ADDRESSING MENTAL HEALTH NEEDS OF RURAL AFRICAN AMERICANS: LESSONS FROM ENGAGEMENT

AcademyHealth ARM
PCORI Engagement Panel
Acknowledgements

Funding:

- UAMS Translational Research Institute (UL1RR029884; KL2RR029883)
- Patient-Centered Outcomes Research Institute (PCORI)
This Presentation Will:

1. Describe the process of engaging stakeholders in our pilot project
2. Identify lessons about engaging stakeholders
3. Briefly describe the current status of the project
The setting: Arkansas Delta

- Primarily rural with agriculture-based economy

- Characterized by:
  - Poor economic conditions
  - Higher prevalence of chronic health conditions
  - Increased risk of early mortality
  - Poor access to quality health services

- Highest percentage of cities with predominately African-American populations
Mental Health in the Delta

• Poorer self-reported mental health
  • Increased levels of frequent mental distress (BFRSS)

• Poorer mental health outcomes
  • Increased burden of disability
  • Increased mortality
  • Poorer management of chronic physical health

Underuse of mental health services
• Limited access
• Stigma
UAMS Psychiatric Research Institute

- Division of Health Services Research
  - Improve the lives of individuals with mental health or substance use disorders
  - Focus on rural areas
  - Focus on partnership with key stakeholders

What can we do to improve mental health service use in rural Arkansas?
Decide who you need to partner with:

- What type of expertise do you need to answer your question?

- **Ground**
  - People affected by the condition

- **Grassroots**
  - People and organizations who are near the ground
  - Caregivers, support system, and service organization

- **Grass tops**
  - Policymakers
The Partners: Tri County Rural Health Network

• Improves the health of individuals in the Delta
  • Uses community health worker model
  • Connects community members to health resources in rural counties

• Works with UAMS College of Public Health to create “research friendly communities”

• Connects with community members and policymakers
Mental Health in the Delta

I’m worried about our minds. About our ability to cope with life. Especially with our young people. I used to didn’t hear about depression or suicide. That was never something you heard about with our people. Now, I have had to sit with several families of young Blacks who’ve taken their own lives. I have people who are depressed in my congregation. Something has to be done.

- A pastor from the Arkansas Delta
Determine if you are ready to engage:

1. Do you have similar values/missions?
   • Both focused on improving health in rural areas

2. Do you have the capacity to work together?
   • Tri County experience with research
   • DHSR experience with community engagement

3. Will this partnership be mutually beneficial?
What’s the Solution?

**DHSR’s Idea**
- Focus on improving access to and use of mental health services
  - Adapt community-connector program
  - Build on both partners’ expertise

**Tri County’s Idea**
- Start with identifying the mental health needs of rural African Americans
  - Important to hear the voice of the community

Tri County was originally created to provide job training in the Delta. But the people said, ‘We ain’t got no jobs here, so we don’t need no job training. What we do need is better healthcare.’ Let’s hear the community before deciding where to start.
Our Idea

• Conduct formative research to:
  • Better understand the mental health needs of rural African Americans
  • Inform the development of culturally appropriate interventions to improve mental health in rural African American communities
Writing the Application

DHSR Methods

• Focus Groups
  • Researcher identifies stakeholders
  • Researcher creates interview guide
  • More traditional research method

Tri County’s Methods

• Deliberative Democracy
  • Allows community to self-identify as stakeholders
  • Community creates the frame

The energy is important. Forums create energy around an idea. What would happen if we implemented an intervention in an area that has this energy already buzzing?
Writing the Application

- New Questions:
  - What is the best way to gather stakeholder input?
  - Does one method lead to more activation?
  - Is activation important in intervention implementation?
Specific Aims

• Compare two ways of gathering stakeholder input: deliberative democracy and focus groups
  • Themes
  • Empowerment

• Gather information to inform the development of an intervention to improve mental health in rural African American communities
Engagement before Funding

1. Helps decide what are the most relevant research questions
   • Whole idea changed as a result of partner input

2. More responsive questions= Better applications
Starting the Research

• **Community Advisory Board**
  - One provider
  - Two mental health consumers
  - One connector
  - One college student
  - One clergy
  - One lay community member

• **Advises on consent procedures, measurement tools, recruitment, and data analysis**
Mental Health versus Emotional Wellness

No one is going to talk to you about mental health. When people hear mental health they think of crazy. Ain’t nobody going to talk to you about being crazy. I ain’t crazy. I don’t know how to help you help crazy people.

If you want my expertise, you have to ask me about things I know about.

CAB member
Mental Health versus Emotional Wellness

• Based on CAB feedback:
  • Application written using the medical frame
  • Wellness framework is more culturally acceptable

• Interview guides and framing sessions used term “emotional wellness” instead of “mental health”
Respect your partner’s expertise

1. Partner is a part of the research team
   • Not just approval

2. Listen and incorporate ideas when possible
   • Using wellness frame versus illness frame
   • Changing wording of measurement tools
   • Not paying unless they finish

3. Respect builds trust
   • Trust builds better partnerships
LESSONS FROM ENGAGEMENT

Prepare for some differences of opinions

• Audio recording versus note taking

But remember:

• Your core values; what are you working towards
• Respect each other’s point of view and expertise
Where are we now?

• **Completed six focus groups (n=50)**
  • Faith community
  • College students and administrators
  • Patients
  • Providers

• **Currently completing community forums (n=86)**
  • Four forums completed (two more planned)
  • Lay community members
  • Service organization leaders
  • Political leaders
Where are we now?

- Preliminary analysis

  - Stigma and low mental health literacy major barriers to care

  - Importance of “reaching people where they are”
    - Community-based services versus clinic-based services

- Importance of community support in prevention, treatment, and recovery

  - Provide education and support
  - Address contextual causes that affect emotional wellness
Conclusions

Engagement can lead to:

1. More culturally acceptable research questions
2. Applications that are more responsive to community needs

When engaging stakeholders in research:

1. Make sure you are ready to engage in research
2. Engage stakeholders before funding
3. Respect your partners’ expertise
4. Prepare for differences of opinions
Any real attempt to address the problems that are plaguing our community will take everyone coming to the table; the grassroots, the grass-tops, and all the grass in between. Everyone talks about how difficult it is to bring everyone together, but if you focus on solving the problem, the mountains become just bumps in the road.

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