

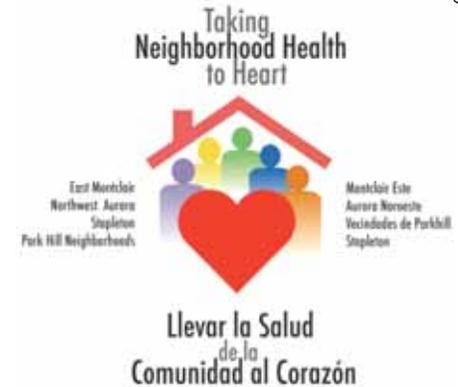


# Taking Neighborhood Health to Heart



**Community-Based Participatory Research Initiative Devoted to Collecting and Disseminating Neighborhood-Level Health Data**

# Presentation Team Project Affiliations



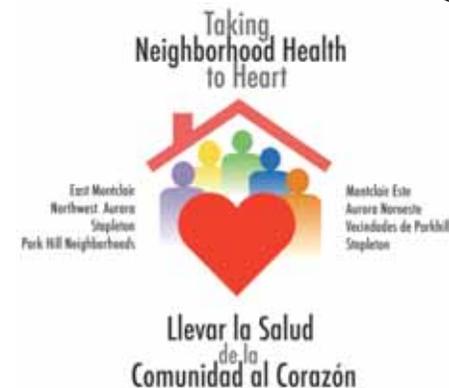
## In person:

- Debbi Main: Taking Neighborhood Health to Heart (TNH2H) Principal Investigator, University of Colorado; TNH2H Data Review and Dissemination (DRAD) Committee member

## On the phone:

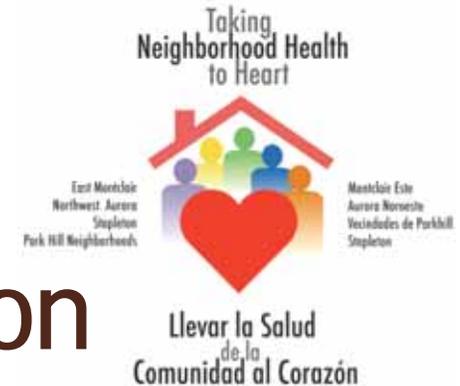
- Janet Meredith: Executive Director, 2040 Partners for Health
- Tracey Stewart: Board Member, 2040 Partners for Health; DRAD member; former community resident
- George Ware: TNH2H Steering Committee Co-Chair, DRAD member; current community resident

# Our premise...



Enhancing confidentiality, trust and relevance of community-based health information is best addressed early and in an ongoing, meaningful way; by engaging community members in...

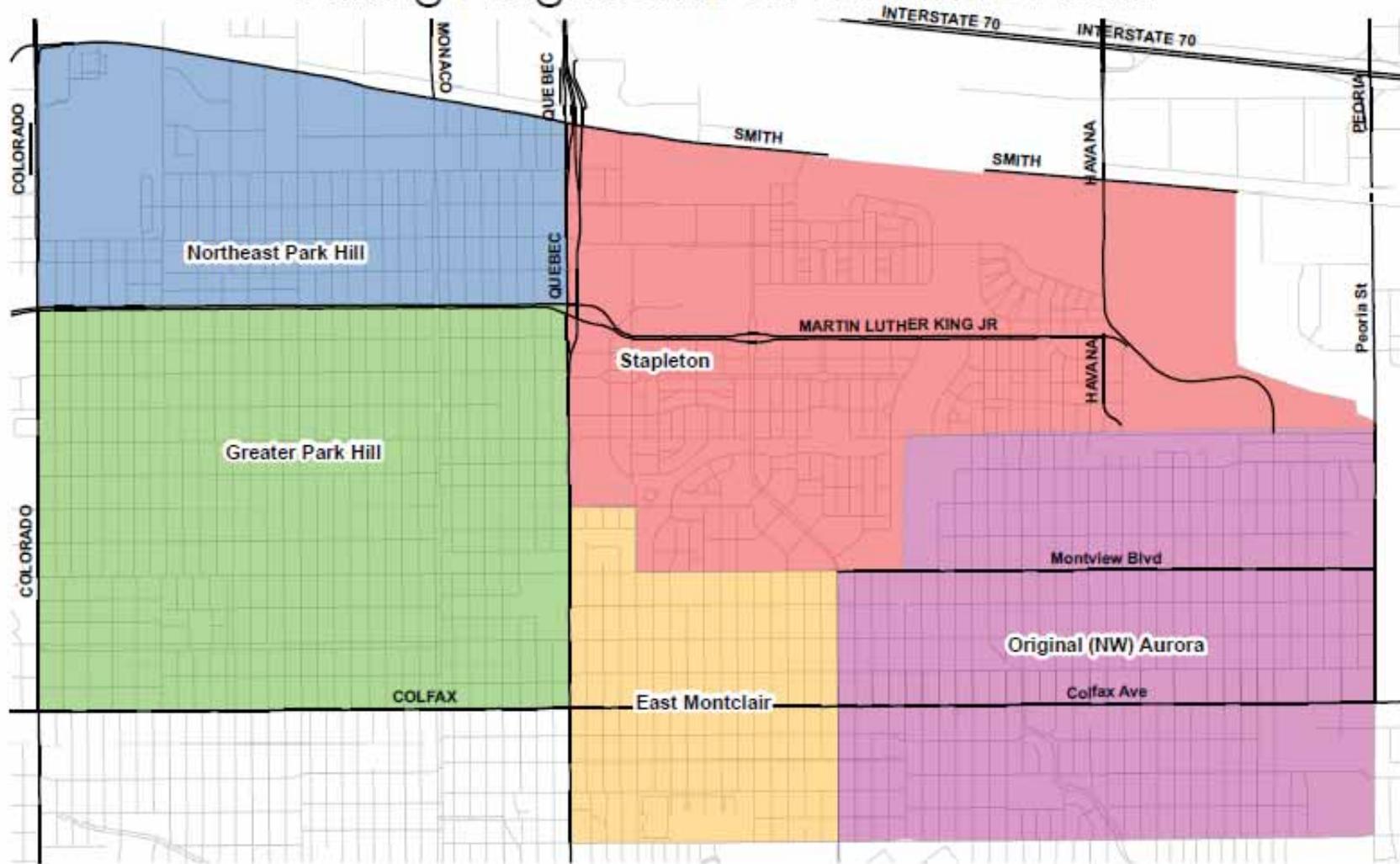
- the design, content and methods of data collection
- interpretation of findings
- dissemination of health information to enhance its understanding and use
- the development of future projects using local-level health data



# Purpose of This Presentation

- Illustrate data confidentiality challenges we've encountered in our community-based participatory research initiative, Taking Neighborhood Health to Heart (TNH2H) – and describe strategies we've used to address them.
- Describe participatory processes and dissemination methods we've used within our initiative to share health information, increase trust, and enhance relevance and use by community members, community-based organizations and researchers.

# Taking Neighborhood Health to Heart



Map by Eric Ross 2010  
Street Data from Adams, Arapahoe & Denver Counties  
Neighborhood Boundaries Specified by Study

## Table 1. Description of Neighborhoods in Our “Footprint”

	Population (#Households)	Race/ Ethnicity**	% in Poverty	Education (% <HS)	% Free & Reduced Lunch
Northeast Park Hill	8,794 (2,744)	69% AA 24% HL	24%	34%	<b>80%</b>
Park Hill	19,202 (7,522)	36% AA 10% HL	8%	12%	<b>46%</b>
East Montclair	7,691 (4,218)	32% AA 32% HL	22%	28%	<b>84%</b>
Northwest Aurora	24,399 (7,773)	15% AA 58% HL	27%	48%	<b>67%</b>
Stapleton	6,446 (1,871)	3% AA 8% HL	5%	4%	<b>16%</b>

++ Data from 2007-2008 TNH2H household surveys, 2007 Piton Foundation data and 2000 U.S. Census data;

\*\* AA = African American, HL = Hispanic or Latino.

# Taking Neighborhood Health to Heart – Its Beginning



- An NIH funded community-based participatory research project designed to:
  1. Engage diverse residents in five neighborhoods as participants in research.
  2. Collect critical data on the health of residents and target neighborhoods -- key focus on physical activity, healthy eating, obesity, CVD.
  3. Make sense of and disseminate data to identify community needs, strengths and next steps.
- Research focus: study the impact of the built and social environment on health and health disparities.

**Table 2. Types of Data Collected in Our “Footprint”**

<p><b><u>Individual Health</u></b></p> <ul style="list-style-type: none"> <li>• General Health Measures</li> <li>• Access to Health Care</li> <li>• Chronic Health Conditions</li> <li>• Age, Height, Weight</li> <li>• Levels of Physical Activity</li> <li>• Transportation</li> <li>• Diet and Food Information</li> <li>• Tobacco and Alcohol Use</li> <li>• Stress</li> </ul>	<p><b><u>Physical Environment of Neighborhood</u></b></p> <ul style="list-style-type: none"> <li>• Housing</li> <li>• Other Types of Buildings</li> <li>• Public Transportation</li> <li>• Recreational Spaces</li> <li>• Safety from Crime</li> <li>• Street Conditions</li> </ul>
<p><b><u>Neighborhood Resources/Amenities</u></b></p> <ul style="list-style-type: none"> <li>• Food Resources</li> <li>• Safety/Civic Resources</li> <li>• Transportation</li> <li>• Recreational Resources</li> <li>• Outdoor Activities/Resources</li> <li>• Schools</li> <li>• Community Health Centers</li> </ul>	<p><b><u>Neighborhood Food Resources</u></b></p> <ul style="list-style-type: none"> <li>• Food Store Locations</li> <li>• Food Price/Quality/Availability</li> <li>• Types of food</li> </ul>
<p><b><u>Neighborhood Demographics</u></b></p> <ul style="list-style-type: none"> <li>• Race/Ethnicity, Age/Gender</li> <li>• Diversity/Segregation</li> <li>• Household Income/ Education Levels</li> <li>• Occupations/ Employment Status</li> <li>• Poverty Status</li> <li>• Language Information</li> </ul>	<p><b><u>Perceptions of Neighborhoods</u></b></p> <ul style="list-style-type: none"> <li>• Neighborhood Safety</li> <li>• Trust among neighbors/ social cohesion</li> <li>• Racism/Discrimination</li> </ul>

# From Community Involvement to Ownership – Building Credibility and Trust



- Community council members were involved in designing household health survey, audit of neighborhood built environment, audit of grocery stores and parks.
- Hired and trained community members as door to door data collectors and as facilitators for qualitative data collection.
- As data were being collected, we began discussing historical research abuses and methods for ensuring that study findings were shared with community -- led to the formation of the Data Review and Dissemination committee (DRAD) in 2007.

# TNH2H Data Review and Dissemination Committee (DRAD): Ways to Increase Interest, Buy-In, Trust, Commitment

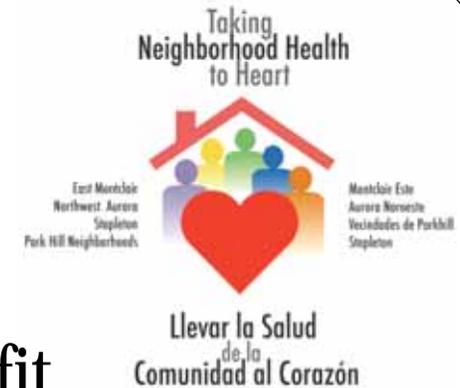


DRAD Committee involves 10-15 community residents and researchers who direct the way data are used and disseminated:

- Developed principles to guide uses of TNH2H data and a process for approving data requests.
- Planned and implemented a Health Summit with 2040 Partners for Health to share data with community residents of the five partner neighborhoods FIRST (before widespread dissemination).
- Invited all household survey participants (who agreed to be contacted) to attend Health Summit and participate in TNH2H council.

# DRAD: Key Issues in Community Ownership

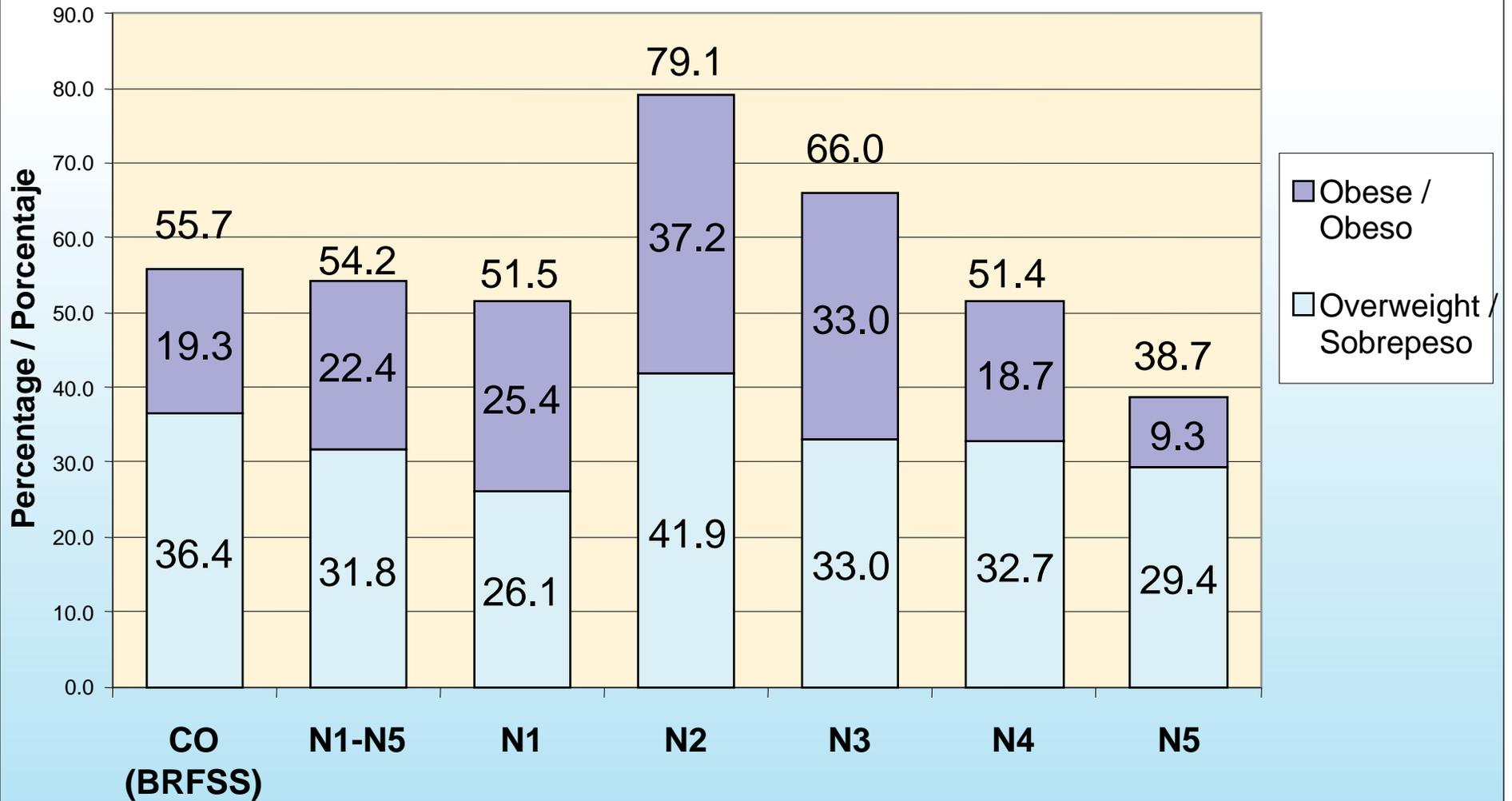
- All projects requesting TNH2H data should benefit community and use participatory process.
- Sensitivity to how findings can stigmatize communities and populations.
  - For example, we blinded neighborhood reports early on; reported one neighborhood at a time (not comparing data across neighborhoods).
  - For example, lowest level of illustrating data is block group
- Commitment to involving community in data interpretation – with careful consideration of social determinants of health.
  - minimize blaming people, neighborhoods; consider neighborhood conditions and resources.



# Examples

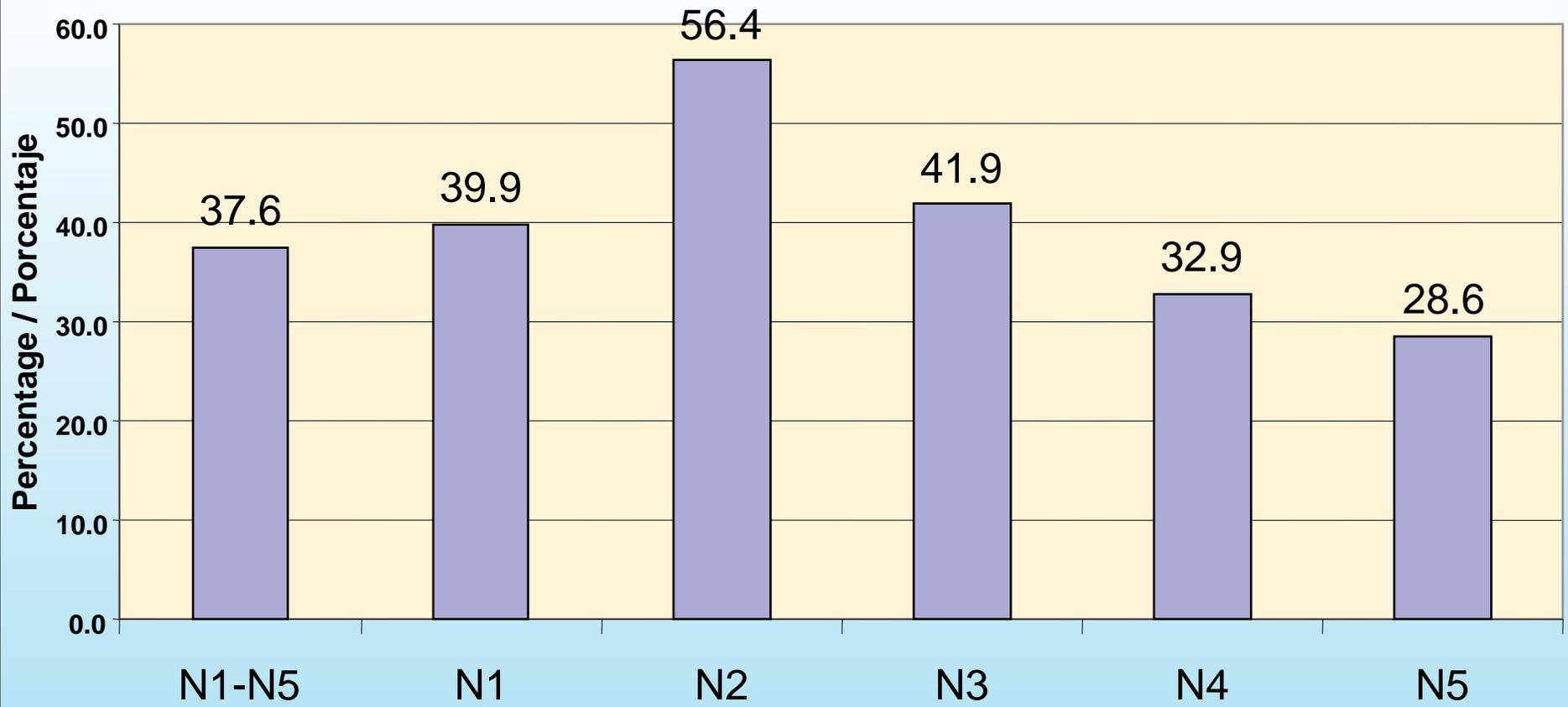
# Percent Overweight or Obese

## Porcentaje de personas en sobrepeso u obesas



# Eat 2 or Fewer Servings of Fruits or Vegetables Each Day

Consumen 2 o menos porciones de frutas o  
verduras al día



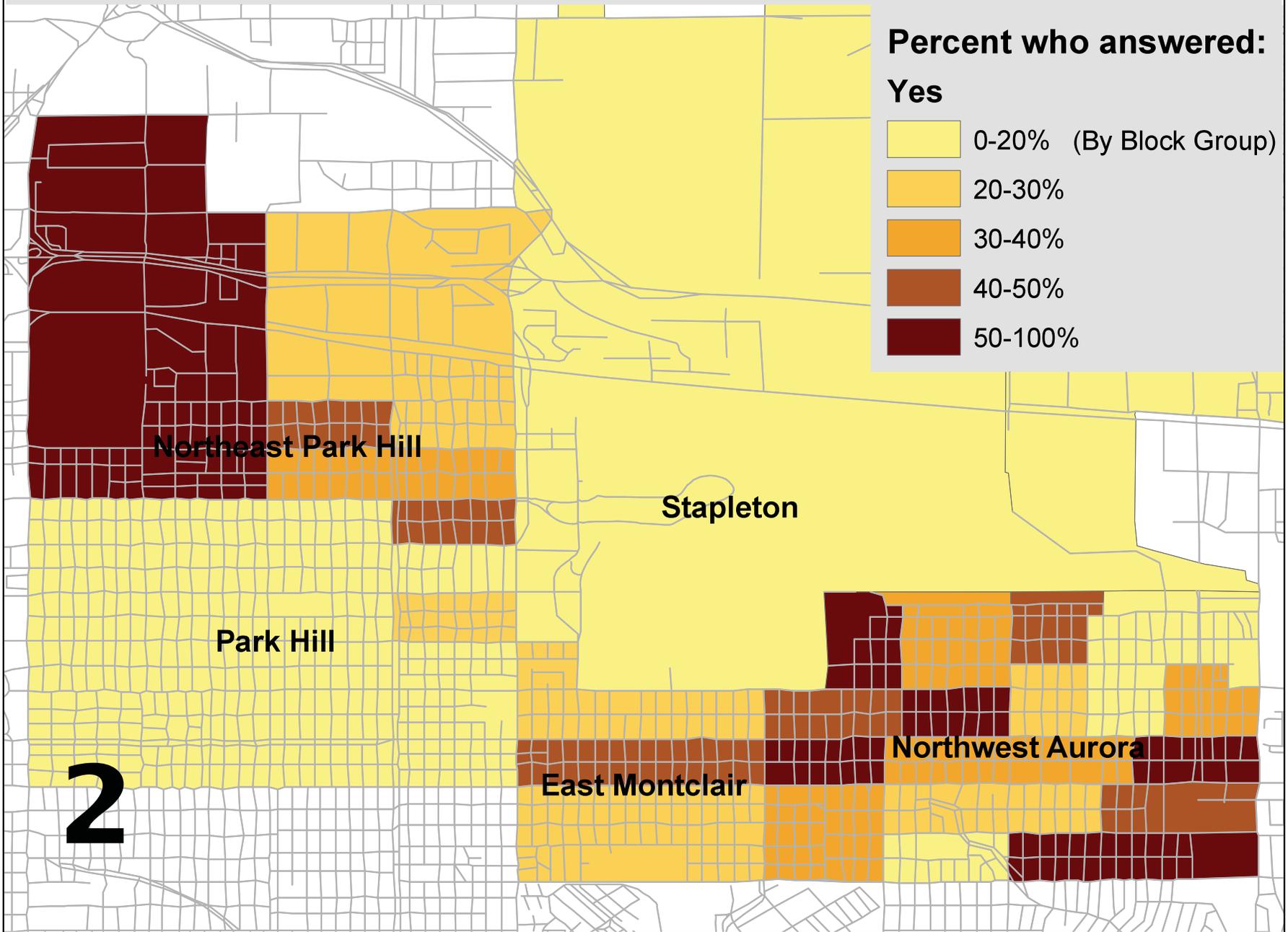
Greater focus on conditions and resources  
within and across neighborhoods

(in addition to individual-level indicators of health)

**"Over the past 12 months, did your household ever run out of money to buy food?"**

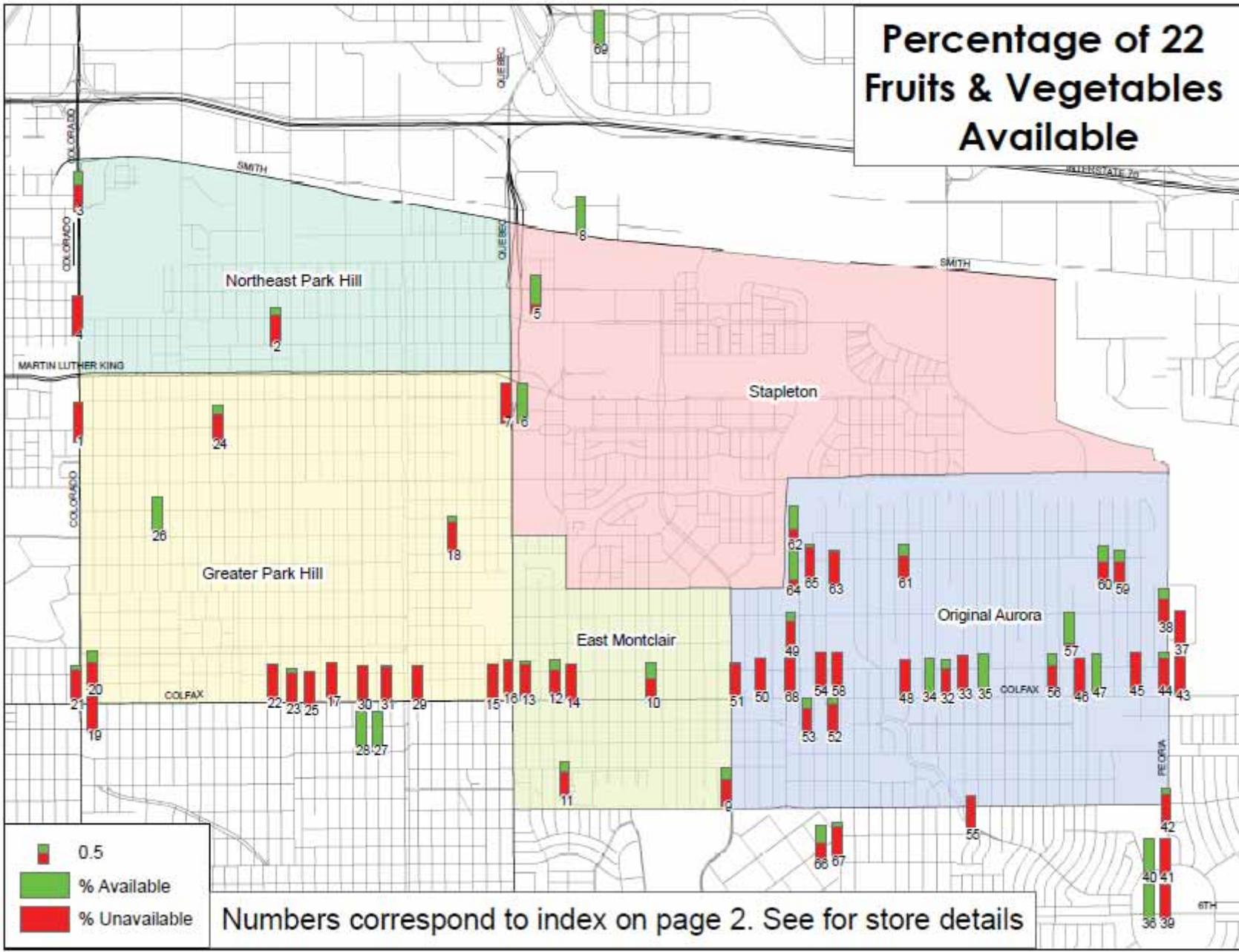
**Percent who answered:**

**Yes**



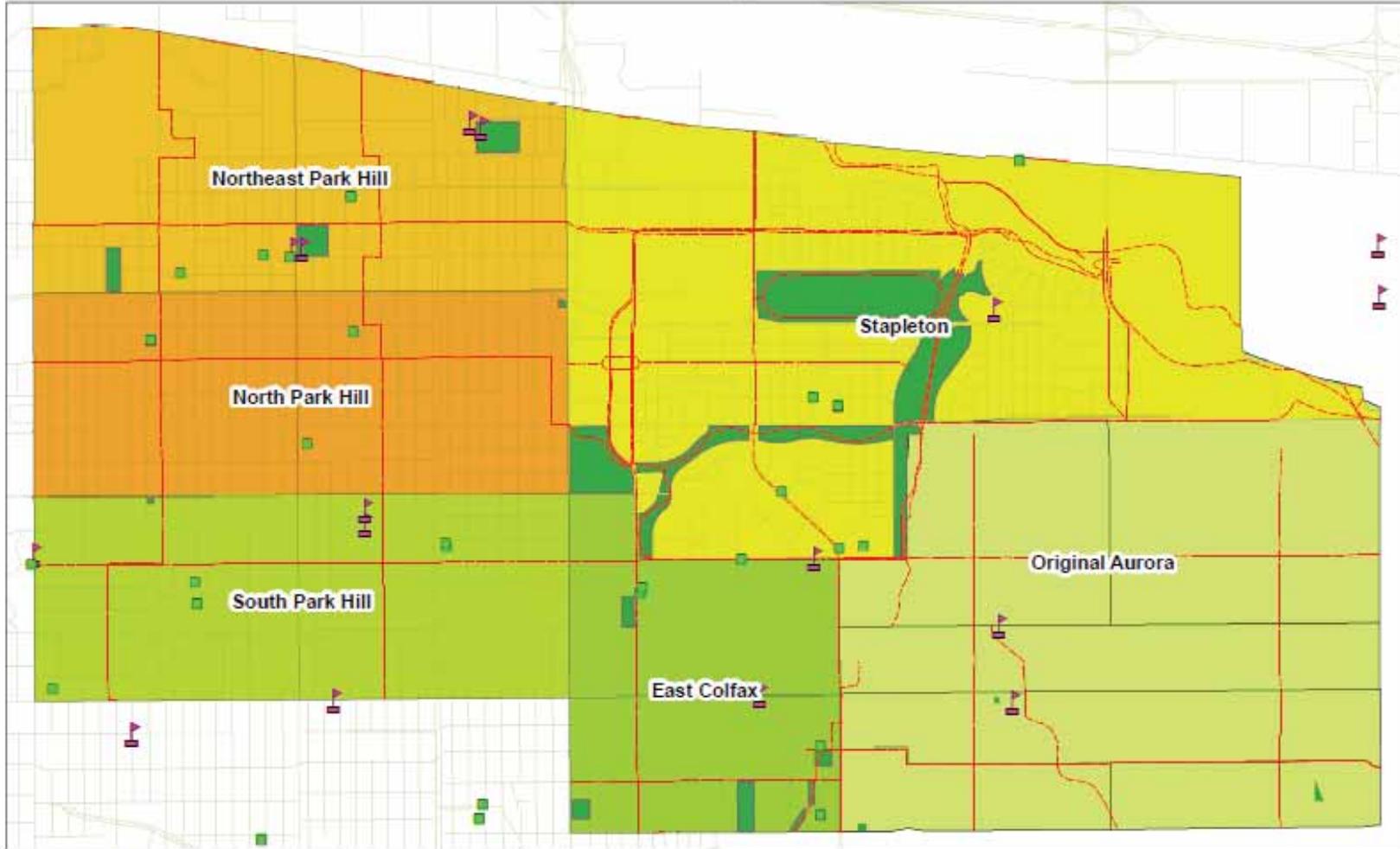
**2**

# Percentage of 22 Fruits & Vegetables Available



Numbers correspond to index on page 2. See for store details

# Health Spaces



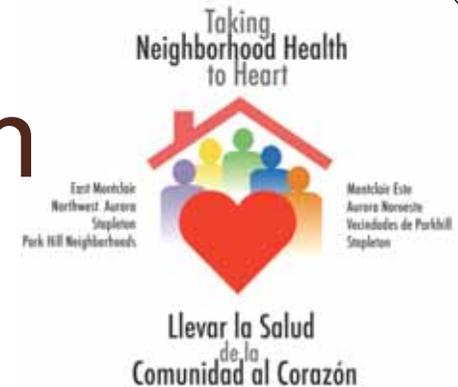
- After School Programs
- 🚩 Health/Exercise/Rec Ctrs
- Parks & Open Space
- Bike Routes & Trails

0 0.5 1 2 Miles

Map by Eric Ross 2010  
Neighborhood, Parks & Recreation Center Data  
provided by City & County of Denver

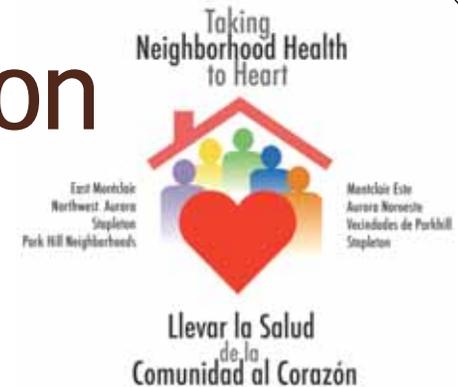


# Data Review and Dissemination Accomplishments:



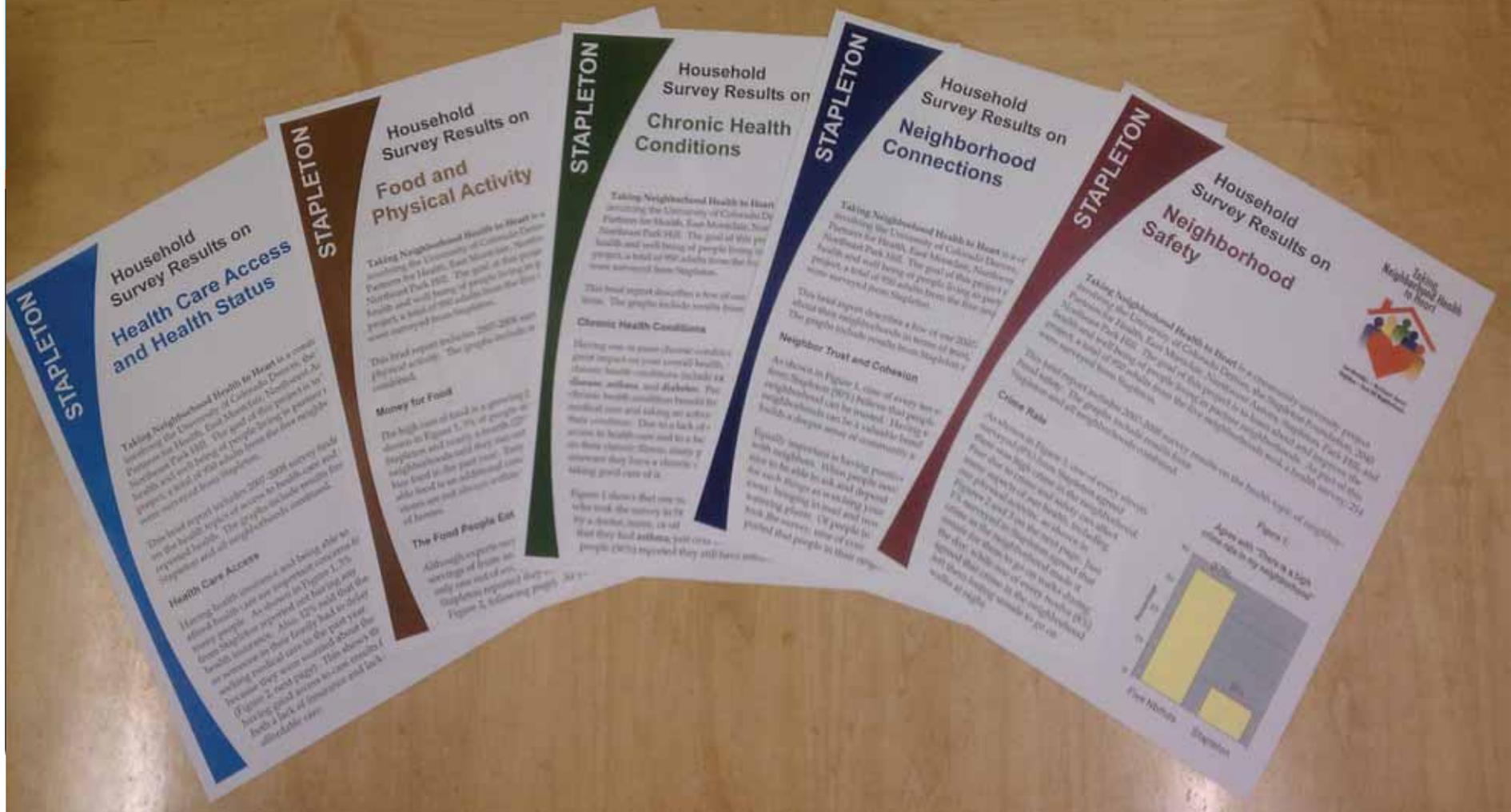
1. Spent over a year interpreting data and disseminating findings back to community
  - Neighborhood Health Briefs in English and Spanish
  - Neighborhood newsletters, newspapers
  - Provided data to community based organizations, researchers, students, and neighborhood associations
  - Poster displays and workshops at local, state and national meetings

# Data Review and Dissemination Accomplishments:



2. DRAD was awarded its own CCTSI (University's CTSA) community engagement pilot grant (with 2040 as a partner) to disseminate findings in over 25 ***neighborhood "House Meetings."***
  - Trained community members to facilitate house meetings
  - Shared Health Briefs and Summary Sheets
  - Uncovered other important neighborhood health concerns and interests
  - Invited meeting participants to participate in TNH2H

# Neighborhood Health Briefs



**Taking Neighborhood Health to Heart**  
**Summary Sheet of Data Briefs**  
**East Montclair**



**Taking Neighborhood Health to Heart** is a community-university project involving the University of Colorado Denver, the Stapleton Foundation, 2040 Partners for Health, **East Montclair, Northwest Aurora, Stapleton, Park Hill, and Northeast Park Hill**. The goal of this project is to learn about and improve the health and well being of people living in partner neighborhoods. As part of this project, a total of 950 adults from the five neighborhoods took a 2007-2008 health survey; 146 were surveyed from East Montclair. Following is a summary of some of the findings from the study.

	Five Neighborhoods	East Montclair
<b><u>Health Care Access and Health Status</u></b>		
Do not have health care coverage	20%	23%
Delayed seeking medical care in past 12 months because of worry about the cost	30%	38%
<b><u>Food and Physical Activity</u></b>		
Households that ran out of money to buy food in the past 12 months	23%	30%
Eat five or more servings of fruits or vegetables each day	19%	21%
Drink 3 or more sodas or glasses of sweet tea each day	10%	13%
Meet national physical activity recommendations	52%	46%
<b><u>Chronic Health Conditions</u></b>		
Have been told they had asthma	14%	14%
Of those told they had asthma, percent who still have asthma	65%	70%
Have been told they have diabetes	6%	8%
Have high blood pressure	22%	24%
Of those who've had blood cholesterol checked, percent told it was high	32%	32%
<b><u>Neighborhood Connections</u></b>		
<b>Agree with the following statements:</b>		
- "People in this neighborhood can be trusted."	67%	60%
- "People around my neighborhood are willing to help their neighbors."	76%	72%
- "This is a close-knit neighborhood."	62%	49%
<b><u>Neighborhood Safety</u></b>		
<b>Agree with:</b>		
- "There is a high crime rate in my neighborhood."	37%	53%
- "The crime rate in my neighborhood makes it unsafe to go on walks during the day."	14%	19%
- "The crime rate in my neighborhood makes it unsafe to go on walks at night."	40%	56%
<b>Disagree with:</b>		
- "My neighborhood streets are well lit at night."	25%	38%

For more detailed briefs on any of these five topics (Health Care Access and Health Status, Food and Physical Activity, Chronic Health Conditions, Neighborhood Connections, or Neighborhood Safety), please contact Kyla Krause at 303-468-3246 or [KrauseK@2040PartnersForHealth.org](mailto:KrauseK@2040PartnersForHealth.org). If you have questions or want to learn more about the data, please contact Debbi Main, Principal Investigator, at 303-556-6743 or [Debbi.Main@ucdenver.edu](mailto:Debbi.Main@ucdenver.edu).

**Resultados de  
la encuesta en  
casa sobre  
Enfermedades  
Crónicas**



Llevar la Salud de la Comunidad al Corazón es un proyecto comunitario-universitario que involucra la Universidad de Colorado Denver, la Fundación de Stapleton, 2040 Socios por la Salud, Montclair Este, Aurora Noroeste, Stapleton, Park Hill, y Park Hill Noreste. La meta de este proyecto es aprender acerca de cómo mejorar la salud y bienestar de las personas que residen en los vecindarios asociados. Un total de 950 adultos de los cinco vecindarios llenaron una encuesta sobre la salud; 237 fueron de Aurora Noroeste.

Este breve reporte describe algunos resultados del 2007-2008 sobre enfermedades crónicas que afectan la salud. Las figuras muestran los resultados de Aurora Noroeste y todos los vecindarios combinados.

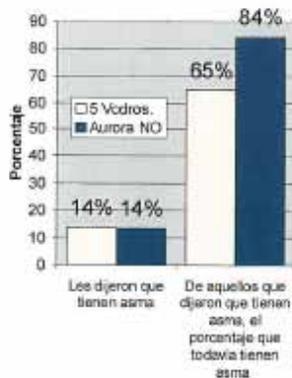
**Enfermedades Crónicas**

El tener una o más enfermedad crónica puede afectar con gran impacto a su salud en general. Ejemplos de enfermedades crónicas incluyen **enfermedades cardiovasculares, asma, y la diabetes**. Gente que vive con enfermedades crónicas se beneficia al recibir buena atención médica y llevar una participación activa en cuidarse mejor de tal condición. Reconociendo la falta de, o acceso limitado a atención médica, y la falta de educación sobre la enfermedad crónica, mucha gente no se da cuenta que de verdad tienen una enfermedad crónica o no se están cuidando bien.

Figura 1 muestra que una de cada siete personas encuestadas (14%) en Aurora Noroeste les dijeron que tienen asma departe del doctor,

**Figura 1:**

**Asma**



enfermera u otro profesional de salud; la mayoría de estas personas (84%) reportaron que todavía tienen asma.

La diabetes es una enfermedad que resulta en altos niveles anormales de azúcar en la sangre que requieren el control. En la última década, la diabetes tipo 2 empezó a afectar más a jóvenes, junto con la incremento del índice de niños obesos. De los resultados que recibimos en Aurora Noroeste sobre los encuestados, una de cada once personas (9%) nos reportaron que tienen diabetes (vea figura 2).

**Salud del Corazón**

La alta presión de la sangre es un factor de riesgo para el corazón, el cual se puede disminuir al comer saludable, hacer ejercicio, y tomar medicina. En Aurora Noroeste, una de cada cuatro personas (24%) de los encuestados le dijeron que tiene alta presión de la sangre (vea figura 3). De estas personas, el 58% están actualmente tomando medicina para tratar la alta presión de la sangre.

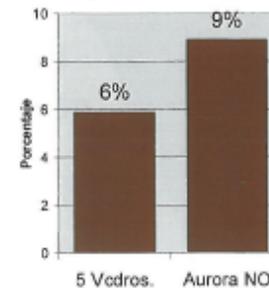
El colesterol en la sangre es una sustancia grasosa que se encuentra en la corriente de la sangre. El alto nivel de colesterol es asociado con enfermedades del corazón. Menos de la mitad (45%) de los encuestados en Aurora Noroeste dijeron que se han revisado el colesterol. Más de un tercio (38%) de aquellos que se lo revisaron, les comunicaron que lo tenían alto (vea figura 4).

Resultados adicionales:

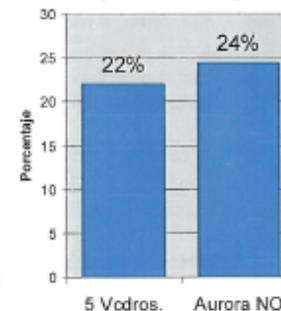
	Cinco Vecindarios	Aurora Noroeste
Han tenido un ataque cardiaco, o infarto de miocardio	3%	4%
Han tenido angina o enfermedad coronaria del corazón	3%	3%
Han tenido un derrame cerebral	3%	1%

Para más información sobre este proyecto o para obtener permiso para reproducir este documento, por favor comuníquese con Debbi Main, Investigadora Principal, al 303-556-6743 o [debbi.main@ucdenver.edu](mailto:debbi.main@ucdenver.edu). Este proyecto fue realizado gracias al patrocinio por becas del Instituto Nacional del Corazón, Pulmón y la Sangre y la Fundación para la Salud de Colorado (Colorado Health Foundation™). 05/09

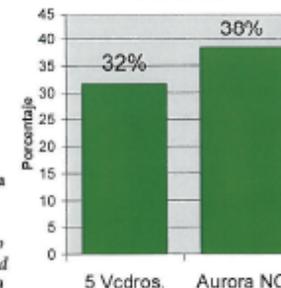
**Figura 2: Tienen diabetes**



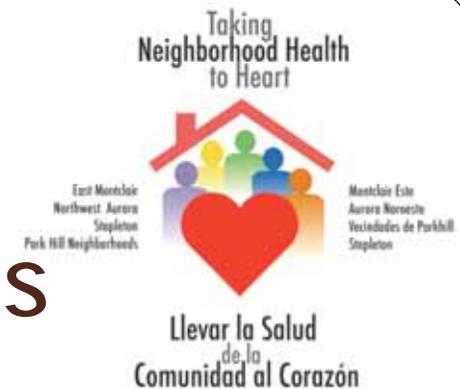
**Figura 3: Tienen alta presión de la sangre**



**Figura 4: Personas revisadas del colesterol, porcentaje que lo tienen alto**



# Examples of How Data Have Been Used by Neighborhoods



- Health impact assessment in one of our neighborhoods to demonstrate need for new/improved recreation center.
- Health Briefs used by science teacher in local elementary school during their “health block.”
- Used in community grant applications to fund programs and policy.
- Shared survey findings on “*ever experienced discrimination when getting medical services*” with medical students working in our neighborhoods (2040 Partners for Health).
- Dissemination generated strong neighborhood interest in access to food (and food insecurity): led to a TNH2H Food Subcommittee; more data collection on availability, price, quality of healthy food in neighborhood markets, grocery stores.

**A Community-Based Data System**  
for Promoting Ongoing Learning and  
Improvement of Community Health

**Identify Community  
Health Needs & Priorities**

**Analyze & Interpret Data;  
Share Data & Findings  
to Improve  
Understanding & Action**

**Determine Best Methods/  
Measures to Enhance Data  
Quality, Relevance & Use**

**Data Collection:**  
-Primary  
-Secondary  
-Quantitative  
-Qualitative

**Health and its Social Determinants**

**Longitudinal, Dynamic  
For Health Monitoring & Tracking**

**Meaningful Community  
Engagement**

