

Correspondence: DEE BURTON,
*Health Policy Research Center, Milano Graduate School of Management and Urban Policy,
 New School University, 72 Fifth Ave., 6th fl, New York, NY 10011, USA.*
E-mail: burtond@newschool.edu

References

- CENTERS FOR DISEASE CONTROL AND PREVENTION (1992). Cigarette smoking among Chinese, Vietnamese, and Hispanics—California, 1989–1991. *MMWR Morbidity and Mortality Weekly Report*, 41, 362–367.
- MCCOMBS, M. & SHAW, D. (1972). The agenda-setting function of mass media. *Public Opinion Quarterly*, 36, 176–185.
- MMWR. (October 10, 2003). Cigarette smoking among adults—United States, 2001, 52(40).
- YU, E., CHEN, E., KIM, K. & ABDULRAHIM, S. (2002). Smoking among Chinese Americans: behavior, knowledge and beliefs. *American Journal of Public Health*, 92(6), 1007–1012.

DOI: 10.1080/13561820400011412

Poder es Salud/Power for Health: an application of the community health worker model in Portland, Oregon

STEPHANIE A. FARQUHAR¹ & YVONNE L. MICHAEL²

¹*School of Community Health, Portland, Oregon* & ²*Department of Public Health and Preventive Medicine, Oregon Health & Science University, Portland, Oregon, USA*

Poder es Salud/Power for Health is one of 25 community-based participatory research (CPBR) grants funded by the Centers for Disease Control and Prevention for 2002–2005. Rather than adopting a disease-specific approach, the principal goal of *Poder es Salud/Power for Health* is to increase the social capital of members of the African American and Latino communities in Multnomah County, Oregon. Social capital is conceptualized as a culturally-specific resource that enables these communities to identify and address local health concerns. The project draws on the skills and experiences of Community Health Workers (CHWs) from the participating communities who use Popular Education, and will assess the processes and impact of the intervention using a CBPR approach. More specifically, *Poder es Salud/Power for Health* seeks to identify culturally-specific elements of an effective CHW intervention in the African American and Latino communities.

Public health research and interventions that have used either the CHW model (Baker *et al.*, 1997; Ramirez-Valles, 2001; Eng *et al.*, 1997) or the techniques of Popular Education (Wallerstein & Bernstein, 1988; Merideth, 1994) have demonstrated positive health and community outcomes. Yet, few interprofessional studies have examined both the use of CHWs and the application of Popular Education techniques to improve health (Werner & Bower, 1985). By combining the methodological strengths of CHWs, Popular Education, and CBPR in two communities, *Poder es Salud/Power for Health* aims to better understand the contribution this approach can bring to projects seeking to increase social capital and, ultimately, improve the health of communities.

Poder es Salud/Power for Health is directed by a steering committee that is composed of the Community Capacitation Center of the Multnomah County Health Department, the

Emmanuel Community Services, the Latino Network, Oregon Health and Sciences University, and Portland State University School of Community Health. Drawing from CBPR principles (Israel *et al.*, 1998), the steering committee includes members who bring a diverse range of experiences and expertise to the project (e.g., community organizing, public health research, popular education, and epidemiology) and is integrally involved in all aspects of the research and intervention implementation.

To assess strengths and challenges in the participating communities, baseline in-depth interviews were conducted with each partner of the steering committee. Analysis of these interviews suggested existing sources of social capital unique to each community that will serve as the foundation for the development of culturally-specific strategies to improve health. For example, steering committee members mentioned the role of faith communities as a social capital resource in the African American community:

‘For the African American community I’m going to still go back to the church. This is the biggest strength for them; they can’t figure it out, they’re going to go pray.’

Family ties were identified as one of the most important social capital resources in the Latino/Hispanic community:

‘The Hispanic community still has a strong family tie and that’s what is getting them through.’

In addition to conducting in-depth interviews with partner representatives, *Poder es Salud/Power for Health* will collect baseline measures of social capital, health-related quality of life, and other demographic indicators from 200 adults randomly selected from the participating communities. Additionally, interviews will be conducted with a sub-sample of the survey participants and the CHWs to gain a deeper understanding of the research questions. Measures will be repeated to capture changes in community social capital and individual-level health-related quality of life.

Acknowledgments

This research was supported by a grant from the Centers for Disease Control and Prevention (Grant #R06-CCR021527-02-02). Special thanks to Noël Wiggins, MSPH, Program Director, for initiating the project, assembling the project team, and identifying the project’s three key strategies. Thanks also to Teresa Rios, Capacitation Coordinator, for contributing her extensive experience as a CHW leader and trainer and to Lawrence Wallack, DrPH, former Principal Investigator of Poder es Salud/Power for Health, for leadership. Special appreciation to the Community Health Workers Alicia Lopez, Linda Hornbuckle, Gonzalo Gonzalez, Robert Seay, Maria Avila, and Jovita Chaney, and to all members of the Poder es Salud/Power for Health Steering Committee and Research Advisory Board, including Denise Johnson, Fred Miller, Joe Gallegos, Mandy Green, Maria Lisa Johnson, Pam Ballentine, Richard Loudd, Star Waters, and Ruth Kemp.

Note

¹Poder es Salud/Power for Health is funded by the Centers for Disease Control and Prevention (Grant R06/CCR021527-01)

Correspondence: STEPHANIE ANN FARQUHAR,
*School of Community Health, 450F Urban Center, 506 SW Mill Street,
 Portland, Oregon 97207 0751 USA. Tel: 503 725 5167; Fax: 503 725 5100;
 E-mail: farquhar@pdx.edu*

References

- BAKER, E.A., BOULDING, N., DURHAM, M., LOWELL, M.E., GONZALEZ, M., *et al.* (1997). Latino health advocacy program: A collaborative lay health advisor approach. *Health Education and Behavior*, 24(4), 495–509.
- ENG, E., PARKER, E. & HARLAN, C. (1997). Lay health advisors: A critical link to community capacity building (special issue). *Health Education and Behavior*, 24(4), 407–426.
- ISRAEL, B.A., SCHULZ, A.J., PARKER, E.A. & BECKER, A.B. (1998). Review of community based research: Assessing partnership approaches to improve public health. *Annual Review of Public Health*, 19, 173–202.
- MERIDETH, E. (1994). Critical pedagogy and its application to health education: A critical appraisal of the Casa en Casa model. *Health Education Quarterly*, 21(3), 355–367.
- RAMIREZ-VALLES, J. (2001). 'I was not invited to be a CHW . . . I asked to be one': Motives for community mobilization among women community health workers in Mexico. *Health Education and Behavior*, 28(2), 150–165.
- WALLERSTEIN, N. & BERNSTEIN, E. (1988). Empowerment education: Freire's ideas adapted to health education. *Health Education Quarterly*, 15(4), 379–394.
- WERNER, D. & BOWER, B. (1985). *Helping health workers learn*. Palo Alto, CA: Hesperian Foundation.

DOI: 10.1080/13561820400011750

The Healthy Weigh/*El Camino Saludable*: A community campus partnership to prevent obesity

PAMELA J. FRABLE¹, LYN DART² & PATRICIA J. BRADLEY¹

¹Harris School of Nursing, Texas Christian University, Fort Worth, TX 76129 & ²Nutritional Sciences, Texas Christian University, Fort Worth, TX 76129, USA

Introduction

Americans are increasingly overweight and inactive, chronic disease risk factors found disproportionately among African American and Hispanic females and low-income populations (Centers for Disease Control and Prevention, 2003a, 2003b; Pastor *et al.*, 2002; US Department of Health and Human Services, [USDHHS] 2003). Maintaining a healthy weight requires balancing caloric intake with expenditure. How to help communities achieve this balance is unclear. Texas Christian University (TCU) and a high-risk community collaborated to implement an obesity prevention/intervention program that began in June 2003.

Partners

A multi-disciplinary team of university (nursing, nutrition, kinesiology, social work, exercise sciences) and community (Cornerstone Community Center [CCC], Tarrant Area Food Bank [TAFB], Texas Cooperative Extension Tarrant County) consultants designed the program. During four focus groups, potential participants shared valuable information that influenced program schedule and physical activity (PA) class content. The program's purpose was to help participants adopt dietary and PA patterns required for weight management. Program design and outcome measures were based on national guidelines: *Healthy People 2010* (USDHHS 2001), *Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and*

Copyright of Journal of Interprofessional Care is the property of Carfax Publishing Company and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.