The Mid e t Latino Health Re ea ch, T aining, and Polic Cente (the Latino Health Re ea ch Cente), a nit of the Jane Addam College of Social Wo k at the Uni e it of Illinoi at Chicago, a fo nded in 1993 fo the p po e of engaging in o tcome e ea ch, t aining, and polic change in the a ea of health di - pa itie . The Latino Health Re ea ch Cente ha follo ed comm nit pa ticipato action e ea ch (PAR) app oache ince it inception. In 1999, the Cente ecei ed f nding f om the Racial and Ethnic Ap- p oache to Comm nit Health (REACH) 2010 p o- g am of the Cente fo Di ea e Cont ol and P e ention (CDC) to ed ce diabete di pa itie . REACH 2010 i a t o-pha e demon t ation p oject that call fo coalition b ilding aimed at comm nit mobili a- tion to ed ce health di pa itie . REACH 2010 eek to add e health di pa itie elated to ca dio a c la di ea e; cance , pa tic la l b ea t and ce ical can- ce ; diabete ; HIV/AIDS; child and ad lt accination ; and infant mo talit .

The REACH 2010 Pha e I Initiati e called fo (*a*) a lead agenc /pa tne a the cent al coo dinating o ga- ni ation; (*b*) pa tne hip ith a local o tate health depa tment; and (*c*) pa tne hip ith an academic in tit tion. D ing the 12-month Pha e I pe iod, the e pa tne , o king ith comm nit e ident and local o gani ation , e e e pected to e tabli h a coalition fo the p po e of cond cting a comp ehen i e comm nit a e ment that o ld e lt in an action plan to be implemented d ing Pha e II.

While p epa ing the CDC REACH 2010 g ant ap- plication, the Latino Health Re ea ch Cente in ited indi id al , comm nit o gani ation , and local health and h man e ice p o ide to a e ie of to n meet- ing to a e hich health di pa itie and hich com- m nitie had the g eate t need fo a m ltip onged e ea ch and action app oach. Afte e e al meeting , comm nit leade ecommended a t ateg that in- cl ded fo ming a coalition of Af ican Ame ican and Latino o gani ation in Chicago' aciall di e e So th- ea t Side. The ationale fo an Af ican Ame ican and Latino coalition a ba ed on an nde tanding that the e a e mo e imila itie than diffe ence bet een Latino and Af ican Ame ican in the U.S. and on the So thea t Side: the e a e the la ge t mino it g o p ; both g o p a e cha acte i ed b lo le el of ed ca- tion and income and high le el of po e t ; and both g o p a e affected b di pa itie in health and acce to health ca e. Membe of both g o p tend to ha e a t ong en e of famil , comm nit , and eligio it / pi it alit , and man membe of both g o p e home emedie and o e -the-co nte medication to t eat mptom of illne e . The apid g o th of the Latino pop lation, the ide p ead gent ification of Chicago' neighbo hood , and the demolition of p b- lic ho ing ha e fo ced the e g o p to li e in the ame comm nitie . A econda goal of the p oject a to b ing the e g o p togethe a o nd common i e like diabete . If cce f l in meeting the e goal , the coalition o ld ha e de eloped a model of im- p o ing ace elation hip fo othe comm nitie to follo nation ide.

The comm nit leade ecommended ta geting the So thea t Side of Chicago beca e the a ea e pe- ience hat Do g Gill efe to a a con e gence of di ad antage [1] lo ocioeconomic tat ,[2] di in e t- ment ,[2] and doc mented health di pa itie .[3]

Chicago' So thea t Side incl de i comm nit a ea (CA): So th Sho e (CA43), So th Chicago (CA46), Cal met Height (CA48), So th Dee ing (CA51), Ea t Side (CA52), and Hege i ch (CA55). Hi to icall , the e CA e e collecti el called the Cal - met A ea Steel Belt of the Mid e t beca e the majo o ce of emplo ment e e teel mill , ail oad ca t p od ction facilitie , and the a tomoti e ind t . D ing the 1970 , the teel ind t declined almo t to e tinction. B the 1980 , e e e nemplo ment and di placement e e appa ent th o gho t the egion.[2] The Chicago So thea t comm nit a ea ha e ne e eco e ed f om thi de a tation.

Local o gani ation ha e a hi to of comm nit o gani ing a o nd ocial j tice i e and had p e i- o e pe ience in ing PAR in add e ing health conce n , e peciall in the a ea of HIV/AIDS, mate nal and child health, a thma, and b ea t cance . Ho e e , diabete cont ol and p e ention e e not p ominent on the local agenda. Ba ed on a ailable diabete - elated data[4,5] and f the con ltation ith ke pa t- ne , it a dete mined that the e comm nitie co ld be mobili ed a o nd diabete and each a tate-of- eadine ,[6] that i , engage in ta geted action to e- d ce diabete - elated mo talit and complication , ith ancilla effo t pointed to a d inc ea ing ad lt acci- nation fo in en a, fo hich people ith diabete a e at ele ated i k.[7]

In J l 1999, the fo nding membe of the Chicago So thea t Diabete Comm nit Action Coalition (CSEDCAC) bmitted a REACH 2010 Pha e I p o- po al. In addition to the Latino Health Re ea ch Cen- te , the p incipal pa tne e e the So th ide Health Con o ti m, a net o k of comm nit ho pital and p ima ca e facilitie (no kno n a the Healthca e Con o ti m of Illinoi); the Illinoi Diabete Cont ol P og am of the Illinoi Depa tment of H man Se -

ice ; and *Centro Comunitario Juan Diego,* a local comm nit o gani ation that p ima il e e ecent immig ant . See Fig e 1 fo a li t of coalition membe .

A n mbe of facto pla ed into the deci ion to foc on diabete : high diabete mo talit in the ta get comm nitie ; high diabete - elated ho pitali ation ate , ba ed on ho pital di cha ge data; and high ge - tational diabete ate .[4,5] The p e ent a ticle de c ibe (*a*) the PAR theo etical app oach de eloped b the Latino Health Re ea ch Cente and p acticed b CSEDCAC f om it inception[8]; (*b*) elected e ea ch fin nding f om REACH 2010 Pha e I acti itie ; and (*c*) c ent and planned coalition acti itie .

THEORETICAL FRAMEWORK

PAR efe to a famil of methodologie that can be ed to p e e ea ch objecti e (kno ledge, n- de tanding) ith the meaningf l in ol ement of comm nit membe (takeholde) and an ltimate foc on ocial action leading to imp o ement in ocial condition .[9] PAR app oache foc on b ilding comm nit capacit th o gh t aining, hich lead to con- cio ne ai ing and a tate of eadine fo action. Comm nit leade and takeholde de elop the kno ledge and kill to take action aimed at changing comm nit condition and tem o that a ppo t- i e en i onment (conte t) e i t to tain beha io change o e time.[9] E ample of capacit b ilding incl de facilitating the de elopment of comm nit inf a t ct e ch a coalition and p o iding t aining aimed at a i ting comm nitie in nde tanding the ocial and political conte t of p oblem and thei potential ol tion .

Action e ea ch ha link to and i info med b a n mbe of intellect al t adition , altho gh it i not defined b an one of them. The eminal o k of K t Le in,[10] Ca and Kemmi ,[11] and Rea on and Ro an[12] a e all ackno ledged. Action e ea ch ha m ch in common, ho e e , ith a ange of othe t adition , incl ding p actitione e ea ch, action in i i , action cience, and comm nit de elopment. It intellect al

Figure 1. CSEDCAC member organizations

MEMBER	*SECTOR*
Advocate Trinity Hospital	Provider
African American Dietetics Association	Provider/professional organization
Black Nurses Association	Provider/professional organization
Centro Comunitario Juan Diego	Community-based organization
Chicago Family Health Center	Provider
Chicago Park District	Government/recreation
Guadalupe Senior Center	Community based organization
Healthcare Consortium of Illinois	Community-based organization
Healthy South Chicago	Community-based organization/consumers
Hispanic American Foundation for the Advisement of Health	Provider/professional organization

2. A a a e e e a ce c e be a c a .[18] Witho t open comm nication and ha ed deci ion-making, t t and commitment among membe ill ai e and endange completion of the o k. F the , in a cce f l coalition, each membe b ing diffe ent t ength and f ll pa ticipation im- p o e the alit of deci ion .[19] CSEDCAC accom- pli hed thi b de eloping a deci ion-making f ame- o k that a f ll di c ed and ag eed pon among coalition membe . The deci ion-making f ame o k delineate ltimate e pon ibilit fo deci ion elated to membe hip, i ion, goal , and objecti e ; con ict e ol tion; coalition tainabilit ; and planning and e al ation.

Pa ticipato p oce e take place at monthl open meeting held in p blic place (mo t often the local lib a) and th o gh meeting agenda and min te , g e t peake , and t aining oppo t nitie elated to diabete elf-management. An one ho attend the monthl meeting i in ited to join a o king commit- tee (ta k fo ce), fo med to foc on pecific comm - nit need a e ment ta k (e.g., foc g o p , tele- phone e); to ign p fo the mailing li t; and to ecei e pe iodic e-mail pdate and biling al ne let- te . Ne pa ticipant a e in ited to a coalition o ien- tation e ion, hich i held at the ame time a the ta k fo ce meeting . Diabete c eening, hot , and foot e amination fo people ith diabete a e al o a ailable d ing monthl coalition meeting . In addi- tion, g e t peake a e in ited to add e diabete - elated i e a a mean of keeping the membe hip info med of p-to-date diabete info mation.

3. A e a b d c ca ac .[1,18] While the inhe ent t ct al ine itie bet een e ea ch in ti- t tion and thei pa tne ill not be emedied in the conte t of an ingle pa ticipato e ea ch p oject, contin ed effo t at b ilding the capacit of the com- m nit to meet it o n need le en the ope ational impact of ine alitie and allo , o e time, fo com- m nit pa tne to take t onge and mo e di ecti e ole in the e ea ch p oce .

D ing CSEDCAC Pha e I acti itie , comm nit capacit b ilding incl ded t aining fo comm nit agenc taff and conce ned citi en on diabete , coali- tion b ilding, and e ea ch method .

LATINO HEALTH RESEARCH CENTER PAR MODEL

The PAR model de eloped b the Latino Health Re- ea ch Cente ha been applied to a di e e et of health i e incl ding en i onmental e po e, dia- bete p e ention and cont ol, cance p e ention and cont ol, and tobacco cont ol[8] and ha been efined o e the ea . Fig e 3 mma i e the majo tep in the pa ticipato p oce and highlight ome of the acti itie nece a to p og e f om tep to tep.

COMMUNITY DIALOGUE

Once the comm nit a ea e e elected, the Latino Health Re ea ch Cente initiated a dialog e ith local leade to e plain the REACH 2010 Initiati e and e - plo e thei inte e t in becoming pa tne . The So th- ide Health Con o ti m facilitated thi p oce and a in t mental in b inging ke comm nit leade 1,18 e 0 togion andce),lethT 0.0 tne l. Pha e Itie a.35 LOGUa

tion et eat, held at the o t et of REACH 2010 Pha e
II acti itie .

Figure 4. Mission Statement, Central Goal, Objectives, and Principles of Collaboration of the Chicago Southeast Diabetes Community Action Coalition (CSEDCAC)

Mission Statement:

Assure and enhance access to quality health services and quality of life [illegible] tutional, and n)Tj0 rsonates control n (CSED

pon o hip, hich t e e comm nit mobili ation a a t ateg fo diabete cont ol and p e ention; (*d*) coalition-b ilding t ategie ; (*e*) applied e ea ch methods ; (*f*) acce ing p blicl a ailable data; (*g*) pe fo ming a comm nit - ide e o ce e ; and (*h*) action planning.

Data collection

Specific objecti e e e de eloped fo Pha e I acti itie :

Identif ke ocial, medical, en i onmental, c lt al, in tit tional, and beha io al facto that ma be a ociated ith acial/ethnic di pa itie in diabete i k, p e alence, and alit of ca e among Latino and Af ican Ame ican and othe g o p in pecific comm nit a ea on Chicago' So thea t Side.

Identif effecti e t ategie fo diabete p e ention and cont ol th o gh comm nit action planning.

Hi panic/Latino (Table 1). Mo t e pondent e e female (69.9%). Re pondent had a mean age of 44.5 ea ; non-Hi panic hite e pondent had the high- e t mean age (51.2 ea), and the Hi panic/Latino g o p the lo e t (38.3 ea mean age). Re pondent had a mean of 12.7 ea of ed cation; Hi panic had the lo e t le el of ed cation (mean of 9.8 ea).

The ample pop lation appea ed to be of lo o- cioeconomic tat ba ed on the high nemplo ment ate (20.4%), hich eached 42.6% among Hi panic /Latino ; a high le el of pa ticipation in go e n- ment bene t p og am (27.6%), pa tic la l among non-Hi panic black (27.7%) and Hi panic/Latino e- pondent (33.3%); and o conce ning food in f- cienc (9.1%), hich a pa tic la l high among Hi panic/Latino e pondent (13.0%).

Acce ... ca e. Acce appea ed to be p oblematic, pa - tic la l fo Hi panic/Latino e pondent , ho e- po ted a a iet of nancial and ling i tic ba ie . App o imatel 21% of Hi panic/Latino e pondent e po ted no health in ance; 23.9% e po ted ling i - tic ba ie in comm nicating ith thei health ca e p o ide . When con ide ed togethe , the e t o fac- to ma e plain the e po tedl lo e f e enc of elected p e enti e e ice , incl ding eg la ph i- cal e am , blood p e e te ting, and chole te ol c eening (Table 1).

P... a e ce ... d abe e . Ba ed on the telephone e nding , the p e alence of diabete in the total ta get pop lation (age ≥18 ea) a e timated to be 16.3%. The elf- epo ted p e alence a highe t among non- Hi panic hite e pondent (22%), follo ed b non- Hi panic black (16.6%) and Hi panic /Latino (10.8%). The pe centage of omen ho epo ted a hi to of ge tational diabete a 12.1%; the pe cent- age a pa tic la l high fo Hi panic/Latina (17.6%) e pondent , compa ed to tho e fo non-Hi panic hite (11%) and non-Hi panic black (10.7%) e pondent .

O e ... ea ... a... d ca ... . Non-Hi panic hite e- pondent epo ted the highe t p e alence of ce tain condition , ch a hea t di ea e (14%) and high cho- le te ol (26%), hile the epo ted p e alence of kid- ne di ea e a highe t among Hi panic (9%) and non-Hi panic black e pondent (3.7%). The p e a- lence of high blood p e e a the highe t among non-Hi panic black e pondent (29.7%).

Data on a n mbe of health indicato gge ted that the enti e So thea t Chicago comm nit , ega d- le of ethnicit , a at i k fo diabete . Fo e ample, mo e than half of the e pondent epo ted one o mo e elati e ith diabete . An a of m7c4tional diabe01(-)]T ()124.3%77 T (DataTet7hite e-)Tj9.7%).31 0 TD7i72c1 d p e eh p ati e ith da tic la l 635 ie .

Table 1. Selected health disparities indicators for telephone survey respondents

Self-reported characteristic	*Self-reported race/ethnicity*			
	Non-Hispanic black (n=273)	*Non-Hispanic white (n=52)*	*Hispanic/Latino (n=69)*	*Total (N=394)*
Demographics				
Sex				
Male	31.1	30.8	24.6	30.1
Female	68.9	69.2	75.4	69.9
Age				
18–44	51.3	36.6	72.5	53.7
45–64	30.9	34.6	18.8	29.0
≥65	17.8	28.8	8.7	17.3
Mean age (years)	44.7	51.2	38.3	44.5
Mean years of education	13.5	12.5	9.8	12.7
Socioeconomic status				
Percent unemployed	15.1	19.2	42.6	20.4
Percent participating in government benefit programs[a]	n			

Table 2. Selected health disparities indicators for telephone survey respondents with self-reported diabetes

Self-reported characteristic	Self-reported race/ethnicity: Non-Hispanic black (n=42)	Non-Hispanic white (n=11)	Hispanic/ Latino (n=7)	Total (N=60)
Demographics				
Mean age (years)	55.8	60.5	50.7	56.1
Mean years of education	12.9	12.2	9.3	12.4
Socioeconomic status				
Percent unable to work because of diabetes	17.5	9.1	42.9	19.0
Percent unemployed	9.5	36.4	28.6	16.7
Percent participating in government benefit programs[a]	29.3	27.3	42.9	30.5
Percent worried about not having enough food	20.0	0	28.6	17.2
Access to medical care				
Percent without a regular source of health care	4.8	0	0	3.3
Percent needed medical care but did not get it within past year	14.3	9.1	14.3	13.3
Percent without health insurance	11.9	9.1	42.9	15.0
Percent with difficulty communicating with providers because of language barrier	—	—	0	0
Health status				
Mean age when told they had diabetes	44.9	47.8	38.4	44.6
Individuals with self-reported diabetes as percent of telephone survey sample (*N*=394)	16.3	22.0	10.8	16.1
Perceived health				
Percent excellent/very good/good	48.7	73.0	42.9	52.6
Percent fair	34.1	9.1	42.9	30.5
Percent poor	17.1	18.2	14.3	16.9
Self care/quality of care				
Percent did not know their of type of diabetes	17.5	9.1	42.9	19.0
Mean number of HbAc1 within past year	2.9	3.0	1.7	2.8
Mean number of times health provider checked feet within past year	3.8	3.4	1.5	3.6
Percent had a dilated eye exam within past year	85.0	90.9	71.4	84.5
Percent ever received diabetes education classes	47.5	63.6	57.1	51.7
Percent saw a dietitian or nutritionist within past year	32.5	27.3	42.9	32.8
Percent had a flu shot within past year	45.2	72.7	42.9	50.0
Percent taking aspirin every day or every other day	31.0	27.3	14.3	28.3
Percent had physical exam within past year	90.4	100.0	71.4	89.8
Percent check feet daily	87.5	81.8	100.0	87.9
Percent check blood sugar daily	42.5	54.5	28.6	43.1
Diabetes risk factors				
Percent with one or more family member with diabetes	81.0	63.6	100.0	80.0
Percent of women who gave birth to a baby weighing >9 pounds	11.5	16.7	50.0	16.7
Percent women who ever had gestational diabetes	37.0	42.9	25.0	36.8
Percent with one or more chronic conditions	69.0	72.7	71.4	70.0
Percent with hypertension	64.3	40.0	57.1	59.3
Lifestyle risk factors				
Percent overweight (BMI >27)	35.0	33.3	14.3	32.1
Percent obese (BMI >30)	32.5	33.3	71.4	37.5
Mean times eating outside home weekly	3.0	4.7	2.0	3.2
Percent ate foods not prepared at home within past week	69.0	81.8	71.4	71.7
Percent smoked five or more packs of cigarettes in lifetime	42.5	72.7	71.4	53.3

[a]TANF, Medicaid, SSI, Social Security retirement or disability benefits, WIC, Food Stamps, public housing, and various meal programs.

an action plan a d afted. The coalition decided to plan and cond ct t o comm nit fo m (one in Engli h and one in Spani h) to p e ent the p elimina nding and the d aft action plan to the comm nit . F om the e fo m , the action plan a nali ed and the g ant application fo REACH 2010 Pha e II a p epa ed. Thi action plan incl ded a bief to of the coalition, it i ion, mi ion, collecti e al e , and p inciple ; tated the coalition' b oade o e all goal and objecti e ; o tlined majo a ea of o k ith pec mea able goal and objecti e ; gge ted t ategie fo ta geted action; et deadline ; and dete mined e o ce needed to implement the plan.

Each acti it and inte ention ha it o n e al ation component. Fo in tance, d ing the mme of 2002, the So th Chicago Chambe of Comme ce cond cted a health eating a a ene campaign in local g oce to e and e ta ant ; thi campaign i being e al - ated b a e ing pa ticipation (e.g., n mbe of g o- ce to e and e ta ant that change tocking p ac- tice o men to inc ea e foc on health n t ition); a follo - p e of pa ticipant i planned.

The data f om the comp ehen i e comm nit a - e ment a e being ed a ba eline data; a telephone e and foc g o p ill be epeated late in Pha e II. Ho pitali ation data ill be compiled at a io point d ing Pha e II. The coalition plan to e the SECAT data to mea e p og e .

CONCLUSION

Mo t effo t to p e ent o cont ol diabete ha e fo- c ed on changing indi id al life t le p actice . CSEDCAC ha ed a comm nit -ba ed PAR t ateg

The a tho o ld like to ackno ledge the ha d o k and commitment ho n b membe of the Chicago So thea t Diabete Comm nit Action Coalition, pa tic la l the follo ing ke pa tne : So th ide Health Con o ti m (no the Health Ca e