

Partnering with Community to Improve Health



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Partnering with Community to Improve Health

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Introduction

- While research skills are concentrated in academics, physicians, and other scientists, critical information is lodged in the lives, families, and communities of the patients.
- The explanation of health disparities lies in part in social and cultural elements that are not fully understood.

Objectives

- Define Community-Placed, Community-Based, and Community-Engaged Research.
- Discuss benefits and challenges of Community-Engaged Research.
- Outline steps necessary to develop and implement Community-Engaged Research.
- Consider examples of different types of Community-Engaged projects and their impact.

Perspectives



Community



Patient-Centered
Outcomes Research
(PCOR)



Clinics' Staff

Who is Community?

In the case of Community Health Centers, there are two communities to consider:

- staff who are professionals but not researchers, rather clinicians, and
- community members, sometimes also patients.

Audience Poll #1

Which of the following is NOT important to consider when doing Community Engaged Research?

- A. What faith based organizations are in the community you serve
- B. What public transportation is available
- C. What subspecialties are available in the CHC
- D. What gangs (if any) are in the community
- E. Where patients shop for groceries

Community Engaged Research will need to consider.....

- Where do community members shop for groceries?
- Where do they attend school(s)?
- Where do they attend faith-based organizations?
- What gangs are they worried about?
- What is the availability /cost of transportation?
- What are their health priorities?
- What are their personal anxieties?

Community-Placed vs Community-Based

	Community PLACED	Community BASED
Research	Professionals select topic of interest	Community selects topic of interest
Interest in Culture	Little awareness or interest	Important throughout project
Funds	Grant to salaried professionals/researchers	Joint receipt of payment and inclusion of community. Hourly pay/crucial concern
Timeline	Rigorous and scheduled; Grant-driven	Flexible and inclusive; TIME for engagement and relationship building
Methods	<u>Quantitative</u> and Qualitative	<u>Qualitative</u> and Quantitative
Oversight	Institutional Review Board (IRB)	Community Advisory Board or other community-led group
Teaching and Learning	Professionals teach, others learn	Reciprocal/Bi-directional
Dissemination	Professional/Academic journals and conferences	Newsletters, newspapers, word of mouth; Community meetings

Research with Communities: Both **Important** and Challenging

- Why is it important to include Community in research?
 - Raises questions relevant to patient and community priorities.
 - Community is invested in outcomes and motivated to accept and integrate information.
 - Assures valid and reliable results that will be accepted, integrated, and disseminated by community residents/patients.
 - Creates and supports lasting impact and sustained changes in the community.

Research in Communities: Both Important and **Challenging**, cont.

- Why is it challenging?
 - Mistrust in minority/underserved communities
 - History of mistreatment in research
 - Political climate/Federal policies
 - Diverse experience with professional relationships
 - Differences in Culture and Perceptions
 - Relationships
 - “Professional” based on credentials and expertise
 - Community relationships are personal, based on family, friendship, school, church, etc.

Research in Communities: Both Important and **Challenging**, cont.

- Differences in culture (continued)
 - Time
 - Professional Priorities vs. Community Priorities
 - Communication and support systems
 - Money
 - Resources/Perception of Resources
 - Compensation
 - » For work
 - » For transportation
 - » For expenses of participation
 - Role of Food

Audience Poll #2

Which of the following is not important when partnering with Community in research?

1. Establishing the way community members will be paid.
2. Planning the research with professional colleagues.
3. Knowing about the most important present concerns of the community.
4. Knowing what illnesses community members worry about.

Steps for Partnering with Community beyond Patients

- Patients are an important window to community, but only a selected group.
 - More trust
 - More resources
- Ask about community leadership
- Network with leaders, organizations, churches, etc.
- Recognize value of Community

Steps to Community-Engaged Research

- Enter and gain acceptance in community setting
- Recruit Research Participants in community setting
- Use appropriate and effective research methods in community setting
 - Qualitative (observation, interviews, focus groups)
 - Quantitative (surveys)
 - Rigor of data collected by Community - valid and reliable
- Analyze results jointly with professional expertise and community perspective
- Discuss dissemination of results with both professionals and community participants and write reports for both audiences

Examples of Community-Engaged Projects & Impact

Community Healthy Lifestyle Project (C-HeLP)

Westside Health Authority

Northwestern University

Medical Resident Program

Westside Health Authority

John H. Stroger, Jr. Hospital of Cook County

Community Healthy Lifestyle Project (C-HeLP)

- Designed to **facilitate the exchange of knowledge and resources** between a community organization, Westside Health Authority, and a university partner, Northwestern University Feinberg School of Medicine.
- Aimed at **improving the capacity of Austin community residents** to conduct survey research and **develop a programmatic intervention** designed to promote healthier lifestyles in their community.
- Planned to **expand academics understanding of the culture and knowledge** present in communities.
- National Center for Minority Health and Health Disparities-funded; **One of first NIH-funded CBPR grants.**



Overview

- Decide on health concern to study
- Survey
 - Training Curriculum (staff)
 - Survey Writing (CHAs and staff)
 - CHAs conducted survey, door to door
 - Analysis (University)
 - Classes during survey period
- Kitchen Table Intervention
- Outcomes Dissemination

Intervention – “Kitchen Table”

- 6 session (2 hr/session) curriculum designed by CHAs/project staff:
 - Introduction to Healthy Lifestyles (chronic diseases, BMI)
 - Nutrition (portion sizes, label reading)
 - Healthy Cooking
 - Physical Activity
 - Emotional Wellbeing
 - “Wild card” session – chosen by CHAs (HIV/AIDS, Breast Cancer, etc.)
- Two phases: January-March, April-May 2008
 - First phase: 4 groups facilitated by 2 CHAs each
 - Second phase: 3 groups facilitated by KT graduate of first phase, mentored by CHAs

Community Dissemination

4 CHICAGO TRIBUNE • TEMPO • SECTION 5 • TUESDAY, JULY 1, 2008 C

Health

Program enlists Austin residents to spread word on healthy living

By Deborah L. Shelton
TRIBUNE REPORTER

During a brainstorming session on ways to implement health interventions for residents of Chicago's Austin neighborhood, some one tossed out an idea that struck a chord.

How about inviting small groups of neighborhood residents to meetings in intimate settings similar to the homey way families swap stories around a kitchen table?

From that simple concept, Kitchen Table Interventions was born. Launched in January as a pilot project by Northwestern University in partnership with Westside Health Authority, Kitchen Table Interventions was designed to study urban health problems and help residents of the underserved West Side community live healthier lives.

Taking a novel approach, project staff trained everyday people to conduct research and teach other residents healthy behaviors. The project focused on Austin because its residents suffer from high rates of asthma, heart disease, hypertension and other health problems that disproportionately strike impoverished city neighborhoods.

From residents to researchers
Eight neighborhood residents—all women, as it ended up—were trained to become researchers and health advocates for the project. As researchers, the women surveyed 300 randomly selected households to get a better sense of residents' medical problems and health behaviors.

As health advocates, they led weekly sessions that focused on nutrition, exercise, emotional wellness, HIV/AIDS, breast cancer and other topics identified by survey respondents as being of critical importance. Facilitators invited friends, neighbors or anyone else they thought could benefit—but no more than six, to keep the sessions intimate.

Exports, often doctors and other health professionals from Northwestern, were invited as guest speakers. But just as often, the participants taught themselves—swapping recipes, sharing experiences about stressful life events and talking about the lifestyle changes they had made to cope. For example, they learned about the importance of portion control, physical activity, healthy cooking and emotional well-being.

A 60-year-old woman in one of the groups learned how to perform a breast self-examination for the first time, said Adell Young, the group's facilitator.

"We can live longer if we pay more attention to how we treat our bodies," said Young, 65, a retired teacher who lived in Austin for more than 30 years. "All of this high blood pressure, diabetes and all these other things we



Adell Young was a facilitator in the Kitchen Table Interventions project to aid the health of Austin residents.

go through, people need to know that maybe they can avoid all of that if they eat better and do a little more exercise."

Young, who suffers from high blood pressure and arthritis, practiced what she preached. After a cooking demonstration during one session, she made drastic changes.

"I don't use as much salt as I once did. I use Mrs. Dash," she said. "I use oregano. I use low-fat chicken broth. I really cut down on my fat intake."

Young was so enthusiastic about what she learned that she plans to bring the interventions to her church starting next month.

Kitchen Table Interventions grew out of the Community Health Lifestyles Partnership Project, which was funded with \$386,000 from the National Institutes of Health's National Center on Minority Health and Health Disparities.

The informational sessions ended this spring and now researchers are analyzing data from the research. It will be used in designing health intervention programs in urban neighborhoods.

Myths shattered

Dr. Kevin Weiss, professor of clinical medicine at Northwestern and co-investigator of the project, said Kitchen Table Interventions shatters a lot of myths.

"I learned how much interest [neighborhood residents] had in trying to improve their health," he said. "All you have to do is open your ears. If you listen, you will get ideas about how to make behavior change."

With this type of study called

community-based participatory research, the community gets an equal voice in what the research looks like, Weiss said. "My task was to work with the community and fashion [the intervention] in a way that a scientist could study," he said. Sharon Jaddua, a 24-year resident of Austin who was a community researcher and health advocate, feels good about her role in the project. The session she led on reading food labels stands out most in her mind. She recalls how eager participants were to learn how to read labels correctly.

"I felt like I was helping someone," she said, "and that was what we were out there to do: to bring good information about healing and health to people in my community."

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C-HeLP

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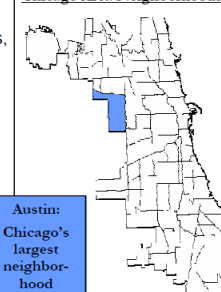
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Volume 1
Summer
2008

Thank you Austin residents!

Some of your neighbors, members of Every Block a Village (EBV), are concerned about a healthy community. Nine women who have lived in Austin from 15 to 35 years, became Community Health Advocates (CHAs) in a partnership of the Westside Health Authority with Northwestern University. They created the **Community Healthy Lifestyles Project (C-HeLP)**. First, the CHAs wrote a survey to find out about health in Austin; second, they took the survey into Austin neighborhoods; third, they studied the results and decided to learn more about the problems they found. They then taught others in their community at small groups called "Kitchen Tables."

Chicago Area Neighborhoods



Austin:
Chicago's
largest
neighbor-
hood

Do you...

- drink 8-10 glasses of water each day?
- know how to read food labels?
- eat 3-4 servings of fruits and vegetables each day?
- know your BMI? (Body Mass Index)
- exercise regularly?

Healthy Cooking Tip:

Think SPICES!

Instead of frying your chicken or fish, try baking them with garlic or other seasonings.



Your C-HeLP Community Health Advocates: (Top Row) Alice Thurman and son, Robert, Adell Young, Bertha Shelton, Orlean Huntley, (Bottom Row) Sharon Jaddua, Patricia Wright, Dorothy Peavy, and Dorothy Cox (Not Pictured: Bonnie Bell)

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C-HeLP Newsletter

Lessons Learned

The Community...

- is **concerned** about poor access to/high cost of health care services and health foods.
- carries a high level of fatalism and **distrust** when it comes to academia and health systems
- **are eager** to learn and are excellent gatherers and recorders of survey and qualitative data
- wants to feel that their work is **valued**.
- can effectively disseminate information.

Best Practices

- When initially forming community professional collaborations, be sure to **obtain an accurate assessment of partner's perceptions.**
- Be well-informed about community capacities and interests in research – **focus on strengths.**
- **Partner with community in all phases of the project**
- Allow time for an additional partnership start-up phase and plan for a **generous timeline!**

Westside Health Authority (WHA) & Stroger Cook County Partnership

- Westside Health Authority is a 501c3 organization whose *mission* is to use the capacity of local residents to improve the *health* and well-being of the community. *Health* is defined broadly to include the social and physical environment which contributes to the mental, physical and spiritual well-being of a person.
- John H. Stroger Hospital is a safety-net hospital that is a part of Cook County Health & Hospital Systems whose mission is to facilitate, support, and demonstrate excellence and safety to those we serve in a respectful and professional manner.

International Medical Graduates (IMGs)

- IMGs are physicians who have received their medical school training outside the U.S. and Canada.
- IMGs are approximately 26% of U.S. health care system. (more than a quarter)
- IMGs often come from vulnerable populations in their home countries to practice here in the U.S.
- IMGs tend to practice in primary care and in underserved and rural communities.

WHA & County Hospital Medical Resident Program

- Started in 1998 - 20 years sustainability
- Over 1,020 residents educated through program
- 30 different countries represented
- 96% Job placement throughout the USA
- Approximately 90% practice in Primary Care and Internal Medicine

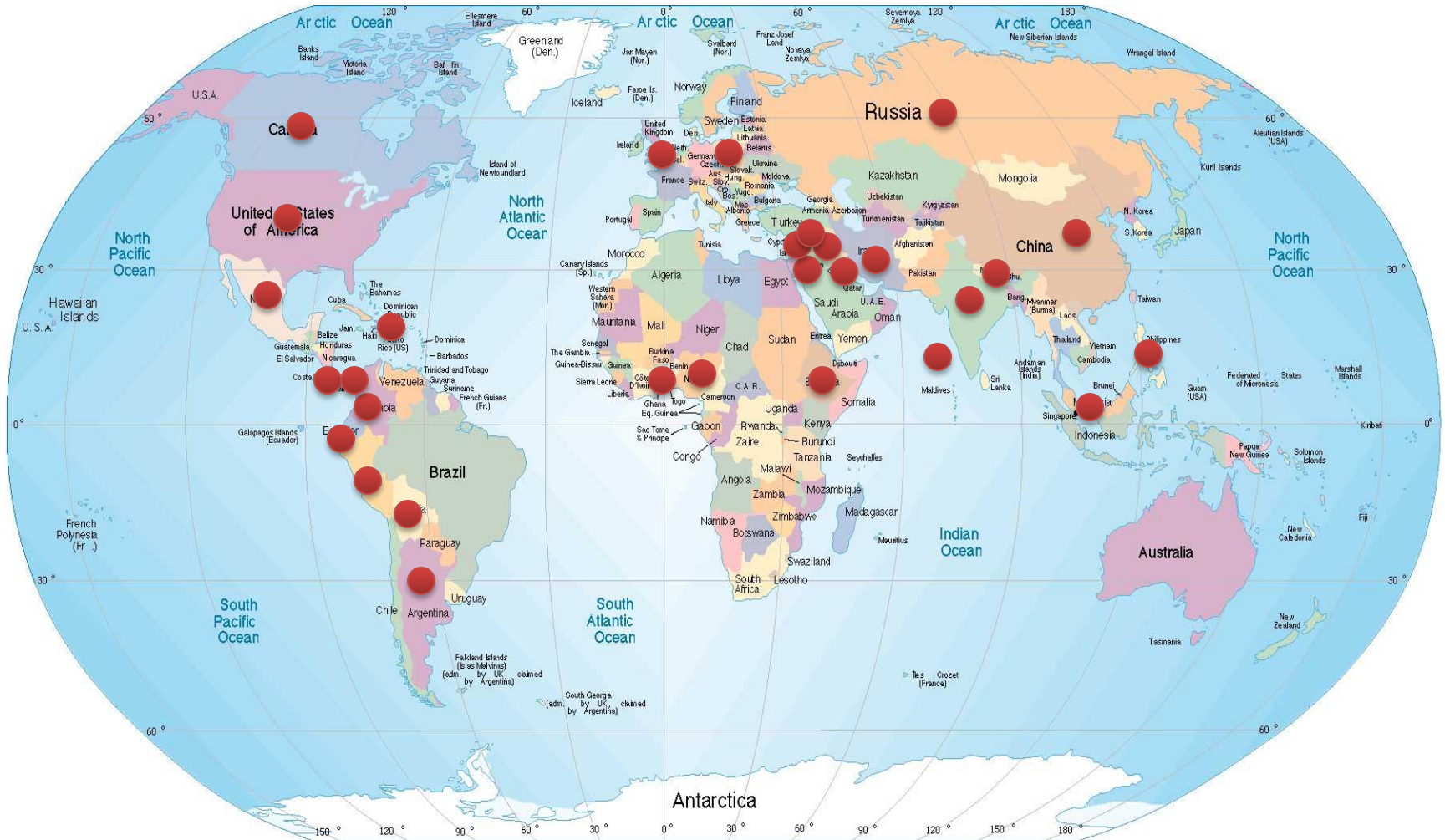
Other Specialty Areas

- Hematology
- Cardiology
- Endocrinology
- Oncology
- Rheumatology
- Infectious disease
- Pulmonary critical
- Nephrology
- Palliative care
- Sleep Medicine
- Gastroenterology

Residents Birth Countries & International Medical School

Argentina	India	Panama
Bolivia	Iraq	Peru
Canada	Iran	Philippines
China	Jordan	Poland
Colombia	Kuwait	Russia
Costa Rica	Lebanon	Syria
Dominican Republic	Malaysia	UAE
Ecuador	Mexico	UK-London
Ethiopia	Nepal	USA
Ghana	Nigeria	

Resident Representation



Program Goals

- To decrease cross-cultural barriers to health care access
- To improve provider-patient communication
- To identify and connect providers to resources in communities

Windshields Observation

Community Residents...

- Introduce residents to Chicago communities
- Discuss perceptions of populations served
- Identify community resources readily available
- Discuss health care access issues



Audience Poll #3

What type of community site/s would be best for residents to learn about?

1. Community Health Centers
2. Homeless Shelters
3. Substance Abuse Centers
4. Mental Health Centers
5. All of the above



Types of Community Sites visited by Residents

- Community-Based Organization
- Community Health Centers
- Homeless Shelters
- Substance Abuse Centers
- Mental Health Centers
- Faith-Based Health Centers
- Chicago Department of Public Health

Topics Discussed

- Perceptions of health care access in Chicago, USA and abroad
 - Commonalities vs differences
 - Bi-formational (two way communication)
- Community Advocates lived experiences from the great migration to present
- Experiences in other countries
- Importance of Housing Issues
- Services & Social Determinants of Health

Workshops

- Behavioral Health
 - Cultural competency & Sensitivity
- Adverse Childhood Experiences (ACES)
- Substance Use Disorders
 - Understanding Opioid use



Lessons Learned



Medical Residents:

- Understand about patient challenges that they did not know before.
- Understand about limited resources available for certain communities.
- Limited knowledge of cultural background and history in America.
- Open access for residents to work outside of clinical area to implement projects.
- Recognized similarities in their lives and the lives of community members e.g. home remedies.
- Recognized their biases

Lessons Learned, cont.

Community Residents:

- Learned so much about medicine and what providers go through
- Empowered to ask questions and advocate on behalf of community at large
- Broader understanding of the world outside their community



Best Practices

- Nontraditional approach to patient health through community involvement
- Building stronger Patient-Provider relationships
- Community-based approach



Conclusion

Partnering with Community.....

- CHCs will have a new understanding of community and their patients
- Patients and community will have increased respect for and connection to CHC
- New information about the health of the community will be gained
- Patients and community members will accept, integrate and disseminate the results

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A red pen with a silver tip is shown writing the words "Thank you" in a black, cursive script. The pen is positioned at the end of the word "you", with its tip touching the final stroke. The background is a light gray gradient.

Thank you

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Q & A



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