Community Engagement: An Approach to Improving Mental Health Care Disparities

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Healthy African American Families II

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Mental Health Care Disparities

- Underserved minorities and other vulnerable populations experience greater unmet need for appropriate care for mental disorders such as depression.

- Quality care or evidence-based treatment for depression can improve health care quality for minorities and for men and reduce outcome disparities for cultural and gender groups.

- How do we promote uptake of evidence-based practice in underserved and vulnerable communities?
Interventions Reduced 5-Year Outcome Disparities for Depression (P.I. Wells)

- African American
  - QI programs
  - Usual care
- Latino
- White

% recovered at 5 years
Challenges of Engaging Minority Communities in Research

• Tragic historical legacy of research abuses of minority populations

• Distrust of government programs and health services

• Participatory research approaches are recommended to engage and to enhance trust in research and services
Healthy African American Families (HAAF)

- Goal: To provide a forum for community to take active leadership in improving its own health

- Community Participatory Partnership Research Model (CPPR)
  - Community Engagement Approach
  - Applied the Model to many health problems
  - Depression offered an opportunity to partner with evidence-based research approaches
CPPR
Developed by listening to the Community
Circle of Influence Model for Collaborative Research © 2002

Source: This model was developed by L. Jones, M.A., D.S. Martins, M.D., Y. Pardo, R. Baker & K. C. Norris, M.D.
From Community Involvement...

- One step removed from community centered and driven
- Builds consensus for predetermined actions
- Reports back to funders
- “For” not “with” community
- Provides resources only during the initiative
- Timeline for success regardless of how the initiative is taking shape
- Predetermined agenda, action plan, and method of evaluation
...to Community Engagement

- Builds sustainable capacity to address community issues
- Builds trust and ownership over time
- Develops shared agendas, action plans, and methods
- Community controls and owns the initiative, while minding its collaborative nature
- Leverages ownership into action
- Accountability to community and funders
- Work is done “with” not “for” community
<table>
<thead>
<tr>
<th>Sector</th>
<th>Wins</th>
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<tbody>
<tr>
<td>Community</td>
<td>Better daily lives</td>
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<tr>
<td>Community Based Organizations</td>
<td>Recognition, financial support, networking, training, resources</td>
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<tr>
<td>Business Community</td>
<td>Increased market share, image, tax write-off, visibility</td>
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<tr>
<td>Government</td>
<td>Community support; public trust in evaluation</td>
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<tr>
<td>Universities</td>
<td>Greater impact, partners for research, 2-way knowledge transfer promotes innovation or improves recruitment</td>
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Getting Engaged

• Develop Equal Partnerships:
  – Share power, listen, respect differences
  – Develop and honor written agreements on principles and initiatives
  – Structure activities to level the playing field
• Embrace Community:
  – Not as "subject" but partner
  – Honor community strength while building capacity
  – Share and learn across community and academic partners in two-way exchange
  – Align Funding and Resources to Fit Principles and Support Win-Win
Witness for Wellness

Guiding Principles
- Trust
- Respect
- Participation
- Knowledge
- Experience

SHARE
- Information
- Resources

LOOKLISTEN
- Community Voices
- Evidence Based

RECORD
- Impact
- Process

SUPPORT
- Promote Policy
- Advocate for vulnerable populations

BUILD
- Community Outreach
- Quality Services

TALK
- De-mystify Depression
- Building Community Strength
Perceived collective efficacy defined as a group’s shared belief in its conjoint capabilities to organize and to execute the courses of action required to attain a given level of achievement (Albert Bandura)
Goals

• To explore changes in attitudes, social stigma, and perception depression is a community concern

• To explore whether concepts such as collective efficacy and community engagement are important concepts

• To explore feasibility of applying a community partnered participatory research could be applied through all phases or research
Community Photo Exhibit
Positive & Negative
Environmental Influences on Mood
Spoken Word
Spoken Word

Pan African Film Festival

• Photo exhibit
  – 8,464 individuals approached
  – 793 surveys collected
  – 146 surveys had sufficient data for analysis
Demographics

- > 90% African American
- > 60% female
- > 70% employed
- > 90% residents of Los Angeles County
Figure 1. Post-hoc model for photo exhibit data set. The stigma and community engagement measured variables are scales scores averaging across two or more items grouped in exploratory factor analyses.
Figure 3: Confirmatory model using pre-test-post-test half of the poetry/comedy dataset. The community engagement variable was formed by averaging the two corresponding measured variables in Figure 1.
• Partnering with vulnerable populations to address and improve critical child healthcare disparities, in a respectful and sustainable manner

• Integrating best clinical practice, rigorous science, fair and equal engagement in partnership
CPIC - Community Partners in Care
PI Wells, Co-PI Jones, Co-PI Dixon
Working together in an equal partnership
To learn how to improve depression care
And build community strength
Goals of Community Partners in Care

• Learn together
  – Reduce the burden of depression
  – Support agencies in providing services
• What approach is best and helps clients the most
  – technical assistance to agencies – *usual quality improvement available for agencies*
  – community planning and collaboration – *innovative and important to community*
How Can We Beat Depression in Our Community?

- Community Capacity
- Partnered Planning (Vision) → Partnered Trial (Valley)
  - Resources for Services (Agency support)
  - Community Engagement & Planning (Network support)
  "?"

- Partnered Dissemination (Victory)
- Academic Capacity

Outcomes
Resources for Services

Community Engagement & Planning
Design and Timeline of CPIC

• 2 Communities: SPA 4 (Hollywood/Metro) & 6 (South LA)
• 93 programs in 50 agencies
• Programs randomized to technical assistance (Resources for Services) or Community Engagement and Planning
• Depressed clients who enrolled followed for 1 year
CPIC outcomes

• Agencies: depression services over 1 year
• Providers: depression services and staff skills and knowledge over 1 year
• Clients at 6 and 12 months:
  – Depression
  – Functioning
  – Employment/housing
  – Quality of life
Population Served by Your Agencies (N=4436)

- Mean age 46.5
- 54 % female
- 28 % married
- 39 % < high school
- 23 % working at all
- 40 % no insurance
- 65 % family income from work <$10K

- Race/ethnicity:
  - 45 % Latino
  - 40 % African Am.
  - 15 % white/other
Overall, combined SPA 4 and SPA 6 (n=4,436)
Health Conditions, % Depressed Clients

12-month dep

Current/recent anxiety

SA (Alcohol/drugs)

Multiple chronic condition (3+)

Obese, BMI>=30

SPA 4, Metro

SPA 6, South
What Treatment is Acceptable?
% Depressed Clients

- One-on-one counseling: 91% (SPA 4, Metro) vs. 90% (SPA 6, South)
- Watch and wait: 50% (SPA 4, Metro) vs. 52% (SPA 6, South)
- Anti-depressant meds: 65% (SPA 4, Metro) vs. 56% (SPA 6, South)
Any 6-month Treatment, % Depressed Clients

- Anti-depressant medication: 41% (SPA 4, Metro) vs. 29% (SPA 6, South)
- Antipsychotic medication: 28% (SPA 4, Metro) vs. 22% (SPA 6, South)
- Any counseling: 77% (SPA 4, Metro) vs. 71% (SPA 6, South)
All Outpatient Contacts for Depression or Mental Health in 6 Months, Depressed Clients

SPA 4, Metro

Total contacts = 13,062, n = 374

- MH: 39%
- PC: 8%
- SA: 26%
- SCS: 27%

SPA 6, South

Total contacts = 15,390, n = 425

- MH: 38%
- PC: 7%
- SA: 27%
- SCS: 27%
Community Capacity Building

- Provider trainings
- 2-way leadership development
- CME/CEUs, certificates of appreciation
- Letters of support for community grants
- Research opportunities
- Data for policy makers
- Sustainable intervention website
  - National Library of Medicine grant
- Common Hope: Improve lives, inform policy debates
Study Clinician Support for Suicidal Survey Participants

• 240 Client Participants reported suicidal ideation on our surveys

• Study Clinicians provided 286 telephone interventions to these participants

• Almost every participant appreciated the contact & some were already discussing issue with their provider & some had not & accepted a referral
All Intervention Participants, n=533

Kick-off conference, n=224
- 50 CPIC community agencies’ staff, n=111, SPA 4: 38, SPA 6: 73
- CPIC research staff and guests, 46 (community 10, academic 36)
- Other community participants, 67

Training for CEP & RS, n=358
- 50 CPIC agency providers, n=309, SPA 4: 145, SPA 6: 164
- CPIC staff, 30 (community 8, academic 22)
- Other community staff, 19

Community staff in 50 CPIC agencies in Intervention Activities , n=393
- SPA 4: 171, SPA 6: 222
Community Staff in 50 CPIC Agencies in Intervention Activities by Agency Type

Participants, n=393

- Mental Health: 17
- Primary Care: 16
- Substance Abuse: 24
- Homeless: 14
- Social/Community: 29
Community Staff in 50 CPIC Agencies in Intervention Activities, by Provider Occupation

Clinical Providers: physicians, psychologists, nurses
Licensed, non-clinical providers: social workers, substance use counselors
Non-licensed, non-clinical providers: volunteers, ministers, case managers, parks and recreation workers, community advocates
309 Received Specific Skills Training in 50 CPIC Agencies

Other: med management, grant writing, self care, active listening, leadership
Core Training for CEP group

Participants: 264
SPA 4: 121
SPA 6: 143

- Trainings and webinars, 3/19/10-1/31/11, 32 days
- CBT sub-study (Dr. Vicky Ngo)

Webinars/site visits for RS group

Participants: 49
SPA 4: 25, SPA 6: 24
02/21/10-12/29/10, 32 days
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