MGH Chelsea Community Research Week
October 6–9, 2020

MGH Chelsea Community Research Week is brought to you by the Community Research Program at MGH Chelsea. The Community Research Program at MGH Chelsea is guided by the MGH Chelsea Research Council. Support for Research Day is provided by MGH Chelsea Administration, the Mongan Institute, and the Community Council of MGH’s Division of General Internal Medicine
## Research Week Schedule

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td><strong>Access to Care</strong></td>
<td><strong>Social Determinants of Health</strong></td>
<td><strong>Mental Health and Families</strong></td>
<td><strong>Keynote Address</strong></td>
</tr>
<tr>
<td>12:00 – 1:30 PM</td>
<td>8:00 – 9:00 AM</td>
<td>12:00–1:00 PM</td>
<td>10:00–11:00 AM</td>
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**Efren Flores, MD:**
**Advancing Health Equity Through Research and Outreach in Radiology**

**Wendy Cervantes, BS; Colleen Ford, MD; et al.:**
**Examining Telemedicine Use in a Community Health Setting During the COVID Pandemic**

**Sanja Percac-Lima, MD; et al.:**
**Patient navigation for MGH community health centers’ patients newly diagnosed with cancer prior and during COVID-19 pandemic**

**Julia Browne, PhD; Anne Thorndike, MD, MPH; et al.:**
**Addressing Social Determinants of Health Identified by Systematic Screening in a Medicaid Accountable Care Organization: A Qualitative Study**

**Hannah Skiest, BA; Corinne Cather, PhD; et al.:**
**Voices of Parents in Recovery as a Catalyst for Change**

**Orin Gutlerner, M Ed; Corinne Cather, PhD and Luana Marques, PhD; et al.:**
**Scaling Up Skills to Support Resilient Chelsea Teens**

**Peter Slavin, MD,**
**President, Massachusetts General Hospital:**
**Unmasking of health care disparities and structural racism by COVID-19: how community-engaged research can bridge gaps and help rebuild trust**

*Due to space restrictions, only first authors and/or senior authors are listed. However, the MGH Chelsea Community Research Program invites you to recognize all presentation authors and their contributions to this work.*
Background on Community Research Program & Research Day

Background

In May 2013, a group of 6 people interested in community-based research gathered at the MGH Chelsea HealthCare Center. This group evolved into a monthly research forum called Research Roundtable, which expanded to include a Research Council and Advisory Board and eventually became known as the MGH Chelsea Community Research Program. The Research Program reaches over 250 individuals by email, has sparked collaborations across Partners and within the greater Boston area, has increased interest in and support for research, and brings together approximately 20 participants each month at Roundtable meetings in addition to 100 people at its annual Research Day. The Community Research Program is supported by MGH Chelsea HealthCare Center Administration, the MGH Division of General Internal Medicine, the MGH Department of Medicine Community Council, and the Mongan Institute.

Mission Statement: The Community Research Program at MGH Chelsea HealthCare Center supports research across the lifespan. We emphasize interdisciplinary and community collaborations that target health disparities, advance clinical practice, and improve the well-being of our patients and their communities.
The Community Research Program has grown since its inception in 2013 thanks to input from our MGH Chelsea-based interdisciplinary Research Council members who serve a 3-year minimum term, and our Advisory Board members who represent a diverse range of stakeholders who support research throughout the Partners system.

<table>
<thead>
<tr>
<th>Council Member as of 10/2020</th>
<th>MGH Chelsea Departments Representing</th>
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</thead>
<tbody>
<tr>
<td>Chandra, Rohit</td>
<td>Behavioral Health</td>
</tr>
<tr>
<td>Cohen-Hausmann, Adriana</td>
<td>Pediatrics</td>
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<tr>
<td>Devine, Sofia</td>
<td>Physical Therapy</td>
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<td>Fishman, Bonnie</td>
<td>Pediatrics</td>
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<tr>
<td>Ford, Colleen</td>
<td>Adult Medicine</td>
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<tr>
<td>Izen, Amy</td>
<td>Speech, Prenatal (Susan Hernandez, contact)</td>
</tr>
<tr>
<td>Levison, Julie</td>
<td>Medical Specialties, Imaging (Patricia Daunais &amp; Efren Flores, contact/Operations Manager)</td>
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<tr>
<td>Marable, Danelle</td>
<td>MGH Chelsea Community Health Improvement (CCHI)</td>
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<tr>
<td>McCarty, Tara</td>
<td>WIC</td>
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<tr>
<td>McWilliams, Jeannette</td>
<td>Administration</td>
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<tr>
<td>Miller, Pam</td>
<td>Behavioral Health</td>
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<tr>
<td>Percac-Lima, Sanja</td>
<td>Adult Medicine</td>
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<tr>
<td>Ryan, Heather</td>
<td>Pediatrics, Nursing</td>
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# MGH Chelsea Research Advisory Board

<table>
<thead>
<tr>
<th>Advisory Board Member</th>
<th>Constituency Representing</th>
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<tbody>
<tr>
<td>Alegría, Margarita</td>
<td>MGH Disparities Research Unit, Department of Medicine</td>
</tr>
<tr>
<td>Banister, Gaurdia</td>
<td>MGH Institute for Patient Care/Munn Center for Nursing Research</td>
</tr>
<tr>
<td>Bartels, Steve</td>
<td>Mongan Institute &amp; Disparities Solution Center</td>
</tr>
<tr>
<td>Fava, Maurizio</td>
<td>MGH Division of Clinical Research</td>
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<tr>
<td>Green, Jordan</td>
<td>MGH Institute of Health Professions</td>
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<tr>
<td>Jackson, Jonathan</td>
<td>MGH Division of Clinical Research/CARE</td>
</tr>
<tr>
<td>Jones, Martha</td>
<td>Partners IRB</td>
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<tr>
<td>Metlay, Josh</td>
<td>MGH Division of General Medicine</td>
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<tr>
<td>Morrill, Jim</td>
<td>MGH Charlestown HealthCare Center</td>
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<td>Quinlan, Joan</td>
<td>MGH Center for Community Health Improvement (CCHI)</td>
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<tr>
<td>Taveras, Elsie</td>
<td>MGH Division of General Pediatrics</td>
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<tr>
<td>Thorndike, Anne</td>
<td>MGH Executive Committee on Research &amp; ECOCH</td>
</tr>
<tr>
<td>Xerras, Dean</td>
<td>MGH Executive Committee on Community Health (ECOCH) and Chelsea Board of Health</td>
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</tbody>
</table>
Vision

Our vision for Research Day is to encourage the MGH Chelsea HealthCare Center staff and their community partners to further an interest in research by participating in Research Day, to showcase the diversity of research conducted at MGH Chelsea Healthcare Center, to stimulate new research partnerships, and to strengthen existing partnerships. We are thrilled to have participation from Departments across the MGH Chelsea HealthCare Center, the other MGH Community HealthCare Centers including MGH Charlestown, MGH main campus, the Institute of Health Professions, Harvard School of Public Health, and other Partners-affiliated Departments, Institutes, and Centers.

This year’s Research Week is possible due to the energy, initiative, and input of numerous colleagues who have participated in the Community Research Program. We are deeply grateful to our colleagues and the communities our health center serves. Thank you for being a part of our program.

Amy Izen, M.S., CCC-SLP; Julie Levison, MD, MPhil, MPH; Rohit Chandra, MD; Juliana Ison, BA
MGH began its work in Chelsea in 1971. At that time, a small primary care practice was established in the basement of a local church in response to the community’s concern that health care be more accessible. Since that time, the MGH Chelsea HealthCare Center has grown as the community and its population has evolved. MGH Chelsea existed at the Chelsea Memorial Hospital from the mid-1970s through 1994 when the MGH Chelsea HealthCare Center’s freestanding building opened.

As new waves of immigrants come to Chelsea, the HealthCare Center continues to respond to the medical and social needs of these populations. Today, the Center provides services to varied ethnic groups (U.S. and non-U.S. born). The HealthCare Center works closely with community agencies, including the City’s Health Department, to understand the specific needs of our patient populations and to provide the most appropriate services in both primary and specialty care services.

MGH Chelsea continues its commitment to provide an integrated program of primary and specialty care services that are sensitive to the community and the culturally diverse needs of its residents. Highlights from the 2019 Community Health Needs Assessment conducted by the MGH Center for Community Health Improvement (CCHI) include:

- Chelsea population is 37,581; per capita income is $21,722, and 5.58% are unemployed
- 64.2% Hispanic or Latino, 48% White, 5% Black, 3% Asian, 7% other
- 29.3% did not complete high school
- 44% population is foreign born
- 42.4% population age 5+ with limited English proficiency
- 18.65% families live in poverty
Research Week Presentations
October 6, 2020: Presentations on Access to Care
Advancing Health Equity Through Research and Outreach in Radiology

Efrén J. Flores, MD
Assistant Professor of Radiology, HMS
Officer, Radiology Community Health & Equity
Radiologist, Massachusetts General Hospital
Email: ejflores@mgh.harvard.edu
Disclosures

• Grant funding:
  • NCI Research Diversity Supplement
  • ACR Innovation Fund
INSPIRATION

38-year-old man admitted to the step-down unit with COVID-19 asked nurse to be discharged due to concern that insurance wouldn’t cover his care
COVID-19 & SOCIAL DETERMINANTS OF HEALTH
EVERY IMAGING STUDY IS A PATIENT ENCOUNTER
Transportation difficulties

Low Health Literacy

Limited English Proficiency

Lack of insurance

BARRIERS TO CARE
Social Determinants of Health

- Social & Community Context
- Neighborhood & Environment
- Health Care
- Education
- Economic Stability
- Racism

https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health
The Fullest Look Yet at the Racial Inequity of Coronavirus

The New York Times

Coronavirus cases per 10,000 people

<table>
<thead>
<tr>
<th>Race</th>
<th>Cases per 10,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>23</td>
</tr>
<tr>
<td>All</td>
<td>38</td>
</tr>
<tr>
<td>Black</td>
<td>62</td>
</tr>
<tr>
<td>Latino</td>
<td>73</td>
</tr>
</tbody>
</table>

Research to detect gaps & understand needs
Racial/Ethnic Disparities in Disease Severity on Admission Chest Radiographs among Patients Admitted with Confirmed COVID-19: A Retrospective Cohort Study
Geospatial data visualization of admitted patients with covid-19
Number of admitted patients with covid-19 by zip code
Hispanic/Latino population Fraction by zip code

@EJFLORESMD
Percent of individuals living in overcrowded conditions by zip code
Median Household income by zip code
Analysis of 326 pts admitted for COVID-19 showed:

- Increased CXR severity (higher mRALE score) associated with increased likelihood of worse outcomes
- Non-white pts had significantly higher disease severity
- Increased severity among Non-white patients associated to delayed presentation & limited English proficiency (LEP)
A mRALE Distribution by Race

Non-White

White/non-Hispanic

B
SIX MONTHS LATER
Average Daily Case Rate (per 100,000) for COVID-19 in MA by City/Town Over Last Two Weeks
7/22/2020 - 8/5/2020

Average Daily Case Rate per 100,000
- White (<5 reported cases)
- Green (<4 cases per 100k)
- Yellow (4 - 8 cases per 100k)
- Red (>8 cases per 100k)
EIGHT MONTHS LATER
ENHANCING EQUITY

Outreach to reduce disparities

@EJFLORESMD
RACE, EQUITY, ACCESS & COMMUNITY HEALTH (REACH) INITIATIVES

♦ Promote culturally competent care
♦ Educate providers about available resources
♦ Engage patients to take active role in their care
♦ Reach out and meet patients where they are
COVID-RELATED OUTREACH
How Respiratory Illness Clinics Brought COVID-19 Testing to Underserved Communities

RADIOGRAFÍA DE EL PECHO

Es posible que le soliciten una radiografía de su pecho antes de su visita.
Una radiografía de pecho es una prueba sencilla y segura que nos ayuda a ver los pulmones. Esto nos ayuda a ver si todo está bien con su respiración.

ANTES DE SU VISITA

- Evite usar ropa de tela, telas o prendas de vestir de material metálico, como ropa de una persona.
- Informe a su médico si es posible que esté embarazada para que podamos planificar su visita.

MENTRAS ESTAS AQUÍ

- Durante la radiografía, le pediremos que respire profundamente y se halle firme durante el tiempo.
- Esto nos ayudará a obtener imágenes claramente definidas.

En caso de duda, hable con su médico para obtener ayuda.

CHEST X-RAY

We may ask you to have a chest X-ray when you visit our clinic. A chest X-ray is a quick and easy test that takes pictures of your lungs. It helps us learn more about your breathing.

BEFORE YOUR VISIT

- Please wear a loose-fitting shirt with no zippers, metal snaps or buttons. They can blur the images.
- Please tell your doctor if you are pregnant so we can plan for your visit.

WHILE YOU’RE HERE

- Please take off any necklaces. They can blur the image. Other jewelry is okay. Bras also need to be removed.
- During the X-ray, we will ask you to take a deep breath and hold it. Special breathing helps us get clear images.

A doctor will talk with you about the results of your X-ray after your exam.
From the MGH MESH Incubator and Radiology Diversity and Inclusion Committee...

RadTranslate™

Realistic, AI-powered audio clips in various languages - we help techs and nurses direct patients during exams/procedures

Collaboration with Dr. Succi, MESH Incubator &

https://www.radtranslate.com/
RADIOLOGY OUTREACH
RIDESHARING TO OVERCOME TRANSPORTATION BARRIERS IN MRI

• 9-month post-implementation analysis at MGH Chelsea radiology showed:
  • Significantly improved arrival timeliness
  • Patients with public insurance, unemployed and older more likely to utilize the service

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Walk-In screening mammography program

Patients who are overdue/eligible

**English**

Get your mammogram - it's time

Go to MGH Revere HealthCare Center
Radiology Department, 1st Floor

**Spanish**

Ya es tiempo de hacerse la mamografía

Vaya el centro de atención médica de
MGH Revere HealthCare Center,
al Departamento de Radiología, en el 1er piso.

Wang GX, JACR 2020
LCS OUTREACH AT MGH HEALTH CENTERS

Collaboration with Dr. Shepard, Dr. Baggett, Dr. Percac-Lima, and Dr. Wang.

SAME-DAY LCS INTEGRATION INTO SM ENCOUNTERS

- MGH Revere
- 1 in 10 were smokers
- 26% requested smoking cessation
- Only 8% of eligible patients had LCS

Have you ever smoked cigarettes?
- Yes
- No

What age did you start smoking cigarettes? _____ years old

Do you smoke cigarettes now?
- Yes
- No

How much do you smoke on a typical day? (Please check a box below.)
- Less than a quarter pack
- Quarter pack
- Half pack
- One pack
- 1.5 packs
- 2 packs
- 3 packs
- More than 3 packs

If you currently smoke:
- Would you want information in the mail about programs that can help you quit?
- Yes
- No
- Would you want to speak with a quit-smoking coach by phone? (A coach from the community health center-based tobacco cessation program will call you.)
- Yes
- No
- Would you want to meet with a quit-smoking coach in person at the community health center? (A coach from the community health center-based tobacco cessation program will call to make an appointment.)
- Yes
- No

THE ROAD AHEAD
TOGETHER
HEALTH EQUITY IS EVERYONE’S DUTY

Inequality  Equality  Equity
What Are Health Disparities and Health Equity? We Need to Be Clear

Paula Braveman, MD, MPH

Health equity and health disparities are intertwined. **Health equity means social justice in health** (i.e., no one is denied the possibility to be healthy for belonging to a group that has historically been economically/socially disadvantaged). **Health disparities are the metric we use to measure progress toward achieving health equity.**

Advancing Health Equity Through Research and Outreach in Radiology

Questions?

ejflores@mgh.harvard.edu

@EJFLORESMD
Examining Telemedicine Use in a Community Health Setting During the COVID-19 Pandemic

Wendy Cervantes, B.S., Nikita Gourishetty, B.S., Colleen Ford, MD
• No financial conflicts of interest
About PCLP

• The National Medical Fellowship Primary Care Leadership Program (NMF PCLP) is an annual six week summer program for talented rising 2nd year medical students from minority groups underrepresented in medicine interested in primary care careers.

• Students are assigned to community health centers throughout the country.

• MGH Chelsea hosts 4 medical students each summer. Students are paired with site mentors (Dr. Ford and Dr. Moss from MCH CHC adult medicine).

• They work on a research project with their site mentor and rotate through various health center specialties.
Background

• In March 2020, the COVID-19 pandemic forced the transition to telemedicine for providers in the Adult Medicine and Mental Health departments at MGH Chelsea Health Center

• Telemedicine has historically been underutilized in underserved populations but has the potential to address healthcare inequities and improve access to care

• In 2020, 98% of health centers nationwide used telemedicine appointments, compared to 43% in 2018 (NACHC 2020).
Objectives

• Examine telemedicine practices in a community based primary care setting
• Assess provider experiences with telemedicine during the COVID-19 pandemic
• Identify barriers to telemedicine at MGH Chelsea Health Care Center
Methods

- Reviewed billing data to determine virtual visit types performed in Adult Medicine (phone vs. video)
- Created provider questionnaire to evaluate provider satisfaction and barriers
- Questionnaire administered to health center providers in adult medicine and mental health departments via email in June 2020
Results

- Virtual Visit Type by month in Adult Medicine

<table>
<thead>
<tr>
<th>Month</th>
<th>Phone</th>
<th>Video</th>
</tr>
</thead>
<tbody>
<tr>
<td>September</td>
<td>535</td>
<td>222</td>
</tr>
<tr>
<td>August</td>
<td>487</td>
<td>160</td>
</tr>
<tr>
<td>July</td>
<td>826</td>
<td>257</td>
</tr>
<tr>
<td>June</td>
<td>594</td>
<td>220</td>
</tr>
<tr>
<td>May</td>
<td>1055</td>
<td>284</td>
</tr>
<tr>
<td>April</td>
<td>908</td>
<td>127</td>
</tr>
<tr>
<td>March</td>
<td>428</td>
<td>0</td>
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</tbody>
</table>
Questionnaire Participant Data: IM: 17 (50%), FM: 1 (3%), Psychiatry: 6 (18%), Psychology/SW: 10 (29%)
Adult Medicine
Provider Preferences

Internal Medicine/ Family Medicine preferences

- Follow up: 22% Office Visit is better, 11% Virtual Visit is better, 6% No different
- New patient appts: 39% Office Visit is better, 83% Virtual Visit is better, 6% No different
- Triage/Urgent appts: 22% Office Visit is better, 11% Virtual Visit is better, 67% No different
- Ability to reach patient: 11% Office Visit is better, 50% Virtual Visit is better, 28% No different
- Personal connection felt with the patient: 11% Office Visit is better, 83% Virtual Visit is better, 6% No different
- Patient's understanding at the end of visit: 44% Office Visit is better, 6% Virtual Visit is better, 50% No different
Mental Health Provider Preferences

Psychiatry / Psychology / Social Work preferences

<table>
<thead>
<tr>
<th>Service</th>
<th>Office Visit is better</th>
<th>Virtual Visit is better</th>
<th>No different</th>
<th>Does not apply to me</th>
</tr>
</thead>
<tbody>
<tr>
<td>Follow up</td>
<td>6%</td>
<td>56%</td>
<td>38%</td>
<td>6%</td>
</tr>
<tr>
<td>New patient appts</td>
<td>81%</td>
<td>25%</td>
<td>6%</td>
<td>13%</td>
</tr>
<tr>
<td>Triage/Urgent appts</td>
<td>25%</td>
<td>13%</td>
<td>25%</td>
<td>6%</td>
</tr>
<tr>
<td>Ability to reach/access a patient</td>
<td>94%</td>
<td>6%</td>
<td>6%</td>
<td>25%</td>
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<tr>
<td>Personal connection felt with the patient</td>
<td>56%</td>
<td>19%</td>
<td>25%</td>
<td>63%</td>
</tr>
<tr>
<td>Patient's understanding at the end of visit</td>
<td>12%</td>
<td>25%</td>
<td>56%</td>
<td>63%</td>
</tr>
</tbody>
</table>
Overall Satisfaction of Visit with Telemedicine

- Excellent: 12.1%
- Average: 30.3%
- Above Average: 36.4%
- Below Average: 18.2%
- Very Poor: 3.0%
Perceived Quality of Telemedicine

Overall Quality of Visit with Telemedicine

- Excellent: 3.0%
- Above Average: 33.3%
- Average: 48.5%
- Below Average: 12.1%
- Very Poor: 3.0%

MASSACHUSETTS GENERAL HOSPITAL
DEPARTMENT OF MEDICINE
Provider Barriers

 Providers' Barriers to Telemedicine

- Technical difficulties: 82.40%
- Preference for face-to-face: 58.80%
- Limited Wifi/Data: 44.10%
- Privacy concerns: 38.20%
- Ability to reach patients: 38.20%
- Lack of experience: 32.40%
- Lack of tech support: 29.40%
- Time constraints: 20.60%
- Inadequate guidelines: 14.70%
- Malpractice Concerns: 5.90%
Perceived Patient Barriers

Providers' Perceived Barriers for Patients

- Access to Technology: 91.20%
- Technology difficulties: 88.20%
- Preference for Face-to-Face: 64.70%
- Lack of technology expertise: 64.70%
- Age of patient: 64.70%
- Education level of patient: 55.90%
- Patient doesn't want: 55.90%
- Privacy concerns: 55.90%
- Cost: 23.50%
- Time constraints: 14.70%
- Appt must be in person: 5.90%
Chelsea Internet Access

- (1,878 responses; Source: Chelsea City Hall)

Does the household have some form of internet access in the home (such as through a smartphone?)

1,678 responses

- Yes: 72.6%
- No: 13.8%
- I could not determine: 11.6%
Appointments Suited for Telemedicine

Types of Appointments Providers Plan to Conduct via Telemedicine

- Remote visit: 85.30%
- Physical limitations: 73.50%
- Follow up: 64.70%
- At home screening: 41.20%
- Triage: 38.20%
- New patient: 35.30%
- Routine exam: 8.80%
- Specialty consult: 5.90%
- Not integrating: 2.90%
Conclusions

• Virtual visits have increased this year, with phone calls being the most used platform in the Adult Medicine department at MGH CHC

• Both adult medicine and mental health providers preferred to use telemedicine for follow-up visits

• There are many barriers to implementing video based telemedicine in primary care including technical difficulties and lack of patient access to technology
Limitations

• Due to time constraints, we were unable to conduct a patient survey
• We did not review billing data for virtual visit type in the mental health department
• Single site study
• Limited input from subspecialists
Future Integration of Telemedicine

• Improving access for patient with limited transportation, living remotely
• Less time off work for patient
• Best for routine follow-ups with patient self—monitoring (hypertension, diabetes) and mental health follow-up
Further Study

• Patient survey of telemedicine
• Training of PSCs and MAs to help patients with patient gateway and virtually room patients for their visits
• Further provider trainings on telemedicine
• Improve asynchronous care such as e-visits
• Evaluate the impact of telemedicine visits on patient no-show rates
Acknowledgements

• NMF PCLP program
• Jeannette McWilliams, Jeanette Laft, Michele Iapicca from MGH CHC administration
• Dr. Jackie Moss, co-mentor
• Dr. Audrey Provenzano, adult medicine unit chief
• Mary Lyons Hunter, mental health department unit chief
• Wendy Lin, NP, virtual care collaborator
October 7, 2020: Presentations on Addressing Social Determinants of Health
PATIENT NAVIGATION FOR MGH COMMUNITY HEALTH CENTERS’ PATIENTS NEWLY DIAGNOSED WITH CANCER PRIOR AND DURING THE COVID-19 PANDEMIC

SANJA PERCAC-LIMA, MD, PHD, MPH, ERICA T. WARNER, SCD, MPH, EMMA C. WHITED, BA, KELLY EDWARDS IRWIN, MD, MPH, CARMEN BENJAMIN, MSW, AUSUBEL R. PICHARDO, BA, COLLEEN FORD, MD, AMY E. WHEELER, MD, JAMES MORRILL, MD, PHD, BEVERLY MOY, MD, MPH

Chelsea Research Week 2020
PATIENT NAVIGATION

- Implemented in 1990 in New York by Dr. Harold Freeman
- Patient navigators help patients with access to care and navigate them through the healthcare system overcoming individual barriers to receiving care
- In five years breast cancer mortality in black women in Harlem decreased 30%
MERCK ALLIANCE SITES

- The Henry W. Grady Health System
- The Johns Hopkins University
- Massachusetts General Hospital
- Northwestern University
- Ohio State University
- The University of Arizona in Tucson, AZ
- The University of Michigan School of Nursing
INTERVENTION

- Developed population-based technology system that identifies vulnerable patients newly diagnosed with cancer from the MGH CHC

- In 2017 we implemented patient navigation program to navigate these newly diagnosed patients to receive timely, patient-centered cancer care at the MGH Cancer Center
STUDY DESIGN

- Randomized Controlled Trial
  - Arm A: In-Person Patient Navigation
  - Arm B: Enhanced Usual Care

- Catchment Area
  - MGH Cancer Center
  - MGH-Affiliated Community Health Centers:
    - Chelsea
    - Revere
    - Charlestown
    - Surrounding Communities

- Eligibility Criteria
  - Newly diagnosed with any cancer
  - 18 years or older
  - Receiving primary care at one of the 3 CHCs
  - Referred from community organization
### PRELIMINARY DATA: ENROLLMENT

**NOVEMBER 2017 – SEPTEMBER 2020**

<table>
<thead>
<tr>
<th>Enrollment Data</th>
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<tr>
<td>Screened</td>
<td>777</td>
</tr>
<tr>
<td>Eligible</td>
<td>290</td>
</tr>
<tr>
<td>Consented</td>
<td>216</td>
</tr>
<tr>
<td>Active</td>
<td>66</td>
</tr>
<tr>
<td>Completed</td>
<td>121</td>
</tr>
<tr>
<td>Deceased</td>
<td>21</td>
</tr>
<tr>
<td>Withdrawn</td>
<td>8</td>
</tr>
<tr>
<td>Pending</td>
<td>4</td>
</tr>
<tr>
<td>Did Not Reach</td>
<td>22</td>
</tr>
<tr>
<td>Declined</td>
<td>48</td>
</tr>
</tbody>
</table>
### PRELIMINARY DATA: PATIENT DEMOGRAPHICS

**NOVEMBER 2017 – SEPTEMBER 2020**

<table>
<thead>
<tr>
<th>Patients (n=216)</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>112</td>
<td>51.9%</td>
</tr>
<tr>
<td>Female</td>
<td>104</td>
<td>48.1%</td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>132</td>
<td>61.1%</td>
</tr>
<tr>
<td>Other</td>
<td>42</td>
<td>19.4%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>15</td>
<td>6.9%</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>11</td>
<td>5.1%</td>
</tr>
<tr>
<td>Asian</td>
<td>8</td>
<td>3.7%</td>
</tr>
<tr>
<td>Unavailable</td>
<td>8</td>
<td>3.7%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patients (n=216)</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ethnicity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Hispanic / Latino</td>
<td>155</td>
<td>71.8%</td>
</tr>
<tr>
<td>Hispanic / Latino</td>
<td>56</td>
<td>25.9%</td>
</tr>
<tr>
<td>Unavailable</td>
<td>5</td>
<td>2.3%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Primary Language</strong></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>151</td>
<td>69.9%</td>
</tr>
<tr>
<td>Spanish</td>
<td>45</td>
<td>20.8%</td>
</tr>
<tr>
<td>Other</td>
<td>20</td>
<td>9.3%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Severe Mental Illness (SMI)</strong></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>157</td>
<td>72.7%</td>
</tr>
<tr>
<td>Yes</td>
<td>58</td>
<td>26.9%</td>
</tr>
</tbody>
</table>
PCR FOR COVID-19 IN MASSACHUSETTS

Massachusetts Department of Public Health COVID-19 Dashboard - Wednesday, June 03, 2020

Percent Positivity (PCR only) for COVID-19 in MA by City/Town
1/1/2020 - 6/3/2020

Percent Positivity
(State = 15.9%)
- No Confirmed Cases Reported
- 0.73% - 5.24%
- 5.25% - 9.33%
- 9.34% - 13.29%
- 13.3% - 18.18%
- 18.19% - 26.03%
- 26.04% - 42.11%
## IMPACT OF THE COVID-19 PANDEMIC

<table>
<thead>
<tr>
<th>Community Health Center Enrollment</th>
<th>Total (n=216)</th>
<th>Percent Positivity of COVID-19 (per 100,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chelsea</td>
<td>100</td>
<td>40.2%</td>
</tr>
<tr>
<td>Revere</td>
<td>72</td>
<td>27.4%</td>
</tr>
<tr>
<td>Charlestown</td>
<td>44</td>
<td>23.3%</td>
</tr>
</tbody>
</table>
METHODS

We compared two time periods:

November 2017 – February 2020: Prior to the COVID-19 pandemic in Massachusetts
March – June 2020: During the COVID-19 pandemic in Massachusetts

- Using bivariate Poisson regression, we examined if the number of patients per month recruited to our study, or whether the number of patient navigators’ interventions per month differed between these periods
- We used chi-square tests to compare the proportion of cancer treatment appointments completed, missed (no shows), or cancelled prior to and during the COVID-19 pandemic
## RESULTS: CONSENT RATE

<table>
<thead>
<tr>
<th></th>
<th>Pre COVID-19</th>
<th>COVID-19 Era</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Nov 1, 2017 - Feb 29, 2020</td>
<td>Mar 1, 2020 - Jun 30, 2020</td>
<td></td>
</tr>
<tr>
<td>Consented</td>
<td>178</td>
<td>23</td>
<td>N/A</td>
</tr>
<tr>
<td>Consent Rate (per month)</td>
<td>6.36</td>
<td>5.75</td>
<td>0.65</td>
</tr>
</tbody>
</table>
# RESULTS: ONCOLOGY APPOINTMENTS

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total # of Appointments</td>
<td>4040</td>
<td>511</td>
<td>N/A</td>
</tr>
<tr>
<td>Total # of Completed Appointments</td>
<td>3425</td>
<td>391</td>
<td>N/A</td>
</tr>
<tr>
<td>Total # of Cancelled Appointments</td>
<td>500</td>
<td>105</td>
<td>N/A</td>
</tr>
<tr>
<td>Total # of Missed Appointments</td>
<td>115</td>
<td>15</td>
<td>N/A</td>
</tr>
<tr>
<td>Rate of Completed Appointments</td>
<td>84.8%</td>
<td>76.5%</td>
<td>&lt; 0.0001</td>
</tr>
<tr>
<td>Rate of Cancelled Appointments</td>
<td>12.4%</td>
<td>20.6%</td>
<td>&lt; 0.0001</td>
</tr>
<tr>
<td>Rate of Missed Appointments</td>
<td>2.9%</td>
<td>2.9%</td>
<td>0.91</td>
</tr>
</tbody>
</table>
## RESULTS: PATIENT NAVIGATORS’ INTERVENTIONS

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total # of Navigator interventions</td>
<td>1846</td>
<td>650</td>
<td>N/A</td>
</tr>
<tr>
<td>Intervention Rate (per month)</td>
<td>65.9</td>
<td>162.5</td>
<td>&lt; 0.0001</td>
</tr>
</tbody>
</table>
WHAT WERE NAVIGATORS’ INTERVENTIONS?

- Basic psycho education around CV-19, proper hand hygiene, reminding patients to wear masks, social distancing, disinfecting (proper cleaning), as per MGB Hospital guidelines
- Distribute information on how to make easy masks out of everyday home items
- Food pantries up to date information (providing locations, times, and instructions around safety)
- Food delivery(ies)
- Basic technology education on downloading software apps (Zoom) in prep for Telemedicine appointments
- Supportive check in calls (PN being the consistent, calm voice on the other end of the call)
WHAT WERE NAVIGATORS’ INTERVENTIONS?

- Active listening
- Providing emotional support (deeper, meaningful conversations)
- Patient liaison direct to care team
- Provide information on CV-19 free test sites (locations/times)
- Friendly reminders: did you eat today? did you remember to take your medication? are you staying hydrated?
- Prescreen for CV-19 symptoms as per the MGB Hospital guidelines (persistent cough, fever, loss of taste)
- Provided education around how to identify "phone scams", ID protection
PATIENT STORIES

- Patient P: 60-year-old Male, Cancer of the Larynx
- Patient E: 66-year-old Female, Inoperable Stage II Lung Cancer
CONCLUSIONS

- Patients enrolled in navigation trial at a similar rate prior to the COVID-19 pandemic
- Less cancer appointments were attended most likely due to cancellations
- The rate of missed appointments was the same prior to and during the COVID-19 pandemic
- Patient navigation was effective in reducing missed cancer appointments in underserved communities at the epicenter of the COVID-19 pandemic
THANK YOU!
ACKNOWLEDGMENT

- Beverly Moy
- Kelly Irwin
- Emma Whited
- Erica Warner
- Amy Wheeler
- James Morrill
- Collen Ford
- Tanya Zucconi
- Adrian Zai
- Carmen Benjamin
- Ausubel Pichardo
- Mira Oravcova-Mejia
- Solomon Thompson
- Aileen Navarrete
- Bradley Riew
Addressing Social Determinants of Health Identified by Systematic Screening in a Medicaid Accountable Care Organization: A Qualitative Study

Julia Browne, PhD; Jessica L. McCurley, PhD; Vicki Fung, PhD; Douglas E. Levy, PhD; Cheryl R. Clark, MD, ScD; Anne N. Thorndike, MD, MPH

For more information on this presentation or to see a copy of the slides, please contact Dr. Julia Browne, the speaker, at julia.browne@duke.edu. Thank you!
October 8, 2020: Presentations on Mental Health and Families
Voices of Parents in Recovery as a Catalyst for Change

Hannah Skiest, BA; CPS; Sandi Whitney-Sarles MS, CPS; Jacqueline Martinez CPS

www.mghcoe.com
Background

Community-Based Participatory Research

- Strives for equitable partnership with community members throughout the entire research process\(^1\)
- Particularly beneficial in facilitating partnerships between academic researchers and historically marginalized communities
- Opportunity to do CBPR work with parents: New parents struggling with mental health feel isolated, unsupported, and stigmatized\(^2\)

1. (Collins et al., 2018)
2. (Bassett et al., 1999)
Methods

- Facilitated Community Needs Assessment
- Identified Themes in Qualitative Rapid Analysis
- Proposed Peer-Led Parenting Project
- Recruited and Interviewed Parents in Recovery
- Designed Video
- Piloted Peer-Facilitated Discussions
- Project Development Involved Peer Consultants at All Stages
Parenting in Recovery Video

**Aims:**
1. Reduce stigma of parents with lived experience
2. Promote hope and resiliency
3. Break negative cycles around parenting
4. Share lessons learned and resources

**Target Audience:**
1. Parents
2. Family Members
3. Providers
PARENTING IN RECOVERY
Results: Pilot Groups

Communities (n=11)

- Metro Boston Recovery Learning Community
- Lindemann Shelter

Participant Feedback

- 90% rated video as “Excellent”
- Approved of virtual discussion format
- All preferred a post-video discussion
- Majority preferred peer-facilitation

“I feel very encouraged seeing other people just like me”
### Results: Team Assessment

**Academic researchers/staff (n=4)**
- Peer consultants (n=7)

- Conducted internal evaluation of the parenting project fidelity to CBPR

### Team Feedback

“**The video helped me hear the perspective of parents with lived experience to help me better understand and become a better ally to that community of people.”**

- Project rated as strongly aligned with core CBPR principles (average: 4.5/5)
Conclusion: Dissemination of the Video

- Community Members
- Providers
- Administrators
- Family Members
If you would like to have a facilitated discussion group for your agency, please contact Anne Whitman at annewhit60@gmail.com

Sign up for the COE newsletter here: http://eepurl.com/gEma1v
Thank you!

Funding through Massachusetts Dept. of Mental Health

Community-based participatory research team

Anne Whitman, Ph.D., CPS, Peer Consultant
Cori Cather, Ph.D., COE Director
Cynthia Pilch, Ph.D., CPS, Peer Consultant
Derri Shtasel, MD, COE Steering Committee Chair
Diana Arntz, Ph.D., Research Fellow
Hannah Skiest, B.A., Clinical Research Coordinator
Jacqui Martinez, CPS, Peer Consultant
Katherine Kritikos, MPH, Program Manager
Paul Alves, CRC, Peer Consultant
Ryan Markley, CPS, Peer Consultant
Sandra Whitney-Sarles, CPS, Peer Consultant
Stephanie Shou, B.A., Staff Assistant
Valeria Chambers, CPS, Peer Consultant

Persons with Lived Experience Interviewed in Parenting Video

Anne Whitman, Ph.D., CPS
Beth Starck
Jonathan Burke
Reverend Dr. Norma Heath
Sandra Whitney-Sarles, CPS
Scott Francis

Scaling Up Skills to Support Resilience:
A Summer Internship for Chelsea Teens

Orin Gutlerner, MEd
Director of Education, Community Psychiatry PRIDE
Scaling Up Skills to Support Resilience: A Summer Internship for Chelsea Teens

BACKGROUND
Impact of COVID-19 in Chelsea, MA

In a Crowded City, Leaders Struggle to Separate the Sick From the Well

Chelsea, Mass., has an infection rate higher than any other community in the state. With families in cramped housing, it is difficult to contain the spread.
Added Challenges of COVID-19

- Food
- Housing
- Work
- Racism
Impact of COVID-19 on Youth Mental Health

- 61% of teens are worried about exposure to the virus.
- 90% of Latinx teens are worried about the impact of COVID-19 on their family’s ability to make a living.

https://www.surveymonkey.com/curiosity/common-sense-media-coronavirus/
The Gap for Youth: Lack of Access to Support

1/5 Have a Mental Health Disorder

80% Don’t Receive Needed Treatment

Limited Access to Effective Treatment
Scaling Up Skills to Support Resilience: A Summer Internship for Chelsea Teens

OUR APPROACH
Partnership to Support Youth in Chelsea
Key Program Design Question

How do we scale the teaching of evidence-based skills to boost resilience in high need communities?
PRIDE Scholars Summer Internship
Interns

150 Youth

Intern Age Distribution

- 14
- 15
- 16
- 17
- 18+

Youth
Intern Preferences

Youth Interests

- Creating Classroom Art/ Supportive Visual Designs for Child Care/ Elementary Settings
- Developing an Oral History of Your Community's Experience of COVID-19
- Developing a Successful Social Media Strategy for Small Business or Non-Profits
- Mastering the Medium of Podcasting
- Promoting Health and Wellness in Your Community
Summer Internship

Content  Structure  Outcomes
The Efficacy of Cognitive Behavioral Therapy: A Review of Meta-analyses

Stefan G. Hofmann, Amy Asnaani, John J. B. Vonk, Allen T. Sawyer, & Angela Fang

Published online: 31 July 2011
© Springer Science+Business Media, LLC 2011

Abstract: Cognitive behavioral therapy (CBT) refers to a family of therapeutic approaches that have been applied to a variety of problems. The goal of this review was to provide a comprehensive overview of reviews examining the efficacy of CBT. We identified 26 meta-analytic studies that met inclusion criteria. The results of these reviews were used in a new meta-analysis summarizing CBT for the following problems: anxiety disorders, depression and dysthymia, bipolar disorder, anxiety disorders, somatoform disorders, eating disorders, insomnia, personality disorders, anger and aggression, somatoform disorders, general stress, stress related to pregnancy complications, and binge-habitual smoking. Additional meta-analyses examined the efficacy of CBT for various problems in children and elderly adults. The strongest support exists for CBT of anxiety disorders, somatoform disorders, and eating disorders. Theoretical issues among these studies compared response rates between CBT and other treatments or control conditions. CBT showed higher response rates than the comparison conditions in seven of these reviews and only one review reported that CBT had lower response rates than comparison treatments. In general, the evidence base of CBT is very strong. However, additional research is needed to examine the efficacy of CBT for randomized-controlled trials. Moreover, except for children and elderly populations, no meta-analytic studies of CBT have been reported on specific subgroups, such as ethnic minorities and low-income samples.

Keywords: CBT - Efficacy - Meta-analyses - Comprehensive review

Introduction

Cognitive-behavioral therapy (CBT) refers to a class of interventions that share the basic premise that neural disorders and psychological disorders are maintained by cognitive factors. The core premises of this treatment approach, as articulated by Beck (1976) and Ellis (1962), hold that maladaptive cognitions contribute to the maintenance of emotional distress and behavioral problems. According to Beck’s model, these maladaptive cognitions include general beliefs, or schemas, about the world, the self, and the future, giving rise to specific and automatic thoughts in particular situations. The basic model posits that therapeutic strategies to change these maladaptive cognitions lead to changes in emotional distress and problematic behaviors. Since these early formulations, a number of disorder-specific CBT protocols have been developed that specifically address various cognitive and behavioral maintenance factors of the various disorders. Although these disorder-specific treatment protocols show considerable differences in some of the specific treatment techniques, they all share the same core model and the general approach to treatment. Consistent with the medical model of psychiatry, the overall goal of treatment is symptom reduction, improvement in functioning, and remission of the disorder. In order to achieve this goal, the patient becomes an active participant in a collaborative problem-solving process to test and challenge the validity of maladaptive cognitions and to

Skills, Not Therapy

- Identify
- Link
- Change

Diagram showing thoughts, behaviors, emotions/physiology, and the process of identifying, linking, and changing.
Science of Stress

"Pensando sobre Pensar"
Razonamiento superior
Función ejecutiva

Corteza Prefrontal
9 funciones de la Corteza Prefrontal
1. Empatía
2. Visión
3. Flexibilidad de respuesta
4. Regulación emocional
5. Regulación corporal
6. Moralidad
7. Intuición
8. Comunicación armonizada
9. Modulación del miedo

Cerebro Limbico
1. Respuesta al estrés: luchar, huir, congelar
2. Piensa: "¿Estoy a salvo? ¿La gente me quiere? Nadie se preocupa por mí. Nadie me comprende".
3. Las emociones viven aquí
Observe the TEB Cycle

Situation
Charge Up
Face Fears

Diego’s Fear: Taking an Important Exam

Just Do It Won’t Do It.

Step One: Studying for 10 minutes at a time
Explore Thoughts

- Is it true?
- Is it helpful?

I’ll never get a job

Is there another way to think about it?
Summer Internship

Content  Structure  Outcomes
Overall Structure

July – August 2020

Week 1: Science of Stress & Observe the TEB Cycle
Week 2: Charge Up
Week 3: Face Fears
Week 4: Explore Thoughts
Week 5: Final Projects
Weekly Structure

- **Skill Learning**
  - 1 hour (per week)

- **Virtual Group Class**

- **Skill Application**
  - 90 minutes (per week)

**Independent Work**
Framing Content Using Essential Questions

How do we know when we need help managing stress and anxiety?

What’s happening in our brains when we’re struggling to manage stress and anxiety?

What are some skills that can help?

What does it look like to learn and practice these skills?
Learning TEB Skills Through Cases

EMPOWER YOUTH AND BUILD RESILIENT COMMUNITIES THROUGH SKILLS THAT IMPACT THOUGHTS, EMOTIONS, & BEHAVIORS

THE TEB SKILLS

LUANA MARQUES, PHD
NICOLE LEBLANC, PHD
ANNA MARSUKA
DEBRA KAYSEN, PHD
SOO-JEONG YOON, PHD
Problem-Based vs. Traditional Learning

Traditional Learning
- Told what we need to know
- Memorize it
- Problem assigned to illustrate how to use it

Problem-Based Learning
- Problem Assigned
- Identify what we need to know
- Learn & apply to solve the problem

https://educationaltechnology.net/problem-based-learning-pbl/
Problem-Based Learning
Leveraging Social Media to Increase Accessibility
Scaling Up Skills to Support Resilience: A Summer Internship for Chelsea Teens

RESULTS
Outcome: Helpfulness

"Throughout the internship, rate how helpful the TEB skills were in each of these areas in your life"

Percent of students who rated components as “helpful” or “very helpful”
Outcome: Helpfulness

![TEB Skills Ranked In Order of Helpfulness](chart)

- **Least helpful**: 35%, 25%, 23%
- **2**: 40%, 27%, 12%
- **3**: 23%, 20%, 27%, 30%
- **Most helpful**: 30%, 35%, 15%, 20%

Legend:
- Observe the TEB Cycle
- Charge Up
- Face Fears
- Explore Thoughts
Outcome: Core Concept Learning

Observe the TEB Cycle

- “. . .we are capable of doing certain activities to cause our brains to calm down. And how our thoughts affect our emotions, and it affects our behaviors. It all comes down into how we take in the situation”

Explore Thoughts

- "What stood out to me is how this skill can help you balance out your thoughts and find a different way of looking at a situation."
Outcome: Virtual Learning

Percent of students who rated components as “better online” or “equally as good online or in person”
Final Project: Instagram

**OUR NEGATIVE THOUGHTS**
As human beings we have times where we shut down and become overwhelmed with life. We start to say things like "I will Never..." "I can't do it" or "what if." We get STUCK.

**1. IDENTIFY THE THOUGHT**
Identify that one constant thought that has trigger an emotion or behavior that has made you feel Stuck.

**EXPLORE YOUR THOUGHTS**
See the wonders of the world through their eyes.
Final Project: TikTok
Final Project: Twitter

Just because not diagnosed doesn’t mean you can’t feel this. Speak up people will listen, most importantly speak to someone you truly trust.

FEAR vs. ANXIETY

Anxiety: a feeling of worry, nervousness, or unease, typically about an imminent event or something with an uncertain outcome.

FEAR: an unpleasant emotion caused by the belief that someone or something is dangerous, likely to cause pain, or a threat.

How to cope with anxiety: listening to music, drink water, try to slow down your breathing, distract your mind.

How to cope with fear: don’t try to be perfect, visualise a happy place, talk about it.
Scaling Up Skills to Support Resilience: A Summer Internship for Chelsea Teens

CONCLUSIONS
Conclusions & Implications

1. Survey data and final projects suggest both the relevance of these skills to Chelsea youth as well as their ability to learn this content through scalable courses.

2. More time training and supporting the supervisors/mentors would likely increase uptake of individual skill development and application across a variety of contexts.
Thank You

Orin Gutlerner, MEd
Director of Education, Community Psychiatry PRIDE
A sincere thank you to all the presenters and audience members who made this year’s MGH Chelsea HealthCare Center Community Research Week so special.