

# MGH Chelsea HealthCare Center Community Research Week

October 6–9, 2020

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*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

<u>Tues, Oct. 6, 2020</u> Access to Care 12:00 – 1:30 PM	<u>Wed, Oct. 7, 2020</u> Social Determinants of Health 8:00 – 9:00 AM	<u>Thurs, Oct. 8, 2020</u> Mental Health and Families 12:00–1:00 PM	<u>Fri, Oct. 9, 2020</u> Keynote Address 10:00–11:00 AM
<p>Efren Flores, MD: <i>Advancing Health Equity Through Research and Outreach in Radiology</i></p> <p>Wendy Cervantes, BS; Colleen Ford, MD; et al.: <i>Examining Telemedicine Use in a Community Health Setting During the COVID Pandemic</i></p>	<p>Sanja Percac-Lima, MD; et al.: <i>Patient navigation for MGH community health centers' patients newly diagnosed with cancer prior and during COVID-19 pandemic</i></p> <p>Julia Browne, PhD; Anne Thorndike, MD, MPH; et al.: <i>Addressing Social Determinants of Health Identified by Systematic Screening in a Medicaid Accountable Care Organization: A Qualitative Study</i></p>	<p>Hannah Skiest, BA; Corinne Cather, PhD; et al.: <i>Voices of Parents in Recovery as a Catalyst for Change</i></p> <p>Orin Gutlerner, M Ed; Corinne Cather, PhD and Luana Marques, PhD; et al.: <i>Scaling Up Skills to Support Resilient Chelsea Teens</i></p>	<p><b>Peter Slavin, MD,</b>                      President, Massachusetts General Hospital:  <i>Unmasking of health care disparities and structural racism by COVID-19: how community-engaged research can bridge gaps and help rebuild trust</i></p>

*\*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.*

# MGH Chelsea Research Council

*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.*

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



# MGH Chelsea Research Advisory Board

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

# MGH Chelsea Research Week Vision

## 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*

# Information about MGH Chelsea & Chelsea, MA

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](mailto:ejflores@mgh.harvard.edu)**



# Disclosures

- **Grant funding:**
  - NCI Research Diversity Supplement
  - ACR Innovation Fund

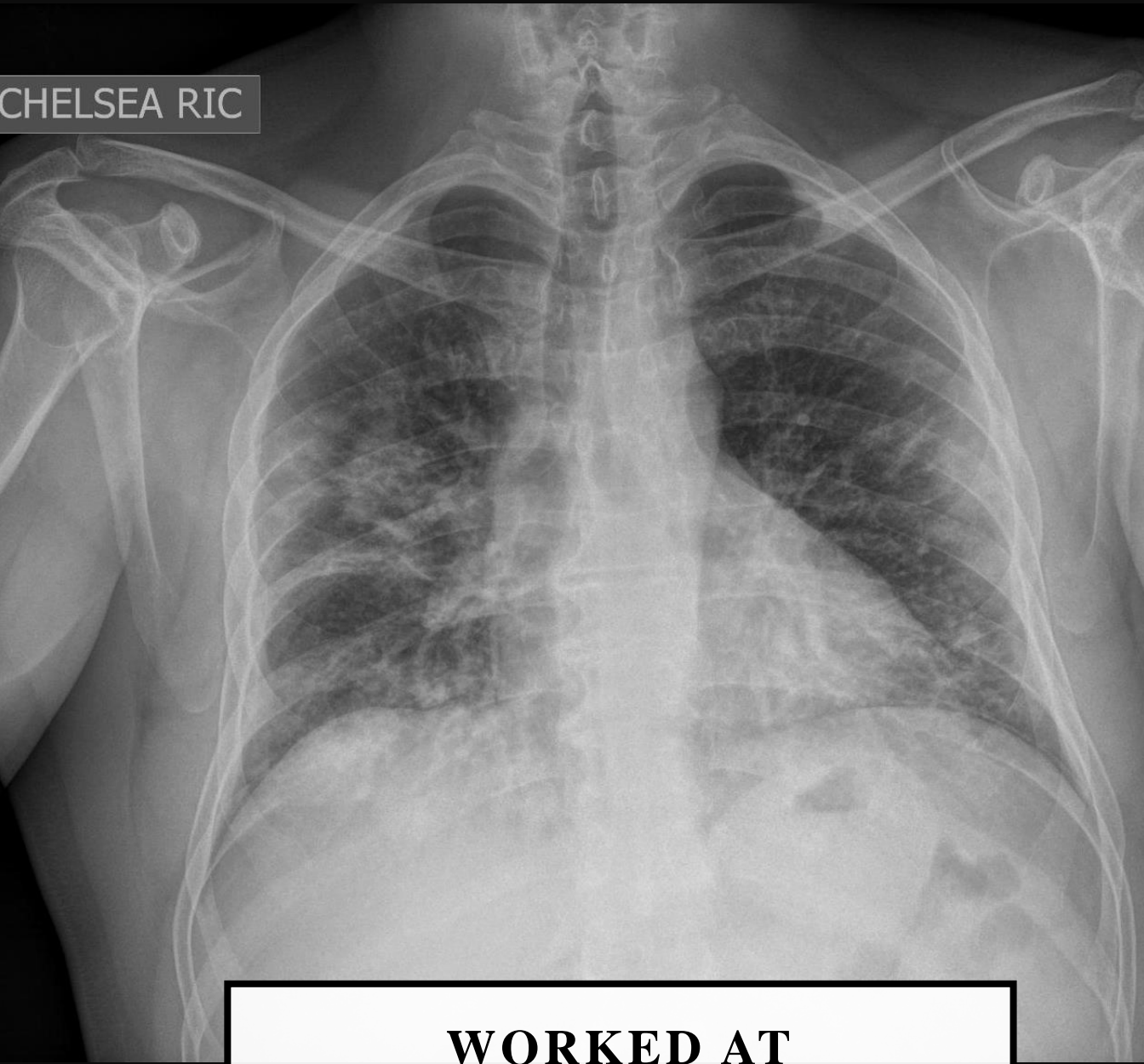


# INSPIRATION

**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**

CHELSEA RIC



**WORKED AT  
MARKET BASKET**

CHELSEA RIC

L



**WORKED AT  
DISTRIBUTION CENTER**

# **COVID-19 & SOCIAL DETERMINANTS OF HEALTH**



**EVERY IMAGING STUDY IS A PATIENT ENCOUNTER**





**Transportation  
difficulties**

**Low Health  
Literacy**

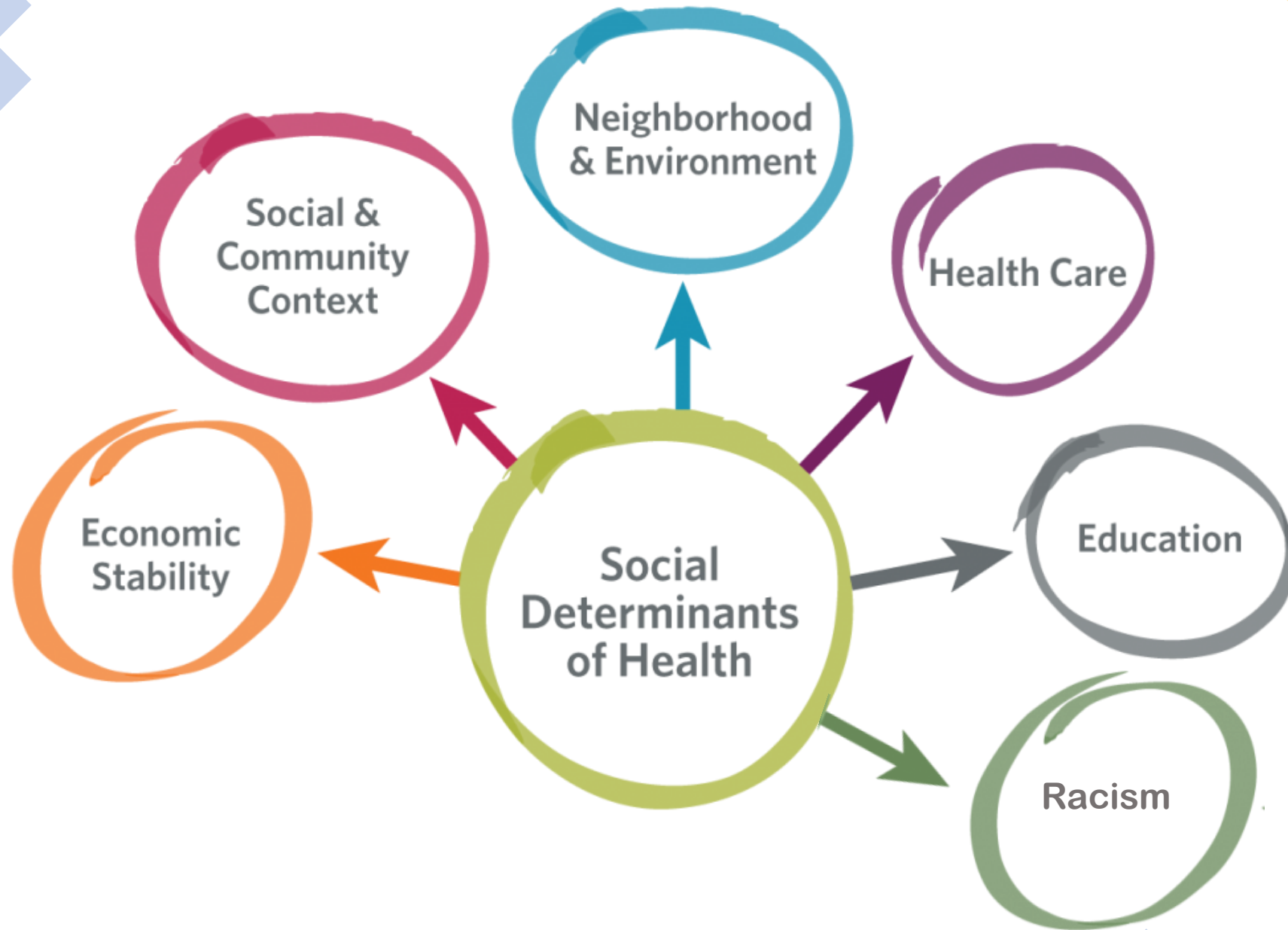
**BARRIERS TO CARE**

**Limited English  
Proficiency**

**Lack of  
insurance**



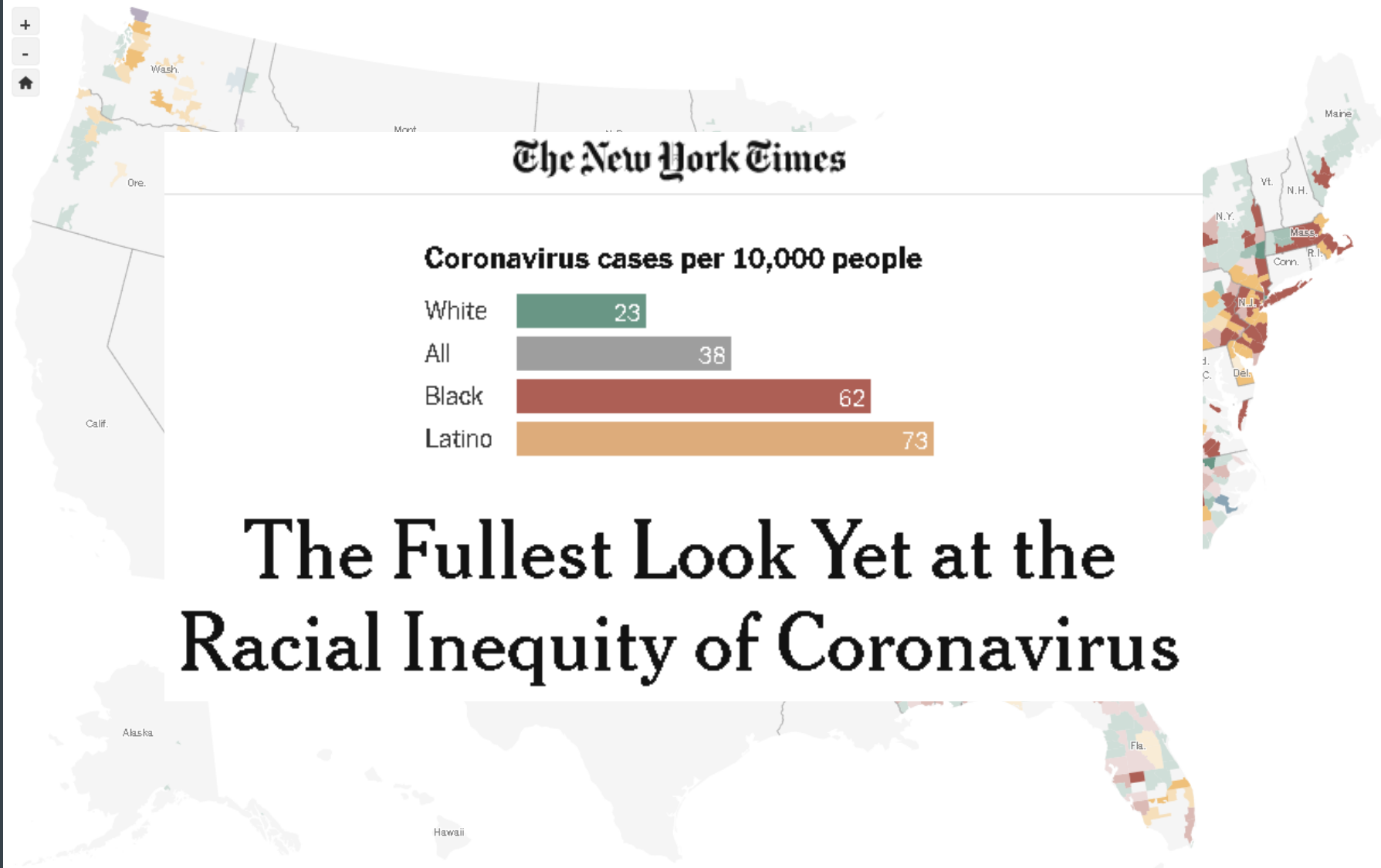
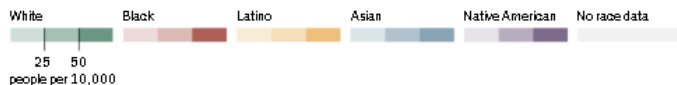




<https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>



Race or ethnicity with the highest coronavirus rate in each county



<https://www.nytimes.com/interactive/2020/07/05/us/coronavirus-latinos-african-americans-cdc-data.html>



**DETECT &  
UNDERSTAND**


**Research to detect gaps &  
understand needs**

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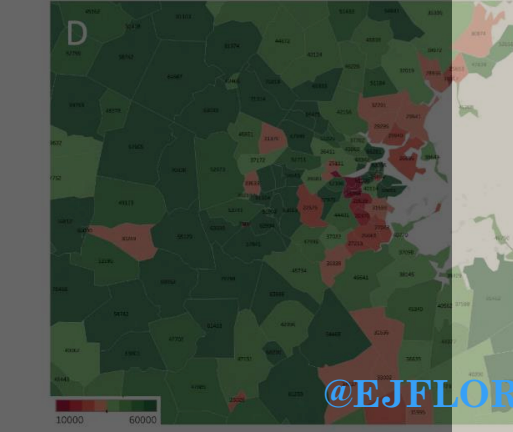
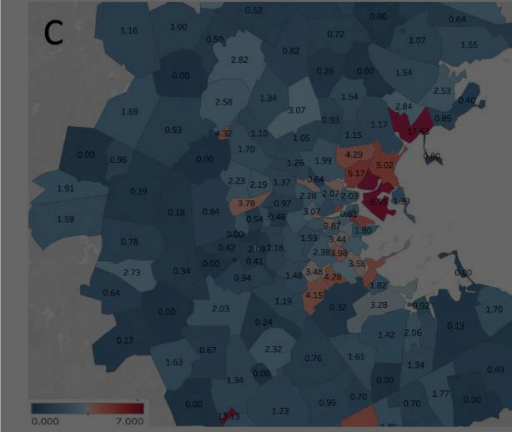
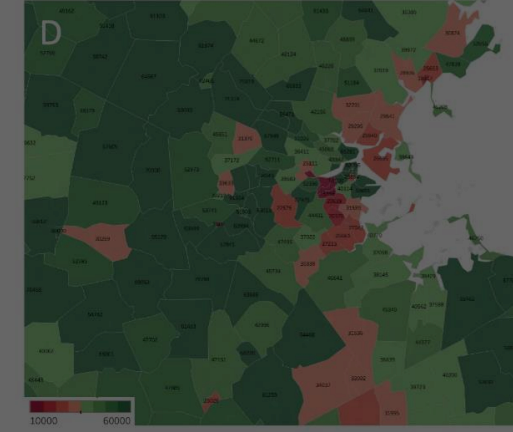
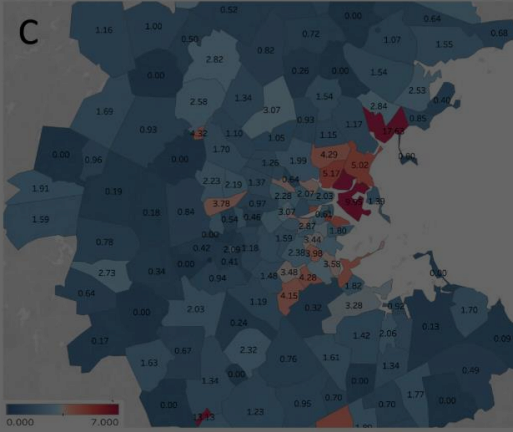
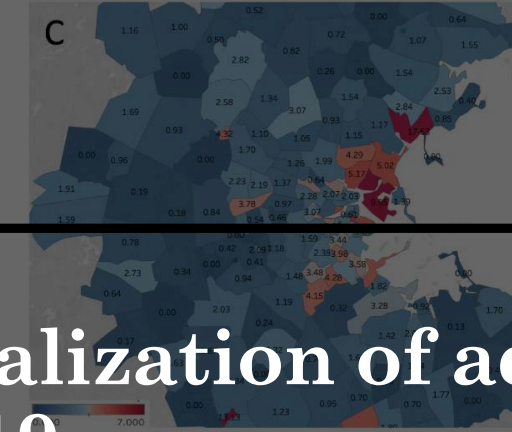
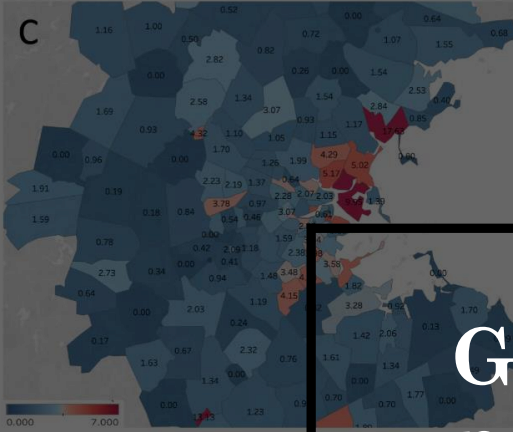
Thoracic Imaging

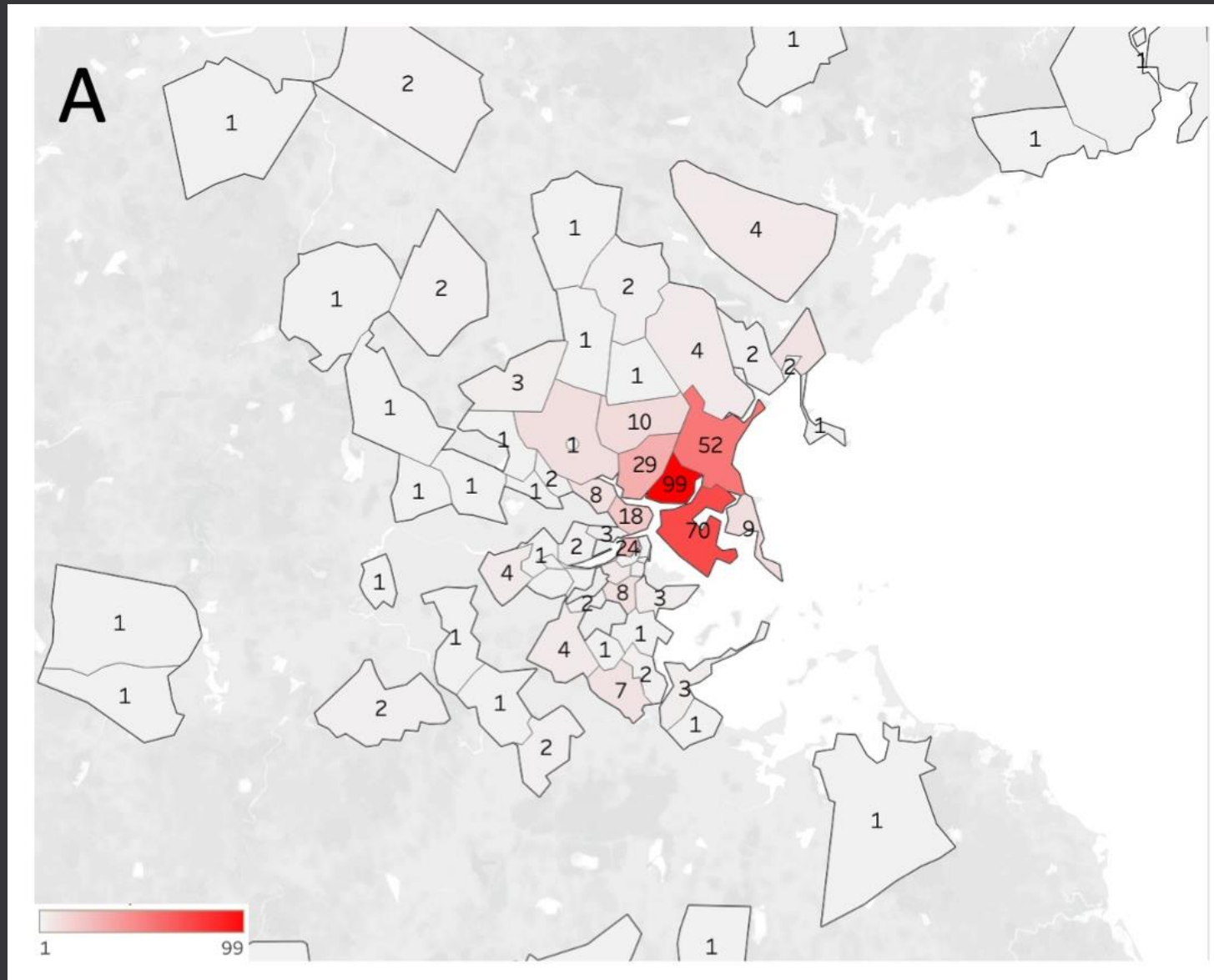
 Free Access

## **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

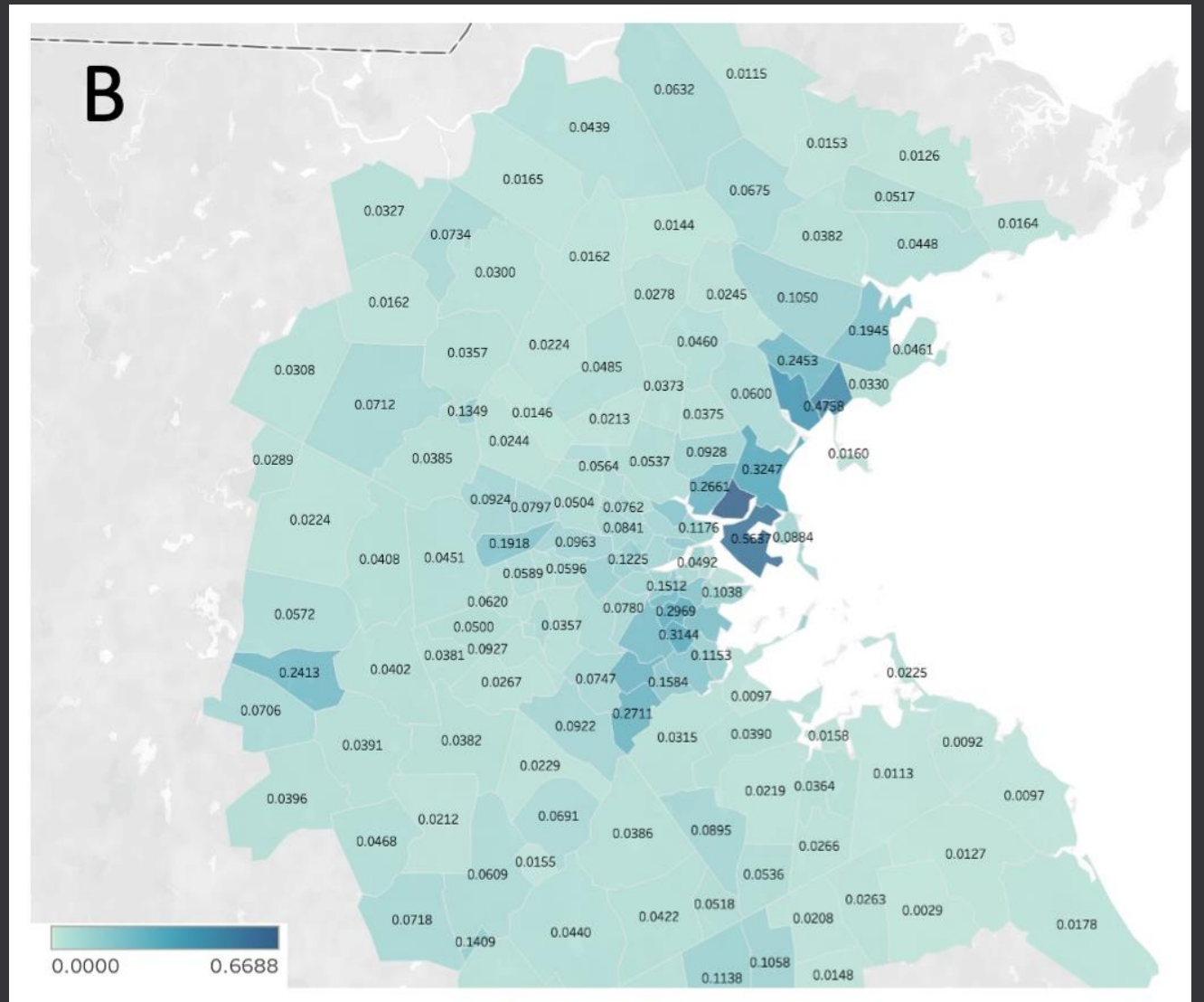
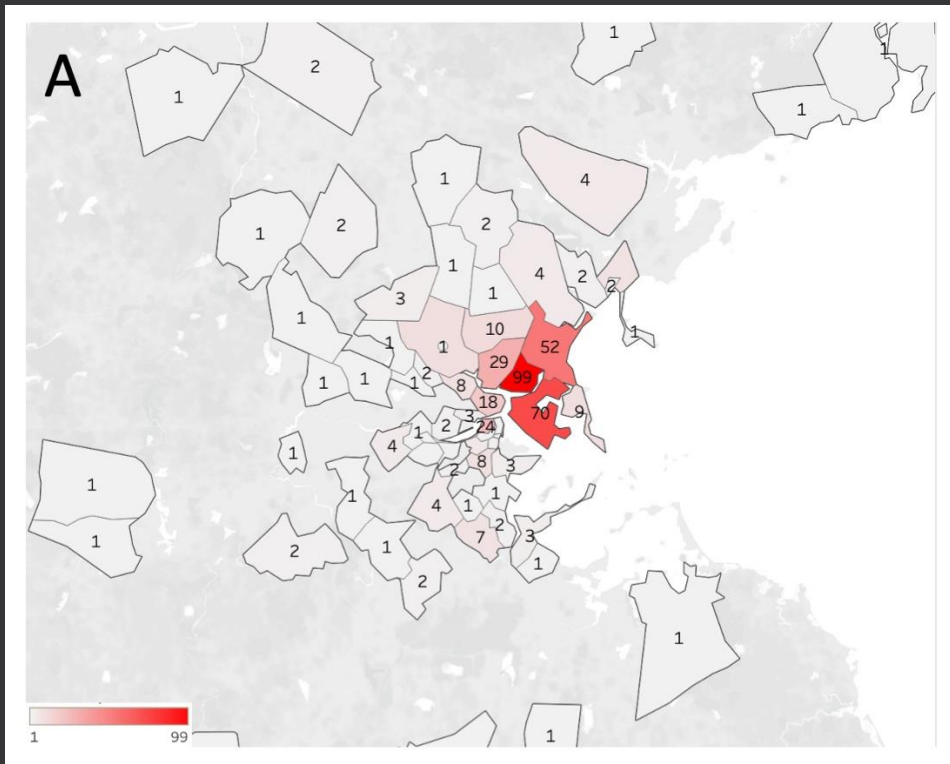




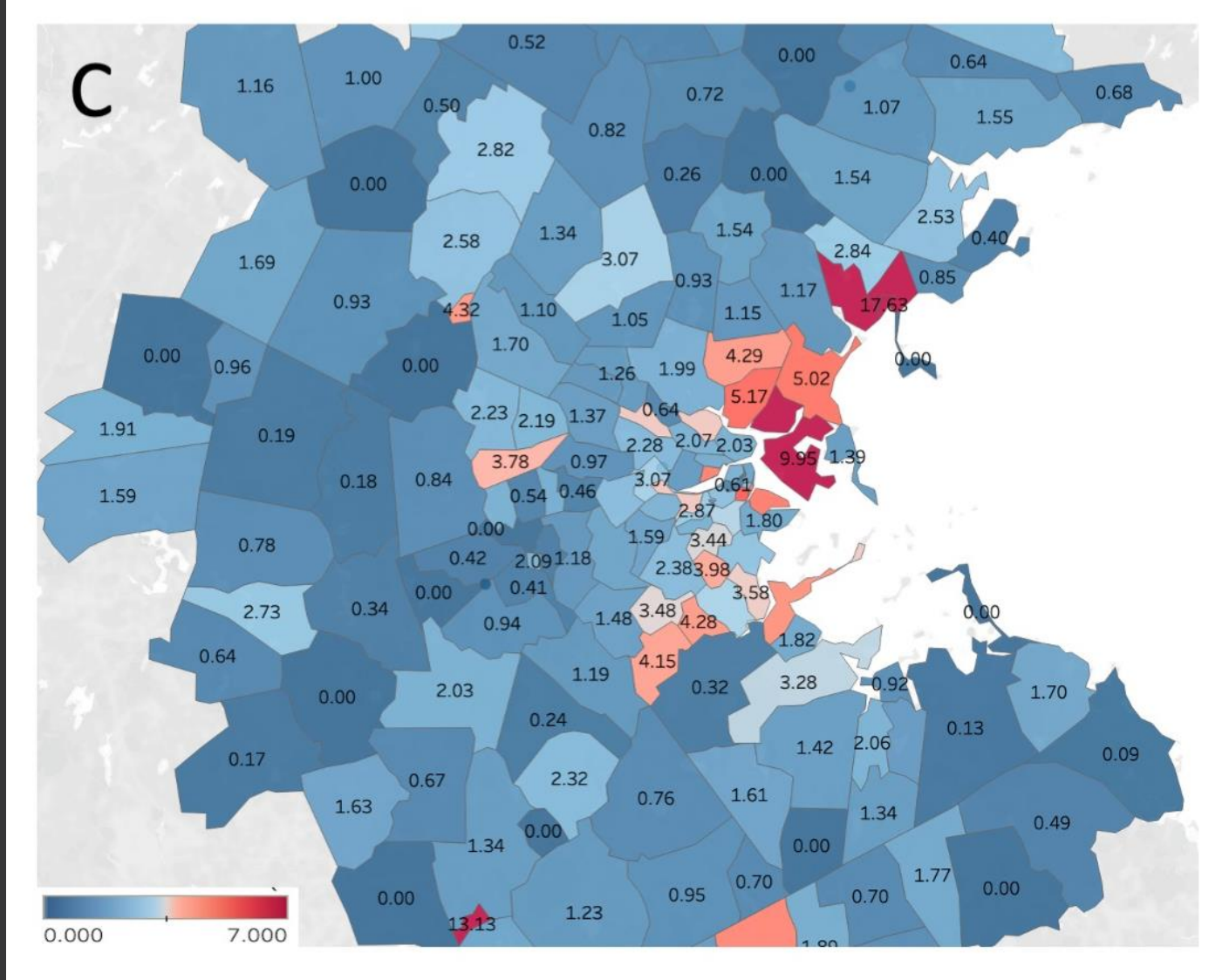
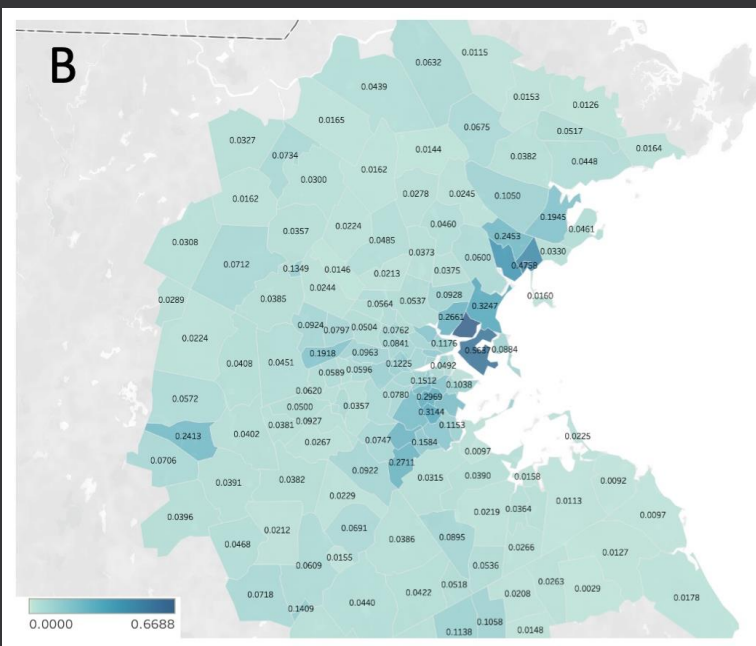
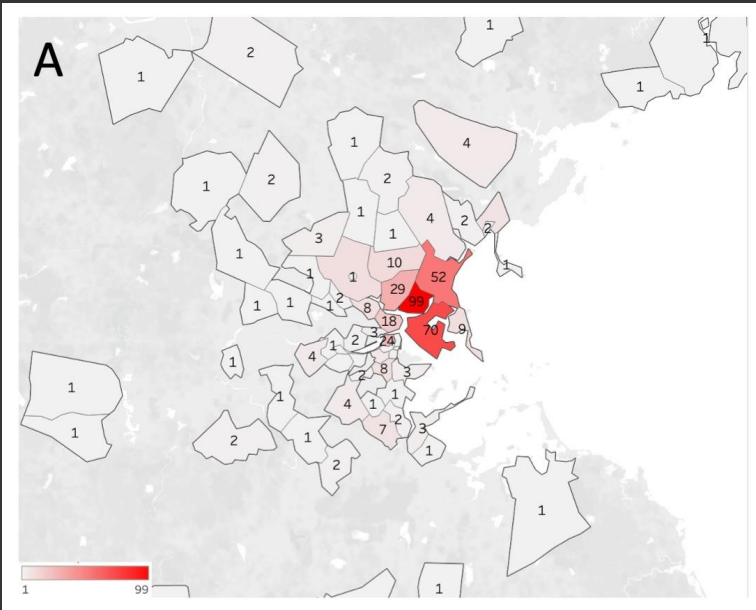
**Number of admitted patients  
with covid-19 by zip code**





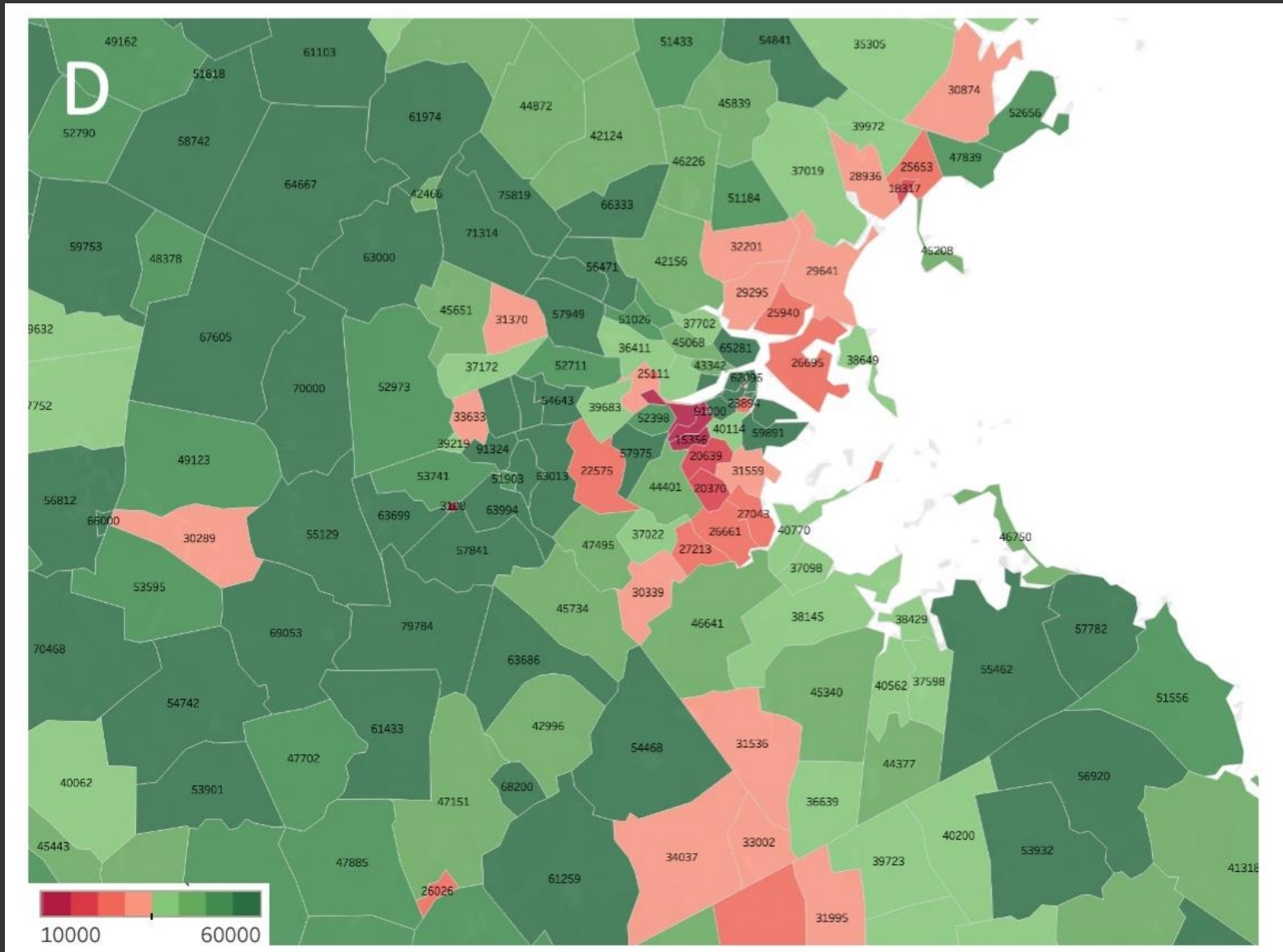
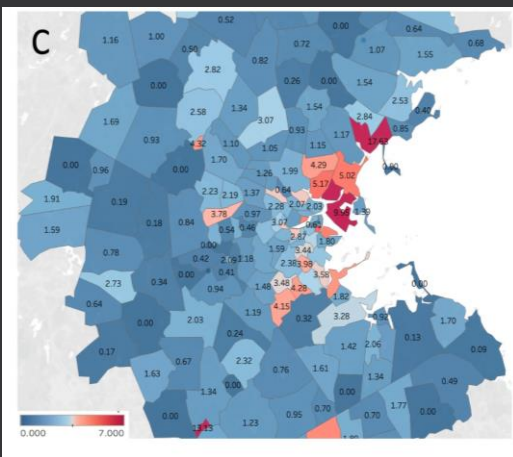
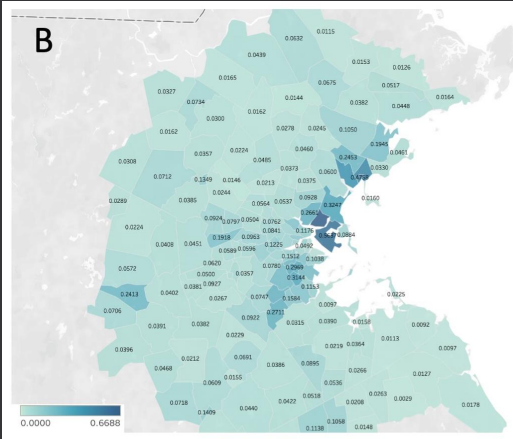
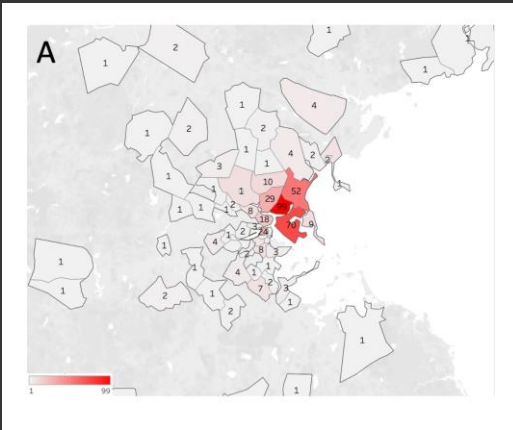


**Hispanic/Latino population Fraction  
by zip code**

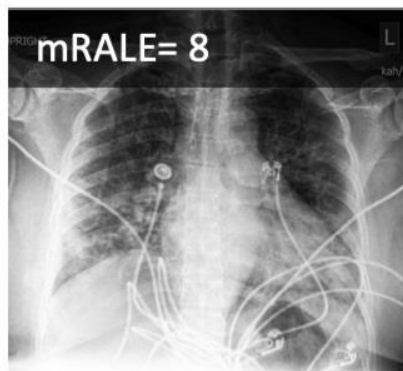
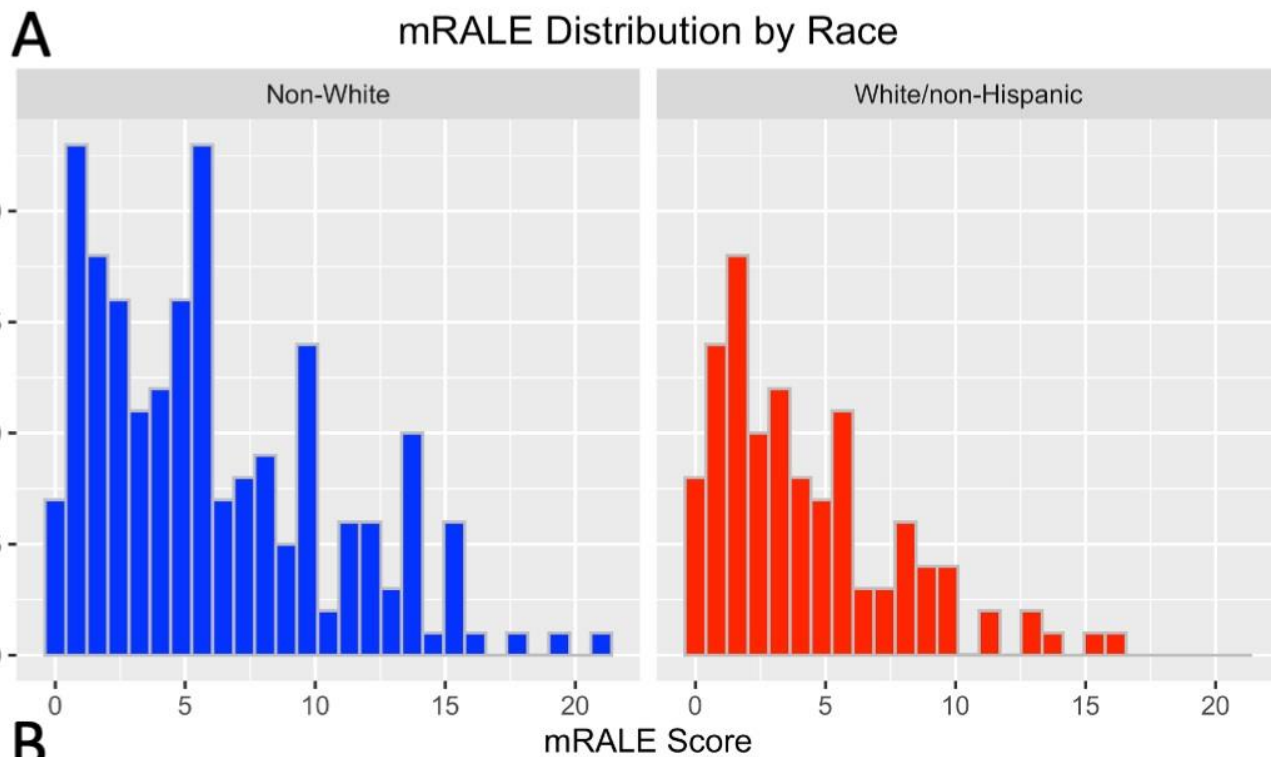


**Percent of individuals living in overcrowded conditions by zip code**





**Median Household income  
by zip code**

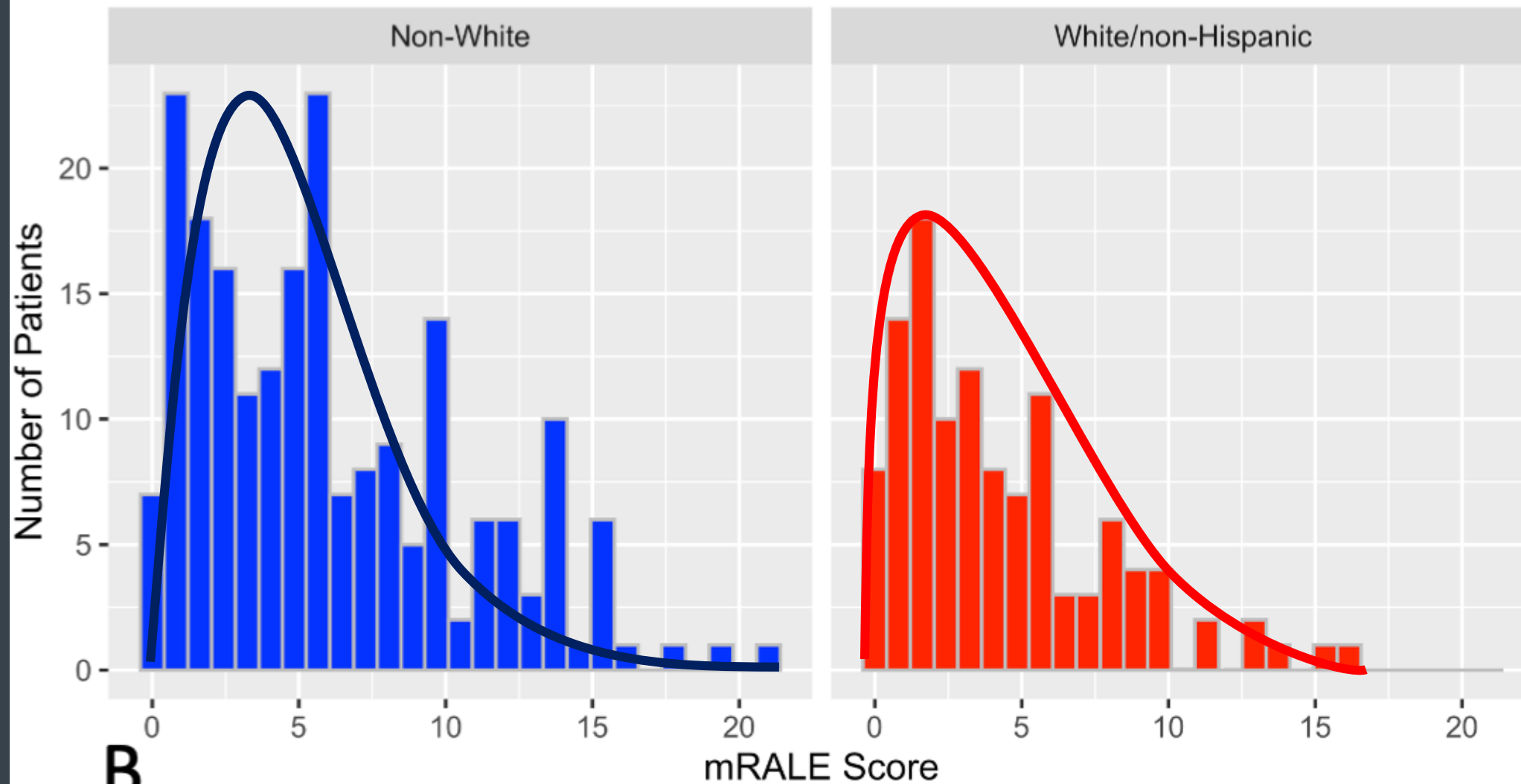


## Analysis of 326 pts admitted for COVID-19 showed:

- 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)**

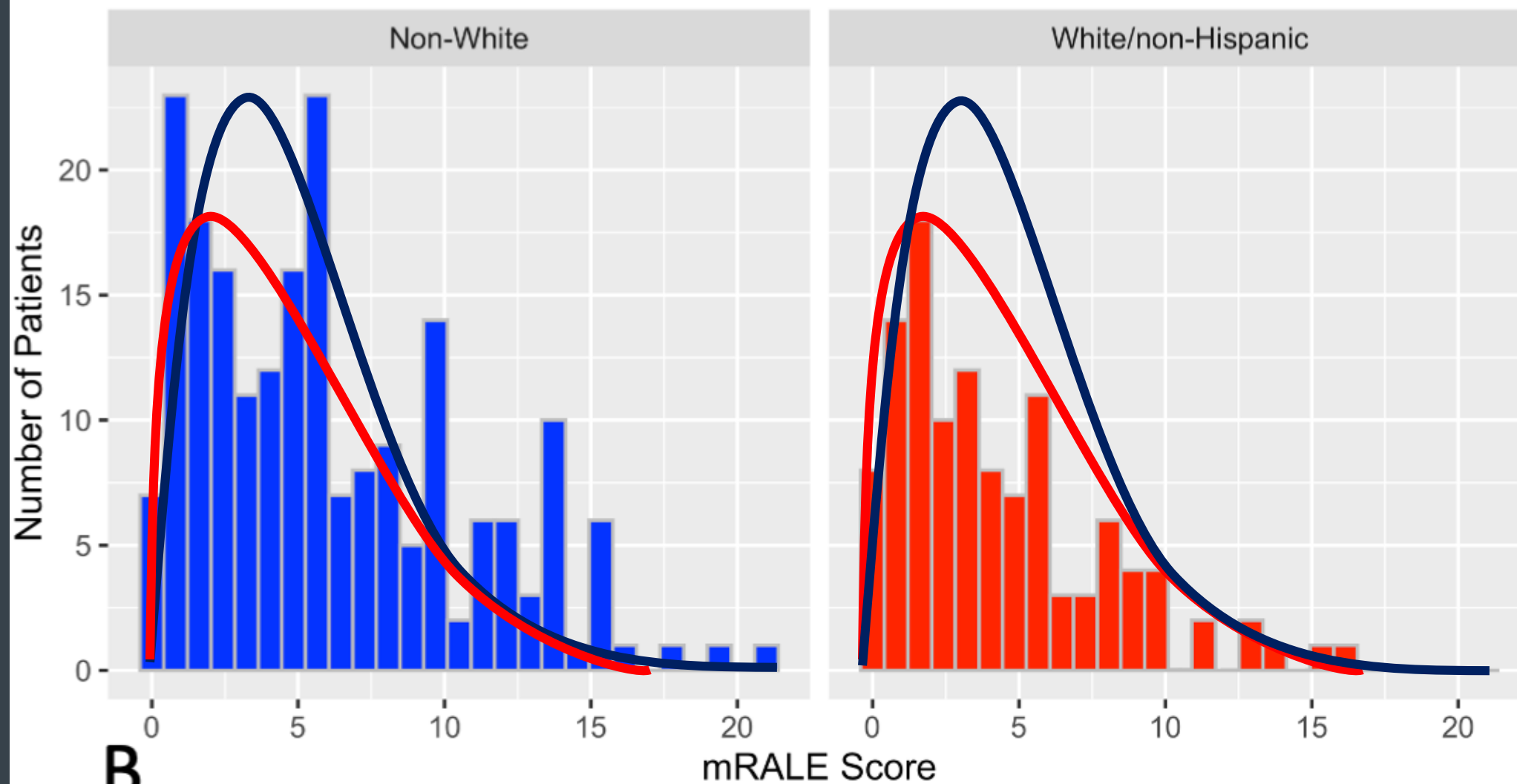
**A**

# mRALE Distribution by Race

**B**

**A**

# mRALE Distribution by Race

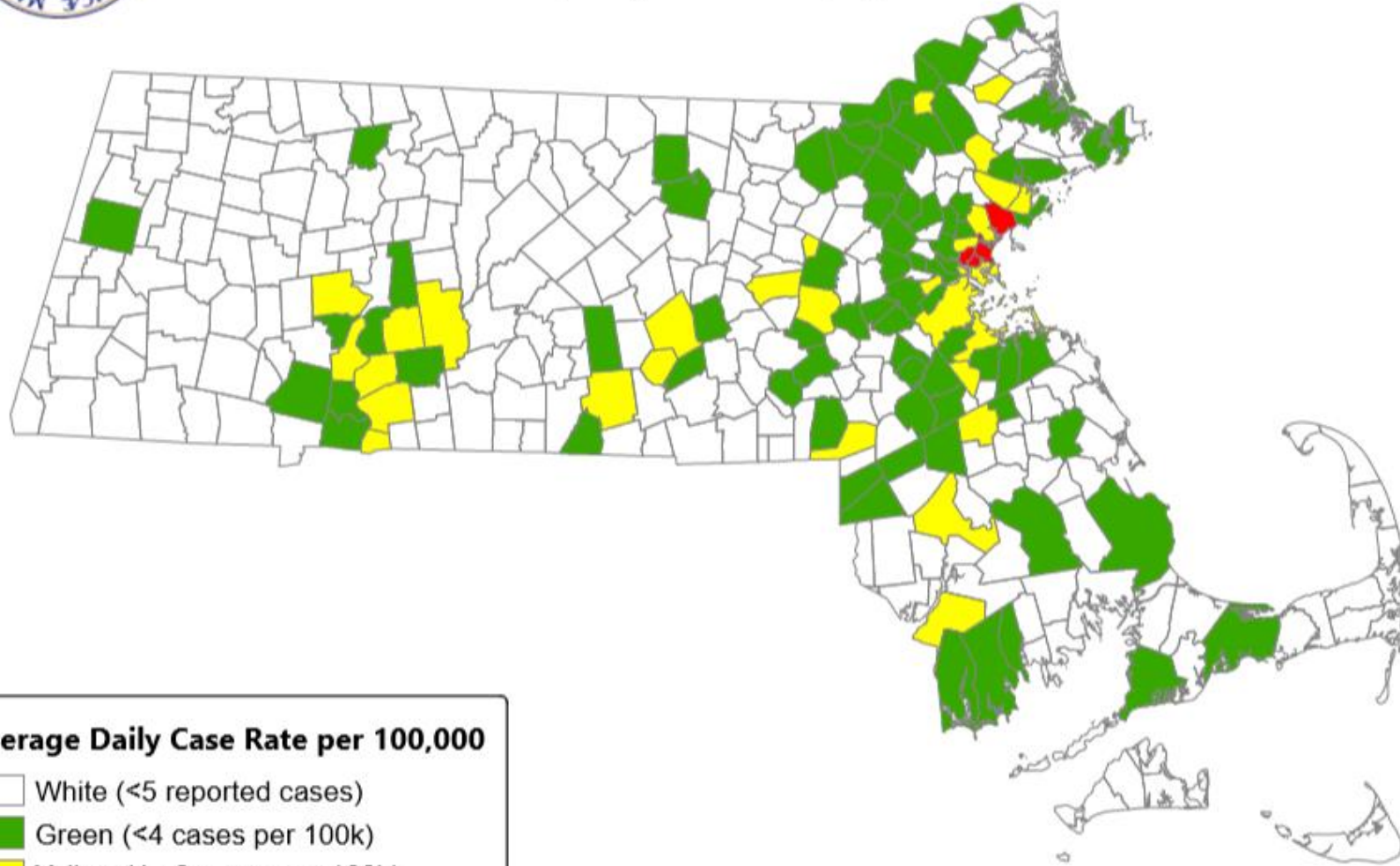
**B**



**SIX MONTHS LATER**

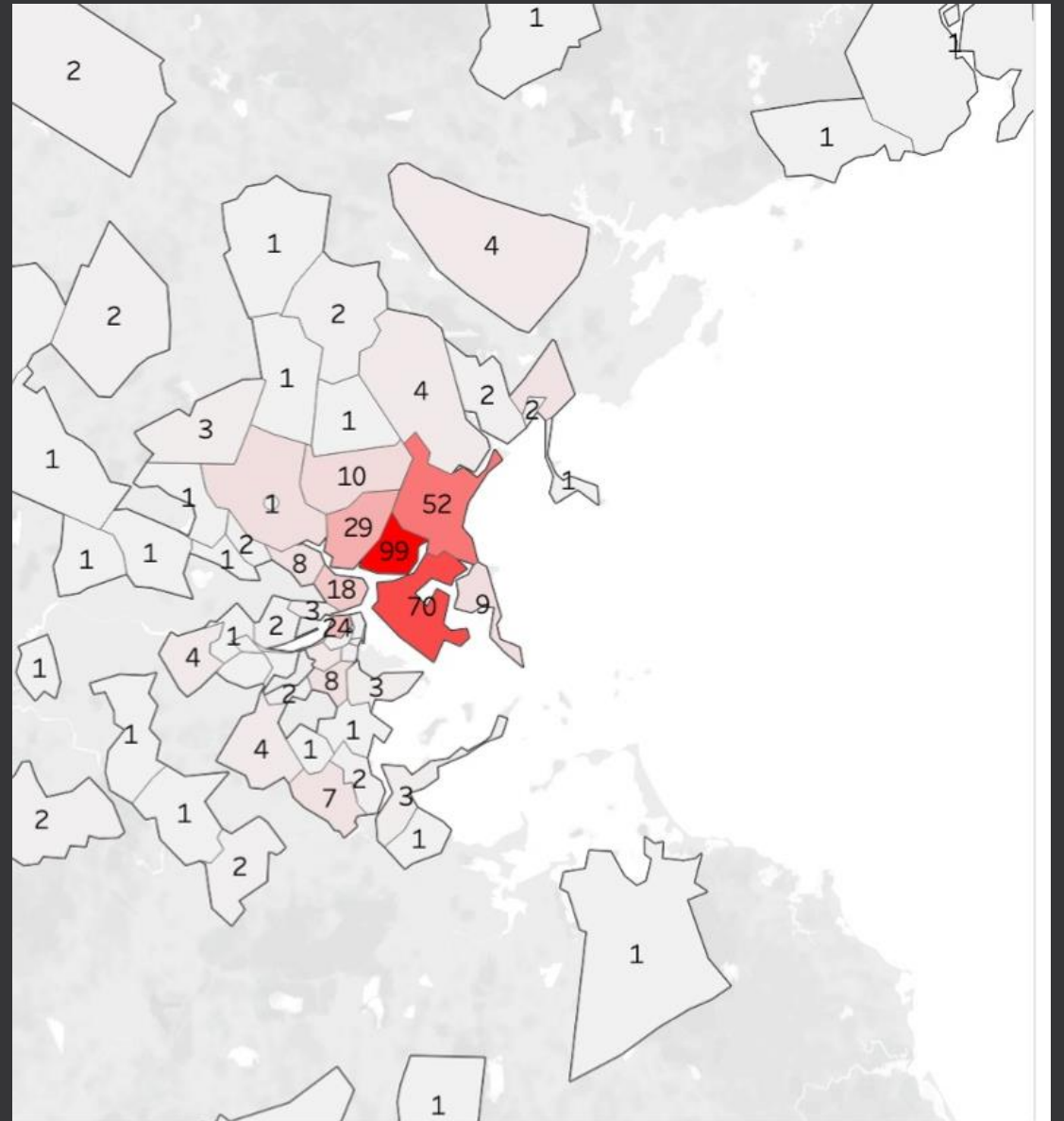
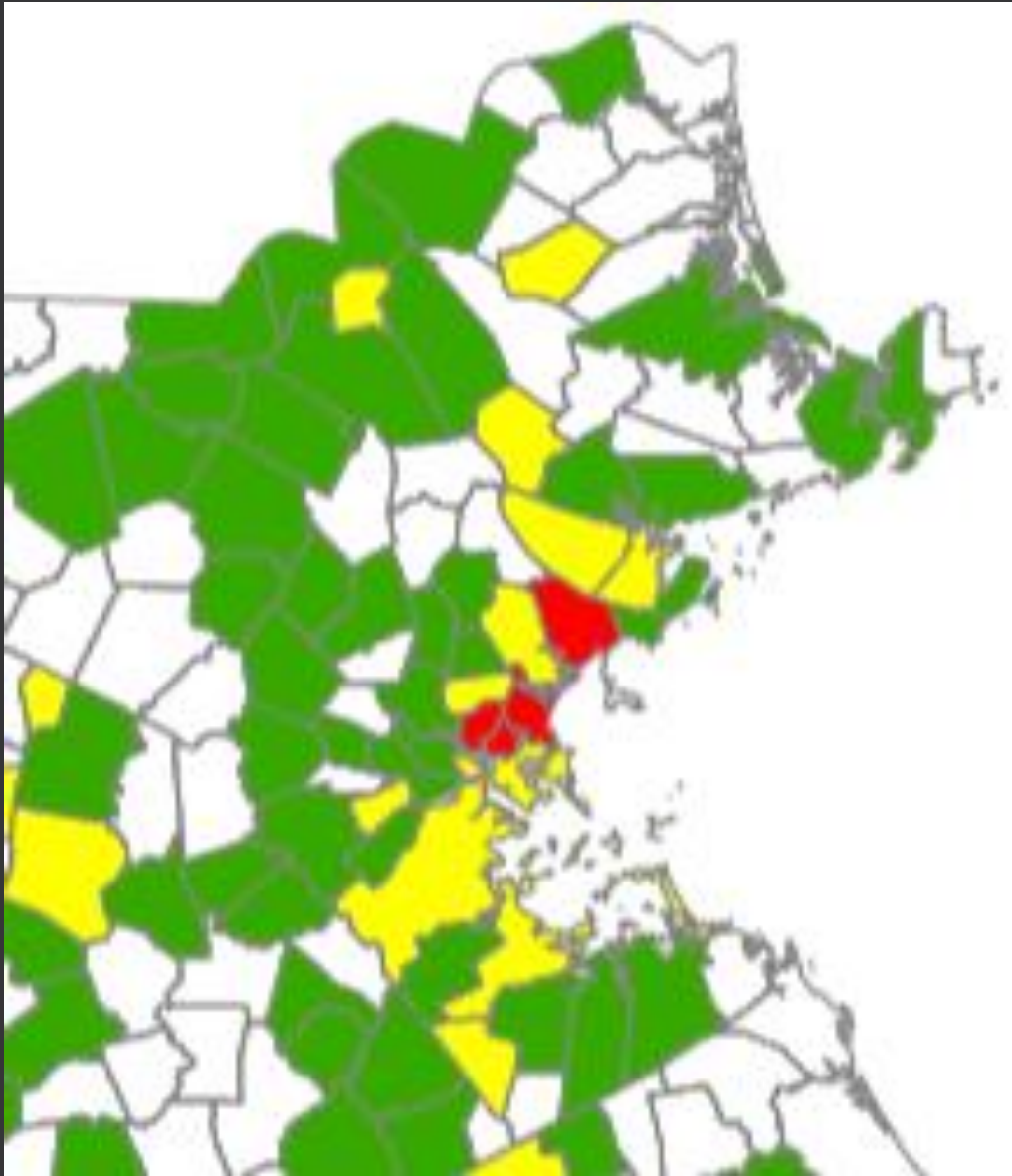


# Average Daily Case Rate (per 100,000) for COVID-19 in MA by City/Town Over Last Two Weeks 7/22/2020 - 8/5/2020

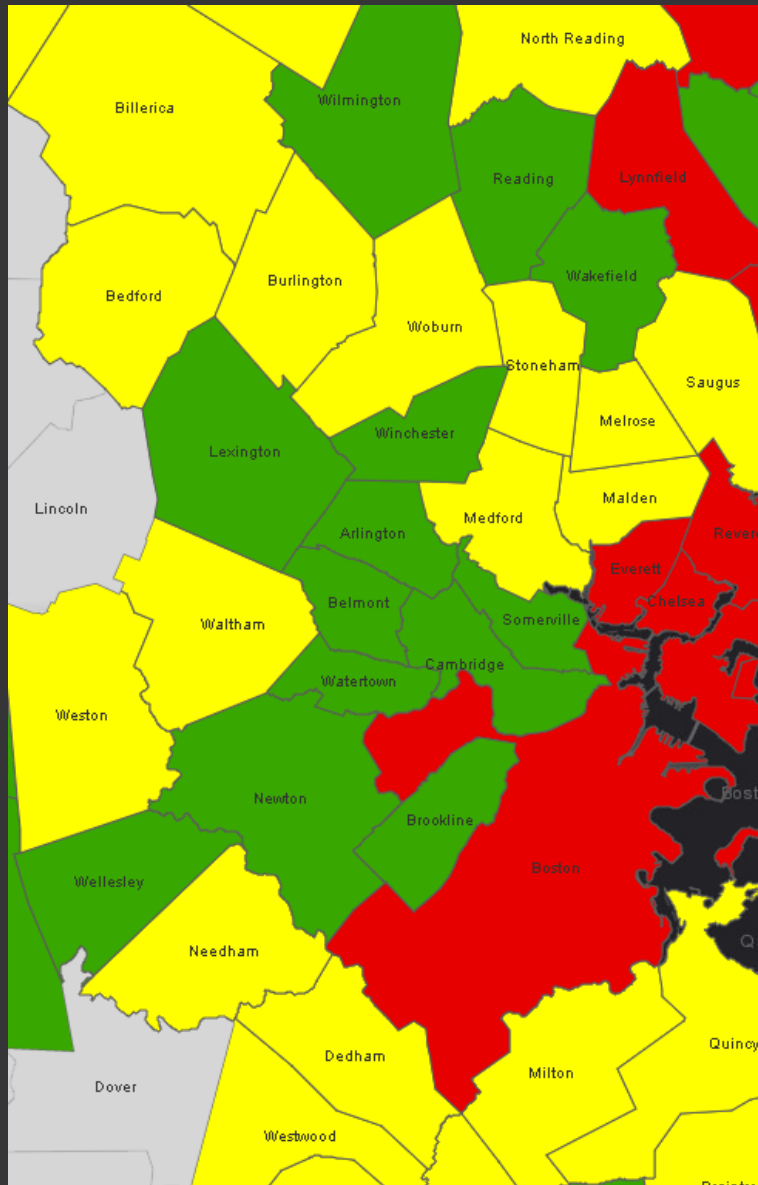


## Average Daily Case Rate per 100,000

- White (<5 reported cases)
- Green (<4 cases per 100k)
- Yellow (4 - 8 cases per 100k)
- Red (>8 cases per 100k)



**EIGHT MONTHS LATER**



ZIP CODE  
**95202**

Life Expectancy

**73**

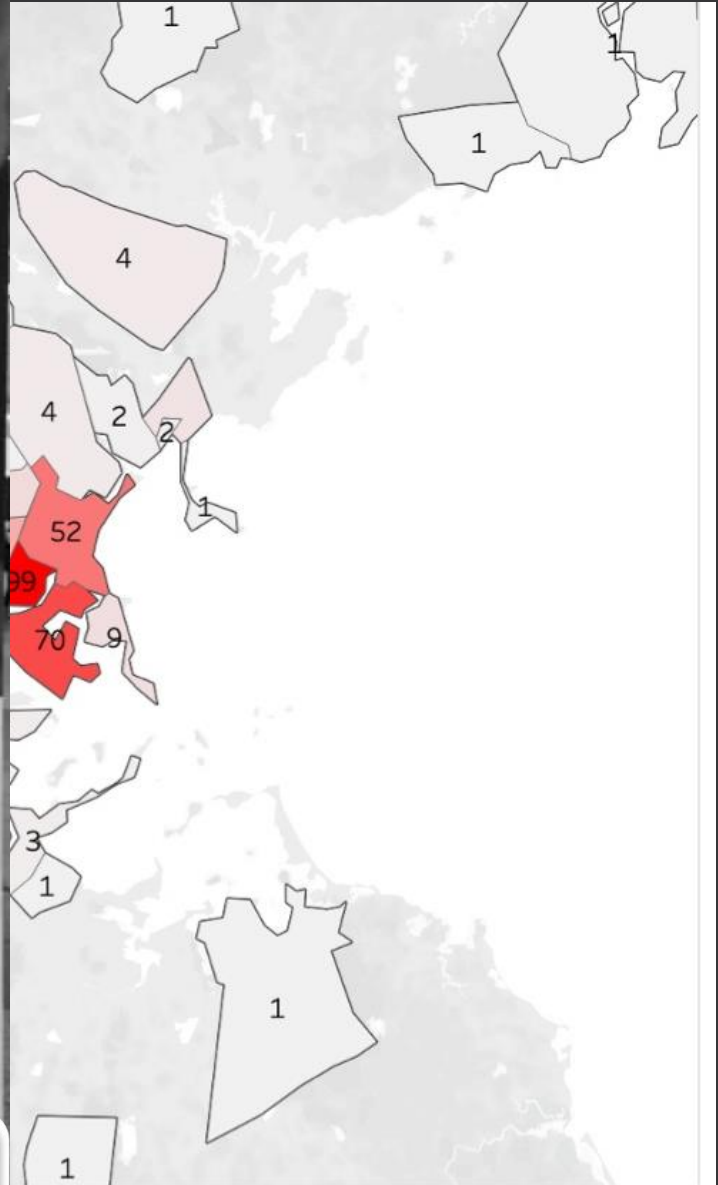
ZIP CODE  
**92606**

Life Expectancy

**88**



Your **ZIP Code** shouldn't  
predict **how long you'll live,**  
but it does.







**ENHANCING  
EQUITY**

**Outreach to reduce disparities**



# 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

NEWS

· JUN | 1 | 2020

## How Respiratory Illness Clinics Brought COVID-19 Testing to Underserved Communities



<https://www.massgeneral.org/news/coronavirus/how-respiratory-illness-clinics-brought-COVID-19-testing-to-underserved-communities>

@EJFLORESMD



## RADIOGRAFÍA DE EL PECHO

Es posible que le solicitemos una radiografía de su pecho cuando visite nuestra clínica. Una radiografía de el pecho es una prueba rápida y fácil que toma imágenes de sus pulmones. Esto nos ayuda a aprender más sobre su respiración.

### ANTES DE SU VISITA



Trate de usar una camisa floja sin cremalleras (zippers), broches o botones de metal, ya que esto pueden desenfocar las imágenes.



Quítate los collares. Pueden desenfocar las imágenes. Los brasieres también necesitan ser removidos.



Durante la radiografía, le pediremos que respire profundamente y le haremos saber cuándo dejar salir el aire. Esta respiración especial nos ayuda a obtener imágenes claras.



Un médico hablará con usted sobre los resultados de su radiografía después de su examen.

CLÍNICA RESPIRATORIA MASS GENERAL



## 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



Try to wear a loose-fitting shirt with no zippers, metal snaps or buttons. They can blur the images.



Please take off any necklaces. They can blur the images. Other jewelry is okay. Bras also need to be removed.



During the X-ray, we will ask you to take a deep breath and will let you know when to let it out. Special breathing helps us get clear images.



A doctor will talk with you about the results of your X-ray after your exam.

MASS GENERAL RESPIRATORY CLINIC







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

Scroll to start ↓

Collaboration with Dr. Succi , MESH Incubator &



<https://www.radtranslate.com/>

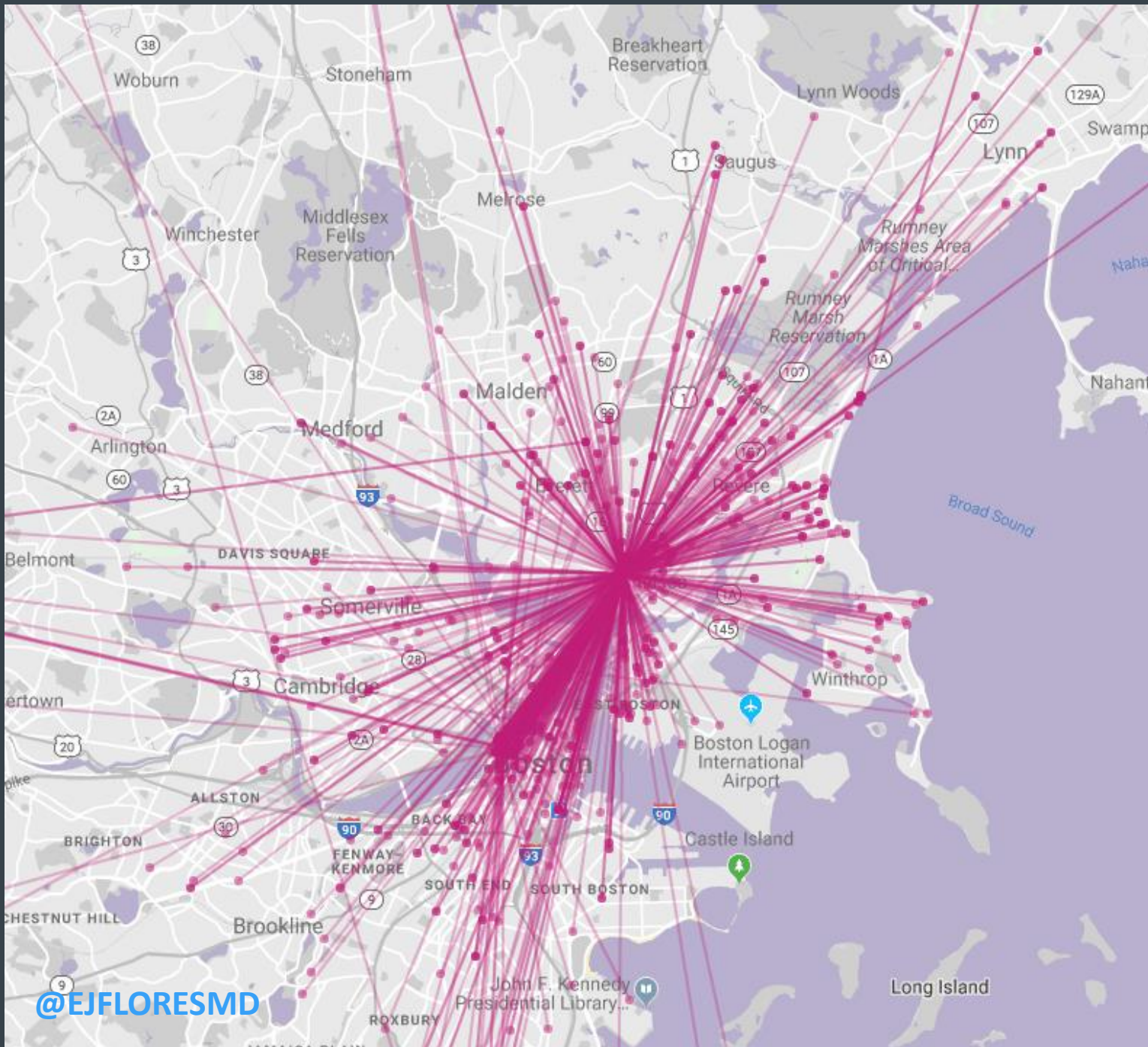
@EJFLORESMD

# **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



# 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

Available for Hispanic community

## Spanish

Ya es tiempo de hacerse la mamografía

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



# LCS OUTREACH AT MGH HEALTH CENTERS

- MGH Health Centers
- 1 in 10 were smokers
- 26% request smoking cessation
- Only 8% of eligible patients had LCS



**Stop.**  
**Screen.**  
**Breathe.**

## CT PILOT PROGRAM FOR VULNERABLE PATIENTS

The pilot program goal is to decrease screening in vulnerable patients for the Homeless Program at MGH Community HealthCare Center.

Eligible patients will be offered the screening CT on the same day as need for a prior radiology appointment. The likelihood that these patients und

### Details for patients to undergo same-day screening:

- Currently only available for the MGH Healthcare for Homeless Program at the Community HealthCare Center.

## LCS INTEGRATION INTO SM ENCOUNTERS

Have you ever smoked cigarettes?

Yes  No

What age did you start smoking cigarettes? \_\_\_\_\_ years old

Do you smoke cigarettes now?

Yes ... How much do you smoke on a typical day? (Please check a box below.)

No ... How long ago did you quit? \_\_\_\_\_

... Before quitting, how much did 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



2022

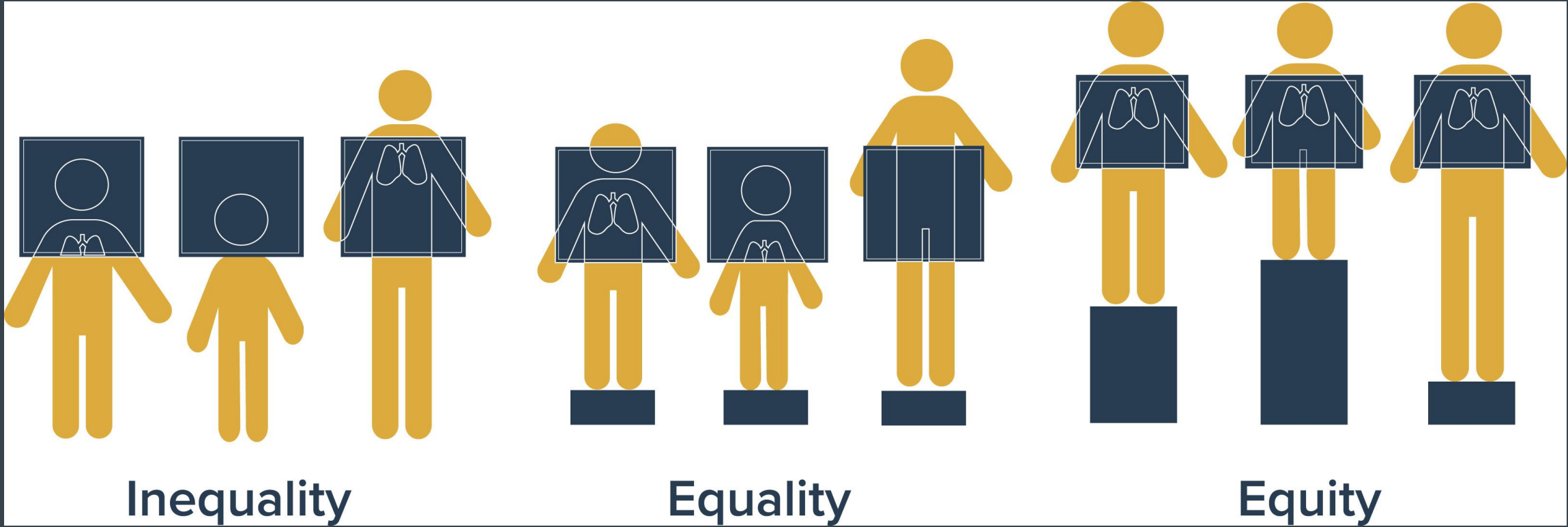
2021

2020

THE ROAD AHEAD  
TOGETHER



# HEALTH EQUITY IS EVERYONE'S DUTY





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

PAULA BRAVEMAN, MD, MPH<sup>a</sup>

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. A





# Advancing Health Equity Through Research and Outreach in Radiology

Questions?

[ejflores@mgh.harvard.edu](mailto: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 2<sup>nd</sup> 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

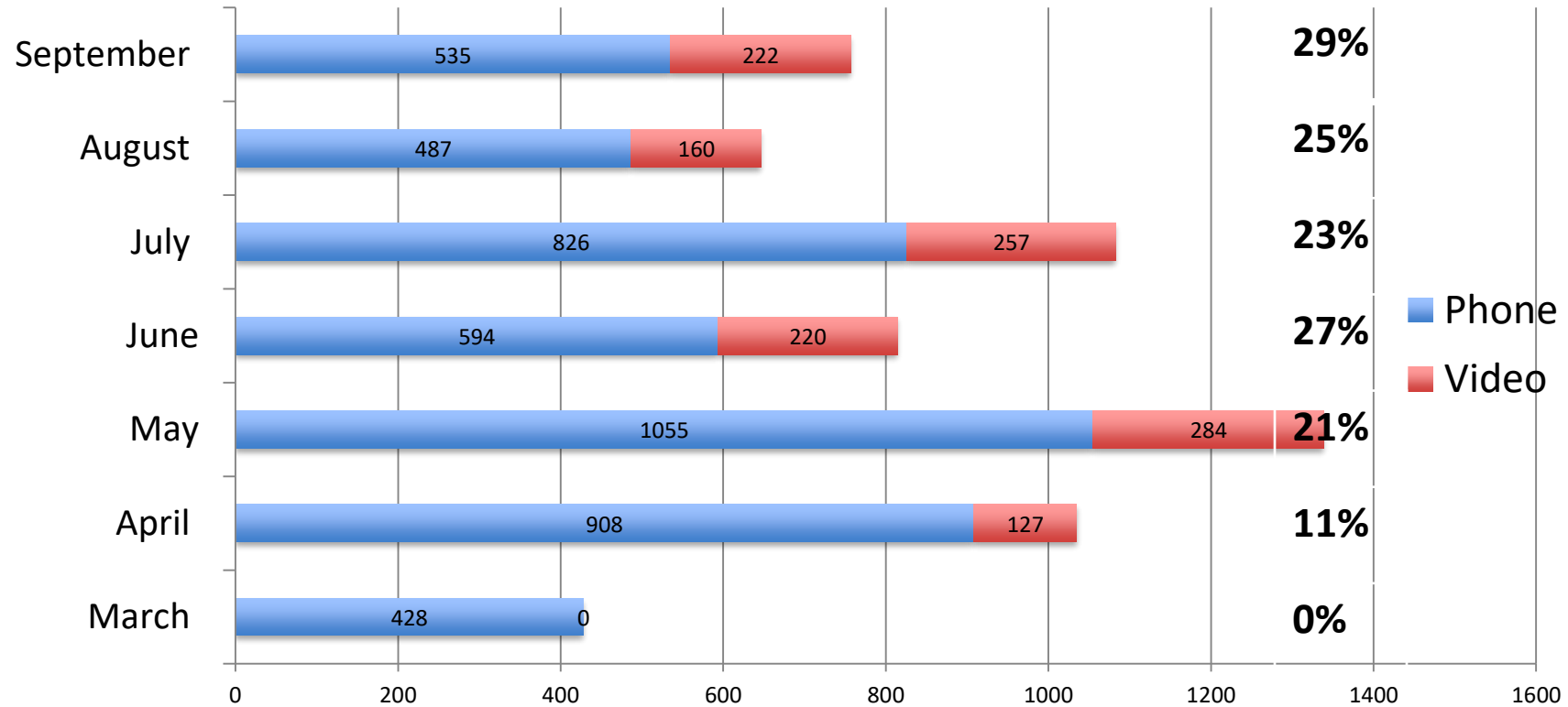
- Examine telemedicine practices in a community based primary care setting
- Assess provider experiences with telemedicine during the COVID-19 pandemic
- Identify barriers to telemedicine at MGH Chelsea Health Care Center

# 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

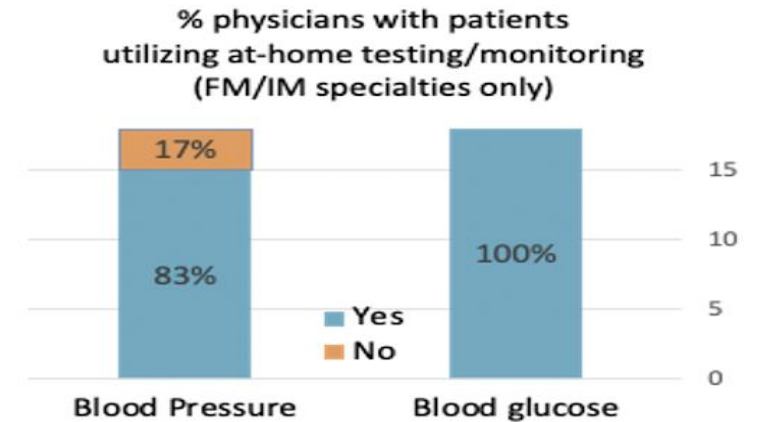
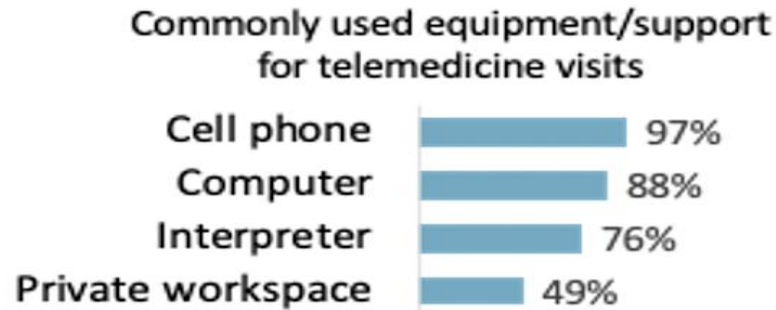
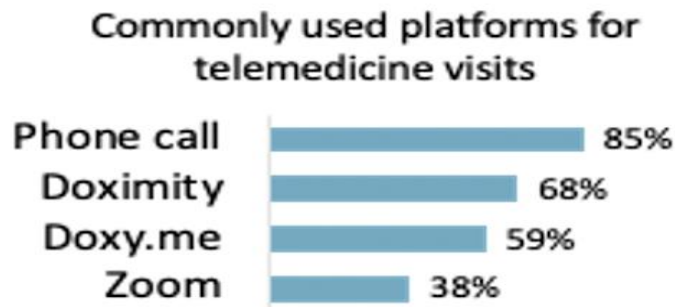
# Results

- Virtual Visit Type by month in Adult Medicine



# Questionnaire Participants

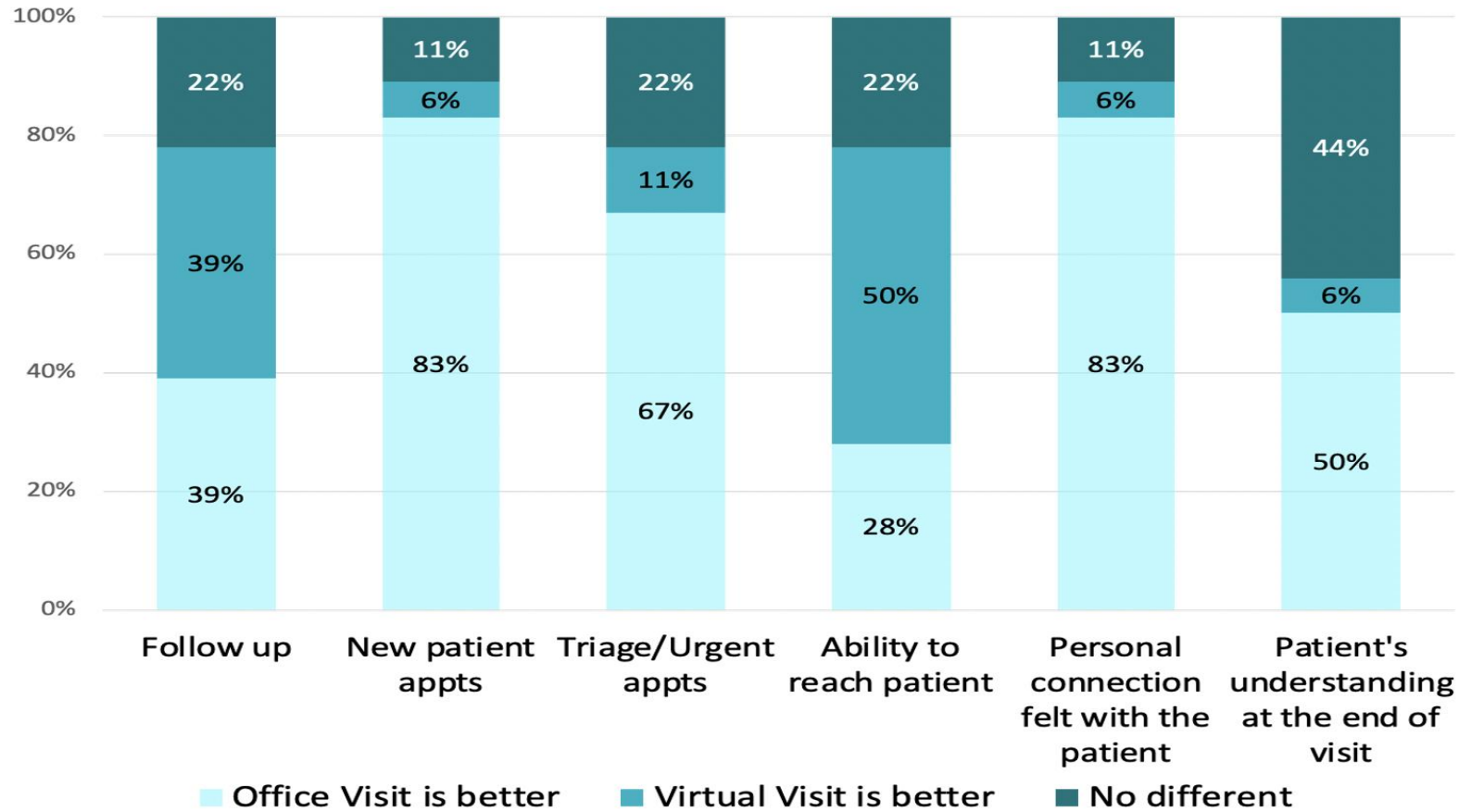
Questionnaire Participant Data: IM: 17 (50%), FM: 1 (3%), Psychiatry: 6 (18%), Psychology/SW: 10 (29%)



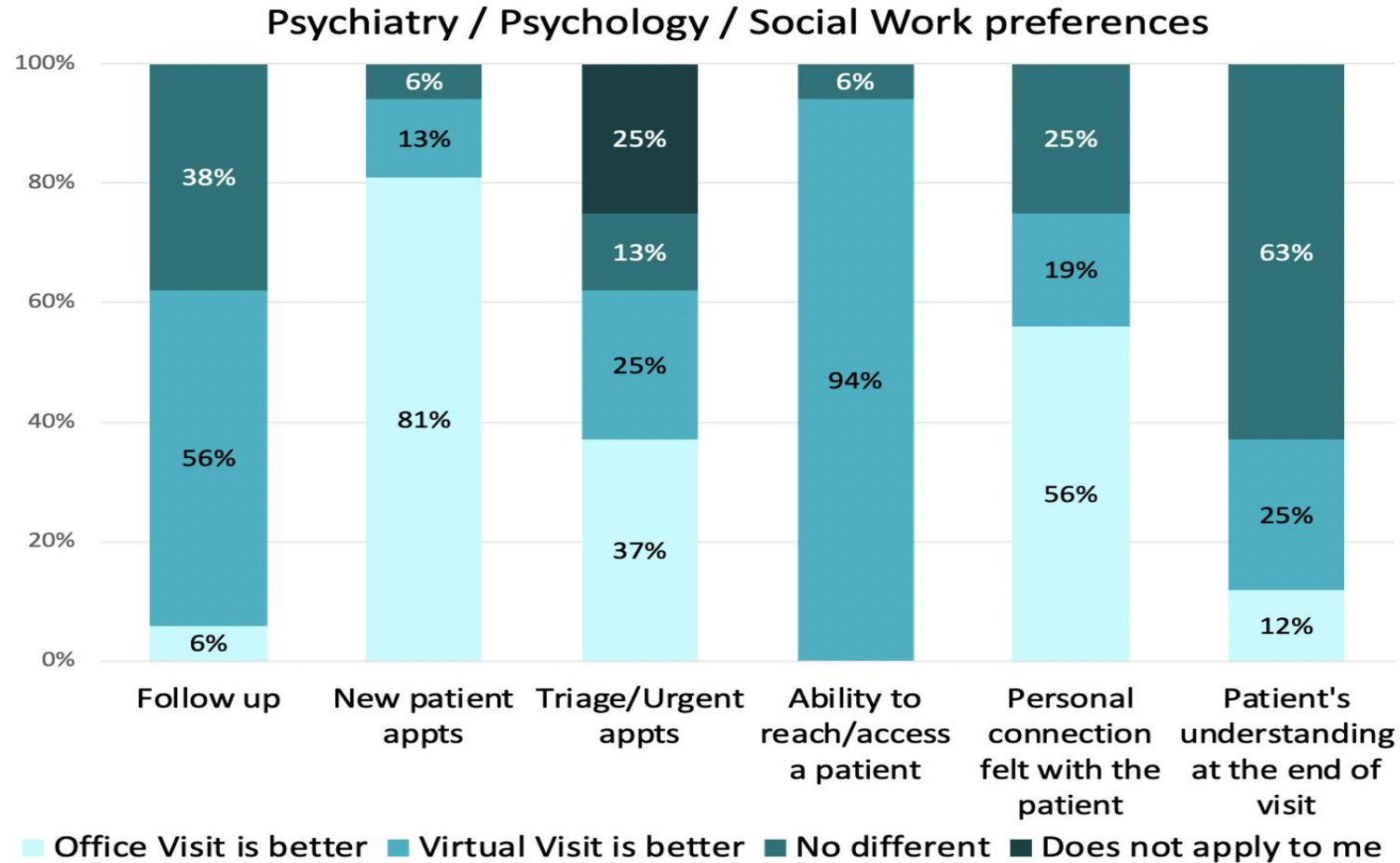


# Adult Medicine Provider Preferences

Internal Medicine/ Family Medicine preferences

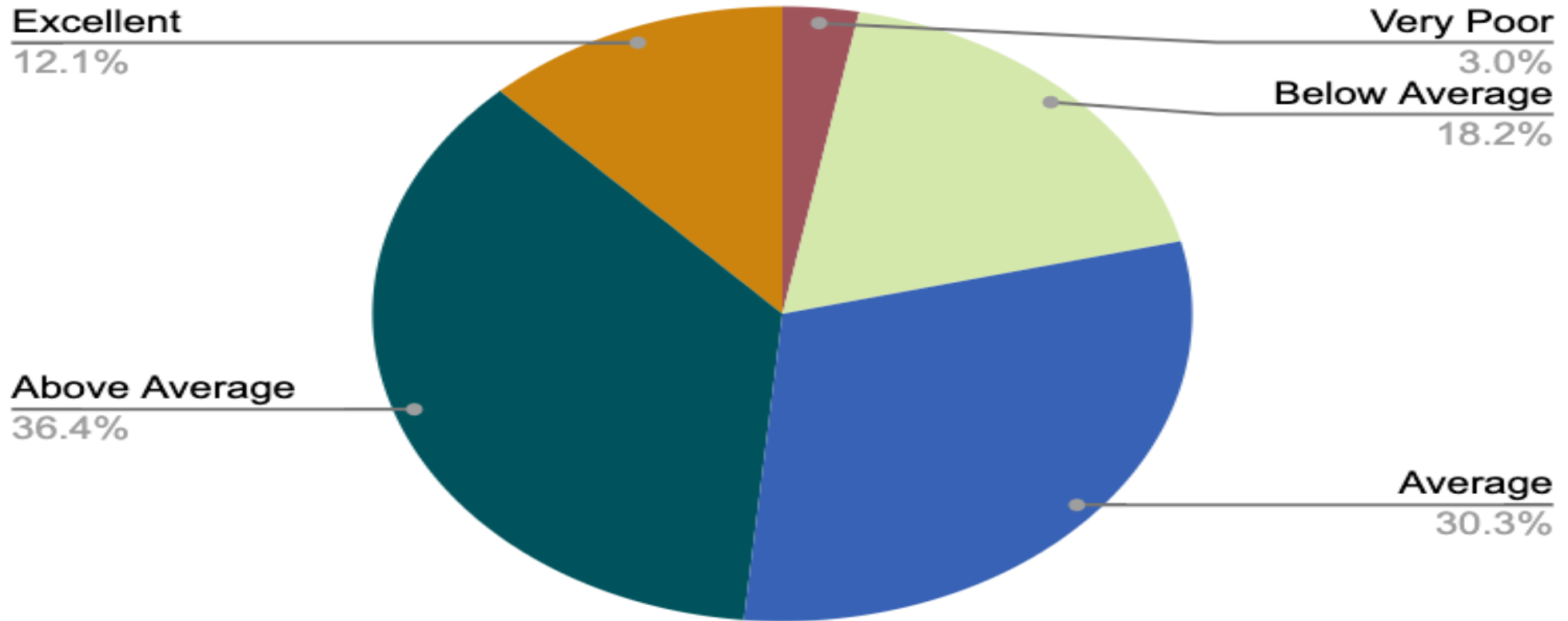


# Mental Health Provider Preferences



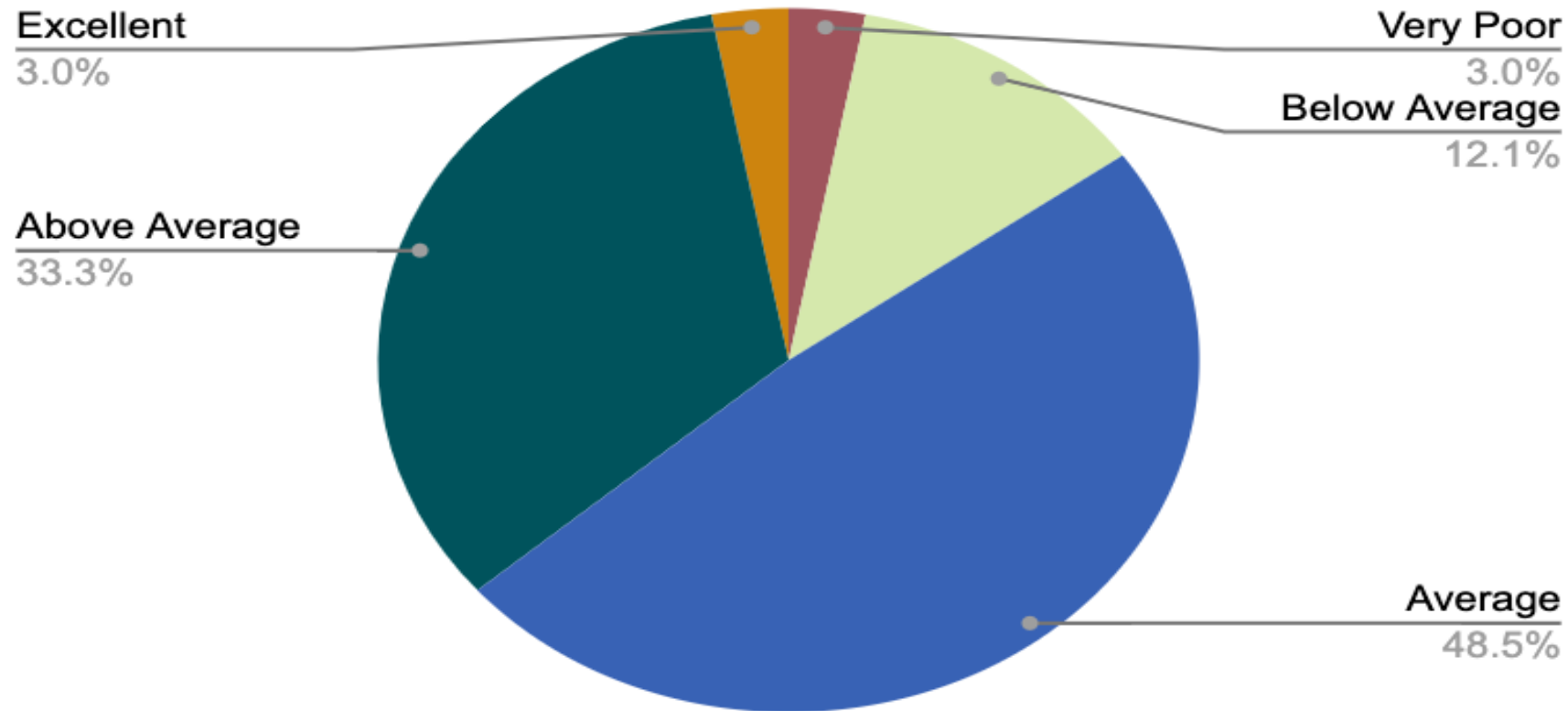
# Satisfaction

## Overall Satisfaction of Visit with Telemedicine



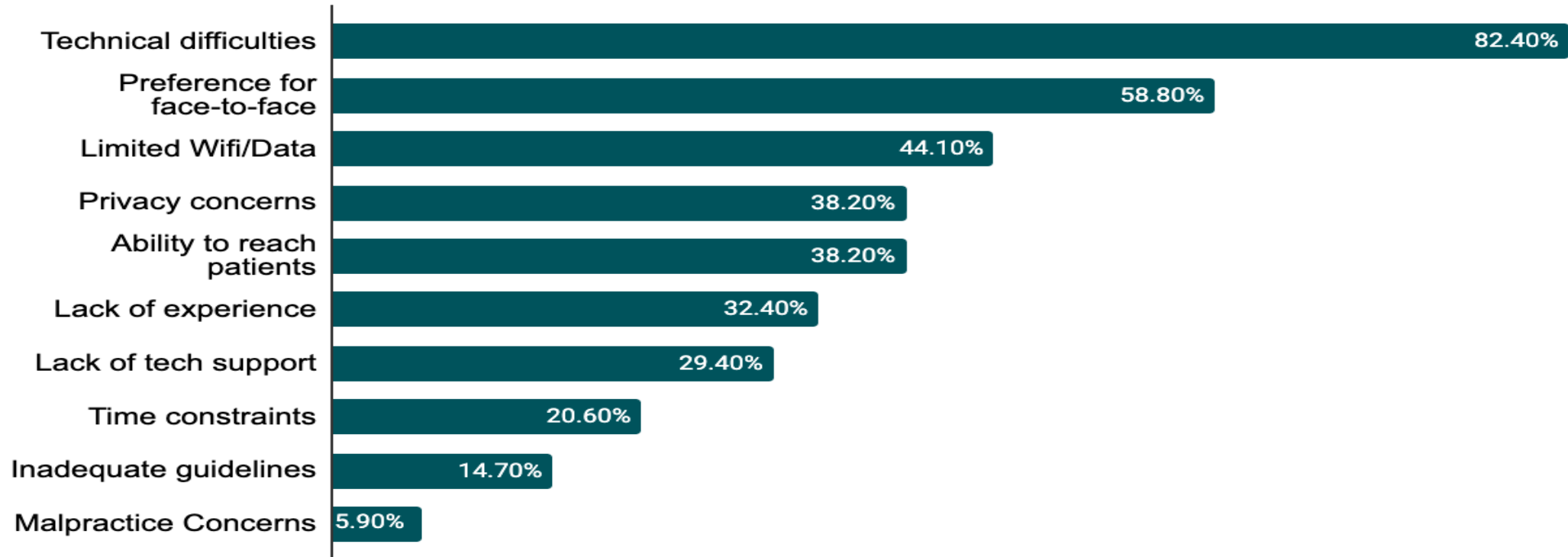
# Perceived Quality of Telemedicine

## Overall Quality of Visit with Telemedicine



# Provider Barriers

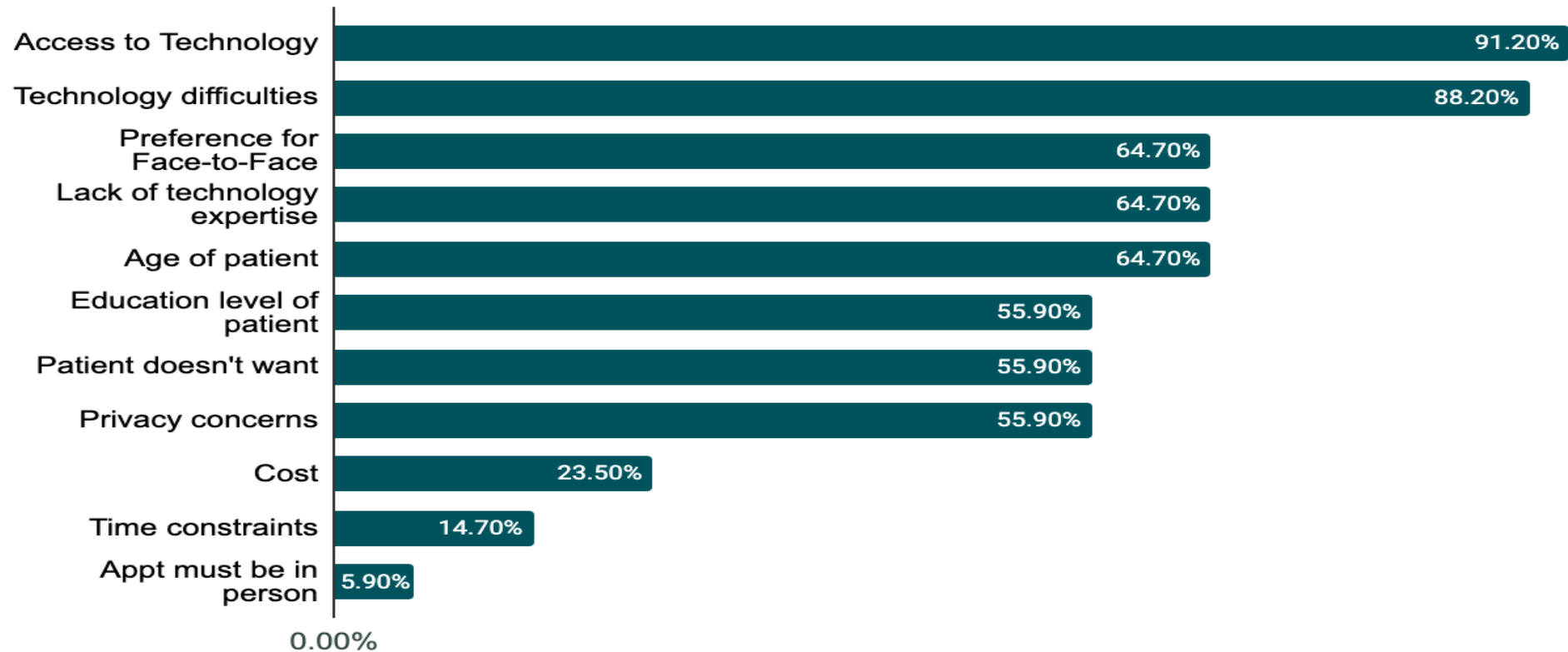
## Providers' Barriers to Telemedicine





# Perceived Patient Barriers

## Providers' Perceived Barriers for Patients

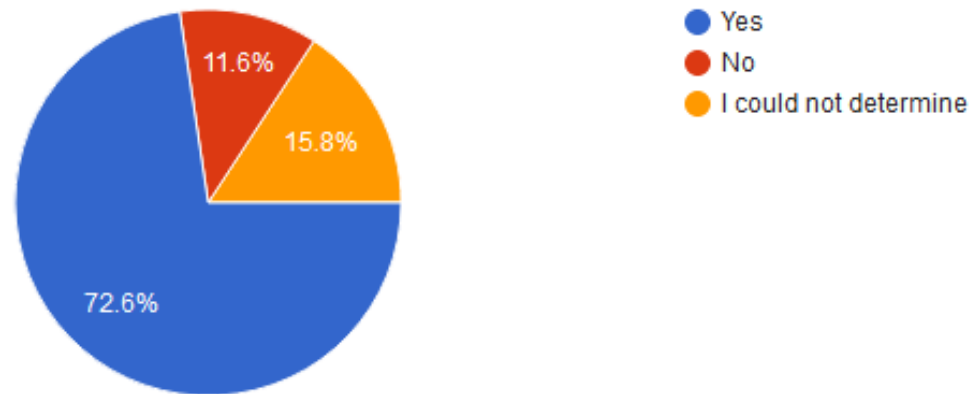


# Chelsea Internet Access

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

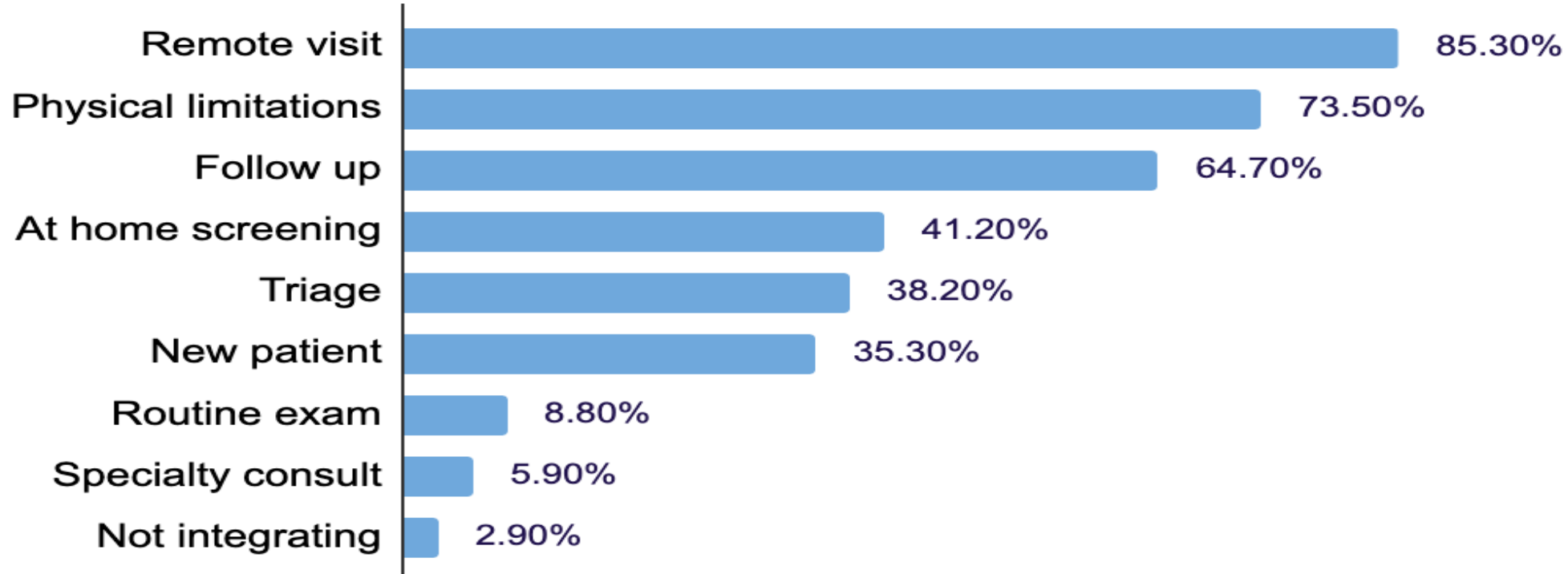
Does the household have some form of internet access in the home (such as through a smartphone?)

1,878 responses



# Appointments Suited for Telemedicine

## Types of Appointments Providers Plan to Conduct via Telemedicine



# 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

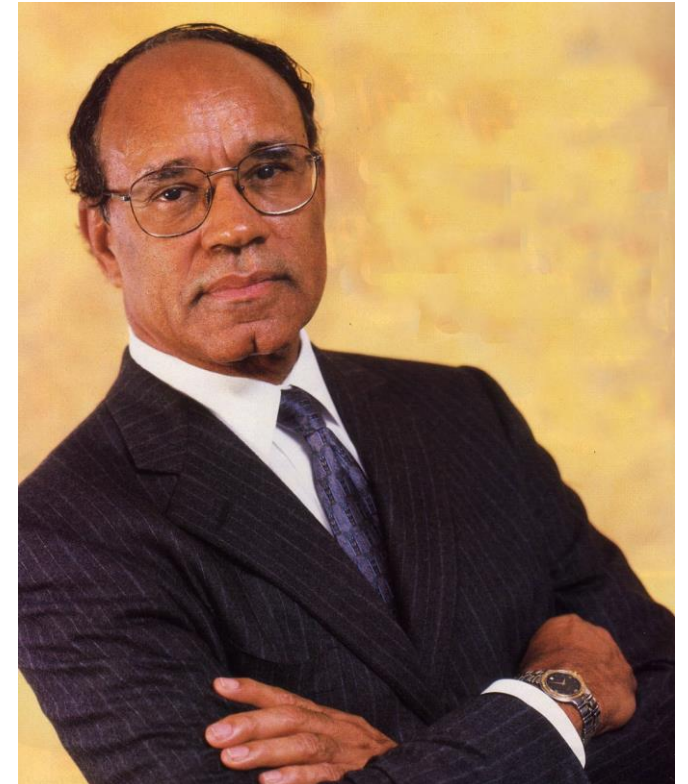




# PATIENT NAVIGATION

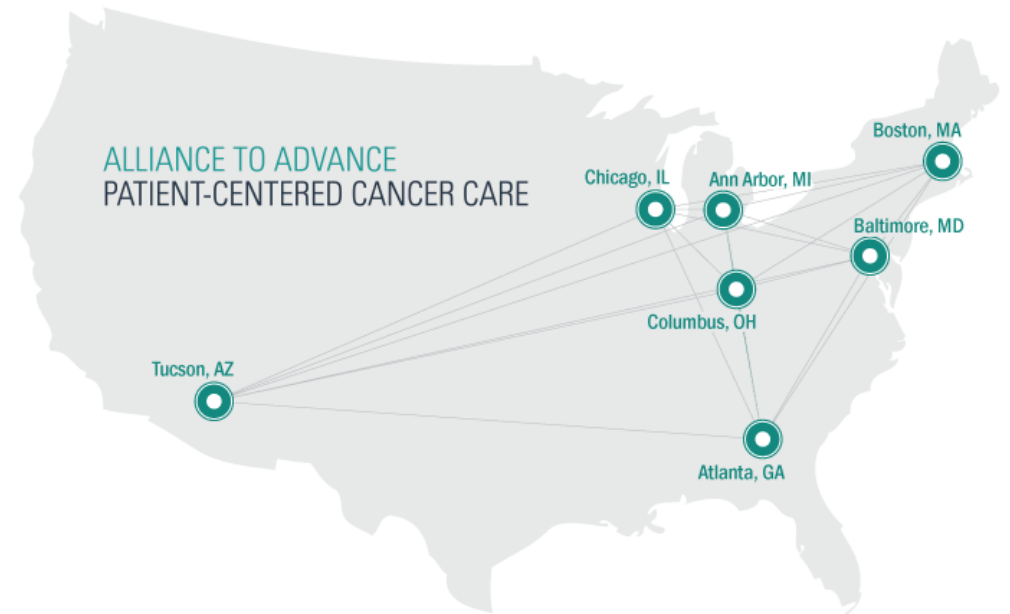
- Implemented in 1990 in New York by Dr. Harold Freeman
- Patient navigators help patients with access to care and navigate them through the healthcare system overcoming individual barriers to receiving care
- In five years breast cancer mortality in black women in Harlem decreased

**30%**



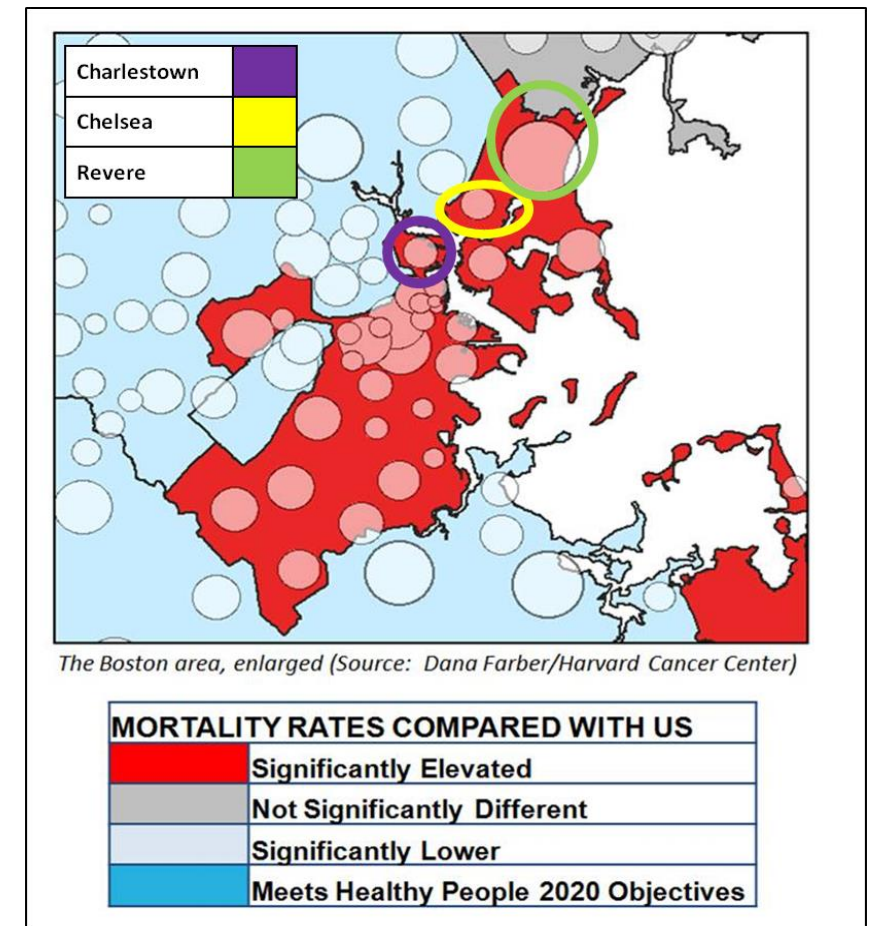
## MERCK ALLIANCE SITES

- 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

Enrollment Data	
Screened	777
Eligible	290
Consented	216
Active	66
Completed	121
Deceased	21
Withdrawn	8
Pending	4
Did Not Reach	22
Declined	48

# PRELIMINARY DATA: PATIENT DEMOGRAPHICS

NOVEMBER 2017 – SEPTEMBER 2020

Patients (n=216)		
Sex		
Male	112	51.9%
Female	104	48.1%
Race		
White	132	61.1%
Other	42	19.4%
Black or African American	15	6.9%
Hispanic or Latino	11	5.1%
Asian	8	3.7%
Unavailable	8	3.7%

Patients (n=216)		
Ethnicity		
Not Hispanic / Latino	155	71.8%
Hispanic / Latino	56	25.9%
Unavailable	5	2.3%
Primary Language		
English	151	69.9%
Spanish	45	20.8%
Other	20	9.3%
Severe Mental Illness (SMI)		
No	157	72.7%
Yes	58	26.9%

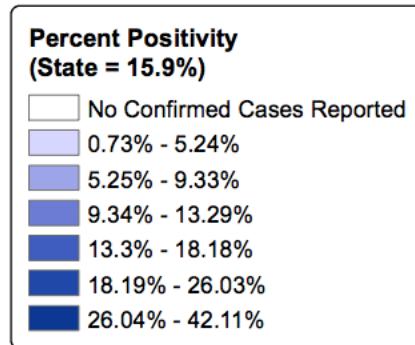
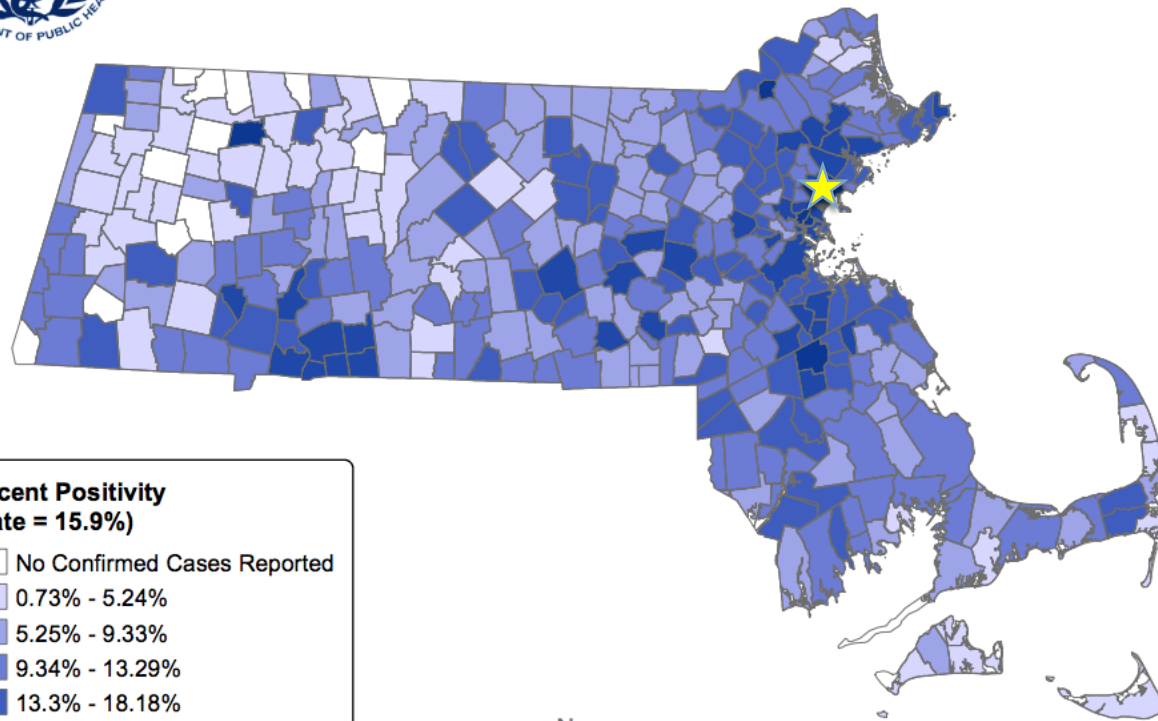


# PCR FOR COVID-19 IN MASSACHUSETTS



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



1 inch = 20 miles

## IMPACT OF THE COVID-19 PANDEMIC

Community Health Center Enrollment	Total (n=216)	Percent Positivity of COVID-19 (per 100,000)
Chelsea	100	40.2%
Revere	72	27.4%
Charlestown	44	23.3%

## 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

	<b>Pre COVID-19</b> Nov 1, 2017 - Feb 29, 2020	<b>COVID-19 Era</b> Mar 1, 2020 - Jun 30, 2020	P-Value
Consented	178	23	N/A
Consent Rate (per month)	6.36	5.75	0.65

## RESULTS: ONCOLOGY APPOINTMENTS

	<b>Pre COVID-19</b> Nov 1, 2017 - Feb 29, 2020	<b>COVID-19 Era</b> Mar 1, 2020 - Jun 30, 2020	P-Value
Total # of Appointments	4040	511	N/A
Total # of Completed Appointments	3425	391	N/A
Total # of Cancelled Appointments	500	105	N/A
Total # of Missed Appointments	115	15	N/A
Rate of Completed Appointments	84.8%	76.5%	< 0.0001
Rate of Cancelled Appointments	12.4%	20.6%	< 0.0001
Rate of Missed Appointments	2.9%	2.9%	0.91

## RESULTS: PATIENT NAVIGATORS' INTERVENTIONS

	<b>Pre COVID-19</b> Nov 1, 2017 - Feb 29, 2020	<b>COVID-19 Era</b> Mar 1, 2020 - Jun 30, 2020	P-Value
Total # of Navigator interventions	1846	650	N/A
Intervention Rate (per month)	65.9	162.5	< 0.0001



## 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!



MASSACHUSETTS  
GENERAL HOSPITAL

REVERE  
HEALTHCARE CENTER



MASSACHUSETTS  
GENERAL HOSPITAL

CHELSEA  
HEALTHCARE CENTER



MASSACHUSETTS  
GENERAL HOSPITAL

CHARLESTOWN  
HEALTHCARE CENTER



# 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*

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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](mailto: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](http://www.mghcoe.com)



The logo for the Center of Excellence consists of two stylized, overlapping curved shapes. The top shape is dark blue and the bottom shape is a lighter blue. To the right of these shapes, the text "Center of Excellence" is written in a dark blue serif font, and "for Psychosocial and Systemic Research" is written in a smaller, italicized dark blue serif font below it.

Center of Excellence  
*for Psychosocial and Systemic Research*



# Background

## Community-Based Participatory Research

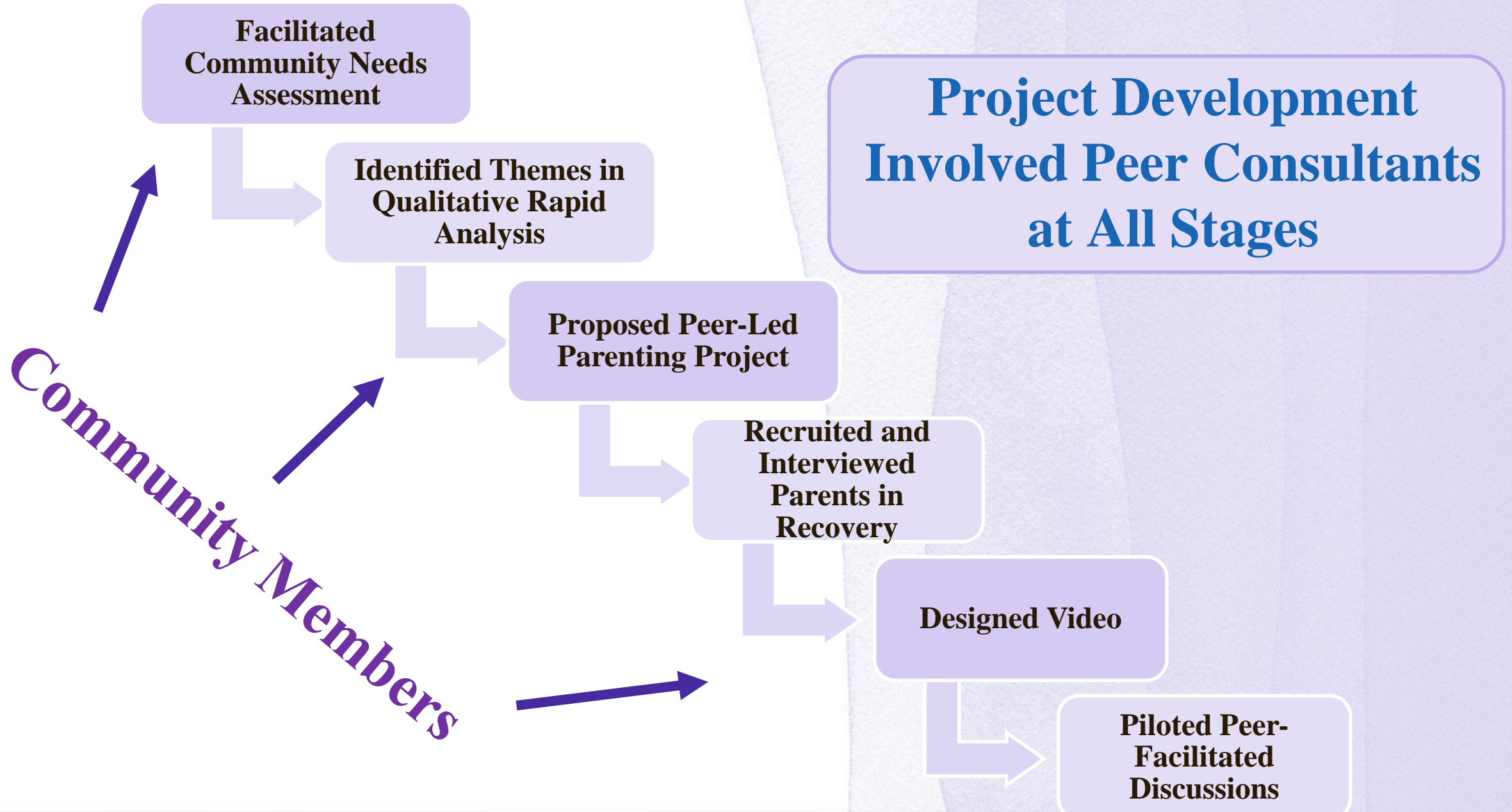
- Strives for equitable partnership with community members throughout the entire research process<sup>1</sup>
- Particularly beneficial in facilitating partnerships between academic researchers and historically marginalized communities
- Opportunity to do CBPR work with parents: New parents struggling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

1. (Collins et al., 2018)

2. (Bassett et al., 1999)



# Methods





# Methods

## 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





Center of Excellence  
*for Psychosocial and Systemic Research*

# 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)

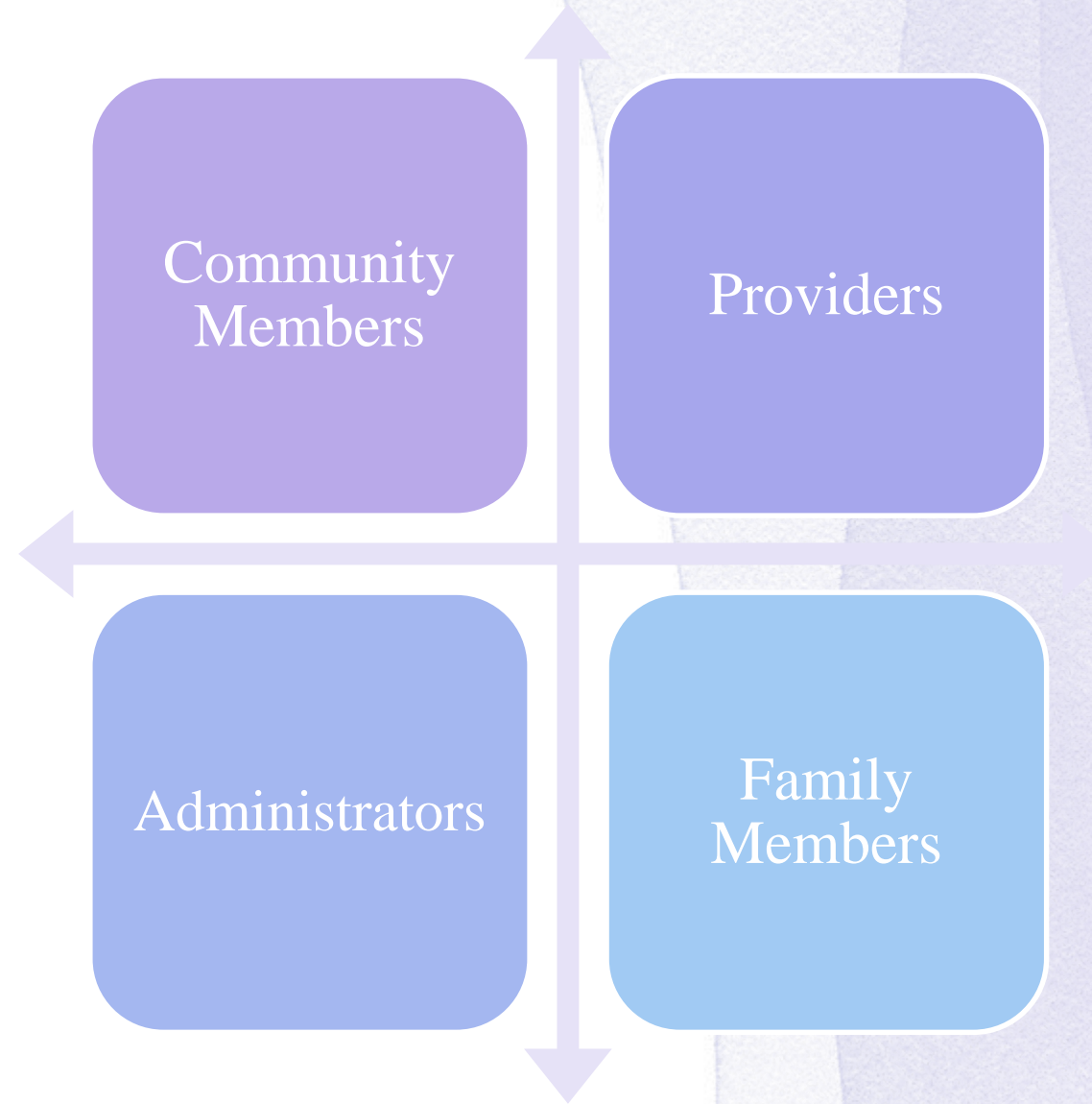
- Conducted internal evaluation of the parenting project fidelity to CBPR

## 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





**If you would like to have a facilitated discussion group for your agency, please contact Anne Whitman at [annewhit60@gmail.com](mailto: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**



## References

Bassett, Jill Lampe, Chris Lloyd, H. (1999). Parenting: Experiences and feelings of parents with a mental illness. *Journal of Mental Health*, 8(6), 597-604.

Collins, S. E., Clifasefi, S. L., Stanton, J., The Leap Advisory Board, Straits, K., Gil-Kashiwabara, E., Rodriguez Espinosa, P., Nicasio, A. V., Andrasik, M. P., Hawes, S. M., Miller, K. A., Nelson, L. A., Orfaly, V. E., Duran, B. M., & Wallerstein, N. (2018). Community-based participatory research (CBPR): Towards equitable involvement of community in psychology research. *The American psychologist*, 73(7), 884–898.

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



**Orin Gutlerner, MEd**  
Director of Education, Community Psychiatry PRIDE



MASSACHUSETTS  
GENERAL HOSPITAL



HARVARD  
MEDICAL SCHOOL



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



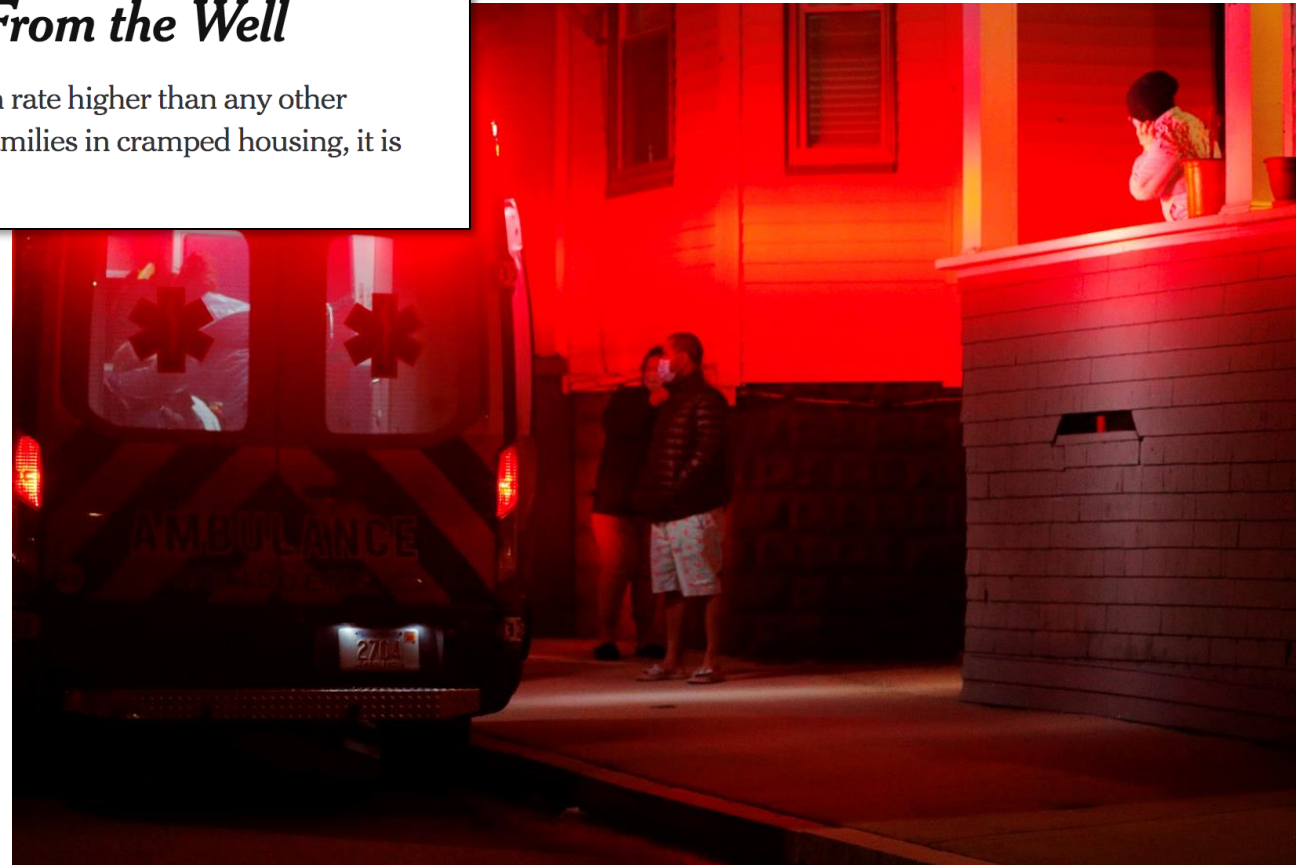
**BACKGROUND**

# 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



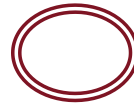
61%

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

# The Gap for Youth: Lack of Access to Support



Contents lists available at ScienceDirect  
Clinical Psychology Review  
ELSEVIER journal homepage: [www.elsevier.com/locate/clipsychrev](http://www.elsevier.com/locate/clipsychrev)

Review  
School-based depression and anxiety prevention programs for young people: A systematic review and meta-analysis  
Aliza Werner-Seidler, PhD<sup>a,\*</sup>, Yael Perry, PhD<sup>a</sup>, Alison L. Calear, PhD<sup>b</sup>, Jill M. Newby, PhD<sup>c</sup>, Helen Christensen, PhD<sup>a</sup>

<sup>a</sup> Black Dog Institute, University of New South Wales, Sydney, NSW, Australia  
<sup>b</sup> National Institute for Mental Health Research, The Australian National University, Canberra, ACT, Australia  
<sup>c</sup> School of Psychology, University of New South Wales, Sydney, NSW, Australia

CrossMark

HIGHLIGHTS

- School-based prevention programs have small effects on depression and anxiety.
- Significant prevention effects were detected at 6 and 12 month follow-up.
- Prevention type and personnel delivering the prevention program influenced outcomes.
- For depression, targeted prevention was more effective than universal prevention.
- School-based prevention programs have potential to reduce mental health burden.

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

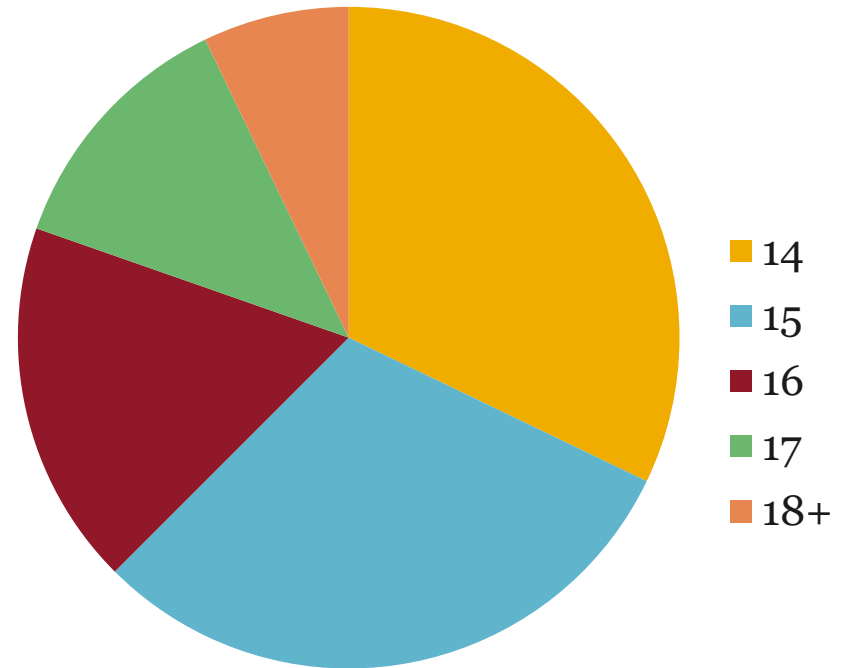


# Interns



**150**  
Youth

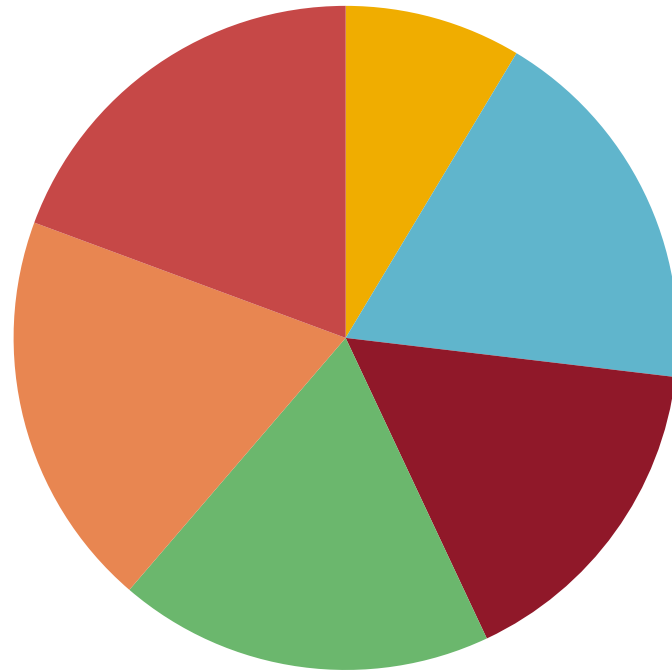
### Intern Age Distribution



# Intern Preferences

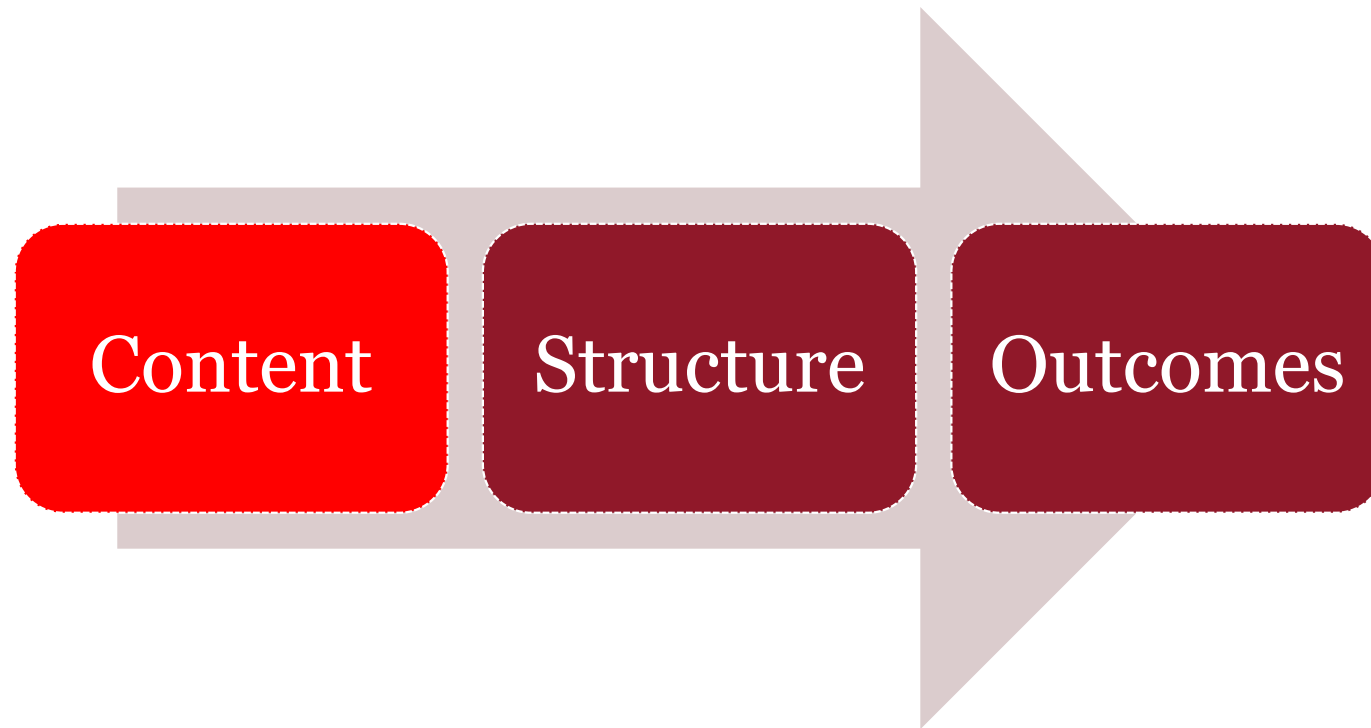


## Youth Interests



- 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





# Efficacy of Cognitive Behavioral Therapy



Cogn Ther Res (2012) 36:427–440  
DOI 10.1007/s10608-012-9476-1

ORIGINAL ARTICLE

## The Efficacy of Cognitive Behavioral Therapy: A Review of Meta-analyses

Stefan G. Hofmann · Anu Asnaani ·  
Imke J. J. Vonk · Alice T. Sawyer ·  
Angela Fang

Published online: 31 July 2012  
© Springer Science+Business Media, LLC 2012

**Abstract** Cognitive behavioral therapy (CBT) refers to a popular therapeutic approach that has been applied to a variety of problems. The goal of this review was to provide a comprehensive survey of meta-analyses examining the efficacy of CBT. We identified 269 meta-analytic studies and reviewed of those a representative sample of 106 meta-analyses examining CBT for the following problems: substance use disorder, schizophrenia and other psychotic disorders, depression and dysthymia, bipolar disorder, anxiety disorders, somatoform disorders, eating disorders, insomnia, personality disorders, anger and aggression, criminal behaviors, general stress, distress due to general medical conditions, chronic pain and fatigue, distress related to pregnancy complications and female hormonal conditions. Additional meta-analytic reviews examined the efficacy of CBT for various problems in children and elderly adults. The strongest support exists for CBT of anxiety disorders, somatoform disorders, bulimia, anger control problems, and general stress. Eleven 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 studies. 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**

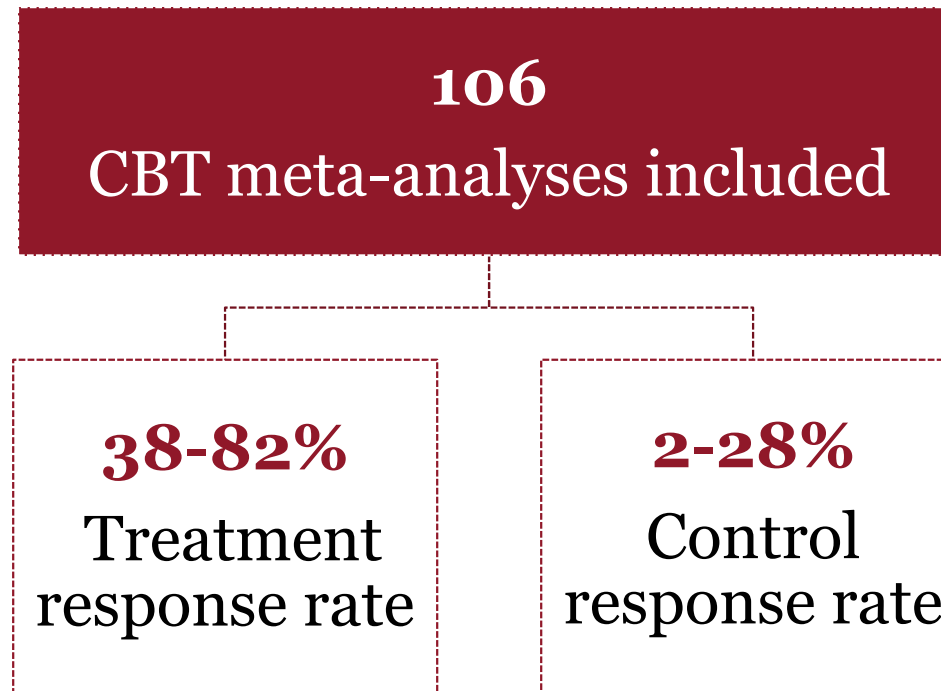
Cognitive-behavioral therapy (CBT) refers to a class of interventions that share the basic premise that mental disorders and psychological distress are maintained by cognitive factors. The core premise of this treatment approach, as pioneered by Beck (1970) and Ellis (1962), holds that maladaptive cognitions 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

S. G. Hofmann (✉) · A. Asnaani · I. J. J. Vonk ·  
A. T. Sawyer · A. Fang  
Department of Psychology, Boston University, 648 Beacon St.,  
6th floor, Boston, MA 02215, USA  
e-mail: shofmann@bu.edu

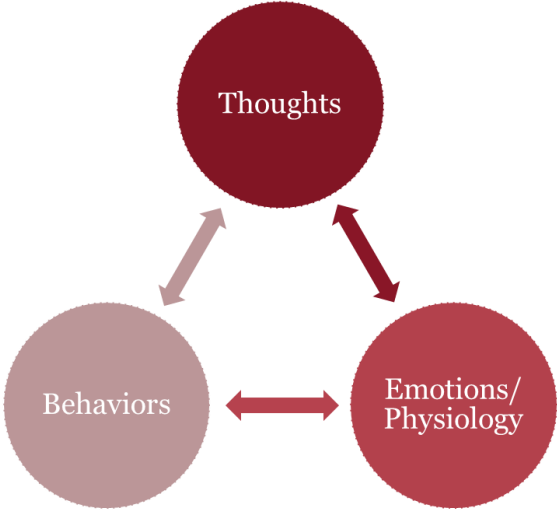
Springer



# Skills, Not Therapy



Identify

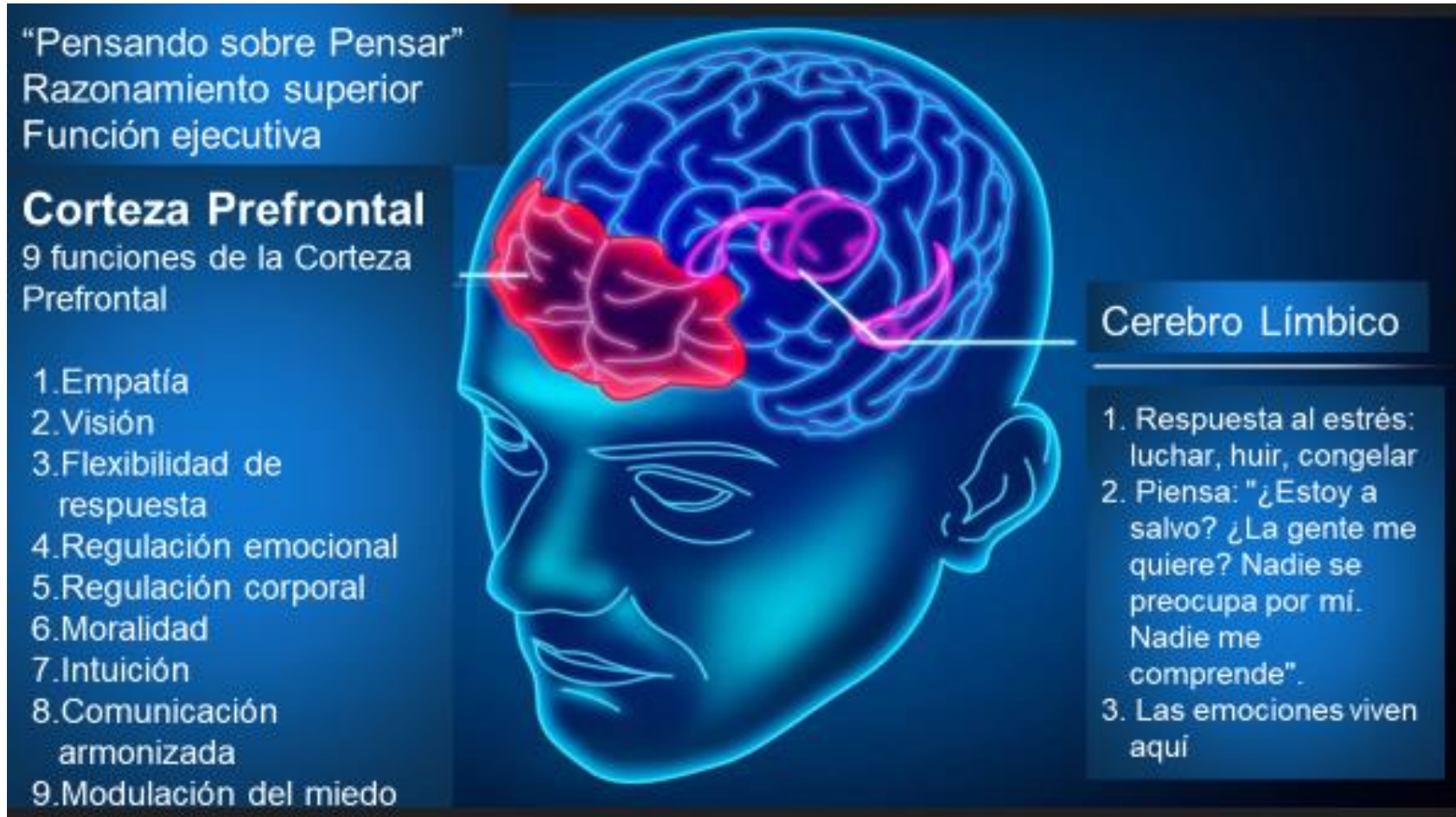
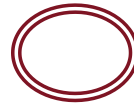


Link



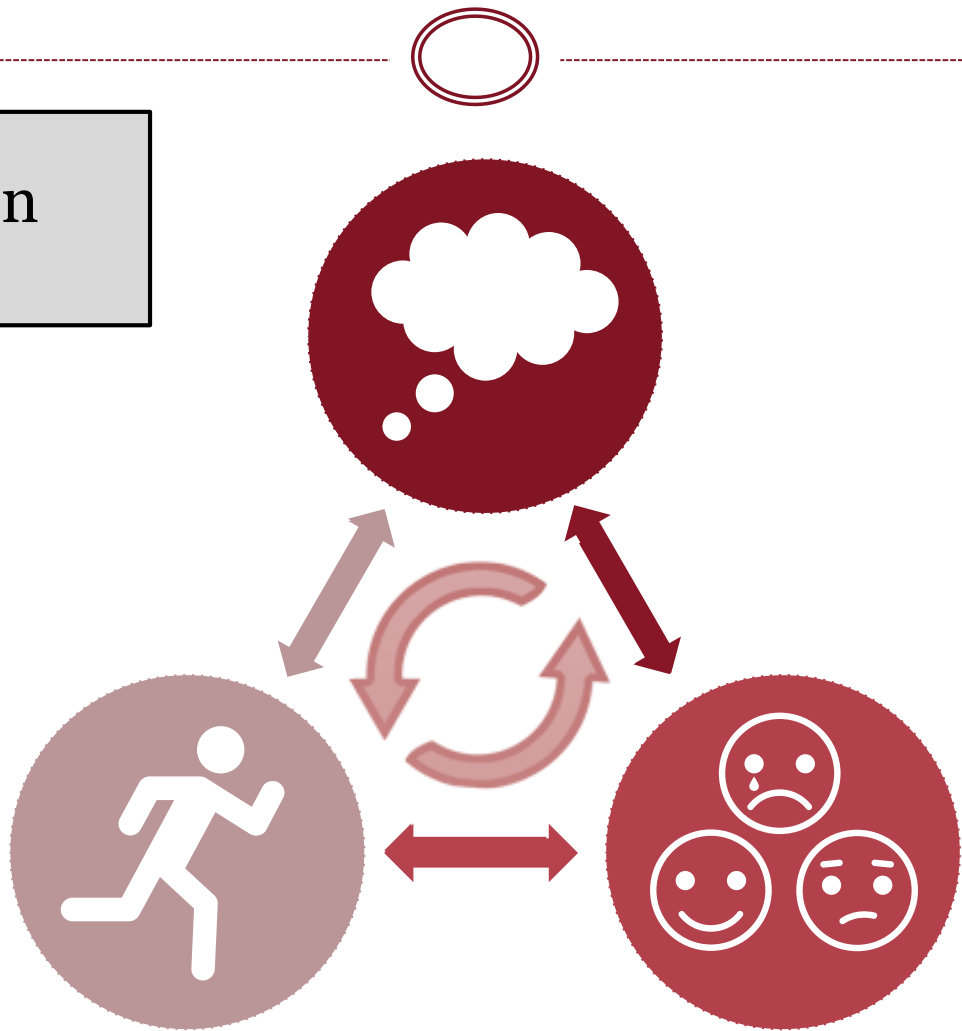
Change

# Science of Stress



# Observe the TEB Cycle

Situation



# Charge Up





# Face Fears



**Diego's Fear: Taking an Important Exam**

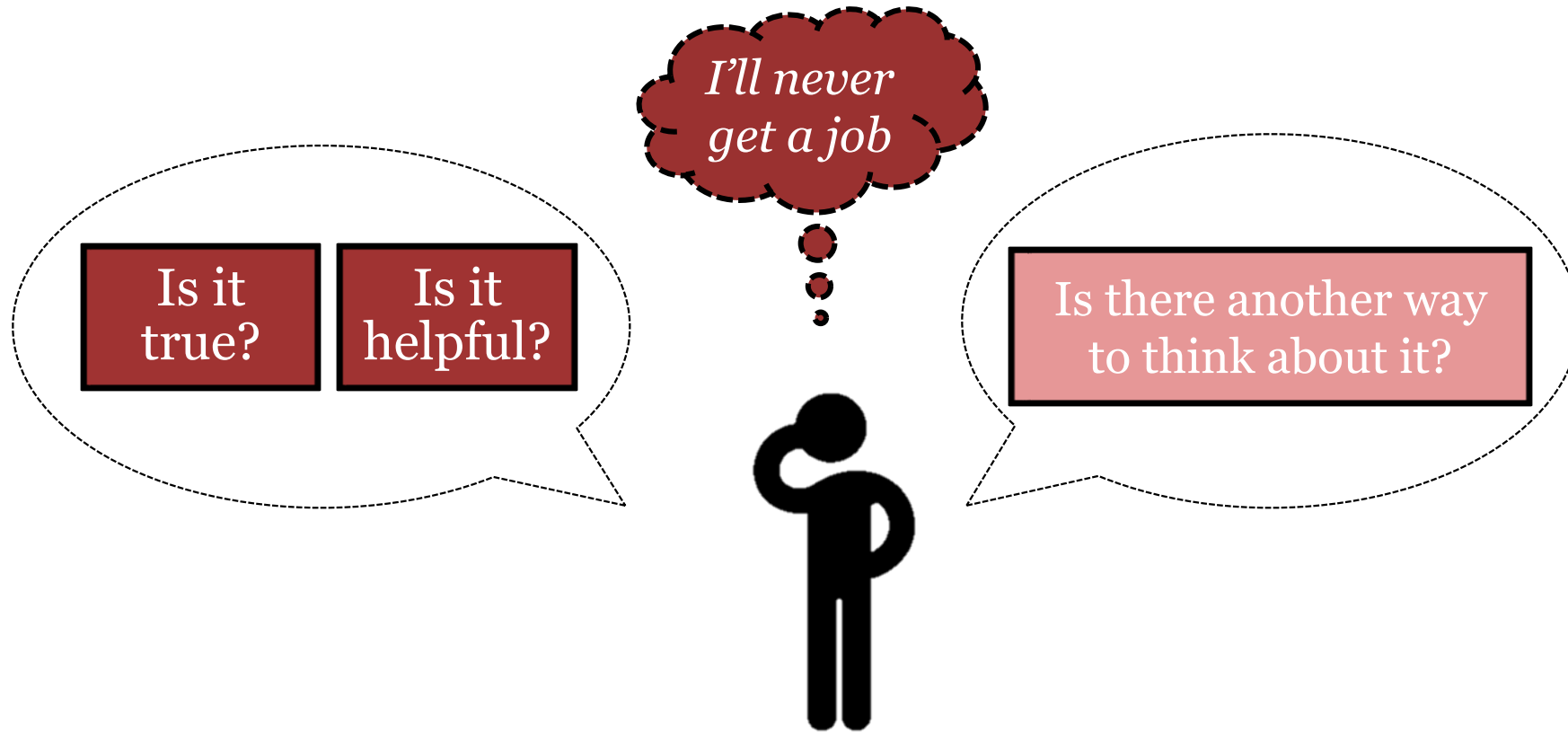
*Just Do It Won't Do It.*

**Step One: Studying for 10 minutes at a time**

**Diego's Approach Ladder**



# Explore Thoughts



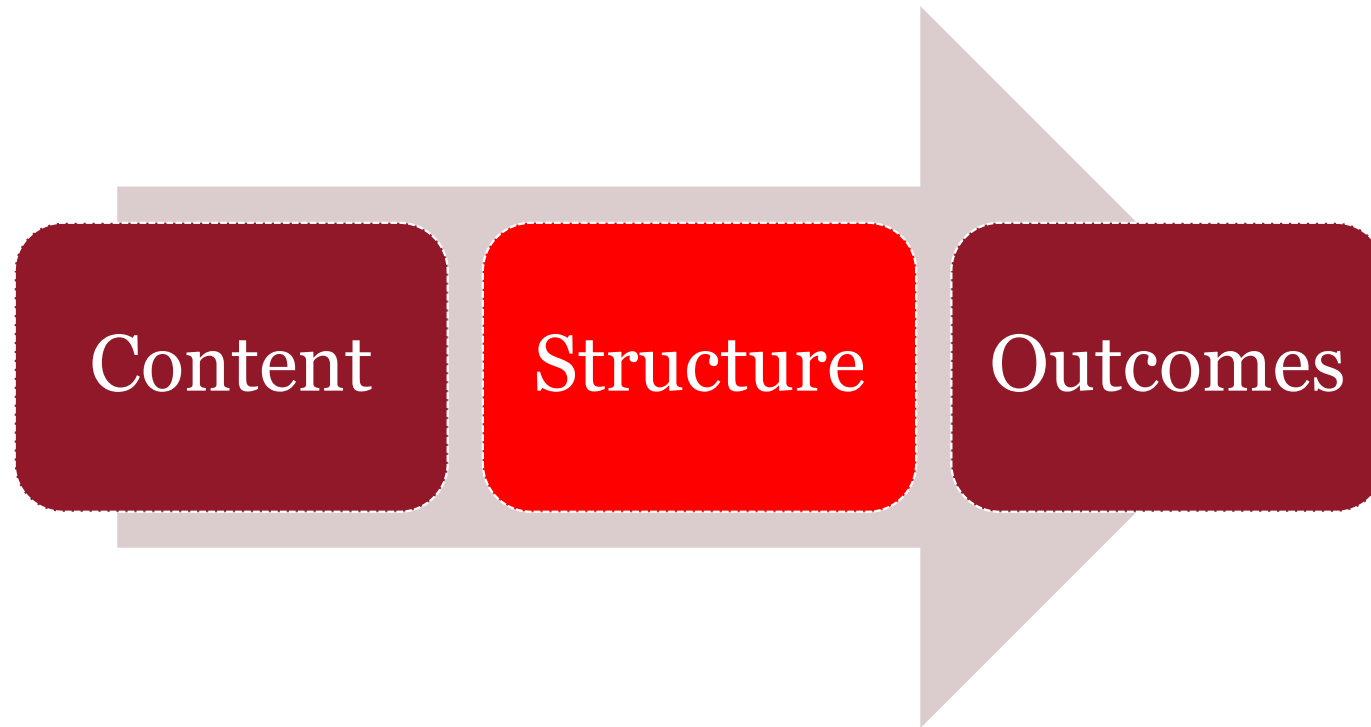
Is it true?

Is it helpful?

*I'll never get a job*

Is there another way to think about it?

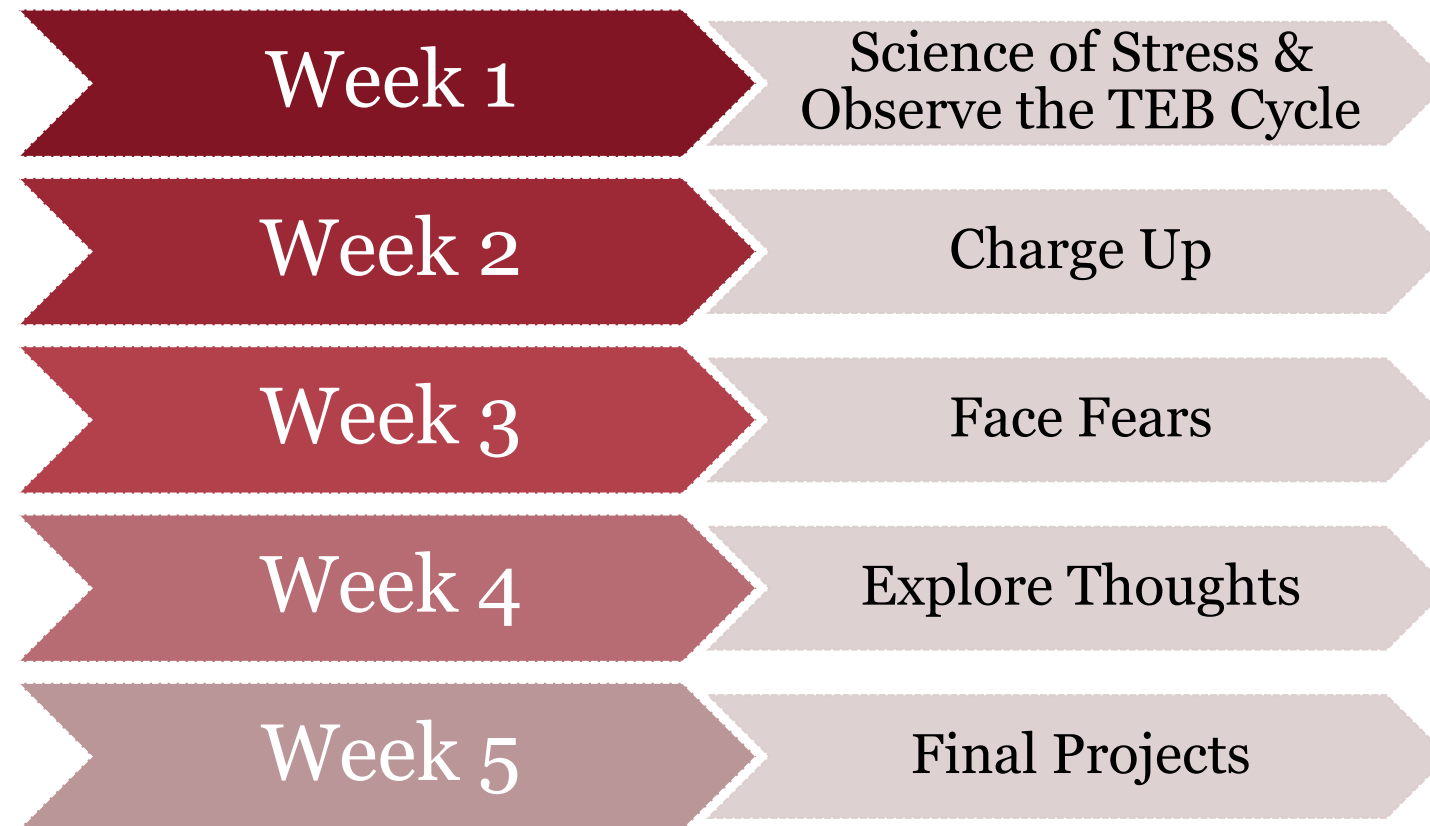
# Summer Internship



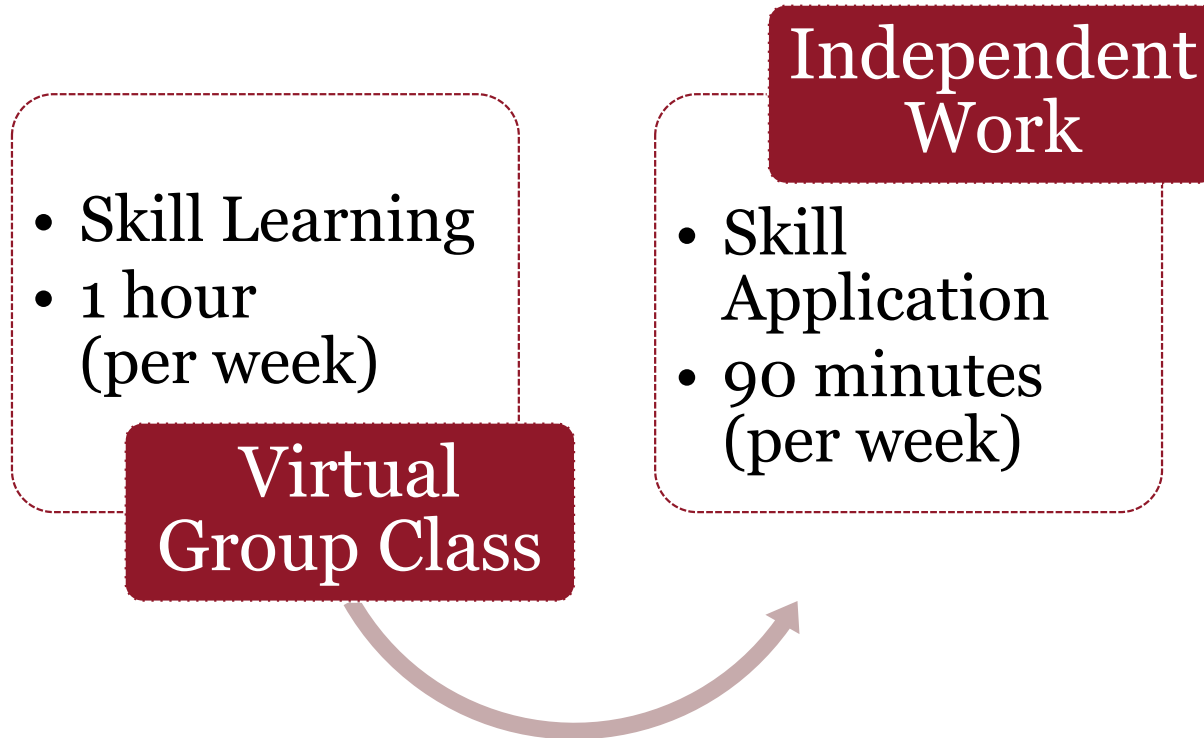
# Overall Structure



**July – August 2020**

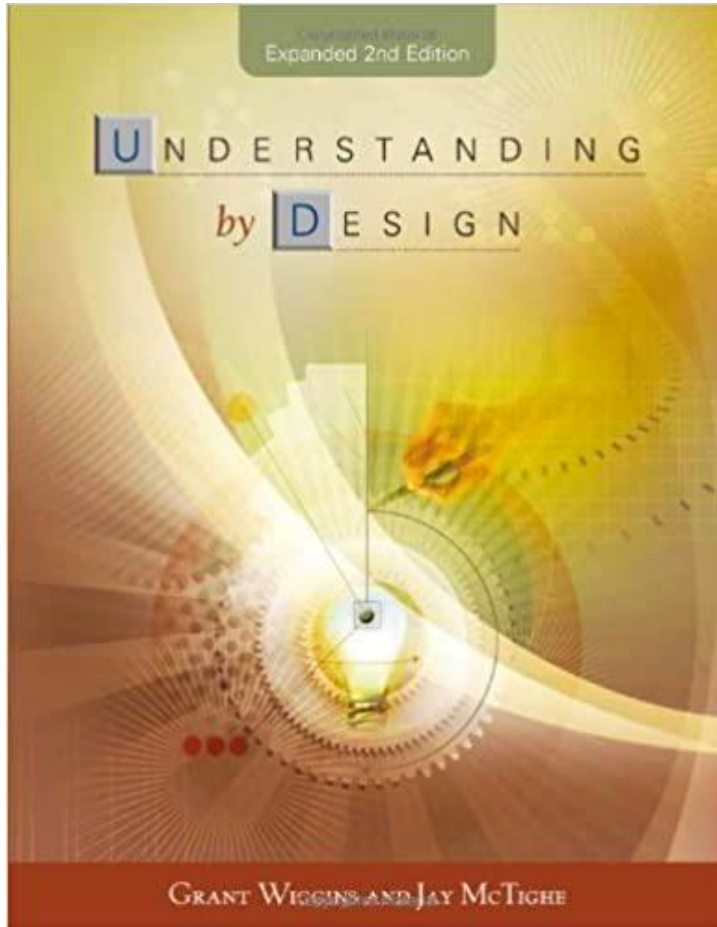


# Weekly Structure





# Framing Content Using Essential Questions



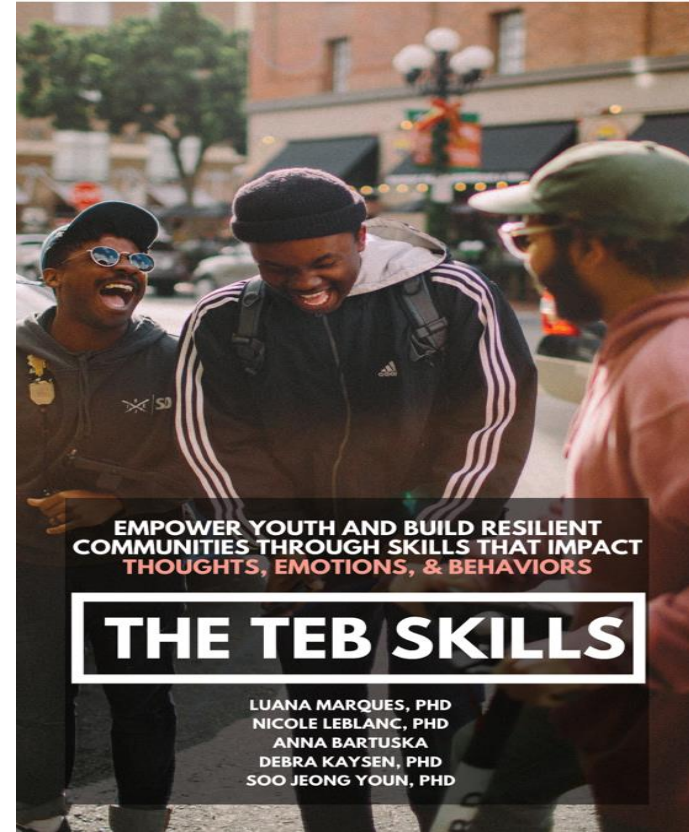
How do we know when we need help managing stress and anxiety?

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

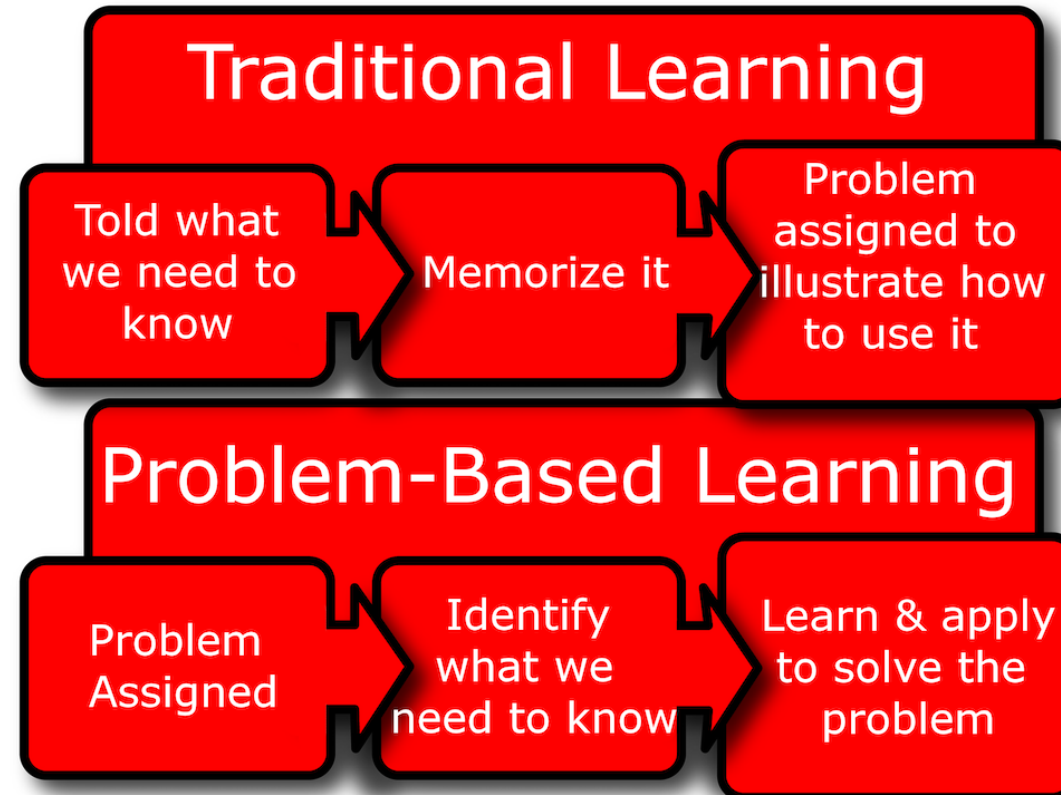
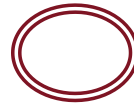
What are some skills that can help?

What does it look like to learn and practice these skills?

# Learning TEB Skills Through Cases



# Problem-Based vs. Traditional Learning



# Problem-Based Learning





# Leveraging Social Media to Increase Accessibility



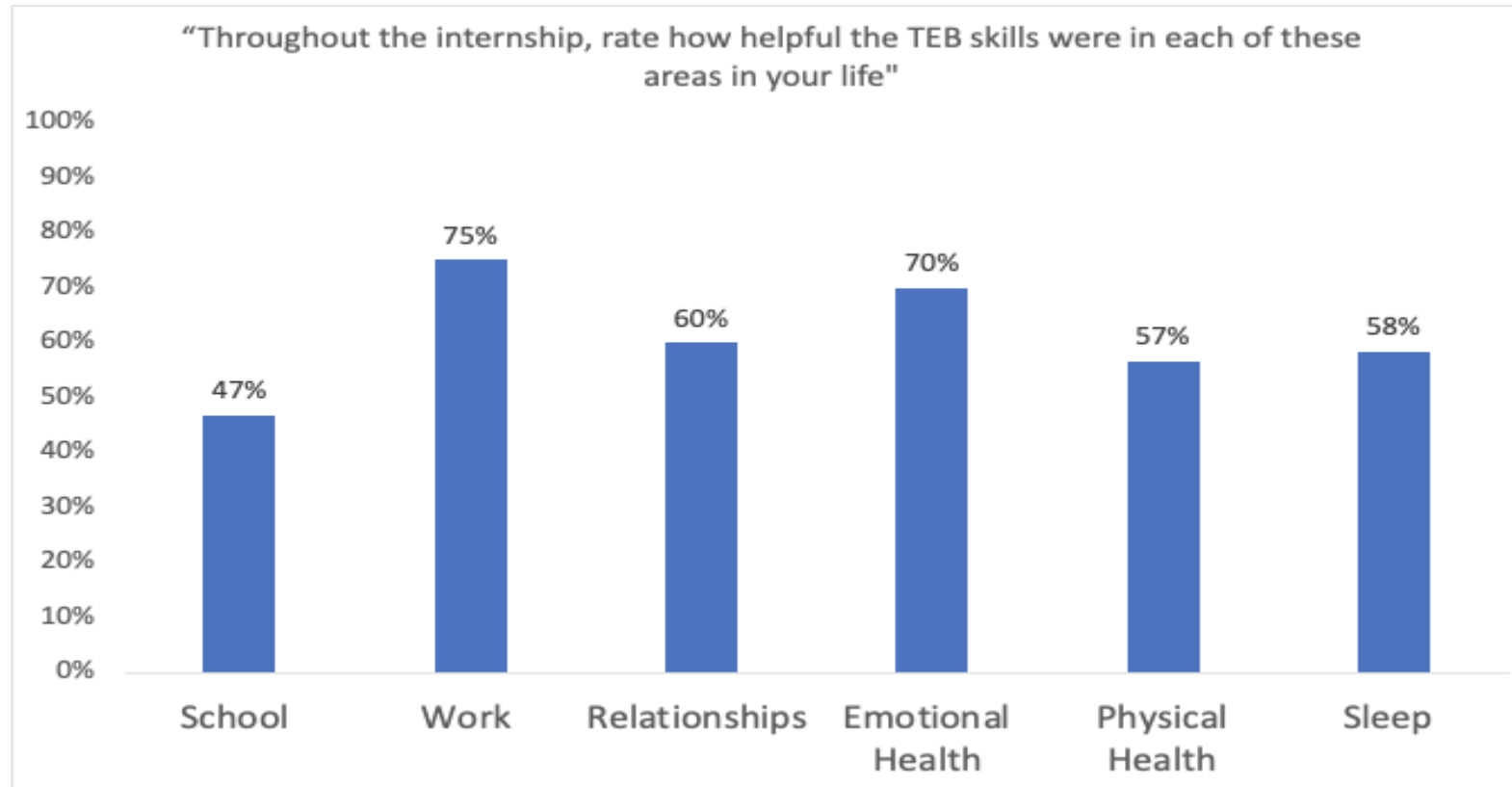
Scaling Up Skills to Support Resilience:  
A Summer Internship for  
Chelsea Teens



**RESULTS**

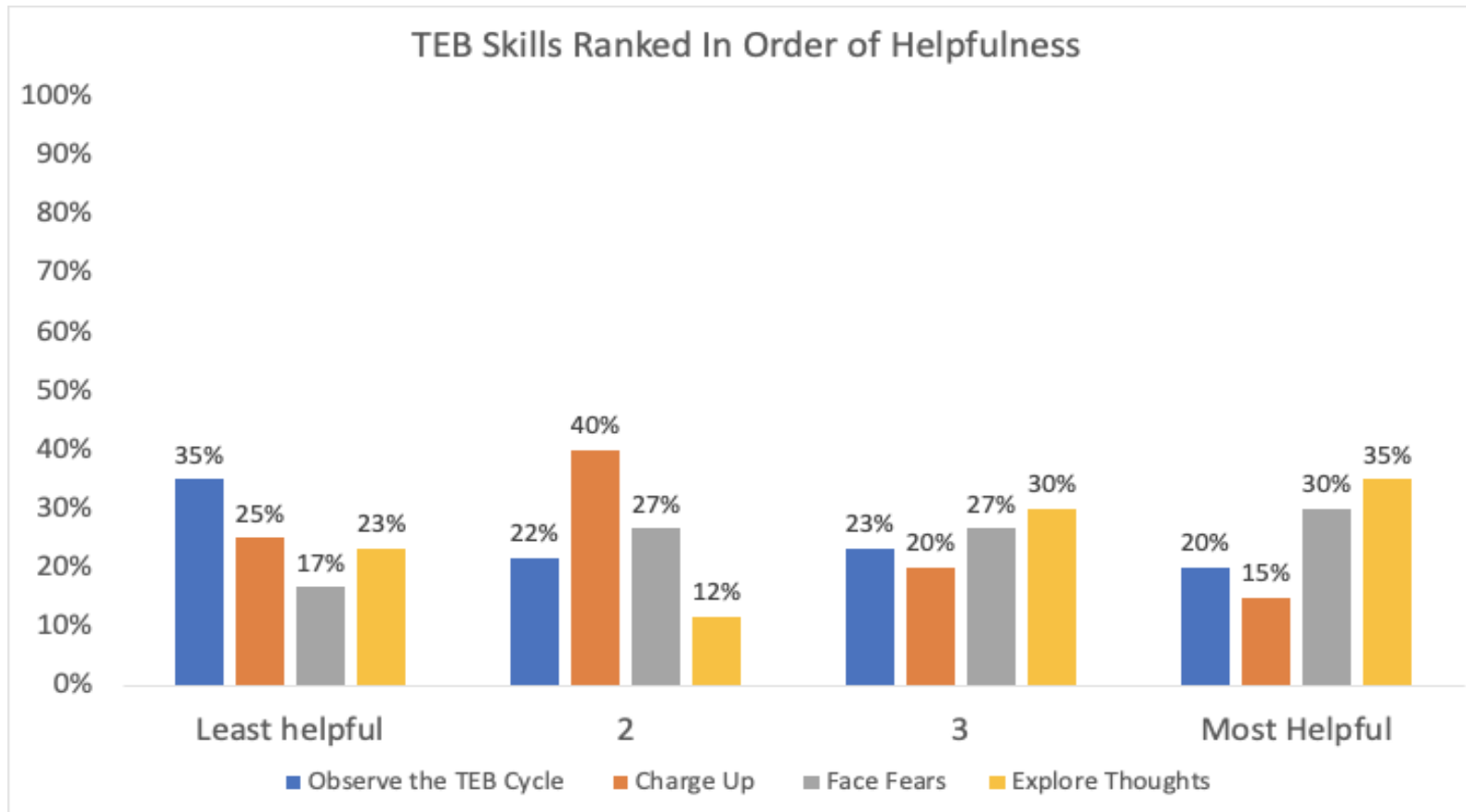


# Outcome: Helpfulness



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

# Outcome: Helpfulness



# Outcome: Core Concept Learning



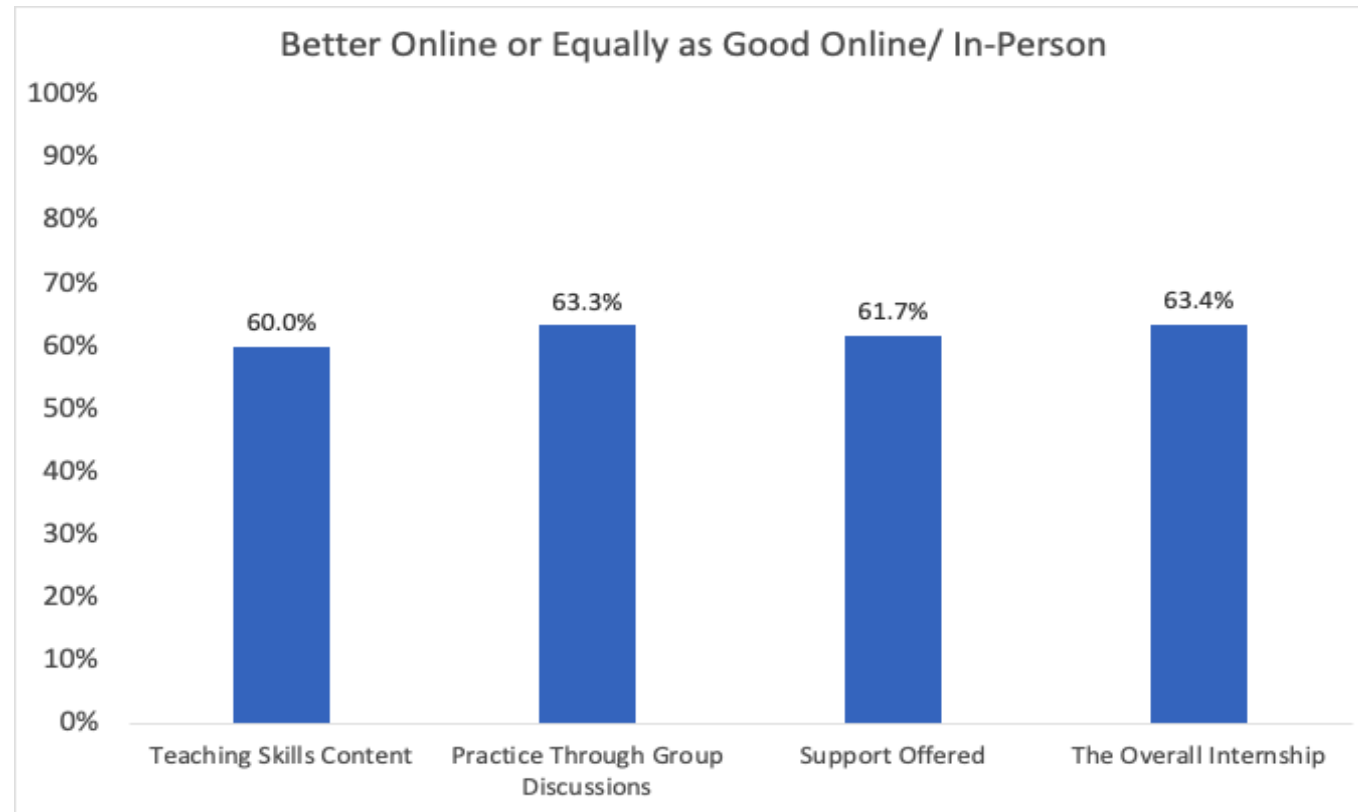
## Observe the TEB Cycle

- “. . .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



MGH PRIDE-COE MENTAL WELLNESS  
INTERNSHIP

**EXPLORE  
YOUR  
THOUGHTS**

See the wonders of the world through their eyes.


## 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.



# Final Project: TikTok





# Final Project: Twitter



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**CONCLUSIONS**

# Conclusions & Implications

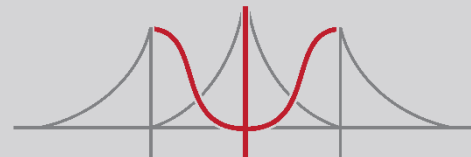


1. Survey data and final projects suggest both the **relevance of these skills** to Chelsea youth as well as their **ability to learn** this content through **scalable courses**.
2. More time **training and supporting the supervisors/mentors** would likely increase uptake of individual skill development and application across a variety of contexts.

# Thank You



**Orin Gutlerner, MEd**  
Director of Education, Community Psychiatry PRIDE



Community Psychiatry PRIDE  
Program for Research in Implementation & Dissemination of Evidence-based Treatments



MASSACHUSETTS  
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HARVARD  
MEDICAL SCHOOL

*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.*