Successful Strategies to Engage Underserved Communities in Evidence-Based Programs

- **Chivon Mingo**, Assistant Professor, Gerontology Institute, Georgia State University
- **Leigh Ann Eagle**, Executive Director, Living Well Center of Excellence, MAC, Inc.
- **Christy Lau**, Program Director, Health Self-Management Programs, Partners in Care Foundation

May 23, 2017

National Council on Aging

*Improving the lives of 10 million older adults by 2020*
Strategies to Engage Underserved African Americans with Chronic Conditions in Evidenced-Based Programs:

The Importance of Cultural Sensitivity, Relevance, and Adaptations

Chivon A. Mingo, Ph.D.
Assistant Professor
cmingo2@gsu.edu
Background

- Chronic diseases disproportionately affect older adults in general and older African Americans in particular.

- Chronic-Disease Self Management Education (CDSME) Programs shown to be effective.

- African Americans are underrepresented in access to chronic disease self-management education programs.
Background

• Little is known about the cultural and contextual relevance of CDSME programs that may be unique to Aging African Americans.

• Cultural distinctions may add a layer of complexity that is not well understood in the chronic disease self-management literature.
Background

• A paucity of research is focused on the cultural adaptations of CDSME for African Americans.

• Modifying or adapting interventions could compromise the intended impact.

• Achieving a balance between adaptations and fidelity.
Cultural and Contextual Adaptations

• Modifying evidenced-based behavioral interventions to embrace cultural patterns, cultural and contextual preferences, and values.

• Making sure the intervention/program is feasible, acceptable, and appealing, is key to its success.

• The impact of the intervention is only as good as the population it reaches.
Significance for CDSME Programs

• Necessary adaptations are likely to enhance appeal, engagement, completion, outcomes, and sustainability.

• Understanding how to successfully manage adaptations at the development, research, and dissemination and implementation phase of behavioral interventions is imperative for scaling-up evidenced-based programs.
Research Objectives

• To determine the feasibility, acceptability, and appropriateness of the Chronic Disease Self-Management Program (CDSMP) among aging African Americans.

• To provide recommendations for introducing adaptations while maintaining fidelity.
What is CDSMP?

• Evidenced-based peer led intervention created by Stanford University School of Medicine

• Workshops geared toward reducing chronic disease burden, increasing self-efficacy, and developing self-management skills

• Six weeks, one day a week, 2.5hrs per day, 2 lay leaders
Research Methods

Participants

- 50 African Americans
- 6 Atlanta Metropolitan Area FBOs
- Age: 50+
- Doctor-diagnosed Chronic Conditions
Research Methods

Procedure

- Targeted Recruitment Strategies
- Pre/posttest
- Intervention (i.e., CDSMP)
- 6 Focus groups
  - valuable components
  - least valuable components
  - describing a preferred intervention
  - recommendations for change
## Participant Characteristics

<table>
<thead>
<tr>
<th>Demographic Variable</th>
<th>African American Participants (N=50)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (M in Years)</td>
<td>68.9</td>
</tr>
<tr>
<td>Education (% HS or Less)</td>
<td>14.0</td>
</tr>
<tr>
<td>Marital Status (% Married)</td>
<td>54.0</td>
</tr>
<tr>
<td>Gender (% Female)</td>
<td>70.3</td>
</tr>
<tr>
<td>Income</td>
<td></td>
</tr>
<tr>
<td>&lt;$15,000</td>
<td>6.0</td>
</tr>
<tr>
<td>$15,000 - $49,999</td>
<td>24.0</td>
</tr>
<tr>
<td>≥50,000</td>
<td>70.0</td>
</tr>
<tr>
<td>Comorbidities (Mean)</td>
<td></td>
</tr>
<tr>
<td>Arthritis (%Yes)</td>
<td>1.8</td>
</tr>
<tr>
<td>Lung Disease (%Yes)</td>
<td>12.2</td>
</tr>
<tr>
<td>Cancer (%Yes)</td>
<td>6.1</td>
</tr>
<tr>
<td>Depression/Anxiety (%Yes)</td>
<td>6.1</td>
</tr>
<tr>
<td>Diabetes (%Yes)</td>
<td>28.6</td>
</tr>
<tr>
<td>High Cholesterol (%Yes)</td>
<td>26.5</td>
</tr>
<tr>
<td>Hypertension (%Yes)</td>
<td>65.3</td>
</tr>
<tr>
<td>Chronic Pain (%Yes)</td>
<td>18.4</td>
</tr>
<tr>
<td>Disability (%Yes)</td>
<td>18.8</td>
</tr>
</tbody>
</table>
Partnerships: Faith Based Organizations

<table>
<thead>
<tr>
<th>Facilitators</th>
<th>Barriers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accessibility to a broad African American audience</td>
<td>Structural variation in authority across denominations and churches</td>
</tr>
<tr>
<td>FBOs are widely available and accessible within community</td>
<td>Very active organizations with limited resources or ability to incorporate new programming</td>
</tr>
<tr>
<td>History of collaborative relationships with public health researchers and practitioners</td>
<td>Variation in priority of health and health programs within the existing infrastructure</td>
</tr>
<tr>
<td></td>
<td>Limited ability to recruit participation beyond membership</td>
</tr>
</tbody>
</table>
Focus Group Data: Salient Themes

- Relevant advertising materials
- Special emphasis on nutrition relevant to cultural norms
- Discussion on the balance between faith and health
- Broadening the discussion on conditions to include familiar terminology and dispel common myths
- Include a community liaison/champion
- Provide visual aids beyond the flip charts
- Incorporate information on home remedies or alternative treatment options
- Interactive components
- Family or intergenerational oriented
Relevant Advertising Material

“And our church is too large to have this many people to finish this course and it’s such a wonderful course but I think the way it needs to be advertised to get the people in.”

“So if had to change anything and re-distribute this book, it will only say “Living a healthy life” period.”
“I guess I would eh make sure that it eh covered nutrition because our ethnic group, we tend to eat high fat foods so um, I would make sure that that was covered, and you did cover it but maybe you didn’t cover it as much as I needed it.”
Faith/Health Balance

“ I see a balance, balance between healthy living and the church. See you deal with the spirit part at the church, but you also got to deal with that physical part so there has to be a balance.”
“But mental illness, that’s something you really need to have because we don’t ever want to say that we’re depressed because we supposed to be strong folks. We came from the fields and all that other kind of stuff. We don’t want to deal with that.”

“I was told that all black people have high blood pressure you basically born with it and its nothing you can do about it.”
Conclusions

• Findings suggest there is a need to implement adaptations that would increase the acceptability and appeal of the CDSMP among African Americans.

• Most of the suggested cultural adaptations seem to be feasible without altering the core elements of the CDSMP.

• Findings suggest that greater attention should be placed on both facilitators and barriers in recruiting and retaining African Americans and engaging FBOs in evidenced-based programs.

• Attention to such factors will result in mitigating health and healthcare disparities.
Recommendations

• Adaptations should be informed by stakeholders and end-users.

• Ensure that the core elements are communicated in training and clearly documented in protocol manuals.

• Develop a plan for monitoring treatment fidelity during each session (e.g., computerized daily questionnaire).

• Ensure that all changes are approved and documented/consult program developer.
Acknowledgements

• Georgia State University - Graduate Research Assistants

• Atlanta, GA Metropolitan Area Research Participants and Faith Based Organizations

• The Georgia Department of Human Services: Division of Aging Services

• Area Agency on Aging: The Atlanta Regional Commission

• Funding Support
  • National Institutes on Health, 5P30AG015281, and the Michigan Center of Urban African American Aging Research
  • Gerontology Institute, Georgia State University
Strategies to Engage Hard to Reach Populations
MAC, Inc. Living Well Center of Excellence

Leigh Ann Eagle, Executive Director
Session Discussion Topics

* Reaching underserved and minority populations, African Americans, Haitian, Spanish-speaking
  * Wellness Van
* Individuals who are ow income/homeless
  * Malnutrition/food insecurity Step Up Nutrition Session O
* Strategies for participant engagement/retention
  * Using Community Health Workers to deliver the Stanford Home Toolkit at home visits (Stanford Research License)
  * Partnerships
Reach to Minority Populations
September 1 2015 – May 12 2017

NCOA Data (2,893)

<table>
<thead>
<tr>
<th>MD Living Well Center of Excellence</th>
<th>National Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>African Americans 44%* (N = 1037)</td>
<td>African Americans 26.1</td>
</tr>
<tr>
<td>Asian 4% (N=88)</td>
<td>Asian 3.5%</td>
</tr>
<tr>
<td>Hispanic 5%** (N=123)</td>
<td>Hispanic 12%</td>
</tr>
</tbody>
</table>

* Maryland 65+ AA population is 23%
** No capacity for Spanish until Sept 2016
Spanish Leader Training 2016
Recruit and engage Master Trainers and Leaders who represent the populations with whom you want to work

Cross train community health workers as leaders

Partner with hospital or health department wellness van to engage/enroll individuals in programs

The Tomando Participant Book (in Spanish) is used by the entire family
Reaching Homeless, Low Income and Hard-to-Reach Individuals

* Provide workshops at homeless shelters/food bank locations
* Stepping Up Your Nutrition (Malnutrition and Food Insecurity Session Zero)
* Using CHWs/Interns trained in CHW to provide CDSMP toolkit one-on-one in the home
  * Collecting pre-/post- surveys from Stanford
**Key Partnerships**

- Reaching Veterans in partnership with MCVET, Maryland Department of Veterans Affairs and Maryland Veterans Commission, and Veterans Service Organizations
- MedStar 10-hospitals located in urban Baltimore City, Washington D.C.
MedStar Leader Training – CDSMP, DSMP, CTS, Hypertension 0
Discussion/Questions

Leigh Ann Eagle
lae2@macinc.org
410-742-0505 ext. 136
Successful Strategies to Engage Underserved Communities in Evidence-Based Programs (EBPs)

Christy Ann Lau, MSSW
Partners in Care Foundation

Mission

To shape the evolving health system by developing and spreading high value models of community-based care and self management
Supportive Funding for EBPs

- A Matter of Balance
- Chronic Disease Self-Management Education
- Arthritis Foundation Exercise
- Arthritis Foundation Walk with Ease
- HomeMeds℠
Underserved Populations Reached

• Low-Income
• Individuals with Disabilities
• Individuals who are homeless (or were previously homeless)
• Linguistically underserved communities
  – Russian
  – Japanese (planned)
Individuals with Disabilities

• Ventura County ARC
  – Promotes & protects the rights of people with intellectual & developmental disabilities

• EBP Offered: A Matter of Balance
  – 3 workshops offered in 2016 in 3 sites

• Some Considerations
  – Disability literacy
Best Practices: Individuals with Disabilities

- Utilize knowledge of site staff
- Keep communication simple
- Don’t speak in an oversimplified fashion to the individual
- Speak calmly and repeat when necessary
- Break it down into smaller pieces
- Use pictures, or other visual aids
- Have low vision materials available
- Have written materials available
- When appropriate provide paperwork prior to the first class
- Remember to have fun!
Individuals who are homeless (or were previously homeless)

• Single Room Occupancy (SRO) Housing Corporation
  – SRO Housing Corporation is dedicated to building a vibrant community for homeless and low-income individuals. We pursue our mission of community revitalization by providing clean, safe, and affordable housing; managing public spaces; and administering needed supportive services.

• Site: Skid Row Housing

• EBP Offered: Arthritis Foundation Exercise
Individuals who are homeless (or were previously homeless)

• A Community of Friends
  – A Community of Friends is committed to managing its buildings and supporting its tenants from the moment a project is conceived until it is fully occupied, providing permanent affordable housing with onsite supportive services to help our tenants remain stably housed.

• Sites: Willis Avenue Apartments, Figueroa Apartments

• EBP Offered: Chronic Disease Self-Management Program
Linguistically Underserved

• Russian
  – EBP Offered: A Matter of Balance
    • Site: West Hollywood Community Housing Corporation
      – 4 staff trained to lead the program (3 of whom are Russian speaking)

• Japanese *(Planned)*
  – Currently working with Keiro Senior Healthcare to translate A Matter of Balance into Japanese
    • Expected Completion: June 2017
    • First workshop planned for August 2017
Keeping Participants Engaged

- Healthy Snacks
- Cooking Demonstrations
Keeping Participants Engaged

- Free t-shirt and loyalty card upon sign-up
- Colored button for every workshop completed
- Free reusable grocery bag when a three workshop series is completed
Testimonials

• “Because I have been afflicted with Parkinson’s for over 20 years, I have suffered a great deal of depression. The skills you’ve taught me in maintaining positive thinking and combating depression have really helped to improve my condition.” - John, age 69

• “I found the interaction with the other students in the class to be most enlightening. I realized that although I have a chronic illness I am not alone. Thank you for all the lessons in helping me to deal with this.” - Suzanne, age 57

• “The workshop put me back in charge of my life, and I feel great. I only wish I had done this sooner.” - Robert, age 68
Questions?

• Christy Ann Lau, Program Director
  Health Self-Management Services
  Partners in Care Foundation
  clau@picf.org
  (818) 837-3775, x159