Community-Based Participatory Action: Impact on a Neighborhood Level Community Health Improvement Process

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WHAT IS THE PURPOSE OF THIS STUDY?

• The Riverwest Health Initiative (RHI) looked at how the direct engagement of a neighborhood used the Community Health Improvement Process (CHIP) to compare \textit{a priori} assumptions about the neighborhood’s health status with perceptions of neighborhood residents.

WHAT IS THE PROBLEM?

• Health data about communities is usually culled from city or state data sets which are often based on zip code level size data, or other large demographic groupings. Extrapolation from this type of data may lead to incorrect assumptions about a smaller neighborhood.

• Useful local health data can be difficult to acquire. Important questions to consider about any neighborhood are: how health questions might be asked, how the community might be engaged, and how the community members might be brought into a discussion about their collective health.

WHAT ARE THE FINDINGS?

• The Riverwest Health Initiative’s different experiences with community-based participatory action (CBPA) were melded together and a unique blend, suitable to the context of the local neighborhood, was developed.

• The coalition partners found that neighborhood-derived health priorities are more specific than those of larger jurisdictions.

WHO SHOULD CARE MOST?

• Health Policy makers
• Community Health Workers
• Community Development Workers
• Local primary care and community/public health providers

RECOMMENDATIONS FOR ACTION

• Neighborhood coalitions formed for the purposes of CHIP can, and should, develop their own unique CBPA model that reflects the context of their local neighborhood.

• Use community organizational partners to help enlist community members for support.

• Coalitions can use each other’s resources to further a shared goal.

• Door to door outreach helps engage community members in community health improvement efforts.

• Measure neighborhood health needs as closely as possible to the intended recipients; commonly used sources of health data, such as those available at the zip code level, may be too large to be reasonably representative of the micro-determinants found at the census tract level.

• Data derived locally helps practitioners target scarce resources to the specific health concerns of the community.

Sanders J, Baisch MJ. \textit{Progress in Community Health Partnerships: Research, Education, and Action}. 2008; 1:7-15. The Community Policy Brief is intended to inform community based organizations, public health policy makers, and other individuals whose primary interest is not research, but who would be interested in the application and translation of research findings for practical purposes.