

# CONCEPT MAPPING AS A TOOL TO ENGAGE A COMMUNITY IN HEALTH DISPARITY IDENTIFICATION

**Objectives:** To engage a community to critically examine local health disparities.

**Design:** Concept mapping is a tool used to rapidly assess the variations in thinking of large stakeholder groups' about a particular topic.

**Setting:** Jackson, Mississippi.

**Participants:** Community members.

**Methods:** Dialog groups and community meetings were held, and participants were asked to respond to the statement, "A specific thing that causes African Americans to get sicker and die sooner is..." Aggregate responses were rated for importance and feasibility and then sorted into related groups. Aggregate sorts and ratings were then processed by using multidimensional scaling and hierarchical cluster analysis.

**Results:** There were 132 (unduplicated) reported contributors to health disparities. These responses fell into eight general clusters: economic issues, government, contextual factors, cultural factors, HIV, stress, environment, and motivation. Factors respondents felt were the most important contributors to disparities (economic factors, contextual factors, stress) did not correlate with those that they thought were most likely to be changed in society (contextual factors, government, motivation).

**Conclusions:** Concept mapping provided a mechanism for rapidly documenting community thinking about health disparities. This mechanism stimulated community dialog and was used as a first step toward the long-term goal of creating equal community, academic, and medical partnerships for addressing disparities. The concept mapping process stimulated critical thinking about contributors to health inequities and uncovered contextual factors previously unknown to researchers and public health planners. The process allowed for active engagement and exchange of knowledge between the community and researchers and allowed a mechanism for identifying and rectifying disconnects in knowledge within and between stakeholder groups. (*Ethn Dis.* 2008;18:77-83)

**Key Words:** Health Disparities, Concept Mapping, Community Dialog, Jackson, Mississippi

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## INTRODUCTION

Significant health disparities exist between the African American and White populations of Mississippi across a wide variety of conditions, including diabetes, cancer, cardiovascular disease and stroke, HIV infection, and infant mortality. For example, the rate of diabetes deaths among African Americans in 2000 was 40.5 per 100,000, more than twice the rate for Whites.<sup>1</sup> For cancer mortality, the rate among African Americans was 255 per 100,000 compared with 212 per 100,000 for Whites. Heart disease and stroke deaths were 404.6 and 87.8 per 100,000, respectively for African Americans, both significantly higher than the rates of 323.1 and 68.7 per 100,000 observed in Whites.<sup>2,3</sup> All of these rates in Mississippi are higher than the United States average rates.

Health and medical agencies usually initiate, coordinate, and lead efforts to eliminate health disparities. Yet there is seldom a defined mechanism for com-

munities to be involved in the research or planning processes around health disparities, and many communities are not technically prepared to proactively insert themselves into dialog and collaboration with these agencies. For disparity elimination strategies to be most effective, communities must play a prominent role in partnership with health and other agencies.<sup>4-6</sup> While the literature documents successes at engaging community groups around a specific health issue, engaging an entire community in an effective way around the less tangible issue of health inequities can be a considerable challenge for public health and medical professionals who may not have skills in community organizing and engagement.

We used concept mapping as a mechanism to initiate dialog with a community and as a way to stimulate critical thinking across stakeholders in a community around the topic of health disparities. This mechanism not only created an opportunity for community engagement on this issue but also allowed the development of a community-relevant model of disparity causality and prevention.

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