

Making the Connection Between Learning Health Systems Science and Community Engaged Research



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Northwest Learning Health Systems Center of
Excellence and K12 Program

LHS Leaders Series

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Objectives

Understand

Understand why the evolution of community engagement (CE) matters when partnering with communities to improve health.

List

List at least 3 principles of community engagement.

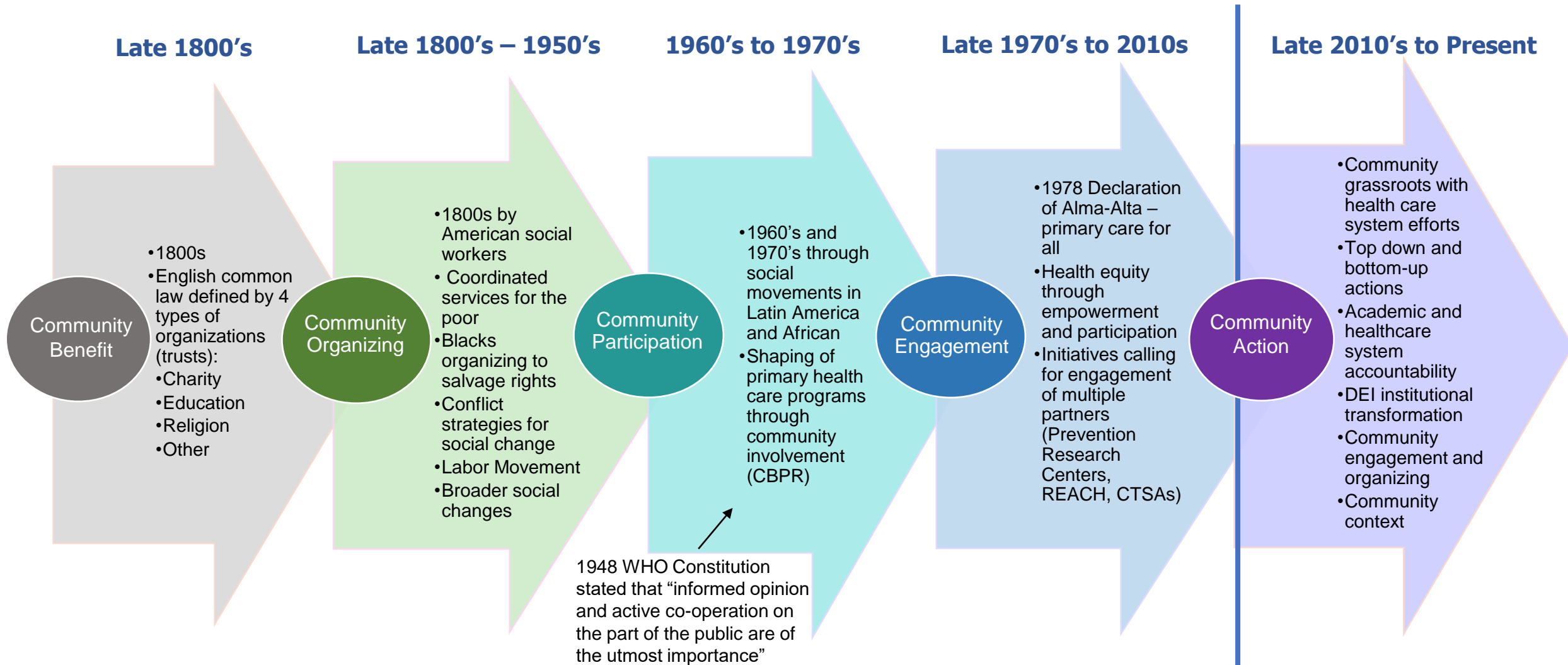
Appreciate

Appreciate the tenets of effective networks as a foundation for a learning healthcare ecosystem.

Describe

Describe the Faith-Based Organization Network (FBON) as an example of capacity building to promote health through community systems.

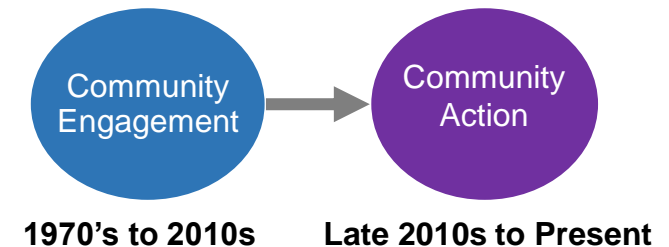
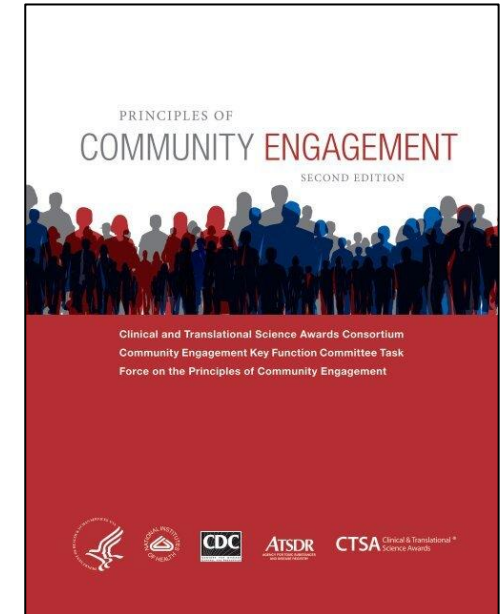
From Community Benefit to Community Action



CBPR = Community-based participatory research; WHO = World Health Organization; REACH = Racial and Ethnic Approaches to Community Health; CTSA = Clinical and Translational Science Award; DEI = Diversity, Equity, and Inclusion
 Source: Wallerstein N, Minkler M, Carter-Edwards L, Avila M, Sanchez V, 2015

Principles of Community Engagement

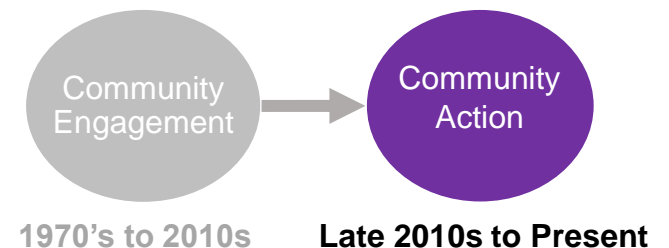
- **Be clear about the goals** of the engagement effort.
- **Become knowledgeable** about the community.
- **Build trust** - go to the community, establish relationships.
- **Collective self-determination** is the community's right.
- **Partner with the community** to create change/improve health.
- **Recognize and respect** the community's diversity.
- **Identify and mobilize** the community's assets.
- **Commit long-term** to community collaboration.
- **Prepare to release control** to the community.



Sources: Principles of Community Engagement, 2011, https://www.atsdr.cdc.gov/communityengagement/pdf/PCE_Report_508_FINAL.pdf
Wallerstein N, Minkler M, Carter-Edwards L, Avila M, Sanchez V, 2015.

Principles of Trustworthiness

- The community is already educated.
- You are not the only experts.
- Without action, your organization is already performative.
- An office of community engagement is insufficient.
- It doesn't start or end with a community advisory board.
- Diversity is more than skin deep.
- There is more than one establishment in your community.
- Show your work.
- Take your time to do it right.
- The work is not over when the project is over.

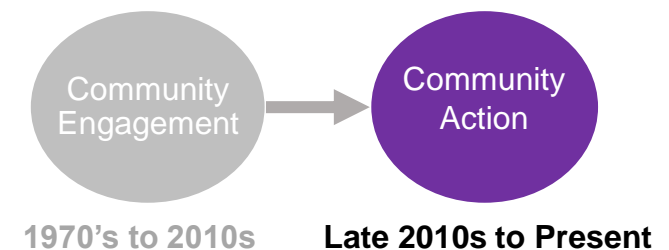
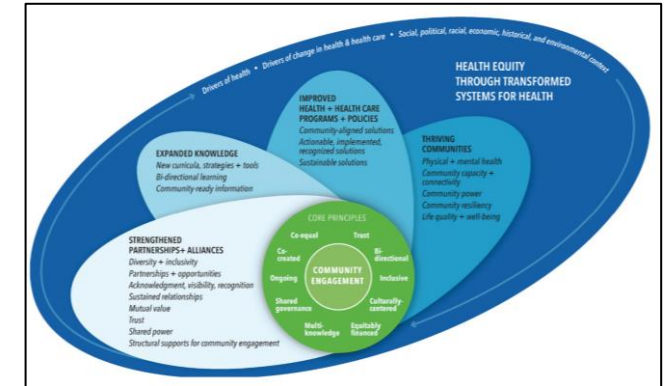


Source: AAMC, Center for Health Justice, <https://www.aamchealthjustice.org/resources/trustworthiness-toolkit>

Assessing Meaningful Community Engagement Conceptual Model – National Academy of Medicine (NAM)

• Eight Foundational Standards

- Define what should be measured in meaningful community engagement, not what is currently measured.
- Be sufficiently flexible to measure engagement in any community.
- Define health holistically.
- Allow the community to see itself in or identify with the language, definitions, and context.
- Embed equity throughout the model.
- Emphasize outcomes of meaningful community engagement.
- Present a range of outcome options for various stakeholders.
- Communicate the dynamic and transformative nature of engagement.

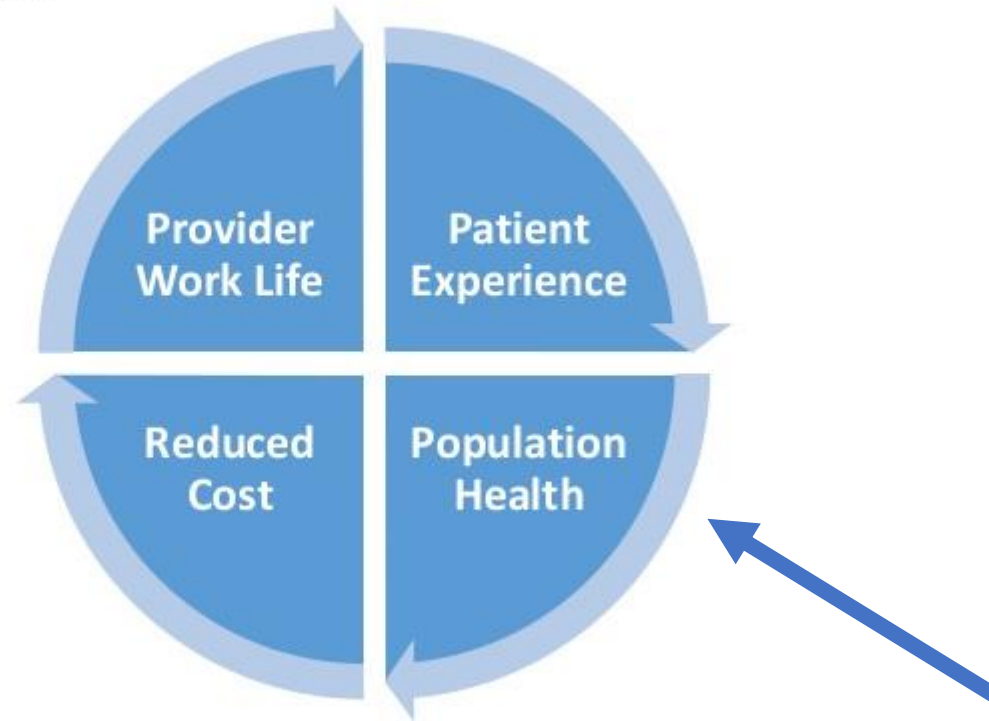


Source: <https://nam.edu/assessing-meaningful-community-engagement-a-conceptual-model-to-advance-health-equity-through-transformed-systems-for-health/>

Quadruple Aim

Quadruple Aim in Health/Care

Bodenheimer (2014)



- <http://www.annfammed.org/content/12/6/573.full>

Health Care Transformation 3.0

EXHIBIT 2

US Health System Transformation

Health system characteristic	Era 1.0: sick care system	Era 2.0: coordinated health care system	Era 3.0: community-integrated health system
Objective	Acute care and infectious disease focused	Patient-centered care; coordinating episodes of care across levels of care and managing chronic conditions	Population and community health outcomes; optimizing the health of populations over the life span and across generations
Organization of services	Independent health care providers; hospital, clinics, primary care providers, and specialists operate separately	Systems of health care, such as accountable care organizations and medical homes; teams of health care providers accept collective responsibility for quality outcomes and overall cost of care	Community-integrated health system; integrated health care networks partner with public health and community organizations to both reduce community health risk factors and provide coordinated illness care

Source: Halfon N, Long P, Chang DI, Hester J, Inkelas M, Rodgers A, 2014; <https://pubmed.ncbi.nlm.nih.gov/25367996/>.

The 3.0 Health System and Community Involvement

- Emphasizes engaged communities and motivated populations focused on **creating local conditions** that support health.
- Engaging community partners and institutions as co-developers of new health system functions is critical for **addressing upstream determinants of health**.
- Health care needs to **rely on local infrastructures** to engage and inform residents to address determinants of health.

Halfon N, Long P, Chang DI, Hester J, Inkelas M, Rodgers A, 2014.

The 3.0 Health System and Community Involvement

Community Integration

- **Collective and cross-sector** improvements in population health
- **Horizontal** alignment and integration of clinical, public health, and population health services
- **Flexible** incorporation of various organizational forms and structures
- Shepherding an ***organized, cross-sector change process spanning an entire community system***
- **A learning healthcare ecosystem**

Halfon N, Long P, Chang DI, Hester J, Inkelas M, Rodgers A, 2014.

Why do we often address large-scale health care system reform by approaching individual community organizations one at a time?

How are we really partnering with community members to conduct health care system research?

How much do we really understand about community networks rather than individual community organizations?

Carter-Edwards L. Opening Plenary of the 2022 Health Care Systems Research Network Annual Meeting, April 12, 2022.



Why a network of faith-based organizations?

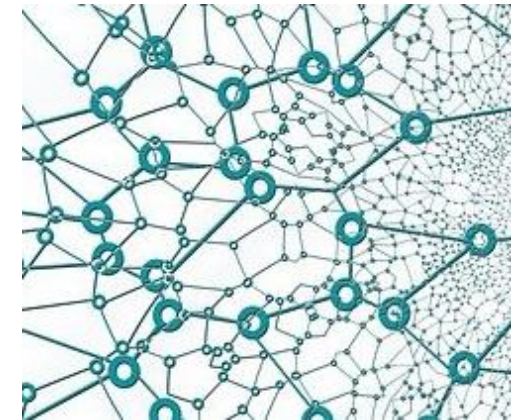
- **Why specifically in Black communities?**
 - Faith-based organizations (FBOs) represent the **longest standing organization** in Black communities.
 - Represent **viable settings and distinct infrastructures** for community engagement and community engaged research
 - **Still a frequented locale** for Black communities, whether for spiritual, social, or educational functions
 - **Source of social cohesion** and trust within communities
 - **Leadership** is often a source for congregants to **share** their health issues

Collins WL, 2015.

Carter-Edwards L, Hooten EG, Bruce MA, Toms F, Lloyd CL, Ellison C, 2012.

Why a network of faith-based organizations?

- Healthcare works in a system, so do faith-based organizations
- We know very little about these FBO **systems**, or how to build their capacities to leverage their strengths
- FBO systems, or **networks**, may be optimal community learning health service systems for determinants of health
- Cross-sector opportunities within a learning healthcare ecosystem is possible through the **building of paralleled efficiencies**
- **Must first understand and support** how a local FBO network operates in order to integrate within the ecosystem



<https://pixabay.com/illustrations/network-social-abstract-3139214/>



The NC Faith Based Organization Network (NC FBON) Initiative

Workshop for Advancing Health through Sustained Community Leadership



Background

- Faith-based organizations (FBOs) as sources for promoting health programs, particularly in Black and LatinX communities
 - *Lancaster et al., 2014; Arredondo et al., 2015; De Marco, 2011*
- Emergence of FBO health promotion and disease prevention interventions in NC in past 30 years
- Most not sustainable and focus on individual not system change
- Community networks may be viable approaches to addressing social determinants of health

Background

Elements of Effective Networks

- Common attributes, goals, or governance
- Diversity of connections
- Multiple paths to any two nodes (e.g., FBOs)
- Path within the network is short (measure of network efficiency)
- Prominence of ‘hubs’, ‘brokers’, or ‘boundary spanners’



<https://pixabay.com/illustrations/photo-montage-faces-photo-album-1514218/>

Krebs and Holley, 2002

Background

Building Blocks for Strong Networks

- Trust and relationships
- Shared analysis, vision, interest, and identity
- Shared goals, direction, measurement, and work
- Strong network management
- Clear benefits for local people
- Shared power and control
- Communication
- Enough structure
- Mutual accountability
- Clear benefits for member organizations



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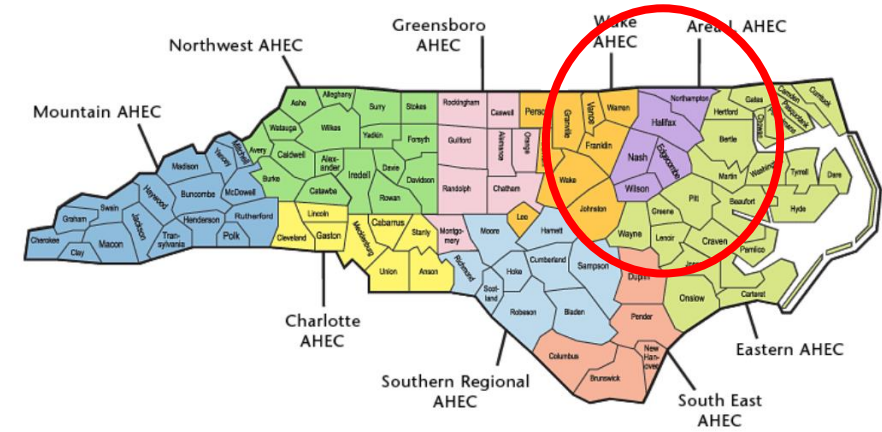
Castelloe et al., 2011

Purpose

- Build and implement a **sustainable, statewide FBO network model** focused on leadership capacity building as a critical first step for adopting system change to promote health in NC
- To assess the feasibility of implementing an inaugural FBON workshop within the Area L Ares Health Education Center (AHEC) region in March 2019 (with the future intent to implement the model across AHEC regions across the state)

Carter-Edwards L. Faith-Based Organization Network (FBON) Workshop

FBON Workshop Partnership



GILLINGS SCHOOL OF GLOBAL PUBLIC HEALTH
North Carolina Institute for Public Health



NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Office of Minority Health and Health Disparities



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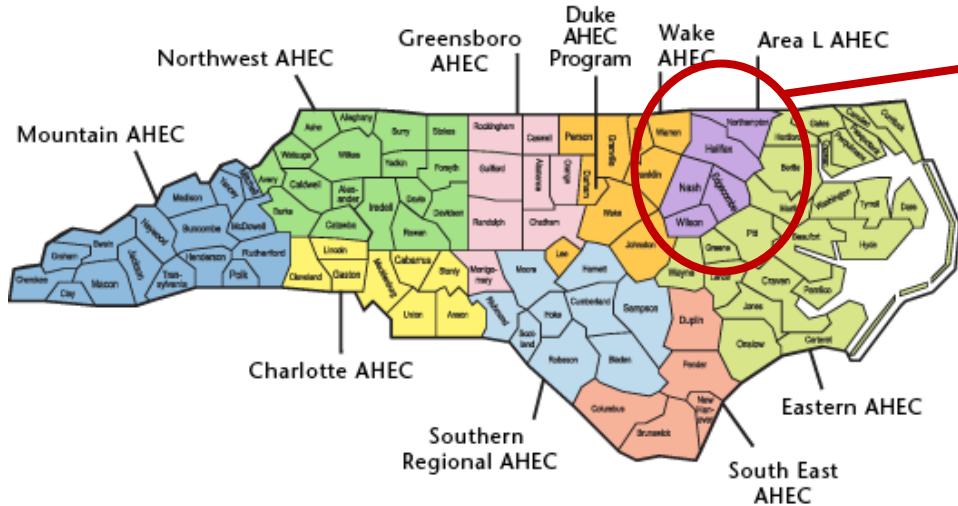
FBON Priorities

*Building on Input
from Faith Leaders'
Discussion (2014)*

- **Priority 1: Identify critical success factors** using measurable objectives when developing and implementing health education and prevention programs using evidenced based program planning;
- **Priority 2: Identify resource sharing and information dissemination** as a core competency of the FBO Network;
- **Priority 3:** Continue to **strengthen capacity within the network** by assessing and understanding each member's unique role in their communities.

Carter-Edwards L. Faith-Based Organization Network (FBON) Workshop

FBON Inaugural Regional Workshop through Area L AHEC

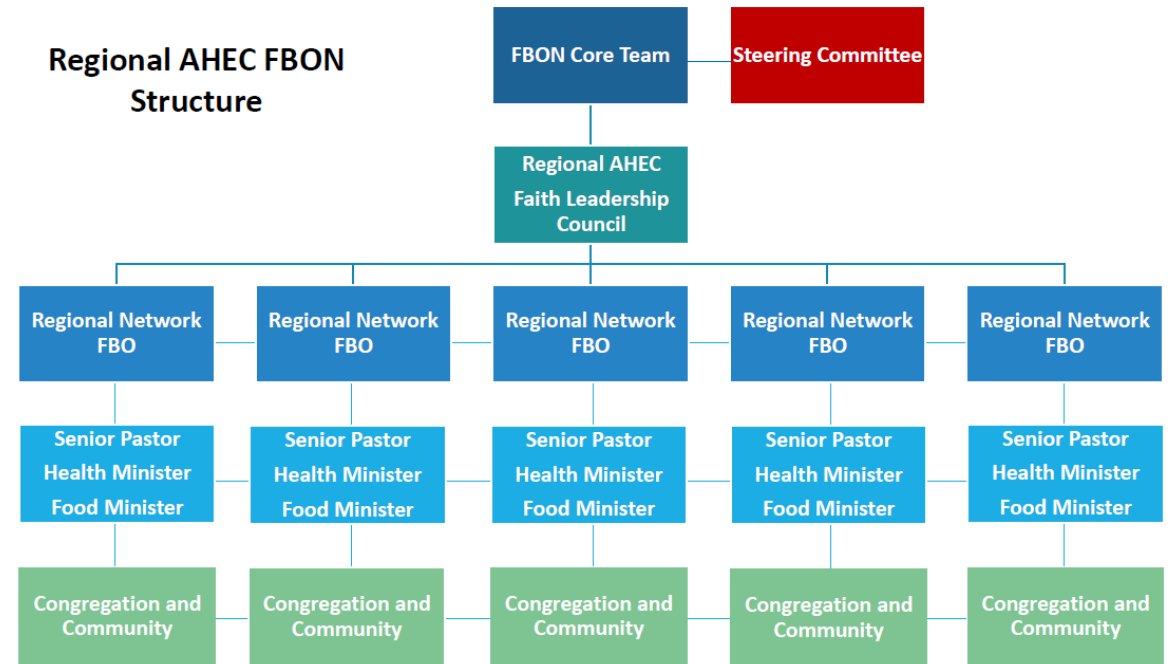


FBON Goal
 To Reach the 9 NC
 AHEC Regions
Pilot in Area L AHEC

Area L AHEC Counties

- Edgecombe
- Halifax
- Nash
- Northampton
- Wilson

Regional AHEC FBON Structure



- **NC Inaugural FBON Workshop Model** will be a one-day invited convening designed to build capacity and promote consensus among a set of multi-level FBO leadership teams around network priorities and strategies for promoting optimal health within communities they serve

FBON Workshop Structure

17 Churches, each with pastor, health minister, and culinary minister participating (n=51)



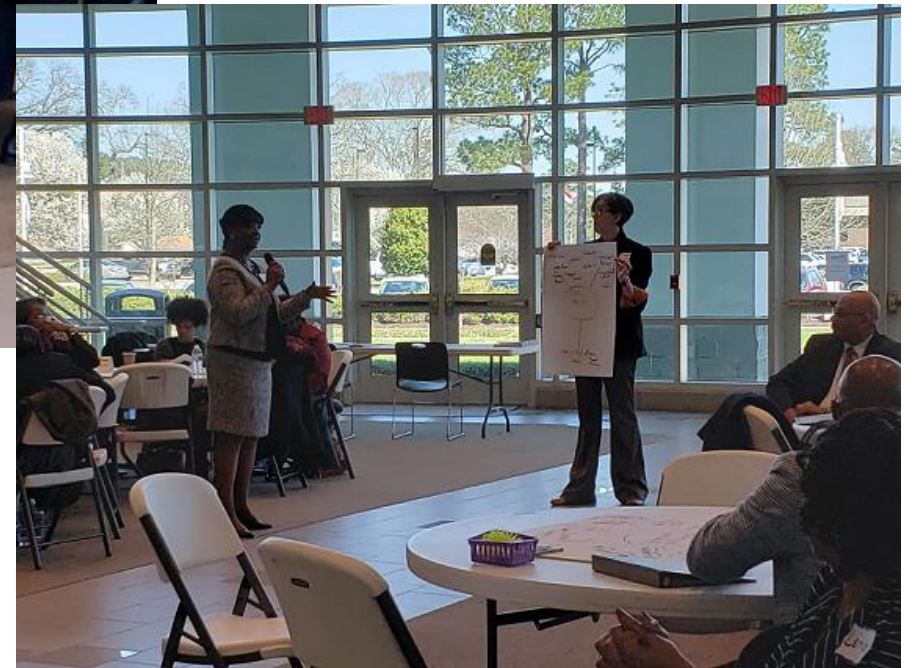
*Pre-workshop leadership self-assessment survey and workbook activity

Workshop Activity 2

Designing Your
Network:

Building Network
Cohesion

*Social cohesion activity
conducted by county*



Workshop Activity 3

Networking
Lunch and
Presentation on
Social
Entrepreneurship

*Presentation by
experienced pastor*



<https://pixabay.com/illustrations/network-data-memory-data-collection-4478146/>

Workshop Activity 4

Strategically Identifying Your Next 60-Day Leadership Steps


Activity conducted by leadership role (pastor group, health minister group, food minister group)



Workshop Activity 4

Strategically Identifying Your Next 60-Day Leadership Steps

Activity conducted by leadership role (pastor group, health minister group, food minister group)


Strategic Planning – 60-Day Next Steps Activity Sheet for Promoting Health

Date		Date in 60 Days	
Name			
Church			
Role			

Activity Type	Description	60-Day Progress
Action(s) to Take Within My Organization		
Action(s) to Take in My Community		
Action(s) to Take with a Member of Another FBO within FBON		

FBON AREA L AHEC REGION – 60-DAY FOLLOW-UP VISIT

Church	
Question	Feedback
1. To what extent were you successful in meeting your goals? a. <i>What worked well?</i> b. <i>What were some of your challenges?</i>	
2. What did you use, if anything from what you gained from the workshop activities? a. Systems thinking/mapping b. Building network cohesion c. Social entrepreneurship d. Understanding your leadership role	
3. To what extent did you use the resources you received at the workshop (notebook, thumb drive, boundary spanning leadership book, self-assessment)? a. What did you find useful? b. What was not useful?	
4. What lessons did you learn by engaging in the 60-day activities period?	
5. What do you believe to be the assets? a. As an FBO? b. As a county? c. As a region?	
6. What should be next steps for: a. You? b. Your organization? c. The county? d. The region?	

1

FBON Workshop 60-Day Follow-Up

What Worked Well: Successes

Assigning goals to the health minister

baked food policy

Conducted annual block party

Connecting with other churches in the community

Created culture for healthy eating

Created partnership with other churches

Created walking track around church

Cross-FBO recipe sharing

Designated meeting time for health ministry

Enhanced Youth Feeding Pgm

Expanded ministry sponsored raised bed gardens

Food giveaway

Food minister engaged in farmers market outreach

Formalized the health and wellness leader Guidelines for accomplishing goals

Health minister sent message to all FBON churches

Held first health fair

Implemented no smoking policy environment

Implemented raised bed gardens

Increased awareness of available resources

Manual of procedures

Partnered with Vidant's walkway program

Pastor community outreach on resources

Pastor conducted large group meeting with other pastors

Planned Biggest Loser Pgm

Preparing a health class

Provided substance use outreach

Reinstituted a no soda policy

Started Feeding Pgm

Started spiritual and physical health and wellness pgm (partnered with other FBON churches)

Sunday fruit bags

Walking and workout challenge with FBON church

Carter-Edwards L. Faith-Based Organization Network (FBON) Workshop

FBON Workshop 60-Day Follow-Up

Challenges and Lessons Learned

- **Challenges**

- Time
- Competing/busy schedules
- Resources
- Buy-in that leads to action
- Work/life balance

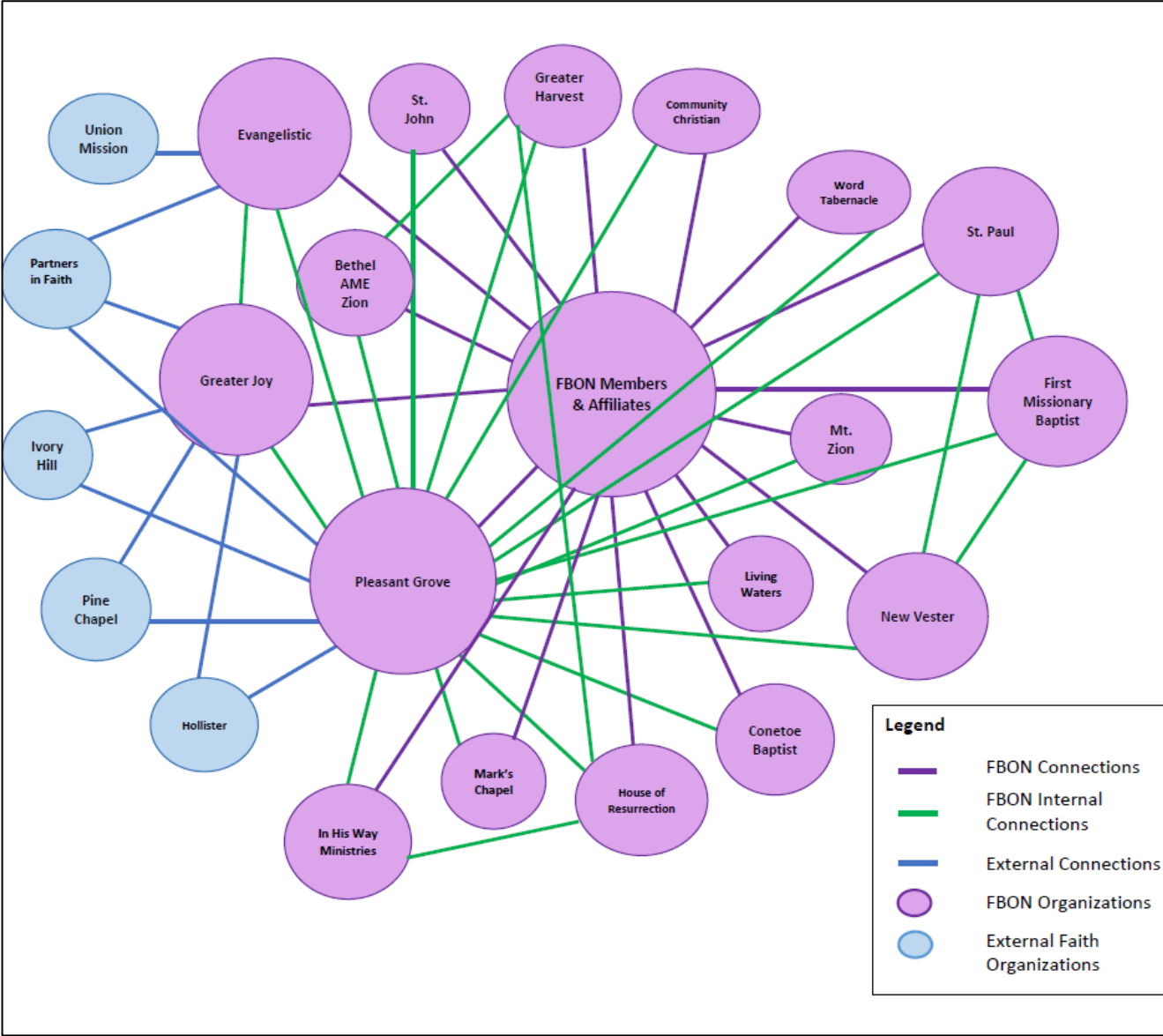
- **Lessons Learned**

- The need is great
- Everything takes time
- This effort is possible
- Motivation is needed to create change
- Communication and collaboration are key



Carter-Edwards L. Faith-Based Organization Network (FBON) Workshop

FBON Workshop 60-Day Follow-Up Connections



Summary and Implications

- Communities are often interested in data from the perspective of capacity building and quality improvement.
- Networks exist yet are not understood by health professionals and researchers.
- Learning healthcare ecosystems need to examine the link between health care systems and community systems to create mechanisms for systems changes across the health and wellness continuum.
- Community engagement is critical in building the necessary relationships that foster access into community networks.

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THANK YOU