

= 발제강연(11/1(월)) =

## Building a Research Program Using Community-based Participatory Research

**김미영(Miyong Kim)**

The Johns Hopkins Korean American

Health Research Initiative

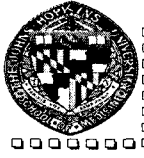
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**Building A Research Program  
Using Community-Based  
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Miyong Kim PhD, RN, FAAN.



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## Community Participatory Research

- ⑤ "Process of producing new knowledge by systematic inquiry, with the collaboration of those affected by the issue being studied, for the purposes of education and taking action or effecting social change" (Green, Daniel & Novick, 2001).

## Why CBPR?

- ⑤ Communities have different needs and problems, different cultures, beliefs and practice.
- ⑤ Builds mechanisms and systems to sustain health improvements.
- ⑤ Brings additional resources that may not be available to health system alone.

## Why CBPR (con't)

- ⑤ Strengthens community members' skills and capacity to address the underlying causes of health problems and reduces barriers to access of information and services.
- ⑤ Increases community members' awareness of their right to decent treatment and can strengthen members' ability to claim this right.

## CBPR Principles

- ⑤ Acknowledge community as shared entity
- ⑤ Facilitate equitable involvement
- ⑤ Continued reflection and assessment
- ⑤ Promote a co-learning and empowering process
- ⑤ Disseminate findings and knowledge gained to all partners
- ⑤ Involvement of longer-termed commitment by all partners in present and future projects

(Israel et al., 1998)

## Steps

- Step 1 - Understanding the community
- Step 2 - Forming partnerships
- Step 3 - Community action plan
- Step 4 - Sustaining the commitment

### Step 1. Understanding the community

- ⊗ Literature reviews
- ⊗ Identified key informants : church leaders, elders, social organizations, merchants
- ⊗ Community assessment
  - Epidemiological studies (98-99; N=966)
  - In-depth focus group interviews (98, 00)

### Background

- Growing number of Asian Americans
  - 3.8 million in 1980 → 11.9 million in 2000
- Korean Americans are fastest growing minority among AA, especially in major metropolitan area
  - KA is the second largest minority in the greater Baltimore area
- Many monolingual and linguistically isolated
- Facing growing burdens of disease and illness

### Results of Community Assessment

- Epidemiological studies
  - High prevalence of hypertension
  - High prevalence of diabetes
  - High prevalence of smoking
  - Underutilization of preventive care

### Results of Community Assessment

- In-depth interviews
  - Concern about long-term care for community-dwelling elderly
  - Lack of understanding of disease(s)
  - Combined use of traditional folk medicine with Western medicine
  - Barriers to adequate health care



### Major Barriers to Acquiring Adequate Health Care

Environmental/ Financial	Individual	Psychological
<ul style="list-style-type: none"><li>• Safety</li><li>• Cost of medication</li><li>• Access to health care</li></ul>	<ul style="list-style-type: none"><li>• Language</li><li>• Transportation</li><li>• Fear or being intimidated by main health care system</li></ul>	<ul style="list-style-type: none"><li>• Feeling of marginalization</li><li>• Loss of self-confidence</li><li>• Role conflict r/t dependency on others</li><li>• "Do not want to be a burden to family"</li><li>• Depression</li></ul>

## Step 2. Forming Partnerships

- Community advisory board
- Community health coalition meetings
- Facilitating relationship building between KA community leaders and mainstream community
- Assisting infrastructure building effort of small community organization
  - Greenmount Senior Center
  - The League of Korean American Citizens
  - Korean Resource Center

## The Johns Hopkins Korean American Health Research Initiative

- Members
- Collaboration with the Korean Resource Center (CBO)

## Team Members

### Korean Resource Center (KRC) :

Kim B. Kim PhD Executive Director  
Moonju Lee Ko RN MSN  
Eunice Park Center Coordinator

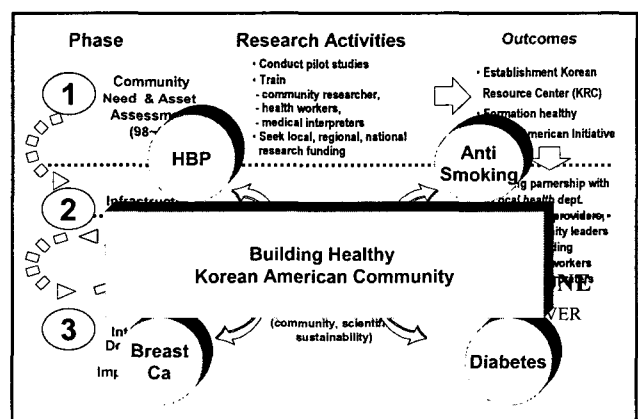
### The Johns Hopkins School of Nursing (SON) :

Miyong T. Kim RN PhD FAAN  
Hae-Ra Han RN PhD  
Jeonghee Kang RN PhD  
Gina Pistulka RN MSN/MPH  
Hyun J. Park RN NP/MPH  
Hwayun Lee RN MSN/MPH

## Description of the KRC

- Korean Resource Center (KRC) is a community-based non-profit research/service organization serving KAs in mid-Atlantic region.
- KRC focuses on community health promotion.
- KRC board members are recognized leaders in the KA community.
- KRC is conveniently located in Ellicott City, Howard County.
- KRC/Hopkins research team has a long history of working together successfully, supplementing each other's strengths with their own expertise.

## Step 3. Community Action Plan



## Examples of Collaborative Projects

- Smoking
  - Focus group study on barriers and facilitators to make successful smoking cessation for KAs (01)
  - Multilevel smoking cessation program for KAs in MD (02-05)
- Diabetes
  - Barriers to care of diabetes in first generation KAs (03)
  - Developing diabetes care manual for KAs (03)
- Preventive Care
  - Building community for better breast health for KA women (03)
- Hypertension
  - Self-help program for KA seniors with HBP (01-03)
  - Better HBP care for KAs (03-06)

## Supported By

- Agency for Healthcare Research and Quality (AHRQ)
- American Legacy Foundation
- Faculty Research Grant from School of Nursing Johns Hopkins University
- Geriatric Nursing-Medicine Research Fund, Johns Hopkins University
- Maryland Home & Community Care Foundation
- National Institute of Nursing Research (NIH)
- OPD-GCRC grant
- Urban Health Institute
- Sigma Theta Tau

## Multilevel Community-Based Smoking Cessation Program for Korean Americans



## Support (PI: KRC)

- © American Legacy Foundation

Legacy

## Historical Background

- ❖ Tobacco introduced in 1618 in Korea.
- ❖ Korean Government owned & managed tobacco production and distribution in Korea until 1987.
- ❖ Government is the single largest shareholder in a newly formed corporation with the exclusive right for domestic tobacco production/distribution.



Korea in 1920's



## Cultural Background

- ❖ Traditional tobacco pipes often used as a status symbol
  - ❖ Colorful ornaments and decorations
  - ❖ Nobles used a pipe of 1m long
- ❖ Permissive attitude toward smoking (especially with adult males)
  - ❖ Tobacco: "food" of individual choice
  - ❖ Smoking: personal preference
  - ❖ Smoking & hierarchical social system
  - ❖ higher social status = longer pipe



### Prevalence of Smoking

- ❖ Prevalence of smoking among Korean adult males (39% in United States & 66% in Korea)
- ❖ Rise in the smoking prevalence among Korean youths in both Korea and in the United States (21% Korean Americans youths).
- ❖ Anti-smoking campaigns recently started by civic organizations in Korea.
- ❖ Minimal anti-smoking campaigns targeted toward Korean Americans in U.S.

### Objectives

- ❖ To build a community infrastructure for Korean Americans in Maryland to sustain (1) Anti-smoking campaigns and (2) Cessation programs
- ❖ To establish sustainable partnership with health promotion/education agencies, research institutions & community organizations

### Design

An anti-smoking campaign and cessation program using participatory action research framework combined with locally developed community organization (as leading agency) model



### Setting

An underserved ethnic and linguistic minority community in Maryland where:

- ❖ 39,000 Korean Americans are concentrated in Montgomery, Baltimore, Howard, Prince George, Anne Arundel County and Baltimore City;
- ❖ Majority of the Korean Americans are engaged in small, family-owned retail grocery, carry-out, liquor, or laundry businesses;
- ❖ Most Korean Americans are first-generation immigrants experiencing language and cultural barriers; and
- ❖ About half (45%) do not have any health insurance.



Korean Americans in Maryland are similar to their counterparts in other US regions.

### Intervention

- ❖ Intervention I: MEDIA CAMPAIGN
  - ❖ Anti-smoking advertisement in newspaper
  - ❖ Distribution of pamphlets
  - ❖ Poster competition
- ❖ Intervention II: SMOKING CESSATION INTERVENTION PROGRAMS
  - ❖ Weekly 2 hour smoking cessation classes for 4 weeks
  - ❖ Follow-up telephone counseling

### Outcomes

- ❖ Increase anti-smoking awareness
- ❖ Decrease tobacco use

### Formative Evaluation for Intervention I - Media Campaign

- ❖ In order to assist in the effectiveness of media campaign, a media exposure survey was carried out by the community health workers

### Results from survey

- ❖ 398 (177 men and 221 women) Korean American households participated, ages ranging from 15-72 years
- ❖ 78% (73% from TV and 68% from print media) reported being exposed to anti-smoking message during the past 30 days.
- ❖ Younger group (15-24 years) reported being exposed to mainstream English TV
- ❖ Older group ( $\geq 45$  years) exclusively relied on Korean print media



A cartoon developed by the Korean Association of Smoking and Health, the KRC anti-smoking program partner in Korea

### Implementation of Intervention I - Media Campaign

- ❖ Partnership with The Korea Times
  - ❖ 15,000 subscribers in Maryland, Washington DC & Virginia.
  - ❖ Publishes daily a total of 52 pages (except for Sunday) in Korean.
  - ❖ Operates a FM-radio station in the same area.
  - ❖ Delivers anti-smoking messages/ advertisements at least once a week.
- ❖ Distribution of brochures, pamphlets, and displays to local Korean American health fairs and gatherings, or newsletters
- ❖ Anti-Smoking Poster competition
  - ❖ Prize money
  - ❖ Advertised in Korea Times; fliers sent to academic learning centers



Advertisement (17" x 23") on the Korea Times

### 2004 Anti-Smoking Youth Poster Competition



### 2004 Poster Competition Grand Prize



### Implementation of Intervention II - Smoking Cessations (TEAM-A-THON COMPETITION)

- ❖ Smokers make a TEAM. Teams are organized within social clubs, churches, or trade associations. ("Smoking is a social behavior.")
- ❖ 20 teams competing for 6 months (minimum length for setting a new and healthy habit)
- ❖ Members collectively attend 3-hour, once a week, 4-week long cessation classes (total 12 hours) to learn and play the new behavior.
- ❖ A nurse coordinator follows the team on the weekly bases (phone calls and monthly support group meetings) for 5 months.
- ❖ Top 3 teams in terms of staying free of "smoking" will receive a cash prize.





Smoking Cessation Team-A-Thon

## 금연 대회

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**문의: 410-203-1111**

- Initial advertisement on the Korea Times (13" x 6.5") for Smoking Cessation Team-A-Thon that kicked-off in September 2003.
- The Team-A-Thon is organized by the KRC in collaboration with the Johns Hopkins School of Nursing Korean American Health Research Initiatives and the Korea Times.
- The Team-A-Thon is sponsored by the Association of Korean American Physicians, the Association of Korean American Pharmacists, the US Se-Jong Scholarship Foundation and the Korean American Health Coalition.

### Process Evaluation of Phase II (Cessation Classes)

Results from class attendance and evaluations:

- Process evaluation was conducted on 43 currently enrolled smokers
- Size of the class varied from 2 to 5
- Attendance rate also varied from 25% to 100%
- 91% reported being very satisfied with the course
- 100% would recommend the classes to their friends
- 11 successfully completed the classes and 3 of them have continued to abstain from smoking for a smoking cessation rate of 27%


### Challenges

**Media Campaign**

- Limited resources for culturally appropriate types of media (print, radio, TV...), often competing against each other.
- Difficult to assess the effectiveness of the outreach.

**Cessation Program**

- Difficulties in recruiting smokers: Since October 2003, a total of 43 enrolled in the smoking cessation program.
- Issue of retention : 11 completed the 4 classes, 11 need to complete 1 or 2 more classes; 6 did not return after 1st class; 18 are waiting for scheduling.



### Addressing the Needs of Korean Americans with Diabetes: A Preliminary Look at Barriers to Care of Diabetes in First-Generation Immigrants

### Support (PI: Gina Pistulka)

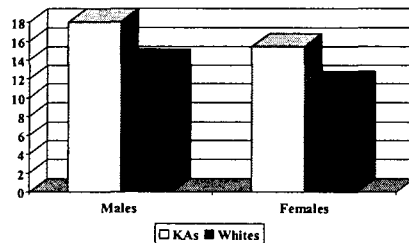
- National Institute of Nursing Research (NRSA)
- Sigma Theta Tau - Nu Beta

### The Problem

- The prevalence of diabetes increases when a group of immigrants migrates to a more developed country.

(Crews, 1994; Shin et al., 2002; Ferreira, 1996; Hodge, 1996; Carter, 1996; NIH, 2002).

## Prevalence of Diabetes (%)



## Research Objectives

- ⑤ Conceptualize the meaning of wellness and disease in the first generation Korean American immigrant.
- ⑤ Identify shared cultural, gender and age specific themes that are relevant within the context of diabetes.
- ⑤ Establish domains that explain the experience of diabetes, perceived barriers of self management and sources of strength to overcome barriers faced by Korean Americans with diabetes mellitus.

## Design

- ⑤ Qualitative
- ⑤ Focus groups
  - ⑤ Female
  - ⑤ Male
- ⑤ Inclusion criteria: 1) first generation Korean American men and women; 2) ages 60 and older will compose the "elder" group; 3) written consent to participate in the study.
- ⑤ Setting: Korean Resource Center, Maryland

## Sample

- ⑤ Female focus group (Elders)
  - ⑤ Over 60 years of age
  - ⑤ 4 participants total
- ⑤ Male focus group (Elders)
  - ⑤ Over 60 years
  - ⑤ 4 participants total
- ⑤ Each group met twice with a duration of 1-1/2 to 2 hours each session

## Results

### Health... Significance and Meaning

- ⑤ *"While you live you should maintain good health so that you won't be the burden to other people."*
- ⑤ *"So when you asked me what is the HEALTH I told you it's the one that controls the happiness of life, not the longevity."*

## Causes of Diabetes

- ⊗ Troubled, weak, bad stomach or pains in stomach: Indigestion that prevents the pancreas from working properly
- ⊗ Life that is tough and stressful
- ⊗ Weak constitution
- ⊗ Immigration to the United States
- ⊗ Food eaten in the United States
- ⊗ Eating sweets

## Male Themes

- ⊗ LACK OF CONTROL AS AN IMPOSSIBILITY
  - ⊗ Self-control is necessary, but perceived themselves not in control physically and behaviorally.
    - ⊗ *"1-2 years are capable to put efforts on regulation of the food but 10-20 years are not possible because it's too long... So it's not possible. My wife prepared noodles... My wife and I each had one serving but I got greedy. While my wife went away from dinner table, I had second help. I was so full; I had to go out and exercised for one hour at 11pm."*

## Male Themes

- ⊗ Fear of deviating from recommendations but does not find it possible to maintain the strict lifestyle; experimentation is done with food, medications and exercise.
  - ⊗ *"I only thought about it because I had bad experience with the changes I made on my own. I am afraid that I would make errors for good that I cannot turn back..."*

## Male Themes

- ⊗ ROLE CHANGE AND ADAPTATION
  - ⊗ New stresses in the US cause barriers to achieve healthy control of diabetes
    - ⊗ *"[People say] do enough exercises, consume the right portion of food, rest enough and so on. We know it all, but when you are in the society trying to survive, you miss things you shouldn't and do things that are bad for you knowing that they are bad. And you don't do things knowing that they are good for you."*
    - ⊗ *"I have to manage [my] store so I miss my breakfast and lunch or never on time. When I do that I get weak. I think that's the problem."*

## Male Themes

- ⊗ Change in traditional family roles
  - ⊗ *"On first 1-2 years, I had a food scale at home [Korea]. I was working and my wife was at home. So she measured everything on that scale to the exact portion. Even rice...But she couldn't do in the US. She has to work and I have to work. From my experience, dietary therapy was really hard."*

## Male Themes

- ⊗ INCONGRUENT CULTURAL METHODS OF DIABETES CONTROL
  - ⊗ Cultural differences – treatments are not congruent with cultural norms – with meds or food
    - ⊗ *"They cannot tell us how much rice we should take. It's different food. We like our vegetables better than American vegetables. Spinach... American cannot do it. It cannot. I have been taking only one kind of medicine in the US. People tell me to change to different medicines. I told my doctor on my last visit. He just nodded and didn't talk about it."*

## Female Themes

### ⊗ SELF AS LAST PRIORITY

- ⊗ Cares not directed at self: not cooking for self; family needs come first
  - ⊗ "... I was getting so thin that my children urged me to go to the hospital. But I told her that "I cannot go to the hospital for treatment until after your elder sister leaves for the States."
  - ⊗ "In the beginning, I tried to apply calorie standards to what I prepare for myself too. But now there are just the two of us...I prepare things, with just my husband in mind. That includes kimchi...I don't prepare things specially for me."

## Female Themes

### ⊗ DENIAL

- ⊗ *"I usually not worry about it. If you have to die, you die ..."*

## Female Themes

### ⊗ IMAGE, IDENTITY AND ISOLATION

- ⊗ A changing body image due to diabetes contributes to a loss of Korean identity
  - ⊗ "A couple of days ago, someone entering the sauna said 'hi' to me. Then I responded with "annyeong haseyo" (How are you) because the person was Korean. Then the party said "I see you're a Korean." I said "Yes, of course, I am a Korean." "Well, I did not think you were one," she said. I was so obese that she thought I wasn't a Korean. That's how fat I have become."

## Female Themes

### ⊗ Isolation

- ⊗ *"I no longer want association with others...I became very sensitive; I want to avoid meeting people."*

## Female Themes

### ⊗ PSYCHOLOGICAL DISTRESS

- ⊗ *"My mind is not at peace – I'm always worried about my health."*
- ⊗ *"It was so difficult to see people.... I think maybe because of loneliness, I got that disease. Nothing has changed. I feel the same way now and the same feeling is still in me when I was seeing the psychiatrist... I feel more anxious now than before."*

## Summary

- ⊗ Diabetes has profoundly affected elder Koreans. There is a sense of burden that both sexes feel in dealing with diabetes
- ⊗ Men have expressed more need for knowledge and exercise to control; women are concerned about reduction of stress.
- ⊗ Food is a major variable in controlling diabetes, although both sexes express extreme difficulty in managing diet or issues around food.

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□□□□□□□□ **Building Community for Better Breast Health  
for Korean American Women:  
Developing a CHW Training Program for Breast  
Cancer Screening for Korean American Women**

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## Community Advisory Board

### Members:

Kim B. Kim PhD, Sociologist  
Wolmi P. Han MD, PhD  
Hyunsook Kim RN  
Nomee Park  
Esther Kwak Pastor

## Support (PI: Hae-Ra Han)

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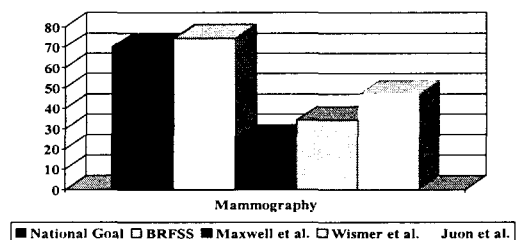
## Background

- © Breast cancer is the most common type of cancer and one of the leading causes of death among women in US
- © Early detection through regular screening (e.g., mammography) can reduce breast cancer mortality by up to 30%
- © Several ethnic minority groups have shown mammography screening rates well below the national goal of 70%.

## Background

- © Asian American (AA) women, in particular Korean American (KA) women have reported lower utilization of mammography screening as compared to other ethnic groups.

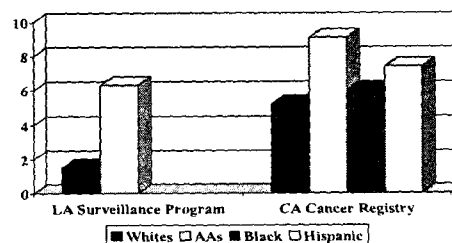
## **Mammography Screening Rates among women 40 years during the past 2 years**



## Background

- Although breast cancer rates in AA women have been traditionally low, recent statistics show increasing breast cancer incidence rates among AA women.

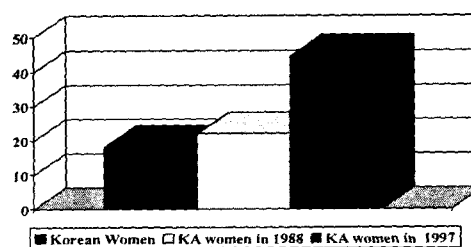
## Estimated Annual Increase (%) in the Incidence of Breast Cancer for Women 50 years



## Background

- Studies have reported that when Asian women migrate to the US, breast cancer risk increases as they adopt more Westernized lifestyles.
- Available data show the already changing shift toward increased risk for breast cancer among Korean immigrant women.

## Breast Cancer Incidence Rates (per 100,000)



## Barriers to Adequate Screening

- Lack of English language proficiency
- Lower level of acculturation
- Lack of awareness and knowledge
- Embarrassment
- Fatalistic attitude
- Fear of finding cancer or other disease
- Utilization of Oriental medicine
- Limited access to care (e.g., lack of insurance)

## Implications

- Barriers to adequate preventive care need to be addressed
- There is an urgent need for culturally appropriate intervention program designed to effectively promote preventive health behavior in this vulnerable population.

### **Objective**

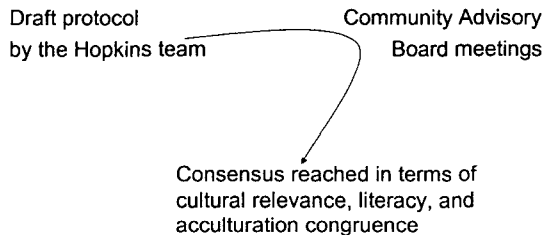
- ⑤ To develop a community infrastructure to conduct a feasibility study which would facilitate the development and evaluation of a community health worker (CHW)-led breast cancer education and screening follow-up for KA women in Maryland

### **Selection of the CHW Model**

- CHWs are uniquely aware of the linguistic, socioeconomic, and cultural factors that may influence the community's utilization of preventive health care services.
- CHWs can serve as a conduit to convey health information and resources in diverse settings.
- RCTs have reported the effectiveness of CHWs in improving cancer screening behaviors in hard-to-reach ethnic minority communities.

### **CHW Training Protocol**

- ⑤ Development Process



### **CHW Training Protocol**

- ⑤ Included activities were centered around
  - introducing general concepts of cancer,
  - introducing a behavioral change model,
  - enhancing strategies to manage barriers,
  - facilitating role identification as CHW,
  - building a team spirit, and
  - promoting presentation skills.

### **CHW Training Protocol**

- ⑤ Examples of training methods:
  - role playing
  - lectures
  - brainstorming
  - practicum

### **CHW Recruitment**

- ⑤ Methods – ethnic newspaper advertisement (the *Korea Times*) and word-of-mouth
- ⑤ Eligibility – not limited in terms of age, gender, or educational level
- ⑤ Selection – the team recruited 42 out of more than 60 applications, based on the applicant's geographic proximity, time flexibility, and basic communication skills.

## **CHW Recruitment (cont)**

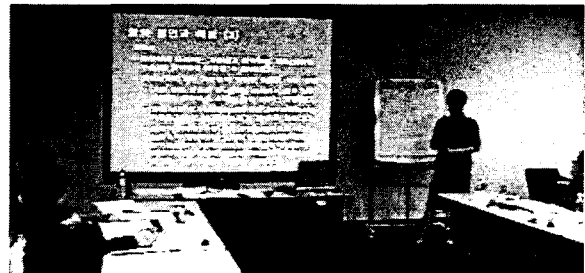
- ⊗ Demographic characteristics – mostly female (70%) in their late 40s (ranged in age from the 20s to the 70s) with at least a high school level of education

## **CHW Training**

- ⊗ First training on general topics (half day)
  - Site - KRC office in Howard County
  - Focus - health issues in KAs, general role of CHWs, and basic communication skills
  - led by the director at the KRC

## **CHW Training**

- ⊗ Second training on specialized topics (2 ½ days)
  - Site - KRC office in Howard County
  - Focus - specialized topics on breast cancer
  - Fourteen out of 21 applicants who completed first training were able to join
  - led by the PI (\*breast self-exam practicum by a certified nurse practitioner)



## **Individual Evaluation**

- ⊗ Instant feedback from the group and the facilitator:
  - role playing in barrier assessment
  - presentation on a topic that was randomly chosen
- ⊗ Observation and feedback form listing 9 items to evaluate individual presentation
- ⊗ Self-assessment of knowledge on 5-point scales (1-5) in 20 areas





### **Key Results of Individual Evaluation**

- ⊗ Feedback from the group and the facilitator to an individual – Mostly encouragement
- ⊗ Observation and feedback form – Showing leadership skills was the area that most participants felt the need for improvement.
- ⊗ Self-assessment of knowledge – Neutral

### **Process Evaluation**

- ⊗ Research team meetings at the end of each day training
- ⊗ Sessions videotaped for evaluation
- ⊗ Participant satisfaction survey
- ⊗ Participant focus groups

### **Key Results of Process Evaluation**

- ⊗ Evaluation by research staff
  - satisfactory in general
  - need to develop a more formal evaluation process of CHW skills and knowledge
- ⊗ Participants expressed overall satisfaction about the training program (mean=9.7 on a 10-point scale [1-10]).

### **Key Results of Process Evaluation**

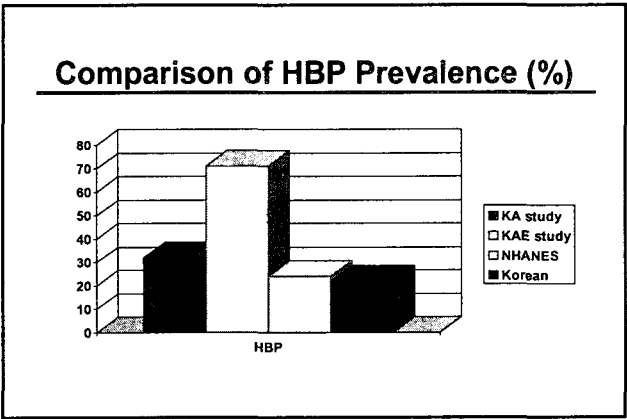
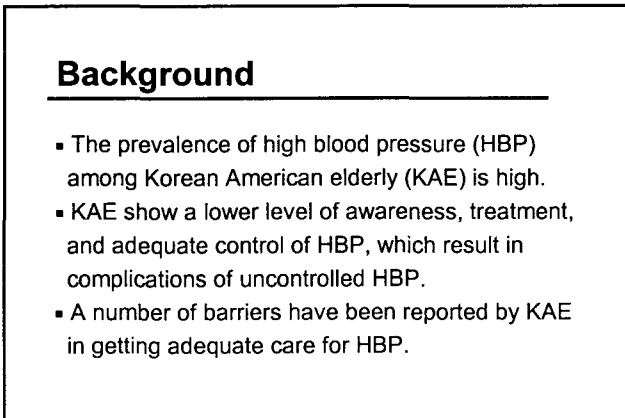
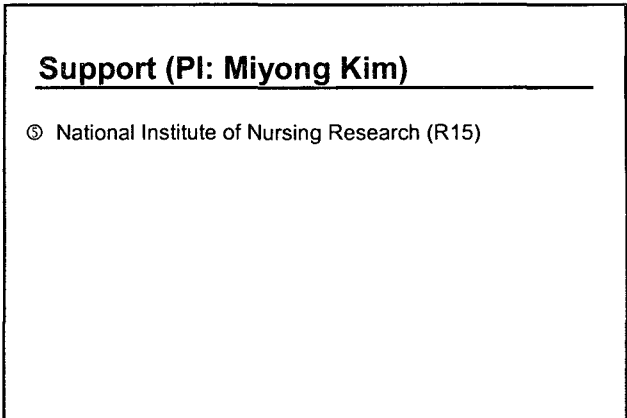
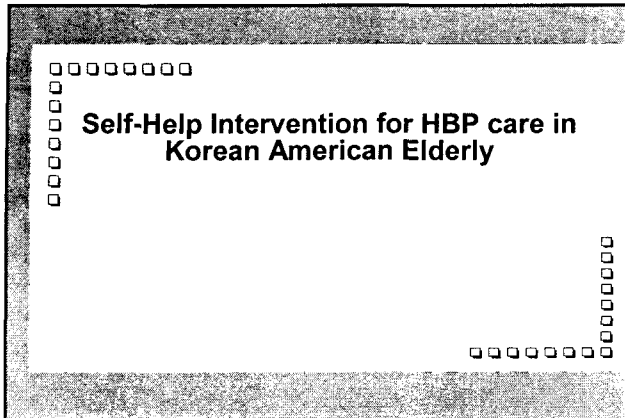
- ⊗ Participant focus groups
  - felt empowered and the need for empowering other women as well
  - became aware of cancer and breast cancer screening
  - had a unified goal of contributing to health promotion of the KA community
  - felt the need for launching a public awareness campaign

### **Implications**

- Establishing partnerships with community organizations for community health education
- Applying community participatory approach to create community-academic partnerships to reach underserved populations

### **Future Directions**

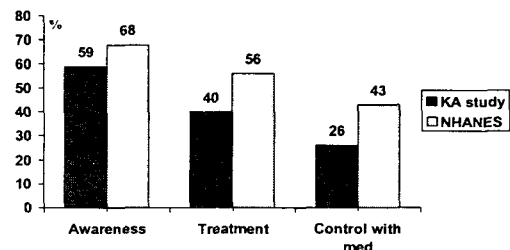
- ⊗ Need to conduct a feasibility study using trained CHWs as interventionists
- ⊗ Need to incorporate a more formalized evaluation process of CHW skills and knowledge in the training program
- ⊗ Need to evaluate the efficacy of the CHW intervention in increasing breast cancer screening rates among KA women
- ⊗ Need to assess other means of disseminating health information and evaluate the effect



## Background

- The prevalence of high blood pressure (HBP) among Korean American elderly (KAE) is high.
- KAE show a lower level of awareness, treatment, and adequate control of HBP.
- A number of barriers have been reported by KAE in getting adequate care for HBP.

## HBP Data Comparison (%)



## Background

- The prevalence of high blood pressure (HBP) among Korean American elderly (KAE) is high.
- KAE show a lower level of awareness, treatment, and adequate control of HBP, which result in complications of uncontrolled HBP.
- A number of barriers have been reported by KAE in getting adequate care for HBP.

## Barriers to Adequate HBP Care

- ⑤ Individual level – attitudes, beliefs, language, lack of information
- ⑤ Provider level – cultural competency, language
- ⑤ Organizational level – insurance, perceived/actual intimidation from mainstream medical system

## Self-Help Intervention Program for Hypertension (SHIP-HBP)

- A community-based HBP management program specially designed for KAE with HBP
- Conducted between 2001-2003
- Employed community-based participatory research (CBPR) principles in all phases of the study, including planning, implementing, and evaluating

## Methods

### Quasi-experimental study design

- 2-hour weekly sessions of psychobehavioral education for 6 weeks
- 3 times of monthly support group meetings
- Home BP measurements using BPFone® for 6 months
- Pre & post quantitative and qualitative surveys by bilingual interviewers

## Outcomes

- ⊗ SBP & DBP
- ⊗ BP control (SBP < 140 mmHg and DBP < 90 mmHg)
- ⊗ HBP-related knowledge (NHLBI survey)
- ⊗ Adherence to HBP therapy (Hill-Bone scale)
- ⊗ Enabling skills (Braden Self-Control schedule)
- ⊗ Quality of life (SF-36)

## Sampling

### Recruitment

- Word of mouth
- Radio broadcasting & newspaper ads
- List from our previous study of KAE

### Eligibility Criteria

- Aged 60 yrs or older
- Identify themselves as KAE
- Diagnosed with hypertension

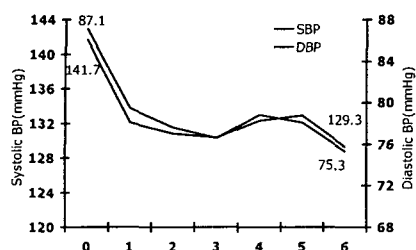
## Education Sessions

- ⊗ 6-week education on HBP topics
  - Site – two urban sites (an elderly housing and a senior center) and one suburban site (a local library)
  - Focus - specialized topics on HBP and HBP management
  - Thirty-one out of 49 KAE who were initially contacted and completed baseline survey were able to join

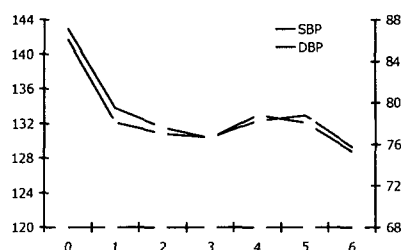
## Sample Characteristics

Variable	Category	n (%)
Sex	Male	16 (52)
	Female	15 (48)
Age	Mean (SD)	68 ( 5)
Education	< High school	12 (39)
	≥ High school	19 (61)
Employment	Employed	9 (29)
	Retired/Disable	22 (71)
Years in US	Mean (SD)	24 ( 9)

### BP change over time



### BP control rates



### Participant Focus Groups

- Positive feedbacks
  - Learned how to check and monitor BP
  - Obtained knowledge on exercise, food, and medication regarding hypertension
  - Was able to share private concerns and get emotional support
  - Was able to learn other people's experience and their BP management strategies

### Participant Focus Groups

- Rooms for improvement
  - Education material was difficult
  - Wanted to learn more about diseases caused by hypertension
  - Wanted to learn more anatomy and physiology related to HBP
  - Wanted further lab or blood work evaluating their HBP related conditions (e.g., cholesterol, diabetes)

### Future Directions

- ⑤ Need to assess other means of facilitating BP transmission if part of the intervention is to be based on BP data transmitted.
- ⑤ Need to conduct a larger scale study to test the effectiveness of the SHIP-HBP.
- ⑤ Need to expand the program to include younger age groups and evaluate the efficacy of the program.

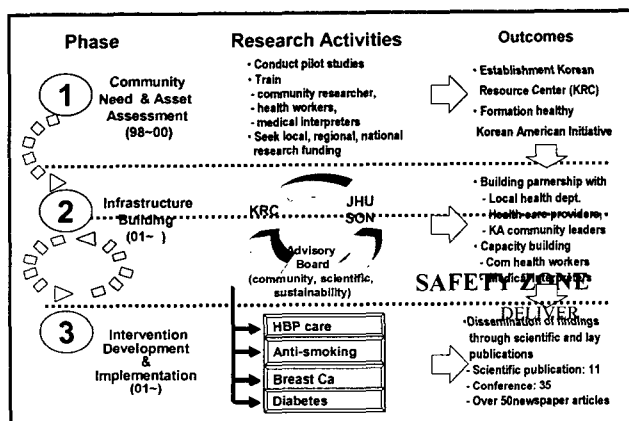
### In Action: Community Outreach for BP Screening (Light Global Mission Church, VA)



### In Action: Community Outreach for BP Screening (Lotte Plaza, VA)



### In Action: Community Outreach for BP Screening (Script from the Korea Times)



### Step 4. Sustaining the commitment

- ⑤ Fostering leadership skills of community leaders in a variety of areas (e.g., United Ways, DoA)
- ⑤ Cancer coalition meeting
- ⑤ Antismoking coalition
- ⑤ Partnership with MedBANK
- ⑤ Training community health workers

### Lessons Learned: Key Elements to Building a Research Program Using CBPR

- Shared goals
- Long-term commitment plan
- Ability and willingness to spend time in the community
- Open dialogue
- Mutual respect
- Flexibility

