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Translation Research: Where are our Communities?

Carolyn M. Jenkins
Medical University of South Carolina

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Translation Research
Where are our Communities?

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and

Co-Director, SCTR Community Engagement

http://academicdepartments.musc.edu/sctr/programs/community_engagement/index.html

Objectives

- Review principles of CEnR with focus on CBPR

- Describe community engagement in the context of research frameworks

- Explore methods for training academic and community members for CEnR

- Review Community Engaged Scholars Program and examples of CEnR and action

Clinical and Translational Research Awards (CTSA)

- Designed to develop innovative solutions that will improve efficiency, quality and impact of the process for turning observations in the laboratory, clinic and community into interventions that improve health of individuals and the public.

- n = >50

Reference: http://www.ncats.nih.gov/ctsa

NCATS' Translational Science Definition

- **Translation** is the process of turning observations in the laboratory, clinic and community into interventions that improve the health of individuals and the public

- **Translational science** is the field of investigation focused on understanding the scientific and operational principles underlying each step of the translational process.

Foundation for Translation
Our Communities

Henry David Thoreau

"If you have built castles in the air, your work need not be lost; that is where they should be. Now put foundations under them."

Translational Spectrum
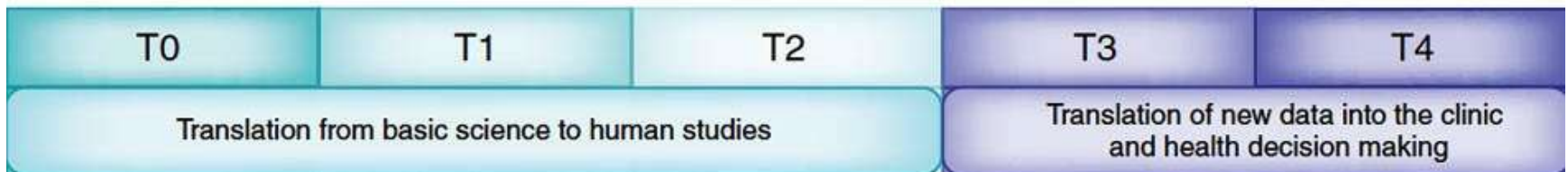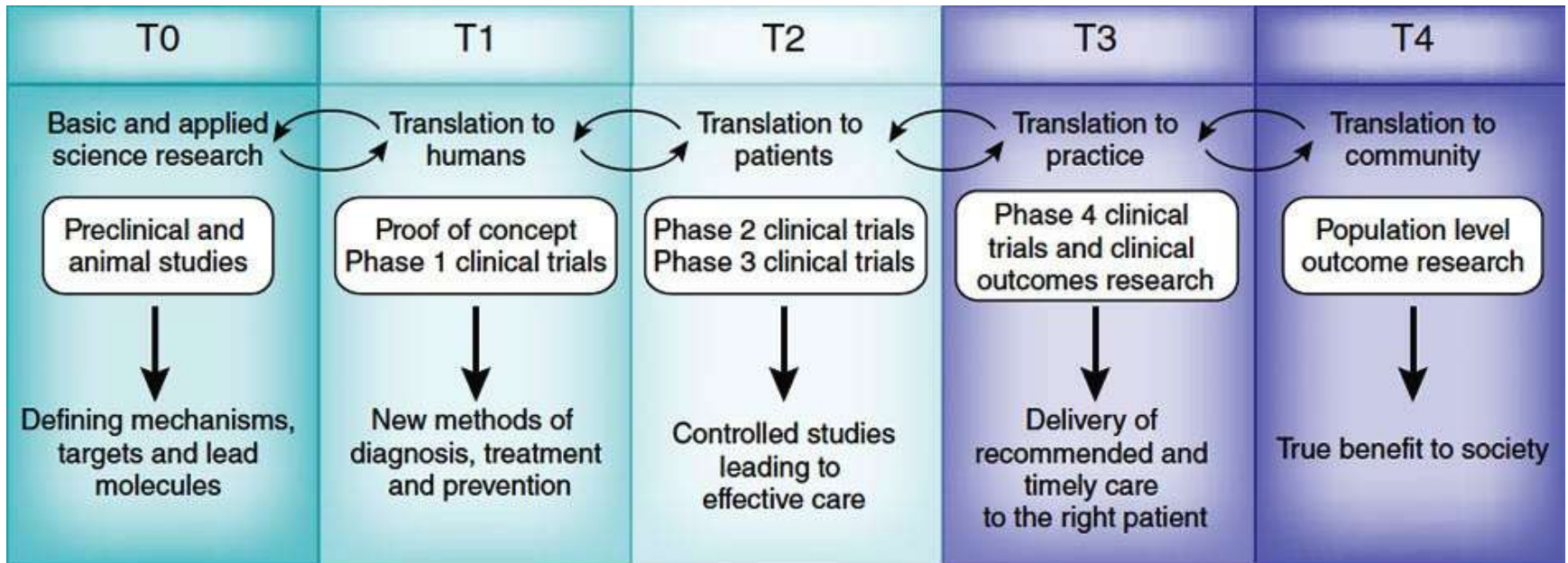
Evaluating Translational Research: A Process Marker Model

Working Passionately Separately

Community

Academic Research

Do our communities view our academic institutions as "Ivory Towers?"
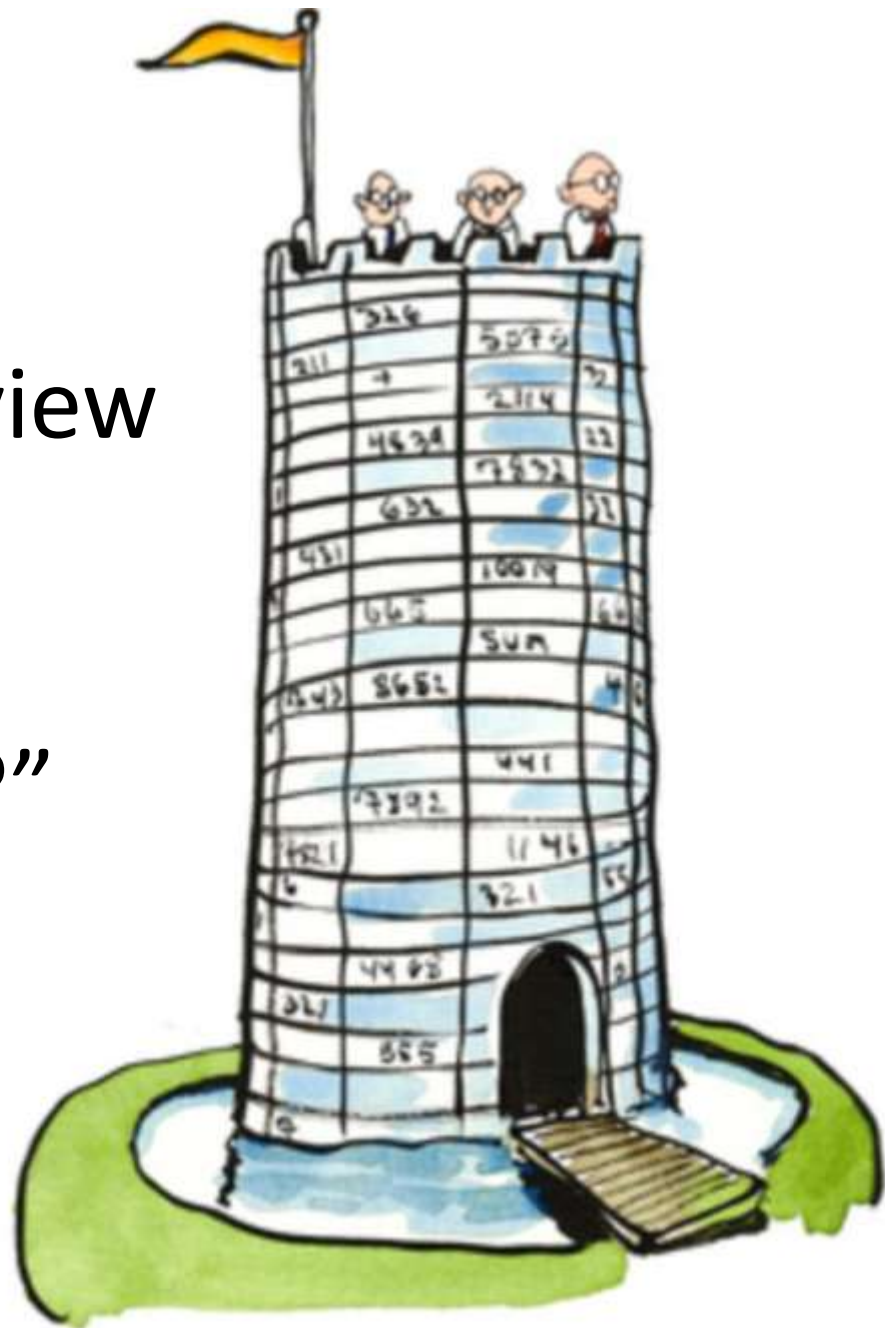
Our Role in CBPA and Research: Connect the Silos in Communities, Own the Issues, Address the Issues, Communicate Findings

Connect the Silos
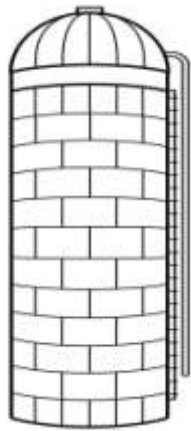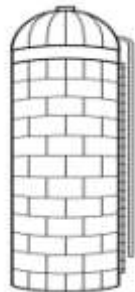
Health Systems • Justice and Homeless • Social Services • Younger and Older Community Members • Basic Needs • Academic Institution
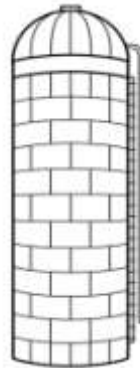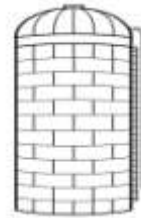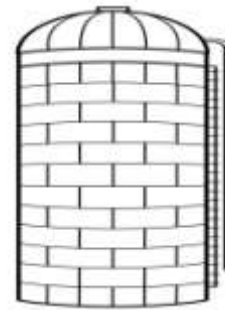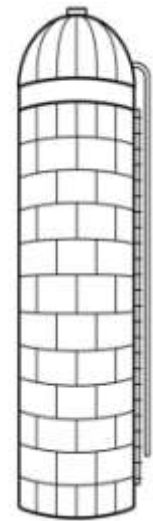
IOM Recommendation 6 (out of 7) for Clinical & Translational Research Awards (CTSAs)

Ensure community engagement in <u>all phases of research</u>.

From: https://ncats.nih.gov/news/releases/2013/ctsa-iom-statement

NCATS and CTSA Program should:

- **define community engagement broadly** and use definition consistently in requests for applications and communications about the CTSA Program.

- **ensure active and substantive community stakeholder participation** in priority setting and decision making across all phases of clinical and translational research **and in the leadership and governance** of the CTSA Program.

- **define and clearly communicate goals and expectations for community engagement** at individual CTSA level and across program and ensure broad dissemination of best practices in community engagement.

- **explore opportunities and incentives to engage a more diverse community.**

NIH Definition of Community Engagement

"Scientific inquiry conducted in communities and in partnership with researchers. The process of scientific inquiry is such that community members, persons affected by the health condition, disability or issue under study, or other key stakeholders in the community's health have the opportunity to be full participants in each phase of the work (from conception - design - conduct - analysis - interpretation - conclusions - communication of results)."

Reference: http://www.niehs.nih.gov/translat/cbpr/cbpr.htm).

PRINCIPLES OF
COMMUNITY ENGAGEMENT
SECOND EDITION

Clinical and Translational Science Awards Consortium
Community Engagement Key Function Committee Task
Force on the Principles of Community Engagement

Available free from:
http://www.atsdr.cdc.gov/communityengagement/pdf/PCE_Report_508_FINAL.pdf

Models or Frameworks commonly used in Community Engagement

Community Engaged Research

Community Engagement Continuum

Increasing Level of Community Involvement, Impact, Trust, and Communication →

Outreach	Consult	Involve	Collaborate	Shared Leadership
Some Community Involvement	More Community Involvement	Better Community Involvement	Community Involvement	Strong Bi-directional Relationship
Communication flow is from one to the other, to inform	Communication flows to the community and then back, answer seeking	Communication flows both ways, participatory form of communication	Communication flow is bi-directional	Final decision making is at community level
Provides community with information.	To get information or feedback from the community.	Involve more participation with community on issues.	Form partnerships with community on each aspect of project from development to solution	Entities have formed strong partnership structures
Entities co-exist.	Entities share information	Entities are cooperating with each other.	Entities form bi-directional communication channels	Outcomes: Broader health outcomes affecting broader community. Strong bi-directional trust built.
Outcomes: Optimally, establishes communication channels and channels for outreach	Outcomes: Develops connections	Outcomes: Visibility of partnership established	Outcomes: partnership building, trust building	

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Community Engaged Research Continuum

Reference: Modified by DJ McCloskey and from the International Association of Public Participation

Ladder of Participation
Community Engaged Research

Empowerment

Partnership

Involvement Collaboration

Consultation, Input

Therapy, Self-Management Education

Treatment/ education where they are; Provide balanced information

Seek view points, ideas, strategies from community to be considered in research. Cooperation

Community works with researchers to solve problems. Involved in discussions and have a voice. Power of final decisions still often with researchers

Striving for equity of all involved, all involved benefit from participation. Shared goals and values, shared decision making, resources, and responsibility, co-learning

Communities and representative partners' increase control over factors and decisions that affect lives/ health issues. Action that is explicitly aimed at social political change

Community Placed	Community-Based	Community- Engaged	Community- Participatory
Treatment plans, programs in the community, tailored media campaigns	Focus groups or surveys to obtain community perspective	Task forces or Workgroups work together to get things done	Workgroups, Action Boards where important decisions are made about project Community gets share of financial resources and equal voice in decisions

From: Jurkowski JM, CBPR Workshop, 2016

CBPR Key Words and Benefits
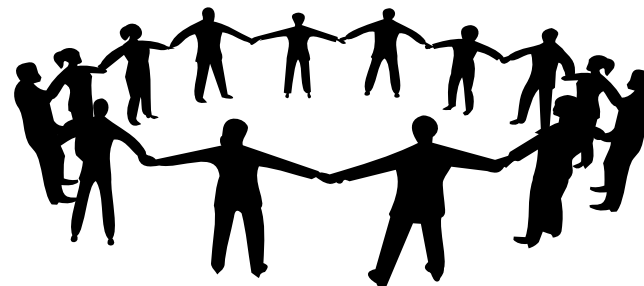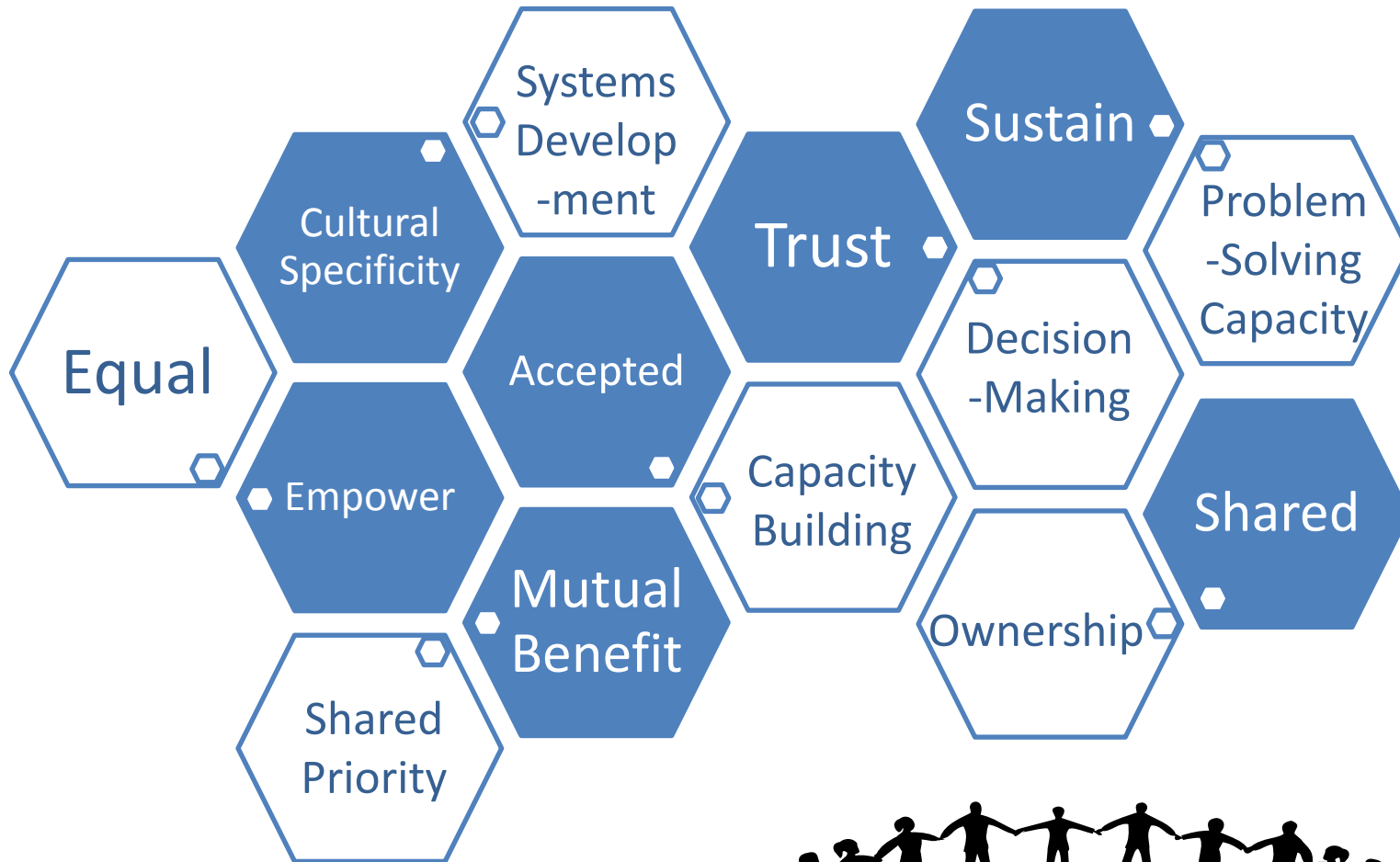
Determinants of Health and Their Contribution to Premature Death

Proportional Contribution to Premature Death

- Social circumstances 15%
- Environmental exposure 5%
- Health care 10%
- Behavioral patterns 40%
- Genetic predisposition 30%
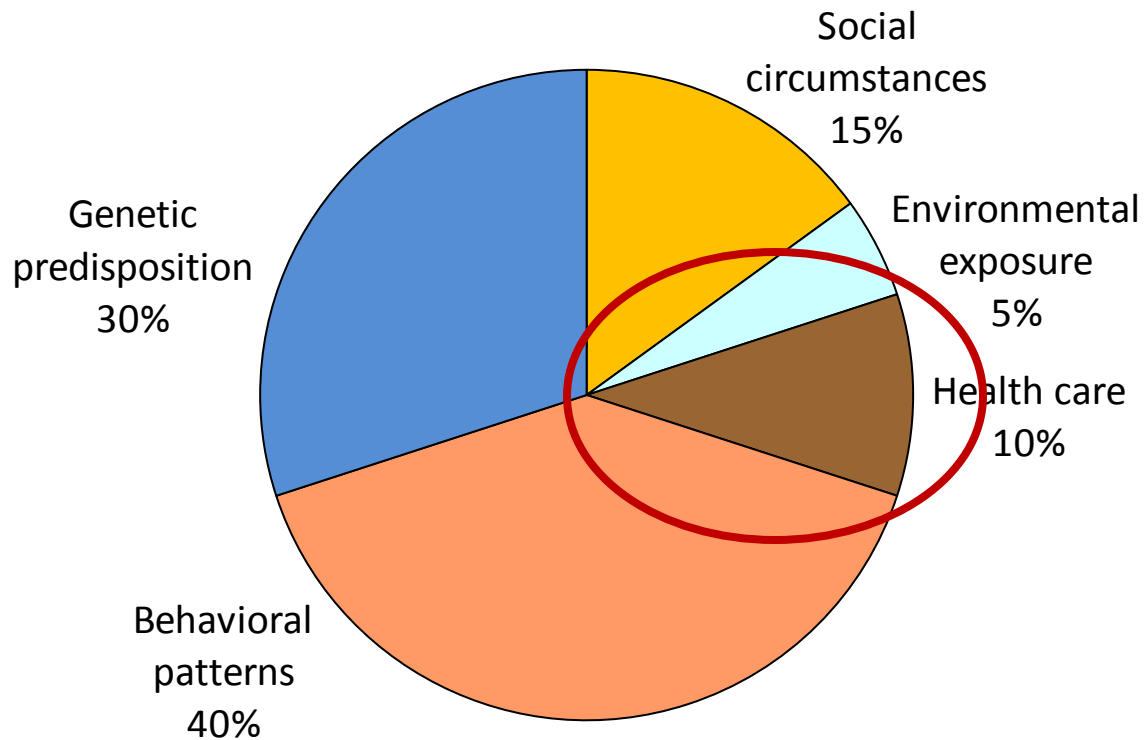
Adapted from: McGinnis JM, Williams-Russo P, Knickman JR. The case for more active policy attention to health promotion. Health Aff (Millwood) 2002;21(2):78-93.

Socio-Ecological Model

Health Impact Pyramid

Increasing Population Impact

Increasing Individual Effort Needed

Counseling and Education

Clinical Interventions

Long-Lasting Protection Interventions

Changing the Context to Make Individuals' Default Decisions Healthy

Socioeconomic Factors

Frieden T. American Journal of Public Health | April 2010, Vol 100, No. 4
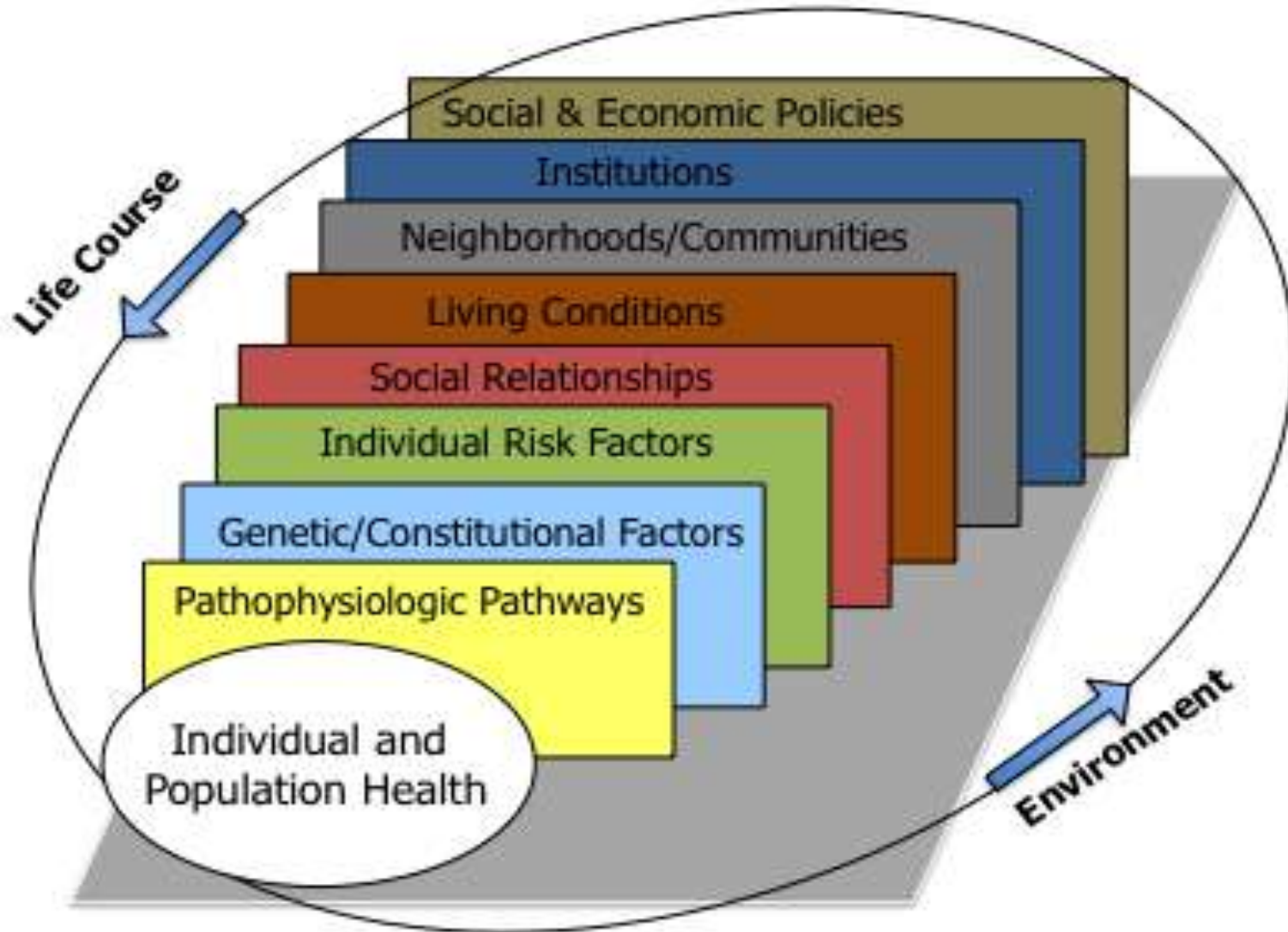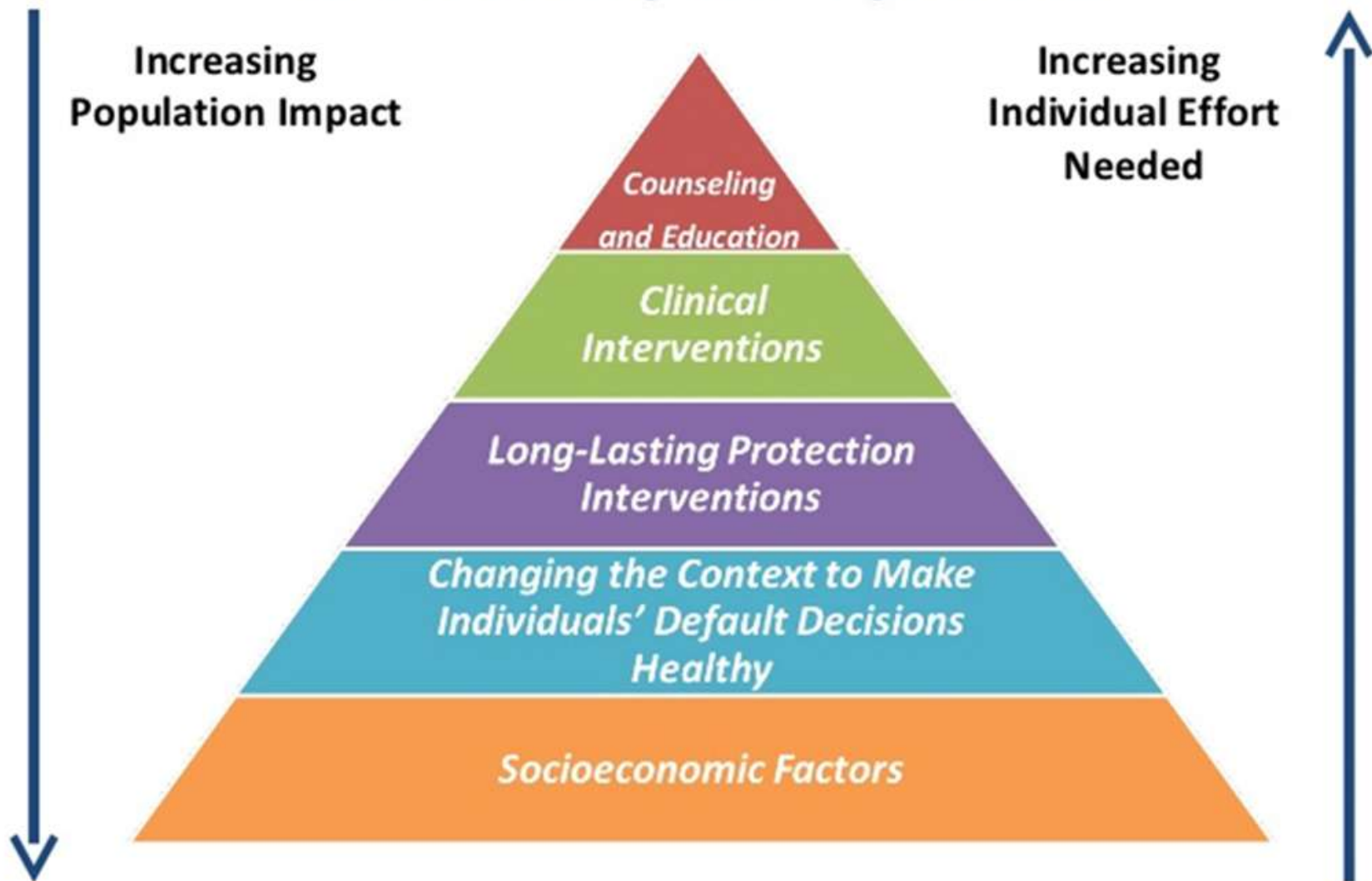
Ideal CBPR

Ideal is Achieved when Community and Academic Perspectives are Balanced at Each Research Stage

Community Reality

Gives faith that findings will <u>translate into real world outcomes</u>

Academic Rigor

Gives faith that findings are <u>real</u>

Benefits of Community Engagement

- Community participation increases:
  - Identification of a shared priority
  - Local knowledge
  - Buy-in
  - Commitment
  - Practical and effective solutions
  - Empowerment
  - Problem-solving skills
  - Acceptance of projects and solutions
  - Sustainability
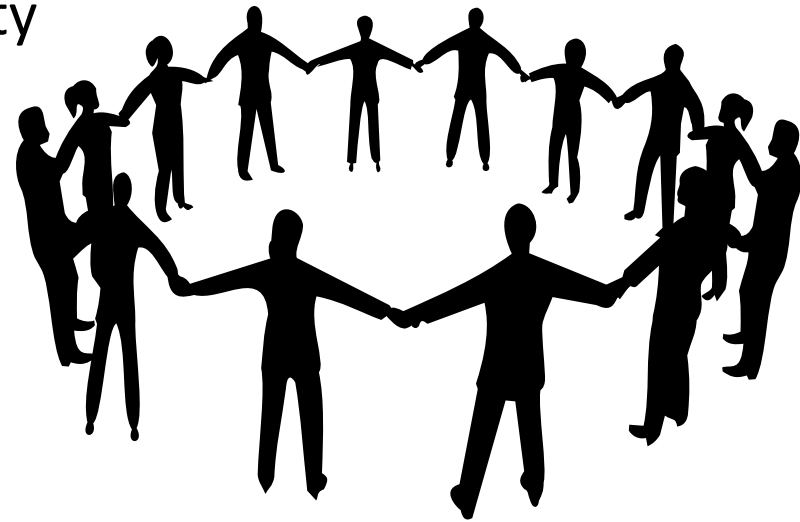
(Penn State Engagement Toolbox, Website)

Community Involvement in CBPR

Viswanathan, Ammerman, Gartlehner, et al.
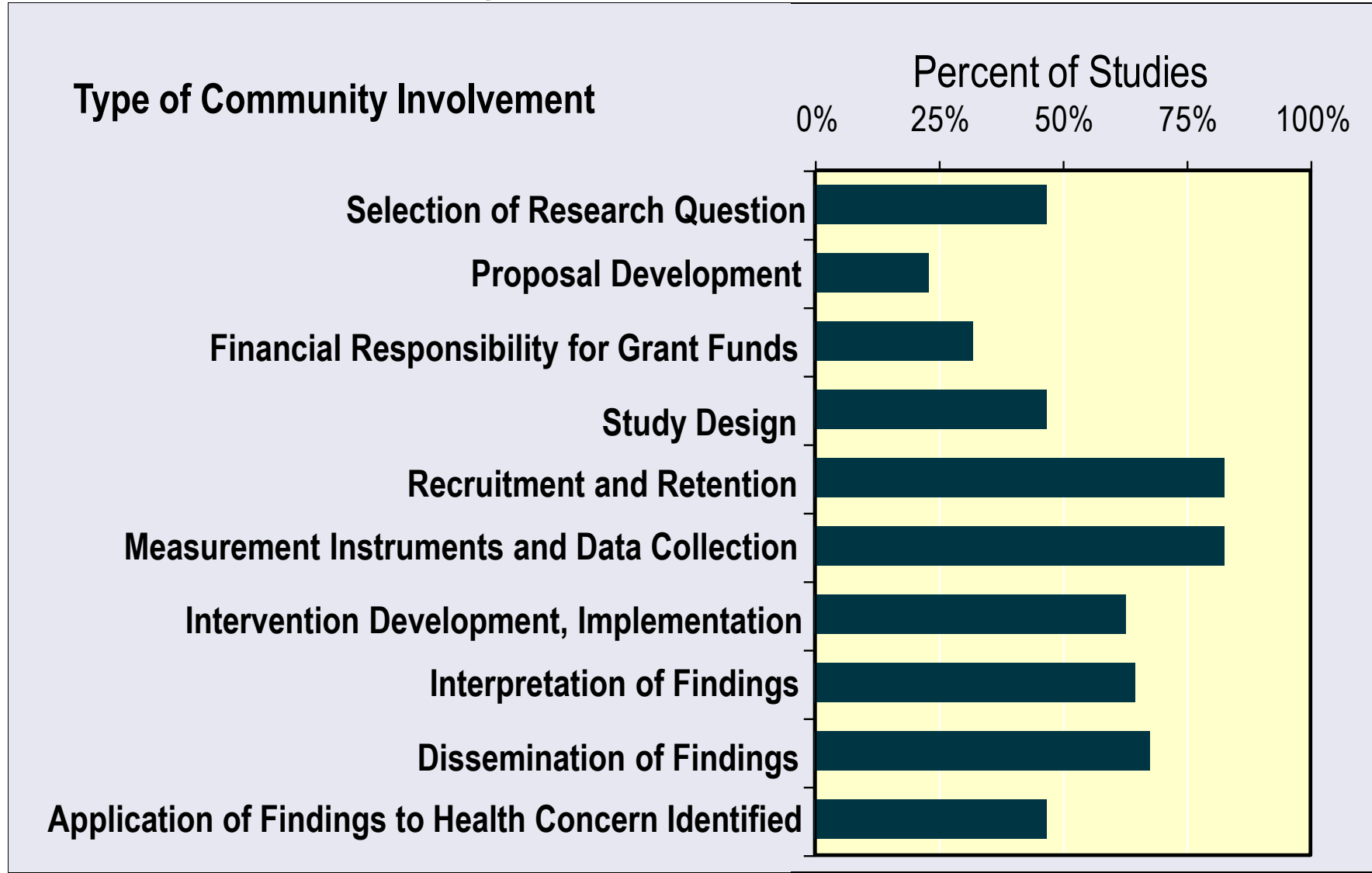
Community Based Participatory Research

QUESTIONS

- What organizations can join the network?
- What do they bring and how is it financed?
- How and what needs to be sustained?
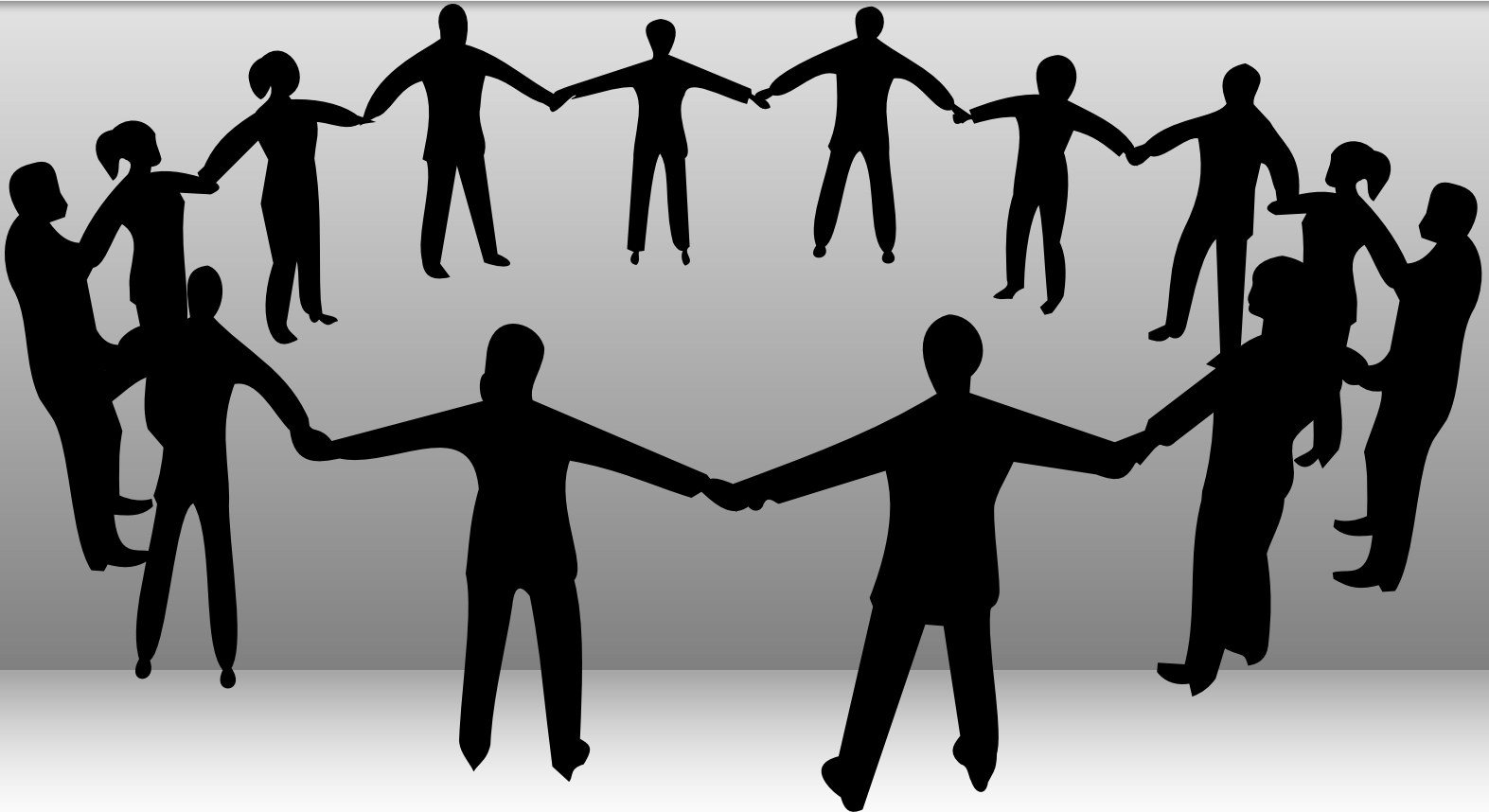
Community Engagement Complexities

- Community engaged participatory research has many benefits, but it also adds layers of complexity at many stages:
  - Training for Regulatory and Study Requirements
  - Contracts and Professional Service Agreements
  - Regulatory Approvals
  - Budgets

Common Data Collection Methods

- Qualitative: Often seeks to explore phenomena
  - Focus Groups
  - Informational Interviews (Photo Voice)
  - Key Informant Interviews
  - Cognitive Interviews
  - Observations/Interviews (Walking Interviews)
- Quantitative: Often seeks to confirm hypotheses about phenomena
  - Surveys
  - Biological and Clinical Data

Who best represents the organization or the community?

❖ Persons with time, energy, and motivation to participate in research may not represent or understand the issues in the community.

❖ Explore diverse participants of those most affected by issue.

❖ What is the participants' agenda?

❖ Who is missing?

Coalition vs. CAB vs. BOD

Coalition[1]
- ❖ An alliance for combined action
- ❖ Agreed upon purpose with shared decision-making
- ❖ Each member maintains own autonomy

[1] Mizrahi & Rosenthal (2001)

Comm. Advisory Board[2]
- ❖ Does not have formal authority to govern the organization
- ❖ Makes recommendations
- ❖ Provides information and materials
- ❖ Provides linkages

[2] Newman, Andrews, Magwood, Jenkins (2011)

Board of Directors
- ❖ Formal authority to govern and manage
- ❖ Provide strategic direction
- ❖ Hire leader

PCORI Implementation & Dissemination
Draft 12-10-14
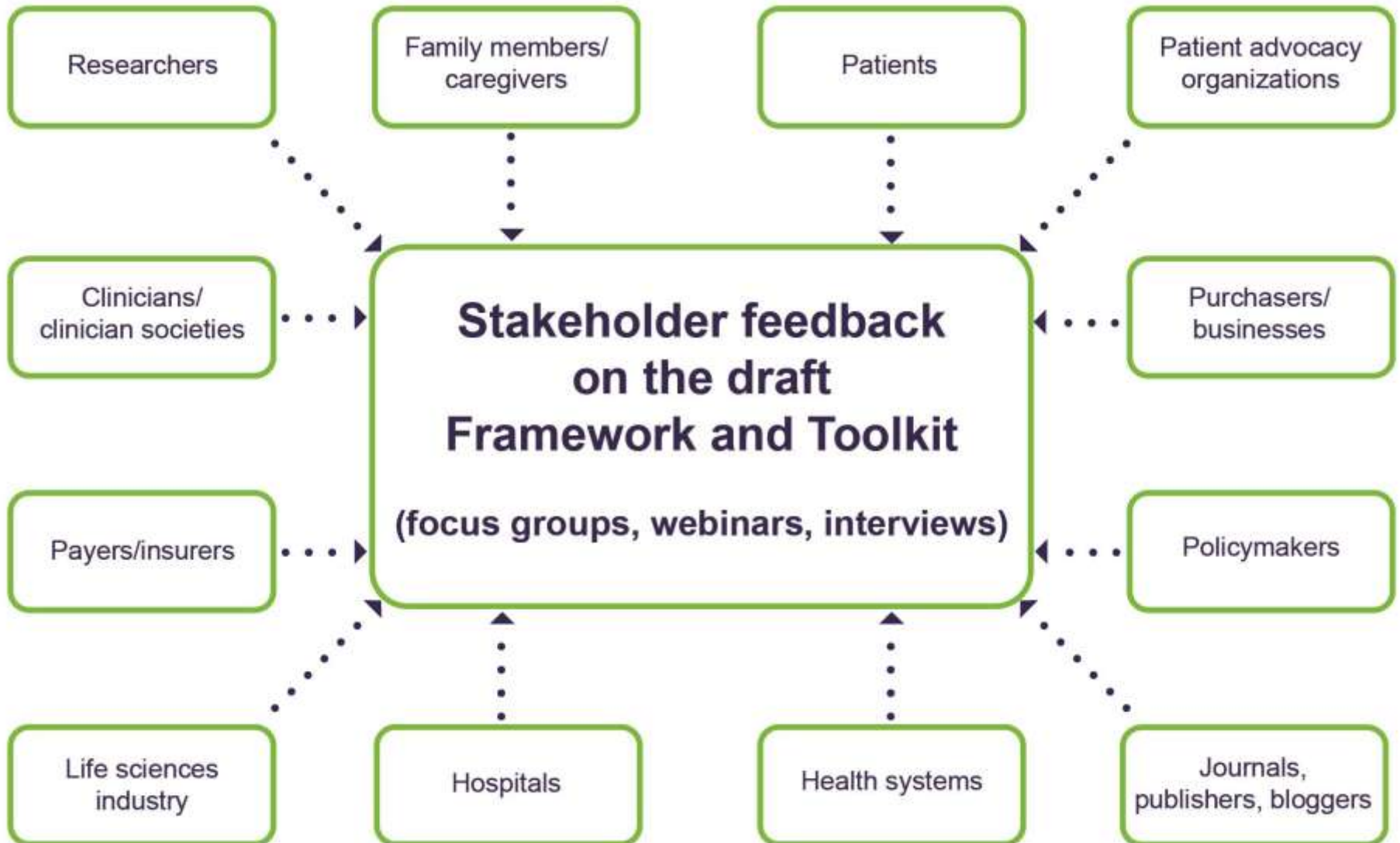
Evaluation of Academic Infrastructure

- What's in place?
- Impact on addressing health concerns
- Evidence of progress in conducting clinical and translational research enabled by infrastructure
- Promotion and tenure criteria
- Challenges encountered and solutions
- Evidence of overall research productivity
- Partnerships with others
- Professional development

http://academicdepartments.musc.edu/sctr/
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CTSA Clinical & Translational ®
Science Awards

Evaluation of Community Infrastructure

- What's in place?
- How do we identify health concerns?
- What processes are used to identify and address health concerns?
- Evidence of progress in addressing health concerns enabled by infrastructure
- Challenges encountered and solutions
- Evidence of overall productivity in addressing community concerns
- Partnerships with others
- Professional development

Exploration of Expectations

"Are We Ready?" The Partnership Readiness for Community-Based Research (CBPR) Toolkit was developed by MUSC academic and community co-investigators in response to an investigation of partnership readiness to conduct CBPR.

The goal of the toolkit is to foster a firm foundation for the partnership to conduct CBPR and to achieve desirable health outcomes.

Free English and Spanish version
https://sctr.musc.edu/index.php/dissemination/products

Overview

- Toolkit Overview

- Basic Tenets of the Partnership

- Goodness of Fit

- Capacity of Partnership/Project

- Partnership Operations

- Summary and Implications

Partnership Readiness Model
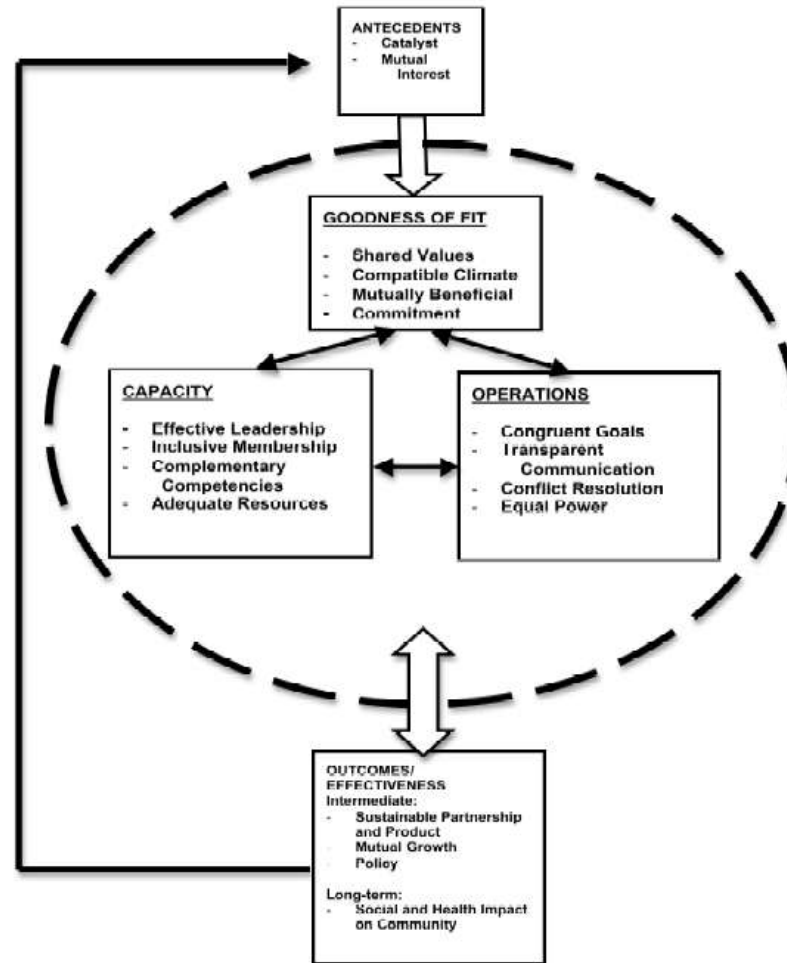
Formalizing Commitment

- A memorandum of understanding (MOU) or contract to have written documentation:
  - commitment for the research
  - principles of the partnership
  - responsibilities of community and academic partners
  - methods for decision-making and communications
  - resources and ownership of the resources
  - methods of reporting
  - expectations for sustainability and ongoing relationship

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Transparent Communication & Structures

Communication plans

- Decisions regarding what/how/when communication with all partners and the wider community is an important step in establishing operations.

Preliminary FG Work with Communities and Providers

Framing Element	Traditional Approach	Racial Justice Approach
1) What's the problem?	High rates of Type 2 Diabetes	persistent inequities in Type 2 diabetes rates
2) What's the Cause?	Poor Nutrition lack of excercise Overweight/obese	food deserts racism Stress transporta lack of access to healthy, affordable food Structural barriers for communities of residental segregation color disinvestment in communities of color government, policy, institutions, Businesses
What/who's responsible?	INDIVIDUALS	
3) What's the Solution	Nutrition education Excercise classes Medication weight loss monitoring	educating policy makers invest in communities of color — increase identify barriers access
4) What action is needed	Nutrition education, excercise classes	Partnerships across sectors community organizing + engagement
5) What values are highlighted	Individualism, Personal responsibility Choice, individual Freedom	Trust, honesty, relationship, respect, equity, shared responsibilt Sustainability, shared power + decision making

Successful Community Engaged Research and Care involves:

❖ Commitment to long-term community investment

❖ Openness to organizational and cultural change

❖ Willingness to share power, as appropriate, between academic, practitioner, and community organizations

❖ Development of trust and respect among all those involved

Adapted from: National Institute for Health and Clinical Excellence (UK)

Community Engaged Scholars Program (CES-P)

The goal of CES-P is to increase the capacity of community-academic partnerships to conduct research with mutual ownership of processes and products, and ultimately, improve the health of our communities in South Carolina and beyond.
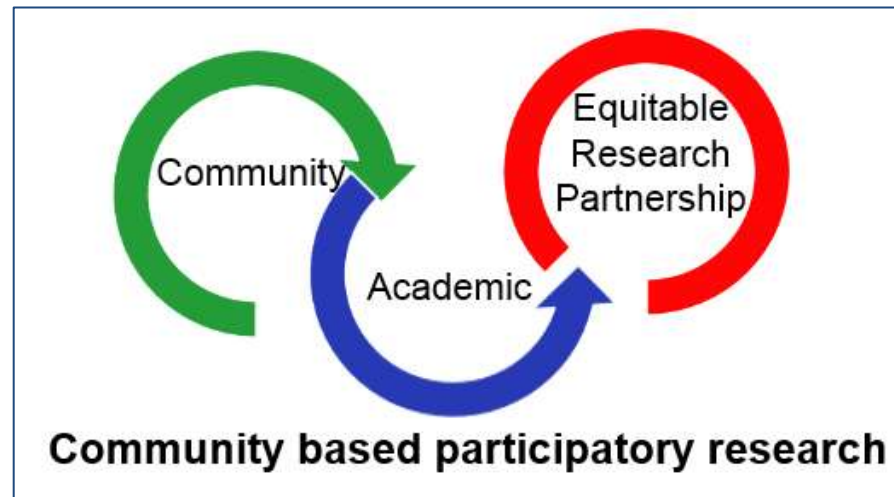
CES-P: Innovation and Findings

Innovation: One of first initiatives in US to provide simultaneous community-engaged research training to teams of community and academic partners through interactive group sessions, apprenticeship opportunities and pilot project funding across multiple therapeutic domains.

Findings: CES Program research training and pilot funding support of community and academic partner teams can be an effective method for addressing community priorities, training research teams and contributing to health improvements among diverse populations.

CES-P Goals

- Incentivize and foster translational team science through community and academic partnerships

- Encourage shared identification of community health priorities

- Advance a community-based participatory research (CBPR) co-learning curriculum for academic and community partners

- Promote equitable and lasting partnerships

- Stimulate subsequent research funding, projects and peer-reviewed publications

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CES-P Competencies

- Articulate concepts and components of CBPR and other methods for community engaged research

- Apply CBPR principles in conduct of research

- Communicate with audiences in both community and academic settings about CBPR principles and components

- Implement a pilot CBPR initiative to address a shared community health priority

- Incorporate CBPR principles and approaches in funding applications

- Develop a 3-4 year plan for subsequent CBPR research

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CES-P: Application

- Requests for applications
- Informational call
- Application components
  - Academic and Community co-PIs
  - Description of partners and partnership capacity
  - Research proposal addressing shared community health goal
  - Supervisor Consent Forms
  - Signed Memorandum of Understanding

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Successful Research Proposals

- Specific Aims: include partners

- Significance: address relevance to community

- Research strategies: how is community involved

- Investigators: include partner as Co-PI

- Evaluation: include community

- Timeline: account for participation of community

- Budget: shows community involvement

- Letters of support: describe role of community

- Human subjects: CAB or workgroup—participants in research; monitor CBPR process

CES-P: Grant Review & Selection

- Academic and Community Reviewers
- Scored based on:
  - Partnership
  - Environment for community-engaged research
  - Significance of health issue
  - Project approach
  - Innovation
  - Potential for future research

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CES-P Goals

- **Formal Training**: 10-15 weekly 90-minute sessions
- **Mentorship**: Each team meets with a community and/or academic mentor at least monthly throughout project development and implementation.
- **Pilot Grant Proposal Development**:
  - Application → Revision based on session information, mentors, IRB, and consultation feedback → final IRB approval
- **Funding Project**
- **Future Funding and Contribution to Research**

CES-P Methods

Academic and Community Partner Co-Ownership

Didactic Training

Pilot Grants

- $5,000 - $10,000
- 1-year projects
- Mechanism to inform future grants

Co-ownership

Didactic Training

Pilot funding
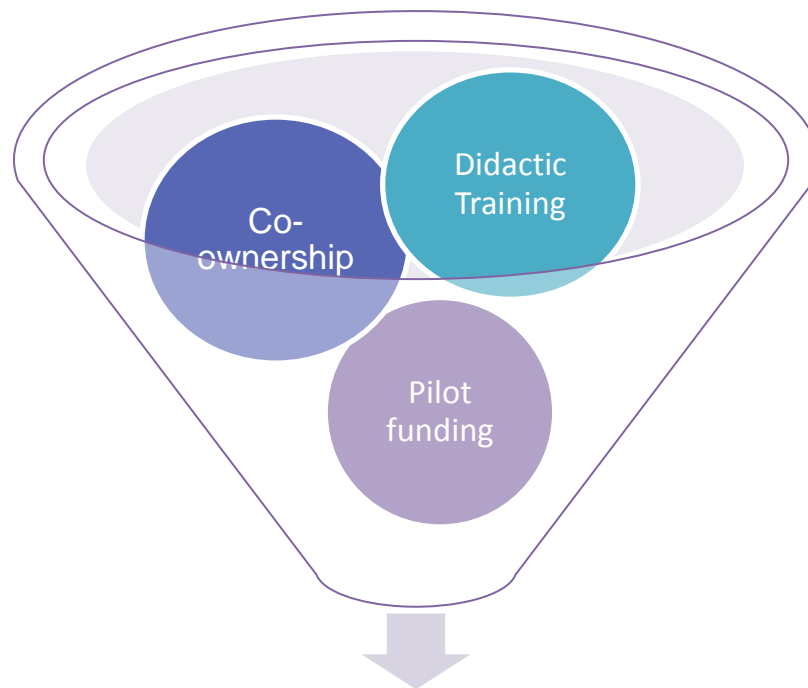
Community-based Participatory Research and Sustainable Partnerships

Formal Training Curriculum

Curriculum Topic Examples

- Partnership readiness
- Research frameworks and theory
- Community problem identification
- Ethics
- Institutional Review Board
- Grant Writing

- Feasibility and pilot testing
- Intervention development
- Data collection
- Data analysis
- Evaluation
- Translation, Dissemination, and Implementation

Speakers and instructors include a multidisciplinary team of academics, community members, and CES-P alumni who are involved with community-engaged research.

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Informal Training Curriculum

Examples

- Teamwork
- Active listening
- Building respect
- Communications
- Co-learning

- Discussion: What else is needed?

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Are We Ready? Toolkit

Are We Ready?" The Partnership Readiness for Community-Based Research (CBPR) Toolkit was developed by MUSC academic and community co-investigators in response to an investigation of partnership readiness to conduct CBPR.

The goal of the toolkit is to foster a firm foundation for the partnership to conduct CBPR and to achieve desirable health outcomes.

Free English and Spanish version
http://academicdepartments.musc.edu/sctr/programs/community_engagement/tools_links_glossary.htm

Evaluation

- Are the right people at the table?

- Does the process and structure allow for all voices to be heard and equally valued?

- How are community members involved in:
  - developing the program or intervention?
  - implementing the program or intervention?
  - program evaluation or data analysis?

- What kind of learning has occurred, for both the community and the academics? Have community members learned about evaluation or research methods? Have academics learned about the community health issues? Are there examples of co-learning?

From: Principles of Community Engagement 2nd ed. (2011)

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Partnerships for Environmental Public Health Evaluation Metrics Manual

Available for download from:
http://www.niehs.nih.gov/research/supported/assets/docs/a_c/complete_peph_evaluation_metrics_manual_508.pdf

Themes Addressed in the Manual

- Partnerships

- Leveraging

- Products and Dissemination

- Education and Training

- Capacity Building

How do you measure progress or achievement in these areas?

The approach: **Goal-based Logic Models**

Logic Models
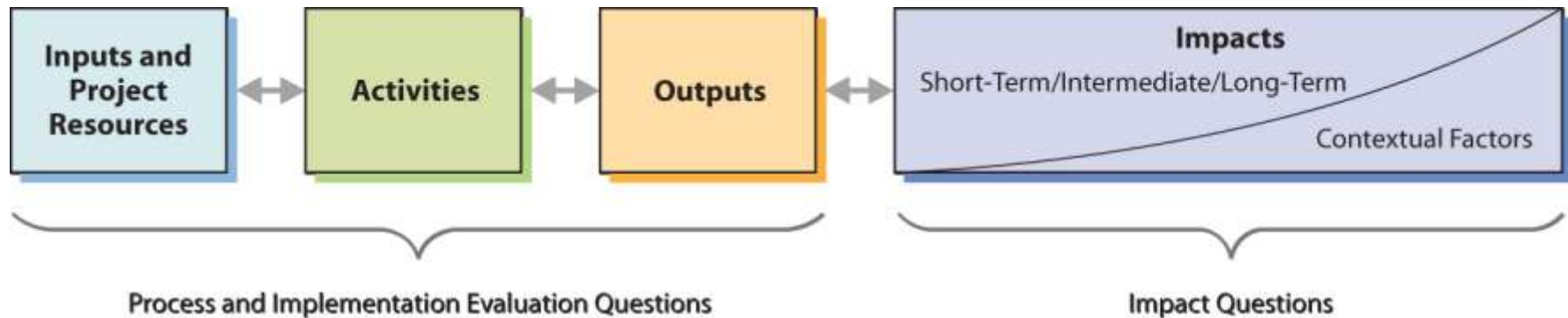
Logic Model – organized, project-specific, informs metrics

- **Inputs** – resources available

- **Activities** – actions that use available resources

- **Outputs** – direct products of activities

- **Impacts** – benefits or changes resulting from activities, outputs

From: http://www.niehs.nih.gov/research/supported/dert/programs/peph/metrics/

CES-P Outcomes Cohorts 1-5

Since 2009, CES-P has trained:

5 Cohorts

21 Teams

65 team members

3 to 6 teams per year

50%
of participants were community members

Academic Partners

- MUSC, Clemson University, VA

- Medicine (27%), Nursing (24%), Psychology and Behavioral Sciences (18%), Food and Nutrition (12%), Pediatrics (9%), VA (6%), Health Professions (3%), and Dental Medicine (3%).
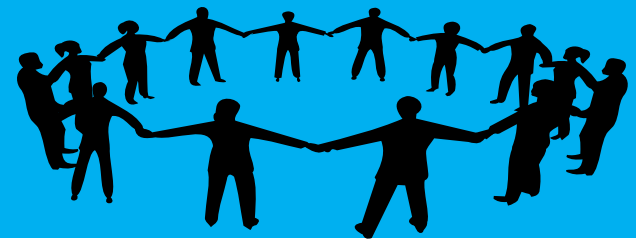
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CES-P Outcomes Cohorts 1-5

Since 2009, CES-P has trained:

5 Cohorts
•
21 Teams
•
65 team members
•
3 to 6 teams per year

50%

of participants were community members

9 follow-on grants amounting to:

$6,344,358

$46:$1

Return on Investment

17 podium presentations and posters

8 peer-reviewed publications

http://academicdepartments.musc.edu/sctr/
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CES-P Cohorts

Cohort 1

Cohort 3

Cohort 4

Cohort 5

Cohort 2

SCTR Resources

- SPARC Request
    - https://sparc.musc.edu

- SCTR Community Engagement Program
    - http://academicdepartments.musc.edu/sctr/progr ams/community_engagement/index.html

Community Based Participatory Research & Action: Are We There Yet?

- Yes, but who is at the table?

- No, but why not?
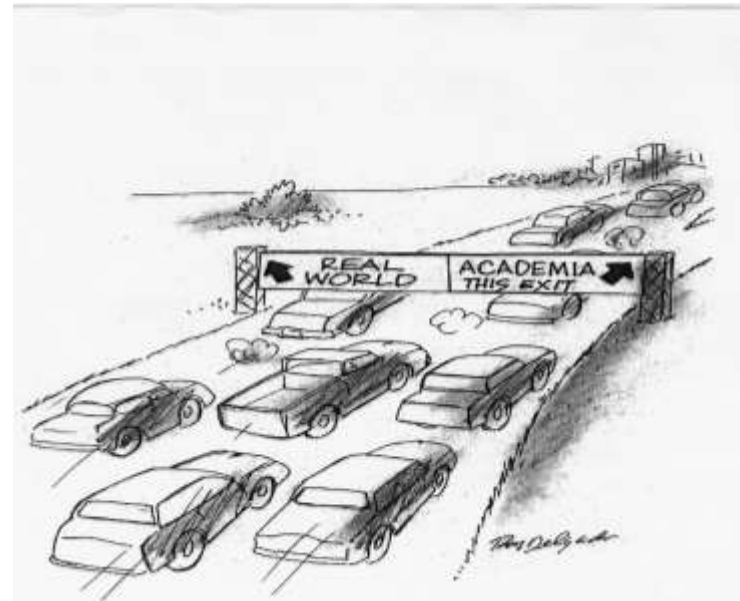
EXAMPLES FROM THE FIELD

Community-Driven Participatory Action Research:

REACH
Charleston And Georgetown Diabetes Coalition

Carolyn Jenkins, Dr.P.H., M.S.N., F.A.A.N.
Principal Investigator and Associate Professor of Nursing

Arlene Case-The Lesson

REACH: Charleston and Georgetown Diabetes Coalition

Tennessee

North Carolina

South Carolina

SC DHEC Region 6

Georgia

Statewide REACH home-based in Columbia:
- ▪ **Communicare**
  - ▪ **SC DHEC**
  - ▪ **SC DPCP**
- **Carolina Center for Medical Excellence**

Atlantic Ocean

Georgetown

County Library

East Cooper Community Outreach

Georgetown Diabetes CORE Group

S. Santee St. James Senior Center

Enterprise Health Center Enterprise Community

Tri County Black Nurses

St. James Santee Health Center

Trident Urban League

Alpha Kappa Alpha Sorority

Trident United Way

SC DHEC Region 7

Franklin C. Fetter Family Health Center

Charleston

County Library

Greater St. Peters

Charleston Diabetes Coalition

MUSC MUHA Diabetes Initiative College of Nursing

Disparities for African Americans with Diabetes in Charleston and Georgetown

All disparities were first identified through focus groups and validated with epidemiological or quantitative data except those with asterisk *. For those with asterisk, quantitative data showed difference in outcome.

- Lower levels of:
  - Per capita income and education
  - Access to health care
  - Funding and insurance
  - Care and education
  - Satisfaction with care*
  - Medications and continuing care
  - Treatment
  - Trust in health systems*

- Higher levels of:
  - Poverty
  - Prevalence of diabetes
  - Complications including:
    - Amputations
    - Renal failure (dialysis)
    - CVD
  - EMS and ED use
  - Hospitalizations
  - Costs of care paid by client*
  - Deaths, especially CVD

Our Coalition Goals

- Improve diabetes care and education in 5 health systems for >13,000 African Americans with diabetes.

- Improve community access to diabetes care and self-management education, diabetes supplies and social services for people with diagnosed diabetes.

- Increase community ownership sustainability of program.

Methods for Collaboration

- The health professionals/scientists determine "science" or "evidence-base" for diabetes care.

- Community leaders/members/CHA/health organizations determine "what, when, where, and how" to apply "science" or "evidence" in their community while generating "evidence" and "science" for community empowerment.

- Together we translate into skills for individual, organizational, and community behavior change, advocacy, and policy change across systems, and we evaluate/report our results.

# Community Actions

- Community-driven activities and creating healthy learning environments where people live, worship, work, play, and seek health care.

- Evidence-based health systems change using continuous quality improvement teams (CQI).

- Coalition power built through collaboration, trust, and sound business planning with a focus on systems, community, and policy change and sustainability.

Interventions

- Community skill-building & neighborhood clinics
  - 175 lay educators trained
  - Diabetes Self Management & Foot Care education
  - Wise Women & Wise Men, Wise Communities helping each other--SDOH
- Community health professional training
  - > 90% of health professionals in 5 systems attended update on diabetes care
  - 500 RNs completed advanced foot/wound education and care
  - 27 physicians completed foot care education and return demonstrations
- Outreach by professional & lay educators/navigators (CHAs)
  - 8 different 30 minute TV programs aired 34 times on cable
  - Library program/Internet use focused on diabetes resources
  - Weekly diabetes management groups in 10 sites
  - Navigation for diabetes care, supplies & social services
- Health systems change
  - Registry & reminder system and now EHRs
  - CQI teams with chart audit & feedback to providers and systems
- Coalition building, sustainability (501c3), & policy change

My Guide to Sugar Diabetes
4th Edition
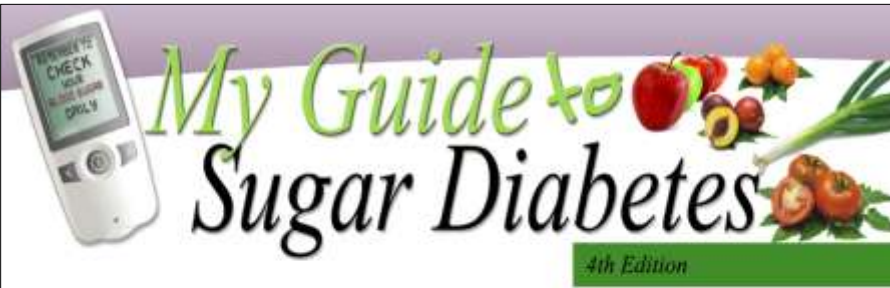
Working effectively with communities moves the science from Bench to Bedside to Countryside more rapidly—but plan and champions are needed.

Available from: musc.edu/reach

Community Activities reached >125,000 African Americans

Neighborhood Walk and Talk Groups

Skill-Building for CHAs and Volunteers

Community Screening and Education

Individual/ Group Education

≥ 3 sessions = 3.2% drop in A1c

Photos used with permission of participants and partners

Recognition and Rewards

Womanless Wedding

Men's Talk

Talk about Diabetes & Foot Care

Georgetown County Diabetes Core Activities

Physical Activity

Walk-A-Thon

Health Screenings

Educational Classes

Media
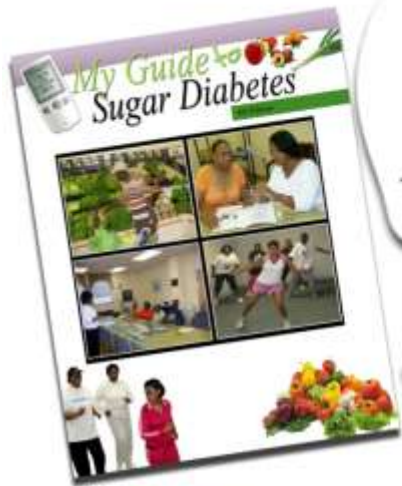
PRINTED MATERIAL

GARAGE BANNER

BUS PLACARDS

FLYERS

REACH at the Library
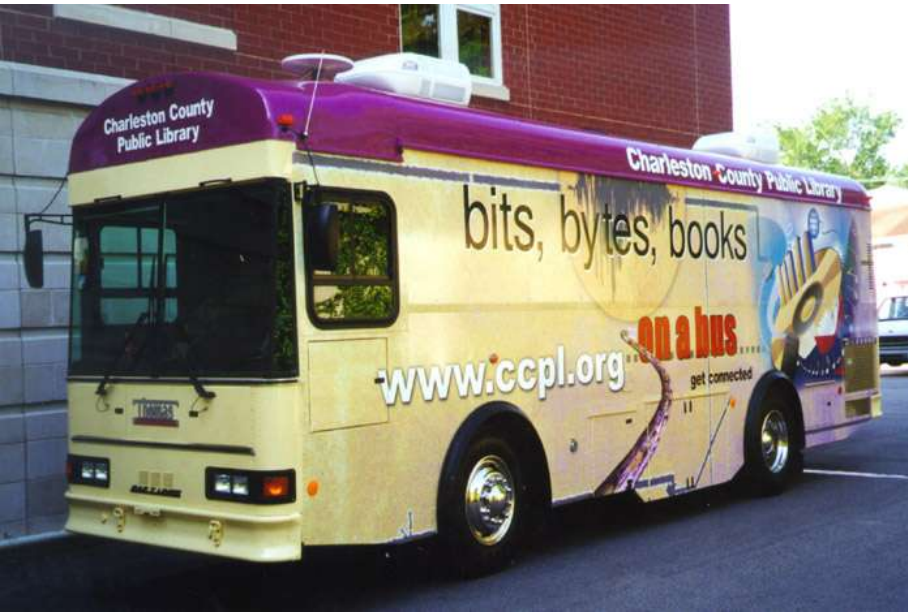
Cybermobile

Equipped with 6 Internet
laptop computers

Results

The Community Chronic Care Conceptual Model
REACH Charleston and Georgetown Diabetes Coalition

(Jenkins, Pope, Magwood et al., PCHP 4 (1): 73)
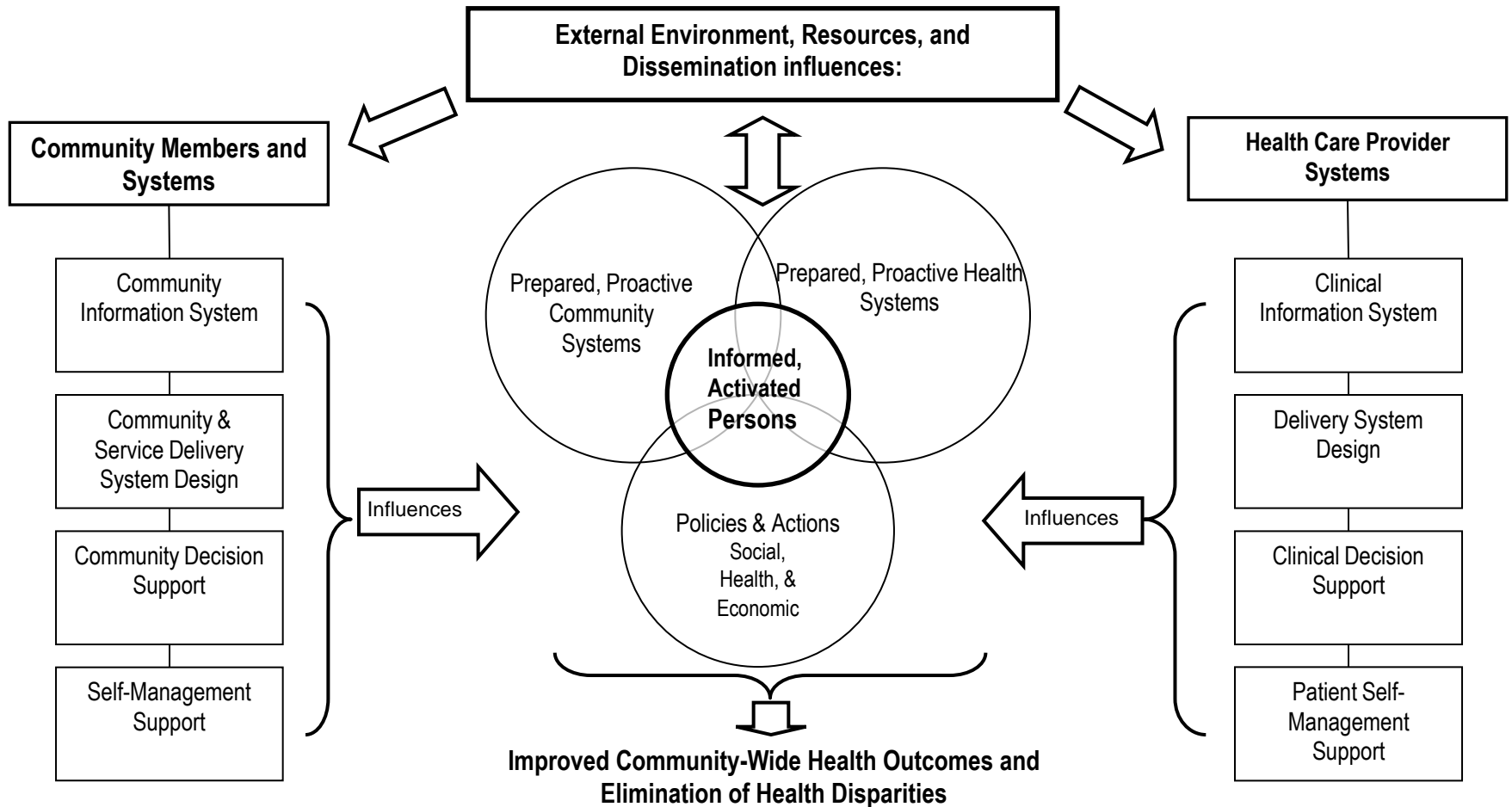
Community Stakeholders Framework for Health

7 P's
- Policy Makers
- Patients & Public
- Principal Investigators
- Providers
- Purchasers
- Payers
- Product Makers

Concannon (2012) J Gen Intern Med 27(8):985–91
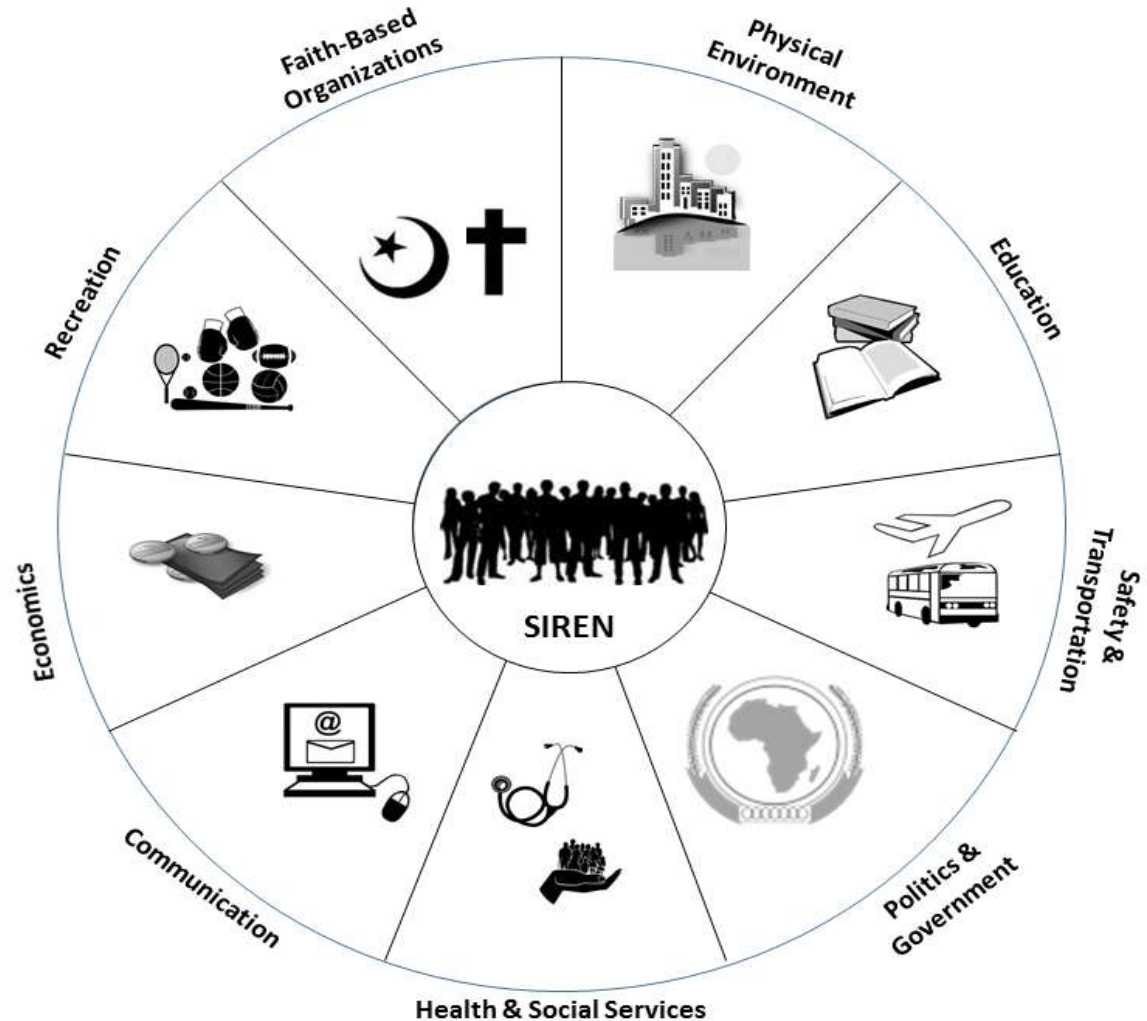
Community Systems Wheel for SIREN
Jenkins et al. (2016) Health Ed. And Behavior

Percent Change in Diabetes Care: African Americans

	2000	2007	2011
A1C Testing	76.8	97.1	97.2
Blood Pressure <130-80	24	38	46.3
Lipid Testing	47.3	87.2	92.0
Eye Exam	34	76	81
Feet Exam	64	97.3	97.5
Kidney Tests	13.4	56	67.4
Depression Screening	0	0	5.4

Lower Extremity Amputation Rates by Race/1000 Hospital and ED Visits for Diabetes

Charleston and Georgetown County, SC
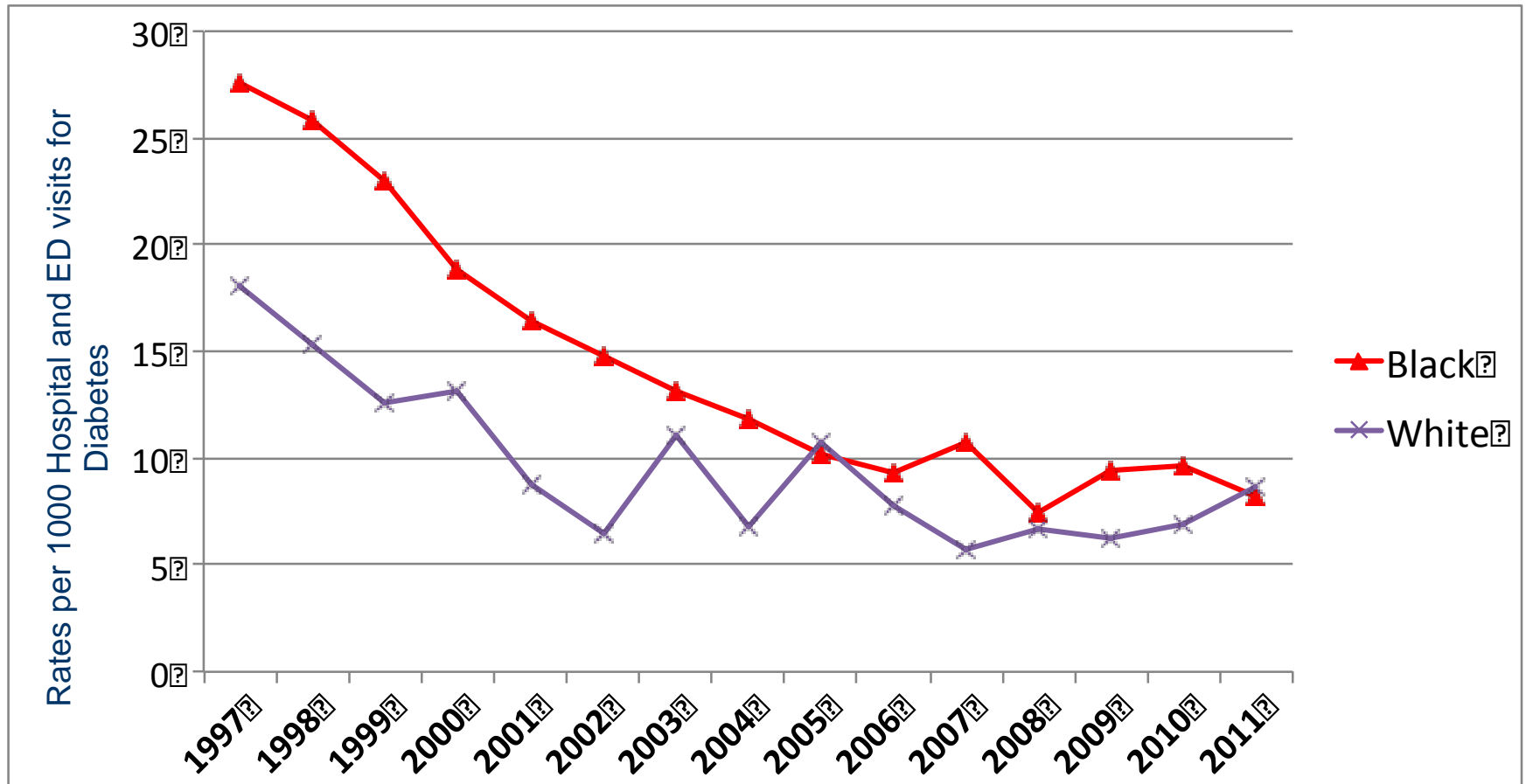
Inflation-Adjusted Lower Extremity Amputation Total Charges for Charleston & Georgetown compared to SC, 1992-2011
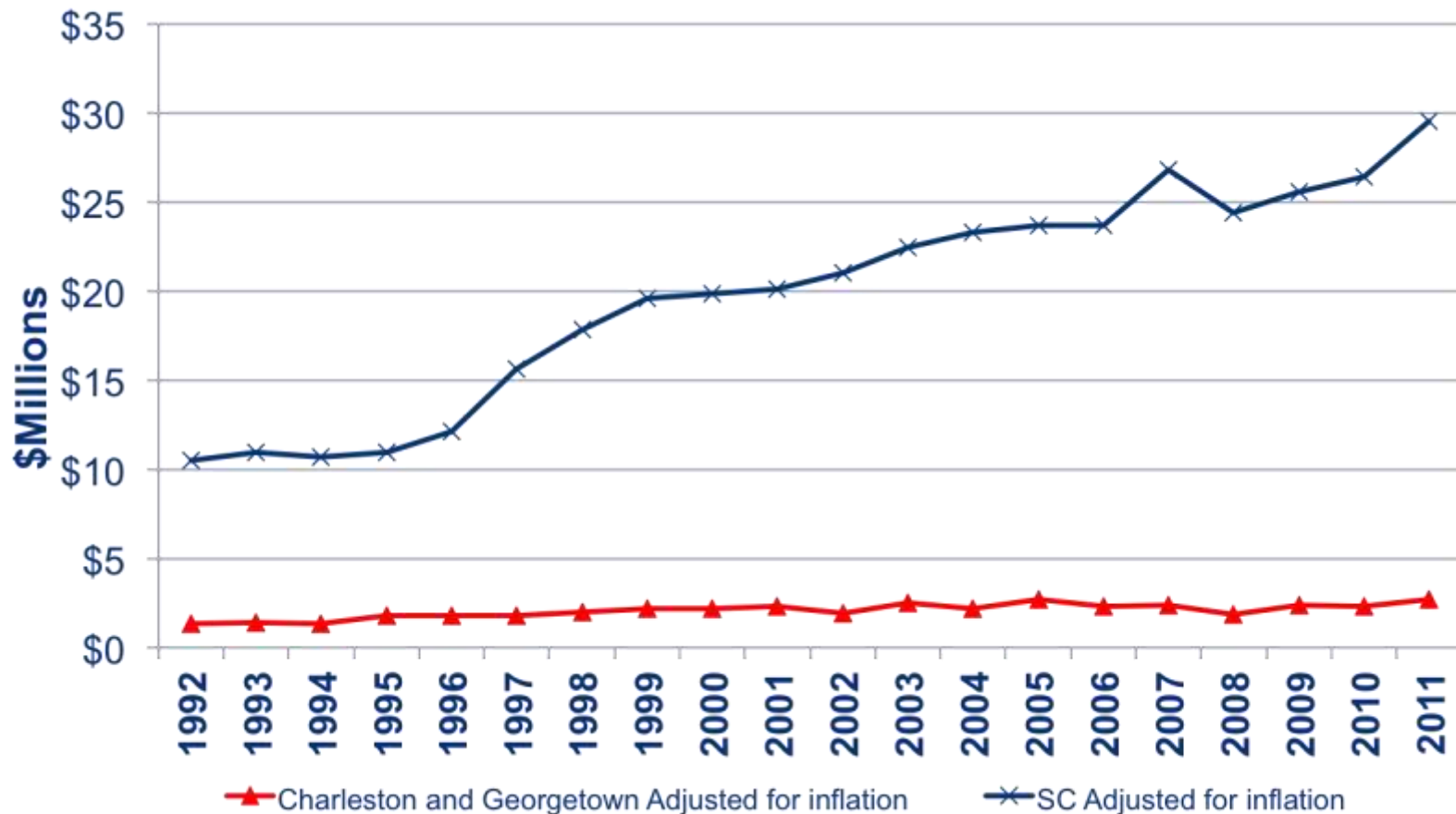
Outcomes for Reduction in Diabetes LEAs for African Americans in 2 Counties

- Cost savings:

  – Costs per amputation in Georgetown County = $54,736 in 2008

  – Costs per amputation in Charleston County = $42,783 in 2008

  – Reduction in amputations compared to 1999 = 44% in African Americans

  – Cost savings of >$2 million/year in 2008.

  – Cost savings of $1.6 million/year in 2011.

Note: permission obtained for release of photo

CASE STUDY:
BAMBERG DIABETES TRANSITIONAL CARE FEASIBILITY STUDY

Diabetes in Bamberg County

Diabetes Prevalence

■ An estimated 1791 adults (14.7% of adults) in Bamberg County suffer annually from diabetes (Fig 2).

Fig. 2 Prevalence of Self-Reported Diabetes among Adults, 2012

Diabetes Mortality 2010-2012

3-yr Age-Adjusted Mortality Rates
- > 27.8
- 19.6-27.8
- < 19.6

SC Rate: 21.8 (21.0-22.5)

Reference: South Carolina Department of Health

Bamberg Diabetes Transitional Care Feasibility Study

Closed in 2012

HEALTH LITERATE ORGANIZATION

Leadership promotes.
Has leadership that makes health literacy integral to its mission, structure, and operations

Plans, evaluates, and improves.
Integrates health literacy into planning, evaluation measures, patient safety, and quality improvement

Prepares workforce.
Prepares the workforce to be health literate and monitors progress

Ensures easy access.
Provides easy access to health information and services and navigation assistance

Includes consumers.
Includes populations served in the design, implementation, and evaluation of health information and services

Communicates effectively.
Uses health literacy strategies in interpersonal communications and confirms understanding at all points of contact

Meets needs of all.
Meets needs of populations with a range of health literacy skills while avoiding stigmatization

Designs easy to use materials.
Designs and distributes print, audiovisual, and social media content that is easy to understand and act on

Targets high risk.
Addresses health literacy in high-risk situations, including care transitions and communications about medicines

Explains coverage and costs.
Communicates clearly what health plans cover and what individuals will have to pay for services

leadership promotes · plans, evaluates, and improves · prepares workforce · includes consumers · meets needs of all · communicates effectively · ensures easy access · designs easy to use material · targets high risks · explains coverage & costs

This graphic reflects the views of the authors of the Discussion Paper "Ten Attributes of Health Literate Health Care Organizations" and not necessarily of the authors' organizations or of the IOM. The paper has not been subjected to the review procedures of the IOM and is not a report of the IOM or of the National Research Council.

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# 3 Arm Feasibility RCT for Patients with Uncontrolled Diabetes

- Usual Care (n = 15)

- Nurse Telephone Care Coordination (n = 25)

- CHW In-Home Care Coordination (n = 25)

 Nurse and CHW Intervention Groups received medication reconciliation within 72 hours, and 8 visits/calls over 3 months

Study Challenges and Successes

- Study Challenges:
  - Administrative components, staff and participant competing demands, technology
  - Mental health and literacy limitations

- Participant Successes:
  - Prioritizing and managing own health
  - Decrease in A1C, depression, weight

- Community Successes:
  - Working together to create ongoing support group
  - Diabetes screening and prevention program

Good Intentions ≠ Good Results

Community Health

"I think it's important to note that we really did try hard."

-Adapted from PEX Network Cartoons

Publishing

- Metrics and Measures (CTSA Priority)
- Community Engaged Research
- Publishing Community Based Participatory Research
  - [Guidelines for Writing Manuscripts About Community-Based Participatory Research for Peer-Reviewed Journals. Progress in Community Health Partnerships: Research, Education, and Action. 2007; 1(3): 281-8.](#)
- EQUATOR Network: Enhancing the QUAlity and Transparency Of health Research http://www.equator-network.org/reporting-guidelines/

Thank You and Questions

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Science Awards