



Collaborations for Health and Empowered Community-based Scientists (CHECS) Project

Awardees & Projects

| AWARDEE(S) | LOCATION | PROJECT AIMS |
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| Kira Weidner, PsyD | Howard Brown Health, Chicago, IL | <ul style="list-style-type: none"> • Develop a gender inclusive group therapy model for people going through Artificial Insemination, Intrauterine Insemination , and In Vitro Fertilization for pregnancy. • Measure efficacy of group therapy model in providing gender- and sexuality-affirming support. • Extend literature on group therapy modality for specific underserved populations and provide framework to other clinicians seeking to provide appropriate services to these populations. |
| John Vaz, MD | Mālama I Ke Ola Health Center, Maui, Hawaii | <ul style="list-style-type: none"> • Conduct an analysis of data needs for Mālama I Ke Ola Health Center in each department (especially clinical) and evaluate data solutions against existing needs. • Create a Health Information Technology Roadmap for Mālama I Ke Ola Health Center. • Create questions to develop corresponding logic for reports. • Analyze reports with each clinical team and create an action plan for improvement. • Improve provider utilization of population health reports to guide the direction of their clinical teams in orchestrating patient care. |
| Lyndon VanderZanden, LCSW | Howard Brown Health, Chicago, IL | <ul style="list-style-type: none"> • Develop and hold focus groups with patients who participate in Same Day Start (of HIV treatment) to gather feedback on how the program impacts the experience of stigma and control of overall healthcare. • In addition to focus groups, learn other models for patient involvement in research. • Create surveying tool to be used in focus groups that measures experience of stigma as impacted by participation in Same Day Start. • With feedback from focus groups and surveys, develop a decision-making tool for patients who are eligible for Same Day Start to help empower them by better understanding their health options. |

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| <p>Colt Coffin, LSW Femmy Blake Robison, RN CJ Thurlow, MD</p> | <p>Heartland Alliance Health, Chicago, IL</p> | <ul style="list-style-type: none"> • Create nurse-driven protocols to conduct sexual health histories, assess, and treat sexually transmitted infections (STIs) experienced by Heartland Alliance Health (HAH) participants. • Create systems of care for linkage to Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP) therapy and case management. • Increase participant understanding of sexual health: STI/HIV transmission and care, pleasure and consent, and PrEP/PEP. • Determine outcomes of implementing nurse-drive STI/HIV walk-in clinic at HAH. |
| <p>Nat Ross, LSW Andie Baker, AM</p> | <p>Howard Brown Health, Chicago, IL</p> | <ul style="list-style-type: none"> • Employ transgender and gender nonconforming (TGNC) voices (i.e., the TGNC Research Working Group and Lead Researcher) in creating a survey to better understand how to effectively engage to TGNC folks in research' this includes identifying specific barriers TGNC individuals may experiences engaging in research as well as ways to bring TGNC individuals to the decision-making table as more than research study participants. • Distribute the survey to a diverse group of TGNC individuals across Chicago. • Identify health education tools (e.g., infographics, apps, etc.) what would aid TGNC patients in making healthcare decisions in partnership with their care teams. |
| <p>Kelly Rice, MPH</p> | <p>Howard Brown Health, Chicago, IL</p> | <ul style="list-style-type: none"> • Develop internal data collection procedures in order to evaluate patient health outcomes and the effectiveness of agency interventions and services. • Evaluate available internal data and identify negative patient health outcomes and services gaps to inform future interventions and services. • Develop a care coordination systems that holistically addresses health and wellness needs of older LGBTQ adults. |

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| Tracy Lyons, MD | Erie Family Health Center, Chicago, IL | <ul style="list-style-type: none"> • Determine barriers for physicians, nurses, and ancillary staff to use appropriate language services for Spanish-speaking patients while hospitalized or during emergency room visits. • Examine patient satisfaction and patient care outcomes during medical encounters where Spanish-speaking patients worked with bilingual providers, in-person interpreters, or telephonic interpreters. • Develop a plan to improve the access to appropriate language service programs or stricter requirements for personal interpretation by health care professionals. • Potentially impact services available to not only Spanish-speaking patients, but other populations with limited English proficiency, as well, through insights gleaned from this project. |
| Leslie Garo | Mālama I Ke Ola Health Center, Maui, Hawaii | <ul style="list-style-type: none"> • Establish, develop, and increase participation in Group Prenatal Care visits at CHCs: <ul style="list-style-type: none"> ○ To promote competent caregiving, support family planning, and enhance economic self-sufficiency through interactive prenatal care visits. ○ To create effective relations with other specialists and community organizations to expose patients and to have them better understand the different resources. ○ To increase self-confidence and better prepare mothers and parents to understand how to care for a child and care for themselves during and after pregnancy. ○ To increase the amount of healthy pregnancies, deliveries, children, and stable parents. |

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| <p>Jermy Domingo, DrPH Bryan Juan, MPH</p> | <p>Hawai`i Primary Care Association Honolulu, HI</p> | <ul style="list-style-type: none"> • Train FQHC staff in health coaching techniques to improve diabetic control rate. • Establish clinical workflows for health coaches working with diabetic patients. • Evaluate the impact of health coaching on diabetes outcomes. |
| <p>Paige Leigh Baker-Braxton, PsyD</p> | <p>Howard Brown Health, Chicago, IL</p> | <ul style="list-style-type: none"> • Determine who is being served and identify populations who experience high rates of sexual violence but are underserved in the program. Programming can then be tailored to meet the needs of the underserved, high-risk populations. • Determine level of staff satisfaction working for and with the in.power* program (the first LGBTQ-specific sexual assault program in the nation). • Determine the level of in.power* staff burnout and make recommendations to improve sustainability. • Improve survivor satisfaction with in.power* programming. |
| <p>Jennifer Ahlquist, NP</p> | <p>Nursing Practice Corporation, Detroit, MI</p> | <ul style="list-style-type: none"> • Increase access to treatment for depression and anxiety in an underserved group of college students that might not typically seek care or adhere to treatment (i.e., LGBT students). • Risk reduction of the detrimental effects of untreated depression including suicidal behaviors, substance abuse, and lower academic functioning. • Mental health and wellness promotion to increase healthy behaviors, coping skills, and resiliency. • Project aims align with the tenants of patient centered outcomes research, specifically to improve health-related quality of life in diverse participants in order to optimize outcomes and reduce health disparities. |