

**2018-2019 CIVIC ENGAGEMENT RESEARCH FUND FELLOWSHIP REPORT**

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**Project Title**: Empowering Latinas through Health-related Community Development and Civic Engagement

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**Background**

Civic engagement is crucial to eliminate health inequalities, as evidenced by a 20% reduction in African American-White breast cancer mortality disparities in Chicago due to multi-sectoral civic engagement1-3. The current proposal seeks to build on past efforts and leverage civic engagement to address the breast cancer burden that Latinas face4-7. With that goal in mind, we frame two important questions for health-related civic engagement research. First, which programs are effective in promoting intention and participation in health-related civic engagement and community development? There are multiple approaches to create informed citizens and constituents who can engage in a healthy conversation with government officials8-12. Education approaches increase knowledge about issues/content (e.g., breast cancer). Empowerment approaches involve training and opportunities to take action (e.g., role-play/simulation programs; service-learning programs)8,11. Comparative research would be helpful, at this point, to specify which approaches are particularly effective. Second, what is the feasibility of navigating Latinas to participate in civic engagement and community development activities? Patient navigation is a popular approach for multilevel chronic health conditions13,14. Patient navigators are healthcare professionals that can address barriers at different levels through their shared identities with the priority population (e.g., individual risk factors, shared community norms) and relationships with healthcare systems (e.g., access/coordination of care). Recent work also suggests patient navigation can work well in terms of patient retention and long-term adherence to care15. Research assessing the feasibility of navigation for civic and community engagement is warranted to assess whether it can be helpful in addressing contextual factors and promote sustained participation.

To address these gaps through an ongoing, quasi-experimental trial to promote breast cancer screening among non-adherent Latinas living in South Chicago/East Side and Pilsen/Little Village16, we:

1. Quantified the relative effects of education and empowerment interventions for ≥100 Latinas across 6 months on: 1) intention to volunteer; 2) volunteerism behaviors; 3) intention to participate in civic engagement; and, 4) civic engagement behaviors17-18. Hypothesis 1.1: Empowerment participants will report greater intention and participation in volunteerism and civic engagement relative to education participants.

2. Characterized the feasibility of a civic engagement and community development navigation program for Latinas. We will refine our current opportunistic navigation protocol; recruit women from the larger parent study; identify local events and programs; and, navigate women (e.g., outreach, registration, logistic support). Using navigation tracking logs, we will assess the: 1) number and types of civic engagement and community development activities; 2) number of women who indicate interest; and, 3) number of women who attend.

**Activities**

With regard to our first research question concerning relative program effectiveness, we successfully enrolled and retained 104 women throughout the 6-month follow-up period. These participants completed baseline, post-intervention, and 6-month follow-up surveys. We managed data regarding volunteerism intention, civic engagement intention, volunteerism behavior, and civic engagement behavior. We also conducted analyses to examine study arm differences, wherein we used multivariable logistic regression models with Generalized Estimating Equations.

With regard to our second question concerning the feasibility of a civic engagement and community development navigation program, we first had two meetings with community partners regarding the navigation protocol for civic engagement and community development. We subsequently refined our protocol, such that 1) organizations contacted staff on a bi-weekly/monthly basis regarding activities/events wherein women could volunteer; 2) staff supported organizations’ efforts to recruit participants to events; and, 3) community partners provided detailed attendance records for women who agreed to release their data to the study team staff. We helped to coordinate our final ‘major’ event regarding health-related volunteerism, which occurred on March 30, 2019. During this event, we invited women who had obtained breast healthcare through city-, county-, and state-based resources and programs (e.g., Chicago Public Health Department’s Community Breast Health Services; Illinois Breast and Cervical Cancer Early Detection Program). Women engaged Prof Bill Kling, an expert in advocacy training, and learned about opportunities to share their testimonies with civic leaders about these programs. Subsequently, women could either provide written, audio, or video testimonies. Following this event, the community organizations created 3 multi-media testimonies for city, county, and state programs, respectively. The community partners have begun to distribute these political leaders at the state (n= 16) and city levels (n=7). The community partners are currently finalizing the video regarding county services, which they will distribute to 2 major leaders within the board of commissioners. With regard to practice-based deliverables, after engaging our community partners, we have learned it would be most helpful to support them in community grant preparation. These grants would provide the necessary resources to continue a community volunteerism navigation program.

**Findings and Outcomes**

With regard to our first research question concerning relative program effectiveness, among the 104 participants who completed baseline, post-intervention follow-up, and 6-month follow-up questionnaires, there was relatively low levels of missing data (0-6%). Given this, we report all available data. Table 1 depicts changes in volunteerism intention, civic engagement intention, volunteerism behavior, and civic engagement behavior at baseline, post-intervention follow-up (FU), and 6-month follow-up (FU). At baseline, most women in both study arms had volunteered and engaged in some type of civic activity in their lifetime. We conducted multivariable logistic regressions to examine changes in volunteerism and civic engagement activities across time, post-intervention (Table 2). We used baseline lifetime data and the following demographic variables in our models: 1) age; 2) education; 3) income; and, 4) marital status. With regard to volunteerism, we found that women in both arms had greater odds of volunteering across time. Simultaneously, for women in the education arm, there was greater odds of civic engagement over time as well. There were no study arm, time, or interaction effects with regard to intention to participate in the future regarding volunteerism or civic engagement.

With regard to our second question concerning the feasibility of a civic engagement and community navigation program, before the refinement of the protocol (March 2017-October 2018), we invited participants to an average of 29 events per month, of which they attended an average of 22. After refining our protocol (November 2018-May 2019), we invited participants to an average of 25 events per month, of which they attended an average of 30 events per month. The greater attendance per invitation is due to repeat events *and* women’s greater engagement with community partners outside of and potentially in part due to our revised navigation program. Multivariate linear regression models revealed that the lower invitation (per person: M=6.84, SD = 8.12 vs. M=1.36, SD = 1.50), despite comparable attendance, largely occurred for the partnership we had for the empowerment participants, wherein we were able to reduce invitations to events that were not likely to attract attention (p <.0001). Post-refinement of the protocol, we specifically invited women to participate in 82 types of community development and civic engagement opportunities. Of the 82 events, 33 were one-time events and 49 were events related to regular/ongoing community development activities (weekly/monthly). These events included: 1) breast cancer walks; 2) community development events, wherein breast cancer information was provided in Spanish (e.g., annual forums; information tables at Mexican Consulate); 3) leadership trainings/workshops; 4) community services (e.g., food depositories; second-hand stores for non-profits); 5) health fairs/festivals; and, 6) programs for developing materials for breast cancer patients (e.g., knitted prosthetics). With regard to barriers to attendance, there were no changes in the types of frequency of barriers reported by women before and after changes to the navigation protocol. These barriers included: a lack of interest; inability to travel/transportation challenges; competing priorities (grandchildren, work, other events); not being in town; and, health problems. The only barrier that we were able to address consistently for major events was transportation/travel. Significant challenges in conducting this product mostly emerged for our second research question. First, unfortunately, there were a number of cancelled events. Across the 6 month period, 9 events were cancelled in total. Some of these cancellations occurred at the last minute. This resulted in some participants dropping out of the community volunteerism program. Second, geographic access remained an issue for the feasibility of this program. Two of these were based in South Chicago/East Side and were easier to access for education participants; the rest were based in Pilsen/Little Village and were easier to access for empowerment intervention participants. Third, the timing of our major event was not well-planned, in some respects, given civic leader changeover and the timing of budget allocations. Although necessary with regard to our funding, there was bound to be, unfortunately, some ‘spillover’ regarding planned distribution of testimonies to civic leaders. Yet, despite these challenges, a significant proportion of women were happy to engage in health-related volunteerism and civic engagement; and, the production of multi-media testimonies augmented community partners’ efforts to engage their civic leaders.

**Next Steps and Implications**

Our hope that these data highlight the need for funds and resources to enable navigation programs for civic engagement and the incorporating the perspectives of constituents in policy development. With regard to the Institute of Policy and Civic Engagement (IPCE)’s topic areas, this research will: 1) further understanding about how citizens and communities can become more engaged in policy debate or deliberative processes, including via in-person events and opportunities to provide testimonies; and, 2) support community development efforts and local community change initiatives by community organizations like The Resurrection Project and Centro Comunitario Juan Diego use civic engagement to enhance effectiveness and increase the overall impact of government-funded breast health services for underserved populations.

With regard to our specific team, Ms. Catherine Pichardo, a PhD student and research assistant for this project, is planning to prepare a first-author publication regarding our research questions during the summer/fall of this year. We anticipate submitting this manuscript by December 2019. The publication/s that result from this work highlight the value of civic engagement for multi-level change *and* contribute to a growing body of work highlighting the health-protective effects of volunteerism and civic engagement for volunteers themselves. In the next 5 years, our team will submit at least one competitive external grant that will ‘upscale’ the efforts IPCE supported this year and will enable us to assess the potential of navigation programs for community involvement on civic engagement and health outcomes through a more rigorous design and with a larger, more representative sample.

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| **Table 1.** Descriptive statistics for volunteerism and civic engagement outcomes across baseline, post-intervention follow-up (FU) surveys, and 6-month FU surveys. |
|  | **Education Arm (n = 50)** | **Empowerment Arm (n = 54)** |
|  | Baseline | Post-Int FU | 6-mth FU | Baseline | Post-Int FU | 6-mth FU |
|  | n (%) | n (%) | n (%) | n (%) | n (%) | n (%) |
| Any volunteerism | 36 (72%) | 13 (30%) | 23 (46%) | 40 (74%) | 16 (30%) | 24 (44%) |
| Any civic engagement | 37 (74%) | 32 (71%) | 41 (82%) | 41 (76%) | 39 (72%) | 36 (69%) |
|  |  |  |  |  |  |  |
| Intention to volunteer in the next 6 months | 37 (74%) | 37 (74%) | 35 (70%) | 42 (78%) | 44 (82%) | 36 (68%) |
| Intention to engage in civic activities in the next 6 months | -- | 32 (68%) | 29 (58%) | -- | 41 (75%) | 30 (57%) |

*Notes.* Civic engagement intention was only measured at follow-up surveys.

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| **Table 2.** Mutivariable logistic regression models with GEE assessing study-arm changes in volunteerism and civic engagement behaviors across time, after adjusting for baseline volunteerism, civic engagement and demographic characteristics. |
|  | **OR** | **95%CI** | **p-value** |
| **Volunteerism Behavior (Any)** |  |  |  |
| Study arm \* Time |  |  | 0.91 |
| Study arm | 0.99 | 0.41, 2.44 | 0.99 |
| Time | **2.14** | **1.09, 4.18** | **0.03** |
| **Civic Engagement Behavior (Any)** |  |  |  |
| Study arm \* Time |  |  | **0.05** |
| Time (education) | **3.16**  | **1.05, 9.49** | **0.04** |
| Time (Empowerment) | 0.78 | 0.38, 1.58 | 0.49 |
| **Volunteerism Intention** |  |  |  |
| Study arm \* Time |  |  | 0.76 |
| Study arm | 0.84  | 0.26, 2.69 | 0.79 |
| Time | 0.56 | 0.24, 1.31 | 0.18 |
| **Civic Engagement Intention** |  |  |  |
| Study arm \* Time |  |  | 0.30 |
| Study arm | 1.55 | 0.63, 3.82 | 0.34 |
| Time | 0.58 | 0.33, 1.40 | 0.29 |