RESEARCH YOU CAN DO: THE HEALTH CARE FOR THE HOMELESS PRACTICE BASED RESERCH NETWORK (PBRN)

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National Health Care for the Homeless Conference
Washington, DC
May 7, 2015

Practice-Based Research Network

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Workshop Overview

- HCH PBRN
- Nicotine Anonymous Groups in the HCH setting feasibility study
- Substance Abuse, Mental Health, and Health in Homeless Women in Primary Care study
- Discussion

What is a PBRN?

- Groups of primary care clinicians and practices working together to:
  - answer community-based health care questions
  - translate research findings into practice

- PBRNs engage clinicians in quality improvement activities + an evidence-based culture in primary care practice to improve the health of all Americans.

http://pbrn.ahrq.gov/

Practice-Based Research Network

HCH PBRN

- Formed fall 2007
- Mission:
  - facilitate improvement of health care practice + policy for homeless individuals + families through effective use of research
- Member, Agency for Healthcare Research + Quality PBRN Resource Center
- Unique:
  - nationwide scope
  - homeless population focus

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HCH PBRN

- 62 HCH + Medical Respite sites

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HCH PBRN

- Members' Role
  - Complete survey about site
  - Propose research topics
    - Research Proposal Form available at www.nhchc.org
  - Consider studies endorsed by HCH Research Cte
  - Participate in implementation of studies at sites
- Pathways from topic idea to research project
  - Academic investigator has idea, contacts HCH PBRN, secures funding
  - HCH PBRN member has idea, PBRN looks for interested investigator

HCH PBRN- Research Priorities

- Promote access, delivery, or utilization of health services for homeless individuals
- Address health problems of concern in the homeless population, particularly those which represent disparities, + for which diagnosis/treatment are complicated by the homeless condition
- Provide information needed to support health policy decisions responsive to the needs of homeless people
- Enhance quality of life for homeless individuals
- Produce results which are useful to homeless health care clinicians in carrying out their work
- Include stakeholders who have experienced homelessness to help inform the research process

HCH Research Survey – PBRN Results

- Online survey, fall 2014, all HCH grantees + medical respite programs invited to participate
- 39 of 92 respondents were/became PBRN members (42%)

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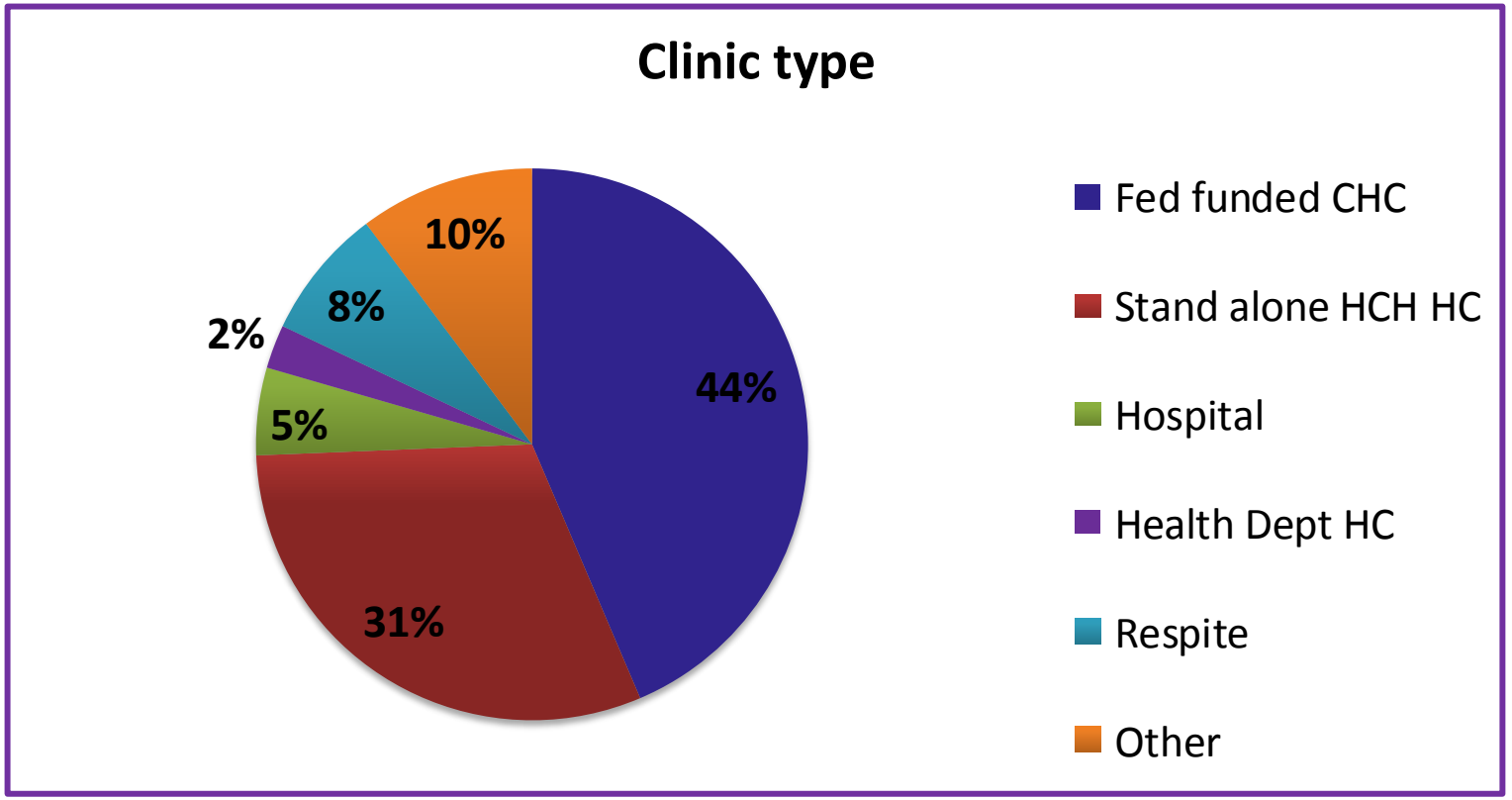
HCH Research Survey – PBRN results



- 26% serve rural residents (as principle population)

Records/Research

	#	%
Have EMR (2 converting)	33	85
Willing to pull data from EMR for research or quality improvement purposes	29	74
Have participated in research	27	69
Have dedicated research staff (≤ 2 FTE)	7	18
Have dedicated research staff + department	1	3

External Funding (last 10 yrs)

	Frequency	%
0%	8	21%
25%	5	13%
50%	1	3%
75%	3	8%
100%	4	10%

Reasons for Successful Research Experience

Factors	#	%
Improvement in health outcomes	33	85%
Improvement in health care delivery	32	82%
Knowledge gained	31	80%
Patient satisfaction	28	72%
Relationship building btwn agencies	23	59%
Provider satisfaction	21	54%
Recent of additional clinic resources	17	44%
Recognition in presentation of study findings	12	31%

Reasons for Challenging Research Experience

Factors	#	%
Limited resources (funding, staffing, equipment)	34	87%
Little or no benefit to clinic or patients	16	41%
Lack of internal support from staff	15	39%
Exclusion from research process	14	36%
Lack of recognition in presentation of research findings	6	16%

Research Topics

Topics	frequency	%
Chronic disease management	28	72%
Mental health	28	72%
Substance abuse	24	62%
Multiple chronic conditions	22	56%
Housing	19	49%
Aging population	18	46%
Infectious diseases	17	44%
Cognitive impairment	14	36%
Veterans	14	36%
Women	12	31%
LGBTQ	12	31%
Reproductive health	11	28%
Children	11	28%

Quality Improvement Priorities

Priorities	#	%
Uniform Data System (UDS) data/quality indicators	29	74%
Agency/state/other benchmarks	25	64%
Patient safety	21	54%
Information/record management	19	49%
Other (e.g. PCMH, Meaningful Use, EHR)	11	28%

HCH PBRN Projects

- Provision of Contraceptive Services to Homeless Women
  - Collaboration with U Mass Medical School + UCLA Sch of Medicine
  - Survey of PBRN medical directors about contraceptive availability + barriers faced
  - Published results at http://www.ncbi.nlm.nih.gov/pubmed/22458291

HCH PBRN projects

- Enabling Services Accountability Project
  - Collaboration with AAPCHO (Association of Asian Pacific Community Health Organizations)
  - Pilot of implementation of standardized tracking system for documenting enabling services

HCH PBRN projects

- Transitioning Patients from the Emergency Department to Primary Care Utilizing Community Health Workers
  - Centers for Medicare + Medicaid Innovation Award
  - Study to examine the value of CHWs in transitioning homeless frequent utilizers of hospital EDs into primary care

HCH PBRN projects

- Others
  - HIV testing facilitators + barriers
  - HCH Medical Director survey on traumatic brain injury
  - Cognitive behavioral therapy to treat chronic pain

HCH PBRN projects – FY 15-16

- Medical-Legal Partnerships (MLP)
  - Collaborate with Nat'l Ctr for MLP to survey HCH PBRN members re utilization of services + needs
- Patient Experience
  - Design national study to explore potential of PCQ-H (Patient Care Quality-Homeless) patient experience assessment tool to evaluate high priority + unmet health care needs among HCH grantees from the patient perspective
- Substance Use
  - Develop funding proposal to expand QUIT (Quit Using Drugs Intervention Trial) to reduce risky substance use in HCH patients
- Ongoing Projects

HCH PBRN – How can you get involved?

- HCH grantee/subcontractor or Medical Respite program:
  - Join the HCH PBRN (submit a survey about your site)
  - Consider joining the HCH Research Cte
- Researcher:
  - Submit proposal for a project
  - Attend monthly HCH Research Cte call to share/ develop ideas
- Email Molly Meinbresse, NHCHC Research Director, at mmeinbresse@nhchc.org, or Barbara Wismer, HCH PBRN Director, at barbara.wismer@sfdph.org

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Nicotine Anonymous (NicA) Feasibility Study

Molly Meinbresse
HCH PBRN Coordinator
Director of Research
NHCHC

May 7, 2015

NATIONAL HEALTH CARE for the HOMELESS COUNCIL

What is NicA?

- Tobacco cessation
- Peer support
- 12-step
- Not widely disseminated or known

How did we choose this topic?

- Interest of Research Committee
- Smoking prevalence extremely high in homeless population (68-80%)[1]
- Cancer and heart disease top causes of mortality in homeless population[2]
- Need low-cost, tobacco cessation options

Process of designing and implementing

- Unfunded
- Identify sites
- IRB approval from Migrant Clinicians Network
- 12-week feasibility
- Simple design
- Low burden
- Anonymous data collected

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3 HCH Study Sites

- Rhode Island (Site 1)
  - Homeless service organization, HCH clinic and transitional housing in same building
- Tennessee (Site 2)
  - Day shelter, transitional housing, classes, meals; HCH clinic and medical respite center next door
- Massachusetts (Site3)
  - Medical respite center, in same building as HCH clinic

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Preliminary Results

4 Aspects of Feasibility

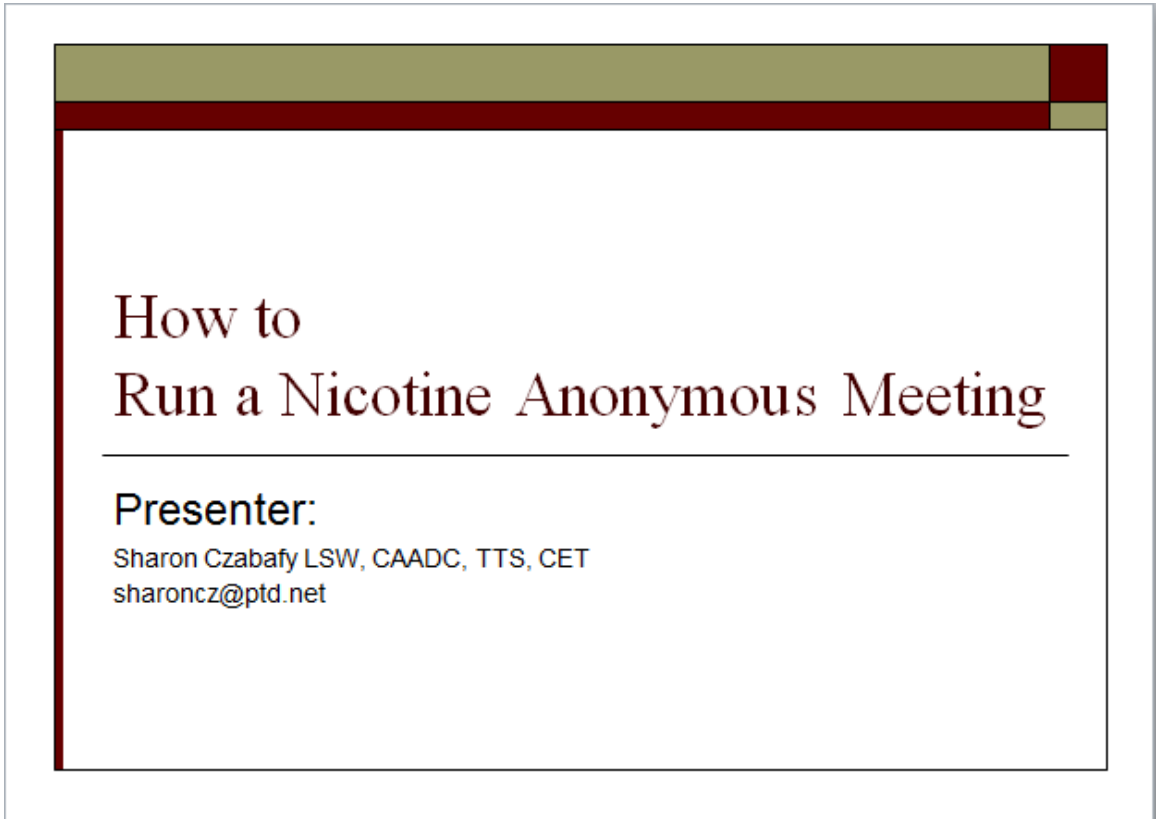
Implementation	• The extent to which an intervention can be fully implemented as planned.
Practicality	• The extent to which the intervention can be delivered when resources, time, or commitment are constrained in some way.
Demand	• Demand for the intervention.
Acceptability	• Reaction to intervention of targeted recipient and those involved in implementing programs.

Implementation

- Facilitators trained
- Physical space obtained – after some trial and error
- Recruitment conducted via flyers, email communication
- Utilized 12-step model
- No success in identifying and using peer facilitators
- Distributed "smobriety" chips and NicA written materials

Practicality

- Training materials
  - Helpful and realistic
  - Chip colors/names inconsistent
- Resources needed
  - Recruitment assistance
  - $ for coffee and snacks desired



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Practicality (cont'd)

- Location of group changed for 2 sites
- 12-step model challenging
  - Literacy levels
  - Fluctuation resulted in frequent repeating of steps
  - Content not always appropriate – "powerless" vs empowerment
- Identifying peer facilitators was difficult because of client literacy levels, attendance, and client comfort level with current facilitator

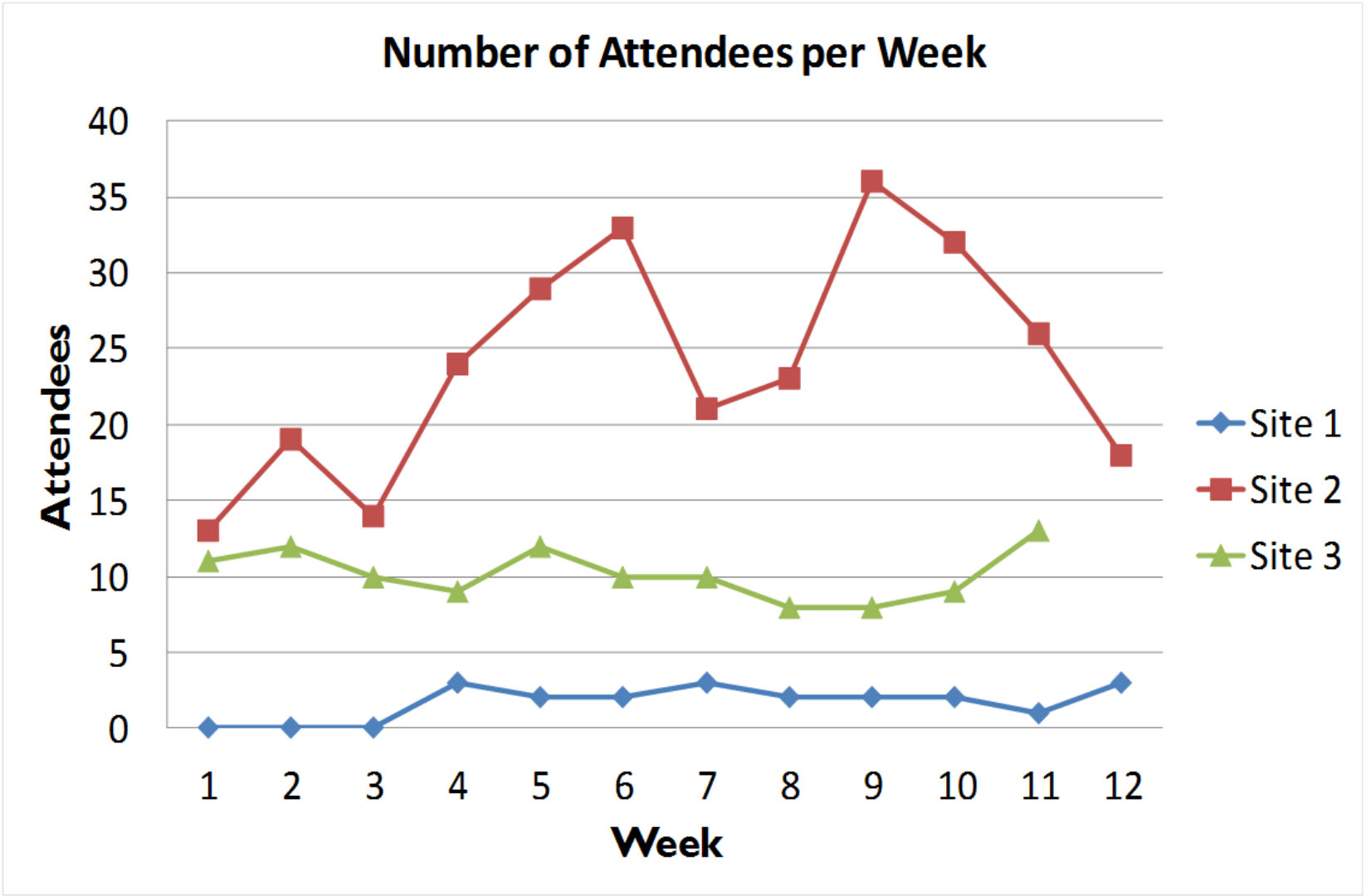
Step 1: We admitted we were powerless over our addiction…

Demand

- Attendance among sites varied widely

	Site 1	Site 2	Site 3
Total weekly avg	2	24	10
Repeat weekly avg	1	18	5

- Fluctuation
  - When disability checks arrive
  - Participant moves
  - Services no longer needed



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"Smobriety" chips distributed

	Desire	Newcomer	1-hour	24-hour	7-day
Site 1	8	11	6	0	0
Site 2	10	26	22	0	0
Site 3	0	27	0	4	0

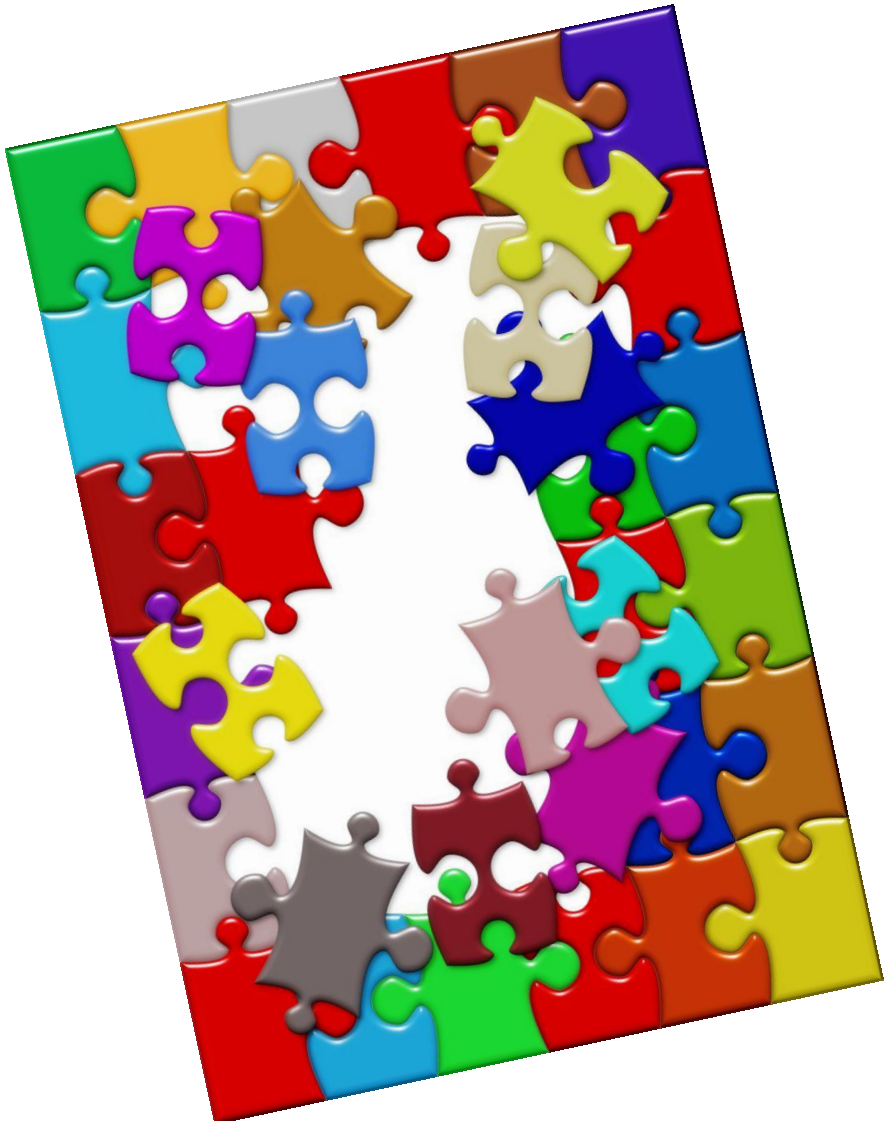
NicA assumes desire to quit

"NicA meetings kind of build on the assumption that you really do wanna quit smoking. And that's not exactly what I found … people have done studies asking people if they'd like to quit and they said yes. Okay but then if you go to the community room and see who really wants to talk about quitting smoking today, you're not going to find too many takers. So maybe it's just like any of us.

"Do wanna exercise more?"
"Oh, yes!" I mean, what am I gonn say, "No?"
"But do you wanna go out for a run right now?"
"Well maybe not."

-Facilitator at Site 1

Acceptability



- Appropriate for population
- Fit within organizational culture/mission
- Plans for continuing mixed
- Need more educational content
- Religious aspect unnecessary

Acceptability (cont'd)

- Facilitator skills
  - Familiarity with population
  - Non-judgmental
  - Former smoker vs never smoker
  - Sense of personal space
  - Relate to participants → "keepin it real"
  - Flexibility

Skills for Hosting Meetings

"I call it 'keeping it real.' … We didn't camouflage, we didn't sugar coat, we just told it like it was. And people respond to that. People respond to things when you keep it real and raw, as opposed to fluff, because you're dealin with people that are not living … fluffy lives, so you can't give them fluff. And you gotta have a reputation of begin there, being around them, they know you, and … they know that you're sincere. Anything else and it's not gonna to work."

-Facilitator at Site 2

Challenges & Successes

Challenges

- No funding
- Identifying study sites
- IRB process
- "Smobriety" chip vendor
- Anonymity of group → data collection limitation

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Successes

- Advisory Committee guidance
- Collaboration with NicA expert and smoking cessation colleagues
- 3 sites participated unfunded!
- NHCHC covered costs
  - Pamphlets
  - Smobriety chips
- Sites learned what works/doesn't work for their settings
- Groundwork for future activities

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Next steps

- Interview Boston site
- Analyze data
- Publish results
- Develop modified peer support, smoking cessation group for HCH setting (2015-2016)
- Seek funding to test new model (2016-2017)

References

1. Baggett TP, Lebrun-Harris LA, Rigotti NA. Homelessness, cigarette smoking and desire to quit: results from a US national study. *Addiction* 2013; **108:** 2009–18.

2. BaggettTP, Hwang SW, O'Connell JJ, Porneala BC, Stringfellow EJ, Orav EJ, Singer DE, Rigotti NA. Mortality Among Homeless Adults in Boston: Shifts in Causes of Death Over a 15-Year Period. *JAMA Intern Med* 2013;**173(3):**189-95.

3. Bowen DJ, Kreuter M, Spring B, Cofta-Woerpel L, Linnan L, Weiner D, Bakken S, Kaplan CP, Squiers L, Fabrizio C, and Fernandez M. How We Design Feasibility Studies. Am J Prev Med. 2009; **36(5)**: 452–457

NATIONAL HEALTH CARE for the HOMELESS COUNCIL

Contact

- National Health Care for the Homeless Council
  - www.nhchc.org
- Molly Meinbresse, Director of Research
  - Email: mmeinbresse@nhchc.org
  - Phone: 615-226-2292

NATIONAL HEALTH CARE for the HOMELESS COUNCIL

Thank you!

Health Care and Housing are Human Rights

NATIONAL HEALTH CARE for the HOMELESS COUNCIL

Women's Health Survey: Substance abuse, mental health and health needs of homeless women in primary care

Funded by:

National Institute for Alcohol Abuse and Alcoholism

R21AA020871

University of Massachusetts Medical School

UMASS

UMassMemorial HEALTH CARE

Family Medicine and Community Health

Presenters

- Carole Upshur, EdD, PI, Professor, Department of Family Medicine and Community Health, University of Massachusetts Medical School, Worcester MA
- Sue Carson Moore, MPA, MHA, Director of Homeless and Public Housing Health Services, Charles Drew Health Center, Inc., Omaha, NE
- Jane de Groot, BA, MPA, Director of Program Resources, Duffy Health Center, Hyannis MA

Practice-Based Research Network Project

- UMMS and NHCHC Team and Participating sites
- Grant background
- Grant goals and aims
- Study details/Requirements of sites
- Resources for sites
- Challenges and benefits

Participants

- Lead researchers are at University of Massachusetts Medical School
  - Carole Upshur, EdD, Professor, Dept of Family Medicine and Community Health
  - Linda Weinreb, MD, Professor, Dept of Family Medicine and Community Health
  - Kate Sullivan, BA, Project Coordinator, Dept of Family Medicine and Community Health
- National Health Care for the Homeless Council (NHCHC)
  - Darlene Jenkins, DrPH, Site PI, Dir. Research and Evaluation
  - Claudia Davidson, MPH, Project Coordinator/ Research Assoc.
  - Molly Meinbresse, MPH, Project Specialist
  - John Lozier, MSSW, Executive Director


Manchester
Worcester
Springfield
Hyannis
New York City
Cleveland
Omaha
Martinez
Nashville
Atlanta
Los Angeles
Phoenix
Houston

Participating Sites

Site Name	# women seen/yr	Target Sample Size
Atlanta, GA Mercy Care	2073	96
Cleveland, OH Care Alliance Health Center	1545	72
Houston, TX Health Care for the Homeless	1179	55
Hyannis, MA Duffy Health Center	1260	59
Los Ángeles, CA JWCH Institute	2384	111
Manchester, NH Health Care for the Homeless, Manchester	399	19
Martinez, CA Contra Costa County Health Services	645	30
New York City, NY Care for the Homeless	2377	110
Omaha, NE Charles Drew Health Center	585	27
Phoenix, AZ Maricopa County Health Care for the Homeless	2802	130
Springfield, MA Health Care for the Homeless Mercy Medical Center	893	41

Grant background

- Agreement that women who are homeless or at risk of homelessness are at high risk of alcohol or drug use problems
- However, most studies of substance use focus on or enroll more men than women
- Prior studies of homeless women were samples from the street or shelters and were done 20 years ago

Grant background (cont)

- Studies in Health Care for the Homeless clinics have the potential to capture women who are doubled up or in other situations where housing is unstable but might be overlooked in studies focused on street/shelter populations

- Prior work of the National Health Care for the Homeless Council has also showed that substance abuse programs tend to be male oriented and are threatening or unwelcoming to women, so new approaches may be needed to address women's needs

Grant Goals

- Conduct an epidemiological study to update alcohol and drug use prevalence and service needs of women and health and mental health correlates

- Survey a 'representative sample' of women using HCH primary care clinics across the country that are part of the NHCHC -PBRN (Practice-based Research Network)

- A PBRN is a collaborative of health care sites that word together to conduct a study by each contributing a modest number of sample participants so its feasible for busy sites to be involved with research but still gather a substantial amount of clinical information

Aims of Study

- Describe prevalence and correlates of past year risky drinking and/or illegal drug use, including co-morbidity with health and mental health issues through two methods:
  - self-report survey
  - random chart audit of clinic records (comparing rates in charts vs self-report)
- Describe access and barriers to treatment services for substance use problems for this group of women including:
  - their motivation to change their alcohol or drug use
  - barriers to obtaining services
  - acceptability and perceived helpfulness of discussing substance use issues with the primary care provider
- Identify potentially innovative approaches to serve women with substance use issues seeking primary care in HCH clinics

Study details

- Goal to obtain complete survey on 750 women in total
- Each of 11 participating sites has a proportional number of surveys to complete based on how many women seen at the target clinics in a year (range 19-130)
- Same number of random chart audits (not linked)

Site data collection role

- Sites are using staff, volunteers and students
- Each site has input to a site-specific data collection manual with details about that site
  - Which clinics and sessions will be used
  - Where surveys will be administered
  - Where gift cards and surveys will be kept
  - Who is responsible for duplicating and mailing to UMMS
  - Emergency procedures
- All participating site staff or volunteers must sign a confidentiality agreement
- Sites have to commit to participating in bimonthly check in calls until data are all collected
- Sites need to answer questions about incomplete surveys or ambiguous answers—incomplete surveys need to be replaced by completed ones

Seven activities

1. Invite women to participate by describing the study and reviewing the FACT SHEET with them
2. Selecting them based on site-specific rules to assure a representative sample (e.g., which days of the week, sessions, how many per session etc.)
3. Assist women who agree to fill out the survey –answer questions and/or officer to read part or all for women who have reading problems; make sure they complete all pages and questions
4. Assist women who may seem to get upset or have some concerns about answering the questions to get to a medical or behavioral health provider at the site immediately if necessary
5. Make sure completed surveys are duplicated and returned to the designated place at your site for return to UMMS
6. Fill out and also return the tracking sheet to identify how many women were invited, how many completed, how many were not eligible etc.
7. Complete one page random chart audit form for same sample size as survey target.

Resources provided to sites

- Study manual adapted to site
- Fact sheet
- Survey copies
- Tracking sheets
- Postage paid return envelopes
- Funds for $20 gift certificates (transportation, grocery store etc.) for number of participants at site (plus extras)
- Honorarium of additional $20 per sample size for sites (range of $380-$2600)
- Training webinar
- Bimonthly check in phone calls for site liaisons

Challenges for participants

- Risk of over-burdening participants with surveys
- Some women try to do survey more than once to get more than one gift card
- Some participants became emotional during survey and needed support
- Some participants might be withholding information for fear of consequences (e.g., Reporting substance use if have children with them etc.)

Benefits/positives for participants

- Women like to participate and contribute to knowledge to help others
- Women like to tell their story
- Women liked to know they were 'on someone's radar', someone cares
- Gift cards were really positive--participants very delighted with gift cards --but many say they would do survey without the payment
- Many programs found women self-identified as needing SA or MH help for the first time

Challenges for organization

- Coordination and preparation –especially for student volunteers was time consuming
- Needed time to prepare and resources to devote to participation
- Sometimes trained staff/volunteers didn't end up doing any surveys-turnover and scheduling issues-so wasted effort
- Staff stretched thin so only would consider it with using volunteers
- Hard to find student volunteers in one case
- Hard to do random selection in low volume settings
- Challenge to meet numbers for some
- Understanding research protocol sometimes difficult
- Space to do surveys-some were okay with waiting room other sites would have preferred a separate space

Benefits/positives for organization

- Staff felt good about making immediate connections to services
- Staff felt like they are making a difference in the client's day-both by being attentive and the gift card
- Helpful to learn what women's needs are-both volunteers and staff
- Site specific questions at end of survey will be useful to sites in how well they are doing addressing SA and MH issues
- Staff more comfortable with knowing women at their site
- Allowed whole program to pay more attention to SA and MH issues among women

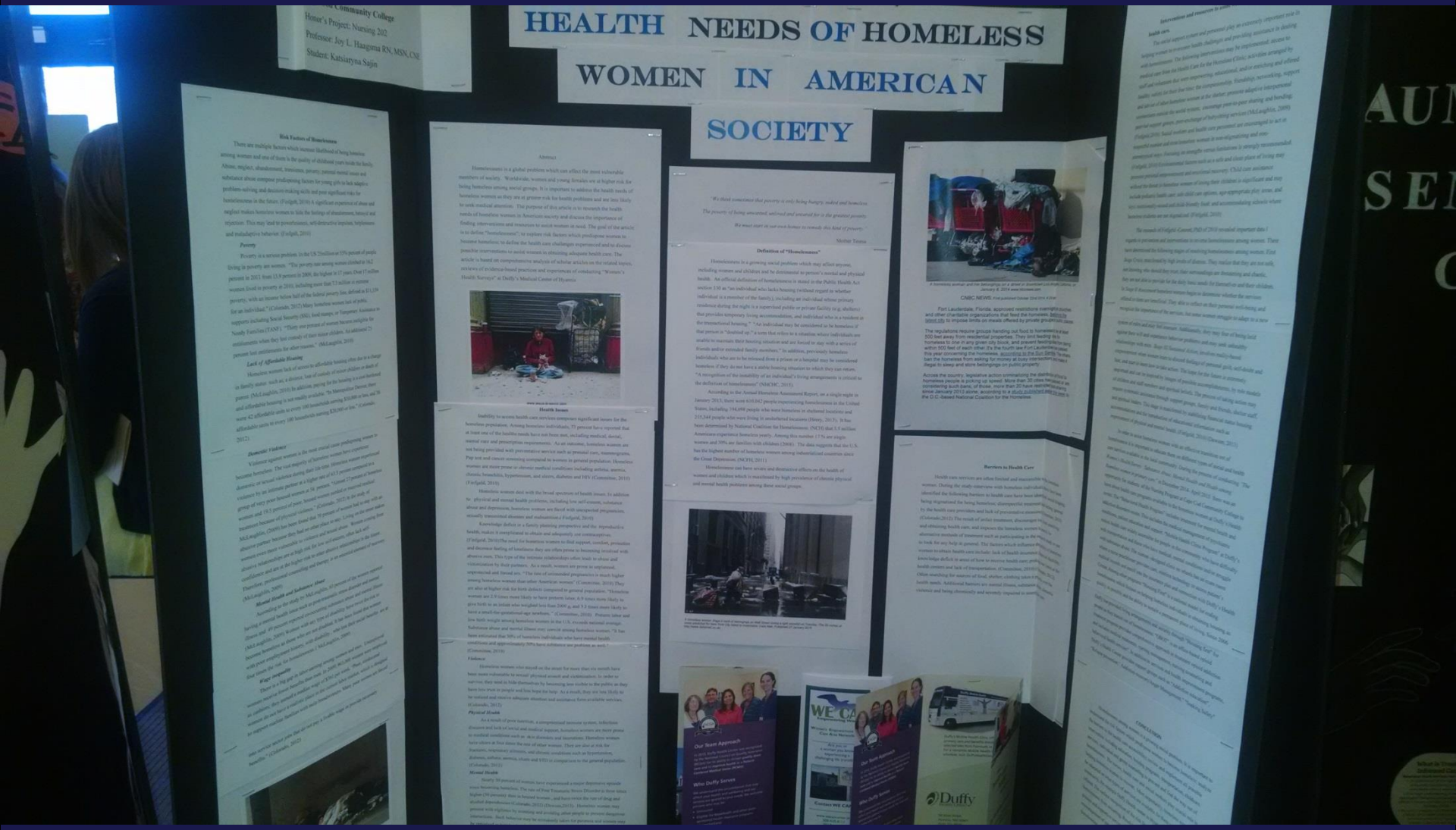
Benefits/positives-Other

- Working with local community college was a plus
- Nursing students involved had a great experience –felt like training next generation who will consider working in homeless health care
- Good experience learning how to do research

CCCC Nursing Students & Faculty: Nanette Abeid, Joy Haagsma, Laura Scheel, Katsiaryna Tomka, & Alsu Bryant.

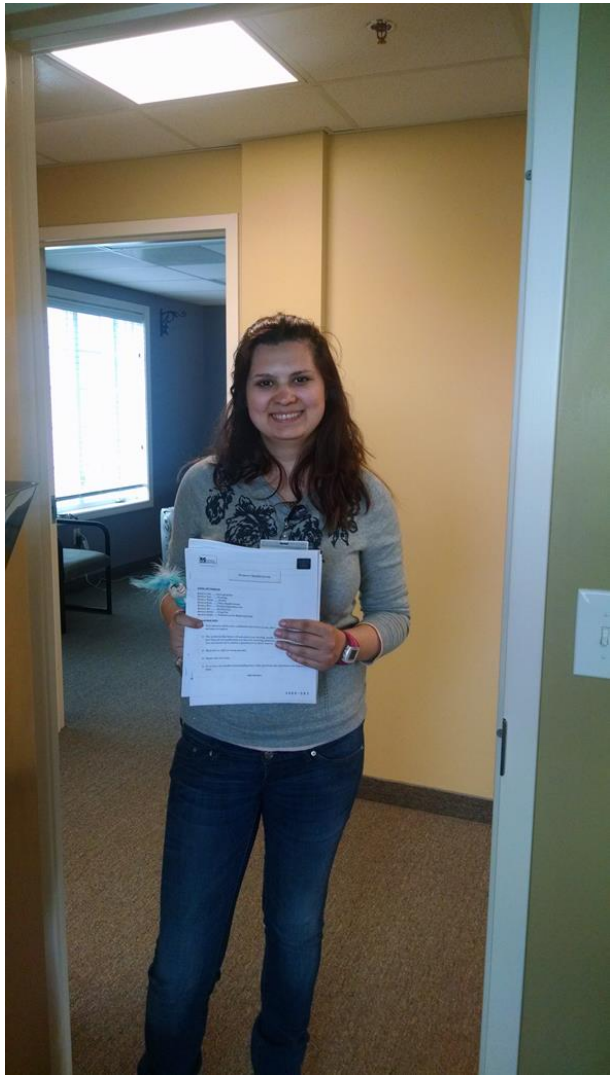
CCCC Nursing Student Honors Project

Cape Cod Community College Honors Reception: Women & Homelessness posters



Benefits/positives-Other

- Webinar training very useful and concrete enough to guide process
- Process was very streamlined and positive overall
- Phone calls with check in and support made it possible to do a good job with administration



Alsu Bryant- 63rd completed survey at Duffy

Would you participate again in a similar project?

- Probably YES!
- Critical to have structure and resources to assist in doing the work well
- Gift cards a big bonus

Thank you!

Contact: Dr. Carole Upshur, Professor, Director of Research Training & Development-Carole.Upshur@umassmed.edu

QUESTIONS?

Moderator: Barbara Wismer

Contacts

PBRN

- Dr. Barbara Wismer, HCH PBRN Director-barbara.wismer@sfdph.org
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