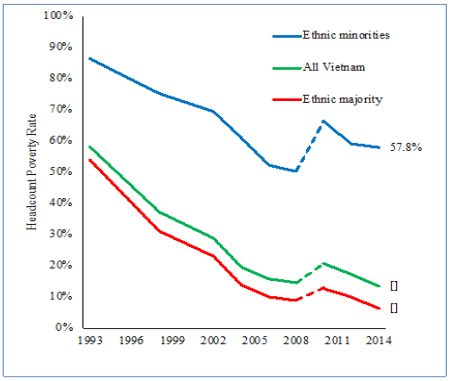
Building Trust through CBPR

Group Work

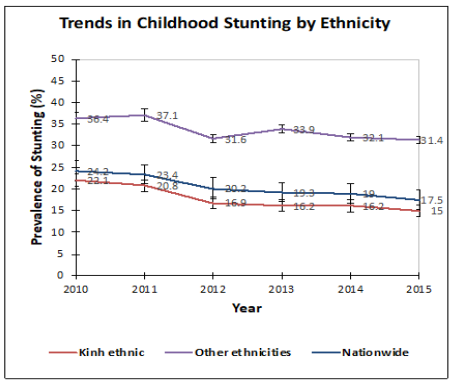
Group 1 (Global - Vietnam):

Case study 1: Nutrition in Vietnam

Vietnam: Poverty head count



Vietnam: Trends in stunting



2 October 2019

Building Trust through Community Based Participatory Research

Case Study 1: Nutrition in Vietnam

- Between 1993-1998: a 15% decrease in chronic malnutrition accompanied a period of rapid GDP growth that averaged 8.4% per year.
- Despite the assumption that the improvement in stunting was the result of strong economic conditions, analyses of the data did not identify a clear causality and only 3.5% could be explained by economic growth.
- The robust economy reduced national monetary poverty but increased inequality

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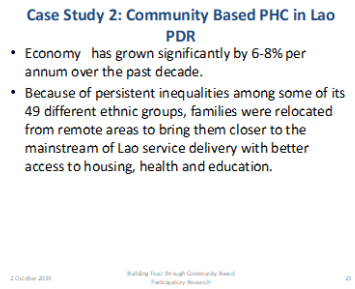
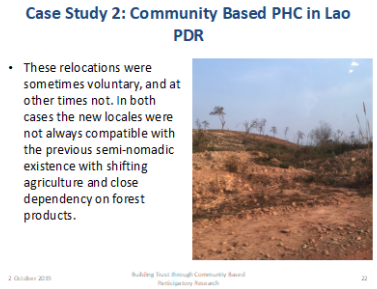
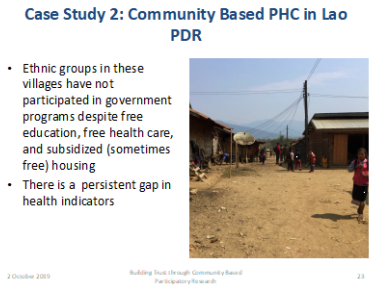
1. Given the disaggregated trend in poverty and stunting listed above, and the information in the second slide, what do you think could be the cause(s) of the inequity in nutrition (i.e., stunting) affecting the minority populations in Vietnam?
2. What would you use as an argument for examining the situation using measures of multidimensional poverty?
3. What evidence from the two slides above would you use to encourage the use of community based participatory research? How would you proceed in this situation?
4. What do you see in this case that would be applicable to the situation in your State or locality?

Group 2 (Global - Lao PDR):







1. From the above, what can you say about the cause of the persistent gap in health indicators?
2. What would you use as an argument for examining the situation using mixed research methods (i.e., quantitative and qualitative)?
3. What evidence from the information given would you use to identify the need for and to encourage the use of community based participatory research? How would you proceed in this situation?
4. What do you see in this case that would be applicable to the situation in your State or locality?

Group 3 (Local – New Hampshire / Vermont):

Community Health Issue	Surveys	Discussion Groups	Community health status indicators
Alcohol and drug misuse prevention, treatment and recovery	Prevention of substance misuse, addiction (#3) and access to substance misuse treatment and recovery services (#4) were top issues identified in combined responses of community survey respondents and key stakeholders.	Community discussion groups identified substance misuse issues as a high and continuing priority for community health improvement. The relationship between mental health and substance use was discussed, and the need for more effective education and prevention.	About 15% of adults in the service area reported binge drinking in the past 30 days. In 2016, the rate of all drug- related fatalities in the White River Junction Health District of VT was 16.7 per 100,000 population, a rate that has approximately doubled since 2010.

1. From the above, what can you say about the basic and underlying causes of the issue of alcohol and drug misuse prevention, treatment and recovery?
2. Why would you consider using mixed research methods (i.e., quantitative and qualitative)? Why would you not use them?
3. What evidence from the information given would you use to identify the need for CBPR and to encourage its use by the community? How would you proceed in this situation?
4. CBPR is considered useful in creating trust and strengthening partnerships between care providers and community members. Why would that be useful in this situation? If you feel it would be useful, why might trust be an issue?

Group 4 (Local – New Hampshire / Vermont):

Community Health Issue	Surveys	Discussion Groups	Community health status indicators
Family strengthening including parental stress and childhood trauma	Community survey respondents identified child abuse and neglect as a top priority across all age, income, and sub-regional groups. Domestic violence was also a top 10 issue identified in combined responses of community survey respondents and key stakeholders	Discussion group participants reported concerns about the effects of parental stress, financial stress, substance use and mental health on the health and welfare of children in the community	About 26% of children in the DH-APD service area live in households with incomes below 200% of the federal poverty level

1. From the above, what can you say about the basic and underlying causes of the issue?
2. Why would you consider using mixed research methods (i.e., quantitative and qualitative) to understand this problem better? Why would you not use them?
3. What evidence from the information given would you use to identify the need for CBPR and to encourage its use by the community? How would you proceed in this situation?
4. CBPR is considered useful in creating trust and strengthening partnerships between care providers and community members. Why would that be useful in this situation? If you feel it would be useful, why do you think trust might be an issue?

Group 5 (Local – New Hampshire / Vermont):

Community Health Issue	Surveys	Discussion Groups	Community health status indicators
Access to mental health services	Access to mental health care was the highest priority issue identified in combined responses of community survey and key stakeholder survey respondents. 'People in need of mental health care' was the top underserved population identified by key stakeholders	Identified as a high and continuing priority for community health improvement by all community discussion groups. Issues included lack of workforce / insufficient capacity. "Mental health is the big one"(local employer).	About 11% of adults in the service area report 14 or more days in the past 30 days when their mental health was not good, a measure that is correlated with depression and other chronic mental health concerns as well as overall health-related quality of life.

1. From the above, what can you say about the causes of the issue? What would you do to get to the basic and underlying causes of this problem?
2. Why would you consider using mixed research methods (i.e., quantitative and qualitative) to understand this problem better? Why would you not use them?
3. What evidence from the information given would you use to identify the need for CBPR and to encourage its use by the community? How would you proceed in this situation?
4. CBPR is considered useful in creating trust and strengthening partnerships between care providers and community members, especially those affected by the problem. Why would that be useful in this situation? If you feel it would be useful, why do you think trust might be an issue?

Group 6 (Local – New Hampshire / Vermont):

Community Health Issue	Surveys	Discussion Groups	Community health status indicators
Social determinants of health including affordable housing, transportation and poverty	Affordable housing was a top 10 issue identified in combined responses of community survey respondents and key stakeholders. Key stakeholders also identified lack of transportation as the top barrier to accessing services.	Community discussion groups identified transportation as a significant issue and also addressed issues of homelessness, home affordability, and related needs for being able to recruit a diverse workforce	About 1 in 3 households have housing costs exceeding 30% of household income and 6% of households have no available vehicle. The most common type of referral from VT 211 from the service area is for housing/shelter (44% of all referrals).

1. From the above, what is the public health issue?
2. This issue requires an investigation using mixed research methods (i.e., quantitative and qualitative data collection) to understand the problem better. As a public health person, who would you need to partner with in order to plan and implement a strategy to improve this situation. Please diagram all possible people/departments you would involve.
3. How does Community Based Participatory Research fit in this scenario? Why would you recommend its use? Or not?