

SEED Method Toolkit: Research Team Examples

Included examples:

- SEED one page summary
- SEED timeline example
- Research Team kickoff powerpoint example
- Topic group planning examples
- Stakeholder Matrix 3 example
- Selected Research Team meeting agendas, including:
 - Health demographics handout
 - Diabetes/hypertension information sheet
 - Local health resources handout



The SEED Method for Stakeholder Engagement in Question Development and Prioritization

Funded by the Patient Centered Outcomes Research Institute
(November 2014 – October 2017)

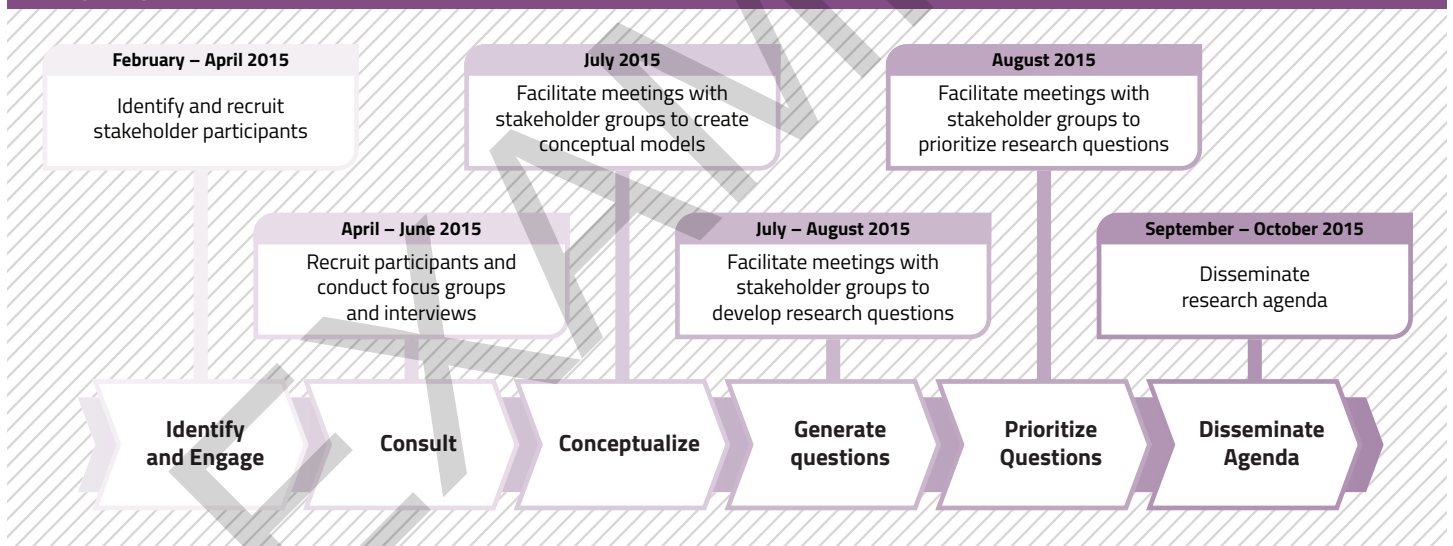
Purpose

VCU's Center on Society and Health is conducting a study in Richmond City of a new methodology for actively engaging diverse stakeholders—such as patients, caregivers, advocates, and health professionals—in identifying important factors surrounding diet compliance for those with diabetes, hypertension, and other chronic, diet-sensitive conditions.

Project Goals

- To generate a relevant research agenda of prioritized research questions that addresses the concerns, needs, and values of diverse stakeholder groups
- To disseminate the research agenda to the community, researchers, policymakers, funding organizations and those in power to affect change

Study Steps and Processes



To learn more about the SEED study or to get involved, please visit go.vcu.edu/seed or contact:

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ABOUT THE CENTER

The Center on Society and Health is an academic research center that studies the connections between social factors and health.

FOR MORE INFORMATION

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🌐 societyhealth.vcu.edu
✉ societyhealth@vcu.edu

Example Timeline

Week	Meeting Date	Research Team (Engaging Richmond - ER) Weekly Agenda	ER outside work	Topic Group Agenda	SCAN Agenda
Step 1: Identify and Engage (February - April 2015)					
1	2/9/2015	Kickoff Meeting: ER Orientation, describe project, schedule, roles/finalize research topic			
2	2/16/2015	Review of health (diabetes/hypertension) and demographic data for target population			
3	2/23/2015	Plan for informational interviews/training	Conduct Informational interviews		
4	3/2/2015	Conduct and discuss informational interviews (total of 8); Will use already developed script	Conduct Informational interviews		
5	3/9/2015	Conduct and discuss informational interviews, complete 'Patient Subgroup Identification' matrix			
6	3/16/2015	Complete 'Patient Recruitment' matrix; Decide on number and type of patient Topic groups			
7	3/23/2015	Complete 'Service Provider Stakeholder' and 'Other Stakeholder Recruitment' matrices; Decide on number and type of provider/other stakeholder Topic group			
8	3/30/2015	Begin recruitment planning for Topic groups and logistics			
9	4/6/2015	Recruitment of Topic groups and logistics; Begin working on key informant interview/focus group guide for SCAN participants			
10	4/13/2015	Recruitment of Topic groups/planning Topic group meetings and logistics	Recruitment for Topic groups		
11	4/20/2015	Recruitment of Topic groups/complete Topic group 'schedule of activities'/planning Topic group meetings and logistics	Recruitment for Topic groups		
12	4/27/2015	Focus group planning and key informant interview Planning and recruitment	Recruitment for Interviews; Recruitment for Topic groups		
Step 2: Consult (April - June 2015)					
13	5/4/2015	Undergo Interview Training; Organize interviews, logistics; Create key informant interview guide	Recruitment for Interviews; Recruitment for Topic groups; Interview preparation		
14	5/11/2015	Practice Interviewing, key informant interview logistics (planning and scheduling)	Conduct key informant interviews with SCAN participants		Participate in interviews
15	5/18/2015	Debrief on interviews, Undergo Focus Group Training, Create Focus Group Guides, Focus Group Recruitment sign-up	Conduct key informant interviews with SCAN participants		Participate in interviews
	5/20/2015	ER co-facilitators meet to plan out Topic group meeting #1			
16	5/25/2015 (HOLIDAY)	**No meeting due to holiday**	Conduct key informant interviews with SCAN participants; Recruitment for Focus groups	Introductory meeting: purpose, goals, methods, schedule of activities; (Meeting 1) (1.5 hours)	Participate in interviews
17	6/1/2015	Debrief and updates on interviews; Debrief on Topic Meeting #1; Focus group roles and responsibilities; Practice focus group facilitation using FG guides	Recruitment for Focus groups; Conduct Key Informant Interviews	Participate in key informant interviews (OPTIONAL)	Participate in interviews
	6/1/2015	ER co-facilitators meet to plan out Topic group meeting #2			
18	6/8/2015	Debrief on interviews, Topic groups; Focus Group logistics; Focus Group facilitation practice	Conduct focus groups with SCAN participants	Review health/demographic information, Resources document; discuss FG/Interview planning; (Meeting 2)* (1.5 hours)	Participate in focus groups; Interviews
19	6/15/2015	Debrief on focus groups; Discuss and summarize focus group and interview findings; Discuss dissemination of findings to community; Prepare presentation of findings to give to Topic groups	Conduct focus groups with SCAN participants	Participate in focus groups (OPTIONAL)	Participate in interviews
20	6/22/2015	Discuss and summarize focus group and interview findings; Discuss dissemination of findings to community; SEED Debrief	Present SCAN findings to TOPIC groups	Review and discuss interview/FG findings (Meeting 3)* (1.5 hours)	
21	6/29/2015	Topic group debrief; SEED debrief; Conceptual Model training and debrief			
22	7/6/2015	Conceptual Model training and debrief; Discuss dissemination of findings to community (health education event)	Present SCAN findings to TOPIC groups	Review and discuss interview/FG findings; Conceptual Model training; (Meeting 4) (1.5 hours)	

Step 3: Conceptualize (July 2015)					
23	7/13/2015	Topic group debrief; Logistics for Topic group conceptual modeling exercise (procedures, meeting logistics); INTERIM GROUP DYNAMICS QUESTIONNAIRE; Review Observation Logs for facilitated activities			Facilitated Exercise #1: Conceptual modeling (Meeting 5)* (3.5 hours)
24	7/20/2015	Review process and conceptual models from Topic groups and discuss; Prepare models for use in next Topic group step; Logistics for next Topic group meeting; Dissemination activities (National Night Out and Community Field Day)			
Step 4: Generate Questions (July 2015)					
25	7/27/2015	**No Meeting**			Facilitated Exercise #2: Generate research questions (Meeting 6)* (3.5 hours)
26	8/3/2015	Debrief on Topic groups; Review research questions and add to list; Dissemination activities (National Night Out and Community Field Day)	**National Night Out**		
Step 5: Prioritize Questions (August - September 2015)					
27	8/10/2015	Research Question Training and Improvement; Refine research questions; Logistics for prioritization; Dissemination Activities			Facilitated Exercise #3: Prioritize research questions (Meeting 7)* (3.5 hours)
28	8/17/2015	Finalize research agenda (based on Topic groups prioritized questions and Admin's literature reviews); SEED debrief on facilitated activities with Topic groups; Dissemination Activities	**Community Field Event**		
29	8/24/2015	Refine Research Questions; Dissemination planning			
30	8/31/2015	Dissemination Planning - continue discussion on Dissemination events			
31	9/7/2015	**No Meeting - Labor Day!!**			
Step 6: Disseminate (September - November 2015)					
32	9/14/2015	Dissemination Planning (i.e. Topic group celebration event); Research Team presents back on process of literature review/questions			
33	9/21/2015	**No Meeting**			
34	9/28/2015	Prepare presentations/publications; Research Team presents back on process of literature review/questions			
35	10/5/2015	**No meeting			
36	10/12/2015	**No meeting			
37	10/19/2015	**No meeting			
38	10/26/2015	Update on Literature Review; Topic group celebration event planning			
39	11/2/2015	Topic Group celebration event planning			
40	11/9/2015	**No meeting	**Topic Group Celebration Event**		Topic group celebration event (11/13/2017)

Kickoff Meeting

The SEED Method for Stakeholder
Engagement in Question Development



What is the SEED Method?

A new method to develop
**stakeholder-driven
health research !**

Today's goals

- Learn about health research in the U.S.
- Learn about stakeholders
- Learn about patient-centered research
- Learn about the SEED Method
- Review details of this project



Health research in the U.S.

- Basic medical research
- Epidemiological studies
- Prevention
- Disease detection, screening and diagnosis
- Disease treatment and intervention
- Health services and policy

Examples of health research topics

- Specific diseases
- Treatments and therapies
- Genetics and biological factors
- Environmental and social factors
- Health services delivery & financing
- Health policy
- Health disparities
- Maternal/child health
- Aging
- Mental health/behavioral health
- Health promotion/education
- Health information technology
- Occupational health



Who funds health research?¹

- Private industry
- Federal agencies
- Private philanthropy/foundations
- State and local institutions
- Health associations
- Universities/research institutes



National Institutes
of Health



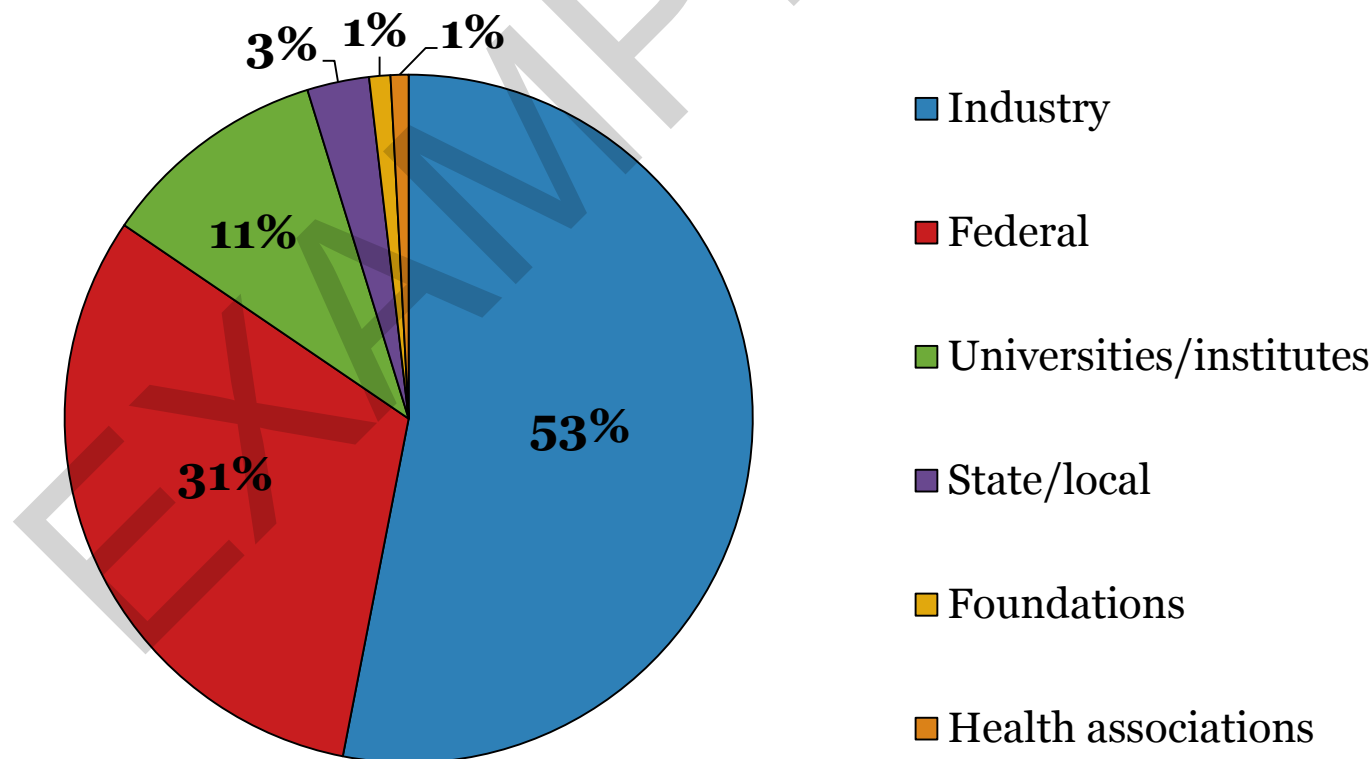
CENTERS FOR DISEASE
CONTROL AND PREVENTION



VCU

How much is spent on health research in the U.S.?

An estimated **\$130 billion** was spent in the U.S. on medical and health research in 2012.¹



How do research topics get picked now?

For publicly funded research, agencies solicit input from a range of stakeholders.

- Advisory board, councils, and committees
- Agency staff
- Research scientists and professional societies;
- Patient organizations and voluntary health associations;
- Institute and Center Advisory Councils;
- Political bodies (e.g., Congress);

Many research proposals to NIH are “investigator-initiated research” in which the researcher submits the research question and a research plan.



Stakeholder input

While there may be some areas for stakeholder input for research priorities, without systematic opportunities for engagement stakeholders like patients and health care workers are **unlikely to have much say in what gets funded.**



What is a stakeholder?

Stakeholders have **an interest** in what happens in any project, initiative, policy, organization, etc.

- That is, what happens, how it happens, and the results *matter* to them.

Who do you think has an interest in health research?

Patients and their caregivers

What interests do patients have in health research?

- Causes of the disease
- Behaviors and their effects on disease
- Diagnosis
- Treatments
- Services
- Barriers to diagnosis, services, treatment
- Access to information and education
- Participation in decision making and advocacy



Community

What interests does the community have in health research?

- Advocacy
- Informed decision making
- Providing information and education
- Understanding and addressing causes and risk factors
- Reducing risk
- Improving screening and detection
- Eliminating disparities

Health care providers

What interests do health care providers have in health research?

- Understand causes of disease
- Understand risk factors and preventive measures
- Access to and dissemination of preventive measures
- Provide treatments and services
- Improve care delivery
- Improve patient outcomes
- Access to information and educational tools
- Improve technology
- Decision making and advocacy



Health care systems/funders

What interests do health care systems and funders have in health research?

- Identify populations at risk
- Prevention
- Planning
- Improve treatments and services
- Improve care delivery
- Improve patient outcomes
- Information and education
- Improve technology
- Cost effectiveness and reducing total costs
- Financing and regulation



Policymakers

What interests do policymakers have in health research?

- Understand extent of risk in population
- Assess needs and allocate resources
- Implement programs and policies to prevent spread and consequences of disease
- Support cost effective interventions
- Improve population outcomes
- Financing and regulation
- Ethics
- Respond to community/stakeholder concerns and values



Practice

List 10 areas in which YOU are a stakeholder

- Hints:
 - Are you a patient?
 - Do you have kids in school?
 - Do you own or rent a home?

EXAMPLE

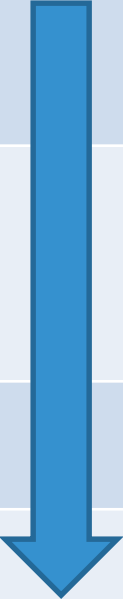


Practice

List 5 different approaches you can take as a stakeholder to represent or advance your interests.

EXAMPLE

Stakeholder involvement

Level of engagement	Type of engagement	Examples
Low 	Information	Read newspaper; Attend informational meetings; Go to websites
	Consultation	Go to a community forum and provide opinions; Participate in a survey or focus group
	Involvement	Join an advisory board; Become an advocate
	Collaboration/partnership	Work together to develop and implement a program
	High	Control/decision making



A New Model: Patient-Centered Research

*“PCORI helps people make informed healthcare decisions, and improves healthcare delivery and outcomes, by producing and promoting high-integrity, evidence-based information **that comes from research guided by patients, caregivers, and the broader healthcare community.**”*



Improving Methods for Conducting Patient-Centered Outcomes Research²

- Research that identifies optimal methods for **engaging patients in the research process**, and methods for evaluating the impact on research outcomes of patient engagement in the research process
- Research that determines methods for assuring study questions, outcomes, and interventions are **meaningful to patients and other stakeholders**
- Research in generating, selecting and prioritizing **topics** for research



What is Patient-Centered Outcomes Research (PCOR)?²

PCOR helps people and their caregivers communicate and make informed health care decisions, allowing their voices to be heard in assessing the value of health care options. This research:

- **Assesses the benefits and harms** of health care services and delivery features to inform decision making
- Focuses on **outcomes that people notice and care about**
- **Addresses individual differences and barriers to implementation and dissemination**
- May investigate optimizing outcomes while addressing stakeholder perspectives.



Question development and prioritization

*A **priority problem**—When it comes to health and healthcare interventions, **there are so many important questions!***

- With limited research dollars we need to prioritize
- We need a set of methods to guide which questions the system should tackle first and a way to keep patients central in that prioritization process
- Too often this ranking has been done out of public view through a process subject to political and economic forces that lacks a coherent strategy. ^{3 (page 7)}



Stakeholder engagement in question development

“Including patients in topic generation is **unconventional... patients should be engaged in all phases** of patient centered outcomes research...

...Topic selection is usually done by researchers or sponsors, and while they may believe they know what patients want, their choices may be influenced by their training and by their professional or commercial interests. **Without adequate input from patients, research priorities may not fully reflect patient perspectives on potential benefits or risks**, ultimately impeding the uptake of research discoveries.

Some empirical research, mostly conducted outside the United States, has shown that **patient involvement can produce more relevant research questions and results that are more useful for making decisions.**” ³ (page 35).



Phases of PCOR

- **“What should we study?”**
- “What study designs should we use?”
- “How do we carry out and govern the study?”
- “How do we enable people to apply the study results?”

Generating research questions³

Phase of PCOR	Details of phase
1. What should we study?	
Identify and define important research questions	<ul style="list-style-type: none"> Identify topics, decisions, and questions that are important to patients, caregivers, and other stakeholders Specify the research questions in a manner highlighting patient-centered outcomes and information needs
Prioritize research questions	<ul style="list-style-type: none"> Decide on the importance and priority of topics and questions, taking into account evidence gaps and the value of information
Refine and specify details of research questions	<ul style="list-style-type: none"> Specify the population, interventions, comparators, outcomes, timing, and setting (PICOTS) to accurately capture each research question
Develop funding announcements	<ul style="list-style-type: none"> Develop and release funding announcements for high-priority questions Incorporate guidance and standards to ensure alignment with the resulting projects
Conduct peer review and funding decisions	<ul style="list-style-type: none"> Incorporate guidance to reviewers to facilitate assessment of investigator responsiveness to patient-centeredness aspects of studies

Why test a new method?

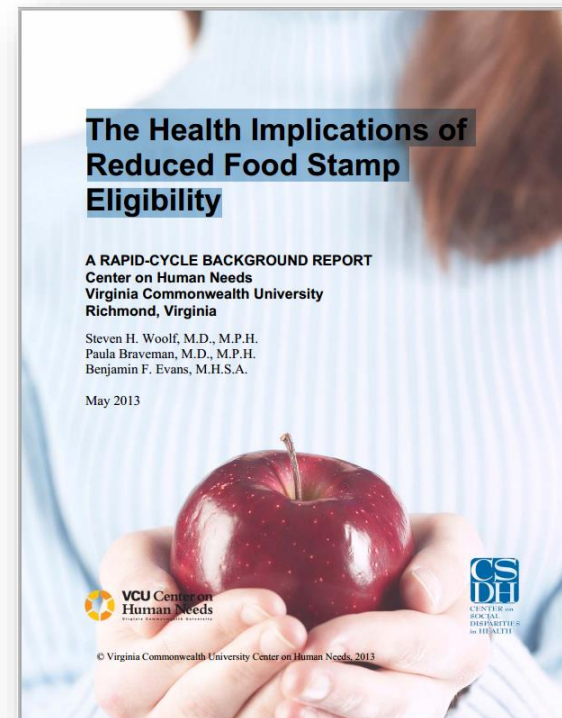
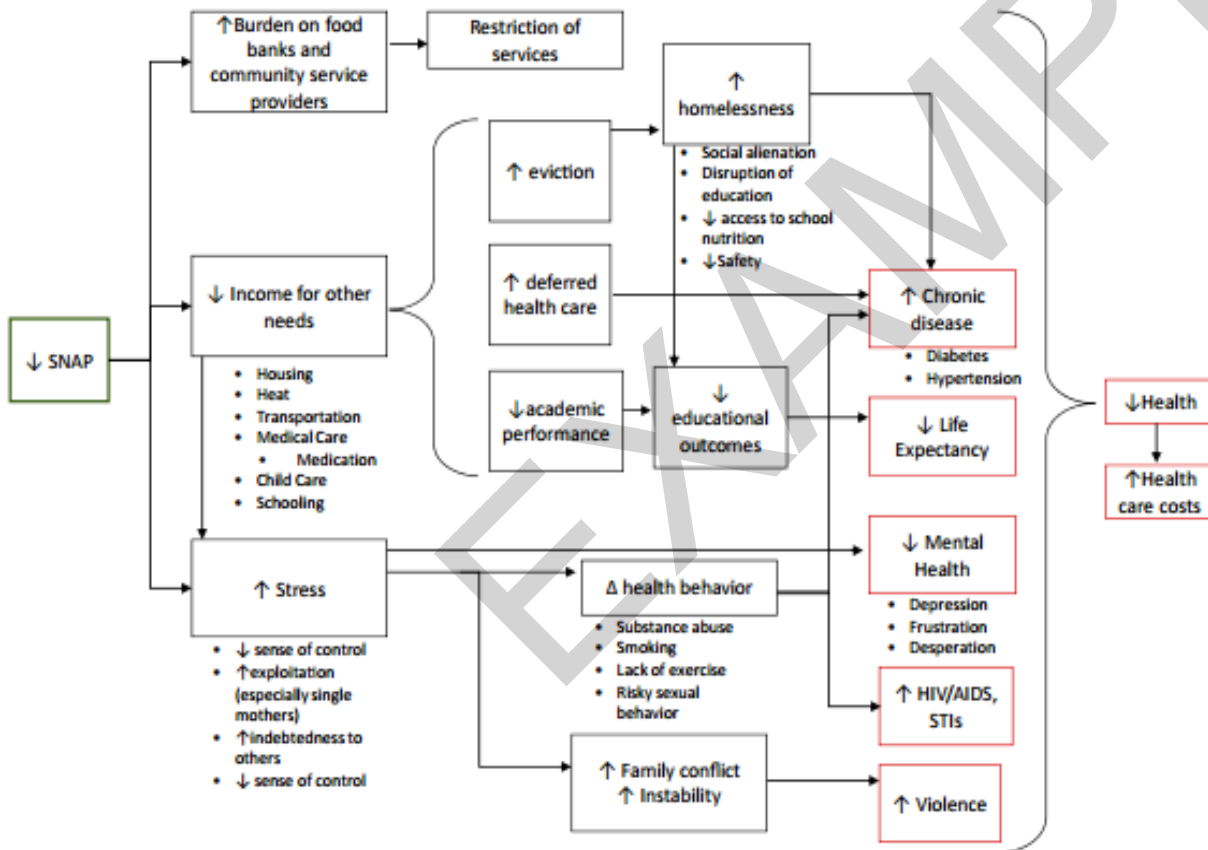
*“Particularly in methods to engage patients in prioritizing and refining research topics, it is not possible to identify evidence-based standards. We believe that standards for engaging patients in each phase of the research process are essential, but lack the evidence to specify which methods for doing so are best.”*³ (page 21).



The SEED Method: Background

Engaging Richmond and The Health Implications of Reduced Food Stamp Eligibility

Health Effects of Reducing Food Stamp Eligibility (Income)



VCU Center on Human Needs

© Virginia Commonwealth University Center on Human Needs, 2013

SEED Method: Background

The SEED Method was developed in response to PCORI's Improving Methods program

Participatory causal modeling as a starting point, then:

- Focused the process on question development and prioritization
- Created a number of new steps and participant types
- Developed instruments and procedures



SEED METHOD: Local Aims (Richmond)

- Develop a research agenda on **diet compliance for hypertension (high blood pressure), diabetes, and other diet-sensitive conditions** with stakeholders in Richmond, VA
- What is a stakeholder-driven research agenda?
 - A set of recommended research questions developed by patients, caregivers, health care providers and other stakeholders.

SEED Method: Local Aims (South Hill)

- Develop a research agenda on **respiratory cancer outcomes** with stakeholders in South Hill, VA

EXAMPLE



SEED Method: Intermediate Aims

Conduct a **demonstration** of the SEED Method

- A demonstration project tests the value and feasibility of a new method or program

Ensure **replicability** and **scalability** through project documentation, **evaluation** and preparation of tools for future research

Disseminate final research agenda



SEED Method: Long-term Aims

Provide a framework for future PCOR researchers to develop more robust causal models and to collaboratively generate research questions relevant to stakeholders



SEED METHOD: Who Participates?

Three levels of stakeholder engagement

1. The Research Team

- Community-based participatory research (CBPR) team
- Collaboratively leads the research!

2. Topic groups

- Groups of stakeholders brought together based on their **experience and knowledge of the health-related topic**
- The demonstration projects will have three TOPIC groups organized by type (e.g., patients, health professionals, funders, etc.)

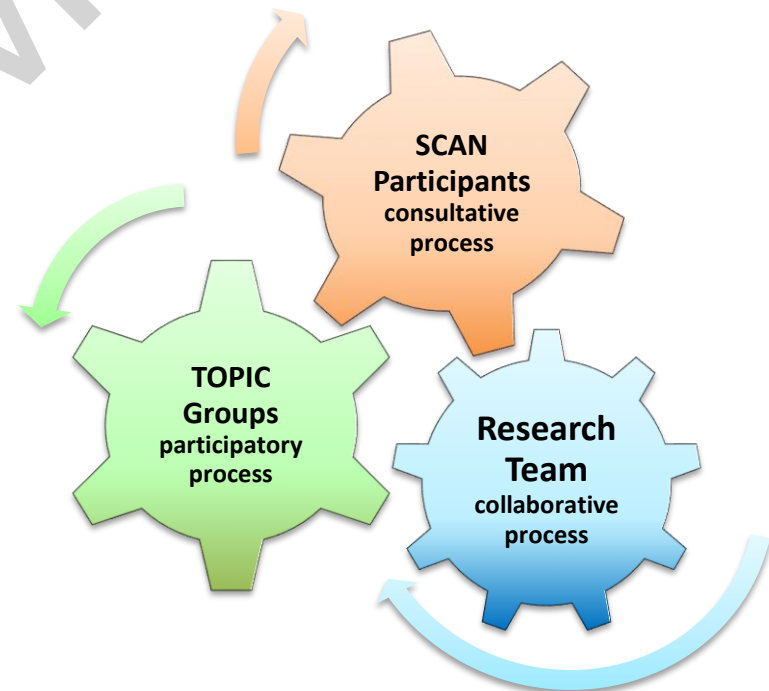
3. SCAN participants

- Participate in focus groups and interviews

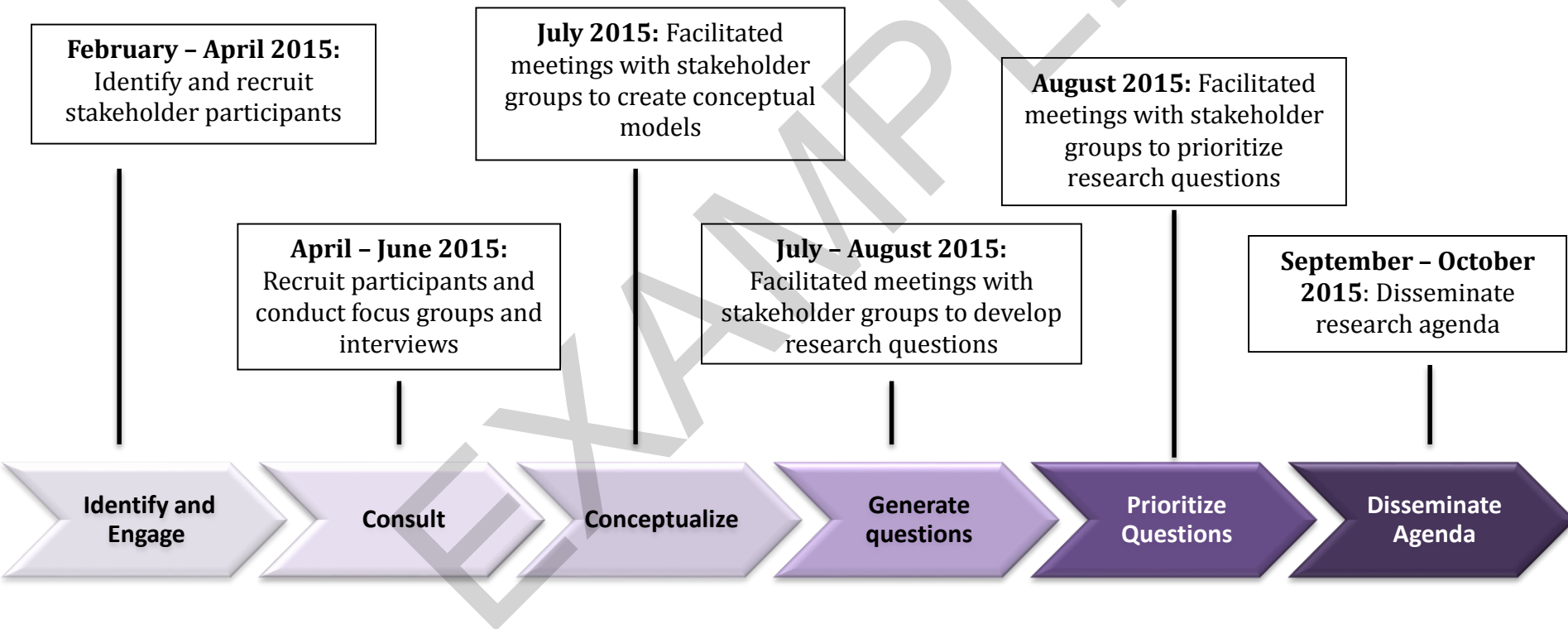


Three levels of engagement

1. **Research Team: COLLABORATIVE**
2. **Topic Groups: PARTICIPATORY**
3. **SCAN Participants: CONSULTATIVE**



Summary of SEED Method Process



Summary of SEED Method Process

Research Team Members (examples):

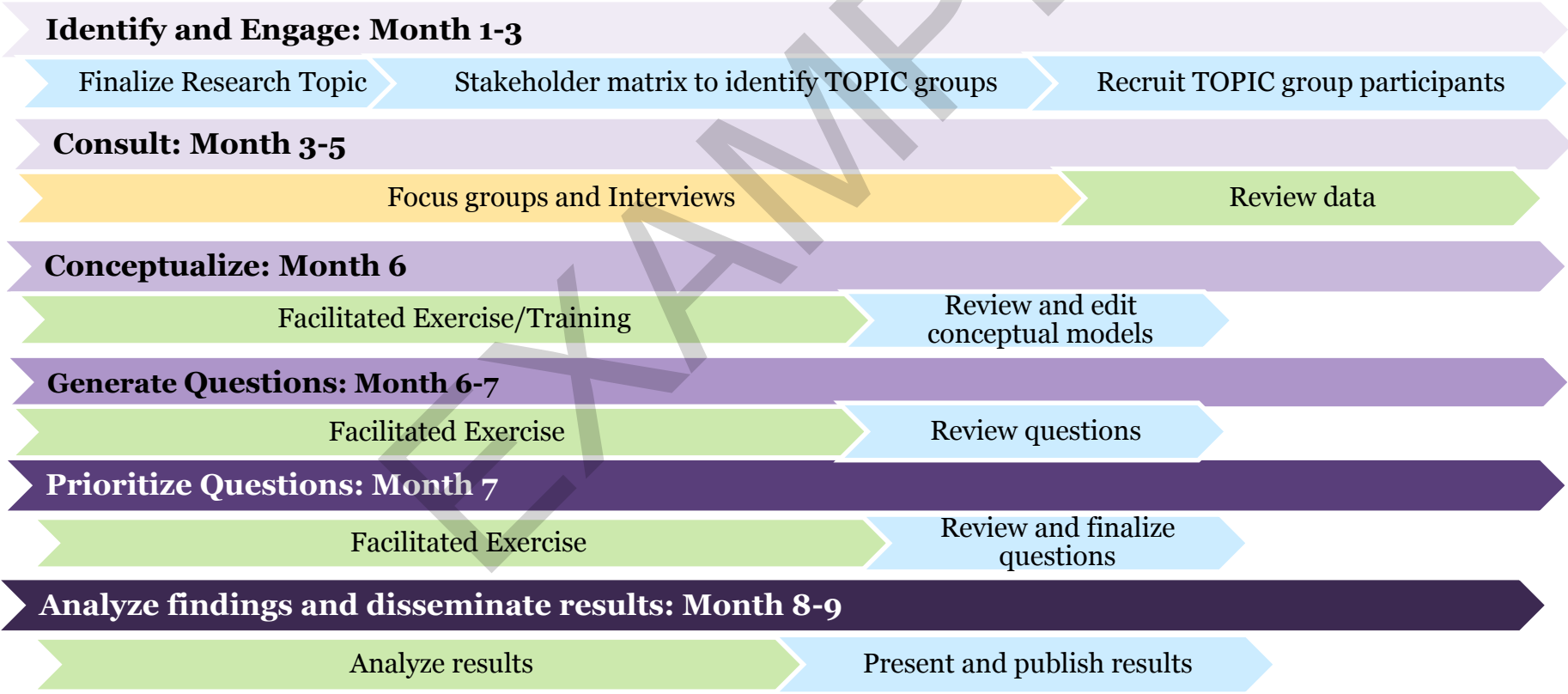
- Patients/Community Members
- Service Providers
- University faculty/staff
- Community organizations

Topic Group (examples):

- Patients/Caregivers
- Non-clinical service providers
- Clinical service providers
- Policymakers
- Community members
- Funders/payers

SCAN Participant (examples):

- Patients/Caregivers
- Non-clinical service providers
- Clinical service providers
- Policymakers
- Community members
- Funders/payers



Research Team Roles



1. Finalize Research Topic

- Identify the broad research area or topic
- Choose a topic that comes from the community or is generated in a collaborative process
- We achieved this ideal in this demonstration by focusing on health-related topics that were prioritized by a participatory process in both demonstration sites:
 - **Richmond City:** Engaging Richmond and ACORN
 - **South Hill:** Cancer resource and gap community assessment



Research Team Roles



2. Identify Topic groups (3-step process)

- Review health statistics and demography
- Conduct informational interviews with representatives of health care systems
- Complete 'Stakeholder Identification Matrices' to develop a comprehensive plan for stakeholder engagement

3. Recruit TOPIC Group participants

- Establish inclusion criteria for recruitment, such as personal or professional experience with the topic, diversity, ability to commit to participation in research activities, etc.
- Recruit from local organizations identified in the 'Stakeholder Identification Matrix'



Research Team Roles



4. Gather data from SCAN participants

- Plan focus groups and interviews
- Recruit participants
- Conduct focus groups and interviews
- Summarize data to share with TOPIC groups

5. Logistics and planning for Topic groups

- Schedule of activities: meeting dates, locations, logistics
- Group Exercises: Conceptual modeling, Question development, Question prioritization



Research Team Roles



6. Review and edit conceptual models

- Review causal models create by each TOPIC group, reconciling overlaps and highlighting differences

7. Review and finalize questions

- Refine the list of research questions utilizing a scoring process based on availability of current research evidence and relevance to PCOR

8. Present and disseminate results

- Finalize and implement the dissemination plan
- Conduct presentations to stakeholders



Topic Group Roles

1. Review SCAN Data

- Engage in group discussions of the issues that emerged, review and reflect on the themes, issues and concerns of others
- Reflect on their experiences in the context of others stakeholders' experiences
 - Did other people experience what I experienced?
 - What else do others in this situation have to deal with?



Topic Group Roles

2. Conceptualize (Activity #1)

- Each Topic Group will work as a team through a facilitated process to develop a conceptual model of the factors that influence the health outcome
 - **Part 1: Identification of factors:** brainstorm, discuss and agree on list of factors related to the health outcome
 - **Part II: Training in conceptual modeling**
 - **Part III: Sketching the causal model**



Topic Group Roles

3. Question Development (Activity #2)

- Compare the conceptual models they created with the models presented by other TOPIC Groups
- Brief training in developing research questions
- Facilitated process to propose research questions

4. Prioritize questions (Activity #3)

- Engage in facilitated process to prioritize research questions based on the needs and interests of stakeholders



SCAN Participants

One-time participation in:

- **Focus Groups**
- **Individual Interviews**

EXAMPLE



SEED Evaluation

Goals of Evaluation

- Is the SEED Method approach feasible?
- Does the SEED Method result in new standards or improvements to existing standards for engaging stakeholders in generating, selecting, and prioritizing topics for research

What this means....



Dissemination Plan

Goals of Dissemination

- Disseminating final research agenda to relevant stakeholders
- Utilizing appropriate dissemination channels and formats

EXAMPLE



Community Partners

- Richmond City Health District
- 7th District Health and Wellness Initiative
- East End Ministers Alliance
- Bon Secours Health System
- American Heart Association
- VCU School of Nursing
- Virginia ACORN
- VCU CCTR
- VCU Health System - VCC



Next Steps....

Next meeting: Monday February 16th

- Review health and demographic data to identify target population and help prepare for individual interviews with community organizations

February – April 2015:
Identify and recruit
stakeholder participants

Identify and Engage

Consult

Conceptual
ize

Generate
questions

Prioritize
Questions

Disseminat
e Agenda



Questions?

EXAMPLE

References

1. Research!America. U.S. Investment in Health Research: 2012. <http://www.researchamerica.org/uploads/healthdollar12.pdf>
2. Patient-Centered Outcomes Research Institute. Funding Announcement: Improving Methods for Conducting Patient-Centered Outcomes Research. Published November 16, 2012, Updated January 15, 2013
3. Helfand M, Berg A, Flum D, Gabriel S, Normand S, eds. Draft Methodology Report: Our Questions, Our Decisions: Standards for Patient-Centered Outcomes Research. Patient-Centered Outcomes Research Institute. July 23, 2012.



SEED Contact Information

EXAMPLE

Engaging Richmond's Roles and Responsibilities – Topic Group Meetings

Topic Group Role	Research team member name/Topic Group Assigned	Responsibilities
Facilitators (2 per Topic group is recommended)	Susan + Alex (Topic 1) Tyler + Amy (Topic 2) Charley + Amy (Topic 3)	<ul style="list-style-type: none"> • Attend and assist with facilitation of meetings • Arrive to meeting location 15 minutes early • Be in communication with Topic group contact person about meeting attendance • Create a welcoming atmosphere for engaging Topic group participants • Act as Engaging Richmond liaison for communicating information between Engaging Richmond and Topic group • Help lead and facilitate Topic group meetings • Will consult with Sarah or Emily if questions or issues arise
Meeting note-taker	Shaina (Topic 1) Katrina (Topic 2) Shaina (Topic 3)	<ul style="list-style-type: none"> • Attend and take meeting notes during meetings • Arrive to meeting location 15 minutes early to help with room set-up, including audio recorder, computer equipment, camcorder, and food, etc. and room clean-up • Proofread and clean-up meeting notes before saving final version on computer • Act as Engaging Richmond liaison for communicating information between Engaging Richmond and Topic group • Will consult with Sarah or Emily if questions or issues arise
Observation note-taker (optional)	Violet (Topic 1) Alyssa (Topic 2) Holly (Topic 3)	<ul style="list-style-type: none"> • Attend and take observation notes during facilitated activities • Familiarize self with each observation log prior to meeting • Assist in preparing meeting location, setting up food, etc. and room clean-up • Hand-in completed observation log to Sarah • Act as Engaging Richmond liaison for communicating information between Engaging Richmond and Topic group • Will consult with Sarah or Emily if questions or issues arise
Contact person	Sarah (Topic 1) Sarah (Topic 2) Sarah (Topic 3)	<ul style="list-style-type: none"> • Collect and keep a record of Topic group members' names, contact information, and preferred method of contact

Engaging Richmond's Roles and Responsibilities – Topic Group Meetings

		<ul style="list-style-type: none">• Communicate with each Topic group member prior to each meeting date, to include: sending out reminder information about date, time, location, and length of meeting• Communication with Co-facilitator about Topic group members who will be attending and absent at each meeting• Will consult with Emily if questions or issues arise
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EXAMPLE

Overview of Topic Group 1 Meeting Schedule and Agenda – Research Team

Meeting Date	Meeting Time	Meeting Location	Agenda Items
Friday May 29	10-11:30 AM	Community Center	Introductory meeting: Purpose, goals, methods, schedule of activities
Friday June 12	10-11:30 AM	Community Center	Review health/demographic information, Resources document; discuss focus group/interview planning
Friday June 26	10-11:30 AM	Community Center	Review and discuss interview/focus group findings (ER presents)
Friday July 10	10-11:30 AM	Community Center	Review and discuss interview/focus group findings (ER presents); Path diagram training
Friday July 17	10 AM – 1:30 PM	Community Center	Facilitated exercise #1: Conceptual modeling
Friday July 31	10 AM – 1:30 PM	Community Center	Facilitated exercise #2: Generating research questions
Friday Aug. 14	10 AM – 1:30 PM	Community Center	Facilitated exercise #3: Prioritizing research questions

Community Research Team Roles:

- Co-Facilitator (All Topic Group meetings): **Susan + Alex**
- Note-taker (All Topic Group meetings): **Shaina**
- Contact person (ongoing): **Sarah**
- Observation Note-taker (Facilitated Exercises only): **Violet**

Overview of Topic Group meeting schedule and Engaging Richmond's Role

Topic Group 1

Meeting Dates and Length:

- Meeting #1 (Week 16): Friday May 29, 10-11:30AM (1.5 hours)
- Meeting #2 (Week 18): Friday June 12, 10-11:30AM (1.5 hours)
- Meeting #3 (Week 20): Friday June 26, 10-11:30AM (1.5 hours)
- Meeting #4 (Week 22): Friday July 10, 10-11:30AM (1.5 hours)
- Meeting #5 (Week 23): Friday July 17, 10-1:30PM (3.5 hours)
- Meeting #6 (Week 25): Friday July 31, 10-1:30PM (3.5 hours)
- Meeting #7 (Week 27): Friday Aug. 14, 10-1:30PM (3.5 hours)

Roles:

- Facilitators (all meetings): Susan + Alex
- Note-taker (all meetings): Shaina
- Contact person (ongoing): Sarah
- Observation Note-taker (Facilitated exercises only): Violet

Topic Group 2

Meeting Dates and Length:

- Meeting #1 (Week 16): Friday May 29, 2-3:30PM (1.5 hours)
- Meeting #2 (Week 18): Friday June 12, 2-3:30PM (1.5 hours)
- Meeting #3 (Week 20): Friday June 26, 2-3:30PM (1.5 hours)
- Meeting #4 (Week 22): Friday July 10, 2-3:30PM (1.5 hours)
- Meeting #5 (Week 23): Friday July 17, 2-5:30PM (3.5 hours)
- Meeting #6 (Week 25): Friday July 31, 2-5:30PM (3.5 hours)
- Meeting #7 (Week 27): Friday Aug. 14, 2-5:30PM (3.5 hours)

Roles:

- Facilitators (all meetings): Tyler + Amy
- Note-taker (all meetings): Katrina
- Contact person (ongoing): Sarah
- Observation Note-taker (Facilitated exercises only): Alyssa

Topic Group 3

Meeting Dates and Length:

- Meeting #1 (Week 17): Wednesday June 3, 5:30-7PM (1.5 hours)
- Meeting #2 (Week 18): Wednesday June 10, 5:30-7PM (1.5 hours)
- Meeting #3 (Week 20): Wednesday June 24, 5:30-7PM (1.5 hours)
- Meeting #4 (Week 22): Wednesday July 8, 5:30-7PM (1.5 hours)
- Meeting #5 (Week 23): Saturday July 18, 10-1:30PM (3.5 hours)
- Meeting #6 (Week 25): Saturday Aug. 1, 10-1:30PM (3.5 hours)
- Meeting #7 (Week 27): Saturday Aug. 15, 10-1:30PM (3.5 hours)

Roles:

- Facilitators (all meetings): Charley + Amy
- Note-taker (all meetings): Shaina
- Contact person (ongoing): Sarah
- Observation Note-taker (Facilitated exercises only): Holly

Matrix 3: Stakeholder Recruitment Matrix (Patient, Service Provider, and Other Stakeholders) EXAMPLE

Recruitment sources

Purpose: This matrix will be used to identify specific places to recruit all patient and provider stakeholders from for participation in Topic groups, Focus Groups, and Key Informant Interviews.

Instructions:

1. Fill in the list of 'Patient Subgroups' in the first column based on the results of Matrix 1.
2. Fill in the list of 'Provider/Policy maker Subgroups' in the first column based on the results of Matrix 2.
3. Fill in 'Sources' to recruit all stakeholders from in the remaining column headers. Use as many columns as needed.
4. Fill in the boxes with names of specific organizations, places, etc. to recruit stakeholders from. This example includes generic names of organizations.

NOTE: the stakeholder groups in this version have been edited for illustration purposes

Stakeholders	Source 1 Clinics and doctors offices	Source 2 Hospitals, nursing homes, etc.	Source 3 Churches	Source 4 Support groups	Source 5 Membership/Advocacy organizations	Source 6 Community Organizations	Source 7 Professional Organizations	Source 8 Other
Part 1: PATIENT STAKEHOLDERS								
Age								
Adults	XYZ Free Community Clinics	XYZ Medical Center, XYZ community hospital	XYZ churches					
Seniors		Senior living centers, retirement communities	XYZ churches	XYZ Development Center	Seniors First! AARP			
Race (break down further if relevant)								
Black/African American			XYZ churches		NAACP			
Hispanic		Community-based advisory board	XYZ churches		La Raza, Virginia Coalition of Latino Organizations			
Disability								
Mobility impaired	VA Hospital							
Co-morbid conditions								
Obese		XYZ local community organization, YMCA		Weight Watchers				
Cardiovascular disease					American Heart Association			
Kidney disease					National Kidney Foundation			
Insurance status								
Uninsured	XX Free clinic							
Pregnancy status								
Pregnant women					Planned Parenthood			
Hi-risk populations								
Substance abusers	State Behavioral Health Authority				MADD			
Homeless		XYZ community organizations	XYZ community organization					

Our mission is to explore and investigate social determinants of health through mixed methods research in order to find and propose effective community-based solutions



Engaging Richmond: Team Meeting (#2)

AGENDA

Monday February 16, 2015

10:00 a.m. - 1:00 p.m.

10:00-10:30 Team Check-in ☺

- Sign-in
- Weather Report

10:30-10:40 Ground Rules: TMI principles and confidentiality

10:40-11:30 Diabetes/Hypertension Information

- Review Fact Sheet
- Q/A with Wendy

11:30-11:40 Break

11:40-12:50 Health/Demographic information

- Group exercise
- Facilitation/Brainstorming session
- Review Health/Demographic document

12:50-1:00 Logistics

- Resources document - Homework

Homework for this week:

- Review Resources Document at home and add to list based on places and organizations that you know of in the community that serve people with diabetes and/or high blood pressure. Expected completion time 1 hour or less.

Upcoming SEED Events:

- Meeting 3: Monday February 23 from 10am – 1pm (Planning for Informational Interviews)

Other Upcoming Events:

- CAPSTONE Retreat, Kingsmill Resort, February 20-22, 2015
- Community Engagement Institute, May 13-15 2015, TBD

Meeting #2: Diabetes/Hypertension facilitation questions

Intro Sheets/ Diabetes and Hypertension

Hand out sheets. Go over contents together

- Why is **hypertension** an important health concern?
- What are risk factors for hypertension?
- How can diet affect hypertension?
- What questions do you have about hypertension?

- Why is **diabetes** an important health concern?
- What is insulin and why is it important?
- What are the two types of diabetes?
- Why is diet an important part of diabetes management?
- What questions do you have about diabetes?

Demographic info

Raise your hand if you know someone with hypertension

Raise your hand if you know someone with diabetes

Raise your hand if you know someone with hypertension *and* diabetes

Discuss – are diabetes and hypertension common in the community?

- What is a health disparity?
- What do you think might be important health disparities for diabetes and hypertension?

Hand out demographics sheets -- focus first on diabetes

Look at graph 1 together.

- Who is more likely to have diabetes in Virginia – males or females (about the same, slightly higher for females)
- What percent of adults in Virginia have been diagnosed with diabetes (10-11%). That is one out of 10 people.

Look at graph 2.

- Are younger adults and older adults at the same risk for diabetes? What age group is mostly likely to have diabetes? What age group is least likely to have diabetes?

Look at graph 3.

Meeting #2: Diabetes/Hypertension facilitation questions

- What race or ethnicity is most likely to have diabetes? Which is least likely?

Look at graph 4.

- Considering both race and sex, who is most likely to have diabetes? Who is 2nd most likely?

Look at graph 5.

- Education is also related to who has diabetes. People with which education level are most likely to have diabetes?
- Same goes for income, people with which income level are most likely to have diabetes?

Graph six has diabetes info for the East End. Is diabetes among black males in the East End higher than in Richmond? Is it higher than in Virginia (refer back to graph 4).

Refer to graphs on diabetes complications.

- What are the primary reasons persons with diabetes end up in the hospital?
- Who has the highest hospital discharge rate for diabetes? Why do you think that is so?
- How does the rate of heart (cardiovascular) disease in people with diabetes compare to those without?
- How does overall health (adults reporting unhealthy days) compare in adults with and without diabetes?

REPEAT these/similar questions for hypertension

Focus on Diabetes and Hypertension

What is Hypertension (High Blood Pressure)?

Hypertension is a condition in which the force of the blood against the walls of a person's arteries is high enough to cause health problems.

WHAT INCREASES MY RISK OF HYPERTENSION?

People are more likely to develop high blood pressure as they get older and if they: are overweight, are physically inactive, have diabetes, use tobacco, drink too much alcohol, have high levels of stress, have a diet high in sodium, or have close relatives with high blood pressure.

WHAT ARE THE HEALTH EFFECTS?

Hypertension can damage blood vessels and organs such as the heart, kidneys, brain, and eyes, and can lead to coronary heart disease, heart failure, and stroke. It can also increase the risk for complications associated with diabetes. Hypertension can cause damage inside the body without the person feeling any physical symptoms, stress, or tension.



You can have hypertension (high blood pressure) without any symptoms. Fortunately, it can be easily detected. Usually your blood pressure can be easily measured using a pressure-measuring gauge.

What is Diabetes?

Diabetes is a group of diseases that affect the hormone insulin, and how the body uses blood sugar, causing blood sugar levels to be too high.

- Pre-diabetes: A reversible condition in which blood sugar levels are above average and can lead to diabetes but are not high enough to be considered diabetes
- Type I: Body does not produce insulin
- Type II: Body does not use insulin properly, as cells have become resistant

WHAT IS INSULIN?

Insulin is a hormone produced by the pancreas that helps the body use or store blood sugar obtained from food.

WHAT INCREASES MY RISK OF DIABETES?

People are more likely to develop diabetes as they get older and if they: are overweight, are physically inactive, have hypertension or high blood cholesterol levels, or have a close relative with diabetes.

WHAT ARE THE HEALTH EFFECTS?

If not treated properly, diabetes can damage the heart, kidneys, and eyes, leading to long-term complications such as hypertension, heart attack, stroke, and vision loss. Poorly controlled diabetes can also damage microscopic arteries, causing poor circulation, skin infections, nerve damage (neuropathy), and numbness or tingling.



Diabetes is a disease that affects how your body uses blood sugar, and it can lead to serious health problems. Depending on what type of diabetes you have, blood sugar monitoring (shown above), insulin and oral medications may play a role in your treatment.

Please consult your doctor if you have any concerns about your health.

Dietary Recommendations for Diabetes and Hypertension

A diet that emphasizes nutritious foods, such as fruits and vegetables, and low in calories and fat, such as low-fat dairy products and lean meat is recommended as an important part of lowering blood pressure and managing diabetes.

WHY IS DIET IMPORTANT FOR THOSE WITH HYPERTENSION?

In addition to medication, regular exercise, and not smoking, a healthy diet is a proven way to help control a person's blood pressure, body weight, and the risk for heart disease and stroke.

DIETARY RECOMMENDATIONS FOR HYPERTENSION

The American Heart Association recommends a healthy diet rich in:

- Fruits and vegetables
- Whole-grain, high fiber foods
- Low-fat dairy products
- Beans
- Skinless poultry and lean meats
- Heart-healthy fish
- Potassium (4,700 mg/day)

And low in:

- Saturated and trans fats
- Sodium (less than 1,500 mg/day)
- Added sugars

With moderate amounts of alcohol*

The DASH (Dietary Approaches to Stop Hypertension) diet is a recommended eating plan for lowering blood pressure that emphasizes the foods listed above, and contains less red meat, sodium, and sweets than the average American diet.

EMPHASIZE THESE FOODS

- Healthy carbohydrates (fruits, vegetables, low-fat dairy)
- High fiber foods (whole grains, beans, legumes)
- Heart-healthy fish (unfried/unbreaded; salmon)
- Good fats (nuts, avocados, olive oil)

AVOID THESE FOODS

- Sugar sweetened beverages (soda, juice, sweet tea)
- Saturated fats (beef, hot dogs, bacon)
- Trans fats (processed foods, margarine)
- Cholesterol (whole eggs)

WHY IS DIET IMPORTANT FOR THOSE WITH DIABETES?

A healthy diet, along with regular exercise, is crucial to help people with diabetes regulate blood sugar levels, control body weight, and avoid complications. Some people may also need medications if lifestyle and weight management are not effective by themselves.

DIETARY RECOMMENDATIONS FOR DIABETES

The American Diabetes Association recommends several different meal planning tools as guides for eating a healthy diet and managing blood sugar levels. These include

- The Plate Method
- Carbohydrate Counting
- Glycemic Index

All of these diabetes meal plans emphasize a healthy diet rich in:

- Fruits and vegetables
- Healthy carbohydrates
- Non-fat dairy products
- High fiber foods
- Heart-healthy fish
- Good fats

And low in:

- Saturated fats and trans fats
- Cholesterol
- Sodium (less than 2,300 mg/day)
- Sugar sweetened beverages

With moderate amounts of alcohol*

THE PLATE METHOD

- Half of plate = Vegetables
- Quarter of plate = Starch
- Quarter of plate = Lean Meat
- Additional serving of fruit and dairy

CARBOHYDRATE COUNTING

- Setting a maximum limit on the amount of daily carbohydrates, and tracking portions at each meal

GLYCEMIC INDEX (GI)

- GI is a measure and ranking of how a carbohydrate-containing food raises blood sugar
- Choosing foods with low or medium GI



Eating right can still mean eating delicious.



Fruits and vegetables are key ingredients to a healthy diet.

MORE GOOD INFORMATION IS HERE

- www.diabetes.org/food-and-fitness/
- www.heart.org
- www.dashdiet.org

*Moderate amounts of alcohol includes no more than 1 drink a day for women, and 2 drinks a day for men.

DEMOGRAPHICS

Diabetes

United States

- **8.5 adults** (per 100 adults) are diagnosed with diabetes (2011)
- It is estimate that **27.8% of people with diabetes are undiagnosed**
- Higher rates for older adults, lower education, lower income, males, African Americans Hispanics

Virginia

- **10.6% of adults** report being diagnosed with diabetes (2012)
- 18.5 per 100,000 persons died due to diabetes (2012 diabetes death rate)
- Nearly **1 in 4 adults** with diabetes who were hospitalized also had cardiovascular (heart) disease

Richmond, VA (City)

- **10.3% of adults** report being diagnosed with diabetes (2012)

Richmond, VA – East End

- **19.3% of black men** and **20.0% of black women** report being diagnosed with diabetes (2009)

Hypertension (High Blood Pressure)

United States

- **29.1% of adults** are diagnosed with hypertension (2011-2012)
- **51.8% of adults** with hypertension have control of their blood pressure (2011-2012)
- Older adults and non-Hispanic black adults experience higher hypertension rates; lowest rates of blood pressure control exist among Hispanic adults

Virginia

- **32.5% of adults** report being diagnosed with hypertension (2013)
- 7.6 per 100,000 persons died due to high blood pressure and renal disease (2012 death rate)

Richmond, VA (City)

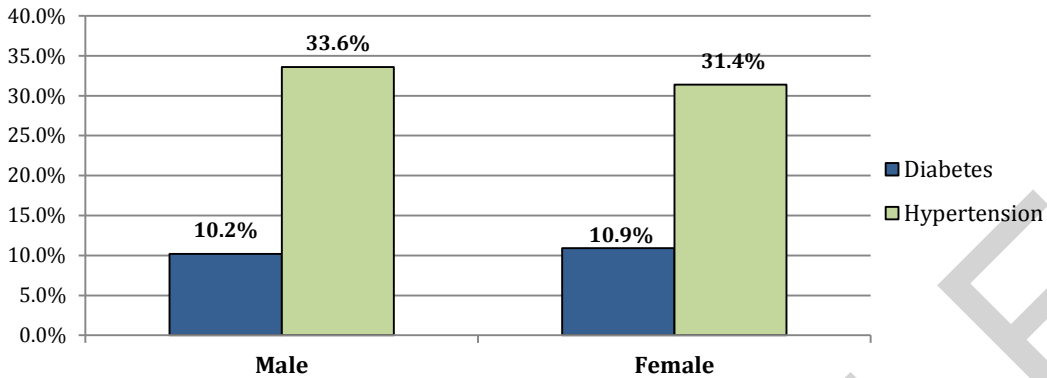
- **42.9% of adults** report being diagnosed with hypertension

Richmond, VA – East End

- **38.9% of black men** and **53.3% of black women** report being diagnosed with high blood pressure (2009)

Diabetes and High Blood Pressure Prevalence

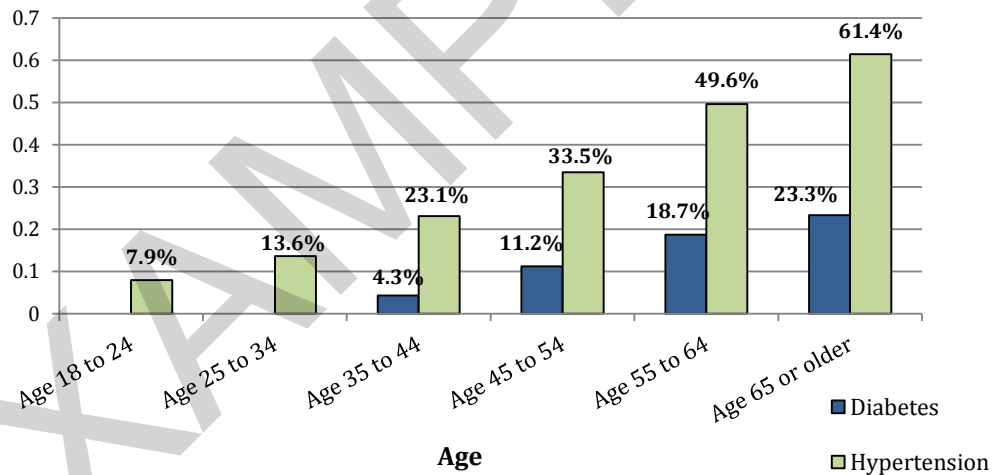
Percentage of Adults by Sex with Diabetes and High Blood Pressure in Virginia (2012 and 2013)



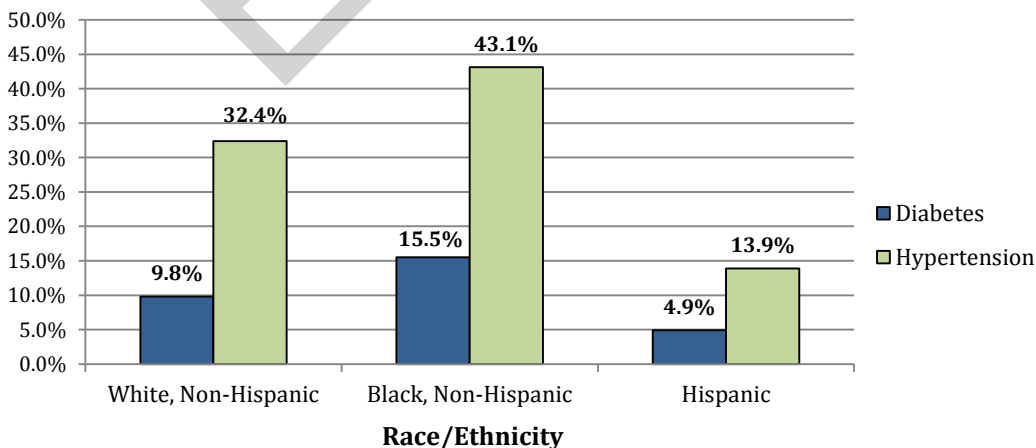
Females are slightly more likely than males to be diagnosed with diabetes, while males are more likely than females to be diagnosed with high blood pressure.

As age increases, the percentage of adults with diabetes and blood pressure also increases. As a person ages, they are at a greater risk for developing diabetes and high blood pressure.

Percentage of Adults by Age with Diabetes and High Blood Pressure in Virginia (2012 and 2013)

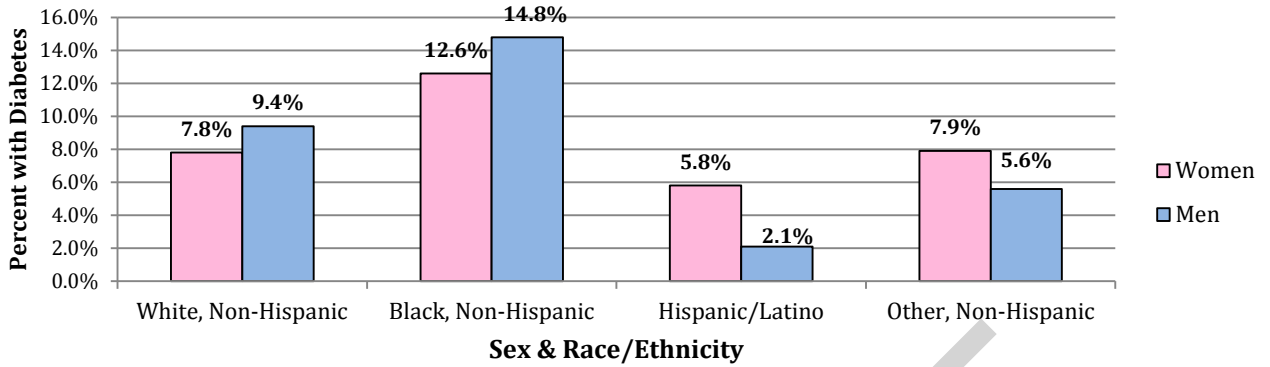


Percentage of Adults by Race/Ethnicity with Diabetes and High Blood Pressure in Virginia (2012 and 2013)



Non-Hispanic Black adults experience the highest rates of diabetes and high blood pressure compared to other racial and ethnic groups.

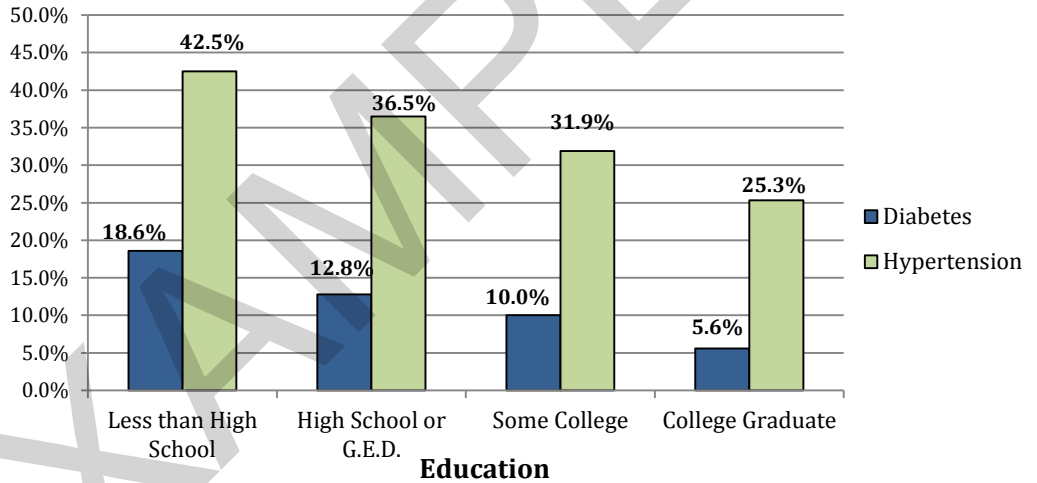
Diabetes Prevalence Among Adults by Sex and Race/Ethnicity, Virginia (2010)



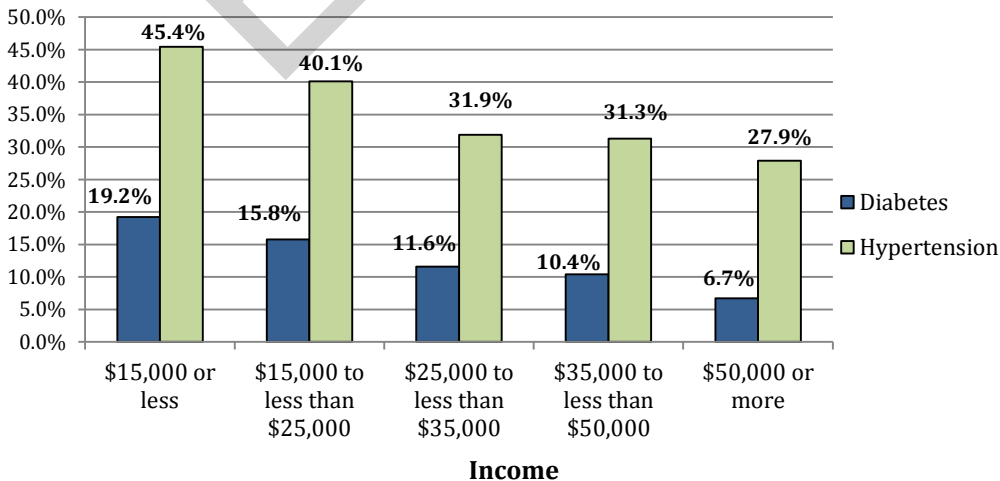
Both non-Hispanic Black women and men experience the highest rates of diabetes.

Percentage of Adults by Education with Diabetes and High Blood Pressure in Virginia (2012 and 2013)

As education increases, the percentage of adults with diabetes and high blood pressure decreases. Adults with more education are at a lower risk for developing these diseases than people with less education.

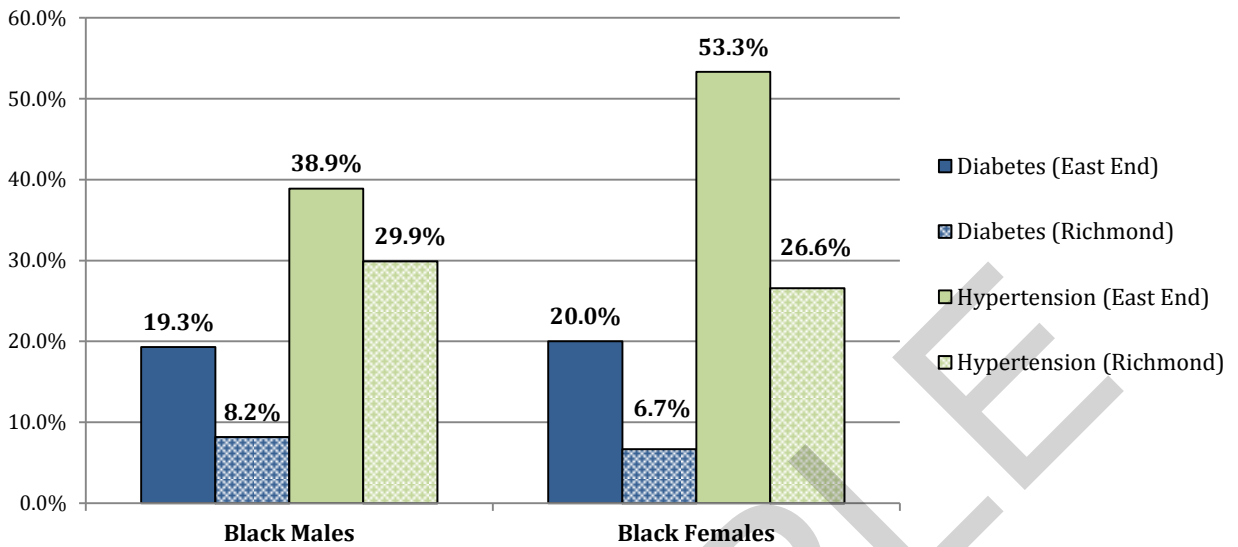


Percentage of Adults by Income with Diabetes and High Blood Pressure in Virginia (2012 and 2013)



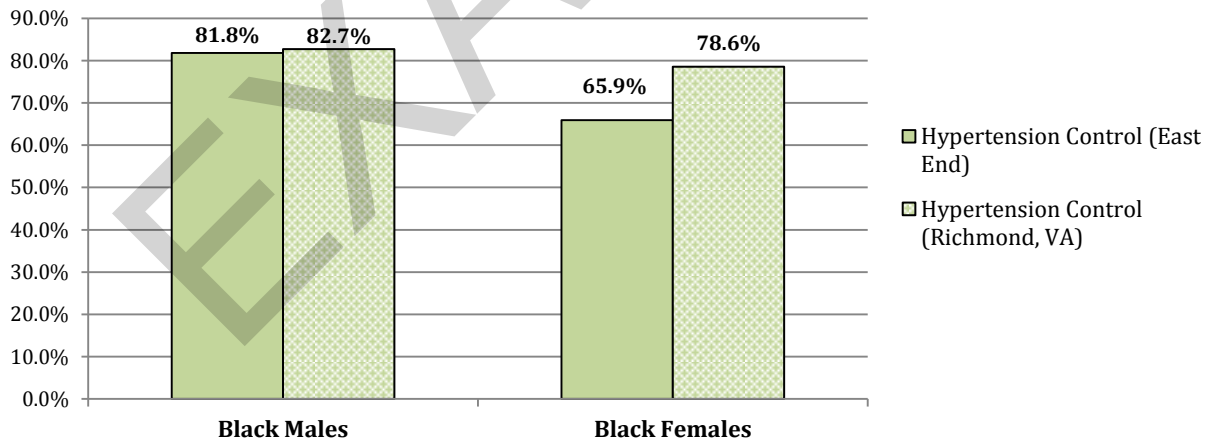
As income increases, the percentage of adults with diabetes and high blood pressure decreases. Adults with a higher income are at a lower risk for developing these diseases than people with lower income.

Percentage of Adults Who Have Been Told By a Doctor That They Have Diabetes or High Blood Pressure, Richmond, VA (2009)



Black males and females in the East End of Richmond, VA experience higher rates of diabetes and high blood pressure than other black males and females living within Richmond, VA. Over half of black females living in the East End have been diagnosed with high blood pressure.

Percentage of Adults with High Blood Pressure Who Are Taking Medication for High Blood Pressure, Richmond, VA (2009)



Taking medication is an important part of managing one's high blood pressure. In Richmond, VA, males are more likely to report taking medication to control their blood pressure than women are. Black females in the East End of Richmond, VA are the least likely to report taking medication for their blood pressure.

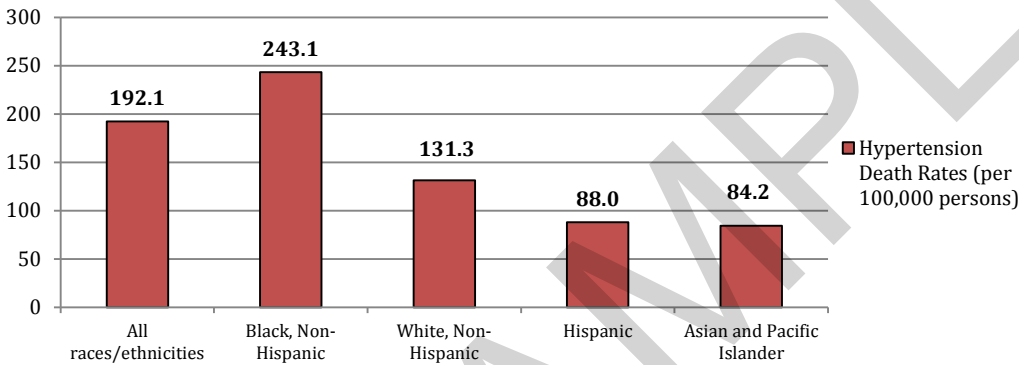
Diabetes and High Blood Pressure Complications

Why is following a healthy diet an important part of managing diabetes and high blood pressure?

Uncontrolled diabetes and high blood pressure can lead to a variety of serious, long-term complications, and are often the underlying cause of other serious health conditions, such as heart and kidney disease. Compared to people without diabetes or high blood pressure, these conditions increase a person's chance of developing other serious health problems, increase their risk of being hospitalized, and also increase their risk of dying prematurely.

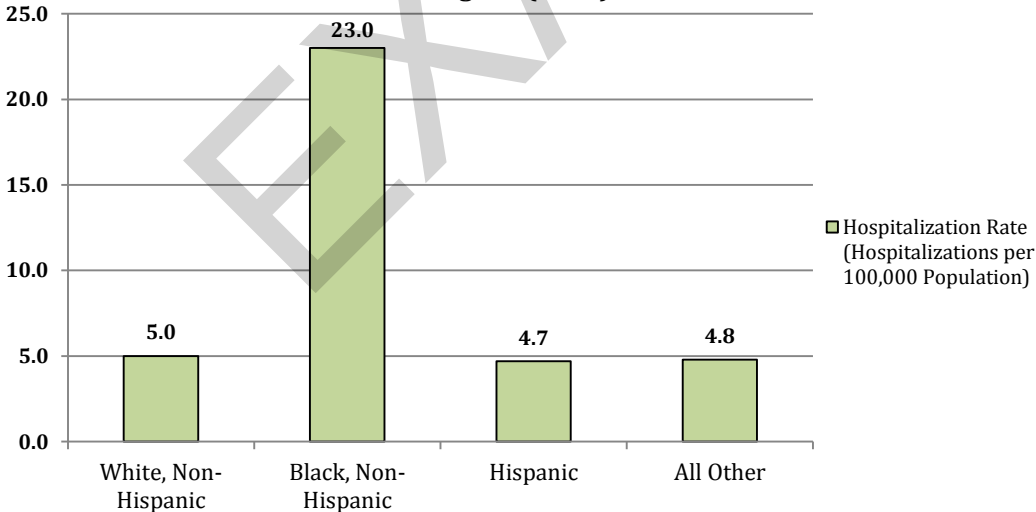
For example, the CDC estimates the **risk of death among people with diabetes is twice that of people of similar age but without diabetes.**

Hypertension Death Rates by Race/Ethnicity Among Adults 35 years and older in Richmond, VA (2008-2010)



Non-Hispanic Black adults over the age of 35 experience the highest death rate compared to other racial/ethnic groups with high blood pressure.

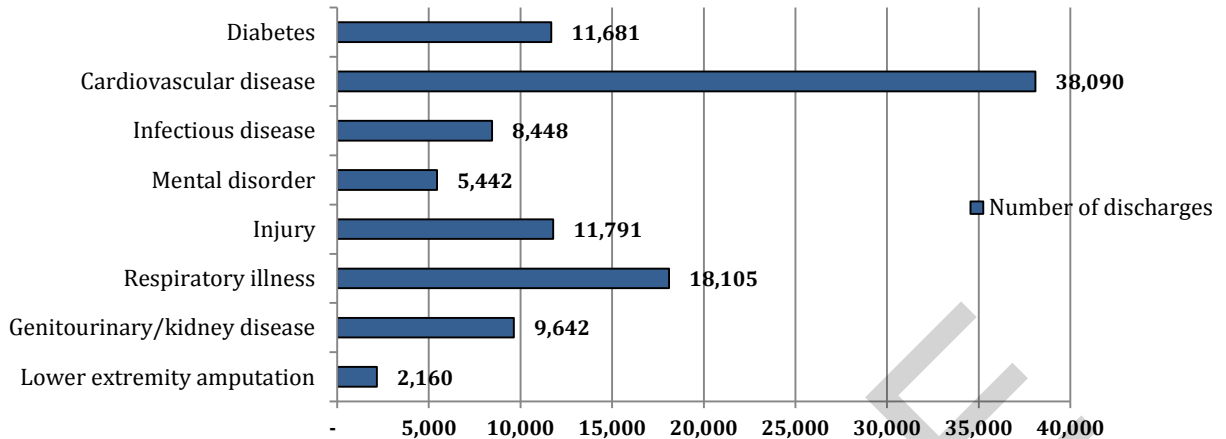
Hospitalization Rate by Race/Ethnicity due to Hypertension, Virginia (2010)



Non-Hispanic Black adults with high blood pressure experience the highest hospitalization rate. This means that a higher percentage of non-Hispanic Black adults are being hospitalized due to high blood pressure than other racial/ethnic groups with high blood pressure.

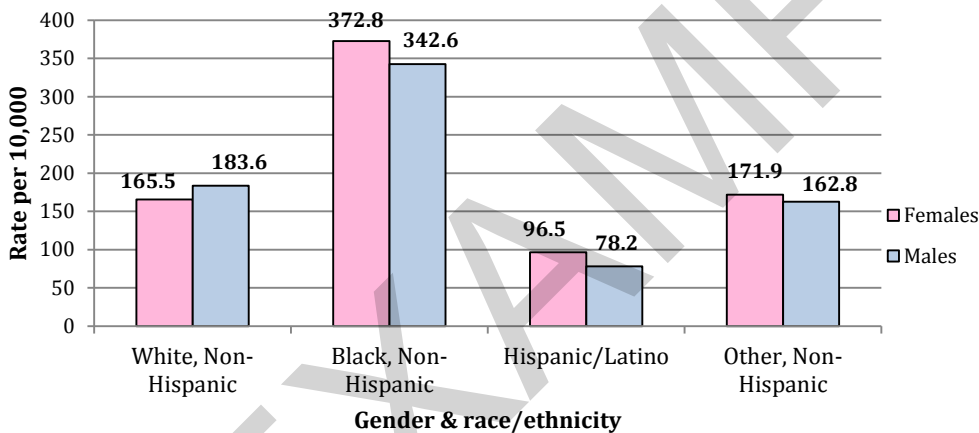
\$216,655,480 was spent on high blood pressure-related hospitalizations in Virginia hospitals in 2011.

Primary Diagnoses of Persons with Diabetes who are Hospitalized, Virginia (2009)



Diabetes resulted in a number of diabetes-related hospitalizations in Virginia hospitals in 2009, with the most common being cardiovascular (heart) disease.

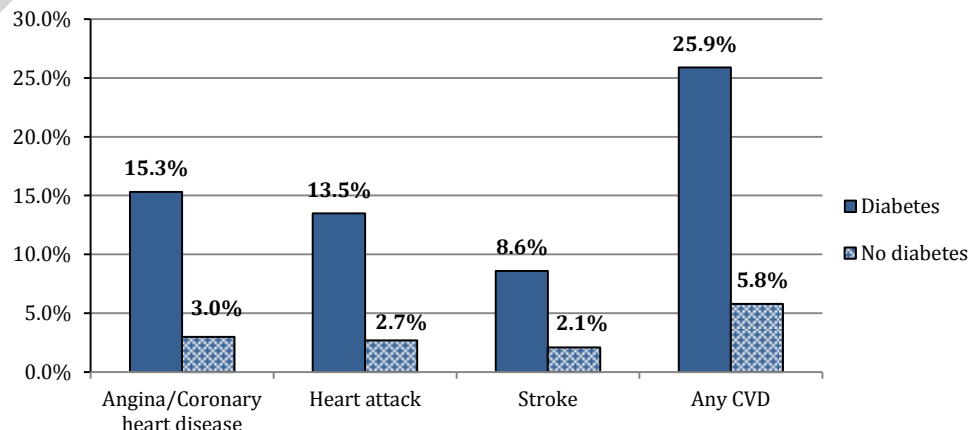
Hospital Discharge Rates for Persons with Diabetes by Sex and Race/Ethnicity, Virginia (2009)



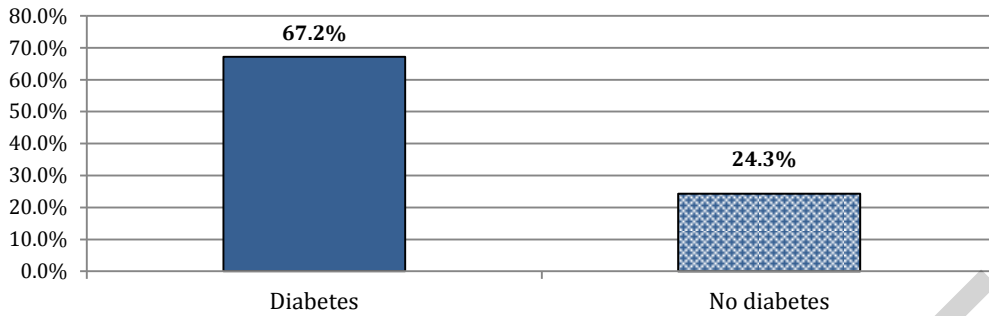
Non-Hispanic Black females and males have the highest hospitalization discharge rate of any racial/ethnic group. This means that non-Hispanic Black adults with diabetes are more likely to be hospitalized than any other group with diabetes.

Having diabetes also increases a person's risk for developing cardiovascular disease, such as coronary heart disease, heart attack, and stroke. Compared to those without diabetes, diabetics are nearly two times as likely to die from heart disease, 1.5 times as likely to die from a stroke, and five times as likely to die from high blood pressure.

Cardiovascular Disease Prevalence by Diabetes Status Among Adults, Virginia (2010)

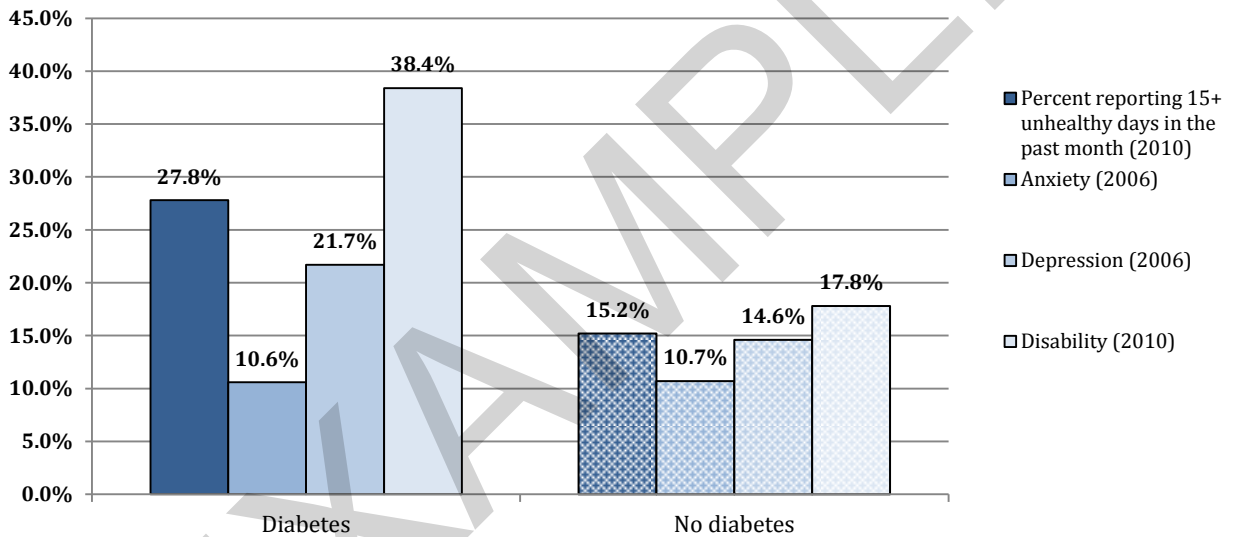


Percent of Adults with High Blood Pressure by Diabetes Status, Virginia (2009)



People with diabetes are also much more likely to be diagnosed with high blood pressure, than those without diabetes.

Adults Reporting Unhealthy Days, Mental Health, and Disability in Virginia



People with diabetes are more likely to experience poorer health than people without diabetes. Diabetics are more likely to report experiencing 15 or more unhealthy days in the last month, experience depression, and experience physical, mental, or emotional disability compared to adults without diabetes. ("Unhealthy days" is a measure of quality of life, and is measured by both physical and mental health.)

All rates are age-adjusted unless otherwise noted. Adults are 18 years of age or older, unless otherwise noted.

Data sources:

- East End data = REACH data (2009)
- Richmond, VA data = BRFSS (2009)
- Virginia diabetes data = BRFSS (2010) – Virginia Department of Health
- Virginia diabetes data = BRFSS (2012)
- Virginia hypertension data = BRFSS (2013)
- Virginia Diabetes Hospitalization Data = Virginia Department of Health (2009) – Virginia Health Information
- Centers for Disease Control (CDC)
- U.S. Department of Veterans Affairs

Summary of Sub-Group Populations:

Disabled: Adults with disabilities have a **13% higher prevalence of hypertension** than adults without disabilities. Adults with mobility limitations are the most likely to have hypertension among all types of disabilities (2001-2010).

Veterans: Nearly **25% of veterans** in the VA Health Administration have been diagnosed with diabetes. More than **37% of Veterans** have been diagnosed with hypertension.

LGBT: There is very limited data documenting the prevalence of diabetes and hypertension in the LGBT (Lesbian, Gay, Bi-sexual, Transgender) community. However it is believed that LGBT men and women may be at a greater risk for developing diabetes and hypertension because they are more likely to experience certain risk factors linked to these chronic diseases than their heterosexual counterparts. These include higher rates of obesity, physical inactivity, tobacco use, binge drinking, and depression, in addition to often experiencing discrimination, social stigma, and barriers to accessing health care.

Pregnancy: Gestational diabetes (GD) is a type of diabetes that develops during pregnancy. GD rates are increasing and currently affect about **9% of pregnancies in the U.S.**, with rates varying significantly by age, ethnicity, family history, and obesity. Racial and ethnic minority women have the highest rates of GD (Non-Hispanic Black: 10.5%; Hispanic: 12.1%; Asian/Pacific Islander: 16.3%; American Indian/Alaska Native: 8.9%; Non-Hispanic White: 6.8%).

Co-Morbidities: Co-morbidities are diseases or conditions that co-exist with the primary disease, but also stand as their own specific disease.

- A person with diabetes frequently has the following co-morbidities: high blood pressure (**up to 75% of adults with diabetes have hypertension**), high cholesterol, fatty liver disease, cardiovascular disease, kidney disease, obesity, sleep apnea, eye problems, cancer, and fractures.
- A person with hypertension frequently has the following co-morbidities: kidney disease, obstructive respiratory disease, coronary heart disease, heart failure, diabetes, and stroke.

Secondary Diabetes: Diabetes that results as a consequence of another medical condition, including:

- Cystic fibrosis, chronic pancreatitis, polycystic ovarian syndrome, hemochromatosis, Cushing's syndrome, acromegaly, pancreatic diseases and cancer.

Secondary Hypertension: High blood pressure that results as a consequence of another medical condition, including:

- Diabetes, kidney disease, renovascular hypertension, Cushing's syndrome, adrenal gland tumors, thyroid and parathyroid problems, sleep apnea, obesity, pregnancy.

Local Health Resources

Management Programs and Health Care Services

YMCA Diabetes Control Program

A 12-week course designed by the American Diabetes Association for those interested in educating themselves or loved ones about diabetes. Each weekly meeting emphasizes various factors related to diabetes, including heart health, nutrition, medications, and emotional well-being. Enrollment in this program includes access to the YMCA wellness center. If interested, contact:

- Ramona Taylor-Edwards: (804-474-4405), taylor-edwardsr@ymcarichmond.org

Bon Secours Diabetes Treatment Center at Richmond Community Hospital

This treatment center provides education and support for anyone with diabetes. Services include education classes, help with meal planning, exercise, weight loss, blood sugar monitoring, and insulin injections and pumps. To make an appointment at **Richmond Community Hospital**, call: 804-545-3232

- 1510 North 28th Street, Suite 201 A, Richmond, Virginia 23223

Chronic Disease Self-Management Program

A free, once a week, 6 week program that anyone with a chronic disease is eligible to join. Participants learn how to manage their disease and live a healthy lifestyle. Taught by a certified VA Department of Health educator. To learn more, contact:

- Joan Welch: (804-615-0135), welchmj@verizon.net (Senior Connections)
- Charles Lee: (804-205-3734), charles.lee@vdh.virginia.gov (VA Department of Health)

Center for High Blood Pressure

A nurse-run, free clinic offering health care services to the uninsured citizens of Greater Richmond. For more than 30 years, the Center has been preventing strokes, heart attacks, and kidney failure by detecting and helping to manage high blood pressure, diabetes, and high cholesterol. To schedule an appointment, call: 804-359-9375. The center is open Monday-Thursday from 8AM-5PM.

- 1200 W. Cary Street, Richmond, VA 23220
- <http://www.rahbpc.org/home.html>

Vernon J. Harris Medical and Dental Center – Diabetes Self-Management Education

This health center offers an interactive, ongoing process involving the person with diabetes, the caregiver, or family with a diabetes educator. The education aims to achieve optimal health, better quality of life, and reduce the need for costly health care. The program includes: individual diabetes education sessions with a RN or Certified Diabetes Educator, individual diabetes management plans, access to diabetes resources, medications, and testing supplies, quarterly patient newsletters; group classes with cooking demonstrations, exercise instructions, peer support, and discussions. To make an appointment with the Diabetes Education Center, call: 804-253-1976

- 719 N. 25th Street, Richmond, VA 23223
- <http://cahealthnet.org/services/diabetes-care/>

Management Programs and Health Care Services

Jen Care

A medical practice of primary care providers and specialists that provide readily available health care services, including prescription pickup, transportation services, diagnostics, and acupuncture. All patients see the same primary care doctor at each visit. Accepts walk-in Medicare Advantage patients.

- Patient Support Center: 1-855-JC-Med-4U (1-855-526-3348)
- <http://jencaremed.com/>

CVS Minute Clinic

A drop-in clinic staffed by nurse practitioners and physician assistants that offers a range of services for adults and children (18 months and older), including diagnosing and treating illnesses, injuries and skin conditions, and wellness services, including vaccinations, physicals, screenings and monitoring for chronic conditions. No appointment necessary, and accepts most insurance. Three Richmond locations:

- West Broad, 5001 West Broad Street 804-282-5421
- Carytown: 3514 West Cary Street 804-355-8533
- Mechanicsville: 7048 Mechanicsville Turnpike 804-730-9498
- <http://cvs.com/minuteclinic/clinics/Virginia/Richmond>

CrossOver Healthcare Ministry

CrossOver Healthcare Ministry is Virginia's largest free clinic, offering a full array of medical services, including primary care, dental, vision, and specialty care, with a focus on a patient centered medical home, and chronic disease management. In addition, CrossOver provides a community pharmacy, mental health services, and access to social workers. In order to be seen at a CrossOver clinic, new patients must first complete the eligibility forms and undergo an in-person financial screening. Patients must be at or below 200% of the federal poverty level & have no form of insurance. For more information, contact:

- 108 Cowardin Ave, Richmond, VA 23224, 804-521-8263
- <http://www.crossoverministry.org>

Resource Centers

Offers multiple healthcare services including reproductive health, family planning and STI services, health screenings, wellness services, nutrition and health education, and chronic disease management, including blood sugar and blood pressure screenings. Several locations throughout the city of Richmond:

- Creighton Resource Center, 804-371-0433
2150 Creighton Rd
- Whitcomb Resource Center, 804-786-0555
2106 DeForrest Ave
- Mosby Resource Center, 804-786-0204
1536 Coalter Street
- Fairfield Resource Center, 804-786-4099
2311 N. 25th Street

Additional Resources and Information

Feed More Food Bank - Hunger Hotline

A Food Referral program that helps to connect callers with resources for food appropriate to their needs. Click on the link below to fill out a request form, and you will be contacted by a Hunger Hotline representative within one business day:

- <https://feedmore.org/food-bank/food-bank-programs/hunger-hotline/>

Tricycle Garden's Four Season Farmers' Market

A rotating variety of locally grown seasonal produce. EBT/SNAP benefits are accepted and will be matched \$1 for \$1. Open Thursdays from 11AM-1PM, and located at:

- 31st Street Baptist Church, 823 North 21st Street, Richmond, VA 23223

American Heart Association

The Richmond Chapter of the American Heart Association is committed to improving the heart health of our community. Their website and Facebook page have excellent information on upcoming heart health events and resources for living a healthier life.

- http://www.heart.org/HEARTORG/Affiliate/Glen%20Allen/Virginia/Home_UCM_MAA014_AffiliatePage.jsp#
- <https://www.facebook.com/RichmondAHA>

Million Hearts

A national initiative to prevent 1 million heart attacks and strokes over the next five years by bringing together communities, health systems, nonprofit organizations, federal agencies and other private-sector partners across the country. The website has a number of educational and practical uses that range from information on heart disease and stroke to heart attack risk and blood pressure calculators.

- <http://millionhearts.hhs.gov/>

Virginia Department of Health

The Virginia Department of Health's website offers information and links to other diabetes and hypertension-specific resources:

- <http://www.vdh.virginia.gov/ofhs/prevention/diabetes/>
- <http://www.vdh.virginia.gov/ofhs/prevention/hdsp/>

SmokeFree.Gov

A website intended to help you or someone you care about quit smoking. Filled with free resources and tools, this website allows you to choose the help that best fits your needs for becoming and remaining a non-smoker, including: instant messaging service, telephone quit-line, text messaging service, smoke-free apps, and other information.

- <http://smokefree.gov/>

Quit Now Virginia - Tobacco Quit Line

If you are ready to quit smoking, call 1-800-784-8669 for free assistance and resources.

Our mission is to explore and investigate social determinants of health through mixed methods research in order to find and propose effective community-based solutions



Engaging Richmond: Team Meeting (#5)

AGENDA

Monday March 9, 2015

10:00 a.m. - 1:00 p.m.

10:00-10:15 Team Check-in ☺

- Sign-in
- Weather Report
- Reminder: CITI training on Thursday (March 12th) and Wednesday (March 18th)

10:15-10:20 SEED Roadmap – Next steps

10:20-10:30 Informational Interviews – Report back to group

- Report on organizations and people interviewed, how interviews went, etc.

10:30-11:00 Informational Interview Discussion

- Patient groups (IQ1, 1a, 1b)
- Types of support from organization (IQ2)
- Other sources of support (IQ3)
- Local advocacy organizations (IQ4)
- Leaders and policymakers (IQ5)

11:00-12:50 Complete Matrix 1: Identifying sub-groups

- Introduction to matrix

11:00-11:30 Column 1: Who is affected (patient stakeholders)

11:30-11:40 BREAK

11:40-12:10 Columns 2-4: Decide on Decision Criteria; Complete for all patient stakeholders

12:10-12:40 Column 5: Decision

12:40-12:50 Ranking

12:55-1:00 Logistics

- Sarah to collect hard-copies of Informational Interview notes
- Timesheets (Payday: March 16th)

Homework for this week:

- Based on the patient stakeholder groups that were decided on today, think about the groups you'd like to see for patients and caregivers, if these groups should be combined or separated into different Topic groups, and what the composition of each group should look like. We will have a total of 3 groups with at least one group of providers. **We will discuss this first thing next week!!**

Upcoming SEED Events:

- Human Subjects Training (CITI): March 12th or 18th, 10am – 1pm at Community Center
- Meeting 6: Monday March 16th from 10am – 1pm (Will complete Patient Stakeholder Recruitment matrix)

Engaging Richmond: Meeting #5

The SEED Method for Stakeholder
Engagement in Question Development

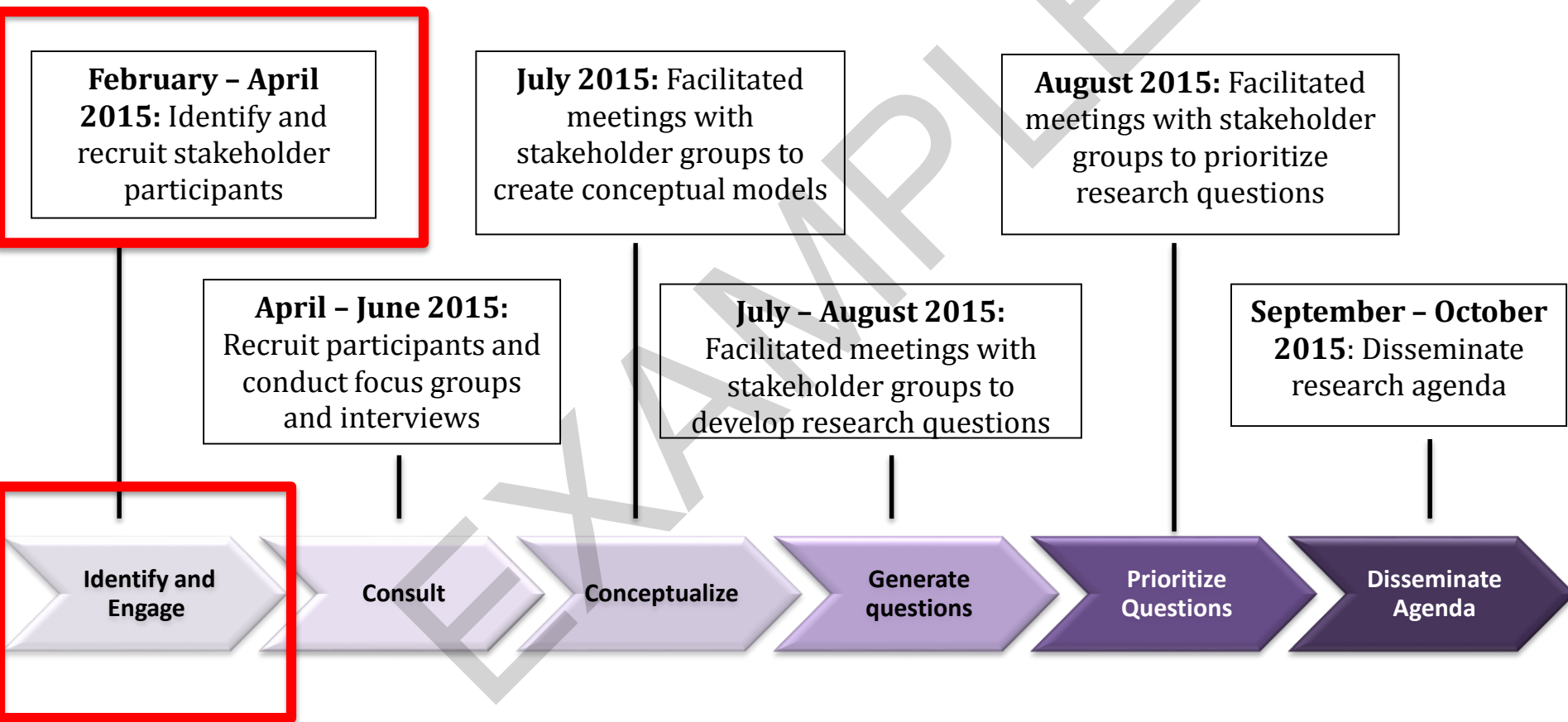


SEED METHOD: Who Participates?

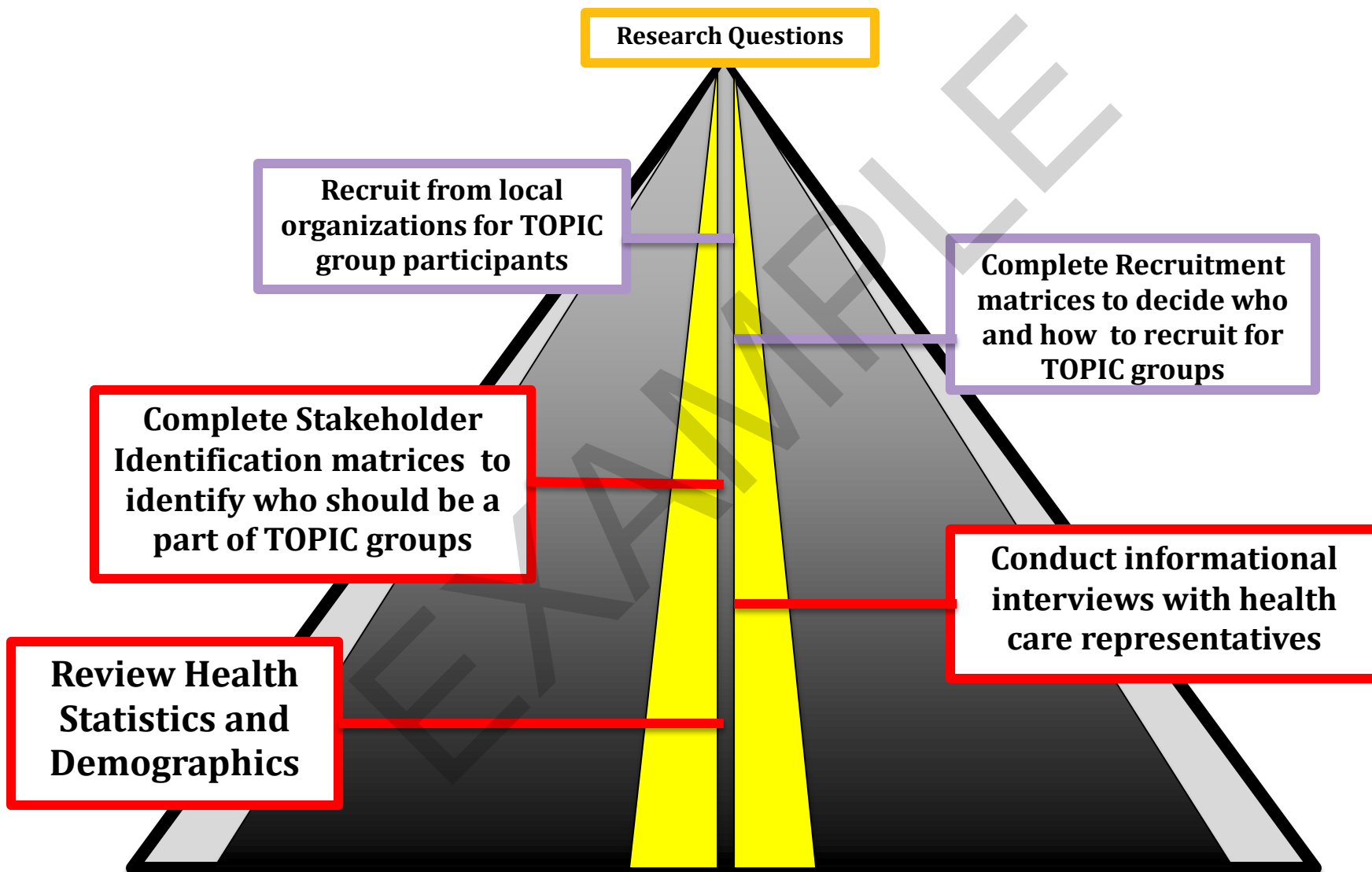
- 1. The Research Leadership – Engaging Richmond**
 - Collaboratively leads the research study!
- 2. Topic groups – Expert advisors (3 groups)**
 - Groups of people brought together based on their **experience and knowledge of diabetes/hypertension**
- 3. SCAN participants – Focus groups/ Key Informant Interviews**



Summary of SEED Method Process



SEED Roadmap: Feb – April 2015



Our mission is to explore and investigate social determinants of health through mixed methods research in order to find and propose effective community-based solutions



Engaging Richmond: Team Meeting (#9)

AGENDA

Monday April 6, 2015

10:00 a.m. - 1:00 p.m.

10:00-10:15 Team Check-in ☺

- Sign-in
- Weather Report
- Upcoming Meetings: Code for America (TODAY: 1-2pm); Note-taking and Co-facilitator training (April 13th, 1-2pm), Learnapalooza (May 2nd, 11am-1pm)

10:15-10:20 Review from last week/SEED Roadmap

10:20-11:30 Topic group recruitment

- Sign-up
- Recruitment steps and key points
- Recruitment materials

11:30-11:45 Break

11:45-12:45 Focus Group and Interview Planning

- Purpose and process
- Review categories and example questions
- Breakup into small groups to brainstorm additional questions
- Reconvene as large group to review questions

12:45-1:00 Evaluation Assessment and Logistics

- Personal Information questionnaire
- Timesheets
- Next Payday: Thursday April 16th

Upcoming SEED Events:

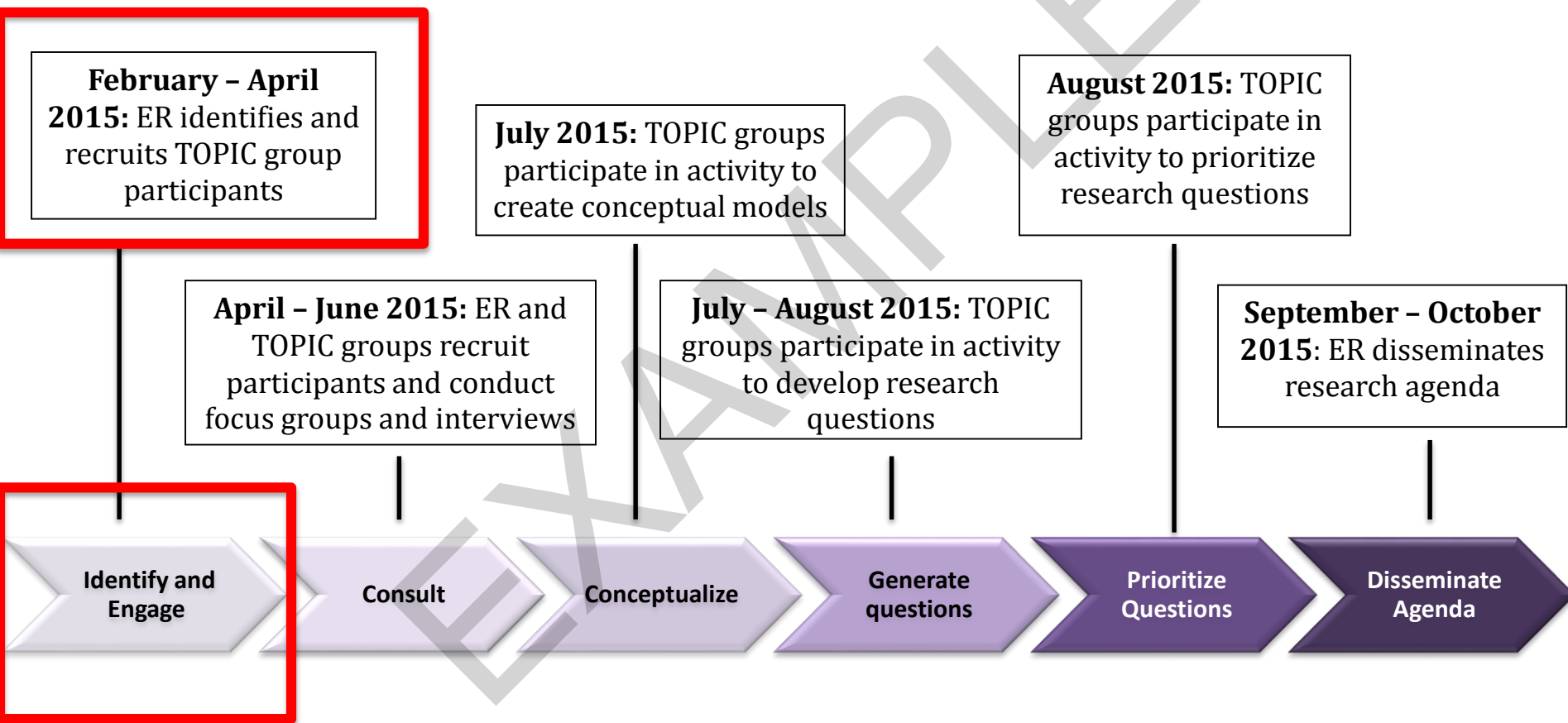
- Meeting 10: April 13th, 10am-1pm (Recruitment and planning of Topic groups, logistics)
- Note-taking training: Monday April 13th, 1-2pm (Community Center)
- Co-facilitator training: Monday April 13th, 1-2pm (Community Center)
- Learnapalooza: Saturday May 2nd, 11am-1pm

Engaging Richmond: SEED Method Meeting # 9

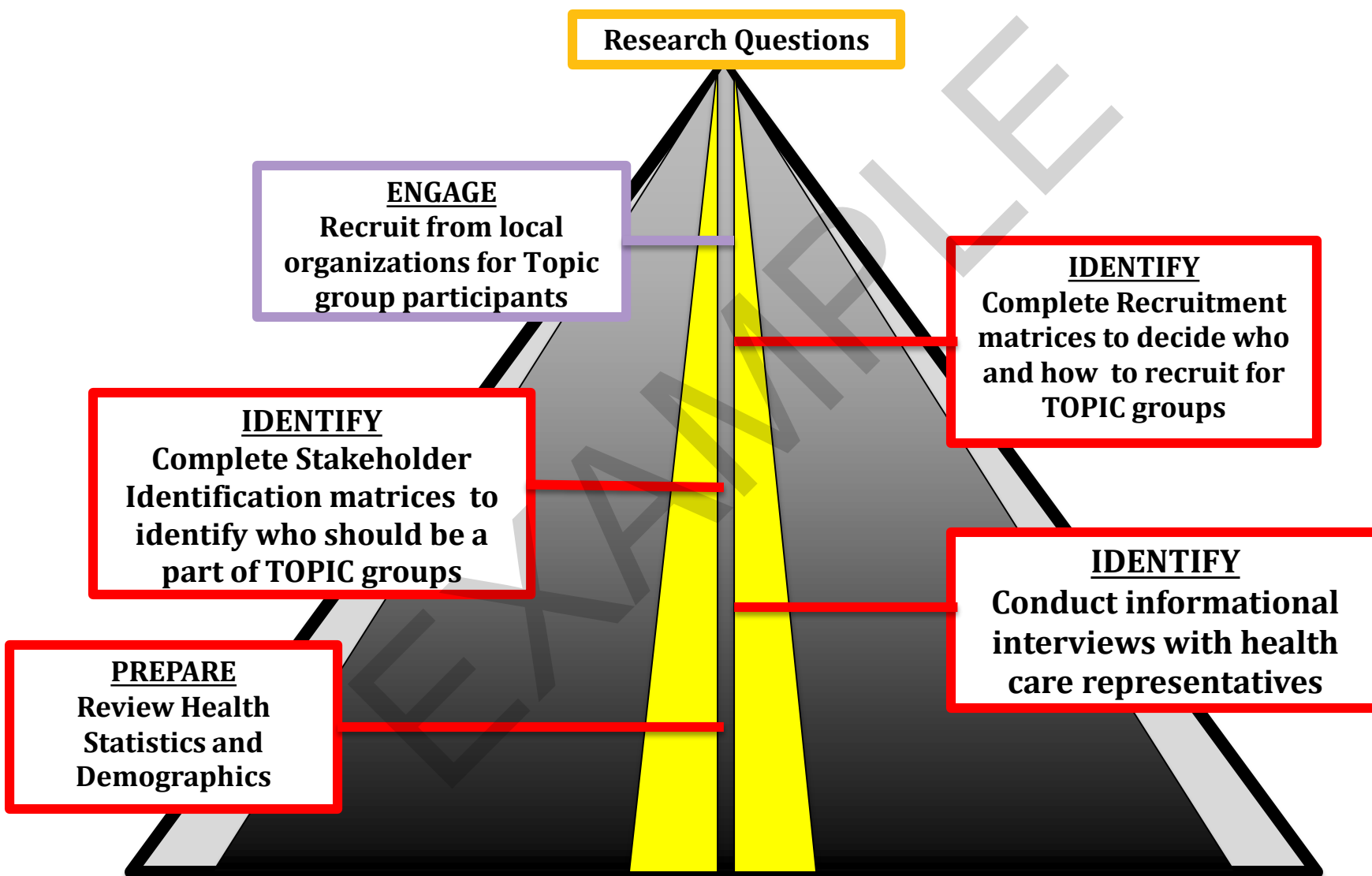
The SEED Method for Stakeholder
Engagement in Question Development



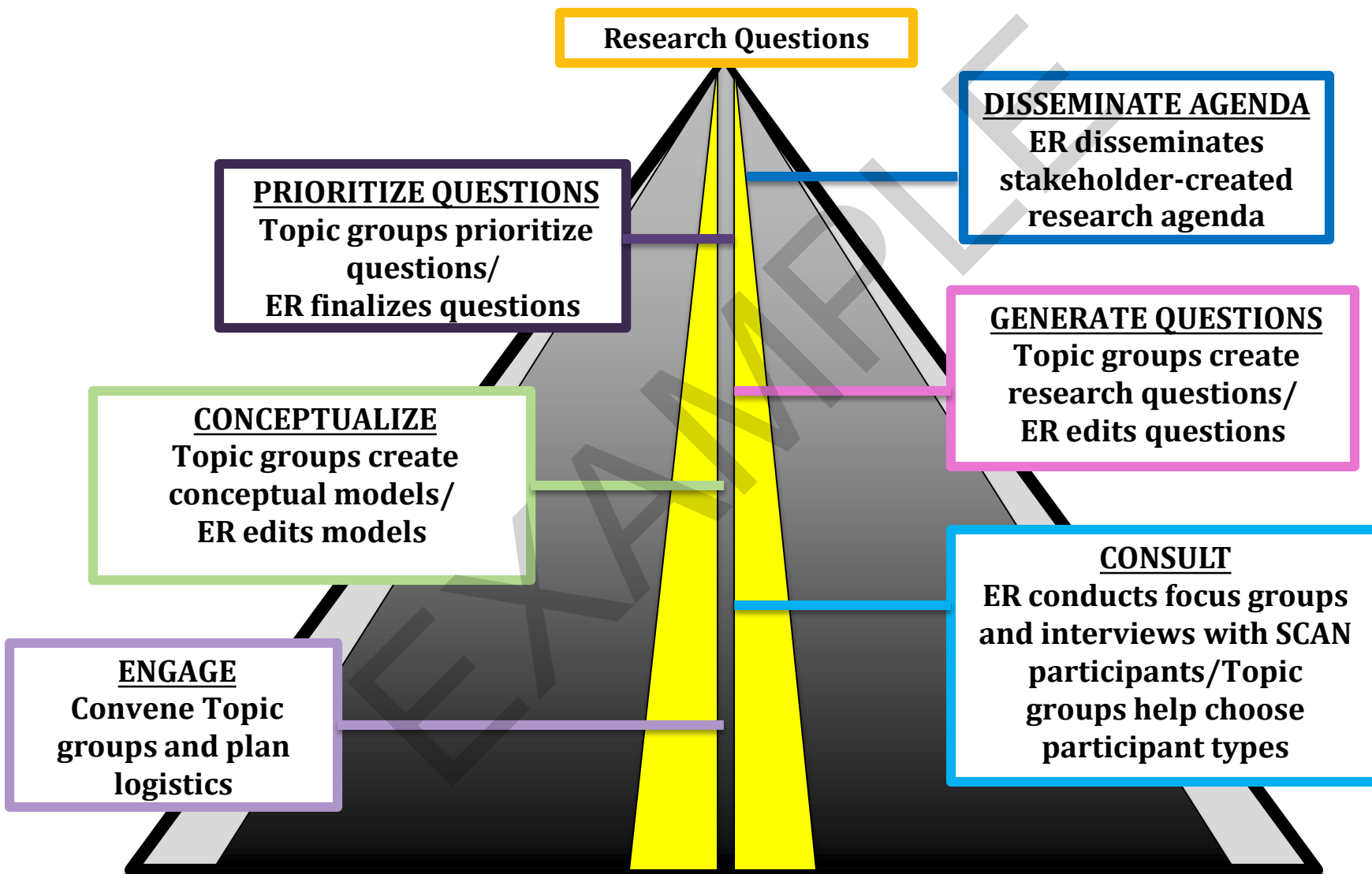
Summary of SEED Method Process



SEED Roadmap: Where we've been



SEED Roadmap: Where we're going



SEED Roadmap: TODAY

- 1. Topic group recruitment:** Plan out how, when, and where to recruit people to participate in Topic groups
- 2. SCAN participant planning:** Begin planning focus groups and individual interviews by brainstorming important questions to ask.

QUESTIONS

EXAMPLE

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Engaging Richmond: Team Meeting (#12)

AGENDA

Monday April 27, 2015

10:00 a.m. - 1:00 p.m.

- 10:00-10:20** **Team Check-in ☺**
- Sign-in
 - Weather Report
 - Recap from last week (Reminder: No Q/A!)
 - Note-takers – Practice!
- 10:20 -10:30** **Sign Updated Values Contract**
- 10:30-10:45** **Topic group recruitment updates**
- Updates: meeting locations, handing out recruitment materials
 - Change to Kickoff Date! (Meetings #1, #2)
 - Q/A
- 10:45-11:30** **Focus Group Planning**
- Decide who should participate in Focus Groups
- 11:30-11:45** **Break**
- 11:45-12:45** **Key Informant Interview Planning and Recruitment**
- Decide who to interview
 - Recruitment Plan
 - Logistics: Recruitment scripts, scheduling, payment
- 12:45-1:00** **Logistics and Reminders**
- eID/password access; IT Security Training due by Thursday!
 - Next Payday: Friday May 1st
 - Reminder: Topic groups will NOT meet this week!
 - Re-schedule Memorial Day Meeting (5/25/2015)

Upcoming SEED Events:

- Meeting 13 (May 4, 2015): Key Informant Interview training; Create Interview Guide
- VCU Information Security Awareness Training: Due April 30, 2015
- Learnapalooza: Saturday May 2nd, 11am-1pm

Engaging Richmond: SEED Method Meeting # 12

The SEED Method for Stakeholder
Engagement in Question Development

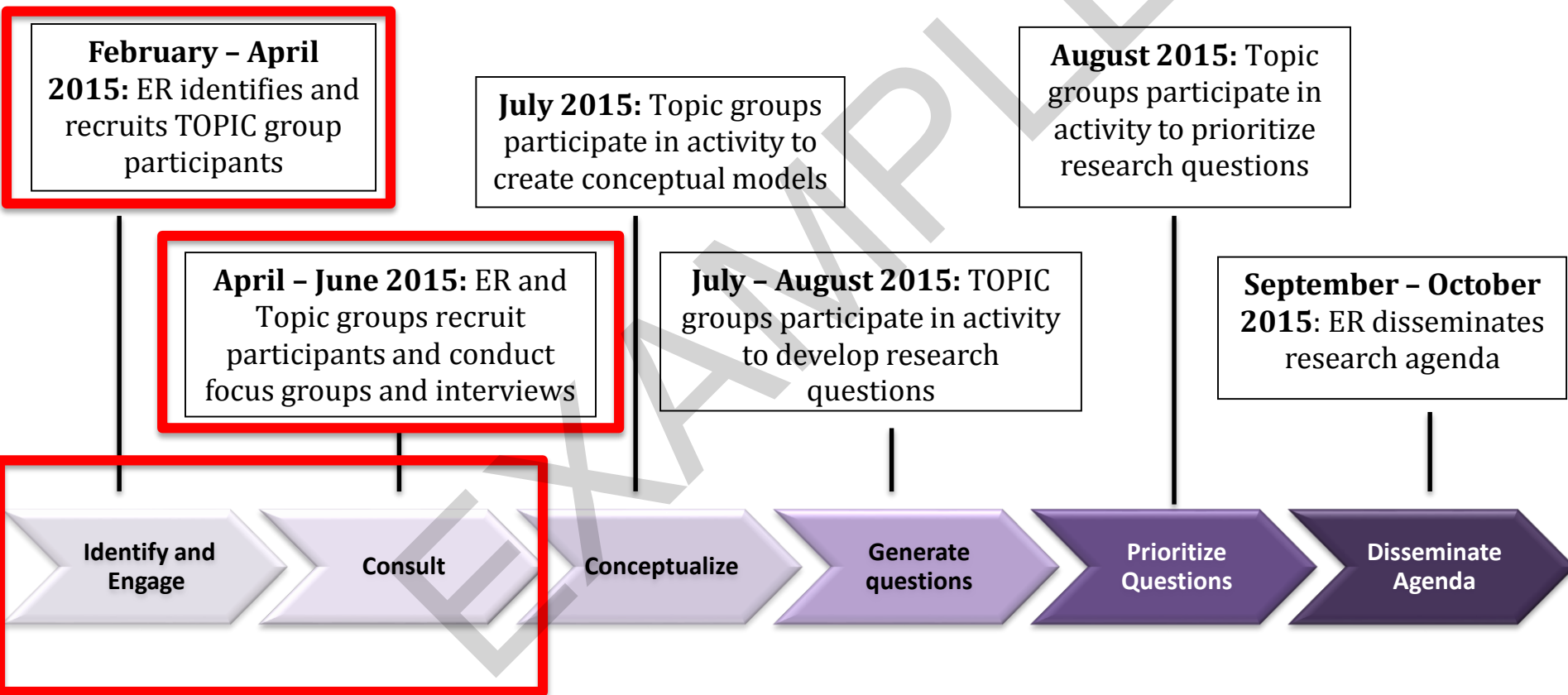


Meeting Recap: Last Week

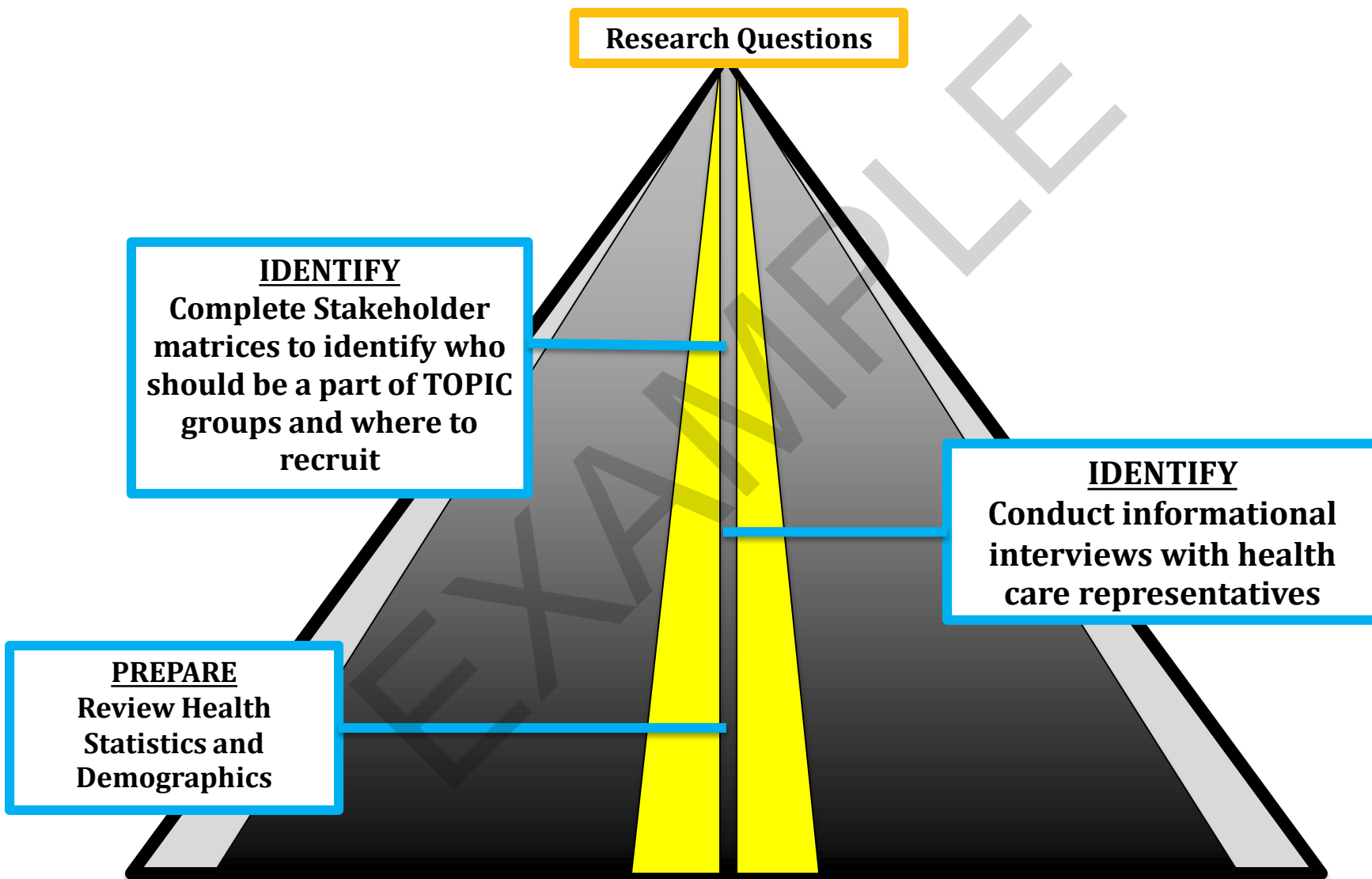
- Full Values Contract
 - Added ‘patience’
- Other important ground rules:
 - If you miss a meeting, notify Albert AHEAD of time; Follow-up with Sarah
 - Be on time
 - Review previous meeting without Q/A
- Topic group recruitment update
- Topic group training
 - Note-taking
 - Co-facilitation
 - Observation Log
 - Contact person ‘tips’



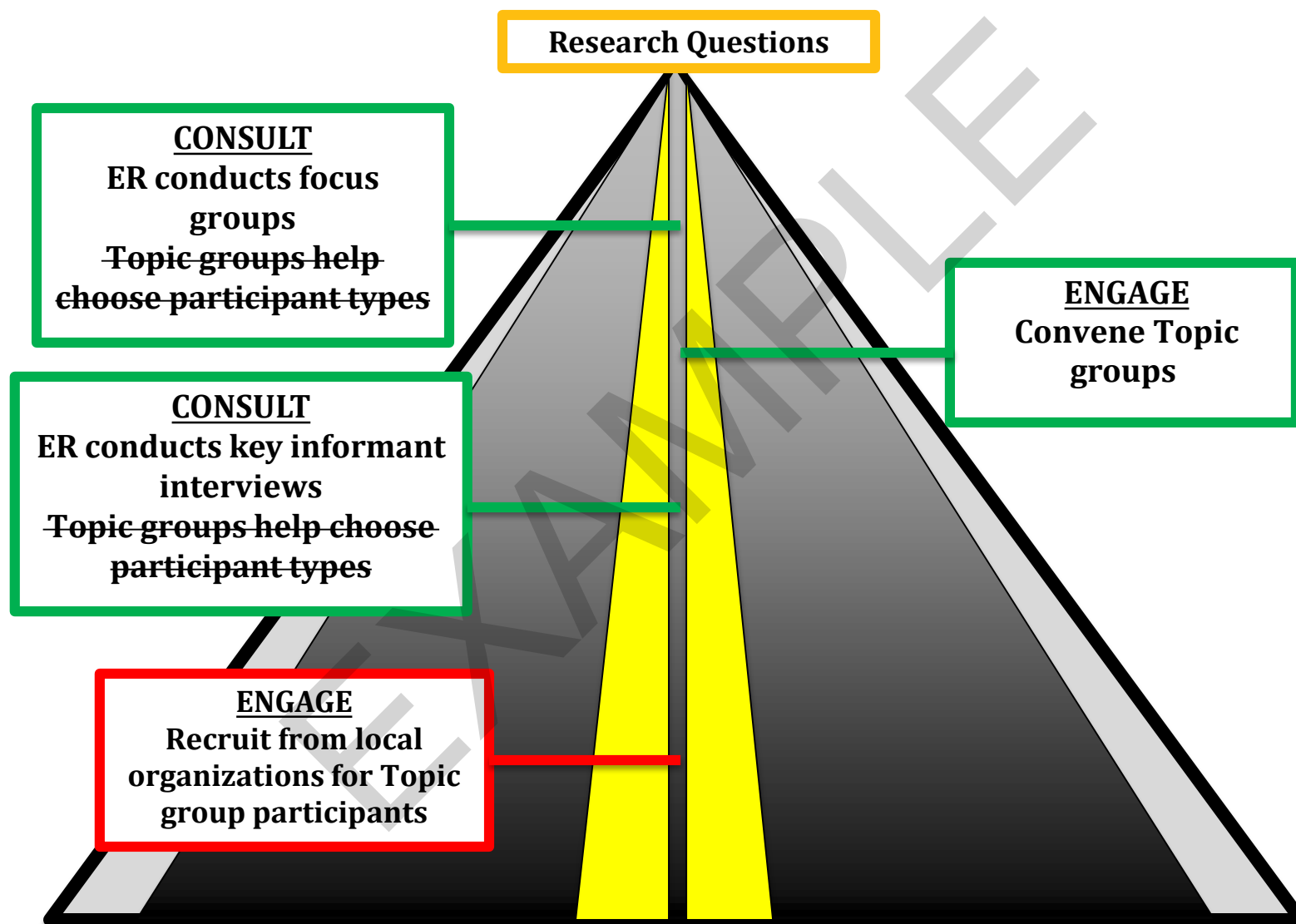
Summary of SEED Method Process



SEED Roadmap: Where we've been



What we're doing & where we're going



SEED Roadmap: TODAY

Focus Group Planning and Key Informant Planning and Recruitment:

1. **Decide WHO should participate in Focus Groups (6 groups)**
2. **Decide WHO should participate in Interviews (12 interviews) and HOW to recruit (recruitment plan)**

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Engaging Richmond: Team Meeting (#17)

AGENDA

Monday June 1, 2015

10:00 a.m. - 1:00 p.m.

10:00-10:15

Team Check-in ☺

- Sign-in, Weather Report
- ER Team member update

10:15-10:30

Key Informant Interview and Focus Group recruitment updates

- Key Informant Interviews: Keep scheduling them!
- Focus Group Recruitment:
 - 1 ER member to recruit for each Focus Group
 - Status of recruitment flyers

10:30-10:45

Topic group updates

- Report on Meeting #1 (Friday groups)
- Reminder: Provider group meets THIS Wednesday!

10:45-11:15

Focus Group Training Recap and Planning

- Focus Group training recap
- ER Roles and responsibilities

11:15-11:30

Break

11:30-12:55

Focus Group Facilitation Practice!

- Go through sample Focus Group facilitation guide
- Break up into 2 groups to practice role (facilitator, notetaker):
 - Convene as large group – Recap exercise and share tips
 - Reminder: Finalized focus group facilitation guides to be ready for next Monday's meeting (June 8th) to review

12:55-1:00

Logistics and Reminders

- Next Payday: Today!

Homework

- Schedule and conduct key informant interviews: Be in contact with Albert or Sarah for obtaining Interview packets and Audio equipment within 48 hours of interview!!
- Focus Group recruitment!! Call Sarah

Upcoming SEED Events:

- Topic group meeting #1: Wednesday (June 3rd)
- Focus Groups: Tuesday (June 9th) and Thursday (June 11th)

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Engaging Richmond: Team Meeting (#24)

AGENDA

Monday July 20, 2015

10:00 a.m. – 1:00 p.m.

- 10:00-10:15** **Team Check-in ☺**
- Sign-in
 - Weather Report
- 10:15-11:20** **Topic group #5 debrief and conceptual model discussion**
- Meeting #5: Identifying factors and developing conceptual model
 - Review all three conceptual models – project models
 - Discuss models – facilitation questions
- 11:20-11:30** **Logistics for Developing Research Questions: Topic #6**
- Review logistics for next Topic meeting #6
- 11:30-11:45** **Break**
- 11:45-12:50** **Dissemination Activities – Updates and Planning**
- Tuesday August 4th – National Night Out
 - Developing ‘Barriers/Recommendations’ document
 - Thursday August 20th – Community Field Event
 - Other organizations attending/activities they are doing
 - Free VCU goodies
 - Decide on activities and handouts at table?
 - ER members attending events
- 12:50-12:55** **Upcoming one-on-one evaluation interviews**
- 12:55-1:00** **Logistics and Reminders**
- Next Payday: Friday July 31st!
 - No meeting next Monday!

Upcoming SEED Events:

- Topic group meeting #6: Friday July 31st and Saturday August 1st
- No ER meeting on Monday July 27th!!
- National Night Out: Tuesday August 4th
- Community Field Event: Thursday August 20th – Woodville Pool

Research Team Meeting #24: Debrief on Topic Group meeting and Conceptual model discussion with Research Team

Questions to facilitate discussion around Topic group conceptual models:

1. What are some similarities between the three models?
 - a. What factors or indicators exist in all three models?
 - b. What pathways exist in all three models?
2. What are some of the differences between the three models?
 - a. What factors or indicators are different?
 - b. What pathways are different?
3. Thinking back to why we invited these specific Topic groups (Seniors, Limited Access, Providers), have we learned anything or seen throughout the process anything that is unique about what they are bringing to the table? (For example, if providers have more factors on their model about health care, does this mean that providers are more focused on health care related experiences than patients are?)
4. How do you think the Topic groups' experiences influence those similarities and differences between the models?

** Use the actual conceptual models to guide this question; Focus on the differences talked about early**