

By way of introduction:

What comes to your mind as the health problem that most concerns your own community of origin?

ISPG/H

Immigrant Service Providers Group/ Health

About the ISPG/H

A 2003 grant from the Harvard Pilgrim Foundation enabled a group of individuals and organizations committed to the health and well being of Somerville's immigrant communities to create a new model for health care collaboration, the **Immigrant Service Providers Group/Health**.

In the four years since, the ISPG/H has made substantial gains toward its goal of addressing the health care disparities existing in this densely populated "gateway" city.

Our successful networking environment has helped us become a common voice advocating for Somerville's immigrant communities and a supportive partner for established health care institutions.

The **Immigrant Service Providers Group/Health** is a collaborative monthly meeting which provides funding for smaller immigrant coalition partners and compensates them for stafftime spent with the ISPG/H, conducts outreach to newer and less organized immigrant communities, acts as a clearing house and point of focus for community health care providers and information, and conducts immigrant community health fairs and forums.

ISPG/H Projects:

- The ISPG/H led the effort to maintain a family practice based clinic in East Somerville.
- We participate in the Greater Boston Bed Bug Task Force and the Somerville Bed Bug Working Group.
- We actively support youth from the immigrant communities who are interested in employment in the health field.
- Our members support one another in researching grants and in building capacity and health awareness for our organizations.
- We hold an annual Immigrant Community Health Fair and Flu Clinic.
- The ISPG/H is a partner with Tufts University and the Cambridge Health Alliance in a major four year study of occupational health and safety in our immigrant communities.
- Under this National Institute for Occupational Health and Safety grant, two of our member organizations, the Haitian Coalition and the Community Action Agency of Somerville are training Haitian and Latino teens as occupational and safety educators. A third member, The Brazilian Women's Group, is developing a cooperative business model and training program based on the use of "green cleaning" materials and techniques.
- We also provide community support for a Tufts Community Based Participatory Research practices course and we are represented on the Steering Committee of the Tufts Community Research Center.

How Can Others Participate in the ISPG/H?

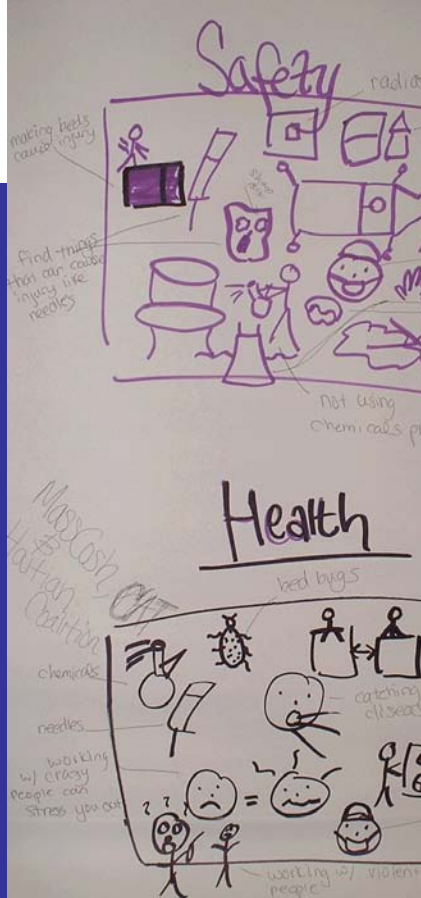
We are interested in any health issues or services that concern or benefit the members of Somerville's immigrant communities. We welcome visitors with community health concerns, information, or services. For more information, contact our coordinator:

Alex Pirie: 617-776-5931 ext. 243
apirie@somervillecdc.org



Liaison Interpreters - Somerville

(with resusa-friends)



Deconstructing Research Dysfunctionality Across Cultural and Inter/Intra-Disciplinary Boundaries

(it's a two way street)

Communities Engaged In Research

Communities

can be

should be

want to be

Engaged In Research

Why?

"Outsiders have researched us
to death, and the research
doesn't even benefit us."

*-Former Councilman Eddie Tullis
Poarch Band of Creek Indians*



Wallerstein & Duran Research for Change,
NCMHD Grantees Meeting Philadelphia
November 8, 2009

Communities Engaged In Research

The problem
of
perception

Communities Engaged In Research

Gown

(in this case, Boston University School of Medicine)





Communities Engaged In Research

Town

(in this case, Somerville, MA)





POLICE FILE

JAMES J. BULGER
REWARD: \$1,000,000







PHOTO: JONAS KAHN/COURTESY: CITY OF SOMERVILLE



Immigrant Service Providers Group Health





Department of Psychiatry



Why, in this case,
"Communities Engaged In Research"
instead of
~~Community Based Participatory Research?~~

Because, in reality, there are two
different communities engaged in
research.







Obligatory Bullet Point Slide

- **Contexts**

- Social-economic, cultural, geographic, political-historical, environmental factors
- Policies/Trends: National/local governance & political climate
- Historic degree of collaboration and trust between university & community
- Community: capacity, readiness & experience
- University: capacity, readiness & reputation
- Perceived severity of health issues

- **Group Dynamics**

- Structural Dynamics:

- Diversity
 - Complexity
 - Formal Agreements
 - Real power/resource sharing
 - Alignment with CBPR principles
 - Length of time in partnership

- Individual Dynamics:

- Core values
 - Motivations for participating
 - Personal relationships
 - Cultural identities/humility
 - Bridge people on research team
 - Individual beliefs, spirituality & meaning
 - Community reputation of PI

- Relational Dynamics:

- Safety
 - Dialogue, listening & mutual learning
 - Leadership & stewardship
 - Influence & power dynamics
 - Flexibility

- Relational Dynamics (cont.):

- Self & collective reflection
 - Participatory decision-making & negotiation
 - Integration of local beliefs to group process
 - Task roles and communication

- **Intervention**

- Intervention adapted or created within local culture
 - Intervention informed by local settings and organizations
 - Shared learning between academic and community knowledge
 - Research and evaluation design reflects partnership input
 - Bidirectional translation, implementation & dissemination

- **Outcomes**

- CBPR System & Capacity Changes:

- Changes in policies /practices
 - -In universities and communities
 - Culturally-based & sustainable interventions
 - Changes in power relations
 - Empowerment:
 - -Community voices heard
 - -Capacities of advisory councils
 - -Critical thinking

- Cultural revitalization & renewal

- Health Outcomes:

- Transformed social /econ conditions
 - Reduced health disparities

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Preview of Coming Attractions!



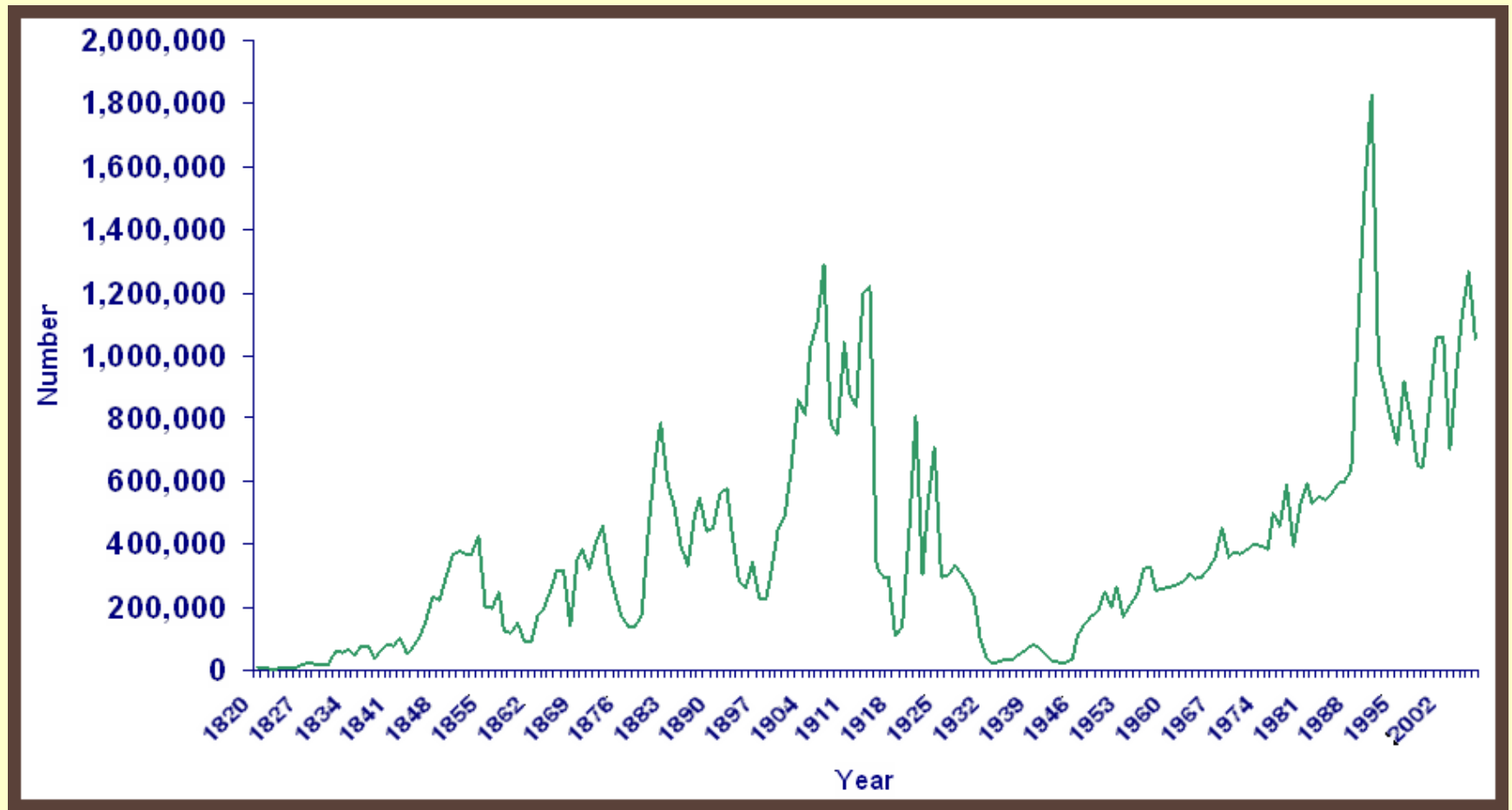
Engaging a specific community - in this case, the Somerville, MA immigrant communities of faith. A meeting of Priests and Pastors was convened to discuss and gain support for the recruitment goals of an NIHCD CTR/CBPR study:

**“Assessing and Preventing Obesity
in New Immigrants.”**

Somerville Immigrant Communities Interfaith Meeting - Health

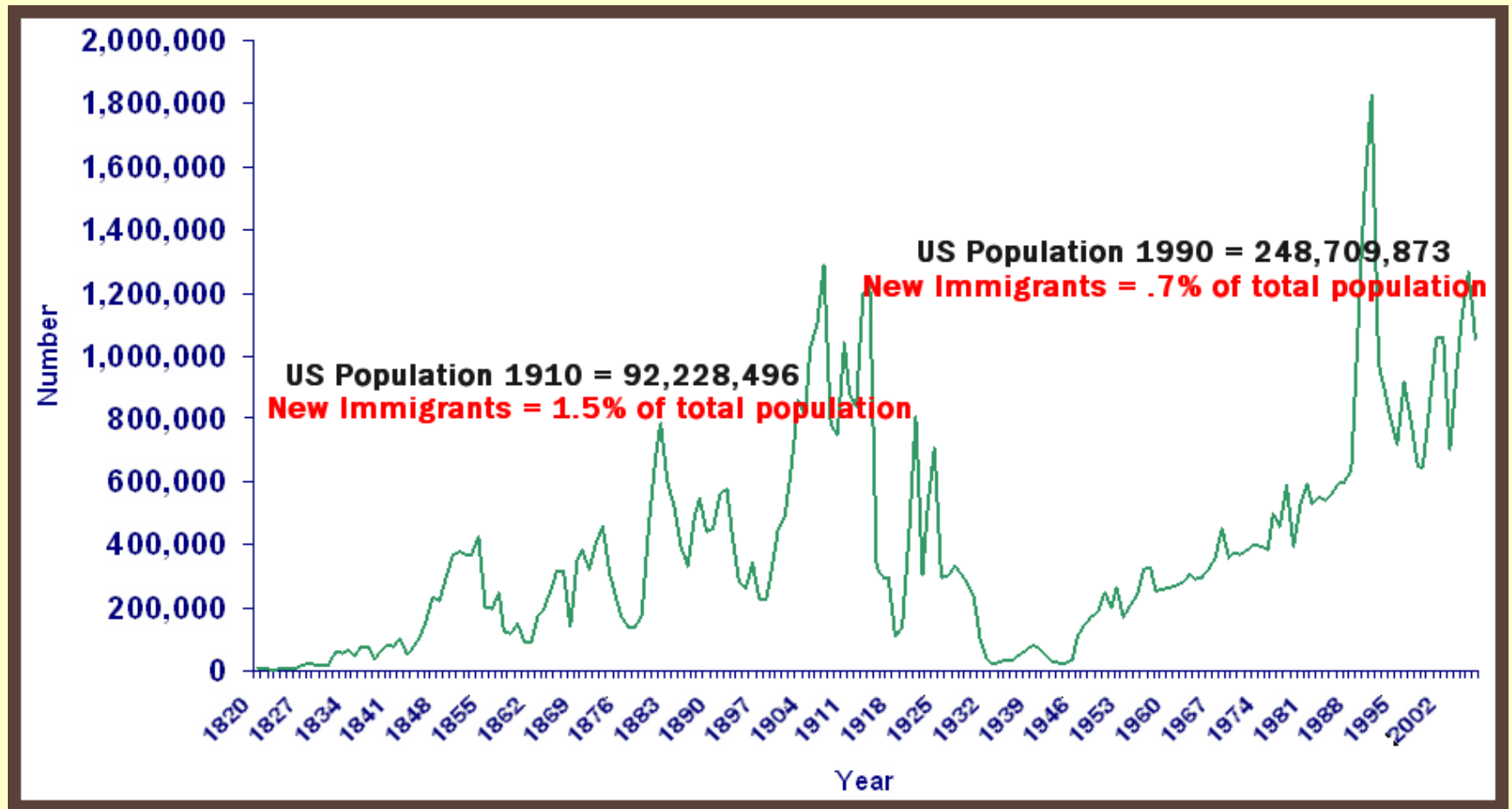
August 18, 2009

Number of Immigrants to the United States 1820-2007



Data provided by Division of Research & Epidemiology, Bureau of Health Statistics, MDPH

**As a percent of the total U.S. population,
there are less than ½ as many new immigrants
arriving today as there were 80 years ago.**



Medical Science & Religion



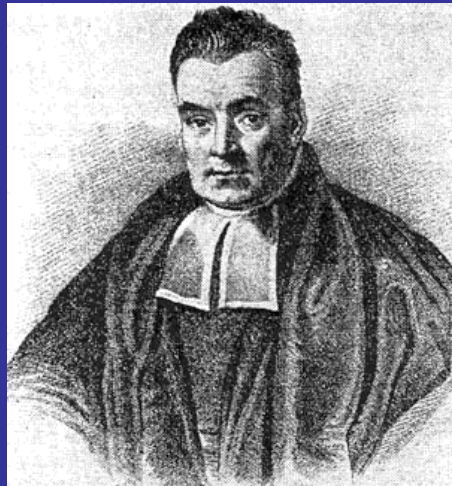
Abū Alī Sīnā – Ibn Sina



Hildegarde of Bingen



Maimonides



Thomas Bayes



Gregor Mendel

Daniel 1:8 – 1:15

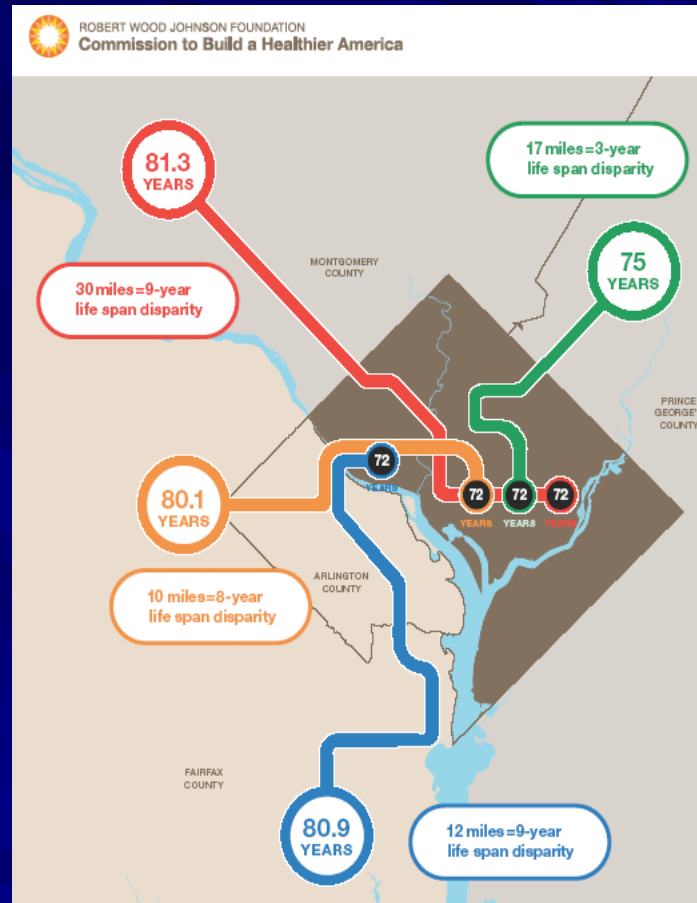
- 8 But Daniel resolved not to defile himself with the royal food and wine, and he asked the chief official for permission not to defile himself this way. Now God had caused the official to show favor and sympathy to Daniel, but the official told Daniel, "I am afraid of my lord the king, who has assigned your food and drink. Why should he see you looking worse than the other young men your age? The king would then have my head because of you."
- 11 Daniel then said to the guard whom the chief official had appointed over Daniel, Hananiah, Mishael and Azariah, "Please test your servants for ten days: Give us nothing but vegetables to eat and water to drink. Then compare our appearance with that of the young men who eat the royal food, and treat your servants in accordance with what you see." So he agreed to this and tested them for ten days.
- 15 At the end of the ten days they looked healthier and better nourished than any of the young men who ate the royal food. So the guard took away their choice food and the wine they were to drink and gave them vegetables instead. (New International Version)

Daniel – the “clinical trial”

- **[The problem: Daniel and his fellow Jews cannot eat Nebuchadnezzar's food.]**
- 8 But Daniel resolved not to defile himself with the royal food and wine, and he asked the chief official for permission not to defile himself this way. Now God had caused the official to show favor and sympathy to Daniel, but the official told Daniel, "I am afraid of my lord the king, who has assigned your food and drink. Why should he see you looking worse than the other young men your age? The king would then have my head because of you."
- **[Daniel proposes an experiment - a kind of clinical trial.]**
- 11 Daniel then said to the guard whom the chief official had appointed over Daniel, Hananiah, Mishael and Azariah,
- **[length of trial]**
- "Please test your servants for ten days:
- **[the intervention group]**
- Give us nothing but vegetables to eat and water to drink.
- **[the control group]**
- Then compare our appearance with that of the young men who eat the royal food],
- and treat your servants in accordance with what you see." So he agreed to this and tested them for ten days.
- **[The results of the two groups are compared]**
- 15 At the end of the ten days they looked healthier and better nourished than any of the young men who ate the royal food. So the guard took away their choice food and the wine they were to drink and gave them vegetables instead.

Why go to all this trouble?

Health Disparities in Washington, D.C.





Gerald J. and Dorothy R.
Friedman School of
Nutrition Science and Policy

Em parceria com o
Grupo Mulher Brasileira
convida você para



"Viver Bem!"
617.787.0557-617.816.1915



Gerald J. and Dorothy R.
Friedman School of
Nutrition Science and Policy

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VIV Byen 617.347.2523



Gerald J. and Dorothy R.
Friedman School of
Nutrition Science and Policy

en cooperación con
C.A.A.S y
The Welcome Project
les invitan a:



¡Viva Bien! 617.816.0539



Viver Bem!

\$200

de ajuda de custo

Um estudo sobre
estilos de vida saudáveis
que quer melhorar

- Os hábitos alimentares
- Aumentar a atividade física e
- Incentivar uma vida mais saudável

Quem pode participar?
Brasileiras que:

- Tenham entre 20 e 55 anos
- Estejam há menos de 10 anos nos Estados Unidos
- Tenham conexão em Somerville
- Tenham filhos entre 3 e 12 anos de idade



Para mais informações sobre o Projeto
"Viver Bem", por favor entre em contato
com o Grupo Mulher Brasileira,
617.787.0557 ramal 15,
ou com Joyce Pádua
617.816.1915.

Summary

Tufts University received a grant from the Eunice Kennedy Shriver National Institute of Child Health and Development to design and study an obesity prevention program for new immigrants in Somerville, MA.

Tufts Receives NIH grant to Study Obesity Prevention in New Immigrants



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professor and chair of the department of public health and family medicine at
University School of Medicine (TUSM), Raymond R. Hyatt, Jr., PhD, assiste
in the department of public health and family medicine at TUSM, Elizabeth G
MD, director of the Childhood and Adolescent Obesity Center at Tufts Medic
and, last but not least (just kidding) Alex Pirie, coordinator of the Immigrant
Providers Group/Health (ISPG/H) in Somerville.

The researchers believe this will be the first clinical trial focused on obesity p
new immigrants

The co-investigators will work alongside community partners the ISPG/H, the Welcome
Project, the Haitian Coalition, the Brazilian Women's Group and the Community Action
Agency of Somerville (CAAS). As coordinator of the ISPG/H, Pirie sees new immigrants



Today's learning objectives:

- 1) List strategies for meaningful community engagement in the adoption of community health interventions.**
- 2) Develop tools that encourage learning and relationship building between academic researchers and community partners.**
- 3) Identify challenges, and corresponding corrective strategies, in community-based recruitment plans.**

Thanks for your attention!