

Executive Summary: Connecting Research to Real Life (CR2L): Findings from Reflective Conversations in the Columbia River Gorge

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About the Project: The CR2L project seeks to build a network of community members, local health leaders, and researchers who can design pragmatic, patient-centered research studies addressing the Columbia Gorge region’s priority health concerns. To better understand what contributes to health in the region, we engaged diverse community stakeholders in reflective conversations. This executive summary provides a brief overview of our findings.

Methods: Two trained members of the research team conducted 27 appreciative inquiry interviews using a semi-structured interview guide between March 17 and September 7, 2014. We selected participants to represent the broad diversity of the region by socioeconomic status, self-reported health status, gender, age, ethnicity, and geographic community (see Table 1).¹

Interviews lasted 30 minutes to 1 hour and were audio recorded and transcribed. Eight interviews were conducted in Spanish and then translated and transcribed in English. The core team reviewed transcripts and used a pragmatic, grounded theory approach to identify emergent themes. This study was approved by the Oregon Health & Science University (OHSU) Institutional Review Board (IRB).

I. Health Experiences of Hispanic and Latino Community Members (n = 12)

Key Themes:

- *Nutrition and access to healthy foods contribute to health across the lifespan.* All participants included nutrition in their descriptions of health, with many describing diet as a principal component of their own health and the health of their community.
- *Physical exercise as a critical component of health, with many factors contributing to engagement in regular exercise.* Many participants across gender and age groups described their time of optimal health as a time when they exercised regularly or felt physically fit. Participants identified community assets that enable exercise such as places to walk, soccer leagues, and feelings of safety in the community.
- *Social support from family and friends as key contributor to physical and mental health.* Family and friends were frequently described as a source of support for healthy lifestyle choices and overall well-being. Maintaining a balanced life with time to spend with important others supported participants’ emotional and mental health.
- *Agricultural chemicals identified as a health threat that affects the community through environmental and dietary exposures.* Many participants voiced concern about the health consequences of agricultural chemicals and hoped to see a reduction in the use of these chemicals to improve community health.
- *Health education and prevention programs had positive impacts on participant and community health.* Many respondents shared positive experiences of local health education and prevention programs and described their community as having many resources for health promotion.

Recommendations: Recommendations focused on community health education and trainings; decreased use of agricultural chemicals; and increased access to basic services including healthy food, exercise opportunities, transportation, and housing.

Table 1. Participant Characteristics, n (%)

	Overall Sample* (N = 27)	Hispanic & Latino Sub-Sample (n = 12)	Non-Hispanic Sub-Sample (n = 15)
Gender			
Male	12 (44%)	6 (50%)	6 (40%)
Female	15 (56%)	6 (50%)	9 (60%)
Community			
Hood River	13 (48%)	5 (42%)	8 (53%)
The Dalles	9 (33%)	3 (25%)	6 (40%)
Other	5 (19%)	4 (33%)	1 (7%)
Age			
Mean (Range)	44 (21-82)	34.8 (21-58)	51.3 (25-82)
Self-Rated Health Status			
Poor	0 (0%)	0 (0%)	0 (1%)
Fair	2 (7%)	1 (8%)	1 (7%)
Good	14 (52%)	9 (75%)	5 (33%)
Very Good	7 (26%)	2 (17%)	5 (33%)
Excellent	4 (15%)	0 (0%)	4 (27%)
Income**			
Low	16 (60%)	8 (67%)	8 (53%)
Middle	5 (19%)	3 (25%)	3 (20%)
High	6 (22%)	1 (8%)	4 (27%)

*Includes both Latino & Hispanic and Non-Hispanic sub-samples
 **Low income: less than 200% Federal Poverty Level (FPL); Middle: 200-400% FPL; High: over 400% FPL

“My daughter just eats what we give her, so we have to teach her to eat. She just eats because she is hungry. So we have to give her good food, more healthy food because now is the time to learn those habits.” [ID 60]

¹ Sample sizes for Latino & Hispanic and Non-Hispanic sub-samples alone may not have been sufficient to reach saturation.

II. Health Experiences of Non-Hispanic Community Members (n = 15)

Key Themes:

- *Active social and physical engagement as critical components of health.* Participants of all ages and socioeconomic statuses noted the importance of active engagement as a critical component of health. This included contributing to the community through volunteer or church activities, caring for family members (both young and old), staying physically active, and keeping socially engaged.
- *The regional natural environment, community activities, and local culture provide opportunities for engagement and healthy behaviors.* Many participants commented on the beauty of the natural environment around them and the easy access to opportunities to be physically active. Additionally, participants commented on the opportunities to engage in social activities offered through the local community.
- *Family as a strength and barrier to health.* Family was identified something that could both support healthy behaviors or detract from an individual's development. When families struggled to provide critical components of an individual's health responsibility fell to other supportive adult figures and the broader community.
- *Financial security promotes engagement in healthy activities.* In general, finances were seen by both those of higher and lower socioeconomic status to be a critical contributor to an individual's health. Lack of financial resources was seen by some as a barrier to routine physical activity, accessing healthy foods, obtaining health care services, and "belonging" in community life.
- *Self-advocacy as an important component in receiving health services and interacting with the health care system.* Many participants, particularly those of lower socio-economic classes, told stories of learning about their voice and responsibility for taking an active role in the health care system.

...Teach people that it's okay to be concerned... about their health. I think it's gotten a lot better since... my parents, they never ask anything. I'm all questions ... [Others] aren't proactive. They just take it as gospel, and I think patients ... people need to learn to be their own best advocate. [ID 45]

Recommendations: Participant recommendations focused on enhanced opportunities in the broad community, such as economic viability and environmental sustainability; providing community trainings; increasing access to basic services, such as housing, healthy foods, and transportation; and improving access to health care services.

III. Overarching Themes (N = 27, includes all Latino and non-Hispanic participants)

Multidimensional definitions of health. Participants described health as a multi-dimensional concept that encompassed characteristics of the individual and the local community. Most participants noted the importance of physical functioning, as well as emotional, social, and spiritual components of health. Healthy diet and exercise were important contributors to both physical and emotional health. In describing how they stayed healthy, participants identified many aspects of health that occur outside of what is delivered by our traditional "healthcare system."

Preventive behaviors valued as a way of staying healthy across the lifespan.

Performing health behaviors early was seen as a preventive strategy and a way to stay healthy across the life-span. Many described routine and disciplined performance of health behaviors such as eating a healthy diet, exercising regularly, and being actively engaged with friends, family, and community activities when they were at their peak levels of health. Participants also commented that parental support for childhood nutrition and exercise was an important prevention strategy.

Personal and community resources provide opportunities for individuals to be healthy. Most participants described factors outside of an individual's behaviors that contribute to health. Participants across socioeconomic and health statuses acknowledged and expressed gratitude for assets like financial resources, family relationships, natural environment, and community services that contribute to their well-being.

...Everything [contributes to health and wellbeing]...like when you're putting a puzzle together, each part was very important. Like my emotions... the health part...my community... I can't even think about even missing one ... like if I was sad about something maybe I have too much stress, it is also that I don't feel ok in my community. If I am not feeling happy I'm probably not able to do that... so I think complete balance of everything. [ID 61]

For more information about the CR2L project, please contact Kristen Dillon at kristen@speedfish.com.

My wish [is] that the main players in healthcare and we who are participants in our own health...create that vision together...'this is what it means to be healthy...this is what we want to do to make that happen.' [ID 48]