86/54.76
	661.00, p = 0.003*	1621.00, p = 0.10	1281.00, p = 0.15

^{*}Significant measures, p < 0.05





Discussion







- -Decision-making
- -Conflict resolution
- -Staffing
- -Participation
- -Leadership (1/14 variables)
- -Leadership (7/14 variables)
- -Trust
- -Communication
- -Coalition Capacity
- -Mission strategy/action plan

CEnR w/o Community Coach

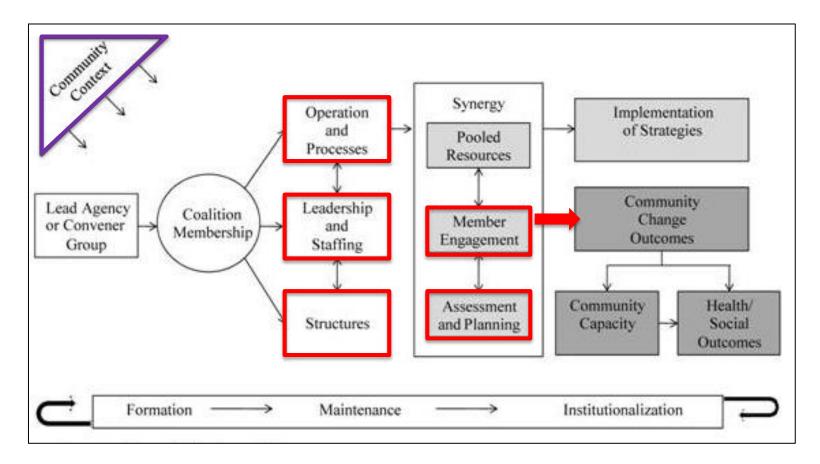


-Mission strategy/action plan





Alignment with Coalition Theory







The data suggest that coalitions with a higher degree of partnership interaction may be more successful in addressing problems impacting their communities.

Image source: http://www.tabornorthern.org/





Experimental Strengths

- Temporal relation
- Plausibility
- Dose-response
- Consistent with published literature
- Rooted in coalition theory
- A variety of models
 - Funding only
 - Funding + Coach





Limitations

- Quasi-experimental
 - Selection bias
- Measurement tool
 - Validity
 - Recall bias
- Data collection procedures
 - Sampling bias
- Setting
 - Transfer bias
- Length





Future Research

- Findings from this study should be informative to researchers seeking to collaborate with community health coalitions
- Directions for future research include
 - Dose-response studies to determine ideal level of engagement
 - Is coaching a best practice?
 - Focus on varying degrees and types of collaboration
 - Longer duration
 - Reversibility studies





References

- 1. Eberhardt MS, Pamuk ER. The importance of place of residence: Examining health in rural and nonrural areas. *Am J Public Health*. 2004;94(10):1682-1686.
- 2. Hartley D. Rural health disparities, population health, and rural culture. Am J Public Health. 2004;94(10):1675-1678.
- 3. Downey LH. Rural populations and health: Determinants, disparities, and solutions. *Prev Chronic Dis.* 2013;10(130097).
- 4. Hill J, You W, Zoellner J. Disparities in obesity among rural and urban residents in a health disparate region. *BMC Public Health*. 2014;14(1):1051.
- 5. Kansas Office of Rural Health. Kansas Rural Health Systems at a Glance. Kansas Department of Health and Environment Web site. www.kdheks.gov/olrh/rural.html. Accessed April 20, 2015.
- 6. United States Department of Agriculture. Rural economy & population. USDA Economic Research Service Web site. http://www.ers.usda.gov/topics/rural-economy-population/population-migration.aspx. Published April 3 2014. Updated 2014. Accessed March 1, 2015.
- 7. Israel BA, Schulz AJ, Parker EA, Becker AB, Community-Campus Partnerships for Health. Community-based participatory research: Policy recommendations for promoting a partnership approach in health research. *Educ Health (Abingdon)*. 2001;14(2):182-197.
- 8. MacQueen KM, McLellan E, Metzger DS, Kegeles S, Strauss RP, Scotti R, Blanchard L, Trotter RT. What is community? an evidence-based definition for participatory public health. *American Journal of Public Health*. 2001;91(12):1929-1938.
- 9. Start a coalition. CADCA Building drug-free communities Web site. http://www.cadca.org/start-coalition. Accessed March 1, 2015.
- 10. Davis MM, Aromaa S, McGinnis PB, et al. Engaging the underserved: A process model to mobilize rural community health coalitions as partners in translational research. *Clinical and Translational Science*. 2014;7(4):300-306.
- 11. VanDevanter N, Kwon S, Sim SC, Chun K, B Free CEED Coalition, Trinh-Shevrin C. Evaluation of community-academic partnership functioning: Center for the elimination of hepatitis B health disparities. *Prog Community Health Partnersh.* 2011;5(3):223-233.
- 12. El Ansari W. Leadership in community partnerships: South african study and experience. Cent Eur J Public Health. 2012;20(3):174-184.
- 13. Isler MR, Corbie-Smith G. Practical steps to community engaged research: From inputs to outcomes. *J Law Med Ethics*. 2012;40(4):904-914.
- 14. Barnidge EK, Brownson CA, Baker EA, Shetty G. Tools for building clinic-community partnerships to support chronic disease control and prevention. *Diabetes Educ.* 2010;36(2):190-201.





References

- 15. Kegler MC, Williams CW, Cassell CM, et al. Mobilizing communities for teen pregnancy prevention: Associations between coalition characteristics and perceived accomplishments. *J Adolesc Health*. 2005;37(3 Suppl):S31-41.
- 16. Kegler MC, Swan DW. Advancing coalition theory: The effect of coalition factors on community capacity mediated by member engagement. *Health Educ Res.* 2012;27(4):572-584.
- 17. Clark NM, Lachance L, Doctor LJ, et al. Policy and system change and community coalitions: Outcomes from allies against asthma. *Health Education & Behavior*. 2014;41(5):528-538.
- 18. Butterfoss FD KM. The community coalition action theory. In: DiClemente RJ, Crosby RA, Kegler MC, ed. *Emerging theories in health promotion practice and research*. Second ed. San Francisco, CA: Jossey-Bass; 2009:238-275.
- 19. Downey LM, Ireson CL, Slavova S, McKee G. Defining elements of success: A critical pathway of coalition development. *Health Promot Pract*. 2008;9(2):130-139.
- 20. Clark NM, Malveaux F, Friedman AR. An introduction to allies against asthma and this special issue. *Health Promot Pract*. 2006;7(2 Suppl):8S-12S.
- 21. Zakocs RC, Guckenburg S. What coalition factors foster community capacity? lessons learned from the fighting back initiative. *Health Educ Behav*. 2007;34(2):354-375.
- 22. Zakocs RC, Edwards EM. What explains community coalition effectiveness?: A review of the literature. *Am J Prev Med*. 2006;30(4):351-361.
- 23. Kenney E SS. Coalition self-assessment survey . B C School of Public Affairs Survey B C School of Public Affairs New York, NY: City University of New York. 2002.
- 24. Foster-Fishman PG, Berkowitz SL, Lounsbury DW, Jacobson S, Allen NA. Building collaborative capacity in community coalitions: A review and integrative framework. *Am J Community Psychol*. 2001;29(2):241-261.
- 25. Schulz A, Israel BA, Lantz P. Instrument for evaluating dimensions of group dynamics within community-based participatory research partnerships. *Eval Program Plann*. 2003;26:249-262.





Questions?





Public Health Field Experience Presentation



Preceptor: Rhonda Parmley, PhD LPC
Denver, Colorado
May – July, 2014



HealthKind

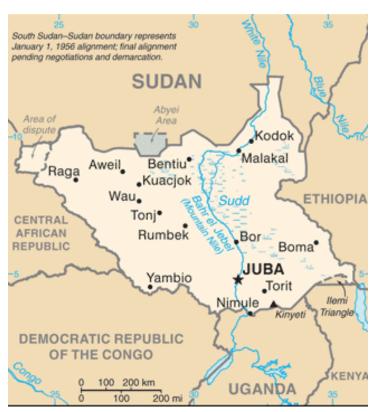




- Engage South Sudanese nationals living in the U.S. in an effort to bring sustainable, community-based and integrative health initiatives to their home country.
 - Health education
 - Health-worker education
 - Delivery of services



South Sudan



Map source: http://en.wikipedia.org/wiki/South_Sudan

- Maternal mortality: 2,054/100,000 pregnancies¹
- Infant mortality: 64/1,000 live births²
- Under-five mortality: 99/1,000 children²
- 90% of the world's guinea-worm disease burden²
- 2014 cholera outbreak³
- 25% of population has access to health care⁴
 - NGOs responsible for up to 80% of health services²
- Level 3 humanitarian emergency³



What does rural Kansas have in common with South Sudan?



- Lack of access to appropriate health programs
- Hard-to-reach demographics
- Complex health problems
- Lack of sustainable health approaches



Mission:

"We partner with local communities to develop and implement sustainable, integrated health care programs in the developing world. We collaborate to develop local citizens' capacity to build, staff, and maintain health care programs and services that meet their unique and self-defined needs".



Scope of Work

- Funding
 - Grant Applications
 - Fundraising
- Program support
- Networking
 - "Cross-pollination"





Learning Objectives

 Learn how to implement and manage novel health programs in a global setting

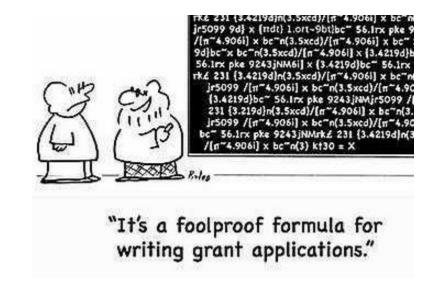
Develop materials for global health advocacy

 To better understand barriers facing global health practice in a non-profit setting



Activities

- Grant Applications
 - Chatlos Foundation
 - USAID Office of Maternal and Child Health: Emerging Priorities in Reproductive, Maternal and Newborn Health
 - Developed evidence-based maternal health intervention rooted in community
 - Grand ChallengesExplorations Grant (Gates Foundation)





Activities

Peace for South Sudan Fundraising Dinner and Silent Auction









Activities





All images property of HealthKind

- Community Engagement
 - Program support
 - Women Cry for Peace and Life group gatherings
 - Enhance HealthKind's "reach"
 - Social media
 - Mass communication
 - Advertising
 - Networking
 - Community presence
 - Event attendance
 - Executive Summary



Lessons Learned

- Even with a strong foundation in public health, it takes a great deal of energy and resources to keep non-profit organizations viable.
 - Whole-picture of non-profit work, rather than a snapshot of an already well-established organization



Conclusion

 When researchers and healthcare providers partner with stakeholders who care most about a problem, they will be better prepared to address these issues as a united force.





Questions?



Alignment with public health core competencies

Competency	Thesis/Field Experience Exposure
Biostatistics	 Interpreted statistical methods in published literature Utilized community-level vital statistics, records, and public health characteristics from rural Kansas and South Sudan Aggregated, analyzed, and interpreted quantitative data related to thesis research
Environmental Health Sciences	 Developed health interventions specific to unique environmental settings: potable water, sanitation methods, internally displaced persons, contaminated food Explored environmental health risk as it relates to rural health indicators, specifically in childhood obesity
Epidemiology	 Interpreted epidemiologic data from rural Kansas and South Sudan – prevalence, mortality Evaluated literature based on epidemiologic principles Conceptualized the dissemination of epidemiologic data Evaluated my own research
Health Services Administration	 Focused on increasing access to care in rural Kansas and South Sudan
Social and Behavioral Sciences	 Accounted for social and cultural elements of health status in the development of health interventions Utilized theoretical models: Social Ecological Model (Ecological Model for Childhood Overweight), Community Coalition Action Theory





References

- 1. World Health Organization. Country cooperation strategy: South Sudan. 2014;14.03.
- The World Bank. South Sudan. The World Bank Data By Country Web site. http://data.worldbank.org/country/south-sudan. Updated 2013. Accessed April 3, 2015.
- 3. World Health Organization. Situation report: South Sudan. 2015;47.
- Downie R. The state of public health in south sudan critical condition. CSIS Global Health Policy Center. 2012.



Acknowledgements

- MPH Committee
 - Dr. Sandy Procter
 - Dr. Paula Peters
 - Dr. Michael Cates
- HealthKind
 - Dr. Rhonda Parmley
 - Kuier Atem

- CPCO Program Directors and Coordinators
 - Dr. Tina Remig



- MPH Program Administration, Professors, Faculty
 - Dr. Carol Ann Holcomb
- Department of Human Nutrition
- Family/Friends

