

# Applying a Community Engaged Model to Community-Clinic Linkages: Trial and Error in a Small Rural Town

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## Abstract

Latinas have the second highest incidence and mortality of cervical cancer compared to other racial/ethnic groups in the United States.<sup>1</sup> The HPV vaccine prevents most cervical cancer cases but immunization rates remain low. In 2016, up-to-date HPV vaccinations for Latinx adolescents in the US was 49.9% (55.3% of females and 44.6% of males),<sup>2</sup> well below the ideal of 80%.<sup>3</sup>

These national statistics may be obscuring rural rates, especially in areas with higher than average proportions of foreign-born Latinos/as, and below average rates of educational attainment and health insurance; all factors that contribute to lower odds of vaccination status. For small rural towns, these factors may be exacerbated by economic, geographic and social barriers to vaccine access.

This project is a description of the process used by our research group to build partnerships, identify major barriers to access based on community input, and to implement a project to link community education and clinic resources to increase access to the HPV vaccine in a rural Latinx population.

## Introduction

- West Liberty is a small majority Latinx community (51%) that, along with other areas in Iowa, has experienced a dramatic shift in Latinx demographics (often referred to as new destination settlements)
- Unique challenges for public health and clinics<sup>4</sup>
  - E.g., language capacity, cultural competence
- Latinas experience high rates of cervical cancer
- Latinx youth HPV vaccination rates remain below Healthy People 2020 goal of 80%
- Latinx parents less likely to receive HPV vaccine recommendations from providers<sup>5</sup>



West Liberty, IA

## Materials and Methods

Project guided by principles of community-based participatory research (CBPR).<sup>6</sup> Step by step process adapted to West Liberty, in 3 phases:

- 1) Community Approach and Entry
- 2) Assessment and Development
- 3) Implementation and Evaluation



### Phase 1 – Community Approach and Entry

- Began building relationships with civic and social organizations in town, identified by stakeholders and academic partners
  - Local Catholic Church
  - Latinx Community Leaders
- Community Assessment
  - Photovoice project, community forum, informal conversations with residents
- Identified main objectives as next steps
  - Develop tailored education for community
  - Provide access to HPV vaccine in town

### Phase 2 – Assessment and Development

- Group-based health education intervention
  - Method determined ineffective, limited reach
- Discussion with community advisors and partners about better way to reach community

### Phase 3 – Implementation and Evaluation

- Developed and implemented community-clinical linkage (CCL) to provide HPV education and vaccine locally
  - Student-run volunteer mobile health clinic, bilingual services
  - Clinic visits community 1 Saturday a month
  - Implemented HPV education and free vaccination within mobile clinic setting to increase access

The CDC defines **community-clinical linkages (CCLs)** as “collaborations between health care practitioners in clinical settings and programs in the community – both working to improve the health of people and the communities in which they live.”<sup>7</sup>

## Lessons Learned

### Community Barriers to HPV Vaccination

- Physical Access
  - Clinic hours, distance to service
- Anti-vaccine media and information
- Inadequate bilingual materials
- Legal status of many residents
- Mixed generational, religious, and national origins of community

### Partnership Challenges

- Dozens of social/health-related organizations exist in community but:
  - Few focused on Latinx community
  - Low overall Latinx civic participation
- Rapid changes in community demographics
- High concentration of low-wage, hourly workers in community with limited time
  - Day-to-day concerns often a priority over cancer prevention
- Anti-vaccine individuals and groups
- Inconsistent funding, mostly volunteer staff
- Toward end, inconsistent staff presence



Community members attend Community Forum

### Recommendations

- Recruit local students for staff positions
  - Helps build trusting relationship early
- Accept time commitment of academic partners
- Focus on building individual relationships with community leaders
- Take time to reflect and redirect efforts
- Have long-term strategic goal
  - Share with partners and ensure that all involved are equally committed to the goal
- Keep funding concerns in mind
- Never stop building relationships with partners
  - “CBPR is like dating” – Dr. Geni Eng
- **Never forget to be a consistent presence in the community!**



Student members of research team command booth at local Fiesta Latina to promote HPV vaccination

## Conclusions

The rural Latinx population continues to grow around the country, however the fastest growing Latinx populations are often in rural or frontier areas and these areas often have little experience working with or serving Latinos/as. These emerging communities often lack access to health services and/or grassroots community organizations. Thus it is important that we begin to examine, develop, and implement strategies that build on local resources and capital linked to resources in community settings. This project has been an attempt to develop such a process.

Several important challenges were encountered and lessons learned that will provide important information and considerations for work in similar communities in the Midwest and other rural and rural new destination areas.

## Additional Information

For more information about this project please contact Dr. Jason Daniel-Ulloa at the University of Iowa College of Public Health.

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