The Effectiveness of a “Research Mob” in Gathering Rapid, Useful Information about a Local Public Health Challenge: A Five-Hour Start-to-Finish Study on Access to Condoms in Cleveland Neighborhoods

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Research Question

In recent years, academicians, community members, and research funders have recognized that the quality, depth, and impact of research may be improved through higher levels of engagement by impacted communities in all phases of research, especially research that addresses the social determinants of health (Argyris, C., Putnam, R., & Smith, D. M., 1985; Blankenship, K. M. & Schulz, A. J., 1996; Clinical and Translational Science Awards, 2011; Commission for the Social Determinants of Health, 2011; Commission to Build a Healthier America, 2009; Cornwall, A., 1996; Green, L. W., et al., 1995; Israel, B. A., Coombe, C., & McGranaghan, R., 2010; Jason, L. A., et al., 2004; Mercer, S. L., & Green, L. W., 2008; Minkler, M., & Hancock, T., 2008; National Institute on Minority Health and Health Disparities, 2011; Nyden, P. W., & Wiewel, W. 1992; Reason, P., & Bradbury, H., 2008; Zimmerman, S., et al., 2009). Those interested parties have labeled such initiatives Community Based Participatory Research (CBPR). While a variety of approaches to CBPR have been developed and are available to practitioners, Israel and her colleagues have postulated a set of nine “core principles” that inform such research, as follows (Israel, B. A., End, E., Achulz, A. J., & Parker, E. A., 2013).
1. CBPR acknowledges the community as a unit of identity.
2. CBPR builds on strengths and resources within the community.
3. CBPR facilitates a collaborative, equitable partnership in all phases of research, involving an empowering and power-sharing process that attends to social inequalities.
4. CBPR fosters co-learning and capacity building among all partners.
5. CBPR integrates and achieves a balance between knowledge generation and intervention for the mutual benefits of all partners.
6. CBPR focuses on the local relevance of public health problems and on ecological perspectives that attend to the multiple determinants of health.
7. CBPR involves systems development using a cyclical and iterative process.
8. CBPR disseminates results to all partners and involves them in the wider dissemination of results.
9. CBPR involves a long-term process and commitment to sustainability.


CBPR is highly relevant to the Case Center for Reducing Health Disparities (CRHD), which was established in January of 2004 as a partnership between Case Western Reserve University and the MetroHealth System, Cleveland’s large public hospital serving all of Cuyahoga County.

The CRHD’s mission has three components: to reduce health disparities through (a) research on root causes, mechanisms, and interventions, (b) education of students, providers, and policy makers, and (c) partnership with community organizations and government agencies.

The Center also helps to direct the Community Research Partnership Core of the Clinical and Translational Science Collaborative involving Case Western Reserve University, MetroHealth Medical Center, University Hospitals of Cleveland, and the Cleveland Clinic. The aims of this Core are to facilitate community based research among faculty, students, community organizations, and community residents. As such, CBPR is a primary focus of the CRHD, and informs the approach of many of the center’s current initiatives.

Those initiatives include a community-based consult service, which provides expert project-based research and evaluation advice to academic and community researchers, a Spanish translation service, a Cultural Competency Training Program for researchers, and the Community Researcher Scholar Initiative, which trains community practitioners to function as high-level researchers within community settings. These services are provided free of charge. A complete review of the CRHD’s goals and initiatives can be found on the center’s website: reducedisparity.org.
Recently the co-director of the CRHD came across a reference to a “research mob” in the mainstream media. The term borrowed from the popular cultural phenomenon of “flash mobs” and a flash mob variant, known as “cash mobs.”

A “flash mob” is described as Merriam-Webster as “a group of people summoned (as by e-mail or text message) to a designated location at a specified time to perform an indicated action before dispersing” (Merriam-Webster, 2015). While flash mobs have taken on a number of forms and expressions, they have generally involved short-term mobilizations of groups of people to carry out a specific task, such as an artistic performance, in a public, and often unexpected, setting.

“Cash mobs” began as an extension of flash mobs, and were initially (and still) conducted to mobilize economic activity for a specific business or initiative (NPR, March 29, 2012). A cash mob might, for example, mobilize groups of people on a short-term basis to purchase books at a bookstore that was struggling to stay open. The phenomenon of cash mobs has spread rapidly. There is now a specific website devoted entirely to cash mobs around the world (cash-mobs.com).

Further investigation of the reference to a “research mob” revealed that application of the term “mob” to the research project in question may not have been accurate, in that the specific “research mob” was actually a recruiting strategy, and did not meet any of the conditions for CBPR as defined by Israel and colleagues. Nevertheless, the possibility of a “research mob” as a new, engaging, and effective strategy for conducting CBPR was intriguing.

This project therefore tests whether a “research mob” founded on CBPR principles can serve as an effective way to harvest and disseminate meaningful research about a specific health challenge with high relevance to the community, and which is characterized by disparity in epidemiology, access to care, or clinical end-points. Since HIV/AIDS and sexually transmitted infections (STIs) are characterized by disparate epidemiology and access to care, and since access to and utilization of condoms is a primary public health strategy for reducing incidence of STIs including HIV, we elected to focus on condom access in Cleveland neighborhoods.

**Methods**

The initial researchers (Pike & Cain) attempted to adhere to the aforementioned CBPR principles as much as possible, ensuring that participants were involved in every stage possible of the project. This required some prior determination of which tasks would need to be completed before the day of the Research Mob and which could be tackled by the Research Mob participants themselves.

In the interest of time, and with recognition that this was a pilot study, the initial researchers selected, in advance, the specific research question—availability of condoms in Cleveland neighborhoods. The question was chosen based on 1) perceived relevance to researchers and community groups, 2) significance as a public health issue of concern in Cleveland, and 3) ability to carry out a meaningful investigation.
In addition, the initial researchers conducted and wrote the literature search in advance of the Research Mob day, and developed a rough outline of how they believed the final paper would be constructed. Finally, the initial researchers pre-selected the 10 Cleveland sites where Research Mob participants would actually administer surveys. This was done to ensure sufficient time to prepare necessary maps and directions, and to ensure balanced representation of key Cleveland neighborhoods (four research sites of the west side, five on the east side, and one downtown). Logistics, such as ordering food, locating a central meeting site, arranging parking validation, and other details were also arranged in advance.

Participants in the Research Mob were recruited through a variety of personal and professional social media networks. A total of 20 individuals were recruited, representing both academic and community backgrounds. The group was diverse, ranging in age from 12 to 60+, with a mixture of races/ethnicities, genders, sexual orientations, and religious backgrounds. Dr. Sheryl L. Chatfield, Assistant Professor in the Social and Behavioral Sciences department at Kent State University, heard about the Research Mob and contacted the initial researchers to offer her expertise as an evaluator for the day. IRB approval was not required as the study did not involve research on human subjects.

On the day of the Research Mob, participants reported at 10:00 a.m. to a central location next to MetroHealth Systems on the city’s near west side. After introductions, the initial researcher shared the research question.

Since the primary concern was accessibility of condoms in various locations, the entire group then spent 10 minutes brainstorming issues related to accessibility, such as cost, where condoms were located within stores and other sites, and gatekeeper (such as store clerk) knowledge about condoms. Participants then broke into four groups of 4-5 individuals each and were instructed to design a survey within 25 minutes. At the end of the allotted time, the leader from each of the four groups met with one of the initial researchers to condense all ideas into a single, one-page survey. As a result of that process, participants identified the need to attend to both observational dimensions (physical availability of condoms in a neighborhood, for example) and interactive dimensions (such as store clerk knowledge about condoms).

Observational questions related to location of stores and sites, the physical environment, where condoms are located in stores or sites, whether latex and/or polyurethane condoms are available (relevant to the study, since natural skin/sheepskin condoms do not adequately prevent HIV transmission), pricing, and other items. Interactive questions were included to assess the store clerk’s/site representative’s knowledge about condoms, in case a customer should have questions. Examples of interactive questions included assessing where the representative knows which kinds of condoms prevent HIV, whether there is an age requirement to purchase condoms (there is not, but clerks may not be aware of that fact), and whether the individual checks expiration dates before selling or distributing condoms.
As a result of this process, which was characterized by high levels of engagement, Research Mob participants designed a survey instrument in just under 45 minutes (attached, as an appendix). That survey was then formatted, printed, and distributed to the two-person teams to conduct at the ten research sites across Cleveland.

Participants were given instructions about ensuring their own safety, provided with water and juice, and dispatched by 12:00pm, with instructions to return to the central site by 1:45pm. While teams were conducting surveys, the remainder of this paper was written.

After returning, survey data were collated. Those results were reviewed by participants and included in this paper, which was then distributed via email and social media at approximately 4:15pm.

**Results**

In all, researchers conducted surveys at 64 different locations in 10 Cleveland neighborhoods. While an enormous amount of rich information resulted, which will require additional review and analysis, there were significant highlights, as follows.

- Researchers visited a wide array of sites, including convenience stores (19), gas stations (9), “other” (7), retail outlets (6), bars (5), grocery stores (5), social service agencies (4), pharmacies (2), and schools (1).
- There was a surprising lack of knowledge among store clerks/representatives about whether there is a legal age requirement to purchase or access condoms, with 38 of respondents indicating (incorrectly) that there is an age requirement, and 18 indicating that there is not.
- An alarming number of respondents indicated that they do not know or are unsure what kind of condom (latex, polyurethane, or natural skin) prevents HIV transmission.
- On a positive note, all but one of the sites providing condoms had latex or polyurethane condoms available.
- At 37 sites, condoms were only available behind a counter or under lock and key.

**Discussion and Evaluation**

At the end of the day, participants brainstormed other possible applications of the Research Mob approach. Possible ideas included: lead exposure studies, tobacco use studies, examining built environments for health, examining food deserts, and a wide range of others.

Initial findings from the project evaluator include the following:
- There is a lack of accessibility and visibility of condoms.
- Respondents suggested that teams be composed of both men and women to facilitate comfort in some locations.
The evaluator unearthed considerable qualitative data that will be difficult to capture in simple formats, and which will require further review.

Several participants recommended a “practice roleplay” on administering surveys before going to neighborhoods to collect data.

Overwhelmingly, respondents had a positive response to the experience, indicated that they would do it again, and confirmed that they would recommend involvement in a future Research Mob to friends and colleagues.

As a result, we believe that the basic model of a “Done-In-A-Day Research Mob,” or variations thereof, can function as a powerful mechanism for gaining initial data about an issue or question of relevance to communities and researchers.

Citations


• Tsui, E., Cho, M., & Freudenberg. (2013). “Models for community-based participatory policy work to improve food environments in New York City.” In Israel, B. A., Eng, E.,

APPENDIX
Center for Reducing Health Disparities Done-In-A-Day Research Mob
Condom Access in Cleveland Neighborhoods -- Researcher Survey

Researcher Name: ____________________________ Researcher Name: ____________________________
Location: _______________________________________
Date / Day of Week: ________________________________
Time of day: ____________________________________
# Customers/People Present: _________________________
Store/Site Hours Posted? Yes_______ No_______
Hours: _________________________________________

Observational
Type of Location (store, social service agency, etc.)
  Convenience Store _______ Gas Station_________ Grocery Store_______
  Pharmacy__________ Retail Store ________ Bar_______
  Social Service Agency_____ School _____ Other ______
Surrounding area:
  Residential_______ Commercial__________ Industrial________
  Abandoned Building______ Other ______ School Zone_______ Medical _________
  Other ______________
Where are condoms in the store?
  Not in store_______ Front of store_______ Back of store_______
  Behind register______ Top shelf________
  Bottom shelf_______ Under lock and key_______
Types of condoms_____________________________________

Are there latex and/or polyurethane?__________________________
Quantity per item (single condom purchase available?)___________________
Are condoms expired?_____________________________________
Is the cost labeled?_____________________________________
Price range: _________________________________________

Interactive

Can you tell me which condom prevents HIV?

Who is the most common kind of customer to purchase condoms?

Is there an age requirement to purchase condoms?

Do you check expiration dates?

When are condoms most commonly purchased—day of week, and time of day?