

Understanding community capacity among Latinos in Winston-Salem

Abstract

The size of the Latino community in the United States has increased dramatically in recent years. This is particularly true in North Carolina. Among many diseases, HIV/AIDS affects Latinos living in the United States disproportionately. Because it is being suggested that the community not only as the logical setting but also the catalyst for health promotion, we sought to use a community-based participatory research (CBPR) approach known as Photo voice to assist in understanding community capacity within an HIV prevention context among a local Latino community. Nine local community Latino leaders as participants were recruited and participated in taking photographs and discussing the photographs to stimulate discussions surrounding strengths and challenges within the Latino community that may inhibit or help in HIV/AIDS education and prevention.

Keywords: community capacity, photo voice, community, participatory research, latinos, Hispanics

Volume 5 Issue 1 - 2017

Tonya Stancil,¹ Rhodes Scott,² Cindy Stubblefeild³

¹Prevention of Disease and Health Promotion, USA

²Department of Public Health Sciences, Wake Forest University School of Medicine, USA

³AIDS Care Service, USA

Correspondence: Tonya Stancil, Prevention of Disease and Health Promotion, Understanding Community Capacity among Latinos in Winston-Salem, USA, Tel (919) 4053870, Email tonyamaisha@netscape.net

Received: March 19, 2015 | **Published:** February 07, 2017

Introduction

The proportion of the United States (US) population that is Hispanic/Latino expanded considerably during the 1990's. In 1990, Hispanics/Latinos comprised 9% of the US population and by 2000; the percentage had increased to over 12.5% of the total population. In NC, the number of Latinos grew by almost 400% statewide, giving NC the fastest-growing Latino population in the US. Latinos have the second highest rate of AIDS diagnoses of all racial and ethnic groups. Between 1999 and 2002, the number of new HIV/AIDS diagnoses increased 26% among Latinos. Although Latinos represented 13% of the continental US population in 2002, they accounted for 29% of the total number of new AIDS cases reported, almost 4 times greater than that for non-Latino whites. By the end of 2001, 20% of those currently living with AIDS in the US was estimated to be Latino. The National Commission to Prevent Infant Mortality estimates that the rate of HIV/AIDS infection may be as high as 10 times the US national average for some Latino subgroups. A proxy for HIV sexual risk, rates of reportable STDs are higher among Latinos than among non-Latino whites. In 2000, the rates of gonorrhea, Chlamydia, and syphilis were 6, 7 and 12 times higher among Latinos than among non-Latino whites respectively. From 1997 to 1999, primary and secondary syphilis rates increased by 20% among US Latinos, remaining stable among non-Latino whites and dramatically declining among African Americans by 29%. Many southern US states, including NC, consistently lead the nation in reported cases of AIDS, gonorrhea, Chlamydia, and syphilis. The development and implementation of HIV preventions designed to reduce HIV transmission and infection among Latino men and women lags behind prevention efforts for other communities.

The purpose of this study was to explore and characterize how the local Hispanic/Latino community defines community, and compare whether dimensions of community capacity identified within African-American and White communities' are pertinent for Latinos. Cultural differences in the Latino community inhibit the success of standard programs designed for other communities. Success is deterred by obstacles such as low levels of education, financial barriers, and

high rates of urbanization.¹ Compared to Caucasians, Latinos also have a higher rate of being underinsured or uninsured and a greater dependence on public health care programs.² Mistrust of the medical establishment is also a factor in Latinos and other minorities waiting to seek treatment causing Latinos to typically wait until their health is of an emergent nature.³ When working with minority patient, there are also disparities in the interaction with the clinician when services are used as clinicians have been described as having "poorer interpersonal skills provide less information, and use a less-participatory decision-making style".²

Community-based participatory research

Community based participatory research (CBPR) is an approach in which research into health promotion is done in such a manner that the community can have an impact in the decisions being made affecting them and their community.⁴ The purpose of this type of research is to benefit the participants through either direct intervention or using the information obtained to direct an action for change. It also integrates knowledge and social change efforts addressing concerns of community with actions which are beneficial for all involved.⁵ CBPR has the potential to build community capacity and community coalitions which can develop a collaborative approach in which researchers and community residents can better combat public health issues in their community.⁴ When taking factors into consideration such as focusing on public health issues important to the community, mobilizing the community to address research based fears and allowing residents to be recognized in their role in addressing important public health issues can help the research successful.⁶

Community capacity

In 1988, the Institute of Medicine report, *The Future of Public Health*, issued a call for public health agencies to reorient their activities to ensure conditions for health and give prominence to the community not only as the logical setting but also the catalyst for health promotion. Besides enhancing health outcomes directly, building community capacity may strengthen communities to enable

them to plan, develop, implement, and sustain effective community programs. Community capacity “describes a process that increases the assets and attributes which a community is able to draw upon in order to improve their lives”.⁷ In order for community capacity to work, a community must be able to participate in defining and assessing issues, health or otherwise, that are important in their community.

Community capacity can be understood as the set of assets or strengths that residents individually and collectively bring to the cause of improving the local quality of life, or simply, a community’s potential to engage in effectively in collective problem solving.⁸ Because of the emerging recognition of the importance of community capacity in health, the Division of Chronic Disease Control and Community Intervention, Center for Disease Control and Prevention, convened a symposium in late 1995 with the goal of exploring potential dimensions integral to community capacity. Symposium participants from the US and Canada worked with two definitions of community capacity:

1. The characteristics of communities that affect their ability to identify, mobilize, and address social and public health problems; and
2. The cultivation and use of transferable knowledge, skills, health problems and resources that affect individual and community-level changes consistent with public health related goals and objectives.^{9,10} The dimensions of community capacity identified included:
 - a. Participation,
 - b. Leadership,
 - c. Knowledge and skills,
 - d. Resources,
 - e. Social and inter-organizational networks,
 - f. Sense of community,
 - g. Understanding of community history,
 - h. Community power,
 - i. Community values, and
 - j. Critical reflection.

The dimensions and the sub-dimensions that comprise them are listed in Table 1 and provided by Goodman et al.,¹¹ Despite the current interest in community capacity, effective application is limited because measurement of community capacity is in its infancy.^{9,12} Without a metric for measurement, it will remain conjecture whether community health interventions result in increased sustainability and capacity for future problem solving, and yield health disparity reduction and elimination. Furthermore, efforts to understand and define community capacity have been based primarily on work with African American, Native American and white communities; less attention has been placed on Latino communities.^{13,14} The primary objective of the proposed study is to collect, analyze, and interpret formative data to understand and characterize community capacity among Latino residents living within Winston-Salem, NC.

Methods

In this study, the Photo voice technique was used. Photo voice is a process in which individuals use photographic techniques to identify, represent and enhance their community.¹⁵ The three main goals of photo voice are:

- i. To enable people to record and reflect their community’s strengths and concerns,
- ii. To promote critical dialogue and knowledge about important issues through large and small group discussion of photographs and
- iii. To reach policy-makers.¹⁵

This method allows the members of the community to identify, describe, discuss and act on issues and assets the community possesses, using the Paulo Freirian SHOWED model.¹⁶ This is a questioning and discussion model which follows the acronym SHOWED (What do you see here? What is really happening here? How does this relate to our lives? Why does this concern, situation, strength exist? How can we become empowered through our new understanding? What can we do?).¹⁷ Photo voice allows participants to use cameras to record their daily lives in their community and become potential catalysts for change. The sessions consisted of an introductory meeting in which participants obtained cameras. They also determined the topic for the photo assignment as they did for each photo session. The photo-assignment was the topic around which they framed their photographs for each session. After developing the cameras, the participants shared their photographs during the facilitated photo-discussions.

Research setting and participants

The participants consisted of 9 school teachers from the Hispanic/Latino community. A diverse range of ages and a mix of women and men were recruited. The average age of participants was 26, with a range from 23-36. Two participants were male. None of the participants was lost to follow-up. Each attended all of the sessions. Participants reported originally being from Mexico (4), Peru (1), Honduras (2) and Colombia (1) and Costa Rica (1).

Community research partner

The research community partner organization working on this project was AIDS Care Services, Inc., (ACS). ACS is a local agency that successfully has incorporated Latinos into their efforts in community needs assessment, partnership building, and outreach related to HIV/AIDS prevention and care. They have a positive reputation within the local Hispanic/Latino community and multicultural/lingual capacity. Their interest in this project stems from their desire to more adequately and efficiently contribute to contributing to meeting the needs of the local Latino community. Because little is known about the assets and needs of rapidly growing Latino communities in NC, ACS wanted to explore capacity and incorporate findings into their planning and service provision.

Data collection

As a group, the participants came together for: 1 introductory meeting and 4 photographic assignments and photo-discussions. Photo-assignments were framed around potential dimensions of community capacity (e.g. how community is defined; strengths of the Latino community; characteristics participants would look for to decide whether a community can “get it together”).¹⁸ These photo-discussions were held at a convenient location and were facilitated by a Latino community leader who also serves on the LOAC. The PI has facilitated 2 photo voice studies in Siler City, NC, one with Latino adolescents and another with Latina women. Sessions were recorded and transcribed in English.

Data analysis

The data obtained through the photo voice technique were

transcribed then analyzed using a multistage interpretative thematic process, including detailed reading and re-reading of transcripts. The transcripts from the photo-sessions were read and general categories were sorted. Afterwards, the broad categories were then used to interpret the data. The information given by the participants was used to develop themes.¹⁹⁻²³

Results

The themes derived from the sessions were compared to the dimensions and sub-dimensions set forth by Goodman and colleagues.¹¹ The framework was used to help determine the validity of the dimensions and sub-dimensions within the local Latino community.

Citizen Participation

Citizen Participation is defined as a strong participant base with diverse networks to define needs and take action to resolve these needs. Study findings suggested that local Latinos to have a strong participant base and diverse social networks. Informal word-of-mouth networks were identified as primary sources of both communicating needs and helping others through exchanging information. For example, the church was described as a location where individuals are able to socialize, worship, and share information and beliefs.

The importance of intra-generational networks was identified as supporting younger generations. Family participation impacts the achievement of youth through becoming involved in how the youth are educated. Latino community members are proud of their history and teach younger Latinos about Latino history and cultural traditions, such as dance, music, and food.

Identified facilitators of participation included the perception that Latino community members can express opinions without fear of retribution. This makes it easier and possible for Latino community members to be involved. The participants reported feeling unable to express opinions in their native country making it difficult to participate in such things as government. Various means of communication were also used in native countries. Many noted billboards and other types of large advertisements as effective ways to communicate with large numbers of Latinos. Participants described such things as yellow hearts painted on roads where fatal drunk driving accidents occurred, telethons and warnings on TV and radio as examples of techniques used to distribute information. The distribution of information is important to participation in that participants desire to know what types of activities and changes are occurring within their community. Once they have this information, they feel as though they can have input and participate in the activities and changes. They also can be forwarded to appropriate community members or organizations through such distribution of information.

The great number of churches in the community provides a central location for the community to gather and support, educate, and impact the community. It was described by one participant as “every church you drive on that you get to see a church, so, particularly Winston-Salem, I think that sort of reflects the nature of this community”. The great number of churches was reported to give the Latino community a base of commonality where they can come together to participate in change. Church provides the opportunity to associate with individuals in the community and support the brainstorming of ideas and begin the formation of grassroots efforts to incorporate those changes. The church has a base of participants and money which can supply some of

the brainpower, manpower and financial resources needed to produce change within the community. There is the capacity of individuals to participate within their community.

Informal and formal leadership

Leadership is another identified dimension of community capacity. Encouraging participation, facilitating sharing information, shaping leaders, and receptivity to prudent innovation and risk taking are dimensions of leadership.¹¹ It is important to have leaders in the community who are available for support of the community. One participant described using leaders as people the community feel comfortable confiding in and asking for help from. Becoming a leader through teaching was seen as “the best way to serve, to help the people”.

In order to facilitate leadership building, participants identified the necessity of sharing information and resources by community members and organizations, teaching techniques have been developed and used within the community such as; role playing, computer-aided instruction, learning through arts and media. Community issues included in education, not only of children, but adults as well are important in developing leadership. Participants described the need to “start education at a young age and continuing to adulthood”. Finding what works for students, changing methodology as needed, and providing opportunities to learn in several manners were found to support it as well as acknowledge individuals when they succeed. Leadership was seen as being comprised of many skills such as critical thinking and public speaking among others. Education was described as important in developing these skills. A receptive and accessible style was supported by using teamwork and brainstorm as an approach to educate and determining techniques for both education and ways to relay information through the community. It was seen by the participants that it is difficult to become a leader without education.

Kills to work together for positive change

The skills dimension of community capacity is described by the ability to engage constructively in group process, conflict resolution, intervention design and implementation and resource mobilization. Obstacles to learning and the need to provide direction and the fear of sharing or talking about information can stifle progress and the process of prevention and education. It was communicated that education concerning certain information; i.e. HIV/AIDS, is considered “taboo” and information regarding all areas of life needs to be conveyed. By the community avoiding discussion and problem solving surrounding “taboo” topics, they are prohibiting themselves from developing the skill set needed to deal with such issues.

The ability to resist opposing or undesirable influences was also deemed as unfeasible at this point in time in the majority of the population studied. Participants described the need to reassess priorities in the community. Individuals rather do things such as go to the mall than take advantage of educational services and use resources are used for non-educational activities. Additionally, the influx of different media forms; TV, magazines, movies, diverts the focus away from the development of skills. With individuals priorities being somewhere other than producing change, the skill sets that are needed to develop change and deal with community issues are being overlooked.

Community resources

The dimension of community resources is characterized by access

and sharing of resources that are both internal and external to a community; social capital or the ability to generate trust, confidence and cooperation; and the existence of communication channels within and outside of a community. A variety of community resources that are available have been identified, including centers for children and parks. Children who lack food at home also receive food at home for free or reduced cost through governmental assistance.

People involved in education, namely administrators, are closely located to educators, teachers. With all this being said, “Resources that should be available, are not available or hard to find” the low number of locations in which resources are available impacts the availability of said resources. It was deemed important to have access to materials and resources for education. The need to have materials and services need to be available at no cost is present. They further expressed that there are resources available, but are not placed where people can see them or get to them. External resources seen as being available for other communities are not available within this community. Community services for elderly, youth, and less advantaged are lacking and needed.

Existing limited available resources were described as being brokered by non-Latino community members. One of these beliefs consists of health providers holding information causing obstacles due to individuals having to seek information. Because access to and choices in healthcare are felt to be important, providers not being open with information is a great hindrance to obtaining good healthcare. They not only believe that services and resources are not accessible to all types of people, but believe that resources are kept from the very people who need them. Similarly, it was conveyed that the services available and offered depended on culture and certain cultures were offered more and better services and resources than others. Overall, external resources are not available in the community. Another problem found to hinder the ability of the community to access and relay information was noted as “a lot of the problem too is that, especially in North Carolina, the health departments don’t have good bilingual staff or materials or anything, so that’s another barrier too. What we do have is in English, and in rural communities, where a lot of people are, there’s no one who speaks Spanish on staff. It’s a huge problem”. Additionally, it was seen that citizens, not only in the immediate area, but the county itself, are closed minded.

Information is difficult to find when it is being sought out. One participant depicted it as “I can’t get any information and I said to myself, ‘What’s going on here? This is an open-minded country’”. Participants went on further to describe how the individuals they encountered when seeking information did not want to discuss or share information concerning HIV/AIDS.

Existence of social and inter-organizational networks

This dimension is characterized by supportive networks and associations and a sense of connectedness. Although it was noted that there are differences between cultures, learning about these differences was reported to assist in the understanding and acceptance of other cultures. Family networks and congregation-based networks in fulfilling needs are important in fulfilling the needs of the community. These networks were identified as imperative and was suggested that the lack of support can leave individuals susceptible to making bad decisions. The ability of the community to encourage its children to participate in activities, not for the competition and desire to win, but the enjoyment was seen as an asset in the community. Families

who also took advantage of services and spending time together and sharing increased the ability of the members of the family to build networks. There are individuals within the community who make themselves available to help build networks. One example given by a participant was “I decided to take this photo because the student teacher gave her time. She was teaching using computers and guiding the children in a memory work game. I took this picture because we were supposed to be resting”.

Strong sense of community

Sense of community is characterized by high level of concern for community issues; respect, generosity, and sense of connection with the place and people and fulfillment of needs through membership. Community was identified to as being important in the education and support of its individuals. For example, one participant shared “education is in places that we can find not only in the school the library, but also in the community”. Volunteering and sharing with others are important in the aiding of the community to defend the dimension as well. Volunteering within the community is done not only for the uplifting of the community but also the enjoyment of the individual. Community was thought to become stronger when members pulled together and became involved. When participating in such things as volunteering, individuals feel as though they become closer to those they are trying to help, those who are also volunteering and the organization in which they are volunteering. This commitment was seen as imperative to making changes in the community. There is also a strong sense of pride within the community. The pride is displayed in ways such as using the greens, yellows, and reds common in Hispanic architecture to decorate local tiendas and restaurants. This pride is also transferred from older generations to younger ones by teaching them about their heritage.

Activities that focus on families and children in particular, assisted in building the community. “La Fiesta del Pueblo” was said to be such an activity. Sponsored by a local Latino education and advocacy community-based organization, this Fiesta is a weekend long celebration of Latin American arts, culture, and heritage. It was depicted by the participants that the families are strengthened by the community and strengthened families strengthen the community. Another example given was community workshops done within the community. Participants described these types of events as opportunities to meet with other community members, become involved in community events, and help prepare each other to develop skills to support the community. One participant shared a photo illustrated the point that “Teachers having that kind of opportunity is good because if teachers are prepared, they can help community members to help prevent AIDS”.

Understanding of community history

The dimension, understanding of community history, is characterized by awareness of important social, political, and economic changes that have occurred recently and distally and the awareness of community standing relative to other communities. Social changes have occurred within the community. Coming from historically religious cultures in their native countries, it has proved difficult to mesh this background with current messages found in media. Other social changes have been services available in the US which were not available in their countries. Examples that were given included, “Another service that functions super well is the postal service. It seems unbelievable that letters can come within a day or the

next day and nothing gets lost. That doesn't happen in my country. You get some letters, sometimes, but they don't arrive with punctuality". Another example given was "Another service that is good is here all children can get an education and in some form, they have a lot of material. In my country, that doesn't happen. Children don't have very good accessibility to materials and an education".

Political changes occurred whereas participants felt as though they could not participate in government in their country of origin, and described obtaining "one vote, one voice" in the US. Although, the participants came from different countries, they had some similar experiences which allowed them to develop a broader sense of community history. When coming to the United States, the dream to achieve and succeed in this country is strong. That does not make it easier to assimilate into the majority culture. One participant shared "Someone said pledge to the flag, and I was confused. And every kid just stood up and it was strange for me". In seeking their dream, participants described seeking activities such as Boy and Girl Scouts which was said to "teach creativity, socialization, spirituality, responsibility and citizenship".

Community power

Community power, the eighth dimension associated with community capacity, is characterized by the ability to create or resist change regarding interests or experiences. This power is not control over but rather is power in reciprocal relationships with other communities, including power sharing with the majority community in this case. Many of the issues brought up by the participants that affect the pertinence of this dimension are the same as those that affect community resources. It was felt that because they are seen as "illegal's" and not having full access to resources, their ability to build power within their community and the greater community was less than other cultures. It was described as though the Latino community was being purposefully excluded from the "American dream". The belief that resources are not shared with the Latino community was an issue that arose several times during the photo sessions. As shared by one participant, "African-American people receive help and can receive free condoms, but for Hispanics, the government doesn't want to spend money on illegal people".

The participants also noted that there were noticeable differences between their culture and others in the community. Due to a lack of knowledge and understanding of those other cultures, the submersion into the American culture has at times been difficult. Overall, it was deemed by the participants that the power felt in the community is not equal to that of other sub-groups of the community.

Community values

This dimension illustrates the community defined norms, standards, and expectations about values. Participants shared that family and religion have historically played a part in the defining of norms, standards and expectations in this community. Shared by one participant, "I think everything starts from home, in a family with strong values where they teach the children these values. Teach a person or a kid, since the time he or she is a baby, the things that he or she shouldn't do. You are going to grow up with those ideas in mind and that will help you, too, not to do the wrong things". Even though family and religion continue to define norms, standards and attributes, they are juxtaposed against current negative influences, such as TV and music. A participant shared that "I think this society teaches us by

the media, by movies, by television that having sex at any age is okay, having sex with anyone is okay, having sex anywhere is okay. That's what society and television, movies and music teach us and I think it's wrong. I think the bible is right and I think God created sex for the human being to enjoy as long as we are doing it according to his rules, and his rules are in the marriage, the institution of marriage and I think that's the best way to prevent AIDS". This obstacle inhibits the ability of the community to clearly define norms, standards and attributes.

Building values was described as taking place in other countries by one participant who explored the fact that, "In Costa Rica, for example, people are informed, well informed, about this, and we have families with a lot of values, with good values, and families that lack values. But there are information campaigns to tell people by means of television, radio, ads, and publications". Another participant spoke generally of the values of children today when saying, "Today the children are in a different generation and being flaunted with stuff on TV, video games, music clips, and I think that's a lot of pressure". Again, the factors spoken to affect defining community values also affect the ability of the community to build a consensus about values. It is difficult to incorporate both the ingrained teachings of religion and God and modern sexual and violent influences that the community is bombarded with on a daily basis by the media. The conflict between the historical influence of religion on the development of values within the community and the current influence of media sources makes it difficult to develop and share common values within the community.

Critical reflection

The ability to reflect on the assumptions underlying ideas and actions has been identified as key to community capacity.¹¹ This dimension consists of the ability to reason logically and scrutinize arguments for ambiguity. This was best demonstrated when two participants discussed the transmission of HIV. They argued the validity of information they obtained in the community and how the spread of information or misinformation can either help inform the community or keep them misinformed. The participants were able to take the information that they had obtained, bring to the group setting and reflect judiciously as opposed to accepting the information at face value with no further thought. Education in this population is very essential by the participants. The use of education is important in understanding the influence of environmental factors. One participant gave the example that "in my country, we talk about sex and diseases with children, in school, at home, and everything so they know what is the danger about everything. So if they do something, it's because he wanted to do it, but not because we didn't give them information and orientation". There was a lot of discussion throughout the photo sessions surrounding the importance of educating children and supporting their ability to develop critical thinking and reflection. There is enjoyment found in the process of helping children building their knowledge base. As one participant used the comparison that "Here is the process of the caterpillar becoming the butterfly. It's not just to give information to students; it's to share the information with the students through a process of learning from each other". Community activities also heighten children's ability to express themselves and internalize information. Education fairs with animals, writing, arts, and crafts were an example given of such activities. The use of different teaching techniques as useful in developing children's ability to learn and develop ideas, and in turn use those skills to reflect on new information, historical events and past knowledge. Some of the examples given were instead of just teaching all children in the

same manner, finding out how the students best learn and incorporate those findings in teaching. Using brainstorming, group learning, and a hands on approach were all also described as being effective tools in teaching youth. Education was a center point for the participants as it came across that education was necessary in order to develop the skills to reflect critically. Without education, it was seen as unlikely that the community would be able to adopt critical reflection.

Discussion

The purpose of this research was to uncover the community capacity in the Latino community in Winston-Salem, NC. Because the research followed a CBPR approach, the Latino community itself was engaged from the beginning. Although obstacles and their impact were defined, assets of the community were brought to the forefront in an effort to better produce change surrounding such obstacles. The photographs taken by the participants and the discussions of said photographs offered an opportunity to the community to provide descriptions of issues that are both hindrances and assets of the community.

Challenges to community capacity

There were several challenges noted through the photo-discussions with the participants. One challenge noted was the inability to develop the skills necessary to mobilize community capacity. The presence of “taboo” issues, reassessment of priorities, and media influence were all seen as factors in the difficulty. Although the religious proclivity of the community also plays into the difficulty in its education surrounding certain subject matter, the impact of social influence concurrently adds to the difficulty. On one hand, religion says that things like sex outside of marriage are a sin and HIV/AIDS is a taboo topic. Socially, individuals are told that it is okay not only to have sex, but to be promiscuous as well. The dichotomy of these messages makes it problematic to insert the process needed to encourage change. It becomes difficult for the community to combat the influence of media when trying to teach values.

It was also noted that the individuals which have the information and educational materials sought after, for the most part, do not have the ability to speak other languages thereby inhibiting the effectiveness of the interaction. Furthermore, educational materials encountered have been mostly in English. The feeling that the educational material is not in locales that are prime areas accessible to the community was also seen as another challenge toward incorporating standard programs. All of these factors were seen as challenges to developing the skills needed to incorporate community capacity. Another challenge described by the participants was the lack of information or brokering of information by the majority community. They did not feel as though enough resources were available and those that were, were brokered by the majority community due to not wanting to spend a lot of money and resources on people who are seen as “illegals”. It was also illustrated by the participants that the resources that they do receive are separate but not equal in that the resources are inferior to those received by other sections of the greater community. Lastly, community power was seen as lacking currently. There was the general consensus that the Latino community felt as though they had less power than other groups in the community. They described feeling as though they were being purposefully excluded from the process of achieving the American dream. They also cited the lack of familiarity of other cultures in the community make it more difficult to integrate into American culture.

Assets of the community

The community itself had leaders and locales set in place for support of the community. Churches not only provide a setting in which people can find camaraderie, but it also provides services needed in the community such as education, value systems, and encouragement. The community has also incorporated several teaching techniques; i.e. arts, computers, which aid them in their efforts to educate. The participants, being teachers, noted the importance of their impact. The adaption of learning styles to increase the success of education was also seen as an asset of the community. The participants also acknowledged the need to not only educate their youth, but the adults as well. The involvement that the participants felt that they could have was also supported by the sense that they are able to express opinions without retribution. It was also noted that children are uplifted and encouraged in a way in which their self esteem is caressed for their participation and not for their “award-winning” achievements. Family and religious support was described as a strong point of the community by the participants and was said to help the community pull together to make change. The church provides a sanctuary for individuals to gather, socialize and take advantage of activities. Volunteerism has a role in assisting the community in pulling together and making changes as well. It was illustrated that the community is capable of critical reflection. Ensuring the education of the community was shared as being imperative for critical reflection. The community seems to rally behind the education of and development of critical reflection within itself. The connection between education and critical reflection was seen as necessary. It was expressed that the community has the ability to use critical reflection and to further embrace its development within the community.

Implications and conclusion

There has been rapid growth of the Latino community in the United States as a whole, but particularly in the southeast. CBPR was used to reveal both challenges and assets of this rising community in the adaption of Community Capacity. Using photo voice as a research method, we were able to define both challenges and assets. With the information gathered through this intervention strategy, the next step is to then use in the development of community based education programs which will better meet the needs of the Latino community. Future research would also include evaluating the effectiveness of the educational programs set forth.

Sub-Dimensions of Community Capacity Dimensions:

- A. Participation is characterized by:
 - a. Strong participant base.
 - b. Diverse network that enables different interests to take collective action.
 - c. Benefits overriding costs associated with participation.
 - d. Citizen involvement in defining and resolving needs.
- B. Leadership is characterized by:
 - a. Inclusion of informal leaders.
 - b. Providing direction and structure for participants.
 - c. Encouraging participation from a diverse network of community participants.

- d. Implementing procedures for ensuring participation from all during group meetings and events.
 - e. Facilitating the sharing of information and resources by participants and organizations.
 - f. Shaping and cultivating the development of new leaders.
 - g. A responsive and accessible style.
 - h. The ability to focus on both task and process details.
 - i. Receptivity to prudent innovation and risk taking.
 - j. Connectedness to other leaders.
- C. Skills are characterized by:
- a. The ability to engage constructively in group process, conflict resolution collection and analysis of assessment data, problem solving and program planning, intervention design and implementation, evaluation, resource mobilization, and policy and media advocacy.
 - b. The ability to resist opposing or undesirable influences.
 - c. The ability to attain an optimal level of resource exchange (how much is being given and received).
- D. Resources are characterized by
- a. Access and sharing of resources that are both internal and external to a community.
 - b. Social capital, or the ability to generate trust, confidence, and cooperation.
 - c. The existence of communication channels within and outside of a community.
- E. Social and inter-organizational networks that are characterized by
- a. Reciprocal links throughout the overall network.
 - b. Frequent supportive interactions.
 - c. Overlap with other networks within a community.
 - d. The ability to form new associations.
 - e. Cooperative decision-making processes.
- F. Sense of community characterized by
- a. High level of concern for community issues.
 - b. Respect, generosity, and service to others.
 - c. Sense of connection with the place and people.
 - d. Fulfillment of needs through membership.
- G. Understanding of community history characterized by
- a. Awareness of important social, political, and economic changes that have occurred both recently or more distally.
 - b. Awareness of the types of organizations, community groups, and community sectors that are present.
 - c. Awareness of community standing relative to other communities.
- H. Community power characterized by
- a. The ability to create or resist change regarding community turf, interests, or experiences.
 - b. Power with others, not control over them (non-zero-sum or win-win strategies).
 - c. Influence across a variety of domains or community contexts.
- I. Community values characterized by
- a. Clearly defined norms, standards, and attributes.
 - b. Consensus building about values.
- J. Critical reflection characterized by
- a. The ability to reflect on the assumptions underlying our and others' ideas and actions.
 - b. The ability to reason logically and scrutinize arguments for ambiguity.
 - c. The ability to understand how forces in the environment influence both individual and social behavior.
 - d. The ability for community organizations to self-analyze their efforts at change over time.

Acknowledgements

None.

Conflict of interest

The author declares no conflict of interest.

References

1. Elliot N, Quinless F, Parietti E. Assessment of a Newark Neighborhood: Process and Outcomes. *J Community Health Nurs.* 2000;17(4):211–224.
2. Ashton C, Haidet P, Paterniti D, et al. Racial and Ethnic Disparities in the Use of Health Services: Bias, Preferences, or Poor communication? *J Gen Intern Med.* 2003;18(2):146–152.
3. Wainberg M. The Hispanic, Gay, Lesbian, Bisexual and HIV-Infected Experience in Health Care. *Mt Sinai J Med.* 1999;66(4):263–266.
4. Sloane D, Diamont A, Lewis L, et al. Improving the Nutritional Resource Environment for Healthy Living Through Community-based Participatory Research. *J Gen Intern Med.* 2003;18(7):568–571.
5. Israel B, Schulz A, Parker E, et al. Review of Community-Based Research: Assessing Partnership Approaches to Improve Public Health. *Annu Rev Public Health.* 1998;19:173–202.
6. Stratford D, Chamblee S, Ellerbrock T, et al. Integration of a Participatory Research Strategy into a Rural Health Survey. *J Gen Intern Med.* 2003;18(7):586–588.
7. Gibbon M, Labonte R, Laverack G. Evaluating community capacity. *Health Soc Care Community.* 2002;10(6):485–491.
8. Diaz RM, Ayala G, Bein E, et al. The impact of homophobia, poverty, and racism on the mental health of gay and bisexual Latino men: findings from 3 US cities. *Am J Public Health.* 2001;91(6):927–932.
9. Amaro H, de la Torre A. Future health needs of women of color. Public health needs and scientific opportunities in research on Latinas. *Am J Public Health.* 2002;92(4):525–529.
10. UNAIDS. *Report on the global HIV/AIDS epidemic.* Switzerland: Joint United Nations Programme on HIV/AIDS; 2002.

11. Goodman R, Speers M, McLeroy K, et al. Identifying and Defining the Dimensions of Community Capacity to Provide a Basis for Measurement. *Health Educ Behav.* 1998;25(3):258–278.
12. Centers for Disease Control and Prevention. *HIV/AIDS Prevention Research Synthesis Project: Compendium of HIV prevention interventions with evidence of effectiveness.* USA: US Department of Health and Human Services; 1999.
13. Donnell CR, Donnell L, San Doval A, et al. Reductions in STD infections subsequent to an STD clinic visit. Using video-based patient education to supplement provider interactions. *Sex Transm Dis.* 1998;25(3):161–168.
14. Larkey LK, Hecht ML, Miller K, et al. Hispanic Cultural Norms for health-seeking behaviors in the face of symptoms. *Health Educ Behav.* 2001;28(1):65–80.
15. Wang C, Burris MA. Photovoice: Concept, Methodology, and use for Participatory Needs Assessment. *Health Educ Behav.* 1997;24(3):369–387.
16. Eng E, Parker EA. Natural helper models to enhance a community's health and competence In: Crosby RA, Kegler MC, editors. *Emerging Theories in Health Promotion Practice and Research.* USA: Jossey-Bass; 2002.
17. Altpeter M, Earp JA, Bishop C, et al. Lay Health Advisor Activity Levels: Definitions from the Field. *Health Educ Behav.* 1999;26(4):495–512.
18. Masculine identities and sexuality: A study of Puerto Rican blue-collar workers. In: Ramirez RL, Cunningham I, editors. *Caribbean Masculinities: Working papers.* USA: HIV/AIDS Research and Education Center (CIEVS), Public Relations; 2002.
19. Veazie M, Teufel-Shone NI, Silverman GS, et al. Building community capacity in public health: the role of action-oriented partnerships. *J Public Health Manag Pract.* 2001;7(2):21–32.
20. Arnstein SR. A ladder of citizen participation. *American Institute of Planning Journal.* 1969;35(4):216–224.
21. Institute of Medicine. *Unequal treatment: Confronting racial and ethnic disparities in health care.* USA: National Academy Press; 2003.
22. Giblin PT. Effective utilization and evaluation of indigenous health care workers. *Public Health Rep.* 1989;104(4):361–368.
23. Love MB, Gardner K, Legion V. Community health workers: who they are and what they do. *Health Educ Behav.* 1997;24(4):510–512.