Partnering with Community to Improve Health

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Partnering with Community to Improve Health

Claire Kohrman, PhD
Mary Brown-Walker, DHA, NP
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

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

Program enlists Austin residents to spread word on healthy living

By Deborah L. Sheehan
Tribune Reporter

During a brainstorming session ways to improve health in the community, a group of neighbors decided to launch a project to improve health in the community. They formed the Kitchen Table Interventions project, which was funded with $50,000 from the National Institutes of Health’s National Center on Minority Health and Health Disparities.

The project’s initial goal was to conduct research and teach residents healthy eating and cooking habits.

From residents to researchers

Eight neighborhood residents, all women, were trained to become researchers and health advocates for the project. As researchers, the women surveyed households to get a better sense of residents’ concerns and health behaviors. As health advocates, they led weekly sessions that focused on nutrition, exercise, emotional well-being, and other topics identified by survey respondents as being of critical importance. Facilitators invited friends, neighbors, and anyone else who was interested to participate.

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 36 years, became Community Health Advocates (CHAs) in partnership with the Westside Health Authority and Northwestern University. They created the Community Healthy Lifestyle Project (C-HeLP). In March, C-HeLP conducted 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.”

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.

C-HeLP Newsletter

Volume 1
Summer 2008

Thank you Austin residents!

Chicago Area Neighborhoods

Austen:
Chicago’s longest neighbor- hood

Healthy Cooking Tip:
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In this Issue:
The Austin Health Survey
Know your Body Mass Index
Community Health Advocates
The C-HeLP Kitchen Table
Word Search
Puzzle
Stress Management and Healthy Eating
A Note from Austin Community Nurse
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
<table>
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<th>Residents Birth Countries &amp; International Medical School</th>
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<tr>
<td><strong>Argentina</strong></td>
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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
Thank you

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References

