

Health Services and Clinical Research with Community Health Centers to Eliminate Health Disparities in Underserved Populations



**Elmer R. Freeman, Executive Director
Center for Community Health Education Research and Service**

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Mission

The mission of CCHERS is to promote and support the development of “*academic community health centers*” that integrate education and research into their missions of service to influence and change health professions education, improve health care delivery, and promote health systems change.

Goals

- Promote community based, primary care oriented **education** for a range of health professions students, from high school through graduate and professional school, to improve community health services provided to underserved populations.
- Promote community derived and directed health services and clinical **research**, in partnerships with academic medical center, government, and university researchers, that focuses on health problems that impact diverse urban populations.
- Promote coordination of **services** and interagency collaboration among universities, health services providers, community based organizations, and community residents to create healthier communities.
- Promote public and marketplace policy **change** in health professions education, community health, and health care access to create an equitable health care system for diverse urban populations and communities.

Research Objectives

- To establish a sustainable practice based research network of “**academic community health centers**”.
- To become recognized as a credible center for initiating and conducting community-based health services and clinical research.
- To increase interest and reward of university faculty to engage in and conduct community-based research.
- To increase the interest and capacity of the community to engage in and conduct academic research.
- To develop common research agendas derived through consensus between academic and community partners.

Community-Based Participatory Research

Improving Research Quality, Enhancing Community Capacity and Improving Health Outcomes

- CBPR is a collaborative approach to research that combines methods of inquiry with community capacity-building strategies to bridge the gap between knowledge produced through research and translation of this research into interventions and policies to improve health.
- The significance of an approach that builds the capacity of communities to function as co-investigators with health agencies and academic institutions before, during and after the research process has re-emerged...as the academic and public health communities struggle to address the persistent problem of disparities.

Viswanathan, Ammerman, Eng, et al. *Community-Based Participatory Research: Assessing the Evidence*, Evidence Report/Technology Assessment No. 99, RTI-University of North Carolina, Rockville, MD: Agency for Healthcare Research and Quality, July 2004.

Principles of CBPR

- The project addresses an identified/expressed community need and originates from a community or academic entity with a development plan of a community-academic partnership.
- The project aims to help address an issue for the community of focus.
- The project ensures community involvement at all stages of the research including objectives, design, data analysis, interpretation, and dissemination of findings to the public.
- The project has established a formal role for a community academic liaison who is responsible for facilitating ongoing communication among project members.
- The partners adequately address issues of sharing power and resources.

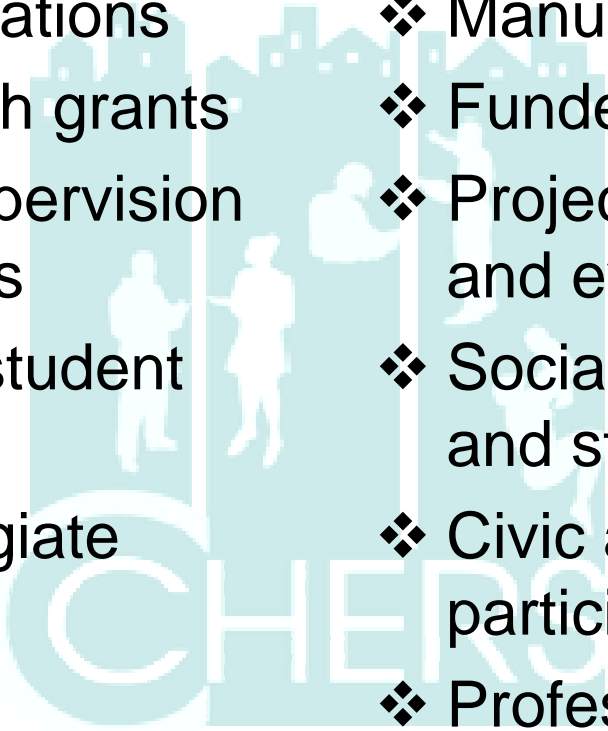
Community Placed vs. Community-Based

Levels of Community Involvement

- Community **notification** - inform the community of the intentions of the research risks and benefits relating to the individuals and communities involved.
- Community **consent** - obtaining some expression of community approval.
- Community **endorsement** - community representatives are asked to formally support the research activities.
- Community **participation** - seeking and obtaining community advice in planning, development, execution, and dissemination of the research.
- Community **origination** - research purpose and goals set by expressed community needs.

Jenkins, B. *"Health Disparities: Why we have not solved the problem, Why we need new approaches."* The Research Center on Health Disparities, Morehouse College, April 2004.

University – Community Expectations!!

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- ❖ Scholarly publications
 - ❖ Funded research grants
 - ❖ Professional supervision of applied grants
 - ❖ Supervision of student research
 - ❖ University/collegiate service
 - ❖ Membership in professional associations
 - ❖ Manuals & policy papers
 - ❖ Funded service projects
 - ❖ Project development and evaluation
 - ❖ Social action research and strategic planning
 - ❖ Civic and community participation
 - ❖ Professional and leadership development

Fundamental Causes

Social/Institutional/Environmental Conditions



Behavioral and Biological Risk Factors



Health Outcomes

This notion of “fundamental causes” comes from the work of Link & Phelan, in “Social Conditions as Fundamental Causes of Disease,” and is similar to John McKinlay’s “upstream-downstream” causes in “A Case for Refocusing Upstream: The Political Economy of Sickness” and Norman Anderson’s higher “Levels of Analysis in Health Science: A Framework for Integrating Socio-behavioral and Biomedical Research.”

Looking for *Causes* ... in all the *WRONG PLACES*

There's an old joke about a man who late one night dropped his keys in the middle of a dark parking lot. He moves some distance over to the side of the lot and begins a fruitless search for them under a bright light. When asked why he was not looking where he actually dropped them, he replied, "because this is where the light is."



Lupus Awareness and Community Education (LACE) Project

- Brigham & Women's Hospital/Harvard Medical School, Massachusetts Department of Public Health & Women of Courage.
- Promote awareness of lupus and risk exposures to organic/petroleum products; conduct case finding; and determine associations.
- Power dynamics; racial/ethnic politics; and roles of the partners in project.
- Team building retreats; formative research and focus groups; community education.
- State tracking of lupus; education of primary care practitioners; environmental health policy advocacy.

Asthma Center on Community Environment and Social Stress (ACCESS)

- Channing Laboratory of Brigham and Women's Hospital, Harvard School of Public Health & CCHERS.
- National center for reducing disparities in asthma with longitudinal study of 1000 pre-natal; genetic testing and assessment of environmental and community stressors and triggers of asthma.
- Organizational cultures; power differentials; and building a partnership.
- Co-investigators; qualitative community researchers; organize and convene Community Advisory Board.
- AHRQ Evidence Report No. 99; Kellogg Commission; Boston Housing Authority Healthy Homes; policy advocacy; community organizing.

Challenges for Community in CBPR

- Understanding the academic research enterprise.
- Building research capacity and infrastructure.
- Building relationships based on trust.
- Coping with differentials in power and issues of control.
- Being seen as credible partners with “expertise”.
- Establishing a structure and process for inclusion, communication and decision making.
- Allocation of financial resources and fiscal control.

Freeman, E.R., Brugge, D., Bennett-Bradley, W.M., Levy, J.I., and Carrasco, E. (2006). “Challenges of Conducting Community-Based Participatory Research in Boston’s Neighborhoods to Reduce Disparities in Asthma.” *Journal of Urban Health*, November/December, 4(6) pp. 1013-1021

Community Health and Academic Medicine Partnership (CHAMP)



**Brigham and Women's Hospital – Division of Internal Medicine
Investigator – JudyAnn Bigby, MD**



**Center for Community Health Education Research and Service
Co-Investigator – Elmer R. Freeman, MSW**



**Harvard Medical School – Department of Health Care Policy
Principal Investigator – LeRoi Hicks, MD, MPH**

Objectives

- Create a research collaboration among academic researchers, community health centers (CHC), and community residents.
- Determine the potentially modifiable factors that act as barriers to highest quality care for diabetes and hypertension among CHC patients in Boston neighborhoods.
- Utilize the collaboration of a community advisory committee and investigators to plan and test interventions for patients receiving care for diabetes or hypertension at the participating CHCs.

Research Aims

- **Community/Academic Collaboration (Years 1&2)**
 - **Establish Advisory Committee for project oversight (8 members)**
 - **Conduct regular face-to-face meetings in common forum**
 - **Implement assessment plan for collaboration**
- **Information Gathering (Year 1)**
 - **Conduct CHC site visits**
 - **Conduct focus groups with patients**
 - **Interview and provide quarterly reports to key informants**
- **Pilot Intervention (Year 2 patient and/or CHC centered)**
 - **Patient health literacy, navigation or adherence**
 - **Provider communication and/or competencies**
 - **CHC systems/process analysis**

Community Health Centers

Potential for Eliminating Disparities in Heart Disease Risks and Outcomes

- Enroll the largest proportion of uninsured individuals and families.
- Provide disproportionate share of care for immigrant populations and racial and ethnic minority groups.
- Participation in the HRSA Chronic Disease Management Collaboratives.
- Model for providing community oriented primary care with individual and community level interventions.

Hicks, LS, O'Malley, JA, Lieu, TA, Keegan, T, et al. (2006). "The Quality of Chronic Disease Care in US Community Health Centers." *Health Affairs*, November/December, 25(6) pp.1712-1723

Communities and Health Centers

❖ Roxbury

- Whittier Street Health Center
- Roxbury Comprehensive Community Health Center

❖ Dorchester

- Uphams Corner Health Center

❖ Jamaica Plain

- Southern Jamaica Plain Health Center
- Brookside Community Health Center

❖ Mattapan

- Mattapan Community Health Center

Patient or CHC Centered Pilot Intervention

- Targeting patient health-literacy
- Improving patient navigation
- Improving patient adherence to provider recommendations
- Improving provider communication and competencies
- External review of quality of performance with directed feedback

CBPR Bibliography

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CBPR Resources

- *Developing and Sustaining Community-Based Participatory Research Partnerships: A Skill-Building Curriculum* @ www.cbprcurriculum.info
- Crossroads II Community-Based Collaborative Research for Social Justice Conference, June 7-9, 2007, Hartford, CT by *The Institute for Community Research* @ www.incommunityresearch.org
- American Public Health Association Policy on CBPR in Public Health @ <http://www.apha.org/legislative/policy/2004/>
- WK Kellogg Community Health Scholars Program definition of CBPR @ <http://www.sph.umich.edu/chsp/program/index.shtml>
- Progress in Community Health Partnerships: Research, Education, and Action @ <http://muse.jhu.edu/journals/>
- Community Campus Partnerships for Health CBPR Listserv @ <http://mailman1.u.washington.edu/mailman/listinfo/cbpr>
- Centers for Disease Control and Prevention – Prevention Research Centers (PRCs) @ <http://www.cdc.gov/prc>
- The Community-Based Collaboratives Research Consortium @ <http://www.cbrc.org/>

Contact Information:

**Elmer R. Freeman, MSW
Executive Director**

Center for Community Health Education Research and Service

716 Columbus Avenue, Suite 398

Boston, MA 02120

Tel: 617-373-5179

Fax: 617-373-8797

E-mail: e.freeman@neu.edu

Website: www.cchers.org