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Abstract

The Wellness Engagement (WE) Project is an academic–community partnership developed to engage the community to inform the development of a pilot intervention aimed at promoting healthy eating and physical activity among residents of Petersburg, Virginia.

Objectives: To implement House Chats as a novel methodology for engaging community members in focused discussion about obesity, exercise, dietary intake, and barriers to health.

Methods: We recruited and trained laypersons as House Chat Leaders (HCLs) to host informal group discussions about obesity with members of their network in a social setting following predetermined questions.

Results: HCLs hosted 34 House Chats with 176 participants over a period of 4 months.

Conclusions: The House Chat proved to be a highly successful engagement strategy that allowed access to respondents who may not have participated in a traditional, focus group discussion.

Keywords

Needs assessment, education, sociology and social phenomena, community-based participatory research, community health research, health disparities, health promotion, community researchers

Community-based participatory research (CBPR) highly values the engagement of the community in all aspects of the research process.[1,2] Building trust and being able to reach communities and groups most affected by the health issue of concern remains a major challenge for all those interested in reducing health disparities.[3,4] Building trust through engaging laypersons from the community as community researchers have the potential to be highly effective in reaching individuals[5] who may not otherwise be willing to participate in traditional methods of research. Laypersons, in the role of community or peer researcher, have been engaged in various CBPR studies with great success.[6–9] Engaging locals is particularly beneficial in studies where cultural sensitivity is vital[10,11] and, most important, there may already be a level of trust established simply by virtue of having a shared experience. This paper examines the use of a community-engaged methodology, House Chats, to engage residents in an informal discussion about obesity with others in their community whom they trust and within the comfort of their home or other social setting. House Chats were designed specifically to address the mistrust community members may have with outsiders who want to "study" their community. Furthermore, House Chats build the capacity of laypersons to facilitate informal group discussions among their peers and at the same time begin a focused exchange about a subject that may not often be discussed at length. House Chats are similar in format to "kitchen table" conversations that have been used as a tool to engage groups in an informal manner

with others who invoke trust.[12] Kitchen table topics can range, but usually focus on engaging the community around issues that may be potentially sensitive, health-related or political concerns.[13,14] The main thread, however, is that the format of the kitchen table conversations provides an informal forum to discuss topics which can be sensitive and moreover, the "kitchen table" approach sets the tone for co-learning and it can build momentum for change because it is a "bottom-up" approach to engagement.[12–14]

DEFINING OBESITY AS A CONCERN

Petersburg is an independent city in Virginia, just south of the state's capital, Richmond. It has a total population of 32,420 with the majority (78%) being African American.[15,16] According to the Robert Wood Johnson Foundation's 2015 County Health Rankings, Petersburg is ranked 131st of the 133 counties in Virginia, for overall health outcomes, including quality, and length, of life.[17] Obesity is a major public health concern with adult obesity in Petersburg at 36%, which is 8% higher than the Virginia average.[17,18] Before the start of the WE project, various community meetings were held with residents, providers, and government officials, and it was at these forums that attendees themselves determined that obesity should be the focus of the WE project and posited, correctly, that obesity is a pathway to many other chronic illnesses.

HOUSE CHATS AS A COMMUNITY-ENGAGED RESEARCH METHODOLOGY

House Chats are a novel approach used in the WE Project to ensure grassroots engagement and input about obesity-related challenges. House Chats are informal group conversations/chats about a topical issue conducted in an informal neighborhood social setting usually in someone's home. They are similar to focus group discussions with two important distinctions. House Chats are conducted in a home setting and are facilitated by a trusted neighbor, friend, or community member. House Chats, unlike focus groups, consist of members of a social network usually all linked to the facilitator who could be a friend, neighbor, or church member. However, and even more important, House Chats by virtue of who the facilitator is has the potential to reach far and wide into the community or social network of the facilitator; therefore, individuals who may not be amenable to attend a focus group discussion will likely be keen to attend a House Chat, simply because their friend or neighbor invited them. HCLs have the distinct advantage of not only being able to access different individuals but they also have a well-established credibility with their participants that would not readily exist in a focus group. In a focus group, people gather to provide information; in a House Chat, they also gather because they trust the individual who has assembled them. This implicit trust, credibility, and insider status of the HCL or facilitator enables them to access individuals who would ordinarily be difficult to reach and even if they were reached might be highly skeptical and hesitant to share within a focus group. These advantages are what distinguish the House Chat method as grassroots and it is therefore highly applicable to research within a community setting especially using a CBPR approach. Similar to a focus group, four to six participants are considered optimal. Another major distinction between a focus group and a house chat is that house chats are planned and implemented by the community member from recruitment to facilitation. House Chats are a unique way to engage the local community with members of their social network in an informal yet focused discussion about issues that could have great sensitivity and would be best discussed, at least initially with other perceived insiders. House chats, to be considered authentic, must parallel usual custom for a social event held in the home; therefore, food is served.

COMMUNITY–ACADEMIC PARTNERSHIP

The WE project is an academic–community partnership between Virginia Commonwealth University and Pathways-VA, Inc., a community development nonprofit organization in Petersburg. The partnership was started in July 2012 when Pathways and the academic researcher developed a memorandum of understanding to use a community engagement approach to engage the community to identify their health priorities as part of a CBPR study. The co-principal investigators (academic and community) were jointly responsible for all aspects of the study. The partnership was further supported by a Community Health Leadership Council composed of leaders of key organizations (including the Health Department, Parks and Leisure, Cameron Foundation, Black Nurses Association, Mama Ruth's Dialysis, Virginia Cooperative Extension Services, and Community Gardens), who guided the development of all aspects of the study.

Most important, the partnership established the Petersburg Wellness Consortium, which now serves as the umbrella organization focusing on improving health outcomes in Petersburg. Wellness Ambassadors (WAs), who are community residents (see Research Design), have an ongoing role in all aspects of the research, including data analysis and dissemination. Regular communication is essential to ensuring meaningful input and transparency. Weekly meetings are held with the WAs and the academic–community research team, and monthly meetings are held with the Community Health Leadership Council and the Petersburg Wellness Consortium.

The WE project conducted a comprehensive and multimethod needs assessment in Petersburg, which included asset mapping conducted by youth, focus groups (with community-based organizations, faith-based leaders, health care providers, and parents), key informant interviews (leaders from diverse sectors), House Chats, and a community-wide survey to inform the development of a pilot intervention to reduce obesity. This paper reports on the House Chats.

RESEARCH DESIGN

Residents as HCLs

Building capacity and harnessing the strengths of residents were an essential component of the WE project. There were two different groups of residents who facilitated the House Chats. First, there are the WAs who were engaged in all other aspects of the overall needs assessment including the House Chats. WAs were hourly employees and assisted with developing the House Chat questions and the implementation protocol for this new method. Second, there are the HCLs who were engaged only to assist with the House Chats. They received a stipend. For purposes of this paper, we refer to individuals from both of these groups as HCLs and refer to WAs only when it pertains to their overall role beyond the House Chats. We received institutional review board (IRB) approval for the House Chat study, which included approval for WAs and HCLs to recruit for and facilitate the house chats. Furthermore, all WAs and HCLs completed IRB approved ethics training.[19]

Recruitment

HCLs were recruited using multiple methods, including the networks of various community partners, health fairs, flyers, social media, and word of mouth. HCLs completed an online application, which included questions about demographics, community involvement, health and wellness commitment, and anticipated challenges seeking community input. HCL were representative of the larger community as well as of certain groups that we wanted to reach, such as men and the younger demographic. Accordingly, we recruited 15 HCL: six who were between 20 and 30 years of age; of these, nine were men and six women. Two HCLs lived in subsidized housing (Table 1).

Training

HCLs attended two intensive training sessions with another follow-up meeting after each House Chat. The first session provided an overview of the WE Project's goals, needs assessment activities already completed, and HCLs completed the IRB-approved CIRTification ethics training.[20,21] In addition, ethical dilemmas associated with collecting data from

Table 1. Demographics of House Chat Leaders ($N = 15$)

Characteristic	*n*	%
Sex		
Male	9	60
Female	6	40
Age, years		
18–29	6	40
30–45	4	26.7
46–65	5	33.3
Race		
Black or African American	14	93
White	1	7
Educational Attainment		
Some high school	1	7
High school/GED	2	13
Some college	5	33
Four-year degree	5	33
Graduate degree	2	13
Petersburg Residence (years)		
< 5	8	53
5–10	2	13
10–20	2	13
> 20	3	20

members of their own social networks were highlighted, as well as potential challenges associated with being a layperson involved in the research process. The second session covered the basic components of the House Chat such as recruitment, questions, use of the data, debriefing reports, and next steps of the WE Project. Trainees completed several mock House Chats, which were very helpful. Once an HCL confirmed their House Chat date, the research coordinator met with them to provide refresher training and a toolkit (see Implementation). After completion of each House Chat, the HCLs debriefed with the research coordinator and all WAs debriefed at the Monday night meetings with the research team.

Recruitment of House Chat Participants

HCLs recruited members of their social network and participants had to be Petersburg residents age 18 or older. To avoid oversaturation by family members in a House Chat, the WAs decided that no more than two family members could be in the same group, although an exception could be made if the members were from two different generations (parent and adult child) or from different households.

IMPLEMENTATION

HCLs were provided with a House Chat toolkit that included the protocol, IRB-approved verbal consent script, conversation guide, community survey to be completed at the start of the conversation, HCL debriefing questions, $10 gift cards for each participant, a signature sheet recording receipt of the gift card, digital recorder, batteries, and a checklist. HCLs were also provided with a $50 stipend to purchase a meal or refreshments with the caveat that it should be a "fairly healthy" meal. All House Chats were audio recorded with permission. During the design phase, several WAs expressed concerned about recording the conversation and feared that houseguests would not agree to be recorded. However, no one refused to be recorded, although in debriefing the HCLs recounted that in some cases, exchanges became more personal once recording ceased and food was served.

Research Questions

The WAs assisted in the development of the discussion guide, which explored the following questions: 1) perceptions about obesity, 2) what is considered a healthy diet, 3) what makes it difficult to be healthy, 4) reasonable changes people could make to improve their diet and increase physical activity, 5) things people could do personally to help the family become more physically active, and 6) advice for the WE Project to create a culture of health and wellness.

Fidelity Checks

HCLs and WAs reported back on their experiences in the weekly research team meetings, in addition to their written debriefing reports. Six HCLs were selected for telephone debriefing interviews.

DATA ANALYSIS

Procedure

As a validity measure and method of member checking, the HCLs provided a verbal summary to the participants at the end of each House Chat. After the House Chat, the HCLs completed a debriefing report which assessed: (1) setting, (2) number and sex of participants, (3) relationship of participants to HCLs and where recruited, (4) level of input, (5) if participants shared openly and freely, (6) confidence in role as facilitator, and (7) if anything important was shared after recording concluded. Additionally, each HCL provided a written summary of responses to each question.

Although all House Chats were recorded, owing to the volume of data none were transcribed. Two research assistants (RAs) followed a rigorous and time-consuming process by listening to each recording several times. The process of coding was very similar to what is described by researchers who have coded from audio recordings.[22] First, the coders completed executive summaries for each of the House Chats. Using a 4-point Likert scale, the RAs recorded, to what extent (1) participants shared openly and freely, (2) HCLs seems to be confident in role of facilitator, (3) HCLs kept discussion focused, (4) HCLs ensured that all participants participated, (5) HCLs created a comfortable, informal atmosphere, and (6) if the main points in the HCLs debriefing report matched the recording. They also recorded using a yes/no response if the HCL tackled every question during the House Chat. Finally, the RAs provided a summary of the key points discussed for each question based on the audio recording. All close-ended data were entered into SPSS v21 (SPSS, Inc., Chicago, IL).

Open Coding Process

The session recordings were used as a reference and validation tool to compare HCLs debriefing reports with the audio recordings. Two RAs listened to the first ten recordings and used an open coding process,[23] whereby codes were developed directly from the data. The codes identified as most central or reoccurring were grouped together in an a priori code list, which was used to code the remaining session recordings. Upon completion of the coding process, the resulting list of codes underwent thematic analysis.[24] Specifically, reoccurring or dominant patterns of codes in addition to codes that provided rich insight into our research questions were used to generate overarching themes. Coders also transcribed brief quotes that were illustrative of a particular theme.[22] The open coding procedure allowed codes to emerge directly from the participants' responses, thereby ensuring the themes emerged from their responses as well. Discrepancies were resolved by listening to the audio recordings.

RESULTS

Context

HCLs held 34 House Chats with 176 participants over 4 months. Participants were recruited from family members, neighborhood, church, community organizations, friends, and fraternities/sororities. HCLs invited a wide range of participants to the House Chats (Table 2). The majority of HCLs (79%) either agreed or strongly agreed that they considered participants as being open and honest during the House Chat; similarly, in 79% of the sessions, HCLs either strongly agreed or agreed that they felt confident in their role as facilitator. In 38% of the House Chats, HCLs indicated that important information was shared or discussed after the recorder turned off. The information included requests for more information about the WE project, how to become a WA, how to become more involved in their neighborhood, offered more suggestions for how to improve health in Petersburg, and the effect of mental illness on physical health. Furthermore, a few of the participants shared their personal health issues and the role of some churches in contributing to unhealthy eating.

Major Themes

Perceptions of Weight. First, the majority of participants concurred with the thoughts expressed at the initial community meetings that obesity was a major problem in the city. However, some emphasized that obesity was not a problem unique to their city and, in fact, suggested that the city has more serious problems to contend with such as unemployment and poverty. Participants held strong views about the difference between being overweight and obese. Overweight was considered when a person was larger than what the mainstream (White) expectations were of the ideal weight, less of a health risk compared with being obese, and highly influenced by culture and environment including access to healthy foods. Most of the participants indicated that being obese intimated a lack of control and is accompanied by serious health issues. They also stated that people who were obese offered suffered social stigma as well as depression.

Barriers to Engaging in Physical Activity. There were several key themes that emerged as barriers to engaging in physical activity (Table 3). Participants most frequently expressed lack of personal commitment as the major barrier to physical activity. Many participants shared that the multiple demands of their daily lives made it very challenging to have any physical activity program. Furthermore, the lack of both personal and community resources to support physical activity was noted as a barrier, as were neighborhood conditions including a lack of access to safe walking paths, unsafe neighborhoods, and the threat of crime, as well as neighborhood

Table 2. Participants' Relationship to House Chat Leaders (N = 176)

	n (%)
Friends	40 (22.7)
Immediate family	23 (13.0)
Neighbors	19 (10.8)
Other	19 (10.7)
Friend of friend	17 (9.7)
Acquaintance	11 (6.2)
Relative	8 (4.5)
Acquaintance of friend	4 (2.2)
Missing	35 (19.8)
Totals	176

dogs. Finally, a few participants mentioned that technology distractions (especially for the younger members), extreme weather conditions and the lack of family support are also barriers to engaging in physical activity.

Barriers to Healthy Eating. The major barrier to making healthier food choices were owing to financial constraints (Table 3). Most participants indicated that buying healthy food is expensive and that, in general, their environment does not support healthy eating. Supporting this theme, many participants indicated that there was an "unhealthy food bombardment" in their community in that unhealthy food was highly accessible and reinforced with billboards and constant commercials about inexpensive, unhealthy fast foods. Similarly, participants frequently mentioned the lack of access to healthy foods and, moreover, indicated that healthy food stores were mostly available in the "richer and better" part of the city. Participants also indicated that many of their traditional foods served at family or church gatherings were fried and contained high levels of sodium and/or sugar. Finally, other barriers that were discussed by some included the lack of personal motivation, demanding daily lives and that healthy food tasted "nasty."

Increasing Physical Activity. When asked to identify strategies to increase physical activity, most participants indicated that it was essential that the activity be perceived as being "fun" (Table 4). Participants indicated that developing programs that are family based and available community wide would increase the prospect that families would become more active, would also serve as motivation for others in the community, and would have the additional benefit of promoting

Table 3. Barriers to Physical Activity and Healthy Eating

Physical Activity	Examples	Healthy Eating	Examples
Personal commitment	Laziness; inability to be consistent; lack of dedication, motivation, discipline; difficulty of keeping a routine.	Financial constraints	Healthy food is expensive, income is not high enough to eat healthy consistently, food stamps do not supplement enough to afford eating healthy, coupons cost 3 cents to use each time.
Multiple demands	Days are filled with working long hours or multiple jobs, school, childcare, busy making a living. Conflicting demands: "do I exercise or take care of the things I need to take care of? I'm going to take care of the things I need to take care of."	Unhealthy food bombardment	Convenient access to fast, unhealthy food from the dollar menu, convenience store, food corner market, or local soul food joints are close and easy to get to; fast food commercials are on all the time, billboards and signs entice people to eat unhealthy.
Lack of community and personal resources	Lack of walking/biking paths, affordable gyms, public transportation); gym equipment is expensive to buy, can't afford personal transportation to workout facilities.	Lack of access	Stores that sell healthy food are further away, don't have transportation to healthy stores, farmers market is hard to get to and not open enough hours.
Neighborhood conditions	Lack of walking or biking paths, unsafe neighborhoods after dark; unsafe parks; poor transportation; threat of crime; scary dogs in neighborhood.	Generational food legacy	Foods are traditionally prepared fried instead of baked; with lots of salt, spices, and sugar, older generations cook the way they always have, which tends to be unhealthier.
Technology distractions	Hard to turn off TV, computer games, phone	Lack of personal motivation	"I'm just lazy"; hard to change habits.
Weather	Hard to work out when it's raining, snowing, too hot, too cold.	Demanding daily lives	Working long hours, multiple jobs, childcare, and going to school; difficult to take the time to cook/shop/prepare healthful foods and meals.
Family support family traditions	Hard to stay committed to an exercise routine if you are the only one in your family or relationship who is doing it. Different generations have different ideas of exercise.	Healthy foods not tasteful	Healthy food does not taste good, unhealthy food tastes good.

accountability and citywide support for behavior change. A large number of participants highlighted the significance of setting reasonable expectations for increasing physical activity by introducing (and celebrating) small changes. Finally, participants emphasized the need to plan and set aside time for physical active which is consistent with previously identified barriers of lack of time and scheduling concerns.

Suggestions for the Pilot Intervention. One of the primary reasons for the House Chats was to seek input from residents on the components of a successful pilot intervention to improve health and wellness. The themes that emerged provided a blueprint for the development of the pilot intervention. The majority of participants (Table 5) emphasized the importance of providing education about nutrition and cooking healthy meals with the caveat that it should be 'hands-on,' interactive, and free. The importance of hosting community-wide health-related events were also a popular suggestion. Similarly, the need for role models and hearing testimonies of people who have been successful in their healthy journey was also regarded as important strategies to create a healthier com-

Table 4. Suggestions for Increasing Physical Activity in the Family

Suggestion	Examples
Make it fun	Walking, biking, playing basketball, swimming, *Zumba*, kickball, hopscotch, jump rope, hip hop class, jumping jacks, treadmill, yoga.
Make exercise a family/social/community-based affair	Exercise as a family and use it as quality bonding time;" involve the kids; be accountable to each other – walk/jog/run together.
Make small changes	Set small goals and have reasonable expectations for yourself before increasing your levels of physical activity, give it time for results to show, take "baby steps," don't make goals too demanding.
Plan the activity	Wake up earlier to exercise or do it after work, make time to do it, schedule "walk days" or "hike days" or "bike days"- pick a plan and go by the plan.

Table 5. Suggestions for Creating a Healthier Community

Education	Hands-on nutrition education
	Interactive classes
	Don't make it boring
	Free exercise classes
Plan more community events	Host a 5K in the city, like jamborees, health fairs, free screenings, fun activities like dance competitions and exercise competitions at parks
Become more visible	Have people (Wellness Ambassador, House Chat Leader, others) speak about how they have benefited; how the project will benefit the community, explain exactly how the project supports the community, market current walking groups more
Holistic approach	Involve all generations
	Include mental health
	Be culturally and socially aware of the fact that Petersburg is predominantly black
Partnerships	Team up with the school system
	Link with national programs
	Partner with local churches
Access	Create local fruit and veggie stands
	Have a van drive around neighborhoods with produce for sale
	Grow community gardens
Stay the course	Keep doing what you have been doing
Watch language	Use positive messages, "don't let obese or overweight children or adults feel disrespected"

munity. Participants indicated that the WE project should use a holistic approach that is culturally and contextually relevant and it was essential take into account the racial composition (78% African American) of the city, include all generations, and address the importance of mental health. The importance of establishing partnerships was highlighted, especially with the school system. Participants reiterated that it was critical to address access to healthy foods as an integral part of creating a healthier community. Last, it was advocated that the language about reducing obesity has to be framed in a positive manner so that individuals do not feel judged.

DISCUSSION

Laypersons were highly effective in recruiting grassroots community members and the House Chats proved to be a successful method for collecting qualitative data in a nonintimidating, informal conversational setting. Most important, this method allowed the research team to engage residents who may have been impossible to reach or at the very least highly skeptical of traditional research methods, such as focus groups. The social camaraderie and the use of a neighborhood facilitator provided participants with the opportunity to share their thoughts with others whom they perceive as insiders—not only to their community, but also to their social network. Moreover, meeting with participants in their physical domain was a critical feature of the House Chats as well as building the capacity of laypersons to be community researchers in their own neighborhoods. Although no participants objected to the House Chats being recorded, there were a few reports that conversations became more frank after the recorder was turned off, suggesting that despite the familiar surroundings participants were aware that the conversation was recorded for research purposes. Or, it could be that after the recording stopped, the conversations became more unstructured, allowing for less guarded responses. Future research needs to explore innovative and grassroots methodologies to ensure participation at all levels, while still maintaining research integrity and fidelity.

Strengths and Limitations

There are several limitations worth noting. Respondent-driven sampling used in the House Chats depends greatly on the characteristics of the HCL conducting the outreach. However, the HCLs were diverse on a range of criteria, including neighborhood locations, age, and sex. Furthermore, some of the HCLs were unemployed, retired, or attending college. In an attempt to maintain the informal dynamics of the sessions, we did not collect any demographic and/or other personal information from the participants. Future research using House Chats might consider the degree to which the methodology is fitting for various diverse and/or underserved populations. Another limitation of this study is that open coding was conducted without the use of transcriptions. Although the two coders when coding the audio recordings followed a systematic process, the lack of transcriptions must be noted as a limitation of the data analysis process. Future studies using the House Chat methodology should use the standard procedure of transcribing the audio recordings to strengthen the validity of the findings. Despite these limitations, there are also notable strengths in the use of this novel methodology, including how it enabled access to a more representative sample and the collection of valuable data to inform our intervention within a relaxed atmosphere with community insiders, thereby enhancing the likelihood of obtaining valid and candid responses. Key themes that emerged that directly informed our intervention plan included: including the entire family (all generations), using a small changes approach, addressing access and environmental barriers, incorporating experiential learning activities, addressing motivation and values, changing social norms, and working to create a culture of health and wellness community wide.

LESSONS LEARNED

We learned that not everyone has an extensive social network or may be comfortable hosting a House Chat. The size of the social networks of the HCLs varied, requiring creative strategies to tap into other networks, including asking friends to invite members of their social network to a House Chat, or hosting a meeting at a friend's house with members of their network. Initially, we planned to have the WAs (as the community researchers) conduct all the House Chats, but this proved challenging because they were also involved in other aspects of the needs assessment and some of the WA had limited social networks. We learned that recruiting laypersons specifically to conduct House Chats proved successful, especially once we started recruiting HCLs to meet specific demographic requirements (age, sex, neighborhood

location, etc). Hiring additional laypersons in the role of HCL not only expanded the types of social networks we were able to access, but it also relieved the WA from the pressure of being solely responsible for conducting House Chats. Furthermore, we learned that the House Chats could be an unexpected recruitment strategy, because it resulted in at least three participants becoming WAs and three who decided to become HCLs. Conducting House Chats also proved to be effective at generating more awareness and support for the WE project. Nonetheless, we learned that the House Chat methodology required extensive logistical management, such as hiring and training HCLs, coordinating schedules, collecting data, conducting debriefing meetings, and providing constant oversight to ensure the integrity of the research process. Some House Chat meeting dates would change or the coordinator would be informed that the HCL was able to schedule an impromptu House Chat and, therefore, needed to be provided with session materials, including the stipends.

HCLs will generally invite participants who share similarities with them in terms of age, sex, race, religion, and social affiliations. Therefore, who the HCLs are as well as their level of social engagement will largely determine who the guests will be and this an important consideration in recruitment. Some HCLs were very effective in hosting several house chats, whereas other members had a much smaller social network to draw on. Regardless of varying recruitment abilities, laypersons in the role of facilitator are able to actively engage members of their network in a focused conversation about obesity. Performance in this role will vary; however, less likely to vary is the trust and comfort level the participants are likely to have in the HCL. Given the implicit trust, there are important considerations involving privacy and confidentially as House Chats could include several participants who may know each other. The usual research safeguards must be practiced, including training and debriefing the HCL and explicitly stating to participants the purpose of the study and how information will be used. Although the intent of House Chats is to be conducted within a relaxed atmosphere facilitated by a community member that is implicitly trusted, it is still a method of data collection for research purposes; therefore, it is of the utmost importance in training the HCLs to be sensitive to unanticipated issues of confidentiality and privacy.

The HCL's credibility is a key component of this "grassroots" method and likely enhanced the study's credibility. The localness of the HCLs, their tacit knowledge of the community, and connections with participants not only yielded social capital,[25] but it also has the potential to create a level of awareness among peers about topics that are ordinarily not discussed. Furthermore, unlike in a focus group, the House Chat participants are more likely to have ongoing contact with the HCLs because they are part of their social network and this association may increase the prospect that participants or the HCL will follow up with each other both about the topic and the research. We highly recommend using this approach specifically in CBPR studies, where there may be a greater likelihood that the HCL could remain engaged in the project and will, therefore, be in a position to provide ongoing updates to participants. This approach has strong potential within a CBPR context to build the capacity of laypersons and to reach diverse social networks that may not be reached with more traditional methods.

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