Community mobilization has a long and rich tradition of providing engaged participants with the ability to address and transform community needs. The term itself has countless definitions and applications, depending upon those who use it as a strategy. It has been widely used to combat social issues from literacy to chronic diseases like asthma and diabetes, as well as to combat infectious diseases such as tuberculosis and HIV/AIDS. One definition for community mobilization is a capacity-building process through which community individuals, groups, and organizations plan, carry out, and evaluate activities on a sustained basis to achieve an agreed upon goal, either on their own initiative or stimulated by others. As such, the focus of attention in community mobilization is what desirable goals the community wants to concentrate on.

As a capacity building assistance (CBA) provider, the Latino Commission on AIDS (the Commission) approaches community mobilization through its CHANGE model, which was developed by Dr. Vega\(^1\). The CHANGE model is an acronym that stands for: Customized; Holistic; Analytical; Networking; Grassroots; and Evaluatory. At the root of the CHANGE model is sustainability – how communities increase access to and utilization of HIV prevention services, AIDS services and other health promotion activities among Latinos nationally through the implementation and dissemination of community mobilization models. The Commission has developed for 4 distinct community mobilization models based upon previous work and experience:

- National Latino AIDS Awareness Day (NLAAD);
- Latino Religious Leadership;
- Emerging Hispanic Populations; and
- Hispanic Healthcare Worker Mobilization.

One of our first CBA requests for community mobilization focused on a client located in Charleston, South Carolina. The client has had an ongoing history of working within the Latino community through the efforts of a statewide workgroup. The client was interested in obtaining a needs assessment of a workgroup assistance intended to increase the capacity of the workgroup and its members; to strengthen the workgroup’s mission and vision, and to assist in the development of goals, partnerships, leadership and action plan towards addressing health disparities affecting the emerging Hispanic population in South Carolina.
Enhancing Program Evaluation Efforts for HIV Prevention in Puerto Rico

By Erika Morillo

For the past seven years, Hands United has nurtured working collaborations with the Puerto Rico Department of Health and with local community based organizations to help enhance the HIV prevention work in the island. As a result of these collaborations, Hands United has been able to conduct comprehensive regional and organizational assessments to inform our capacity building efforts in the area. On these assessments, program evaluation was identified as an important area of need for organizations, and continues to be one of the most requested topics for capacity building services from the organization we work with in Puerto Rico.

As part of our ongoing capacity building efforts to address this need, Hands United visited the cities of Santurce and Loiza in Puerto Rico during October 2010, to provide evaluation focused services to: Taller Salud Inc., a community based organization that works toward the health and wellbeing of girls, adolescents and adults, to Centro Más Salud, the HIV/AIDS department under the municipality of San Juan, which offers a wide array of services to both HIV positive individuals and at-risk populations, as well as to the Puerto Rico Department of Health grantees. Some of these organizations were looking to utilize evaluation to adhere to contract requirements while others wanted to further refine the evaluation of their homegrown interventions.

Hands United provided three skills building trainings on October 20, 21 and 22, to these organizations in the area of basic program evaluation and logic models. These trainings were tailored to the organizations’ evaluation expertise level, and the activities focused on their homegrown interventions. Organizations attended from different parts of the island and were eager to learn the evaluation concepts. The trainings proved to be a space for them to think about how to apply the learned concepts to their programmatic practice. Hands United felt very pleased by the level of engagement of participating organizations, and by their ongoing desire to effectively evaluate their services, and ultimately provide quality of services to the populations they serve.

We look forward to future collaborations with Puerto Rico, and continuing to assist them in the provision of effective HIV prevention services.

During our visit, the present workgroup members represented different disciplines and different public health sectors such as faith based organizations, university, health department, as well as community leaders and gatekeepers who have been actively working with the Latino community in South Carolina, but more intensely in the Charleston area. Our initial impression was that workgroup was fairly new in its existence and had a wealth of experience from different sectors. The question was how to reign in these various points-of-views into a cohesive and unified workgroup? The client’s perspectives were, “we needed more direction, more clarity, looking at areas that we need to improve upon our mission statement. It’s okay to change the mission statement. It was a nice release because people can be restrained to a mission statement. It gave me clarity and more perspective on how to be more planning savvy and strategic. And to help people understand the purpose of the workgroup. Why does it even exist? By having it, what is the function, what is the end result of having the workgroup? It also helped us to expand the participation the level of participation of other statewide key stakeholders.”

Part of the CBA process included providing the client with a report that highlighted findings, recommendations and an action plan to strengthen the coalition. The report consisted of confidential self assessment survey and individual semi-structured interviews that were conducted during a face-to-face meeting as well as data collected through an online survey. Since the initial CBA request, the client has sought additional assistance in community mobilization, as they’re in the process of building alliances with other institutions within the state. The Commission believes that community mobilization is not a one-time engagement with a client, but an on-going partnership process in identifying and strengthening the desirable goals of the community.

Contact cbadivision@latinoaids.org for more information.

LA FAMILIA EN LA COCINA: ¿DE QUÉ HABLAMOS?
THE FAMILY IN THE KITCHEN: WHAT WE TALK ABOUT

By Yanira Arias

Childhood obesity is a public health concern because it affects children’s current and future health. Even though childhood obesity is a multifaceted problem, including genetic, physiologic, and modifiable factors such as the environment and behavior, the relative potential to impact childhood obesity rates that comes from focusing on behaviors suggests that it be primary target in prevention efforts.

Unfortunately, the relatively scarce amount of data available on Latinos makes it difficult to develop and implement evidence-based, culturally appropriate interventions that are effective in preventing and addressing childhood obesity in Latinos. The Robert Wood Johnson Foundation conducted formative behavioral and policy research around this issue and found that there was a need for research on:

1) Community participatory processes that encourage Latino families to discuss their needs and define strategies;

2) Comprehensive interventions that treat the family as the unit of analysis;

3) On parental knowledge, attitudes and behaviors (modeling) related to food consumption and food preferences; and

4) Knowledge, attitudes and skills of Latino children and adolescents regarding nutrition.

Thus, funded by the Robert Wood Johnson Salud America Program, the Latino Commission on AIDS is undertaking “La Familia en la Cocina”, a community-based participatory mother-child nutrition communication research study to better understand communication around food, eating and obesity and to eventually impact the childhood obesity epidemic in the US Latino Community.

The goal of La Familia en la Cocina is to assess the nature of communication between recent immigrant Latina mothers and their children. The research study seeks to better parental and child knowledge, attitudes, environment, and behaviors (including communication) related to food consumption and food preferences in order to eventually create, test and disseminate new disparity-reducing behavioral/communication nutrition interventions.

The primary activities of the La Familia en La Cocina are to design and implement a research study with a minimum of 50 (up to a maximum of 75) Latina mother-child dyads from the Bronx, Washington Heights and Spanish Harlem (areas of high Latino type 2 diabetes rates). Among other eligibility criteria for la Familia en la Cocina are: the Latina mothers should have resided in the US for 10 years or less and have a child aged 11-12 years.

This is a two year research pilot study involving outreach, individual level and dyad level interview sessions with Hispanic mothers and a child. Which includes activities and tools such as screening and intake sessions, psychosocial assessment tool administration, BMI calculation, discussion of a family eating scene, and a virtual shopping list activity.

The Principal Investigator of this research study is Miriam Y. Vega, PhD, Director of Research and Evaluation Department of the Latino Commission on AIDS. If the project successfully collects data over the course of the two years, the investigators will work to create communication intervention materials that will enable groups in other settings to design obesity disparity reducing programs targeting Latinos.

The Issue in numbers

During the past four decades, obesity rates have soared among all age groups, increasing more than four fold among children ages 6 -11 (Hedley et al., 2004; Ogden, et al., 2006). Today nearly a third of children and adolescents are overweight or obese. Childhood obesity has more than tripled in the past 30 years. The prevalence of obesity among children aged 6 to 11 years increased from 6.5% in 1980 to 19.6% in 2008. The prevalence of obesity among adolescents aged 12 to 19 years increased from 5.0% to 18.1% (Ogden, et al., 2010; National Center for Health Statistics, 2004).

The aforementioned statistics are overall rates. Amongst Latinos the numbers are quite outstanding. In densely populated urban areas like New York City, childhood obesity has become a major public health concern. One recent study (Thorper, List, Marx, May, Helgerson, & Frieden, 2004) which surveyed a sample of 3,069 New York City elementary schools found that 20% of elementary school children surveyed in New York City (third- and sixth-grade students) were obese and 19% were classified as overweight. The study found that there was a larger increase in the prevalence of overweight Hispanic children than in children of any other racial/ethnic group.