

# Community-Centered, Community Driven and Community-Empowered

By Tabia Henry Akintobi, PhD



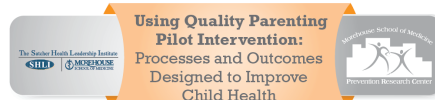
Tabia Henry Akintobi, PhD, MPH,  
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The Morehouse School of Medicine Prevention Research Center (MSM PRC) Administrative Hub was established one year ago. The Hub was designed, in part, to support quick and high quality communication of health information that is developed through community-based participatory research (CBPR) or led by communities.

Supported by the Hub, the community co-directed MSM PRC Communication and Technology Committee and interns have developed health factsheets. The factsheets have been designed and based on priority health issues of our partner communities [Neighborhood Planning Units (NPU) V, X, Y, Z and T)]. Factsheet topics include HIV/AIDS, cardiovascular disease, diabetes, mental and behavioral health and asthma. Electronic versions of these factsheets may be found at [www.msm.edu/prc](http://www.msm.edu/prc). If you would like hard copies of these resources to share with your partners you may also contact our office at (404)752-1598. I am also pleased that we have begun developing Community Briefs. The briefs are designed to translate the CBPR we publish in academic journals to companion summaries for community audiences. The first recently completed brief was based on the Using Quality Parenting (UQP) pilot research project.

The UQP was developed through a partnership between the Satcher Health Leadership Institute (SHLI) neighborhood residents and organizations in City of Atlanta Neighborhood Planning Units (NPU) L, T, V, X, Y, and Z. It was built upon the lessons learned from the SHLI Smart and Secure Children Program and was guided by the MSM PRC Community Coalition Board model and CBPR approaches. With CBPR at our core, we are designing a community-engaged training to increase neighborhood residents'

capacities to lead or collaborate in initiatives to improve health. Training topics will include Community-Engaged Research, Research Ethics Developing and Sustaining Partnerships, Health Policy and Advocacy and Evaluation among others. It will be developed and delivered by both staff and members of the community-led MSM PRC Community Coalition Board. Pilot-testing of this training will include conducting trainings, identifying knowledge or skill changes before and after the training, and gathering perspectives on the materials and content delivered. This interactive training will be designed to empower participants with skills they can use to strengthen their organizations, participate as senior partners in research or catalyze other initiatives designed to improve their communities. Look forward to opportunities to participate in the training soon! All of the efforts and initiatives detailed in this issue are designed to be Community-Centered, Community-Driven and Community Empowered. Working together they contribute to our efforts to address obstinate health disparities and advance health equity.



#### WHAT ARE THE KEY ASPECTS OF QUALITY PARENTING?

Quality parenting involves parents who are highly engaged both physically and emotionally. Children who experience quality parenting are cared for through concern, acceptance, and support. This is the most important way to promote positive child health outcomes (CDC 2015). Setting clear limits, positive discipline, understanding child development and providing proper healthcare are also crucial quality parenting techniques.

#### WHY IS QUALITY PARENTING IMPORTANT?

Higher self-esteem, less antisocial behavior, better social skills, healthy psychological adjustment and better physical health have all been shown to come from quality parenting. Supportive parents can protect and buffer the effects of peer pressure allowing children to perform better in school and extracurricular activities (Bose, 2016).

#### HOW CAN WE IMPROVE CHILD HEALTH?

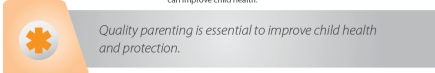
Pressing problems affecting child health today include, but are not limited to, overweight/obesity (concern of over 1/3 of children & adolescents), violence/abuse (faced by nearly 60% of children in 2011), and a lack of safe places to play (more likely for children living in poverty) (CDC, 2015). Among the best ways to combat these issues are to improve parenting skills and parental involvement, address mental health, and enhance community conditions.

#### HOW DOES PARENTAL MENTAL HEALTH AFFECT CHILDREN?

A parent's mental health is connected to their children's health. For example, depression and other mental conditions in parents may cause neglect towards children, which can hinder a child's emotional development. Studies have also shown that children of parents suffering from depression are two to three times more likely than other children to also suffer from major depression or other mental health challenges. In general, as children learn to identify, express and manage their emotions, they look to their parents and other adults as role models. It is important that parents also have plenty of support to ensure that mental health problems are identified and addressed in a timely manner to model health behavioral and mental health for their children.

#### HOW DOES THE COMMUNITY AFFECT CHILD HEALTH?

The community environment, beyond a child's parents and immediate family, can greatly impact their health and development. For example, community violence creates high stress levels (for both adults and children), causing ongoing stress hormone activation and may eventually harm the brain structures that control learning and memory. Youth exposure to violence can increase levels of depression, substance abuse, risky sexual behaviors, homelessness, and poor school performance. However, safe community spaces for physical activity and constructive child engagement can improve child health.



# Community Health Needs & Assets Assessment (CHNA<sup>2</sup>)

By Latrice Rollins, PhD

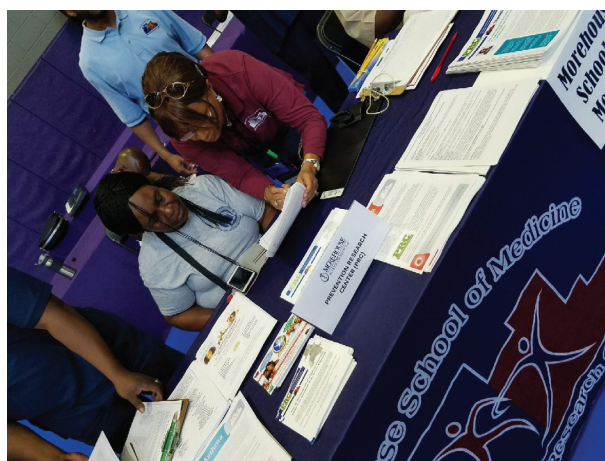
*Community residents have an opportunity to steer and inform Morehouse School of Medicine Prevention Research Center (MSM PRC) research agenda by participating in our community health needs and assets assessment (CHNA<sup>2</sup>)*

The 2017 CHNA<sup>2</sup> is the fourth community health needs assessment that the MSM PRC has conducted since its inception. This is also the first CHNA<sup>2</sup> involving NPU T, which was added as a MSM PRC partner neighborhood in 2014. The MSM PRC conducts community health needs and assets assessments to:

- Engage its Community Coalition Board (CCB) and other community stakeholders in identifying the health needs and resources of the community for potential partnerships and research and program areas.
- Collect qualitative and quantitative data from community stakeholders and secondary data sources to identify the health priority needs of the communities served.
- Use recommendations from the community related to planning and implementing research, disease prevention, health promotion, and evaluation initiatives to develop a community-driven research, policy and program agenda.

This survey is administered by trained CCB members and MSM PRC faculty/staff. The survey asks residents to rank health and policy or systemic issues that impact the health of their communities (needs), share health resources and programs in their communities (assets), and recommend the best ways to provide health information to community residents.

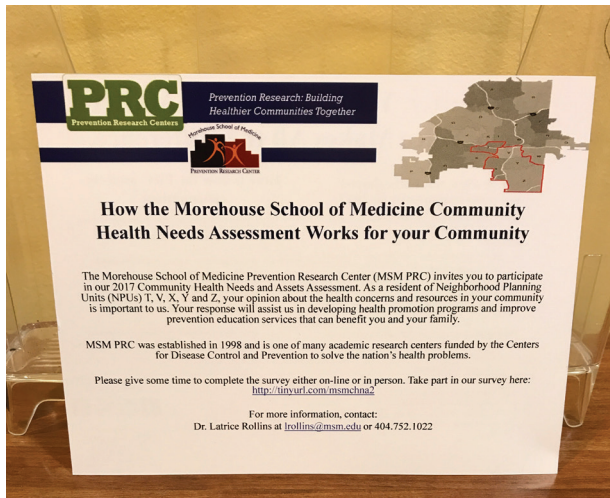
This survey has been critical to determining which community health interventions and funding opportunities should be prioritized. In 2014, 361 residents of



NPUs V, X, Y, and Z completed a survey to provide feedback on the major health issues in the community, health resource availability, and the best ways to share health information. The findings showed that the top three health concerns for community residents were: hypertension/high blood pressure, overweight/obesity, and diabetes. Additionally, the YMCA (or other community center), hospital, and community clinic were reported as the top three services available in their communities. Finally, the best ways to share health information in the community were through church events, community events, and neighborhood meetings. Based on these findings, we have implemented Racial and Ethnic Approaches to Community Health Initiatives to address cardiovascular disease and diabetes risk factors through increasing access to healthy foods, physical activity opportunities and healthcare.

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For more information about past survey results or ways to get involved with this current effort, please contact Latrice Rollins, PhD at 404-752-1187.



# The Managing Epilepsy Well Special Interest Project

*By April L. Nellum, PhD*

The Adapting Epilepsy Self-Management Programs for Blacks in Georgia Study is a Special Interest Project of the MSM-PRC. Using a community-engaged approach, the purpose of this study is to replicate the use of the Managing Epilepsy Well (MEW) Network Self-Management programs for use among Blacks with Epilepsy.

Pictured below are Dr. Tabia Henry Akintobi and Mr. LaShawn Hoffman with the principal investigators of the Epilepsy Study and the Chair and Vice-Chair for the Epilepsy Community Advisory Board (Drs. Rakale C. Quarells, Fariba Farhidvash, Brenda Stanford, and Nancy Thompson- front row, left to right), wearing purple in honor of epilepsy awareness. The Community Advisory Board serves to ensure that the project uses culturally appropriate and socially acceptable mechanisms to reach, recruit, and retain African Americans with epilepsy. For more information about this study, please email [epilepsystudy@msm.edu](mailto:epilepsystudy@msm.edu) or call 404.756.8848.



# Selected National Health-Related and Other Observances – 2017

Below is a selection of health-related and other observances for 2017. The main source for this list is [healthfinder.gov](http://healthfinder.gov) (National Health Observances), which includes tips for planning a health observance and sample content for some observances.

*Note: This is not a comprehensive list of health-related and other observances.*

September Dates	Observances	Websites
September 1–30	National Cholesterol Education Month*	<a href="http://www.cdc.gov/dhdsp">www.cdc.gov/dhdsp</a> <a href="http://millionhearts.hhs.gov">http://millionhearts.hhs.gov</a>
September 1–30	National Childhood Obesity Awareness Month*	<a href="http://www.cdc.gov/obesity">www.cdc.gov/obesity</a> <a href="http://www.healthierkidsbrighterfutures.org/home">www.healthierkidsbrighterfutures.org/home</a>
September 1–30	Fruit and Veggies—More Matters Month*	<a href="http://www.cdc.gov/nutrition">www.cdc.gov/nutrition</a> <a href="http://www.fruitsandveggiesmorematters.org">www.fruitsandveggiesmorematters.org</a>
September 1–30	Healthy Aging Month	<a href="http://www.healthyaging.net">www.healthyaging.net</a>
September 4	LABOR DAY	
September 15–October 15	National Hispanic/Latino Heritage Month	<a href="http://hispanicheritagemonth.gov">http://hispanicheritagemonth.gov</a>
September 27	National Women’s Health and Fitness Day*	<a href="http://www.fitnessday.com">www.fitnessday.com</a>
September 29	World Heart Day*	<a href="http://www.cdc.gov/dhdsp">www.cdc.gov/dhdsp</a> <a href="http://millionhearts.hhs.gov">http://millionhearts.hhs.gov</a> <a href="http://www.worldheartday.org">www.worldheartday.org</a>
September 30	Worldwide Day of Play*	<a href="http://www.cdc.gov/obesity">www.cdc.gov/obesity</a>
October Dates	Observances	Websites
October 1–31	Health Literacy Month	<a href="http://www.health.gov/communication/literacy">www.health.gov/communication/literacy</a> <a href="http://www.healthliteracymonth.org">www.healthliteracymonth.org</a>
October 2	Child Health Day*	<a href="http://www.mchb.hrsa.gov/childhealthday">www.mchb.hrsa.gov/childhealthday</a>
October 4	International Walk to School Day*	<a href="http://www.walkbiketoschool.org/">http://www.walkbiketoschool.org/</a>
October 16	World Food Day*	<a href="http://www.worldfooddayusa.org">www.worldfooddayusa.org</a>
October 16–20	National Health Education Week	<a href="http://www.sophe.org/NHEW.cfm">www.sophe.org/NHEW.cfm</a>
October 29	World Stroke Day*	<a href="http://www.cdc.gov/dhdsp">www.cdc.gov/dhdsp</a> <a href="http://millionhearts.hhs.gov">http://millionhearts.hhs.gov</a> <a href="http://www.worldstrokecampaign.org">www.worldstrokecampaign.org</a>
November Dates	Observances	Websites
November 1–30	Native American Heritage Month	<a href="http://nativeamericanheritagemonth.gov">http://nativeamericanheritagemonth.gov</a>
November 1–30	American Diabetes Month*	<a href="http://www.cdc.gov/diabetes">www.cdc.gov/diabetes</a> <a href="http://www.diabetes.org/in-my-community/american-diabetes-month.html">www.diabetes.org/in-my-community/american-diabetes-month.html</a>
November 1–30	Lung Cancer Awareness Month	<a href="http://www.cdc.gov/cancer">www.cdc.gov/cancer</a> <a href="http://www.cdc.gov/tobacco">www.cdc.gov/tobacco</a> <a href="http://www.lungcanceralliance.org">www.lungcanceralliance.org</a>
November 1–30	Chronic Obstructive Pulmonary Disease Awareness Month	<a href="http://www.lungusa.org">www.lungusa.org</a>
November 14	World Diabetes Day*	<a href="http://www.cdc.gov/diabetes">www.cdc.gov/diabetes</a>
November 16	Great American Smokeout	<a href="http://www.cdc.gov/tobacco">www.cdc.gov/tobacco</a> <a href="http://www.cancer.org/healthy/stayawayfromtobacco/greatamericansmokeout">www.cancer.org/healthy/stayawayfromtobacco/greatamericansmokeout</a>
November 24	National Family Health History Day	<a href="http://www.hhs.gov/familyhistory/">www.hhs.gov/familyhistory/</a>
<i>No date found; usually held in early November</i>	National Diabetes Education Week*	<a href="http://www.diabeteseducator.org">www.diabeteseducator.org</a>

