

EXECUTIVE SUMMARY

PROJECT TOPIC	Engaging Latino community members and students in a community health worker intervention		
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OVERVIEW	In this workshop, we will describe three ways of engaging community and students in Raices, a community health worker (CHW) intervention offering non-directive social support to improve healthcare access, physical activity, and intake of fruits and vegetables among Latinos in Allegheny County.		
PROJECT GOALS	The specific topics for the workshop are: 1) culturally adapting a research ethics training for Latino community health workers; 2) eliciting Latino participants' life priorities and assisting them in generating their own SMART goals; and 3) engaging students in preparing project materials and training staff.		
PROBLEMS AND SOLUTIONS	It is often hard to access communities that are isolated and may mistrust the health system and researchers. It is relevant that we worked in Pittsburgh, an emerging Latino community, which is rapidly growing yet is still small, about 2% of the population. In emerging communities, Latinos face social isolation and a health and social service system that is not linguistically or culturally prepared to serve them.		
SUMMARY OF REPORT	<p>1. <u>Cultural adaptation of a research ethics training</u>: Typically, ethics trainings focus on researchers and are not relevant nor prepared for lay persons.¹ The University of Pittsburgh has a generic layperson ethical training, to train lay staff in the ethical principles of respect, beneficence and justice that we adapted for Latinos in three ways: 1) Translation, ensuring content integrity and plain Spanish, understandable for individuals from various Latin American origins. 2) Addition of Latino cultural values and references to the local context. 3) Pedagogical modifications to make it more interactive, such as role plays with examples of good and bad ethical decisions in research. We will discuss how CHW applied of the ethics training in the “real world.” We will use one of the role-plays as an activity for attendees.</p> <p>2. <u>Elicitation of participant life priorities and developing SMART goals</u>: CHW used an intervention tool, “A page of My Life,” that was prepared with input from a local community coalition, to elicit participants' priorities. The tool assessed wellness in 8 areas of participants' lives (e.g., family, spirituality). This helped CHW offer assistance tailored to each participants (non-directive social support). They guided participants in developing SMART (Specific, Measurable, Attainable, Relevant, and Time-bound) goals. The tool achieved the objective of meeting the participants where they were at and addressing their priorities first. We will discuss further refinements to the tool and next steps for future work. Workshop attendees will participate in a demonstration of the use of the intervention tool, “A Page of My Life.”</p>		

	<p>3. <u>Student engagement in research</u>: We engaged undergraduate and graduate students in diverse aspects of the study under the mentorship of the project investigators and project coordinator. The goals were that students gained experience in engaging with community members and developed research skills. The students, from medicine, public health, and education, participated in a range of activities, such as creation of intervention sessions and a resource guide, training of CHW for that session, cultural adaptation of the ethics training, training evaluation, and reinforcement of CHW skills. A student will describe their experience in the project from their point of view.</p>
<p>PROGRAMS, PROPOSALS, AND POLICY CHANGES</p>	<p>Raices is a community-engaged study devised to improve the lives of Latinos in Allegheny County by providing non-directive social support. CHW were able to apply knowledge gained from the training to issues regarding ethical principles in the field, such as weighing the benefits and risks of providing community resources to participants, or the importance of recruiting from a variety of sources to reach a broader segment of the Latino population. They also reported that ongoing supervision and coaching has reinforced training concepts and addressed questions.</p> <p>Non-directive support consist in collaborating with participants to develop solutions to the problems that participants themselves prioritize.² Non-directive support has shown to be more effective in promoting health and healthy behaviors than directive support, which centers on giving instructions or recommendations to participants based on the program developers’ priorities.^{3,4}</p>
<p>OBSTACLES AND OPPORTUNITIES</p>	<p>Peer support has the strongest opportunity to be effective, as it is based on trust and identification of participants and community health workers. Lay individuals are often not trained to provide non-directive social support, nor are they trained in research ethics. This presented a difficulty, but it was also an opportunity for the two innovations we present here: a culturally adapted ethics training and a tool to facilitate the conversation that would result in the provision of non-directive support. The final exciting opportunity was involving students in the various aspects of the research, as hand-on practice in real scenarios provide for the best training.</p>
<p>VISION AND RECOMMENDATIONS</p>	<p>Ethics training for lay Latino individual was successful, yet can be improved by including more opportunities for trainees to reflect on their training by discussing real-life cases.</p> <p>A Page of My Life can undergo further refinement, as recommended by CHW. Specifically, add more training on writing SMART goals and changing one of the labels for areas of life to improve participant understanding.</p> <p>Students can add community-engaged work as part of their practicum.</p>
<p>CONCLUSION</p>	<p>A research ethics training culturally-tailored for lay persons may facilitate community engaged research.</p> <p>A life concern elicitation tool can assist participants to identify concerns and set corresponding SMART goals.</p> <p>Engaging students in research provides benefits both for students and the research enterprise.</p>

REFERENCES

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3. Harber KD, Schneider JK, Everard KM, Fisher EB. Directive Support, Nondirective Support, and Morale. *Journal of Social and Clinical Psychology*. 2005;24(5):691-722.
4. Kowitt SD, Ayala GX, Cherrington AL, et al. Examining the Support Peer Supporters Provide Using Structural Equation Modeling: Nondirective and Directive Support in Diabetes Management. *Ann Behav Med*. 2017.