

tic violence shelters. Unique to this community-based participatory project was the active participation of a racially and ethnically diverse group of partners and research participants whose knowledge and experience informed the development of the curriculum. There is a critical need for culturally relevant tools, resources and interventions for the prevention of HIV among vulnerable populations. Culturally relevant HIV prevention is needed not only because its distinct messages and images are designed and tailored to particular groups but also because it involves target populations as key consultants throughout all phases of the research process. This CBPR pilot study is the first step in achieving a culturally and contextually relevant HIV prevention intervention for women who are in a uniquely disadvantaged social and emotional life situation.

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Community-Based Participatory Research: Lessons Learned from Practice in South Texas Colonias

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Community-Based Participatory Research: Lessons Learned from Practice in South Texas Colonias

To understand and pose effective solutions for dealing with the health issues affecting colonia residents in South Texas requires community-based research. Women, children, and men living in colonias in the Texas border region are among the most disadvantaged in the state. They face enormous public health challenges, including high rates of obesity and, type 2 diabetes. Researchers and community partners have begun

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to address these disparities through community-based participatory research projects centered in colonias. Colonias are impoverished rural subdivisions along the U.S.-Mexico border. The 1,524 colonias in Texas include almost half a million people. Most Texas colonias (60%) are located in Hidalgo County, one of the poorest counties in America (1, 2, 3). A majority of the Hidalgo County population is Mexican American (89.6%) (4, 5).

Community-based participatory research (CBPR) has been defined as a collaborative approach to research that equitably includes all stakeholders in the research process generating ideas and sharing decision making (6,7). Over the past several years, we have worked with colonia families, community health workers, and community organization leaders in the design, implementation, and evaluation of projects related to diabetes prevention, obesity control, and enhancement of nutrition, physical activity, and disease self-management.

Adding to the considerable literature describing formative and process evaluation of CBPR studies with different ethnic minority groups, the specific purpose of this paper is to report on lessons learned in the colonias and discuss the strategies developed with them in the course of our research on designing and implementing health and wellness interventions with colonia residents in the Texas-Mexico border region. We offer these insights to other researchers and public health staff who are working with colonia communities in CBPR projects.

The following is a listing of effective strategies that we have developed to organize meetings in colonias, increase recruitment and adherence rates, provide desired personal and community feedback, and offer meaningful and appropriate health promotion materials. We have stated these strategies in the form of guidelines that we now use in our continuing CBPR projects. These guidelines are expressed in straightforward language to make them accessible to all stakeholders in CBPR collaboratives.

I. Organizing meetings with colonia residents

- a. Decide on a principal meeting time and stick to it. Additional meetings can be added, but the major decisions should be made at the main meeting time. Colonia residents lead busy lives, they work on different shifts, and many lack flexibility to change their schedules.
- b. If men are to participate, the main meeting time should be at night because most work during the daytime.
- c. For evening meetings, child care is required if a presentation or discussion is scheduled. For daytime meetings while school is in session, it may be possible to omit childcare, but many families have preschool children who are used to interacting continually with their mothers.
- d. Child care is best provided adjacent to the meeting, so that parents are within earshot and know immediately if there is any problem with their children. For example, we have pro-

vided childcare inside a house while the parents met in the carport, or in a yard while parents met in the house. Parents are unlikely to agree to childcare if it is provided at a more distant site unless they know the childcare provider well. Sometimes colonia participants are willing to assign someone within their group to provide childcare.

- e. Meetings with women only are best held in the mornings between 10 a.m. and 12 noon during the school year. Children return from school around 3 p.m., and their mothers want to have time to get ready beforehand; thus, the early afternoon generally is not a good time for a meeting. When school is not in session, women's childcare responsibilities severely limit their flexibility and time for meetings.

- f. Family activities on Saturday afternoons have been suggested by a number of colonia residents. They favor that time because most men are off work, children are not in school, and most women can arrange to attend an event at that time as well.

- g. If a series of meetings is scheduled, it is advisable to circulate a flier showing the entire schedule. A good format is a series of monthly calendars, one month per page, similar to those sent home by schools to alert parents about upcoming meetings and other events. This form of communication is familiar to colonia residents, and their frequent reference to a monthly calendar will help to remind them of the project schedule.

- h. To gather a wave of data, such as weight or survey responses to be collected at a specific intervention phase, it is best to plan to do so over the course of a full week. The initial meeting should be held early in the week with follow-up to collect information from those who missed the original meeting.

- i. Intervention sessions can take place in the home of a colonia resident, but not more than eight participants should be scheduled to attend unless someone's patio or garage is available. For outdoor meetings, it is advisable to come with mosquito repellent and share it with everyone. Extra chairs are always welcome.

II. Increasing and sustaining participation levels

- a. Each project session should be self-contained to some degree. Families will come and go from any project over the course of several weeks. It is important to allow people to join a project if they want to. Such a principle engenders good rapport and allows more colonia residents to gain some benefit from a project, even if they do not participate throughout the project period. Therefore, semi-self contained sessions make it possible for newcomers to participate and get some benefit.
- b. Typically, husbands attend meetings less often than wives. They need encouragement to attend meetings, and they may

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be reluctant if the meetings focus on activities that they consider to belong to women, such as aerobics.

c. Colonia residents find a 10- to 12-week intervention feasible. On the basis of the experience of one large colonia, it would be possible to continue an intervention for a longer period. If the intervention continues with intermittent contact over the following months, it may enhance sustainability of new behavior patterns.

d. In 12-week interventions it is possible to achieve an attendance level of 70% at meetings on the part of a few families. An attendance level of 50% is a more achievable goal.

III. Providing personal and social feedback

a. Colonia residents welcome health screenings, but want to know and understand their test results and their significance on their health. For example, our study involved glucose, cholesterol, and other clinical measures. The feedback was provided in a health counseling format (individually tailored). The outcome of providing the personalized feedback is that residents are motivated to participate in and complete projects.

b. In addition to discussing their results briefly, we have found it useful to report their screening numbers confidentially in writing showing the ranges of normal and abnormal, explaining what the readings mean, and stating what measure warrants a trip to the doctor.

c. Although not anticipated by colonia residents, we have found that they value our projects as occasions for neighbors to get to know one another better, chat among themselves, identify common problems, and sometimes, find common solutions. This aspect motivates colonia residents to continue to participate in a project.

IV. Preparing oral and written materials

a. Nutritional and physical activity information in simple language and without a great deal of technical detail is useful. It is best to avoid trying to teach the same way as in the classroom in the university, but key concepts can be taught effectively.

b. Written and oral materials should be culturally sensitive (e.g. in English or Spanish and at an appropriate reading level).

c. Presentations, such as physical activity and nutrition education sessions, are welcome at meetings. Although Power Point presentations are enjoyable to community members, they may not always be feasible (e.g. limited space and power source access).

d. Meetings provide useful occasions for people to voice their ideas about health and to find out whether nutritionists or physical activity specialists concur with those ideas, or have other ways to think about health issues. Examples of questions from community members at our meetings are: whether it is good to skip meals in order to lose weight, whether exercise in the

morning is more healthful than in the afternoon, and whether some people are incapable of some kinds of exercise.

e. Colonia residents also want to know the reasons for various health-related suggestions. They wish to understand why specific advice is given; for example, they are interested to learn that physical activity can have an immediate effect in lowering blood sugar. They are somewhat resistant to simply following orders from experts.

Concluding Comments

This paper offers explicit lessons learned from applying a community-based participatory approach in health promotion projects with colonia residents in the Texas-Mexico border region. We have found these lessons to be effective in reaching out to South Texas colonia residents, building trust among researchers and participants, encouraging community participation, and increasing program attendance and adherence.

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