Reducing Behavioral Health Disparities Through an Innovative Academic/Community Partnership

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Leadership in Public Health Social Work Education (LPHSWE) program

• The purpose of this HRSA-funded program is to prepare students for leadership positions in public health social work to meet the needs of vulnerable populations.

• At the University of Pittsburgh, LPHSWE has recruited and trained twenty-eight students to become public health social work leaders to date.
LPHSWE trainees

Some of the many areas in which trainees gain experience and build skills through field placements are:

• promoting social determinants of health
• learning principles of inter-professional and team-based care
• learning leadership and management
• learning policy development and analysis
• skills in education, training, research and evaluation

• Three LPHSWE program trainees participated as Bridging the Gaps-Pittsburgh trainees 2015-2017.
Bridging the Gaps (BTG) Community Health Internship Program

- collaboration among multiple academic health institutions in Pennsylvania and New Jersey and ~100 community organizations
- links the inter-professional education of health/social service professional students with the provision of health-related services for vulnerable populations
Bridging the Gaps (BTG) - Pittsburgh

Accepts twenty University of Pittsburgh students each summer from:

- Graduate School of Public Health
- School of Medicine
- School of Nursing
- School of Pharmacy
- School of Social Work

- Students paired inter-disciplinarily to work thirty to thirty-two hours a week in community-based organizations that work with underserved populations in the Pittsburgh region.

Examples: homeless shelters, bridge housing programs, inner-city summer camps, domestic violence shelters, teen parent programs, drug and alcohol recovery programs
BTG-Pittsburgh project development

Under the guidance of host site mentors and faculty mentors, trainees develop projects and tangible products responsive to organizational and community needs.
Multi-disciplinary Reflective and Didactic Sessions

• All trainees gather every Wednesday

• Guest speakers on issues that cross populations and sites
  • Examples: affordable housing, experiential poverty exercise, oral health, community violence, health literacy, health inequities

• Assigned weekly non-fiction reading and newspaper articles

• Discussion about site activities, challenges, lessons and stories, opportunities for advocacy, problem solving

• Daily reflective journal on experiences and readings submitted weekly
LPHSWE trainees in BTG-Pittsburgh

• Engaged in curriculum development and weekly program coordination
• Engaged with community partners, site visits for quality control
• Assisted with multiple program evaluations
• Participated in weekly group discussions about population- and site-based challenges
• Researched potential future community partners
Leadership Skills Gained

• Communication skills with
  • potential funders about investment in program
  • potential community organization partners
  • potential trainees (e.g., building interest among medical students at research fair)
  • partners and students throughout program for ongoing responsiveness and quality control

• Stronger writing skills for grant writing and final reports

• Learn of grant resources (Foundation Center/Nonprofit Resource Center trainings, events) and requirements

• Evaluation skills – recognizing roles of evaluation in quality improvement, quantitative and qualitative methods to capture process and outcomes
BTG-Pittsburgh Evaluations

Process and outcome evaluations are implemented annually to track:

• Trainee experiences of host sites, mentors and program components

• Community mentor assessments of mentor training workshop, trainees, final products and the overall program

• Pre-post shifts in trainee attitudes and awareness regarding vulnerable populations
Measuring Trainee Change

Statistically significant changes in trainee attitudes and awareness from week one to week eight

Nine items measured on a five-point Likert scale, on which students indicate they “definitely do not” or “definitely”:

• Understand many of health realities that “poor” people face
• Understand how social determinants impact health
• Are aware of leading health problems in this country
• Understand racial and socioeconomic health disparities
Measuring Trainee Change (cont’d)

• Are aware of health services available to underserved populations
• Are aware of social service agencies available to underserved populations
• Know about barriers/constraints to accessing services by underserved populations
• Think that including community perspectives in future research/work is important
• Believe it is important, as a health professional, to play a role as an advocate for policy/social change
Tracking Trainee Change (cont’d)

• Also qualitatively track trainee learning through their weekly journal submissions
  • LPHSWE assist with reading through, noting what trainees are reflecting on, challenges they are confronting, problems they are solving, and how they are developing as a community engaged, inter-disciplinary team

• Weekly opportunity for LPHSWE trainees to discuss these issues with program director
LPHSWE Trainee Lessons Learned

About working with vulnerable populations in general

• Contextualizing – learning and sharing external contributors that impact client situation

• Processing and managing conflicting views

• Developing empathy – personal connections/put self in their shoes/experiential poverty
Regarding political and economic challenges of vulnerable populations

• Advocacy work – reflecting struggles of families with systems and bureaucracies

• Networking – making connections between agencies and with research community to improve situation

• Budgeting - and its import!
About what makes our BTG-Pittsburgh partnerships work

• Flexibility!
• Communication – open, clear
• Program values – clearly communicated and consistently adhered to
• Efforts to ensure value to community programs and to students
• Commitment to partnerships – Many BTG-Pittsburgh partnerships with organizations have continued beyond a decade, sometimes relationships need extra attention
• Follow through on commitments – setting up and meeting expectations
• Accountability of program office and of students to community
Critical components of sustainable partnerships

- **Respect** – mutual – of culture, of expertise that resides in communities, of context
- **Reciprocity** – of training, labor and benefits
- **Responsiveness** – to community needs, requests, ideas and offers, working with community partners to recognize and tap trainee talents
- **Reflexivity** – take opportunities for personal inventory, reviewing own biases, actions and intentions
- **Remember present is future history** – foundation well or poorly laid now will determine what is perceived as possible by potential partners, communities

(based on work by T. Elias and T. Bui, Bridging the Gaps-Pittsburgh, 2001)
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• Questions?
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