



Community and Practice Research (CPR) Program NEWSLETTER

www.octri.org/cpr

OCTRI Mission

Improve human health by enhancing clinical and translational research.

CPR Objective

Extend clinical and public health research beyond the walls of academia into the community and community-based practices.

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Message from the Director

Richard A. Deyo, MD, MPH

In this newsletter, we highlight some programs in the African American community – both research and efforts to improve community health. One of our community partners – the African American Health Coalition (AAHC) – is directly involved in promoting health among Portland’s African American population. The President of AAHC, Corliss McKeever, is a member of the CPR Community Partnership Board.

Our Community Partnership Board was created to facilitate research collaboration between local Portland communities, their clinical practitioners, and academic researchers. It is comprised of representatives of the African American, Latino and Asian American communities as well as the county health department, patient advocacy groups and the Oregon State University Extension Service. The Board meets on a quarterly basis to share experiences and explore potential areas for collaboration with OCTRI. For example, at our last meeting, Darlene Kitterman from OCTRI’s Investigator Support and Integration Service (ISIS) and Susan Bankowski, OHSU IRB chair, presented information and answered questions regarding regulatory and ethical requirements

for community-based research. We hope to expand the membership of our board in coming years and to offer OCTRI pilot grants to community organizations.

In addition to sharing research interests and skills, a goal of the Community Partnership Board is to foster relevant, high-quality community-based research. Several projects involving these partners have already evolved, including a collaboration between the African American Health Coalition and OCTRI investigator Christina Nicolaidis (highlighted in this issue), and collaborative presentations of the interactive *Let’s Get Healthy!* exhibit (Jackie Shannon and Lisa Marriott). Later issues of the newsletter will profile similar collaborations between OCTRI-affiliated researchers and other members of the Partnership Board.

This board can serve as an important liaison and source of advice for investigators considering community-based projects, and especially those related to health disparities. We want to encourage such projects, and early involvement of the Partnership Board.

The African American Health Coalition

The African American Health Coalition (AAHC) partners with the African American community, local and state government agencies, and other health-related organizations to promote wellness for African Americans who live in Portland, Oregon.

AAHC is guided by the principle that the African American community responds when invited to wellness by people they know and trust and recognizes the critical importance of community participation in the planning and implementation of health programs. They are committed to the idea that the best route to promoting and improving health among African Americans is implementing interventions that build capacity in the community, and that strengthen, empower, and sustain healthy lifestyles among African Americans. The Coalition continually strives to foster networks of trust and develop a sense of belonging among those they serve.



Racial and Ethnic Approaches to Community Health

Funded by CDC, Racial and Ethnic Approaches to Community Health (REACH) is a community-based public health program with the goal of eliminating racial and ethnic health disparities. The African American Health Coalition, Inc., coordinates the REACH program in Portland, Oregon. The program's mission is to promote and improve the health of African Americans living in Oregon through education, advocacy, and research, with a focus on heart disease. According to community members, REACH is a "movement" that has changed the African American community's behaviors related to health, physical activity, and nutrition. REACH participants are active in all areas of the coalition, and they educate local policy makers about the effect this program has had on their lives.

The Problem

- Heart disease is the leading cause of death in Oregon, accounting for 34.8% of all deaths in 2002.
- In 2001, the death rate for heart disease among African Americans in Oregon was 254 per 100,000, compared with 194 for whites, 97.3 for Asian and Pacific Islanders, and 63.5 for Hispanics.
- In 2001, the death rate from stroke among African Americans living in Oregon was 88% higher than the rate for whites.

The Solution

- To address these health disparities, AAHC has implemented four major programs and three annual events to increase knowledge and change attitudes and behaviors related to heart disease and its risk factors, including diabetes, poor nutrition, obesity and inactivity.
- They are working to build capacity at the community level by developing programs that reflect the culture of local populations. These programs train community health workers to help African Americans in Oregon make and sustain healthy lifestyle choices.
- Their holistic approach includes a hands-on nutrition program called Spice It Up, which teaches people how to cook healthy foods on a budget. Nutrition seminars are held in partnership with the Oregon Food Bank and a local health food store.

Achievements

- The Lookin' Tight, Livin' Right intervention trained 11 beauty and barber shop operators as lay health educators to talk with their clients about heart disease and its risk factors. Participants have enrolled more than 480 clients each year and conducted more than 3,500 "health chats."
- In 2005, 47 African American high school students participated in the Healthy Options Living Longer Actively (HOLLA) program. Through this program, students gave 164 presentations on heart disease and its risk factors to 1,086 of their peers and family members.
- During 2002-2006, more than 4,700 community members participated in a free physical activity program called Wellness Within REACH, which provides access to a variety of culturally appropriate exercise classes. As a result, 58% of participants say they are exercising more.
- AAHC holds an annual health fair, called Wellness Village, which offers free health screenings and information to residents in a way that reflects their local culture. When evaluated, 50% of respondents said that the Wellness Village is the only place they get health screenings.
- AAHC received the 2006 Spirit of Portland Award for Non-Profit Organization of the Year. This award recognizes outstanding contributions to the community.

Publications

Bastida EM, Tseng TS, **McKeever C**, Jack L. Ethics and Community-Based Participatory Research: Perspectives from the Field. *Health Promotion Practice* 2009; 10(3).

McKeever C, Koroloff N, Faddis C. The African American Wellness Village in Portland, Oregon. *Preventing Chronic Disease* 2006;3(3).

McKeever C, Faddis C, Koroloff N, Henn J. Wellness Within REACH: Mind, Body, and Soul: A No-Cost Physical Activity Program for African Americans in Portland, Oregon, to Combat Cardiovascular Disease. *Ethnicity & Disease* 2004;14(3, suppl 1): 93-101.

Other AAHC activities in the community

Spice it Up is a program featuring local African American chefs cooking soul food, while providing instructions for healthy cooking techniques and ethnic-specific recipes. The series discusses the relationship between illness and prevention through nutrition, and healthy food preparation of culturally cherished and familiar dishes.

Healthy Kids Insurance Enrollment Assistance: AAHC provides enrollment assistance to African American parents whose children qualify for health insurance through the Oregon Department of Human Services *Healthy Kids* program (see issue 6 of the CPR newsletter for more information on *Healthy Kids*).

H1N1/Pandemic Flu Virus Outreach and Information Campaign: AAHC is developing a broad-based communication plan to address the needs, attitudes and beliefs about H1N1/pandemic flu virus within Oregon's African American residents.

Physical Activity Program: For a quarterly fee of \$10, the AAHC offers low-cost access to physical exercise to all US-born African Americans over the age of 16.

AAHC's Partners and Sponsors

- Oregon Department of Human Services
- Susan G. Komen for the Cure
- Spirit Mountain Casino
- Meyer Memorial Trust
- Kaiser Permanente
- Providence Health & Services
- Eli Lilly and Company
- Albertsons
- Pfizer
- Oregon Health & Science University
- New Seasons Market
- Wells Fargo
- Albina Bank
- Legacy Health System
- Multnomah County Health Department

Upcoming AAHC Events

6th Annual Health Disparities Luncheon

10/28/2010 11:00 AM

The 6th annual Health Disparities Luncheon brings together health professionals, organizations, and community members to heighten awareness of health disparities among African Americans.

15th Annual Wellness Village

10/16/2010 9:00 AM

Now in its 15th year, the annual Wellness Village is a free event open to the public that brings together clinics, health organizations, and the community to promote health education and provide free health screenings in a fun, lively environment.



For the 3rd year in a row, CPR-affiliated program Let's Get Healthy! (see text box below) will be an exhibit at the African American Health Coalition Wellness Fair.

Let's Get Healthy! is a popular interactive education and research exhibit that allows community members to learn important information about their body while contributing to science. Attendees are invited to enroll as research participants where they learn about the research process and the quality of their own diet and body composition. They can contribute their anonymous health information to a population database that researchers can use to study the relationship between eating habits, body composition and genetics. Schools and communities also have access to the anonymous data, which can be used to encourage healthy living in their communities or teach scientific inquiry to their students using real data. *Let's Get Healthy!* health fairs are open to the public and utilizes community member volunteers of all backgrounds to help with the exhibit (see page 6 for a list of upcoming exhibits). They also partner with schools to help teachers meet Oregon's state standards in health education. For more information see <http://www.ohsu.edu/xd/research/centers-institutes/octri/current-projects/nutrition-world.cfm>

Community-based participatory research (CBPR) in the African American Community



OHSU Associate Professor of Medicine, Christina Nicolaidis, MD, MPH, works with African American Health Coalition, the Healing Roots Center, and others to address the needs of the African American community in Portland using a community-based participatory research approach.

The Interconnections Project: CBPR to Improve Depression Care for African American and Latina Domestic Violence Survivors

African Americans and Latinas receive less guideline-appropriate depression care than Whites. In turn, women with a history of intimate partner violence (IPV) experience increased rates of depression and greater mistrust of mental healthcare. However, relatively few programs address the complex needs of African American or Latina abuse survivors. The Interconnections Project was developed to address the unique needs of abuse survivors of color. The project is an academic-community partnership between Oregon Health and Science University Division of General Internal Medicine, Portland State University School of Social Work, Bradley Angle House's Healing Roots Center, Familias en Accion, and Lifeworks NW. Academic researchers, African American and Latina community leaders, Domestic Violence advocates, mental health providers, and intimate partner violence (IPV) survivors serve as equal partners throughout the research process.

Dr. Christina Nicolaidis is Principal Investigator, with Stephanie Wahab, Associate Professor in the School of Social Work at Portland State University serving as co-Investigator. The project has received funding from the National Institute of Mental Health and the Northwest Health Foundation – Kaiser Permanente Community Fund. In the first phase of the project (initiated over 3 years ago), the team conducted a series of peer-facilitated focus groups with African American and Latina intimate partner violence survivors who were experiencing symptoms of depression. Although IPV survivors recognized that their depression, physical health, and experiences of abuse were all interconnected, African American women voiced a particularly strong mistrust of healthcare, citing instances of a lack of cultural understanding or outright discrimination. Latina women viewed their depression as a consequence of not being able to talk about their abuse. Both groups stressed the importance of community-based, culturally-specific services, and expressed interest in programs that would increase their ability to take control of their depression and advocate for themselves. A paper discussing the results from the African American focus groups was published this month in the American Journal of Public Health (see full citation below).

Building on these findings, the research team developed a community-based, multi-faceted intervention based on Empowerment Theory and the Chronic Care Model. Interventions are situated in culturally specific domestic violence programs tailored to meet the needs of each community. Domestic violence advocates serve as care managers to help women navigate the health care system, using Motivational Interviewing to help them meet their personal goals. They also facilitate a depression education group that uses creative art projects and group discussions to teach about depression self-care skills. Pilot results from the Latina intervention are very promising, with a statistically significant decrease in depressive symptoms. The African-American pilot-intervention is still in progress.

Nicolaidis C, Timmons V, Thomas MJ, Water AS, Wahab S, Mejia A, Mitchell SR. "You Don't Go Tell White People Nothing": African American Women's Perspectives on the Influence of Violence and Race on Depression and Depression Care. American Journal of Public Health, in press.

Community-based participatory research (CBPR) in the African-American Community

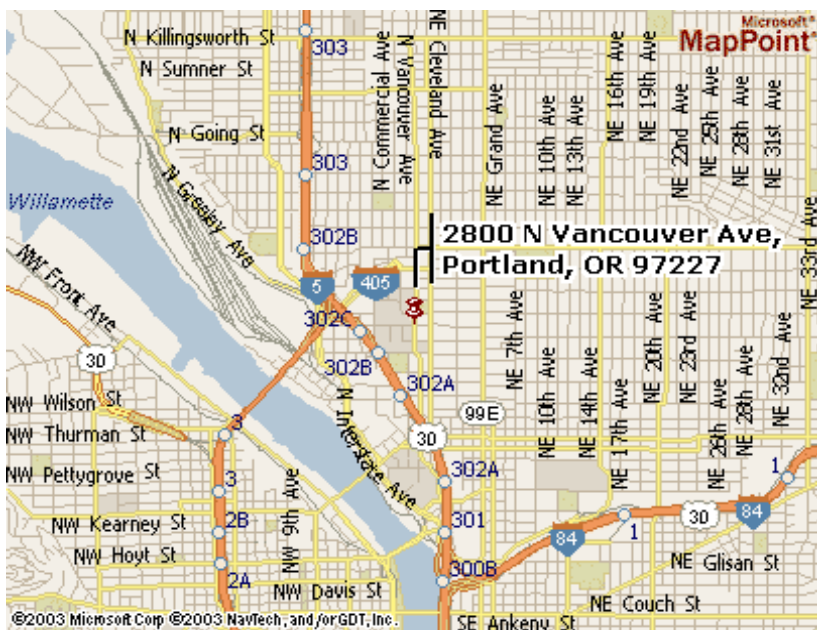
Creating African-American Wellness Through Exercise: Community Driven Strategies to Improve Health

Dr. Nicolaidis is collaborating with Corliss McKeever and the African American Health Coalition on a study to pilot-test a culturally-tailored, community-based psycho-educational program for African Americans with depression. The program promotes exercise and other self-management strategies to reduce depressive symptoms and improve health. It explores the types of additional support that will encourage depressed African Americans to exercise regularly, self-manage their depressive symptoms, and seek mental healthcare services.

The team recently completed a pilot-intervention with African Americans who, at baseline, screened positive for moderate depressive symptoms and reported exercising less than 3 times per week. Participants took part in a 6-week educational self-care group focusing on how to use exercise and other self-help tools to reduce depressive symptoms and were encouraged to create action plans regarding exercise and other healthy lifestyle changes. Self-care groups also provided culturally-tailored information about depression therapies, such as antidepressants and psychotherapy, and discussed strategies for obtaining quality health care. Pilot results showed a large, statistically significant decrease in depressive symptoms and high levels of participation and satisfaction. The project team has applied for R01 funding from the National Institute of Mental Health to conduct a large randomized controlled trial testing the effectiveness of the program.



**Corliss McKeever, MSW
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NEWS | EVENTS | HONORS

Over 200 people attended the **Let's Get Healthy!** fair in Madras, Oregon on April 24, 2010. The Madras fair was the first time that all of the **LGH!** program materials were available completely in Spanish – a great thing since 20% of the people completing the diet station took it in Spanish. Upcoming fairs include:

- **August, 2010 in Hillsboro, OR.** Norm Thompson Outfitters/Draper's & Damon's; Date and time, TBA.
- **Saturday, September 25, 2010 in Hermiston, Oregon.** Family Health & Fitness Day: 9:00 a.m. - 1:00 p.m. at Hermiston High School.
- **Saturday, October 16, 2010 in Portland, Oregon.** African American Health Coalition Wellness Fair: 10:00 a.m. - 3:00 p.m. at Blazer Boys & Girls Club.
- **Saturday & Sunday, October 23-24, 2010 in Washington, DC.** USA Science & Engineering Festival on the National Mall.

The Oregon Rural Practice-based Research Network (ORPRN) had a very successful annual convocation on May 6-8, 2010. For the first time the convocation was held jointly with the Oregon Academy of Family Physician's (OAFP) annual Scientific Assembly. Over 77 family physicians from around the state attended. During the convocation, **LJ Fagnan** presented findings from the Medical Office Survey on Patient Safety Culture; Valerie King and **Melinda Davis** presented the results of an ORPRN survey on clinicians perspectives on Shared Decision Making in rural primary care; **Paul McGinnis** synthesized ORPRN studies on the Patient-Centered Medical Home; and **Rick Deyo** provided an overview of the role of Shared-Decision Making in the Medical Home.

OCHIN recently secured \$13.5 million in federal stimulus funding for the **Oregon Health Information Technology Regional Extension Center (REC)**. The goal of the REC is to help Oregon's primary care providers install and use Electronic Health Record (EHR) systems to improve the quality and reduce the cost of primary care provided to patients. The Oregon REC will leverage the proven abilities of its two primary partners – **OCHIN**, the lead applicant, and the **Oregon Health & Science University**, the foundational partner – as well as the combined experience of several independent provider associations, rural research networks, academic institutions, and technical partners to achieve its goals.

Collaborative Research Efforts Aimed at Translating Evidence and building Community Capacity (CREATE Community Capacity) was recently awarded funding from the National Institutes of Health. John Saultz, Professor and Chair of the Department of Family Medicine at OHSU, is the Principal Investigator. Jen Devoe, Assistant Professor of Family Medicine at OHSU; Rachel Gold, Research Associate III at Kaiser CHR; and Susan Chauvie, Chief Clinical Officer at OCHIN are co-Investigators. The project is a partnership between **OCHIN, the Kaiser Center for Health Research (CHR), and OHSU**. The goal of the project is to build sustainable infrastructure to support OCHIN's involvement as a partner in community research activities.

Arwen Bunce developed and implemented a three-day training on focus group methodology for the Health Information Technology Evaluation Collaborative (HITEC), a multi-institutional academic Consortium among institutions in New York State, including Cornell University, Columbia University, the University of Rochester, and the State University of New York at Albany. She is also providing ongoing consulting to HITEC and assistance with guide development, analysis and dissemination of qualitative research.

Arwen Bunce is co-teaching a summer 2010 course on qualitative methods offered through DMICE, BMI: 561/661: Qualitative Methods in Informatics.

Jeanne-Marie Guise received federal stimulus funding from the Agency for Healthcare Research and Quality (AHRQ) for a K12 Comparative Effectiveness Research training program through the new federally funded Institute for Comparative Effectiveness (ICE) at OHSU. OHSU will appoint up to four K12 Comparative Effectiveness Scholars as early as July 2010.

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Practices: Lessons Learned from Care Management Implementation. In A. Chun, C. Irmiter & J. Schwartzberg (Eds.) Geriatric Care by Design (1st Edition). Chicago, IL: American Medical Association, in press.

Deyo RA, Mirza SK, Martin BI, Kreuter W, Goodman DC, Jarvik JG. Trends, major medical complications, and charges associated with surgery for lumbar spinal stenosis in older adults. *Journal of the American Medical Association* 2010; 303: 1259-1265.

Fagnan LJ, Handley MA, **Rollins N**, Mold J. Voices from Left of the Dial: Reflections of Practice-Based Researchers. *Journal of the American Board of Family Medicine* 2010 July/August; 24(4).

Feeny DH, Kaplan MS, Huguet N, McFarland BH. Comparing population health in the United States and Canada. *Population Health Metrics* 2010 Apr 29; 8(1).

Kahn JM, Scales DC, Au DH, Carson SS, Curtis JR, Dudley RA, Iwashyna TJ, Krishnan JA, Maurer JR, **Mularski RA**, Popovich J, Rubinfeld GD, Heffner JE. An official ATS policy statement: Pay-for-performance in pulmonary, critical care and sleep medicine. *American Journal of Respiratory and Critical Care Medicine* 2010; 181: 752-761.

CPR member **Robert Lowe**, Professor in the Department of Emergency Medicine, Department of Public Health & Preventive Medicine, and Department of Medical Informatics and Clinical Epidemiology, led OHSU's collaboration with Central City Concern in obtaining a new grant award from the Northwest Health Foundation for their study "Social Determinants of Chronic Illness in the Most Vulnerable: A Partnership for Advocacy and Research." Carole Romm of Central City Concern is the Principal Investigator of the grant. Other Co-Investigators include Stephanie Farquhar and Matt Carlson of Portland State University.

Richard Meenan was awarded funding from the Agency for Healthcare Research and Quality (AHRQ) for his study "Primary Care Medical Home Transformation." The study involves collaboration with Care Oregon and five safety-net clinics. The project objectives are to validate healthcare quality improvements subsequent to converting to a PCMH model of care, to describe contextual factors associated with quality improvements, and to disseminate findings to organizations interested in implementing PCMH.

SELECTED PUBLICATIONS BY CPR MEMBERS

OHSU Educational Communications produced a short video profiling the work of **Let's Get Healthy!** (<http://tinyurl.com/39k6mpb>)

Bastida E, Tseng T, McKeever C, Jack L. Ethics and Community-Based Participatory Research: Perspectives from the Field. *Health Promotion Practice* 2009 July; 10(3).

Bowman GL, **Shannon J**, Ho E, Traber MG, Frei B, Oken BS, Kaye JA, Quinn JF. Reliability and validity of plasma nutrients and food questionnaire estimates in elders with and without Mild Cognitive Impairment. *Alzheimer Disease & Associated Disorders*, in press.

Bowman GL, **Shannon J**, Frei B, Kaye JA, Quinn JF. Uric acid as a central nervous system antioxidant. *Journal of Alzheimers Disease* 2010 March; 19(4).

Buckley DI, Calvert JF, Lapidus JA, **Morris CD**. Chronic Opioid Therapy and Preventive Services in Rural Primary Care: An Oregon Rural Practice-based Research Network Study. *Annals of Family Medicine* 2010 8: 237-244.

Davis M, Hilton TJ, Benson S, Schott J, Howard A, **McGinnis P**, **Fagnan L**. Unmet Dental Needs in Rural Primary Care: A Clinic, Community, and Practice-based Research Network Collaborative. *Journal of the American Board of Family Medicine* 2010 July/August; 24(4).

Davis M, **Goubaud M**, & **Fagnan LJ**. Tips for Small Practices: Lessons Learned from Care Management Implementation. In A. Chun, C. Irmiter & J. Schwartzberg (Eds.) Geriatric Care by Design (1st Edition). Chicago, IL: American Medical Association, in press.

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SELECTED PUBLICATIONS cont'd.

McGinnis P, Hunsberger M, **Davis M**, Smith J, Beamer BA, Hastings DD. Transitioning from CHIP to CHIRP: Blending Community-Health Development with Community-Based Participatory Research. *Journal of Family and Community Health* 2010; 33(3): 228-237.

Mosen D, Horberg M, Roblin D, Gullion C, Meenan RT, Leyden W, Hu W. Effect of fixed-dosed combination treatment era on initiation of Combination Antiretroviral Therapy (cART) among an ARV-Native population in a managed-care setting. *HIV/AIDS - Research and Palliative Care* 2010 February; 2: 19-26.

Mularski RA, Campbell ML, Asch SM, Reeve BB, Basch E, Maxwell TL, Cuny J, Clauser SB, Snyder CF, Seow H, Wu, AW, Dy S. A review of quality of care evaluation for the palliation of dyspnea. *American Journal of Respiratory and Critical Care Medicine* 2010; 181:534-38.

SELECTED PRESENTATIONS BY CPR MEMBERS

Buckley D, Jacob-Files E, **Davis M**. Discovering the Elements of Physical Disability that Affect Cancer Screening and Preventive Services. Poster presented at the 2010 AHRQ National PBRN Research Conference. June 2010. Bethesda, Maryland.

Davis M, **McGinnis P**, Nagykalai Z, Terchek J, & Hamilton M. Practice Facilitators and the Health Extension Agent: An Interactive Workshop Using Intimate Group Discussion and "Speed Dating" to Identify Best Practices. Workshop at the 2010 AHRQ National PBRN Research Conference. June 2010. Bethesda, Maryland.

Davis M, **Fagnan LJ**, Gorman PN, King V, & Rugge B. Perceptions of Shared Decision Making in Rural Primary Care: A Mixed Methods Study. Oral presentation at the 2010 AHRQ National PBRN Research Conference. June 2010. Bethesda, Maryland.

Cameron W, **Marriott LK**, **Shannon J**. Teacher Institute for the Experience of Science – Let's Get Healthy! National Institutes of Health -- Science Education Partnership Award Directors' Meeting. Birmingham, Alabama, April 12-14, 2010.

Rick Deyo gave a presentation on shared decision-making to the Oregon Academy of Family Practice, May 7, 2010.

Fagnan LJ, **Davis M**. Shared Decision Making and Decision Aid Implementation in Small, Rural Non-Academic Primary Care Settings – Year 1 Update. Foundation for Informed Medical Decision Making Primary Care Implementation Site Reunion. May 2010. Boston, MA.

Findholt NE, **Davis MM**, Chandler SS, Brogoitti VW, & Michael Y. Engaging the Community through Youth Photovoice: Highlights from a Study Exploring Environmental Influences on Children's Physical Activity and Diet in Rural Oregon. Thematic Poster presented at the 2010 Community-Campus Partnerships for Health Conference. May 2010. Portland, OR.

Mosen DM, Hibbard J, Remmers CL, Sobel D. Is Patient Activation Associated with Better Outcomes for Adults with Diabetes? An Analysis from Kaiser Permanente. Research Symposium: Celebrating Judy Hibbard's Research on Supporting Patient Engagement in Health. Portland OR, May 3rd, 2010.

Jackie Shannon gave a talk on the evolution of the Health Discoveries Program (and *Let's Get Healthy!*) at the Knight Cancer Institute monthly Cancer Control Program Meeting and Seminar on June 23rd 2010.

Spofford M, Solotaroff R, Byerly L. Primary Care Workforce: Provider Satisfaction, Provider Retention and Their Impact on Patient and Physician Outcomes. Presentation to the Qualis Safety-Net Medical Home Initiative Stakeholder Advisory Group. Portland, OR.