Sandi L. Pruitt, PhD – UT Southwestern
Tammy Leonard, PhD – University of Dallas

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OUTLINE OF PRESENTATION

- Who is CARE?
- Hunger Center Longitudinal Database (HCLD)
- Research Strategy & Findings
WHO ARE WE?
HTTP://WWW.UDALLAS.EDU/CARE/
CARe stimulates collaborations to support more comprehensive solutions for disadvantaged, underserved populations.

CARe leverages collaboration to facilitate:

- Documentation of unmet needs
- Research agendas aligned with the needs of underserved populations and the organizations that serve them
- Communication of results
CARE’S CORE AREAS OF INTEREST

- **Health & Well-being**
  - Health status, outcomes
  - Health care access, integration

- **Behavioral Economics**
  - Economic/Financial Security
  - Minimum Wage

- **Housing**
  - Foreclosures, safety, stability

- **Neighborhoods**
  - Peer Effects / Social Networks
  - Public Goods and Services
HOW WE DO IT
(COLLABORATION AND INTEGRATION)

- Bi-Monthly core research team meetings
  - Access point for interested students and researchers
  - Facilitates communication and shared learning across projects

- Student participation
  - Undergraduate student interns
  - Graduate practicum students

- High productivity and shared success
  - Co-authorship with community stakeholders
  - Collaborative culture

- Community Engagement
  - Face-time with community stakeholders is essential
  - Positive “unintended consequences”
COMMUNITY ENGAGEMENT
2014-2015

- Onsite Community Contact Hours: 633
  - Onsite Contact (researchers): 223
  - Research Training (students): 720
  - Research Training (community organization staff): 10

- Presentations and Results Dissemination: 11
  - Academic posters/manuscripts: 4
  - Community & academic presentations: 7
HUNGER CENTER
LONGITUDINAL DATABASE
(HCLD)
HUNGER CENTER LONGITUDINAL DATABASE (HCLD)

Longitudinal Database of administrative data collected from 2500+ households who visit CCS every year

- Includes: BMI, self-rated health, food insecurity, employment, income, address, sociodemographics
- Records available from: May 1, 2013; archived annually

Collaborative, Self-sustaining Effort

- Crossroads staff and volunteers collect data
- CARe oversees scientific validity and provides training
- NTFB maintains database and convenes data sharing agreements with interested parties
The image is a bar chart showing the percentages of different ethnicities. The chart labels include:

- Not reported
- African American
- American Indian
- Asian/Pacific American
- Asian
- Black & White
- Caucasian
- Hawaiian
- Hispanic
- N/A
- Native American
- Other

The percentages are as follows:

- African American: 47.65%
- American Indian: 0.22%
- Asian: 0.79%
- Black & White: 0.03%
- Caucasian: 0.03%
- Hawaiian: 0.02%
- Hispanic: 0.35%
- Native American: 0.34%
- Other: 0.26%

The chart indicates that African American is the largest ethnicity category, followed by Hispanic and American Indian, among others.
GENDER

<table>
<thead>
<tr>
<th>Sex</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>F</td>
<td>74.9</td>
</tr>
<tr>
<td>M</td>
<td>25.1</td>
</tr>
</tbody>
</table>

Not reported
SELF-RATED HEALTH

Not reported | excellent | very good | good | fair | poor
---|---|---|---|---|---
0 | 8.789 | 9.148 | 39.73 | 34.89 | 7.444
BMI

- Not reported: 8.61%
- Underweight: 0.5381%
- Normal: 13.45%
- Overweight: 27.09%
- Obese: 39.01%
- Morbidly obese: 11.3%
FOOD SECURITY

Household food security 18 item measure for all households

- Not reported: 38.1%
- High food security: 4.836%
- Marginal food security: 7.35%
- Low food security: 17.6%
- Very low food security: 32.11%
HCLD IS A SHARED RESOURCE

- NTFB data sharing policy for research access
  - National and local data
  - Original research

- 3 primary focus areas:
  - Clients and Communities
  - NTFB Partner Agencies
  - NTFB Programs and Overviews

- Internship opportunities
  - Learn research process – quantitative and qualitative data collection, analysis
  - Spanish-speaking volunteers and interns especially needed
RESEARCH FINDINGS
STRATEGY

Observe

Assess needs

→

Act

Evaluate
Intervene
Disseminate
Observe Focus Group Pilot Study EMR-HCLD Linkage HCLD

Act How does the CDP Model affect Client Outcomes? Design improved questions for dissemination through the IEP and intervention strategies
What are CCS clients’ health-related needs, experiences, challenges, and beliefs?

Would CCS clients be willing to participate in future research?

N=47 clients: 4 Spanish focus groups, 4 English focus groups; 81% female, 90% Hispanic + Black

Findings published; informed current funding applications and projects
Multiple co-morbid conditions across household members

Health care utilization: cost-dependent, often limited to emergency triage

Diverse health insurance coverage; for most, insufficient

Knowledge of mammography varied extensively

Great interest in engaging in future health research

CCS reputation and staff-client rapport facilitated recruitment and candid participation
What are CCS clients’ medical conditions, health access and use?

What are clients’ perceptions of the potential role of the social-health information exchange (SHIE) in improving their health?

How do low-income families’ economic resources and behaviors change following a “health shock”?

How can we design and develop new and existing supportive programs based on these findings?
3 Key Projects

1. Focus groups and qualitative interviews about the IEP to understand client perceptions of benefits and use of EMR data

2. Pilot Longitudinal Study (n=50) to assess our ability to enroll clients into a 6 month research study, participate in monthly data collection phone calls, link Parkland EMR data and observe changes in economic and health outcomes

3. Longitudinal Empirical Study of the impacts of adverse health events on Crossroads service utilization and economic outcomes
ACT: HOW DOES THE CDP MODEL AFFECT CLIENT OUTCOMES?

- How does the existence of a new neighborhood CDP site affect frequency of service utilization in the neighborhood?

- How does the CDP model affect neighborhood residents health and economic well-being—RWJ “Building a Culture of Health” Proposal
As new measures are developed, they become part of the Hunger Center Longitudinal Database.
- Available to other researchers
- Will (hopefully) be incorporated into shareable IEP modules

Improved measurement of well-being of the food insecure populations
- Allow for cross-agency and cross-neighborhood comparisons
- Evidence for improved services, funding, and research interventions
- Self-sustaining system for generating new “observations” to generate new “actions”
Researchers: facilitate actionable research

Community Organizations: mutual investment in learning for the long-term

Students: Identification of mutually beneficial internship opportunities
SELECTED CARE PUBLICATIONS


