The Role of Community Engagement in the NIH NW CIRCL Project: “Challenges and Solutions for Implementation Science”
Community Engagement & Implementation Science

Meeting Agenda for May 3, 2022

• Project MPI introductions
• Our Project Community Partner TRCDO/P4P
• Who is the C in CIRCL?
• Challenges
• Solutions
• Q&A
Community Engagement & Implementation Science

- Project MPI introductions
- Who is the C in CIRCL?
Community Intervention to Reduce Cardiovascular Disease in Chicago
5 UG3 HL154297

MPIs: Abel Kho MD, MS (Northwestern University)
JD Smith (University of Utah)
Dr. Paris Davis (Total Resources Community Development Organization)
TRCDO/P4P Partners – Research, Academic and Medical partners

- PCORI
- Northwestern / CHIP; ARCC
- University of Chicago
- Rush
- University of Illinois
- Capricorn
- Alliance
- Access Alliance
- University of Arkansas
- Illinois Institute of Technology
- C-TAC
- C3 (Chicago Consortium for Community Engagement)
Research Engagement
Inaugural PCORI Advisory Panel on Patient Engagement (CAPriCORN); ArthritisPower Patient Powered Research Network (PPRN).

Research Engagement
PCORI Advisory Panel on Patient Engagement (Class of 2017-2020)
EW Engagement Award: Home Care Aides Plan Your Life Span – Advisory Member

Research Engagement
PCORI Advisory Panel on Patient Engagement (Class of 2021-2024)

How might demographic differences between populations such as age, gender, education level, and geographic location explain differences in major health concerns and health needs reported by a given population?
Who is the C in CIRCL?

Study Population: 2,200 adult predominantly African-American patients with hypertension residing in Chicago’s South Side

Health Disparities: In 2018, the estimated rate of hypertension based on Behavioral Risk Factor Surveillance System was 27.7% of the adult population in Chicago. Hypertension rates in our study area are significantly **higher at 36.9%** on average for Non-Hispanic Blacks.

Health Outcomes:
**Primary:** % achieving BP control

**Secondary:** BP measurement, Accurate hypertension diagnosis, Provision of single dose combination therapy
CIRCL Project Team Structure and Roles

CIRCL-Chicago Organization Chart

**Steering Committee**
- Leads: (Kho, Smith, Davis)
- Site PIs and Workgroup Leads
- Community members (Bishop Gordon, PCAC member, Community member)
  - Center for Community Health (Kandula, Johnson)

**Scientific Advisory Committee**
- M. Huffman, H. Brown,
- G. Aarons (UCSD), Rao (CWRU),
- Rakotz (AMA), Martin (AHA),
- Ostchega (CDC)

**CIRCL Consortium Members**
- Access Community Health Network
- Alliance Chicago
- Northwestern University
- PastorsAPCOR
- Rush University
- University of Chicago

**Design and Evaluation Workgroup**
- Team Lead: JD Smith (NU)
  - M. McHugh (NU) – Qualitative
  - Y. Teda (NU) – Biostatistics
  - N. Jordan (NU) – Health Economics

**Practice Facilitation Workgroup**
- Team Lead: T. Walunas (NU)
  - Access PF Site Lead
  - Alliance PF Site Lead

**Informatics Workgroup**
- Team Lead: A. Kho (NU)
  - S. Lindau (UC) – Health eRX
  - Clinic Informatics Leads
  - PastorsAPCOR Informatics Lead

**Community Engaged Workgroup**
- Team Lead: P. Davis (P4P)
  - N. Kandula (NU) – E. Lynch (RU)
  - Community Health Worker Lead
What is CIRCL-Chicago? A federally funded research program to improve hypertension (high blood pressure) control in a Chicago South Side community with high levels of the condition.

What is the purpose of the research? Our goal is to evaluate the impact of engaging the community where they are and improving heart health.

How does it work? South Side churches and clinics bring together community members to plan the hypertension control program and then adapt the program within the community.

What is the program based on? The study includes a program ("bundle") of activities known to reduce the number of people with high blood pressure in clinical settings in Northern California. The key ingredients of the intervention include a high blood pressure registry, clinic feedback on blood pressure control rates, education on guidelines, medical assistant led follow-up, and promotion of single pill combination therapy.
CEWG Objectives

Objective 1: Planning
CIRCL CEWG works together to adapt and implement an intervention with the potential to increase the number of people in our community receiving treatment for high blood pressure and decrease incidences of hypertension.

Objective 2: Community & Participant Engagement
Understand the dilemmas facing a community member invited to embark on a journey of managed care for hypertension which includes treatment for high blood pressure on the South Side of Chicago.

What does success look like?

Documented process of CEWG engagement work including minutes, discussion, review of updates from other groups, and shared resources. (Ongoing)

Formation Strategy of workgroups to address: Intervention design (e.g., Outreach for inclusion, Topic led discussions, strategic community-centered activities, panel discussions, experts, survey, evaluation) in 10-12 Meetings of 8-10 stakeholders. (March 2022)

Hosting and facilitating 5 Community Focus Groups. 8-10 persons.

Community Convening to Discuss Results & Deliver Recommendations for a Community-Centered Strategic Direction regarding managed care for hypertension. (May – June 2022)
### CEWG Objectives

**Objective 3: Community & Participant Engagement.** Orient pastors to facilitate communication and sharing of self care and treatment program for high blood pressure on the South Side of Chicago.

**Objective 4: Transition to Registry Phase (led by other CIRCL partners)**

### What does success look like?

**Activities:** TRCDO will be working individually with each pastor to ensure the Church Convening is customized and culturally appropriate for their target population. Orientation for Pastors at Triedstone. 15-20 Church virtual convenings.

**Resources:** Project One pager; Sunday Service & Broadcast; Email invitation to join Orientation; CIRCL PPT for Pastors; CIRCL menu of options (e.g., Ask a Doc)

**Activities:** On site Health Fayre & Self Care Event at Triedstone.

**Resources:** Health Fayre Flyer; CIRCL Self Care Kit ; Onsite tryout of HBP monitors; Info about how to join Eureka etc.
Initial briefing meeting with interested Pastors. One-hour programs - Program tailored to Pastors – everyone gets a similar experience. Menu of Options: e.g., would you like a doctor online to answer questions? 10-15 sessions each opened by a Pastor.


2-hour event organized with AHA. Incentives to take part in blood pressure monitoring and Self Care Tool Kit. On site testing?
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Challenges

- The big ‘C’
- Legacy of Historic Racial Discrimination
- Legacy of Public Health and Other Wellbeing Services
- The Logic of Inquiry
Iceberg Concept of Culture Applied to Race Relationships in Health Care

Disparities in health and health care

**Effects**

**Root Causes**

Historical mistrust, evident racism, discrimination & bias is a key reason why communities have negative perceptions of research

**Problem**

Historical struggle for inclusion and access to critical decision-making processes relating to health care (including questions for research)

**Challenge: Legacy of Racial Discrimination**

**Years of Potential Life Lost**

A map of Chicago life expectancy shows wide disparities between affluent white neighborhoods and lower-income Black neighborhoods.
Challenge: Public Health Service Legacy

- Public Health Services - Chicago Primary Care Community Health Centers
- Based on Map - Public Health Services - Chicago Primary Care Community Health Centers
- Kroc Center 1250 W 119th St, Chicago, IL 60643 (established 2003)
- South Chicago Senior Center 93rd (established 1980)
- MapCorps: Cultivating scientific minds, healthy people and invested citizens from the assets of our communities (established 2009) https://mapscorps.org/
The Logic of Preventative Inquiry

![Diagram showing the logic of preventative inquiry]

- **Inputs**: What is needed to accomplish the program's activities. This could include financial resources, equipment, facilities, staff or agency support.
- **Activities**: The specifications that make up the program. These may include holding meetings or events or conducting trainings.
- **Outputs**: The direct results of the program activities, such as number of meetings held.
- **Outcomes**: The short- and long-term changes that will result from program activities. These may include changes in skills, knowledge, attitudes or behaviors.

![Diagram of the results chain elements]

**Impact**: Long-term results for communities, systems, or organizations (e.g., changes in context and lives)

**Outputs**: Medium-term results; a continuing benefit experienced or realised by beneficiaries (e.g., changes in behaviour or practices)

**Activities**: Actions taken or services delivered; the use of inputs to produce desired outputs (i.e., what we actually do)

**Inputs**: Human, material, financial, and intangible resources used for activities
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- From Logic of Inquiry to Communities of Inquiry
Community Engagement & Implementation Science

Solutions
- From Logic of Inquiry to Communities of Inquiry
  - Lessons Learned from Previous Research Engagement – Ask the Community/ Know Your Community Partners History
  - Community MPI to lead Strategic Vision
  - Analyze the “Issue” from the community perspective –
- Be Prepared to Partner for an educational experience
- Communicate, Communicate, Communicate
- Respect the Gift of Knowledge and Understanding the community shares with you
Solution: Moving From Logic of Inquiry to Communities of Inquiry
Lessons Learned from previous research engagement...

Faith-based communities

“anchors” for “public good” in community-driven research engagement

Stakeholder Investment

Reciprocal Relations

Trust, Humility
Work together to adapt and implement a community-centered blood pressure control package (the Kaiser bundle) to address the high incidence of hypertension in the South Side of Chicago community.
Prepare to Partner for an Educational Experience
Community-driven adaptation of the Kaiser bundle within an inner-city community in Chicago with a high burden of hypertension. Our adaptation is centered within faith-based communities in the South Side of Chicago, supported by local CHWs, with community health clinics and hospitals in the community as support, all connected through a common data platform. The focus of our proposed project is on a multicomponent package of evidence-based strategies used to support adoption, implementation with fidelity, and sustenance of the Kaiser bundle, rather than on the bundle itself.

Our Community Mission (addresses the why)
To deliver a community “framework” that addresses the prevalence of uncontrolled hypertension by leveraging community voices and partnering with faith-based community members, stakeholders and community health workers in order to create reliable methods that can be integrated into personalized treatment plans.

Working with community partners to reduce the negative health effects of high blood pressure on African American adults in Chicago.
Community Gifts – Our Super-Powers!

• Gifts of the Head – Cognitive skills, knowledge, memories, things you know about (birds, movies, art history, my community history)

• Gifts of the Hand – What I know how to do, make, physically create (i.e. carpentry, auto-mechanics, computer repair, graphics art, website creation)

• Gifts of the Heart - Passionate interest, advocations, things you care deeply about (environments, animal cruelty, community wellness/safety, senior care, art, faith-practices, education, Veterans)
Thank You for Listening!

https://ssir.org/articles/entry/community_driven_health_solutions_on_chicagos_south_side


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