

Centering Place in CBPR:

Addressing the health needs of immigrant API and Latino communities in a national climate of anti-immigrant policies

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HEALTHTrust

Community Partner:
Reporting low enrollment/retention
of API and Latinos in
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JAMA Network Open

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[JAMA Netw Open](#). 2019 Jul; 2(7): e197084.

PMCID: PMC6647358

Published online 2019 Jul 19. doi: [10.1001/jamanetworkopen.2019.7084](https://doi.org/10.1001/jamanetworkopen.2019.7084)

PMID: [31322687](https://pubmed.ncbi.nlm.nih.gov/31322687/)

Association of Preterm Births Among US Latina Women With the 2016 Presidential Election

[Alison Gemmill](#), PhD,^{1,2} [Ralph Catalano](#), PhD,³ [Joan A. Casey](#), PhD,³ [Deborah Karasek](#), PhD,⁴ [Héctor E. Alcalá](#), PhD,¹ [Holly Elser](#), PhD,³ and [Jacqueline M. Torres](#), PhD⁵




Q: How are immigrant communities health experiences impacted by the recent anti-immigration rhetoric and practices?

The Docent Method: A Grounded Theory Approach for Researching Place and Health

Jamie Suki Chang¹

Abstract

To understand health, research needs to move outside of controlled research settings into the environments where health activities occur—homes, streets, and neighborhoods. I offer the docent method as a qualitative place-based approach for exploring health in a participant-driven, structured, and flexible way. The docent method is a participant-led, audiotaped, and photographed walking interview through broad “sites of interest” (SOIs). It is rooted in grounded theory and influenced by community-based participatory research and walking interviews. The three stages of the docent method involve: (a) a warm-up interview focusing on positionality, participant background, and mapping/planning SOIs; (b) a participant-led, photographed walking interview to and around the SOI; and (c) a wind-down interview in the community. I describe the methodological influences, development, and procedures of the docent method drawing from my own experiences conducting it with formerly homeless women living in permanent supportive housing in the Tenderloin neighborhood of San Francisco.

Qualitative Health Research
2017, Vol. 27(4) 609–619
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DOI: 10.1177/1049732316667055
journals.sagepub.com/home/qhr


DOCENT METHOD

- Place-based, participant-led, photographed, walking interview.
- Participants are “docents” or experts of an environment, who are involved in the planning and guiding of data collection.
- Docent participants lead researchers to and around “sites of interest” - Homes, Neighborhoods, and “places that support or hinder health” identified along the way





Our CBPR study team

STUDY TEAM:

1. Academic PI / Community PI
2. **Community Health Workers** in speaking Spanish, Vietnamese, and Mandarin/Cantonese
3. Bilingual student assistants
4. Participants were adult immigrants who are Chinese, Vietnamese, or Latinx

n = 24 participants

- 8 Chinese
- 8 Vietnamese
- 8 Latinx

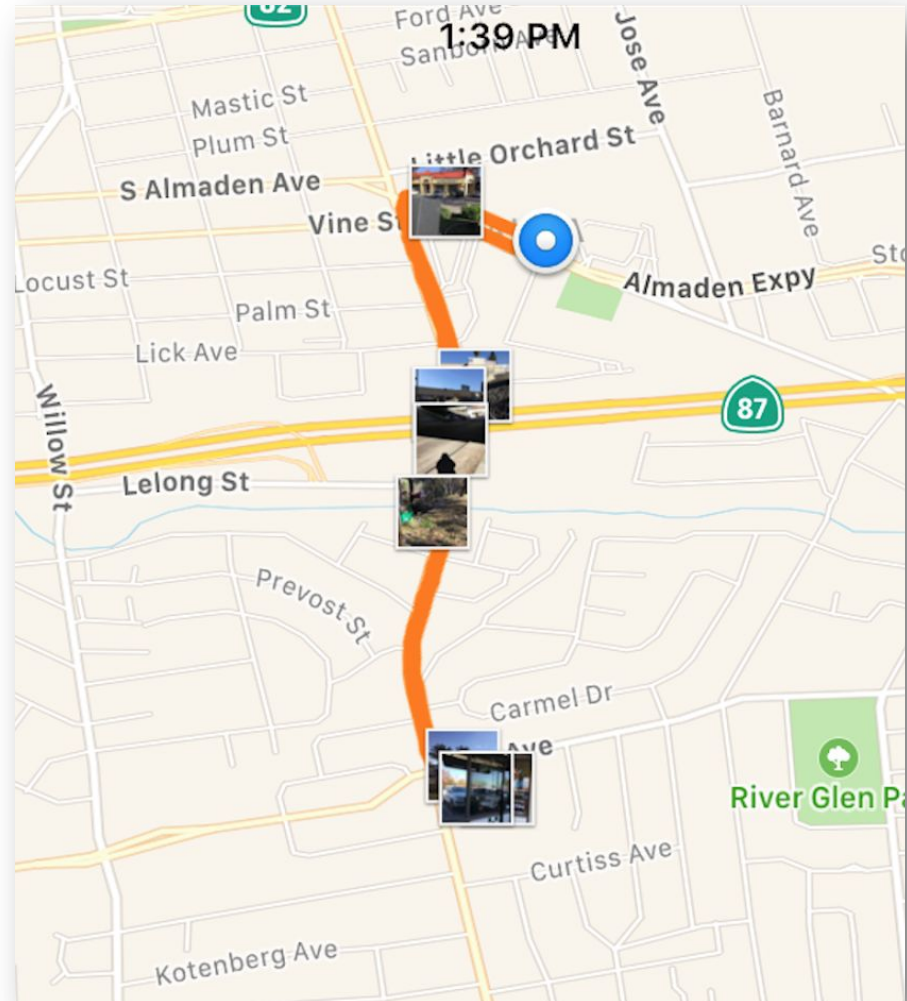
Data Collection:

Health Worker + Student + Participant

Docent Method: Homes, buildings, streets, parks, grocery store, gym, rec center, community center

Geo-located photos taken by student

GPS mapping of walking route



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Lessons learned via the CBPR process:

- Research studies do not occur in a vacuum. The local politics and the geopolitics of API communities need to be understood
- Unanticipated risk for people involved in the study.

Finding 1: Continuum of Perceptions

Country of origin is the launching pad for current health perceptions

“So when you ask me what to improve on in the community, one of my suggestion is to give free bus pass. I know they have free bus pass in China. I know Guangzhou has it. I don’t think they offer it here in the US. We need to buy monthly pass. I think if China with such a huge population can make this free ride possible, we should be able to make it too.”

- 63 y/o Chinese woman

“My health is better when I came here because the weather here is nicer than the weather in Vietnam. It is not polluted here. There is good nutrition here too since the food doesn’t contain a lot of chemicals. My parents’ health is fine too because they have Medicare when they came here. They can get free check-ups and free medicine to take

.... We feel better, but we work harder here, which can affect our health. In Vietnam, we didn’t have a luxury life, but we didn’t work that much. In Vietnam, we work 8 hours/day and 5 days/week. But here they have to work every day, at least 10 hours a day.”

- 24 y/o Vietnamese man

Finding 2: Ethnic exclusion / Isolation

Interviewer: When you take a walk, do you say hi to each other?

Participant: Yeah, a lot. Here are 40 or 50 Vietnamese. [Looks out the window] At the park over there, on Saturdays and Sundays, the Mexicans come and eat. In the Mexican area only. They don't come here (to this area).

Interviewer: Are there only Vietnamese living in this building?

Participant: There are many.

- 77y/o Vietnamese man





As we walk through her neighborhood in Campbell,

“I have been here for more than 10 years. There aren’t bad situations that have happened. Maybe it is because I don’t talk to my neighbors much. Only using body language. They are not Chinese. Some neighbors are from Vietnam. I don’t think there are many Chinese, but I am only familiar with these 3 blocks. I will say hi if they are Chinese.”

- 63y/o Chinese Woman

Next steps

- Exploration of migration theories
- Continue data collection in Fall 2020 (virtual docent method interviews)

Thank you

University of Michigan Urban Research Center (Barbara Israel, Chris Coombe)

The Health Trust (Michelle Lew CEO, Erika Zuniga)

Community Health Workers (Fanniter, Kimahn, Nancy, Maria Antoinette, & Luz)

SCU Public Health Students (Ashley Ahn & Leslie Giglio)