Community Based Participatory Research (CBPR): Principles

- Know the community
- Build trust and relationships
- Partner with the community
- Respect community cultures and other factors in designing approaches
- Be flexible
- Release control to the community and
- Make long-term commitments.

CBPR is grounded in the principles of community organization

Fairness  
Justice  
Empowerment  
Participation  
Wellness approach  
Self-Determination

(Chávez et al., 2007; Freire, 1970; Wallerstein et al., 2006)
Populations Involved

- Mothers
- Adolescents
- Faith Based Organizations (churches)
- Mothers, Adolescents & Fathers (family)
- Adolescents whose sexual orientation is LGBTQ+
Studies, Engagement and Contributions

Study 5
Social Isolation

Study 2
CAB
Study 3
Study 4
Study 6
Study 1 - CAB

- To develop a Community Advisory Board;
  Collaborate and inform all the steps of the research process

Main initial goal:

- To identify the **social determinants** of mental health from the perspective of the community rural Latino Leaders
Study 2 – Objectives

- Identify depressive symptoms, stress and self-esteem and culturally sensitive treatment strategies for the rural Latino Population.

- Social isolation
- In rural areas, churches are considered safe place
Study 3

Faith-Based Engagement
Different denominations
Different learning
Social health determinants & crosscutting determinants
Studies 4 & 5 (Aims)

➢ Describe adult (Mothers and Fathers) and adolescent Latino immigrants’ perceptions of their rural social environment and social isolation and how these affect their mental well-being;

➢ How rurality and social networks act as social health determinants in rural Latinos.
Studies 4 & 5

- Demographic questionnaire, including traveling patterns to measure rurality,
- Family Environment Scale (FES) Real Form,
- SF-12v2™ Health Survey,
- PROMIS Health Organization Social Isolation,
- Social network Analysis Survey,
- Ethnographic semi-structured interviews.
Development of Rurality Measure

- Everyone knows what rural is - precisely it is difficult to define the term.
- US Census uses a dichotomous taxonomy: Is this place rural or urban? Zip Codes
- What is the degree of rurality? Spatial-temporal variations of rurality
- Most measures are determined as a property of places, such as counties, census tracts, and cell locations
- Difficult to capture the breath of variations of rural areas – and individuals rurality – Human beings are not static
• Our research uses new individual-based rurality as the weighted sum of rurality degrees within the activity space of an individual (home rurality and travel rurality).

• Rurality - Linear Combination of Macro components: demography socio-economy, and accessibility and Individual activity spaces: home location, geo-referencing of reported places.

• Rurality is defined as the social and environmental rural space in which rural Latino immigrants live and travel to.
Rurality Index and Traveling Pattern: Relation with Social Isolation
Places where people “socially isolated” visited
Likelihood of face-to-face meeting

(Stacciarini, Vacca, Mao, 2018; Liang, Stacciarini, Smith, & Weins, B. (2015))
Connections: participants with poor and good well-being scores
Potential community leaders with high degree centrality with good well-being scores
Social Networks

SNA – Closed Community

SNA – Core Periphery

SNA - Factional

SNA - Hybrid
Social Networks

- The alters are mostly **local networks**, 98% of the alters are people with whom the respondent interacts in person, as opposed to telephone or online and 67% of the alters in the average network have *daily or weekly* communications with the Ego.

- In terms of contexts of sociability, **family is the dominant environment** where respondents maintain social relationships.

- 20% alters related to school in the average personal network for the adolescents
Personal networks tend to be **trustworthy**, but not **supportive**.

The level of trust between respondents and their personal contacts is fair, with the mean level of trust for alters being 3 (on a 1-to-5 scale) in the average personal network.

**Support tends to be lower**; the average support measures are consistently 2 or lower, revealing that on average respondents “Never” (value= 1) or “Rarely” (value = 2) obtain support from their network.
Social isolation can be related to cultural, linguistic and geographic aspects.

Social isolation seems to be an overarching theme and a considerable social risk factor for mental wellbeing among mothers, fathers and adolescents.

30% of rural Latino women had higher scores of social isolation and 31% had lower scores of mental well-being compared to women in the general US population.
In rural Latino couples, women had significantly higher scores of social isolation and lower scores of mental well-being than those of their partners, even when sharing the same rural residence.

Social isolation was found to be a significantly related to mothers’ wellbeing and also an explanatory variable of adolescents’ wellbeing.

Churches are considered safe place

(Stacciarini et. al. 2014, Stacciarini et. al. 2015)
Rural: Photovoice
Study 6: Church-based (not religious) SHDs intervention - Key Points

• To rescue and honor cultural knowledge
• To respond to and prevent suffering- refuse to medicalization of social problems,
• To create a participatory model for responding to SHDs (isolation),
Study 6: Church-based (not religious) SHDs intervention - Key Points

• Looking for participatory solution which enhances solidarity networks,

• To move from dependence to autonomy

• To move beyond professionalization,

• Medical care alone cannot adequately improve health overall or reduce health disparities without also addressing where and how (relations) people live.
Research: CBPR for Promoting Mental Health in Rural Minority Populations

Study 5
Social Isolation

Study 2
Study 3
Study 4
Study 6
Study 7

Study 8
LGBTQ+

CAB
1
Questions?