

THE HEALTHY AFRICAN AMERICAN FAMILIES' RISK COMMUNICATIONS INITIATIVE: USING COMMUNITY PARTNERED PARTICIPATORY RESEARCH TO ADDRESS PRETERM BIRTH AT THE LOCAL LEVEL

Preterm birth is the leading cause of infant death for African Americans and is significantly associated with lifelong morbidity. Primary prevention efforts using medical strategies to reduce the rates of preterm birth have been unsuccessful. Using community partnered participatory processes, the Healthy African American Families project in Los Angeles developed a multilevel, risk communications strategy to promote awareness about preterm birth in the local community. Participants included community members, community-based organizations, local government, healthcare providers, and national-level advocates. The initiative focused on increasing social support for pregnant women, providing current information on preterm birth risks, and improving quality of health services. The initiative includes components addressing community education, mass media, provider education, and community advocacy. Products include "100 Intentional Acts of Kindness toward a Pregnant Woman", a doorknob brochure on signs and symptoms of preterm labor, and an education manual on preterm birth and other African American health issues. Cooperation, affiliation, and community self-help were key aspects of the planning process and the health promotion products. Additional community benefits included increased leadership and skills development. The process and products described here may be useful in other communities and for addressing other health outcomes in communities of color. (*Ethn Dis.* 2010;20[Suppl 2]:S2-30-S2-35)

From the Healthy African American Families, Los Angeles, CA (LJ); University of California, Los Angeles – School of Nursing, Primary Care Section (KW); The RAND Corporation, Los Angeles, CA (AW); Desir Group, Smyrna, GA (NDB); School Health Connection, Louisiana Public Health Institute, New Orleans, LA (MB); and University of North Carolina, Chapel Hill, NC (VH).

Address correspondence to Loretta Jones, MA, Chief Executive Officer, Healthy African American Families, 3756 Santa Rosalia Drive, Suite 320, Los Angeles, CA 90008. 323-292-2002. LJonesHAAF@aol.com

Loretta Jones, MA; Kynna Wright, PhD, MPH; Aziza Wright, MEd; Neysa Dillon Brown, MSPH; Marsha Broussard, MPH; Vijaya Hogan, MPH, DrPH

BACKGROUND

African American infants in the United States are disproportionately affected by preterm birth (before 37 completed weeks' gestation). In 2006, 18.5% of African American births were preterm compared to 12.8% for the nation overall.¹ Preterm birth is the leading cause of infant mortality among African Americans and is also associated with increased rates of infant morbidity, developmental disabilities, and chronic disease.^{2,3} The annual economic cost of preterm birth overall in the United States was estimated to be \$26 billion dollars in 2005.³

Theoretically, primary prevention to reduce the high rates of preterm birth among African American women includes improving women's health before and during pregnancy through multiple points of interventions, including medical, behavioral, social, and environmental interventions. Medical research has focused on identifying physiologic pathways to preterm labor and preterm birth as a precursor for developing interventions. The medical strategy has yet to produce effective interventions.³ Furthermore, the usual approach of public health promotion has primarily focused on changing individual-level behaviors and not addressing the broader social and environmental contexts in which individuals live and engage.⁴⁻⁶

A community-focused approach, which addresses "up-stream" risk factors and social contexts, offers a different pathway to preterm birth prevention for African Americans. This requires concerted efforts to increase community

knowledge about preterm birth risks through both population-based and individually focused education. Women, educational and social service organizations, health care providers, and family and social support networks of pregnant women need to be informed about both scientific research findings and community perspectives related to preterm birth and to include them in the development of health promotion programs.

The project described here grew from two previous activities: 1) ethnographic research, using community participatory methods, conducted by the Healthy African American Families (HAAF) project, and sponsored by the Centers for Disease Control and Prevention (CDC), on Los Angeles African American women's social contexts and experiences during pregnancy; and 2) a Kellogg Foundation-supported project, in collaboration with CDC, the CDC Foundation, and HAAF, which explored strategies to improve women's health communications in communities of color, also in Los Angeles. The ethnographic results indicated pregnant women wanted more social support from family and community networks, more information on health during pregnancy, and improved healthcare services and provider interactions.⁷

Building on these previous activities, the goals of the project described here were: 1) to share both scientific research findings with the local community and community perspectives with academics and agency leadership (knowledge transfer); and 2) using community-partnered participatory processes, to develop and initiate a communications strategy to

address preterm birth risk among African American women in Los Angeles. The risk communications strategy would inform pregnant women, their families, social support networks, healthcare providers, education and social service organizations about preterm birth risks to enable community members to become advocates for and collaborators in health promotion efforts. Participatory processes were essential in addressing the complexity of preterm birth as a public health issue and in transforming local findings into local action.⁸⁻¹⁰ The CPPR process would also provide direct community benefit by providing opportunities for skill and leadership development among community members.

METHODS

This project, begun in 2001 by Healthy African American Families, was designed to create a communications strategy to address risks of preterm birth in the Los Angeles African American community. Details of HAAF are described elsewhere.^{8,11} Briefly, HAAF is a nonprofit organization that addresses community health issues by using CPPR to enhance the quality of medical services and advance social progress thru community education and training. The CPPR process includes community engagement and collaborative partnering to solicit and value community expertise and perspectives equally with other perspectives. Partners include community stakeholders, academia, researchers, and government agencies.

Community engagement was the foundation for sustaining community commitment and involvement. Engagement focused on recruiting a variety of stakeholders, with traditionally differing levels of power and voice, as participants in the planning process. These included funders, community agency representatives, politicians, health care and social

service providers, faith-based leaders, professors and graduate students, community activists and gatekeepers, lay community members who utilize local services, and lay community members who do not use local services. The project was conducted to facilitate equal voice and decision-making power among all participants.

The CPPR principles in this project included consumer, client, and lay person participation as partners; egalitarian partnering; mutual respect for other partners' experience and voice; mutual ownership of the project; cultural competence and responsiveness; direct community benefit; and increasing community capacity, knowledge, and leadership. Community members were involved in all project aspects. HAAF staff coordinated logistical aspects.

Three levels of project organization facilitated collaborative partnering and production of the communications initiative: project team, steering committee, and subcommittees. The project team was a small, multidisciplinary planning group of technical consultants and project staff. The role of the project team was to ensure funding requirements were met, to provide support to other community members in the planning process, and to address needs of the project. The team included both local community and non-community members. Each team member had a unique role and responsibility: community liaison and facilitator; media and communication trainer and consultant; programmatic advisor; writer; public health scientist; and administrative support. Because not all members lived locally, the team met weekly by phone conference to strategize, share information, plan upcoming activities, problem-solve, and evaluate project progress. Other communications were conducted by e-mail.

A steering committee was formed to specifically develop and implement the preterm birth risk communications

strategy. For this committee, 35 individuals were recruited from various local community sectors. Committee members included pregnant women, postpartum women, fathers, representatives from community-based or faith-based organizations, local media experts, community educators, and community activists. In recruiting members, the team identified diverse potential members with technical expertise or relevant personal experience and with a record of committed service to the local community. This diversity was sought to increase the support for the project and to increase the future diffusion of strategies developed throughout the community. Significant time was spent assessing a potential member's willingness to participate and providing background information and skill development to facilitate participation. This investment "leveled the playing field" so committee members felt secure in the interactive process and contributed their unique expertise. Steering committee members received a small stipend for their participation and work. In addition, food was provided at committee meetings.

The primary activities of the steering committee's planning process were conducted through an orientation and five subsequent meetings over a one-year time period. The attendees and goals for these sessions are described in Table 1. At the beginning of each meeting, the goal of reducing preterm birth among African Americans was emphasized verbally and/or visually. Centering and affirmation exercises were conducted. Committee members shared personal feelings and experiences of past pregnancies. These activities increased cohesion and a sense of safety within the committee and focused members on community goals and not on personal agendas.

The steering committee formed subcommittees to develop targeted messages based on the overall communications plan components. Each subcommittee developed their own priorities and work plans. Subcommittees

Table 1. Steering committee planning meetings

	Attendees	Goals
Orientation	Consumers and pregnant women as potential steering committee members	Prepare to participate in steering committee as equals; Provide information on planning process, terminology, and expectations; Introduce project team and other community board members; Questions and answers
Meeting 1	All potential steering committee members	Establish relationships among members; Educate members about preterm birth; Review planning process; Obtain signed commitment to participate; Establish a common vision; Affirm participatory values for project
Meeting 2	Steering committee	Media training on message development, targeting and delivery
Meeting 3	Steering committee	Review scientific research and personal experiences with preterm birth; Identify possible media approaches to increase awareness of preterm birth within community; Identify target audiences; Form subcommittees for message development
Meeting 4	Steering committee	Develop risk communications plans, including goals, strategies, and work plans
Meeting 5	Steering committee, CBO staff, political leaders, academic researchers, health care providers, community leaders and other interested members	Present work of the steering committee and the sub-committees; Obtain community support, resources, and funds

conducted community dialog groups (focus groups) as necessary for product development. To encourage collaboration, subcommittees shared work plans and documents with the other subcommittees. Approximately 110 individuals participated in the work of the subcommittees. Each subcommittee was chaired by a steering committee member to facilitate continuity. The chairs had varying levels of project planning skills and leadership experiences. Training in these areas was provided for the less-experienced chairs. The subcommittees met at least every two weeks. Subcommittee chairs met as a group every two months to share progress and resolve difficulties. Subcommittees worked with the steering committee and project team for final product development.

The preterm birth risk communications plan had the following components: community education; healthcare provider education; advocacy; resource development; media campaign. The need for evaluation was included within each of these components. The plan was targeted to multiple audiences within the community: local healthcare providers, pregnant women, their families and social support networks, other community-based organizations (CBOs), faith-based organizations, universities, media, government systems, and the general community.

RESULTS/PRODUCTS

A preterm risk communications strategy was developed to increase community awareness about the problems of preterm labor and birth among local African American women and to increase support for pregnant women by developing social norms that value pregnancy and pregnant women. The initiative targeted multiple levels of intervention for pregnant women, her partner, families, social networks, healthcare providers, and the community in general. It has five components: 1) community education; 2) media campaign; 3) healthcare provider education; 4) advocacy; and 5) resource development. Evaluation needs were contained within each of the five components. The initiative addressed the three common aspects (attitudes, perceived norms, and self-efficacy) of the Health Belief, Social Cognition, and Theory of Reasoned Action health promotion theories at multiple levels of intervention.⁴ The initiative was designed to be implemented as funds are identified. The current outcomes are listed in Table 2.

The primary goal of the community education component was to encourage supportive behaviors by family and community members toward African American pregnant women. The underlying hypothesis was that increased

support, in ways identified by pregnant women themselves, would reduce pregnancy-related stress associated with preterm birth, reduce adverse exposures, and increase protective factors. From a community perspective, an altruistic campaign celebrating family and supporting pregnancy was an important part of the preterm birth awareness campaign. It sets new social norms that pregnancy is a positive experience and involves the whole family and community.

The primary target groups for the community education component were CBOs, churches, and the general community members so that they could, in turn, inform their own clients, family members, and social support networks about preterm birth. The primary products included 100 Intentional Acts of Kindness Toward a Pregnant Woman,[®] a doorknob brochure on preterm labor risks, and a family billboard.

The media campaign component sought to inform the local community about the importance of preterm birth, preterm labor, and community support for pregnant women. Strategies were developed for an overall media campaign about preterm birth risks in general and specifically, the 100 Intentional Acts of Kindness campaign. Communication channels included billboards, bus cards, posters, and television and radio shows or commercials. Radio show interviews and promotions related

Table 2. Outcomes from the Healthy African American Families Risk Communications Initiative, Los Angeles

Tangible Outcomes	Intangible Outcomes
100 Acts of Kindness toward a Pregnant Woman [®] Doorknob brochure on preterm labor Pregnancy social support billboard Pregnancy and postpartum health training manual Media campaign with message, target audience, and channel development Educational curricula	Increased community and consumer involvement, education, leadership Media and communications skills training, including media literacy and advocacy Knowledge transfer between community, academics, and healthcare providers Healthcare provider education and training Increased partnership with local care providers Increased community capacity for health promotion, long-term planning, project management, and group facilitation

to the 100 Acts were conducted. Steering committee members provided guidance on linguistic and cultural appropriateness of language to be used in the media campaign.

The objective of the healthcare provider education component was to change the behavior of health providers toward pregnant African American women. Local research findings on women's perspectives of health care were shared with providers. Committee members strategized with local health providers on care-oriented approaches to increase support of African American pregnant women and family members. Patient education materials from providers' offices were reviewed to assess needs from an African American cultural perspective. A community meeting for healthcare providers was held to share current scientific information on preterm birth, stress, infections, and pregnancy outcomes among African American women. Professional education seminars for medical providers were conducted to emphasize the role of providers in the prevention of preterm birth. A curriculum manual was developed for the educational seminars that provided information on the signs and symptoms of preterm labor; healthy pregnancy; and other resource materials (eg, sudden infant death prevention, nutrition, breast-feeding) that were important in the local community. This manual included pamphlets, presentations, glossaries, bibliographies, sources and contacts for more information, and pre-and post-test evaluations for training courses.

The advocacy component sought to help community organizations and public health leaders to: create resources related to preterm birth prevention; identify opportunities to redirect existing resources for preterm birth prevention; improve health care and social services; and encourage policy development to increase support for pregnant women. Long-term advocacy goals seek to stimulate local community actions to address social or environmental conditions (eg, housing, employment, and air pollution) affecting pregnant women and the local community. The risk factors related to preterm birth are not viewed as separate from other health risks the local community faces.

The objective of the resource development component was to identify potential funding sources to further realize the different components of the project. A number of funding proposals have been developed.

Evaluation activities will occur across all components of the risk initiative to measure the effectiveness of specific activities at increasing knowledge and changing behavior. Pre- and post-tests have been used to evaluate knowledge transfer during healthcare provider seminars and the use of 100 Acts. Process evaluation during the planning process was also used to enable self-correction as the project progressed.

Specific Products

100 Acts of Kindness toward Pregnant Women[®]

A key product from the risk communications strategy was the One

Hundred Intentional Acts of Kindness toward Pregnant Women[®] campaign.¹²

Based on scientific research on stress and social support³ and on results from community dialog groups, the development of 100 Acts included all subcommittees. Briefly, 100 Acts are specific, simple acts of support and caring that can be provided by family, friends, and community members to support pregnant women. Initially the 100 Acts were printed on hand-held paper fans and distributed in churches. The 100 Acts received positive feedback from local community members, health officials, and politicians and from other communities around the country. The 100 Acts have been shared with several state health departments and discussed on local and nationally syndicated radio shows.

Preterm Labor Door-Knob Brochure

A door-knob brochure was developed to educate African American pregnant women and their families about the signs of preterm labor and what to do if it occurs. Designed to hang on the bathroom door, the double-sided brochure contains information on preterm labor signs and symptoms and what to do if preterm labor is suspected. The brochure was specifically designed for the bathroom door by the community members because this placement enabled everyone in the household, including male partners, to read about preterm labor. Male participants stated they wanted to know more about preterm labor and, especially, that they were more likely to

read the brochure if it was in the bathroom. The brochure can also be used as a "Do Not Disturb" sign for the bedroom door if a pregnant woman is placed on bed rest. Information on bed rest was provided on the card.

Family Billboard

Billboards are an important part of the local media culture in Los Angeles. A billboard showing pregnancy as a "family team effort," where every member of the family has a role to play in supporting pregnant women, was designed. Although space has been procured, the billboard has yet to be produced because of lack of funds.

Other Outcomes

The development of the preterm birth risk communications strategy through the CPPR process led to other community results, including increased leadership, media training, group facilitation, volunteer recruitment and other skill-building. New leadership was created when community members chaired the subcommittees, taking on new roles and responsibilities. Committee and subcommittee members and other organizations benefited from the multiple trainings, including increasing media literacy and competency. Participants learned to utilize research findings in planning and implementing community health education and promotion strategies. Presentation skills among community members were developed — by the end of the planning meetings, many made presentations about the process and results. New community relationships and partners were identified and formed. These can be readily mobilized to create new community resources to further address preterm birth or other health risks.

DISCUSSION

The Healthy African American Families project developed an innovative, multi-level risk communications initiative to increase awareness of issues related to pregnancy health and preterm

birth among African Americans in Los Angeles. This initiative involved the translation and integration of research previously conducted within this community into subsequent community action. This initiative focused on increasing social support, providing current information, and improving quality of services. Additional community benefits were achieved, including increased leadership and skills development. New relationships between community organizations were formed which can be mobilized to further address preterm birth or other health risks.

The risk initiative built upon resiliency and strengths within the local African American community.^{6,8} Cooperation, affiliation, and community self-help, which are inherent characteristics in African American culture, were key aspects of the planning process and the health promotion products.^{8,13} Continued emphasis on the development of wellness and health vs solely focusing on disease process, was also important.

Increasing awareness of the importance of preterm birth, and its effects on African Americans, at multiple levels of the public health practice within the local community was paramount in this project. Thus one objective was to bring preterm birth-related research findings to local, lay community members. These results were communicated in formats more easily understood by lay people. This enabled community members to see how their own experiences with pregnancy, prenatal care, and early deliveries were consistent with scientific research results. It validated personal experiences and increased trust of research data. This process led to commitment from the community members to participate in the health promotion planning process and increased ownership of the need to prevent preterm birth in their community. This ownership, along with the community-developed health promotion products, increased the likelihood community members may act upon the information

provided. Steering committee members, who worked for other community agencies, began to integrate issues of pregnancy health and preterm birth into their own programs. Through the planning process, they became knowledgeable and passionate about preterm birth prevention. They then became message carriers, sharing the knowledge gained with their agencies.

A current frontier of community health promotion is on the expansion of preventive efforts from individual-level change to community- and social-level changes to support individual-level change in risk profiles.^{4,6,14} The development of the HAAF preterm birth risk communications initiative demonstrates how this expansion can occur on a local level. The participatory process and the transfer of knowledge between community members and scientific researchers were important for the development of innovative prevention products targeted to multiple audiences.

The development of a media campaign was important culturally for African Americans in Los Angeles. A large media culture already existed in the greater Los Angeles community. Furthermore, African Americans rely on visual and electronic media to access health information.⁶ Mass media and media advocacy are increasingly suggested as essential tools for influencing public perception and behavior and initiating population-based change.^{4,6}

There were several keys to the success of the risk communications initiative, including community leadership, trust-building, focusing on local outcome, community ownership and value, consistent interpersonal interactions, skill-building through training, and fidelity to equality. Lay community members, including pregnant women, were included throughout the planning process and were regarded as equal stakeholders. Their perspectives were highly valued and respected and they were encouraged to share personal experiences, opinions, and ideas. The

Table 3. Recommendations for planning community partnered prevention initiatives, Healthy African American Families, Los Angeles

Project Guiding Principles	Meeting Ground Rules	Activities to Increase Success
Valuing human capital at all levels of organization is essential for sustainability	Listen. One person speaks at a time. No side conversations.	Full-time staff person to provide administrative support to committees
Communication efforts must be realistic, honest, and compelling	Identify shared mission, values, and goals	Adequate time involvement (30%) from project leaders
True community partnership means community involvement is all aspects of project	Develop expectations and commitments for participation in committees	Orientations for committee members to create a level playing field
Let participants know their contributions are valued and treat them with respect	Allow all interested to participate	Liberal time estimation for accomplishing objectives
Project should increase skills within the community	Share data, encourage use of data	Documentation of progress made Separation of funding for planning and for products Document in-kind contributions

lead organization, HAAF, had a previously developed, strong community network, was well-respected among community agencies and members, had a history of providing community leadership, and a record of positive action addressing local health issues via community participation and partnerships. This history and networks were used to garner the resources, support, and additional relationships necessary for the development of the initiative.

In-kind support, provided by local CBOs and academic institutions, was significant in this project. The meeting room space was donated. Pregnant women and other participants received rides to the meetings as needed. Refreshments were donated. Federal, state, and local agencies provided training materials. With limited financial capital, human capital sustained the project. Community support was continuous, steadfast, and visible throughout the project.

The challenges of the risk initiative development were obtaining funding for the interventions developed and for evaluation, having limited administrative support, and retention of subcommittee members because there were no funds to pay them for their time. Recommendations for other projects and funders are outlined in Table 3.

Community-created, innovative health promotion activities and products have an important role in the prevention of preterm birth. The risk

initiative development process and products developed by HAAF may be useful to other communities to engage in primary prevention of preterm birth or other public health issues.

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