

Abstract

Maximizing the Utility of Key Informant Interviews in a CBPR Context in the Greater Lawndale Healthy Work (GLHW) Project

Alexis Grant, ScM¹, Yvette Castañeda, PhD, MPH, MBA², Jennifer Felner, MPH, PhD³, Preethi Pratap, PhD¹ and Jennifer Hebert-Beirne, MPH, PhD¹

(1)University of Illinois at Chicago, Chicago, IL, (2)University of Illinois at Urbana Champaign, Champaign, IL,

(3)San Diego State University, San Diego, CA

APHA's 2019 Annual Meeting and Expo (Nov. 2 - Nov. 6)

The NIOSH-funded UIC Center for Healthy Work's Greater Lawndale Healthy Work (GLHW) project is a sequential mixed methods community based participatory research (CBPR) study that examines work as a structural determinant of health. Greater Lawndale is a racially and ethnically diverse, high hardship community in Chicago in which residents are often engaged in "precarious work" – that which is unpredictable, unsafe, and exploitative in nature. As part of a community health assessment we conducted semi-structured individual interviews with 20 key informants, identified by academic researchers and community partners based on their knowledge about how work is experienced in Greater Lawndale. Analysis was guided by content analytic procedures and intervention mapping strategies with attention to solutions emerging from the data at various levels across the social ecology (i.e., individual, interpersonal, family, employer, community, or society) and type of intervention (knowledge, behavior change, skill, build community capacity, or structural). These results show how interviews can be used within a CBPR context to ground and meaningfully inform intervention planning and development. This analysis allowed us to understand how the community conceptualizes precarious work and the solutions to overcoming it. Through this process, we identified community resources to leverage and the potential challenges in implementing a multi-level intervention. This approach demonstrates how CBPR methodologies can support the development of pragmatic and culturally acceptable, sustainable interventions that advance health equity as well as the production of research that dismantles harmful, deficit-focused narratives about low-income communities.

Conduct evaluation related to programs, research, and other areas of practice