Community Health Workers: Collaborative Partnerships to Improve the Health of the Bangladeshi Community of NYC

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Panel Overview:

1. Overview of NYU CSAAH
2. Overview of CBPR and CHW Models
3. Community Context of CHW Intervention
4. Collaborative Partnership Models
5. Successes / Challenges
6. Conclusions
Guiding Principle: Community Based Participatory Research (CBPR)

Fundamental Principles of CBPR:
- promotes active collaboration and participation at every stage of research
- facilitates co-learning
- ensures research/interventions are community-driven
- disseminates results in useful ways for community stakeholders
- ensures research and intervention strategies are culturally appropriate
- defines community as a unit of identity.

Benefits of CBPR:
- fosters trusting relationships between researchers and communities;
- promotes increased relevance of research questions;
- enhances quantity and quality of collected data;
- enhances use and relevance of collected data;
- promotes dissemination of findings; and
- facilitates infrastructure building and sustainability

(IIsrael, Schulz, Parker, & Becker, 1998)
WHO ARE CHWs?

CHWs are frontline public health professionals who have an unusually close understanding of the communities they serve through shared ethnicity, culture, language, and life experiences.

Also referred to as …
Promotor-es/-as
Outreach Workers
Community Health Representatives
Patient Navigators
CHW Approaches

- Improve access to health care resources
- Improve the quality and cultural appropriateness of service delivery
- Help others integrate disease prevention and management into their daily lives
- Organize communities to improve environmental, physical and social wellbeing
- Negotiate cultural & linguistic barriers to health
- Help others become active participants in their own health

USAID, Community and Formal Health System Support for Enhanced Community Health Worker Performance Report, 2012

Bangladeshi Community of NYC: 64,000*

Growing evidence to support that South Asians are disproportionately affected by diabetes, particularly at lower levels of BMI

US Census, 2010*
Diabetes Research, Education, and Action for Minorities

Grant Type: P60
Funder: NIMHD
Duration: 5 Years

Overall Goal:
To develop, implement and test a CHW program designed to improve diabetes control and management in the Bangladeshi community in NYC.
MD Taher, BS
Involved with project since 2010
Passionate advocate of the Bangladeshi community
Currently pursuing MPH degree from New York University

Gulnahr Alam
Involved with project since 2008
Over 20 years of community organizing and advocacy experience

Mamunul Haq
Involved with project since 2008
Founding member of the NY Taxi Workers Alliance
Member of Community Board 12, Brooklyn
Collaborative Partnership Model:

CHWs hired and supervised by NYU SOM

Partner with hospital and clinic sites for referrals and care coordination:
  Bellevue Hospital (Manhattan)
  Long Island City CHN (Queens)
  Morris Heights Health Center (Bronx)
  Private Provider, Kensington (Brooklyn)

Multi-pronged recruitment strategy:
  Tabling in Clinic Settings & Health Fairs
  Mass Mailing / Phone Follow-Up
  Provider Referrals
  “Snowball” or word-of-mouth referrals
Partnership Development

- Recruiting the right partners and convening meeting(s)
- Developing an understanding of how partnership will benefit both parties
- Developing a plan for recruitment and enrollment at each site
- Applying for IRB/Ethics review board approval
- If applicable, developing infrastructure for transfer of data as well as communication between CHWs and providers
- Maintaining open communication about challenges encountered at each site and ways to address them
- Reporting back on any clinical findings at both the individual- and group-level
- Evaluation!
Successes:

• To date, enrolled 150+ program participants

• Each site's respective Bangladeshi community represented tremendous diversity in respect to various demographic and cultural characteristics

• "Ready-made" intervention tailored for use in the community, i.e. required very little from clinic sites in terms of resources or supervision
Challenges:

• Cultural competency of providers varied greatly by site

• No "one-size-fits-all" approach to recruitment at each location

• Confusion about role and approaches of CHW

• No "real-time" access to clinical data, i.e. EMR access

• Sustainability / funding
Addressing Systems/Environment:
Educating Providers in Cultural Competency

Approach:
Promote patient-centered care by providing trainings to physicians working with large Bangladeshi patient populations

- Cultural misconceptions about diabetes
- Elements of traditional cuisine
- Practice of fasting for observance of Ramadan
- Use of smokeless tobacco products
Conclusions

- CHWs can provide vital CONTEXTUAL information about patients that may otherwise remain unknown to the provider.

- Grant funding mechanisms are an important first-step in demonstrating the importance of the role of the CHW in the healthcare team ...

... BUT sustained financing through Medicaid, commercial insurers, or government general funds are necessary and vital.
For more information on the NYU CSAAH or the content of this presentation, please contact:

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Thank You!