

# Healthy African American Families II

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*“Protecting the Legacy”*





# Healthy African American Families II

“Protecting the Legacy”

## HAAF AT A GLANCE

### OUR FOUNDATION

Our CEO: Dr. Loretta Jones is the Founder & CEO of Healthy African American Families II (HAAF). Her career as a civil rights activist, health policy advocate, and social architect has spanned more than 40 years. To level the playing field for all people, Dr. Jones continues her unyielding commitment as a change agent against disparities in human health, development, and opportunity. Email: [lorettajones@haafii.org](mailto:lorettajones@haafii.org)

**Agency Profile:** Healthy African American Families (HAAF) is a non-profit, community-serving agency whose mission is to improve the health outcomes of African American and Latino communities in Los Angeles County. Under the leadership of Dr. Loretta Jones, Healthy African American Families (HAAF) has worked to eliminate health disparities in under-resourced communities of color in Los Angeles for more than 25 years.

Email: [haafmailinggroup@haafii.org](mailto:haafmailinggroup@haafii.org)

### OUR WORK

HAAF has a rich history of conference planning, community engagement workshops and training. Since 2002 we have had *109 conferences, 9 Brown Bag Symposiums, and 54 Community trainings.*

### OUR STAFF

**Felica Jones:** Director of Programs

Felica Jones has worked within the non-profit sector for over 15 years, serving families and children in South Los Angeles, CA. She provides administrative oversight on all projects running the Preterm Delivery, Men’s project, Breathe Free Asthma & Lead Program, Community Child Health Network Study (CCHN), Restoration Center, and Community Partners in Care (CPIC). Email: [felicajones@haafii.org](mailto:felicajones@haafii.org)

**Andrea Jones:** Projects Specialist

Andrea Jones is a Projects Specialist at Healthy African American Families. She has worked at HAAF for 14 years and was a Community Faculty member at Charles R. Drew University of Medicine & Science 2010-2014. She co-conducts H266, a course on community engagement, for the Robert Wood Johnson Clinical Scholar Program at UCLA. Email: [andreaajones@haafii.org](mailto:andreaajones@haafii.org)

**Malon Murphy:** Media Manager

Malon Murphy is a research assistant and media specialist. With a film making background and degree from Howard University she uses her production prowess to create high quality content for HAAF. She has a background in advocacy and is fueled by her passion for the betterment of humanity. Email: [mmurphy@haafii.org](mailto:mmurphy@haafii.org)

**Ericka Wright:** Administrative Assistant

Ericka Wright has volunteered with Healthy African American Families since 2011. She joined the team in 2016, and her employment at HAAF has broadened her knowledge of health disparities in the community. True to the African value of Sankofa, she wants to pay it forward and spread her knowledge to those in need.

Email: [erickawright@haafii.org](mailto:erickawright@haafii.org)

**Anthony Brown:** Men’s Health Coordinator

Anthony Brown has worked for HAAF for 14 years. He currently works for Healthy African American Families II as the Men’s Health Coordinator. Anthony's prior projects include partners such as Planned Parenthood, National Family Life, and Community Coalition. He has participated and led numerous community forums and focus groups. Email: [anthonybrown@haafii.org](mailto:anthonybrown@haafii.org)



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## Board of Directors

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*\*Not related to Loretta Jones*

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## **Loretta Jones MA, ThD, PhD**

Dr. Loretta Jones is the Founder & CEO of Healthy African American Families II (HAAF). Her career as a civil rights activist, health policy advocate, and social architect has spanned more than 40 years. In an effort to level the playing field for all people, Dr. Jones continues her unyielding commitment as a change agent against disparities in human health, development, and opportunity.

Dr. Jones is an Assistant Professor at Charles R. Drew University of Medicine & Science in the Community Faculty Prefix Series. She is a co-investigator of the NIMH UCLA/RAND Center for Research on Quality in Managed Care, and the NIA UCLA Center for Health Improvement in Minority Elderly, as well as a recipient of numerous CDC grants and contracts. She is a past co-investigator on the NIH Drew/UCLA Project EXPORT, past Co-PI (Los Angeles) on the NIH National Institute of Child Health and Human Development (NICHD) Community Child Health Network (CCHN) and past Co-Chair of the Community Engagement Committee for National Children's Study-Los Angeles & Ventura County Study Center (NCS-LAVSC).

In 2016, President Obama implemented the Precision Medicine Initiative (PMI) and Dr. Jones was selected to serve on the National Institutes of Health Precision Medicine Initiative “All of Us” Institutional Review Board. Dr. Jones also serves on the University of California Los Angeles Institutional Review Board. She is the founder and President Emeritus of the African American Alcohol and Other Drug Council of Los Angeles and a member of the Society for the Analysis of African-American Public Health Issues. She is on the Board of Directors for National Family Life Center and Black Women for Wellness and past president of the Board of Directors of South Central Prevention Coalition. She served as a member of the Advisory Council planning the NICHD’s longitudinal child health study and chaired its Social Justice committee. In addition, she served on the planning committee for the Charles R. Drew University of Medicine & Science Mervyn Dymally School of Nursing. She has served as a Commissioner for the Joint Center Health Policy Institute’s Dellums Commission (2005-2006) and was a Family and Youth Stakeholder Member for the National Center for Children in Poverty in 2005. She is a past member of the American Academy of Nursing Advisory Council and served on the Advisory Board for the Los Angeles Best Babies Collaborative, as well as the University of North Carolina, Chapel Hill CTSA External Advisory Board.

Dr. Jones is the first African American non-medical woman to be published in JAMA. She is also published in Ethnicity & Disease, and is a co-author on more than 60 peer-reviewed articles.

Dr. Jones has received the 2018 Charles R. Drew University of Medicine & Science Legacy Leaders Award, as well as the University of California, Los Angeles’ highest honor, the UCLA Medal, in 2017. She was awarded the Goodwill African Focus International Lifetime Achievement Award and African Family Induction Certification Award in 2016. In honor of this momentous occasion, she received Certificates of Recognition from Los Angeles City Councilman Curren D. Price Jr. and Senator Holly J. Mitchell, as well as a Certificate of Commendation from Los Angeles County Board of Supervisor Mark Ridley-Thomas. She also received the Robert Wood Johnson Clinical Scholars Program Award for Dedication and Service. She was the recipient of the 2015 UCLA Landmark Program of the Year Award, the 2015 Community Campus Partnerships for Health Award and the 2014 Team Science Award from the Association for Clinical and Translational Science and the American Federation for Medical Research for her work on Community Partners in Care, a research project on depression. She also received the Diane Watson Community Service Award in 2015. In 2014, Dr. Jones was awarded the inaugural Ruth Roemer Social Justice Leader Award by the University of California, Los Angeles Fielding School of Public Health, the Dr. Nelle Becker-Slaton Pathfinder Award from the Association of Pan-African Doctoral Scholars, and the American Public Health Association Community Based Public Health Caucus Tom Bruce Award. In 2010, she was awarded the Charles R. Drew



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University of Medicine & Science President’s Award, the Black Caucus of Health Workers of the American Public Health Association Community Service Award, and the National Community-Based Organization Network (NCBON) Lucille Webb Award. In 2009, the National Health Committee of the NAACP awarded Dr. Jones the William Montague Cobb Award in recognition of special achievement in social justice, health justice, health education, health promotion, fundraising and research, and Rose Award from Senator Curren D. Price, Jr. for her demonstrated leadership, volunteerism, and commitment to her community. In 2004, Dr. Jones was honored as the first recipient of the Centers for Disease Control and Prevention Award for National Contribution to Minority Health Programs, Research and Surveillance from the Department of Reproductive Health. These are just a few of her many accomplishments.

## **Healthy African American Families II**

Under the leadership of Dr. Loretta Jones, Healthy African American Families (HAAF) has worked to eliminate health disparities in under-resourced communities of color in Los Angeles for more than 25 years. In addition, HAAF staff members have extensive experience working directly with community members on various health topics. Consequently, HAAF is widely regarded in the community as an advocate voice and source of education and training around disparities and research, for the local community.

Healthy African American Families (HAAF) is a non-profit, community-serving agency whose mission is to improve the health outcomes of African American and Latino communities in Los Angeles County by enhancing the quality of care and advancing social progress through education, training, and collaborative partnering with community, academia, researchers, and government. With funding by the CDC, HAAF was originally developed in 1992 through UCLA as a community participatory research entity looking at the African American pregnancy experience. In 1995, a cooperative agreement was solidified with Drew from 1995 to present. HAAF’s efforts then began to focus on partnering community-based organizations, academia, and government to create a conduit for the exchange of needed information/education. In June 2002, the agency became an independent organization and obtained its non-profit status. A seven-member board of directors, all South Los Angeles target community representatives, governs the agency. HAAF is designed to create lasting effects in health policy and practice that will enhance the health status of the community.

HAAF has a solid track record as a community partner. HAAF’s scope of work includes: 1) conducting and analyzing ethnographic, qualitative research on African American pregnancy experience; 2) evaluating community processes of participation in the qualitative research in Los Angeles and community concerns about observational and investigational research in collaboration with the CDC (publications available); 3) networking and identifying community members, organizations, and businesses that play a strategic role in the development of public health intervention and prevention strategies; 4) providing health and community data to organizations; 5) facilitating contracts between agencies and minority groups within the community; 6) providing meeting space for community meetings held by CBO’s and community members; 7) consulting about working within minority communities and about the health needs of ethnic minority families; 8) training at universities on ethnic minority health and social issues; 9) participating in Los Angeles County Department of Health Services planning activities; 10) hosting meetings for health and social services programs within minority communities; 11) participating on advisory councils; and 12) participating in health fairs and other events visited by a critical mass of the service population; and functioning in a key liaison role that led to the recruitment and retention of minority elders with diabetes in two federally funded community based interventions designed to improve the self-management skills of older African Americans and Latinos with diabetes.



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HAAF has particular skills in guiding leadership reflections on the salience of equity, justice, racism and discrimination as it plays out in research leadership teams, interventions being evaluated, conceptual framing of projects, and operations and analysis. As such they are particularly valuable partner for addressing health disparity issues.

## **Building Bridges to Optimum Health**

Through a series of community-partnered participatory approaches, South Los Angeles community leadership, in collaboration with academia and the Department of Health Services, established a set of key community health priorities (e.g. peri-natal health, violence, depression, diabetes, kidney disease, hypertension, cardiovascular, environmental health related disorders, HIV, cancer). Building Bridges to Optimum Health is a series of community-driven activities addressing these priority areas (beginning with peri-natal health in 1992) and disseminating information to the community around these issues. This ongoing series of community partnered participatory research projects is directed toward educating the community and creating an opportunity for interaction between the lay community, community-based organizations, the faith-based community, health care providers, county health services, researchers, and academic institutions. A major health disparity is identified by community and then organized into a community educational seminar through a collaborative academic/community process. Information is presented to attendees by academic and community experts on the topic. Pre- and post-tests are administered to determine the level of increase in knowledge. There have been community educational seminars on topics ranging from preterm delivery, women’s health, clinical research, pain management, research ethics, memory disorders, mental health, childhood asthma, environmental health/justice, violence, chronic kidney disease, stroke, and diabetes, as well as others. These collaborations have enabled new relationships between community and academia that have created new strategies to deliver effective educational messages, creating criterion for conducting the highest quality evidenced-based research and providing care. The development of new research strategies has been generated through community input and published in the medical community bringing a new awareness and validity to the process.

## **Building Bridges to Optimum Health Conferences, Symposiums, and Workshops**

*Planned, Organized and Implemented*

March 16, 2018	Connectivity in the Community: A Free Conference on Autism Disorders
January 26, 2018	Adolescent Emotional Well-Being Conference
August 18, 2017	Prevention, Treatment and Control of Cancer in Our Community IV
June 14, 2017	4 <sup>th</sup> Annual Stroke Prevention/Intervention Research Program (SPIRP) Community Stroke Symposium
May 19, 2017	“Mind Your Mind” Let’s Talk Mind Awareness Conference
April 28, 2017	Sistahs, Sexuality, and Mental Health
March 17, 2017	Autism Spectrum Disorders: What We Need To Know
January 27, 2017	Precision Medicine: What Is It and Where Could It Take You?



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November 4, 2016	3 <sup>rd</sup> Annual Stroke Prevention/Intervention Research Program (SPIRP) Community Stroke Symposium
August 19, 2016	Building Bridges to Optimum Health: Prevention, Treatment, and Control of Cancer in Our Community V
June 17, 2016	Something Inside: So Strong
May 25, 2016	Next Steps in Partnered Research to Build Community Wellness
January 22, 2016	Resiliency in African American Men (RAAM) “Speaking the Same Language” Symposium
November 19, 2015	Autism “It’s Not Black & White-It’s A Spectrum”
November 6, 2015	MAMA’s Neighborhood Networks of Care Collaboration Symposium “Building MAMA’s Neighborhood Networks of Care”
October 9, 2015	Sexually Transmitted Infections “Did You Know? I Didn’t Know” (A Program to Eliminate STIs in LA County)
August 20, 2015	2 <sup>nd</sup> Annual Stroke Prevention/Intervention Research Program (SPIRP) Community Stroke Symposium
June 25, 2015	“Building Resiliency in Community Hope” (B-RICH), a certified “Train the Trainer”
June 9, 2015	“Just Two Inches off the Waist” Beating Obesity
October 23, 2014	Autism is not Black & White - It's a Spectrum
September 12, 2014	“Building Resiliency and Treating Depression with Community in a Patient Centered Way”
August 21, 2014	Prevention, Treatment, and Control of Cancer in Our Community IV
July 10, 2014	1 <sup>st</sup> Annual Stroke Prevention/Intervention Research Program (SPIRP) Community Stroke Symposium
June 20, 2014	The KISS Conference: “Keep it Simple & Safe”
May 29, 2014	“Just 2 Away” Beating Obesity Symposium
April 24, 2014	“In My Name” Mitigating Barriers to Male Mobility
September 27, 2013	3 <sup>rd</sup> Annual Prevention, Treatment and Control of Cancer in Our Community Conference
September 13, 2013	Working Through Trusted Community Partnerships to Promote Mental Wellness
August 16, 2013	“Present Your Body” Dissemination Conference
July 19, 2013	Community Partnerships Mobilizing to Prevent, Manage, & Influence Stroke Outcomes
January 23, 2013	Community Partners in Care (CPIC) How Our Communities Can Beat Depression in Los Angeles: Latest CPIC Study Results



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September 28, 2012	Healthy African American Families, UCLA Jonsson Comprehensive Cancer Center, the Division of Cancer Research and Training, and the Building Bridges to Optimum Health Conference Series Presents: Prevention, Treatment and Control of Cancer in Our Community II
June 15, 2012	"Beyond Academic-Community Partnerships: Advancing Medical Education and Research through Community Faculty"
June 22, 2012	"Health Disparities: A Two Decade Scorecard"
May 11, 2012	“Promoting Wellness: Beating Depression in Our Community”
March 2, 2012	Institute of Medicine Flu Pandemic Workshop
February 3, 2012	Environmental Justice/Air Pollution: What Does It Mean to the Community?
November 4, 2011	Community Partners in Care: Hope for Beating Depression
October 21, 2011	Healthy Families Protecting the Ties That Bind (A Close Look at Our Safety Nets)
September 10, 2011	1 <sup>st</sup> Annual Allensworth SCAT to RAP Family Music Festival
September 3, 2011	3 <sup>rd</sup> Annual Park Village African Art & Music Festival
June 3, 2011	Prevention, Treatment and Control of Cancer in Our Community
April 29, 2011	Healthy Lifestyles Initiative Conference (in collaboration with the California Legislative Black Caucus and Kaiser)
March 10, 2011	5 <sup>th</sup> Annual World Kidney Day
October 15, 2010	Where is the Father in Maternal Health?
September 23, 2010	The AXIS Community Launch Forum: Obesity Prevention in South Los Angeles Healthy African American Families/ Charles R. Drew University of Medicine and Science
September 24, 2010	The Potential Impact of Green Economy on Communities of Color Healthy African American Families/Charles R. Drew University of Medicine & Science Environmental Conference, Los Angeles, CA
March 11, 2010	4 <sup>th</sup> Annual World Kidney Day
October 17, 2009	Taste of Soul Health Pavilion
September 18, 2009	2nd Annual CME Women in Pain Conference: “Gender Matters-Building Bridges to Optimum Care”
March 12, 2009	World Kidney Day Los Angeles 2009 “A Community Dialogue to Help Increase Awareness of Kidney Disease and Mobilize Communities to Become Active in the Promotion of Early Detection and Prevention”



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October 2008	Restoration Center-Final Report Back
September 25, 2008	Building Bridges to Optimum Health: A Women's Conference
May 28, 2008	“State of Emergency: Access to Care in Los Angeles County”
March 13, 2008	World Kidney Day Los Angeles 2008 “A Community Dialogue to Help Increase Awareness of Kidney Disease and Mobilize Communities to Become Active in the Promotion of Early Detection and Prevention”
August 3, 2007	A Dialogue to Plan a Community-Partnered Restoration Center
July 24, 2007	Building Bridges to Optimum Health: A Community Report Back on Diabetes
April 27, 2007	Building Bridges to Optimum Health: "Before, Between, and Beyond" A Community Dialogue to Help Prevent Low Birth Weight Babies
March 8, 2007	World Kidney Day
February 16, 2007	An Evening of Poetry, Spoken Word, and Comedy hosted by Lester Barrie Talking Wellness of Witness4Wellness and Healthy African American Families
September 16, 2006	Witness4Wellness Retreat
July 19, 2006	Robert Wood Johnson Foundation Clinical Scholars Open House
June 30, 2006	Pesticides and Human Health Training
May 6, 2006	Talking Wellness Retreat
February 11-19, 2006	Witness4Wellness' Talking Wellness Working Group Presents "A Report Back to the Community" ( <i>From the data collected at the 2005 Pan African Film Festival</i> ) Pan African Film Festival
March 3-4, 2005	Building Bridges to Optimum Health: A Conference on Diabetes throughout the Lifespan
February 10-21, 2005	February 11: “The Healing Passage: Voices from the Waters” February 13: Spoken Word: Voices that Heal and Comedians: Comedy that Heals & a Public Service Announcement from the NIMH shown during 4 movies Magic Johnson Theatre “Environmental Depression Photo Exhibit”, Healthy African American Families Witness for Wellness and The Pan African Film & Art Festival Present “The Impact of Stress and Clinical Depression on Communities”
October 18, 2004	Men’s Roundtable
September 17, 2004	Supporting Wellness: Media Relations Training <i>featuring</i> Deane Leavenworth of Time-Warner Cable
July 29, 2004	Reporting Back from the Witness for Wellness Conference: Depression and its Impact on Lives-How Can We Make a Difference?



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July 18, 2004	Talking Wellness Poetry Reading: “A Path to Healing Through the Spoken Word” World Stage Performance Gallery
April 1, 2004	Listening and Communication Skills Training
February 26, 2004	Building Bridges to Optimum Health: A Conference on Stress and Pregnancy
October, 2003	Media Training
July 31, 2003	Witness For Wellness: A Conference Identifying Depression and its Impact on People’s Lives
April 17, 2003	Violence: The Impact on Women and Families
May 23, 2003	Bio-terrorism Training
February 15, 2003	Loving Myself VERB-CDC
January 28, 2003	Women’s Health: Issues in Pre-Term Birth
October 11, 2002	How to Promote Infant Health and the Five Stages of Pregnancy Mold and Pregnancy
July 12, 2002	Safety in the Community/Cultural Sensitivity

## **Brown Bag Lunch Symposiums**

May 24, 2018	“Legalizing Marijuana: Should We Brace for the Impact?”
March 8, 2016	“Window Open-Ladder Down/ Community Activism”
May 15, 2015	“Environmental Justice-It Is Our Business”
April 17, 2015	“Autism in Our Community – It’s OK to Say It”
March 20, 2015	“Research – What’s New, What’s Possible”
February 20, 2015	“A Matter of the Heart” Keeping Your Heart Healthy
January 9, 2015	“A New Year, A New You” Affirming Your Commitment to Self-Improvement
November 14, 2014	“ <i>Surviving the Holidays</i> ”, Promoting Diabetes Awareness and Sustaining Aftercare
October 24, 2014	Pink Bag Lunch Symposium, Breast Cancer Awareness

## **Other Conferences**

### **1999**

Working in Urban Communities

Male-Female Relationships among African-Americans

Research Concerns in LA

What is an Informed Consent?



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Language and Communications

Beginning Ethnographic Methods of Research in Community

Community Being an Insider in Research

## **1998**

The state of African-American youth and children in America: “What is their Health Status?”

“How to Enter the African-American Community to Work or do Research”

“What the Data is Indicating from the Women’s Perspective”

“What Tools You Need to Enter and Work in the African-American Community”

“Community-Based Organizations HIV/AIDS Information Transfer” *127 attendees*

“Barriers to African-Americans Participating in Research”

“Removing Barriers to Working in the African-American Community”

“Information on Participating in Research”

“The Impact of Alcohol in Sexual Assaults”

## **1997**

The Knowledge Transfer

Stresses that Affect African-American Women

How to Enter Community

How to Safely Work in Community

How Outreach is conducted in African-American Communities

The Realities of Community Partnership for Research in Public Health

How Participatory Research is conducted in Los Angeles African-American Communities

## **1996**

What is a Healthy African-American Family?

How does the Community Define a Healthy African-American Family?

The Voice of African-American Women

## **1995**

Building Healthy Communities

What is an IRB?



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Community Partnership and Research

## **Selected Local Community Education and Trainings– 1992 to 2004**

What Questions Community Should Ask Regarding Informed Consent

Community Engagement

Working in the African American Community

What You Should Know Before Entering Communities

How to Enter the African American Community and Ask Questions

What Tools Are Needed To Enter the African American Community?

Barriers to African Americans Participating in Research

Removing Barriers to Working in the African American Community

Information on Participating In Research

Who are the Stake Holders and Gate Keepers?

What are the Bad Words in Actions?

What Research means to the African American Community

Successful Models of Community-Based Participatory Research - Building Community Partnership in Research

African American Communities How You Talks

Don't Believe the Hype - Collect Your Own Data

Community Partnering with Researchers

Entering the Community with a Research Project Community Doesn't Want

Community, Participants or IRB's

Vision + Valley + Victory = Value: Why community is a part of planning?

Community Participatory Research

Community Engagement

Community-Campus Partnerships for Health

The Impact Research has on African American Communities

Developing a Collaborative Within an Agency (Program to Program)

Safety Training

Minimizing Fear and Danger - Health and Safety for Home Visitors



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## **Family Health**

Pesticides and Human Health

Community Based Action Research in Prenatal Health

What African American Women are saying about Stress and Pregnancy?

Maternal Child Health: How Community Partnerships Work

Stress in Pregnant Women

Preventing Pre-Term Delivery among African American Women in Los Angeles: A Community Communications Initiative

Preterm Working Group – Communications Initiative

Stress and the Effects it has on African American Women

Healthy African American Families, “The Story”

How to Identify the Critical Components to African American Youth

Accessing Health Care as a Senior

Why Black Women Will Not Leave Home In a Battering Situation

Health Disparities for African Americans

Breathe Free Asthma Program – Resources and Support

## **Health Care Access**

Barriers to Health Care Access

Organizing for Health in Ethnic Community

Working with African American Women in Health Care Access

Cultural Styles in Health with a Focus on African American Communities

## **HIV and STDs**

The Impact of HIV in Women Over 50

HIV and Needles - Reducing Harm

Why African American Males Don't Wear Condoms

Safer Sex Workshops for African American Women Who Are At Risk for the HIV Virus

Adolescents Pregnancy and HIV "What do they have in common?"



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## Substance Use

Drug Addiction in the African American Community

The Impact of Alcohol and Sexual Assault

Faith Community: How to Talk About Drug Issues

Laying the Foundation for Effective Drug and Alcohol Programs

Substance Abuse and HIV: Cofactors to Address Effective Service Delivery

Common Ground, Common Language, and Common Goals: Bringing Substance Abuse Practice and Research

## Current Partnerships

### Centers for Disease Control and Prevention (CDC)

CDC's mission is to keep Americans safe and healthy where they work, live and play. Scientists and disease detectives work around the world to track diseases, research outbreaks, respond to emergencies of all kinds, and use what they learn from this work to develop and advocate public health policies that strengthen America's health and resilience.

<https://www.cdc.gov/>

### The Society for the Analysis of African American Public Health Issues (SAAPHI)

Founded in 1991 as an affiliate of the American Public Health Association (APHA) SAAPHI is a non-profit national public health organization comprised of researchers, physicians, and health advocates dedicated to improving the overall health of African Americans. SAAPHI promotes and utilizes research to inform scientific knowledge, program development and policy decisions, advocates for appropriate public policies for health promotion and prevention among African Americans, and facilitates professional development, as well as social and leadership skills among its members.

<https://www.saaphi.org/>

### National Community Center for Participatory Research Excellence (NCCPRE)

NCCPRE is a cost-effective, centralized, sustainable entity designed to serve as the national clearinghouse for community-based research, providing linkages for partnership opportunities, disseminating important health and healthcare information. As a network of experienced community-based leaders from across the nation, divided into 10 U.S. regions, NCCPRE facilitates the transfer of knowledge between universities, funders, and communities, provide technical assistance and advocate at the state and federal level.

<http://nccpre.org/home/>

### Robert Wood Johnson Foundation Clinical Scholars Program (RWJCSP)

For more than three decades the Robert Wood Johnson Foundation Clinical Scholars program has fostered the development of physicians who are leading the transformation of health care in this country through positions in academic medicine, public health, and other leadership roles. Through the program, future leaders will learn to conduct innovative research and work with communities, organizations, practitioners and policy makers on issues important to the health and well-being of all Americans. The goal of the program is to integrate Scholars' clinical expertise with training in program development and research methods to help them find solutions for the challenges posed by the U.S. healthcare system, community health and health services research.

<http://rwjcsp.unc.edu/about/>



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## **National Community-Based Organization Network (NCBON)**

The National Community-Based Organization Network (NCBON) was established in 2004 by members of the Community Based Public Health (CBPH) Caucus in affiliation with the American Public Health Association (APHA). Community Based Organization (CBO) members of the Caucus concluded that if their role as community partners was to be fully realized, they needed to develop an effective network of CBOs who want to partner with academic institutions and government agencies to carry out research and solve community problems.

<https://sph.umich.edu/ncbon/>

## **Community Campus Partnerships for Health (CCPH)**

Community-Campus Partnerships for Health (CCPH) is a nonprofit organization that promotes health (broadly defined) through partnerships between communities and higher educational institutions. Founded in 1996, this is a growing network of over 1,300 communities and campuses across North America and increasingly the world that are collaborating to promote health through service-learning, community-based participatory research, broad-based coalitions and other partnership strategies. These partnerships are powerful tools for improving higher education, civic engagement and the overall health of communities.

<https://ccph.memberclicks.net/>

## **Clinical and Translational Science Institute (CTSI)**

The UCLA Clinical and Translational Science Institute (CTSI) is a research partnership of UCLA, Cedars-Sinai Medical Center, Charles R. Drew University of Medicine and Science and the Los Angeles Biomedical Institute at Harbor UCLA Medical Center. Its mission is to bring biomedical innovations to bear on the greatest health needs of Los Angeles—the largest and one of the most ethnically, socially and economically diverse counties in the United States. Its vision is to catalyze research that translates discoveries into tangible improvements in health care, disease prevention and treatment in Los Angeles County. The UCLA CTSI is one of more than 60 research “hubs” supported by the Clinical and Translational Sciences Award (CTSA) program National Center for Advancing Translational Sciences (NCATS).

<https://www.ctsi.ucla.edu/about/pages/leadership>

## **The Center for Clinical and Translational Science and Training (CCTST)**

Established in 2005 as a collaborative effort among the University of Cincinnati, Cincinnati Children’s Hospital Medical Center, UC Health and the Cincinnati Department of Veterans Affairs Medical Center, the CCTST is a research resource and “academic home” for clinical and translational scientists and programs.

<https://cctst.uc.edu/>

## **The University of North Carolina, Chapel Hill Translational and Clinical Science Institute (NC TraCS)**

The mission of the UNC CTSA is to accelerate clinical and translational research from health science to discovery to dissemination to patients and communities. They seek to overcome barriers to translation by improving efficiency, training the research workforce and sharing successful research methods.

<https://tracs.unc.edu/index.php/who-we-are/about-us>

## **The University of New Mexico Center for Participatory Research**

The University of New Mexico Center for Participatory Research (UNM-CPR) was established in 2009 within the Health Sciences Center (HSC). UNM-CPR supports networks of research with community partners across the state addressing health inequities, through a participatory and partnered approach. UNM-CPR embraces the mission and principles of social justice of the Public Health Program; the UNM Health Policy Center's efforts in community-engaged health policy research; the HSC Office of Diversity's vision of inclusion of diverse collective narratives and



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world-views; and the HSC Office of Community Health mission of coordinating HSC programs to improve health status in New Mexico.

<http://cpr.unm.edu/>

## **The University of California, Los Angeles (UCLA)**

UCLA's primary purpose as a public research university is the creation, dissemination, preservation and application of knowledge for the betterment of our global society. To fulfill this mission, UCLA is committed to academic freedom in its fullest terms: We value open access to information, free and lively debate conducted with mutual respect for individuals, and freedom from intolerance. In all of our pursuits, we strive at once for excellence and diversity, recognizing that openness and inclusion produce true quality.

<http://www.ucla.edu/about/mission-and-values>

## **Charles R. Drew University of Medicine & Science**

Charles R. Drew University of Medicine and Science is a private non-profit student centered University that is committed to cultivating diverse health professional leaders who are dedicated to social justice and health equity for underserved populations through outstanding education, research, clinical service, and community engagement. Located in the Watts-Willowbrook area of South Los Angeles, CDU has graduated more than 550 medical doctors, 2,500 post-graduate physicians, more than 2,000 physician assistants and hundreds of other health professionals. CDU has earned designation as a minority-serving institution by the U.S. Office of Civil Rights, and its College of Medicine (COM) is recognized by the Department of Education (DOE) as a Historically Black Graduate Institution (HBGI as designated by Title III B). The University is a charter member of the Hispanic Serving Health Professions Schools, a national nonprofit dedicated to improving the health of Hispanic people through research initiatives, training opportunities, and academic development.

<https://www.cdrewu.edu/about-cdu>

## **The RAND Corporation, Santa Monica**

The RAND Corporation is a research organization that develops solutions to public policy challenges to help make communities throughout the world safer and more secure, healthier and more prosperous. RAND brings together the finest researchers in the world and utilizes the very best analytical tools and methods to develop objective policy solutions. RAND delivers fact-based, actionable solutions grounded in rigorous analysis. RAND is nonprofit, nonpartisan and committed to the public interest.

[www.rand.org](http://www.rand.org)

## **UCLA Center for Health Services and Society**

The Center strengthens resiliency and mental health in partnership with communities. The Center houses UCLA clinical faculty that includes adult psychiatrists and psychologists, child and geriatric psychiatry specialists, and staff, including doctoral level social scientists, master's level statisticians, and research and administrative staff. Our mission is to strengthen resiliency and improve the mental health of local and national diverse populations through rigorous research, effective programs, and partnering with consumers, children and their families, community-based and policy agencies.

<http://hss.semel.ucla.edu/>

## **Cedars-Sinai Medical Center**

Since its beginning in 1902, Cedars-Sinai has evolved to meet the healthcare needs of one of the most diverse regions in the nation, continually setting new standards in quality and innovation in patient care, research, teaching and community service. Today, Cedars-Sinai is widely known for its national leadership in transforming



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healthcare for the benefit of patients. Clinical programs range from primary care for preventing, diagnosing and treating common conditions to specialized treatments for rare, complex and advanced illnesses.

<http://www.cedars-sinai.edu/About-Us/>

## **The Los Angeles Biomedical Research Institute (LA BioMed)**

LA BioMed is a 501(c)3 independent non-profit biomedical research organization that was founded in 1952. The Institute has over 100 principal investigators—MD’s, MD/PhD’s, and PhD’s—working on over 1,000 research studies. They are academically affiliated with the David Geffen School of Medicine at UCLA and work in partnership with the Harbor-UCLA Medical Center. Their research is funded by many sources including: grants from the NIH and other government entities, Industry and teaching contracts and royalties, as well as private donors and other non-profit foundations.

<http://labiomed.org/about-us>

## **The Resource Centers for Minority Aging Research (RCMAR)**

RCMAR is a national initiative to improve the health of minority Americans through scholarship, better public health interventions, and by fostering and mentoring the next generation of minority scholars. RCMAR centers located across the United States engage in scholarship and mentor emerging scholars. The National RCMAR Coordinating Center is housed at the UCLA Center for Health Policy Research, within the UCLA Fielding School of Public Health.

<http://www.rcmar.ucla.edu/content/about>

## **The UCLA RCMAR Center for Health Improvement of Minority Elderly (CHIME)**

CHIME is a research and mentoring program that ultimately contributes to the reduction in health disparities for African American and Latino Elders by training and mentorship of minority junior-level faculty who advance their careers by conducting research on minority elders. CHIME is a collaboration between the University of California, Los Angeles (UCLA) and Charles R. Drew University of Medicine and Science (CDU). Our center focuses on developing, adapting and evaluating interventions to improve the health of minority elders. CHIME has a strong focus on measurement of health among minority elders since reliable, valid, and culturally tailored tools are essential for the evaluation of interventions. We also have a deep grounding in community-partnered research.

<http://149.142.200.17/content/chime-ucla>

## **Accelerating Excellence in Translational Science (AXIS)**

The Center supports translational approaches to reduce health disparities and enhances the training of young investigators. Major areas include chronic disease prevention/early intervention, including depression, as well as patient education.

<http://axis.cdrewu.edu/>

## **The Good News Radio Magazine**

This weekly lived internet program is designed to promote equity in holistic health outcomes and research involvement by (1) teaching stress reduction techniques and coping skills (2) creating awareness of chronic disease reduction and prevention strategies in the community and (3) cultivating trust and interest in Community-Partnered Participatory Research. We invite Community-based Pastors, Spiritual Leaders, Healthcare Professionals, Academic Researchers and Community Members to share valuable, personal, professional, health and research information. Our goal is to engage and enlist the listeners as advocates for equity in holistic health and research involvement in the community. This is a partnership between HAAF and Charles R. Drew University of Medicine & Science Division of Community Engagement. A complete list and synopses of program topics (along with links to listen to the recordings) is available here: <http://axis.cdrewu.edu/functions/community->



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[engagement/good news radio](#). The Good News Radio Magazine is broadcast via [Acceleratedradio.net](#) on Wednesdays from 1-2pm.

## **Community Faculty**

The Community Faculty is an innovative strategy that recognizes the rich expertise of community leaders. The program features community members and leaders who have "PhD's of the Sidewalk", that is, experience(s) that cannot be learned in a classroom. The course is designed to educate and train students and community workers in several aspects of minority health issues, screening techniques, cultural competence and community safety and awareness.

<http://axis.cdrewu.edu/functions/community-engagement/faculty>

## **Past Partnerships**

### **Excellence in Partnerships for Community Outreach, Research on Health Disparities and Training (Drew/UCLA Project EXPORT Center)**

This center addressed health disparities, focusing on quality of care and access to care and multidimensional factors that influence health outcomes; a collaboration with UCLA and RAND. Major areas include depression, diabetes, HIV/AIDS, and patient education.

<https://projectexport.wordpress.com/>

### **Los Angeles County Community Disaster Resilience (LACCCR)**

The LACCCR project was a collaborative effort sponsored by the Centers for Disease Control and Prevention (CDC) and National Institute of Mental Health (NIMH) that engaged community-based organizations in providing leadership and partnership to promote community resilience in the face of public health emergencies such as pandemics and disasters. Community Resilience is the capacity of the community as a whole to prepare for, respond to and recover from adverse events and unanticipated crises that threaten the health of all. The key goal is to develop an active network of community agencies that work consistently with the Los Angeles County Department of Public Health (LACDPH) and the Emergency Network of Los Angeles (ENLA) to develop resilience in communities in the context of public health disasters.

<http://hss.semel.ucla.edu/portfolio/los-angeles-county-community-disaster-resilience/>

### **UCLA-RAND NIMH Partnered Research Center for Quality Care**

A collaboration of UCLA, RAND, USC, and health plan, services agency, and community and consumer partners, the Center focused on improving access to quality mental health services in communities through studying the impact of interventions at policy, practice, and community levels; and partnerships in research and program development, implementation, and evaluation to achieve science that is formed by and can inform community-based services delivery.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3715309/>

## **Our Research**

### **Community Partnered Participatory Research (CPPR)**

In 1992, *Community-Partnered Participatory Research (CPPR)*, a community-academic research model, for connecting academic medical center researchers to community was coined by Dr. Loretta Jones MA, ThD, PhD, and Keith Norris, MD, FACP, FASN as a way to establish the importance of partnering which is the essence of *Community-Based Participatory Research*, but in the medical community was commonly used to refer to research projects that were based or placed in the community. CPPR emphasizes procedures that ensure true equity with



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community input from project selection and design to implementation, data analysis, and dissemination. A CPPR project includes community and academic partners in all phases of research and decision-making, shares leadership and resources equitably, highlights the critical importance of evidence while simultaneously valuing the relevance of experience, and emphasizes two-way capacity development. The structure of CPPR, its principles, and a staged implementation approach ensure equal participation and leadership of community and academic partners. The structure consists of a steering council of stakeholders co-chaired by community and academic leaders. The council supports several workgroups that develop and implement plans, approved in large community forums. This structure facilitates respect for community and academic expertise, ensuring Community Engagement principles (e.g., power-sharing, mutual respect, two-way capacity building). Effort in a CPPR initiative is spent building and maintaining relationships through sharing ideas and joint activities. Both partnership structures and principles are reinforced in a memorandum of understanding signed by all partners. CPPR generally consists of three phases: Phase one is the partnered planning of the initiative (Vision). Phase two is the randomized trial (Valley), which from a community perspective is a pilot to determine what works in the community. Phase three is the initiation of community dissemination beyond agencies in the trial phase based on a partnered analysis of the trial’s results (Victory). Each phase has a cycle of activities we refer to as the plan-do-evaluate cycle

[http://www.communitypartnersincare.org/wp-content/uploads/2016/10/UsingaCommunityPartneredParticipatoryResearchApproach\\_JHCPU-Article\\_Chung-2010\\_CPICstudy.pdf](http://www.communitypartnersincare.org/wp-content/uploads/2016/10/UsingaCommunityPartneredParticipatoryResearchApproach_JHCPU-Article_Chung-2010_CPICstudy.pdf)

## Current Research Projects

### Hospital to Community (H2C)

The Hospital to Community (H2C) Project aims to improve coordination between chronically ill Veterans, their home communities, and their VA primary care providers following a hospital discharge. It will enhance follow-up care after a hospital discharge by linking VA hospital and primary care teams to community organizations guided by Community-based participatory research principals. The project will collaborate with Veterans, community organizations and VA programs to develop a new approach to care for discharged Veterans. We will then evaluate the effectiveness of this approach among 700 Veterans over a two year period, with half receiving the new approach, while the other half receive usual care.

### Autism Intervention Research Network on Behavioral Health (AIR-B)

AIR-B is a network of researchers seeking to advance evidence-based behavioral treatments for children with autism spectrum disorders, particularly those in underserved and minority communities. The network is composed of nine sites across the country: UCLA Center for Autism Research and Treatment (CART), University of Rochester Medical Center (URMC), University of Pennsylvania -Center of Mental Health Policy and Services Research (CMHSR), University of California, Davis (UC Davis)- Medical Investigation of Neurodevelopmental Disorder (MIND Institute), A.J. Drexel Autism Institute, Florida State University, Kennedy Krieger Institute, New York-Presbyterian Center for Autism and the Development Brain (CADB), and the University of Washington (UW). The network is conducting a number of studies to assess the efficacy and sustainability of community-based treatments and is working with members of the community to ensure that these treatments are addressing the challenges that children with autism spectrum disorders face in day-to-day life. In these efforts, we hope to make substantial advancements in the field, to empower educators, professionals, and parents with the tools they need, and most importantly to make a difference in the lives of children with ASD.

<http://www.airbnetwork.org/>



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## **Mind the Gap: Increasing Access to Care through Parent Engagement**

This study aims to address the critical need to increase access to care for under-resourced children with ASD and their families. We have conducted several focus groups and interviews with parents of low-income, minority children with ASD across different sites (UCLA, UC Davis, U Penn, and U Rochester) in order to better understand challenges, barriers, and needs in the community. These data will be incorporated into an intervention to help families initiate services, increase engagement and advocate for their child. Using a Community Partnered Participatory Research (CPPR) model, we have built partnerships with service providers and agencies in the community. We have worked together to tailor services that address family needs, such as ASD education, linking families with resources, and cultural adaptations. We expect the *Mind the Gap* intervention to be a sustainable community-based intervention that increases caregiver engagement and uptake of intervention services for low-resource racial and ethnic minority families.

[http://www.airbnetwork.org/mind\\_gap.asp](http://www.airbnetwork.org/mind_gap.asp)

## **Building Better Bridges**

This study has been designed to identify the barriers to successful transitions between educational systems for children with ASD. Focus groups and interviews have been conducted with parents of children with ASD across different sites (UCLA, UC Davis, U Penn, and U Rochester) as means to identify transition barriers that will inform an intervention to improve transition outcomes for children with ASD and their families.

[http://www.airbnetwork.org/build\\_bridges.asp](http://www.airbnetwork.org/build_bridges.asp)

## **Community Partnered Participatory Research Network Centers of Excellence (CPPRN)**

CPPRN is a new Patient-Powered Research Network (PPRN) in Los Angeles County and New Orleans focusing on behavioral health services in collaboration with under-resourced communities. This proposed network is driven by equal partnerships between patients, community members, and researchers to develop a behavioral health data infrastructure for conducting research based on the priorities of communities, patients, and caregivers. We use Community-Partnered Participatory Research (CPPR) to engage patients and community stakeholders in co-leading research relevant to communities, while addressing distrust in research. Our research shows that CPPR can lead to improved outcomes such as mental health quality of life, lowered homelessness, and reduced hospitalizations.

<http://www.pcori.org/research-results/2015/community-partnered-participatory-research-network-cpprn>

## **Resilience Against Depression Disparities (RADD)**

The Resiliency Project is a community-patient partnered intervention tailored to meet the mental health needs of LGBTQ persons. We will work with a diverse group of LGBTQ-focused or trusted agencies (clinics, churches, social services and support, advocacy groups, etc.) to engage and address the needs of LGBTQ clients.

<http://www.pcori.org/research-results/2016/resilience-against-depression-disparities-radd>

## **Pathways to Reducing Disparities in Depression Outcomes**

Building on Community Partners in Care (CPIC), this study proposes to support partnered analysis working groups to collaborate on publications. It also will support LA County’s development and implementation of the Health Neighborhood Initiative.

<http://grantome.com/grant/NIH/R01-MD007721-01A1>



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## **Stroke Prevention/Intervention Research Program (SPIRP)**

“The Los Angeles Stroke Prevention/ Intervention Research Program in Health Disparities (SPIRP)” is a multi-partnered, highly collaborative research and education center that spans the Los Angeles basin and aims to generate new knowledge about how to end disparities in stroke occurrence.

<http://spirp.healthsciences.ucla.edu/pages/about-us>

## **CDU-UCLA Cancer Center Partnership to Eliminate Cancer Health Disparities**

The partnership between Charles Drew University (CDU) and UCLA Jonsson Cancer Center seeks to “Eliminate Cancer Health Disparities in Minority and Underserved Populations”. This objective will continue to strengthen the CDU cancer research and training infrastructure by enhancing the participation of minority students, fellows, and faculty engaged in Cancer Research, Training, and Cancer Outreach.

<http://cdrewu-dcrt.org/research.aspx?page=partnerships>

## **California State Center of Excellence for Behavioral Health**

The major goals of this project are to support: 1) an evaluation of the LA County Health Neighborhood Initiative; 2) innovations in Communication and Information Technology; 3) infrastructure and leadership for community engagement and research development; 4) mental health leadership; 5) collaboration with UC Davis around these issues; and 6) coordination with policy leaders statewide and nationally to communicate Center work and gather input.

<http://hss.semel.ucla.edu/cce/>

## **Healthy Community Neighborhood Initiative (HCNI)**

HCNI uses Community Partnered Participatory Research (CPPR) to achieve the following three aims: 1) understand clinical and social factors that might be intervened upon to influence health outcomes in this South LA community; 2) examine patterns of chronic condition disease prevalence and the relationship between clinical and social outcomes; and 3) engage community residents, agency representatives, and other stakeholders in collaborative data analysis, interpretation, and dissemination in order to set priorities for future intervention development.

## **“Present Your Body – Cancer Awareness within the Faith Community”**

Background: The aims of this study are to assess the awareness and perceptions toward cancer among people of 18 years of age or older, are male or female, of any race and ethnicity, can speak English, and are willing to complete the survey instrument. The study involves a one-time paper based survey that will take approximately 30 minutes to complete.

## **Completed Research Projects**

### **Mental Well-Being and Sexual Health among African American Women Over 50**

The World Health Organization’s (WHO) redefining of sexual health to include mental health and emotional well-being, has evolved our understanding of sexual health. While many older adults report greater sexual health wellbeing than they did when they were younger, sexuality can also become a concern as people age. In addition, there is an increase in the rates of sexually transmitted infections (STIs) among older adults, particularly African American women. For example, African Americans represent over 50% of the population with HIV, despite representing only 14% of the US population. This project will use dialogue sessions with African American women over 50 to determine the emotional, social, and cultural aspects of aging sexuality in African American women so that culturally appropriate interventions can be developed to reduce the rates of sexually transmitted infections in this population.



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## **Resiliency in African American Men (RAAM)**

This project proposed to develop and compare two patient-centered strategies to address depression in AA men using a Community-Partnered Participatory Research (CPPR) approach.

<http://www.pcori.org/research-results/2015/resiliency-african-american-men-raam>

## **Community Child Health Network (CCHN)**

A large community-based participatory research network in perinatal medicine, the CCHN was developed to examine how community-, family-, and individual- level stressors may influence and interact with biological factors to affect maternal and child health. CCHN examined how these factors might result in health disparities in pregnancy outcomes and in infant/early childhood mortality and morbidity. It is anticipated that the discoveries from CCHN research will provide evidence-based methods for interventions to reduce disparities in perinatal health. Five centers were funded by the NICHD in this community-linked research collaboration network for maternal and child health research. The research blended social, behavioral, and biomedical approaches into a coherent community-linked study.

<https://www.nichd.nih.gov/research/supported/Pages/cchn.aspx>

## **The National Children’s Study (NCS)**

The NCS was a planned large-scale, long-term study of U.S. children and their parents designed to study environmental influences on child health and development. It was authorized by the Children’s Health Act of 2000. The NCS Vanguard (Pilot) Study began in 2009, testing methods and procedures planned for use in a larger Main Study. When recruitment ended in July 2013, the Vanguard Study had enrolled approximately 5,000 children in 40 locations across the country. The planned NCS Main Study would have followed 100,000 children from before birth to age 21. However, the NIH Director, Francis S. Collins, M.D., Ph.D., decided to close the NCS on December 12, 2014, following the advice of an expert review group. To see this statement please click on this link:

<https://www.nih.gov/about-nih/who-we-are/nih-director/statements/statement-national-childrens-study>.

Please refer to the [National Children’s Study Archive: Study Description and Guide](#) (PDF - 1.4 MB) for a more detailed summary of the scientific basis and operations of the NCS Vanguard Study.

<https://www.nichd.nih.gov/research/NCS/Pages/default.aspx>

## **Community Partners in Care (CPIC)**

Community Partners in Care (CPIC) was a collaborative research project of community and academic partners working together to learn the best way to reduce the burden that depression places on our communities and other vulnerable populations. We worked in the communities of South Los Angeles (SPA 6) and Hollywood-Metro LA (SPA 4). CPIC was developed out of five years of collaborative work on how to address depression in our communities, on many years of prior research on how to improve depression care in primary care settings, and on extensive efforts to address health disparities through community-partnered initiatives. CPIC asked the question of whether agencies and communities working together through a community engagement process is a better way of improving depression services and client outcomes than agencies working alone. CPIC, along with Witness4Wellness (see below) won the 2014 Association for Clinical and Translational Science (ACTS) Team Science Award, the 2015 UCLA Landmark Award, and the 2015 Community Campus Partnerships for Health Award’

<http://www.communitypartnersincare.org>

## **Witness4Wellness**

Witness for Wellness was a large descriptive initiative to engage the South Los Angeles community in addressing depression using Community-Partnered Participatory Research (CPPR). CPPR uses principles of respect, two-way knowledge exchange, and community engagement to build trust while involving a multi- disciplinary team (scientists, policy makers, patients, community members) in all stages of research. Rigorous science principles are



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followed and scientists are viewed as part of the community and expected to use their expertise to help guide the initiative while attending to the knowledge and perspectives of community members to assure cultural relevance, validity, and sustainability. Witness for Wellness had teams addressing stigma, services quality, and support for policy change. Each team developed programs and research to guide their work and inform next steps. The overall approach was documented in two commentaries in JAMA, an article in the American Journal of Public Health, and a manual that was published as a special journal issue of Ethnicity & Disease. Witness4Wellness was the precursor to CPIC.

## **Building Resiliency and Increasing Community Hope (B-RICH)**

This pilot project conducted a randomized, single blind trial of a psychosocial intervention called a “Resiliency Class” (RC), to provide depression education and health promotion to individuals with depressive symptoms, by training non-professionals to offer this class to clients receiving services within diverse community settings (e.g. health care clinic, church, community advocacy organization, social services agency). This class was not designed to be therapy, but rather a class that was informed on cognitive behavioral therapy (CBT) principles used to address depressive symptoms, on how to improve mood, and to enhance resiliency in the face of stress.

<https://www.slideshare.net/jebyrne/brich-building-resiliency-increasing-community-hope>

## **Co-Parenting Between Single Mothers And Nonresident Fathers In South Los Angeles: A Feasibility Pilot Study with Dr. Aurora Jackson (UCLA)**

Guided by social cognitive theory and a relationship-oriented ecological framework, the proposed study will: 1) recruit 20 to 30 low-income single black mothers with a 3- or 4-year-old (focal) child who are involved with Healthy African American Families (HAFF), a nonprofit, community-serving agency in South Los Angeles; 2) develop a 3-month psychoeducation group intervention with half of the mothers and the nonresident fathers of their focal 3-/4-year-old children to facilitate more emotionally supportive and cognitively stimulating parenting; 3) examine longitudinally the impact of this intervention on improvement in the children’s cognitive and behavioral development (preschool readiness skills and behavior problems) and the mothers’ scores on instruments measuring depressive symptoms, parent stress, self-efficacy, and parenting practices in the home environment; 4) elicit information from the mothers and nonresident fathers about their feelings about the group intervention at the end of each weekly meeting and their ideas about whether and how it might be improved to better meet their needs and the needs of others like them; 5) finalize a psychoeducation intervention manual for future use.

## **Cross-Cultural Perspectives on Parenting Education as a Prenatal School Readiness Intervention with Dr. Ashaunta Tumblin (Clinical Scholar)**

This study explored cultural perceptions of parenting and early parenting interventions among participants and non-participants of local parenting programs. Focus groups were conducted in three groups of parents: African Americans, Latinos, and Koreans. Parents from each of the three race categories were divided into at least four focus groups with the following characteristics: 1) Mothers in a parenting program, 2) Mothers not in a parenting program, 3) Fathers in a parenting program, and 4) Fathers not in a parenting program. The data generated from the focus groups was used to design a culturally appropriate perinatal parenting intervention to improve school readiness.

“Barber-Pharmacist Coordination to Improve Blood Pressure Management in Black Men” with Dr. Ronald Victor (Cedars-Sinai Medical Center)

The purpose of this successful project was to explore the practicality of forging partnerships between barbershops and pharmacists in an effort to help African American men control their hypertension.



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## **Tobacco-Related Disease Research Program (TRDRP)**

The purpose of the project was to help African Americans smokers with a history of substance abuse to quit smoking cigarettes. An additional goal was to document the methods, processes, and outcomes of the project, through rigorous science within a community-based participatory research framework. The goal for this project was to learn from members of this community, persons in substance abuse treatment and recovery programs, and from health professionals serving this population, what are considered the critically important barriers to tobacco use cessation, what evidence-based strategies are likely to be effective if adopted, and how intervention can best be tailored, implemented and delivered.

## **Diabetes Working Group**

On behalf of the Los Angeles Community Health Improvement Collaborative (CHIC), Charles R. Drew University of Medicine and Science, Healthy African American Families, To Help Everyone Clinic, Inc., UCLA, RAND, and the Department of Health Services partnered to develop an intervention research project(s) to improve diabetes related outcomes using community-based participatory research (CBPR) principles and methods.

## **The Men’s Group**

The overall goal of the project was to promote men’s involvement in their health as well as social issues in Los Angeles County, particularly in communities of color. We believe that if men take an active role in their own lives, they can play a major role in promoting maternal and child health. We believe that strengthening male involvement in communities of color can help address the persisting racial-ethnic disparities. This workgroup had approximately 40 African American and Latino male members, ranging in age from 18 to 65.

## **“Restoration Center Los Angeles: Steps to Wholeness – Mind, Body, and Spirit” (RCLA)**

The RCLA was a community partnered, planning process to develop a plan for a Restoration Center or set of Centers to improve the health, mental health, and wellness of persons of African descent in South Los Angeles and surrounding communities.

## **Preterm Planning Project**

In the U.S., African American women consistently have twice the risk of having an undesirable pregnancy outcome, such as preterm birth or low birth weight, compared to other American women. Clinical medical interventions have not reduced these risks. This lack of progress in improving outcomes among African American women leads to the need for new, innovative applied public health prevention and health promotion, particularly at local levels. Since 1992, Healthy African American Families, in partnership with Charles R. Drew University of Medicine and Science and the Centers for Disease Control and Prevention have used an applied prevention framework within a community participatory process to improve understanding of African American women’s health during pregnancy. As a direct result of this understanding, our goal has then been to develop culturally and community appropriate health promotion and risk reduction activities and products within the participating community. Community participation was central and critical to this process.

## **Breathe Free Lead Program**

This purpose of this project was to educate apartment owners and landlords about environmental factors that could affect tenants’ health.

## **Breathe-Free Asthma Program**

African American and Latino children are more likely to have asthma related urgent care visits, and higher rates of asthma than children from other ethnic groups (Inkelas et al., 2008; Smith et al. 2005). To address this issue, HAAF developed the “Breathe Free” Asthma Project in partnership with the Asthma & Allergy Foundation of



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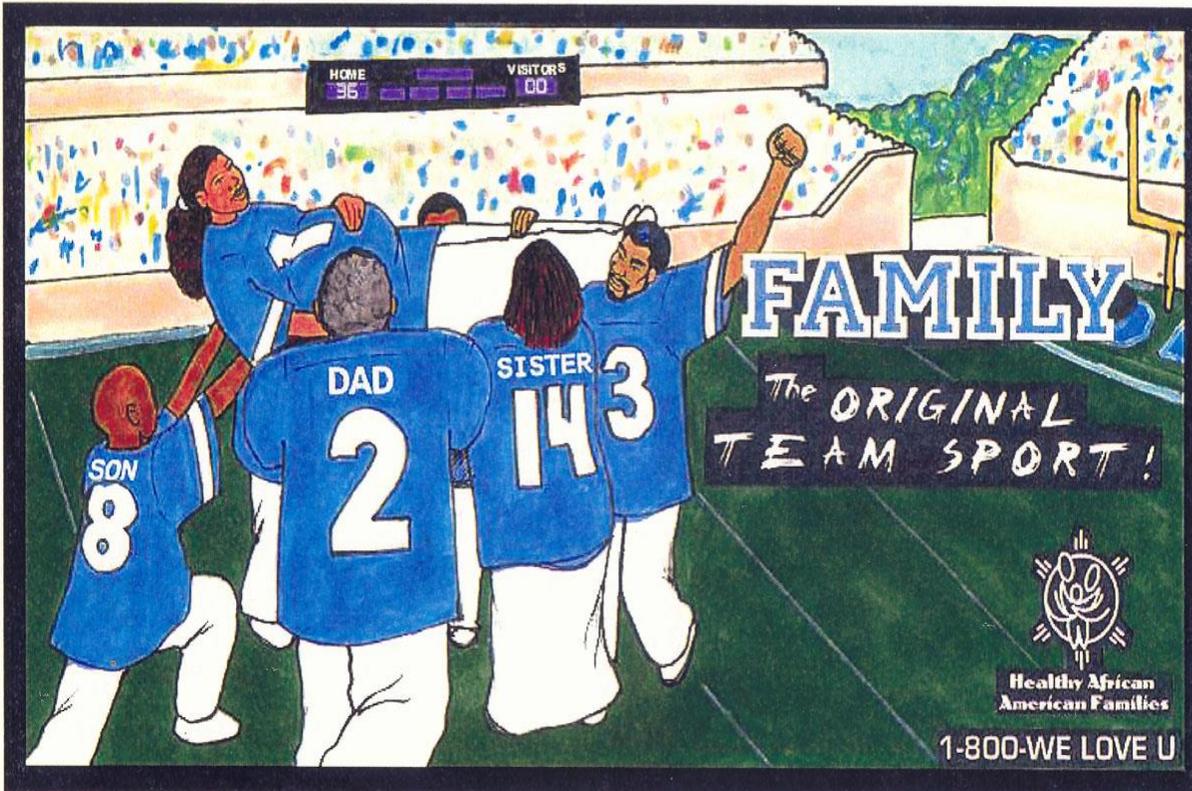
America’s Southern California Chapter, providing in-home services to families of asthmatic children. Services included environmental assessments for allergen triggers, referrals for additional services. Child care center trainings, distribution of allergen-safe materials, medical provider advocacy and follow-up, micro case management, public health awareness by way of media message development, and community-based trainings and education.

## Our Products

Over the years, HAAF, in collaboration with community members, has developed several products from various projects. These products were conceived and designed by the community for the community. Below is a selection of these products.

## The Billboard

This billboard reflects the community’s perception family. It was developed during our Preterm Delivery Project to be displayed on the corner of Crenshaw Ave. and Martin Luther King Blvd. in South Los Angeles.





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## 100 Intentional Acts of Kindness to a Pregnant Woman

The Preterm Working Group also developed this fan that was placed in churches and clinic waiting rooms. At the time most of the women in the group were pregnant, and these were the things they wanted people to do for them.

### 100 Intentional Acts of Kindness Toward a Pregnant Woman!©

Ask how was my day ♥ Ask if there is anything I need ♥ Be supportive and faithful  
♥ Don't stare at females while I'm around ♥ Don't offer me extra food ♥ Don't talk about my weight ♥ Fix me a meal ♥ Offer me a back rub ♥ Give me quiet time ♥ Advocate for me with the doctor ♥ Don't argue with me ♥ Take me to the doctor ♥ Help with the laundry ♥ Help me out of the car ♥ Help me out of the tub ♥ Help me out of my seat ♥ Help me carry my things ♥ Help me with household chores ♥ Get me crackers if I'm sick ♥ Clear folks away so I can rest ♥ Take me to worship service ♥ Bring me cute baby things ♥ Don't break up with me during the pregnancy ♥ Pamper me ♥ Pick up my child/ren from school ♥ Reach in high places for me ♥ Read a book to me ♥ Read to my children ♥ Respect my body ♥ Respect my feelings ♥ Help me remember the doctor's orders ♥ Take a walk with me ♥ Take me to lunch somewhere other than at a fast-food restaurant ♥ Take me to dinner ♥ Take me to the park ♥ Take me to the beach ♥ Encourage me to be good to myself ♥ Be helpful in any way possible ♥ Visit me ♥ Understand that I have emotional swings ♥ Be understanding of my quirky needs ♥ Run a bubble bath for me ♥ Paint my fingernails ♥ Paint my toenails ♥ Rub my feet ♥ Make my bed ♥ Help my kids make their beds ♥ Give my kids a bath ♥ Throw me a baby shower ♥ Elevate my feet ♥ Take me to a movie ♥ Pick up my medication ♥ Bring me my vitamins ♥ Bring me fruit ♥ Find out what makes me sick and keep it away from me ♥ Take my kids on an outing ♥ Allow me to go ahead of you in line ♥ Open the door for me ♥ Speak kindly to me ♥ Be polite ♥ Ask permission to touch my belly ♥ Don't stare at me ♥ Let me sit near the bathroom at church ♥ Offer me your seat on the bus ♥ Let me sit until it's my turn at bank ♥ Pick up things I drop ♥ Braid my hair ♥ Bring me flowers ♥ Call to tell me you are thinking of me ♥ Ask me if you can help with anything ♥ Don't say I've ruined my life ♥ Don't make "fat" jokes ♥ Bring me gifts ♥ Give me clothing that fits ♥ Take me for a facial ♥ Take me to an eyebrow waxing ♥ Bring me parenting videos ♥ Bring me information on pregnancy ♥ Advocate for me with other service providers ♥ Listen to what I say I'm going through ♥ Help me find housing ♥ Help me climb the stairs ♥ Play soft music for me ♥ Include me and my unborn baby in your prayers ♥ Don't tell me pregnancy horror stories ♥ Don't tell me delivery horror stories ♥ Don't do drugs around me ♥ Offer me a bottle of water ♥ Save coupons for me ♥ Share savings tips ♥ Share books on pregnancy ♥ Recommend a support group ♥ Provide transportation ♥ Wash my hair ♥ Be a mentor ♥ Bring over a funny video ♥ Bring me baby name books ♥ Buy frames for my new baby's pictures ♥ Give me fragrant shower gel ♥ Don't tell me about the death of someone's infant ♥ Tie my shoes ♥ Compliment my appearance ♥ Wish me a good pregnancy





# Healthy African American Families II

## “Protecting the Legacy”

### 100 Intentional Acts of Kindness to a New Mother

This fan was developed after the women had their babies.





# Healthy African American Families II

“Protecting the Legacy”

This article is from a Canadian Blog.

## Be Kind to Your Infanticipating Friends

Posted on [October 11, 2011](#) by [Lisa Bendall](#)

Be nice to pregnant women. Is it really necessary for someone to tell us that? Yes, according to a non-profit group in Los Angeles that has been promoting acts of kindness towards expectant mothers.

It’s not just a feel-good initiative. In the U.S., black babies are much more likely than white babies to have a low birth weight or be born prematurely, leading to a higher mortality rate. More and more evidence links these pregnancy problems to mom’s stress levels. Women who are both knocked up and stressed out may be releasing hormones that lower immunity, increase the risk of infection and even bring on preterm labour. Other studies show that black pregnant women experience more stress than white women.

That’s why [Healthy African American Families](#) started a cool new campaign called “100 Intentional Acts of Kindness toward a Pregnant Woman.” This list of suggestions was generated by talking to black women who were pregnant or recently gave birth, and asking them: What do you wish friends, family members and total strangers would do to make your pregnancy better?

Over half of them wished those close to them would be more supportive, encouraging, understanding. (I love the woman who gave the suggestion: “Don’t argue with me.” It’s simple, it’s to the point, it’s a precious pearl of wisdom.) A quarter of them just wanted their partner to pick up a kitchen spatula once in a while, for Pete’s sake.

If the women in the focus groups wanted more from their family and friends, it was the total opposite when it came to strangers. They wanted less – less staring, less touching of the baby bump, less smoking around them, and *definitely* less commentary about how painful, exhausting, horrible and downright traumatizing the delivery would be. A full quarter of women just wanted strangers to offer up their seat on the bus, dammit.

You can read the complete list of [100 acts of kindness here](#). Some are big (“throw me a baby shower” and “pamper me”) and some are heartbreaking (“don’t break up with me during my pregnancy” and “don’t tell me about the death of someone’s infant”).

But a great many are simple and easy for others to do, like “tie my shoes,” “open the door for me” and even “wish me a good pregnancy.”

If this initiative really works, if the theory is correct, then just by following a few of these tips with the pregnant women we encounter – whether they’re black or white, whether we love them to pieces or don’t even know them – we could be boosting the health of all our community’s babies.

Welcome to the world, little ones. We’ve got your back.

<https://50gooddeeds.wordpress.com/2011/10/11/be-kind-to-your-infanticipating-friends/>



# Healthy African American Families II

## “Protecting the Legacy”

100 Acts of Kindness to Yourself was also developed by the Preterm Working Group.

### 100 INTENTIONAL ACTS OF KINDNESS TO YOURSELF

1. Get up 15 minutes earlier.
2. Prepare for the morning the night before.
3. Don't rely on your memory-write things down.
4. Do nothing you have to lie about later.
5. Make copies of all keys.
6. Practice preventive maintenance.
7. Be prepared to wait.
8. Don't procrastinate, do it now.
9. Plan ahead.
10. Repair or get rid of anything that doesn't work right.
11. Allow 15 minutes of extra time to get to appointments.
12. Reduce or eliminate the caffeine in your diet.
13. Always set up a 'contingency plan' just in case.
14. Relax your standards.
15. Count 10 things you are grateful for everyday.
16. Ask questions and repeat directions or instructions.
17. Say "no" more often.
18. Unplug your phone.
19. Learn to meet your own needs.
20. Simplify, simplify, simplify.
21. Avoid negative people.
22. Stand up and stretch.
23. Remember you always have options.
24. Get enough sleep. Set your alarm for bedtime.
25. Organize! Losing things is stressful.
26. Monitor your body for stress signs.
27. Write you thoughts and feelings down on paper.
28. Take deep breaths when you feel stressed.
29. Visualize success before any experience you fear.
30. Stop a bad habit.
31. Talk out your problems with a friend.
32. Quit trying to 'fix' other people.
33. Learn to live one day at a time.
34. Do something you really enjoy everyday.
35. Add an ounce of love to everything you do.
36. Take a bath or a shower when you feel tense.
37. Do a favor for someone when you feel tense.
38. Focus on giving rather than receiving from others.
39. Do something new.
40. Accept the things that you can't change.
41. Be flexible. Some things are not worth perfection.
42. Stop negative self-talk: "I'm too fat, too old. etc."
43. Change pace on the weekends.
44. Pay attention to details in front of you.
45. Do one thing at a time.
46. Allow time everyday for privacy, quiet and thinking.
47. Do unpleasant task first and enjoy the day.
48. Delegate responsibilities to capable people.
49. Go out to lunch and get away from your work.
50. Don't say something that could make matters worse.
51. Forgive people and events. The world is not a perfect place.
52. Practice being more optimistic and cheerful.
53. Identify the things that cause you stress.
54. Smile.
55. Believe in yourself.
56. Keep in touch with friends and relatives.
57. Give and receive attention regularly.
58. Exercise at least three times a week.
59. Live within your budget.
60. Have a network of friends and acquaintances.
61. Eat healthy foods and drink plenty of water.
62. Look for the silver lining.
63. Do something fun at least once a week.
64. Use your time wisely.
65. Get strength from your beliefs.
66. Look at your problems as challenges.
67. Think good thoughts.
68. Take more breaks from your work.
69. Talk less, listen more.
70. Make your environment more comfortable.
71. Don't sweat the small stuff.
72. Seek the help and advice of the people you trust.
73. Work on things that are important.
74. Treat yourself and others with respect.
75. Set daily goals.
76. Be gentle with yourself.
77. Avoid interruptions.
78. Don't let other people's problems become yours.
79. When you are feeling overwhelmed, say so.
80. Trade in the upsetting nightly news for a comedy.
81. Read 15 minutes daily from a book that you enjoy.
82. Refuse to listen to or repeat gossip.
83. Have fun. Plan silly breaks.
84. Get out in nature, even for a few minutes.
85. Music...listen, sing, dance and turn off that TV!
86. Pray on a regular basis.
87. Practice grace under pressure.
88. Create a support group of people, places and things.
89. Always tell the truth, it's easier to remember.
90. Know your limitations and let others know them too.
91. Ask for help when you need it.
92. Know your values and priorities and be true to them.
93. Listen to your dreams.
94. Learn, give and accept compliments.
95. Buy yourself flowers.
96. Live in the 'here and now' as much as possible.
97. Laugh as much as possible.
98. Watch the world go by and let yourself do nothing.
99. Indulge when you need it.
100. Keep your life free of clutter.



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# Healthy African American Families II

“Protecting the Legacy”

The Doorknob Brochure

## Premature Labor Warning Signs

Protect the health and safety of yourself and your unborn baby by paying attention to these warning signs:

- Contractions every 10 minutes or less
- Vaginal bleeding or spotting
- Leaking of vaginal fluid
- Pressure in lower abdomen, pushing down feeling
- Low back pain or pressure
- Cramps
- Pain in abdomen
- Reduction in baby's movement
- Change in urination habits
- Severe, persistent headaches
- Severe, continuous vomiting
- Blurred vision
- Spots before your eyes
- Flashes of light

## What should I do if I start Premature Labor?

Think about what you were doing when the symptoms began and STOP doing it. IF YOU THINK YOU ARE IN LABOR, CALL YOUR HEALTH CARE PROVIDER IMMEDIATELY



Drink 4 glasses of water or juice and lie down on your left side for one hour. If symptoms get worse, call your health care provider or go to the hospital.



If the symptoms go away after that hour, you can slowly return to your activities.



If the symptoms come back after that hour, call your health care provider or go to the hospital.

Remember to tell your health care provider at your next appointment that you had symptoms.

Affix Label Here



Healthy African American Families II, Inc.  
In collaboration with:  
Centers for Disease Control and Prevention

## Please, Do Not Disturb MY BED REST

### What is Bed Rest?

Bed rest means to get off of your feet, lie down on your side with both feet in bed, and relax.

Do not work around the house.

Stop what you are doing because your baby could be in danger.

Please allow your partner, friends or family to get involved. One out of 6 African American women have a premature baby.



## How you treat yourself may determine the outcome of your baby.

What you put into your body or what you do to your body can cause harm to you and your baby any time during your pregnancy.

If you are not pregnant, please pass this door hanger to another woman who is pregnant.

## What is Premature Labor?

Premature labor occurs when a mother begins labor or has contractions 3 or more weeks before her due date.

## Learn to recognize the signs of Premature Labor and protect yourself and Your Baby.

Babies born between 20 and 37 weeks are considered premature. Premature labor can be dangerous to your baby's health. African American women are four times as likely to have a premature baby as Caucasian women. Early identification and treatment of premature labor can help prevent a premature baby.



# Healthy African American Families II

"Protecting the Legacy"

## Healthy African American Families II

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### **Our Mission**

Healthy African American Families is a non-profit, community serving agency. Our mission is to improve the health outcomes of the African American, Latino and Korean communities in Los Angeles County by enhancing the quality of care and advancing social progress through education, training, and collaborative partnering with community, academia, researchers and government.