Equality State Research Network – 2020 Minutes

- January 28, 2020
- February 25, 2020
- March 31, 2020
- April 28, 2020
- May 26, 2020
- June 23, 2020
- July 28, 2020
- August 25, 2020
- October 27, 2020

Location: Wind/ Zoom

Date: January 28, 2020

Time: 12:00pm-1:00pm

Facilitator: Tai Baker

Attendance

WIND: 5 | NETWORK: 9

- 1. Introductions
- 2. Overview of the Network
 - a. Distributed Research Network amongst all stakeholders within the state
 - b. Core Values: equal contributions, collaborative approach and relationships between partners
 - c. Community outcomes and innovative research challenges of living in a rural state
- 3. Creating a Grant Mechanism for research participation in the ESRN
- 4. Charter
 - d. Purpose of the Network
 - e. Benefits of involvement
 - f. Responsibilities of Members, WIND, & Network Advisory Council
- 5. What is the Value of the Network
 - g. Identifying what is working and what is working well
 - h. Looking at an aging population healthcare systems are unable to support them
 - i. for creating community linkages, care for each other, care outside of a hospital
 - i. Community Organizations
 - i. Approached regularly to participate in studies, produce data, and identify evidence-based practices.
 - ii. Run into the problem that the research standard is based on random control trial and this would require refusing services to a population. Our organization is not comfortable denying clients and placing them into a no service group. Looking at measuring some smaller dosage or components of a complex program. Ongoing challenge - small populations
 - i. This network provides a place to hear those voices of community organization
 - Research does not require randomized control standards community based participatory research requires acknowledging the community and what works for them
 - k. Desire to connect more with healthcare community
 - ii.serves a population

- iii. has resources for mental health (issues our population struggle with) connect with the network and provide the outcomes to others in the state who are interested in the work. Looking at connecting with research group (part of their mission).
- I. Ability to wear multiple hats while in the network
- 6. Jargon Jar
 - m. using terminology everyone understands
 - n. make our language even
- 7. Logo Review
 - o. #1: Uniquely Wyoming (4)
 - iv. Reverse with white background and red flower.
 - p. #2: Shows come convergence (bringing things together)
 - v. Add the flower to the square?
 - q. #3: think it's a tree
- 8. Research Project Updates
 - r. Robin: Dementia Support Center part of Wyoming Center on Aging. Community organization.

- 9. Read, Review and Comment on Charter: What do you want the Network to agree on? Do you have expectations of the members? What kind of Communication do you expect?
- 10. Further recruit Community Members and Network
- 11. Plan to build the Network Advisory Council

Location: Wind/ Zoom

Date: February 25, 2020 **Time:** 12:00pm-1:00pm

Facilitator: Tai Baker

Attendance

WIND: 4 | NETWORK: 5

- 1. Introductions
- 2. Overview of the Network
- 3. Goal to spread our network into the community realm
- 4. Finalize Charter
 - a. Updates to Agreements
 - b. Project Site Ideas for ESRN members to share documents
 - i. Trello project site
 - ii. Basecamp project site
- ESRN Announcement
 - a. Pilot Awards for Community-Based Research
 - i. Funds available from WIND \$36,000 available in funds
 - ii. 2 4 awards (1/2 Community Organizations and 1/2 Researchers)
 - iii. Study that includes the community
 - iv. Health and wellbeing of all Wyoming Residence
 - v. Applications Due April 8, 2020
 - b. Conference for ESRN in February of 2021
- 6. News from the Network
 - a. Wyoming Prevention Action Alliance statewide research report on stimulants coming out (SEOW and WYSAC) Opiods report . stimulants report coming out. All statewide data and from individual communities (around meth).
 - b. Telehealth moving over to zoom
 - c. Suicide prevention and opioid use and telemed (Debbie) trying to get these up and rolling and increase involvement (getting it more modern)
 - d. BBBS working on two sets of patterns (actively seeking mental health therapy but issues around consent from parents (changing parents stigma) / tracking transitions – many higher risk teens move to town later in teen years and not with sexual health knowledge

- 1. Announcement will be sent out along with Charter
- 2. Signs and return Charter

Location: Zoom

Date: March 31, 2020 **Time:** 12:00pm-1:00pm

Facilitator: Tai Baker

Attendance: WIND: 5 | NETWORK: 12

Agenda Items

- 1. Introductions
 - a. Jargon Jar explaining acronyms
- 2. Introductions of the Network Advisory Council (NAC)
- 3. COVID-19 Response
 - a. Sent out a questionnaire with Wyoming Physicians Association
 - b. What can we do as a research network to help improve rural health and wellbeing?
- 4. Results from the Telehealth Provider Perception Study
 - a. Snapshot prior to COVID context has changed
 - b. What is going on with telehealth in the state, barriers to use, how using
 - c. All participants using ZOOM all part of the WyTN
- 5. Results from COVID-19 Physician's Survey
 - a. Telehealth includes education as well as direct service
- 6. These studies we want feedback and transparency, but this is not published or to be widely shared
 - a. Nice to have people's actual physicians working in telemedicine
 - b. Good to investigate user (patient) experiences as well as a provider level experience
 - i. Tele-Tuesdays?
- 7. Funding Available to the Network
 - a. Requests for applications extended a month (May 8)

Action Items

- 1. ESRN will outline some brainstorming topics and send it out to the members to obtain feedback on the telehealth satisfaction survey.
 - a. Looking for broad appeal to the network.
 - b. Looking for comments

Other Notes

Took all the ideas from last meeting and interest with state health department built the curriculum with both priorities of planning group and funding.

Location: Zoom

Date: April 28, 2020 **Time:** 12:00pm-1:00pm

Facilitator: Tai Baker

Attendance: WIND: 6 | NETWORK: 13

- 1. Introductions
- 2. Input from COVID-19 response survey topics and responses from the ESRN
 - a. Members of ESRN and Community
 - b. Research study priorities for the network
 - c. Ranked 5 topics provided
 - i. Changes in Practice ranked at the top
 - d. Looking for research studies based on the topics identified
 - i. Initial responses to patients
 - ii. Sent out blanket policies but not a comprehensive scope of practice (level of sophistication)
 - 1. Ways to communicate.
 - 2. What are you being seen for? Wellness exams can that be done?
 - 3. How to set it up, how to ensure privacy, clinic scheduling
 - 4. Feasibility
 - 5. Varys from site to site and what service is being provided
 - 6. Where is the boundary? When is telehealth efficient?
 - 7. When needing an in-person the exam?
 - 8. How to navigate hands-on clients
 - a. (immunizations, wellness exams, testing, HIV test, urine sampling)
 - 9. Consultations & emotional support are great for telehealth
 - 10. Which gender is utilizing telehealth? Are we seeing a difference?
 - iii. Want to talk to nurse practitioners— ask their comfort with telehealth & seeing clients
 - 1. How to support practitioners
 - 2. Feedback from their clients
 - 3. Can we use this to reach more people in the future?
 - iv. What does it mean for people in a community? Those who do not have a safe home to meet virtually
 - v. Younger patients are more comfortable with telehealth, but older individuals without a computer or tech savvy be have issues with telehealth
 - vi. There were shifts in the past (from Dr. Home visits to clinic visits to telehealth)
 - 1. Is there resistance to this change?
 - vii. People's trust in technology
 - People may not feel comfortable talking over the phone to their doctor about personal illnesses – knowing how advertisements target

- 3. Pilot Awards Funding Available to the Network
 - a. Deadline extended to May 8th
 - b. Received a few applications
 - c. Questions from anyone interested in submitting an application
 - d. Suggestions on other organizations to send the application to
- 4. Community News/Updates from Members

- 1. Take the items presented from the discussion and create and send out a questionnaire
 - 1.1. Preliminary questionnaires to send out to the group
- 2. How would you like to be involved? Working groups?
 - 2.1. Minimal time commitment feedback by email
 - 2.2. Leads to being part of the research team (authorship on the papers, data access)
 - 2.3. Send an email to the ESRN if you would like to participate

Location: Zoom

Date: May 26, 2020 **Time:** 12:00pm-1:00pm

Facilitator: Tai Baker

Attendance: WIND: 5 | NETWORK: 11

Agenda Items

1) Introductions

2) Conference

a) Expanding by 50%

3) Pilot Awards

- a) 3 of 4 community organizations; 1 academic
- b) Applications under review by four members of the ESRN
- c) Those who are funded will present to the network

4) ESRN Study Work groups

- a) For each study we would have a work group
- b) An additional meeting, but does not extra work
- c) Interested in COVID-19 response work group?
 - i) email Tai or Ethan
- d) Survey on changes in practice for providers due to COVID-19
 - i) Prepared for IRB phase
 - ii) After Approval send out to providers
- e) Survey for patient working with workgroup
 - i) Care Debt have you stayed away for you safety

5) News from the Network

- a) Mountain specific regional telelhealth collaborative
 - i) Affinity group for expansion
 - ii) Long term facilitates
 - iii) Mental Health Sessions around Tele-psych and medication management
 - iv) Shifting focus to EMS National Broadband Issue
- b) Teton County mass screenings/testing
- c) Big Brother Big Sisters
 - i) Mentoring virtual statewide (BBBS)
 - ii) BBBS after school providing activities for them to do on their own
 - iii) Opening some small group programs of children of essential workers
 - iv) Works with Wesley college in boston Evidence based program

- (a) One component requires observation (has an observation bias) can observe now without the bias because kids used to being observed over video.
- v) Juvenile justice community service not in person

Action Ite	

Location: Zoom **Date:** June 23, 2020

Time: 12:00pm-1:00pm

Facilitator: Tai Baker

Attendance: WIND: 5 | NETWORK: 7

- 1. Introductions
- 2. Network Advisory Council Communication Guidelines
 - a. 11 people on the council
 - b. Communication Guidelines
 - i. How is network communicating to ESRN members?
 - 1. Charter is sufficient for standards of communication
 - ii. How are we communicating to the Public at Large?
 - 1. How are articulating the work we are doing, research, response to needs
 - 2. What is CBPR
 - 3. How to get involved
 - 4. Looking at Social Media for engagement and awareness
 - a. Engagement strategies in the work ESRN is doing
 - b. Promotion of events and work
 - iii. Putting together a document for the NAC to review
 - iv. Working with Marketing Team at WIND to increase our presence and outreach
 - v. What are your outreach insights that you can provide?
- 3. COVID Response Survey's
 - a. Working group looking at COVID impacts on mental health providers
 - b. Under IRB review patient perspectives of COVID impacts
 - i. Dissemination strategy not hashed out
 - ii. Current review is over the content
 - c. One for Providers, One to Mental health providers, one to patience
 - i. 95% using telehealth
 - ii. 70% said COVID caused them to utilize Telehealth
 - iii. Lots of data to look through
- 4. REST Survey
 - a. Survey about engagement
 - b. A task of ESRN help facilitate research with partnering agencies In partnership
 - c. Networks we were engaging with
 - i. Survey to ESRN and Family to Family Network
- 5. Stakeholder Interviews
 - a. Focus efforts on identifying needs and interest of community and researchers
 - b. Form a research agenda (priorities) and direct the research
 - i. What are needs of Wyoming communities?
 - c. Key Deliverable to solicit info from community members and researchers

- d. Knowledge on Patient Centered Outcomes Research
- e. Gauge ways to learn about patient research
- f. Increase membership into the network
- g. Create a final report from these interviews
- h. Part of engagement
- i. Member Responses
 - i. Talking to Public Health offices?
 - ii. Looking at Community Needs Assessments
 - iii. Health People 2020 scorecards based off public health core indicators
 - iv. Who would want more Info?
 - 1. Connecting with Medicare population with senior centers
 - 2. Peer to Peer education nutrition (Casper office Brandi)
 - 3. Patient Advisory Council
 - 4. Reach out to WYSAC Prevention Data and risk factors
 - a. Using data already out there
 - National College Health Assessment from WY
 - a. Lena as a stakeholder with student health
- 6. News from the Network
 - a. Immersed in Wyoming Prevention Action Alliance Day of Prevention
 - i. Ted talk format, started planning for the fall
 - ii. Trauma substance use and suicide
 - iii. Convo including stakeholders -
 - 1. Where do they fit with the overall health in the state?
 - 2. What is our voice and the use of our voice in supporting the Wyoming Community?
 - 3. Pausing planning

- 1. What are your organizations communication and outreach tips and tools?
 - Send suggestions, tips, lessons learned, best practices, to <u>taiw@uwyo.edu</u> or <u>arieser@uwyo.edu</u>

Location:Wind/ ZoomDate:July 28, 2020Time:12:00pm-1:00pmFacilitator:Eric Moody

Attendance: WIND: 2 | NETWORK: 11

- 1. Introductions
- 2020/2021 ESRN Pilot Awards Awardees
 - a. Edible Prairie Project Megan Taylor, co-founder, co-director
 - i. 501 C3 Nonprofit founded in 2019
 - ii. Looking at outcomes of providing free vegetable baskets to local SNAP and WIC families in Campbell County. First come, First Serve
 - 1. 5-7 items each week; 10 weeks
 - 2. Baskets feed a family of 4
 - 3. 8 families involved in study; 26 families enrolled in program
 - 4. Provided kitchen utensils, knives, cutting board, cookbook, and budget friendly recipes with the baskets.
 - 5. Outside of COVID, can swap out food items they do not like
 - iii. Goal to increase food security and fruit/vegetable consumption
 - iv. Pilot project in the Spring
 - v. ESRN grant will fund Summer and Fall season
 - vi. Individuals fill out a USDA food security survey and fruit/veggie consumption survey prior to the start and then at the end of the season (10 weeks). Surveys were augmented
 - vii. Questions from the Network:
 - 1. Tracking food waste?
 - Not tracking but they do provide information on how to use all aspects of the basket and provide a sharing table to swap out items.
 - 2. Produce comes from local farmers/ranchers:
 - a. 60% produce grown by Edible Prairie Project; 40% from farmer network (Campbell County ranchers women, Military Vets, socially disadvantaged and new ranchers)
 - 3. Working with Vocation Rehabilitation not currently working with disability population
 - a. Currently nonprofit is in capacity building phase and not providing salaries yet; interested in working to provide more resources to families; and build in work experience and provides help with program
 - 4. Food Insecurity: what does that look like in Wyoming? Consequences:
 - a. In Campbell County, 5,000 families are food insecure; 2,500 are children

- b. Increase in services due with COVID, Coal Bust, and downturn in gas/oil
- c. Working in Mobil food drives
- d. Huge issue with Campbell County
- e. Income disparity within the community
- 5. Potential Next Study
 - a. Comparative effectiveness trial
 - i. Relative impact compared to other food insecurity program with only prepackaged foods
 - ii. Emotional stress, diabetes, economic impact, relative costs
- b. Michelle Blakely School of Pharmacy, member on Laramie Advisory Board on Disabilities; teaches pharmacy communications
 - i. Hard of hearing and deaf Patient experiences with community pharmacists
 - ii. Does assistive technology improve healthcare interactions between community pharmacist and deaf/hard of hearing patients?
 - iii. 3 objectives
 - Identify barriers with assistive technology between pharmacists and patients
 - 2. Serve as the foundation for larger study
 - 3. Build network/collaboration with ESRN, WIND, WATR, community stakeholders and pharmacists
 - iv. Collect data from all Wyoming Pharmacists/Pharmacies and deaf/hard of hearing citizens
 - 500 mailed paper questionnaires; 250 to pharmacists and 250 deaf/hard of hearing citizens
 - Working with the CARC (Community Advocacy Research Council), WIND, WATR, and deaf and hard of hearing community members to help with questionnaire development
 - v. Questions from the Network:
 - 1. What are the types of Communication Devices?
 - a. Looking at apps
 - b. This is a question that will be explored through the survey
 - 2. Research regarding the care givers
 - a. Interested, but looking at improving healthcare interaction for deaf and hard of hearing patients
 - 3. Representation evenly throughout Wyoming counties?
 - a. Goal to make it representative across the state
 - b. Use the CARC to identify recruitment for broad representation
- Stakeholder Interviews
 - a. Broad range of feedback of the healthcare problems within the community and what they want to see change. Community members and professionals
 - b. 15 from community and 15 from professionals
 - c. Asking the NAC to conduct some of the interviews
 - d. Goal to conduct the interviews by end of August
- 4. News from the Network

- 1. Edible Prairie Project: edibleprairieproject.org; Megan@edibleprairieproject.org
- 2. Tai Baker (WIND) will send an email to network requesting 2-3 names/contact to contribute to the interview

Location:Wind/ ZoomDate:August 25, 2020Time:12:00pm-1:00pm

Facilitator: Tai Baker

Attendance: WIND: 4 | NETWORK: 11

- 1. Introductions
- 2. ESRN overview
- 3. Stakeholder Interview Update:
 - a. Goal is to help inform the direction of network, priorities, and guide a training we will create for members and researchers interested in
 - b. Broad range of feedback of the healthcare problems within the community and what they want to see change.
 - c. 15 from community and 15 from professionals
 - d. Asking the NAC to conduct some of the interviews
 - e. Goal to conduct the interviews by end of August
 - i. The network has provided a great number of community stakeholders to interview
 - ii. Still recruiting providers and researchers.
 - 1. If you know of anyone to refer for these interviews, please reach out
 - f. Workgroup to create the trainings
 - 1. A call for a workgroup is coming down the pipeline
- 4. Stakeholder Interviews Update from NAC interviewers
 - a. Debbie: went well and good conversation
 - b. Rob: went well
- 5. Interviews will be coded with analysis and then will bring the information to the network
 - a. How to use the information to guide our actions.
- 6. Communication Guidelines will be added to the website
 - a. How are we communicating with the communities to promote the ESRN and what we are doing?
 - b. Brainstorming and putting a plan to bringing awareness of the ESRN
 - c. The Charter outlines communication with WIND and the ESRN members.
 - i. How information is disseminated is outlines there
 - ii. Goal: everyone has a voice and participation is encouraged
- 7. Do we include the reach of the ESRN outside the boards of Wyoming?
 - a. Outreach to Wyoming students but go to school in Montana
 - b. Keeping to within Wyoming; Wyoming residents
 - c. But community needs in the state might include people who help with state needs but do not reside in Wyoming; reside in Wyoming but work outside of Wyoming on healthcare
 - d. Interest in Rural healthcare research?
- 8. Involving Youth into the ESRN
 - a. Broader representation of the youth voice
 - b. Working with Seniors (high school)

- c. More University and Community College student researchers
- d. Maternal and Child Health is organizing a youth council

9. Research Updates

- a. COVID studies impact on providers
 - i. 2 studies on mental health telehealth providers for next two weeks
 - ii. 40 providers for each of the studies currently
 - 1. On knowledge on telemental health competencies
 - 2. Perceived impact on patients
 - iii. Final push on those studies
 - iv. Data and results coming either September or October
- b. Closing a large study (workgroup helped)
 - i. 130 responses
 - ii. Covid-19 on all telehealth providers
 - iii. Impact on shift to telehealth
 - iv. Changes during and post pandemic
 - v. Results coming in either September or October
- c. Study of COVID-19 on Patients
 - i. Under IRB review through UW
 - ii. Scheduling meeting with workgroup on this study

10. News from the Network

- a. Reshmi: Michelle and Reshmi on interstate project on opioid use
 - i. Pennsylvania, Texas, and California
 - ii. Substitution for pain
 - iii. Exploratory research
 - 1. State rules with mental health, telehealth, and substance abuse
- b. Chronic Diseases and access to care in the pandemic
 - i. Chronic Disease and hypertension
 - ii. Session 4pm today
 - iii. Engaging with patients
 - iv. Link to Zoom session
 - v. Passcode: 225912
- c. Deb finding great resources in our communities while working on placing mother in assisted living

Action Items

- 1. Reshmi: Including student researchers into the network (community, academic, student)
- 2. Deb Anderson Montana Tech outreach?
- 3. Reach out to Youth Advisory Council
- 4. Interested in participation of a workgroup email Ethan Dahl Ethan. Dahl@uwyo.edu

Location: Wind/ Zoom
Date: October 27, 2020
Time: 12:00pm-1:00pm

Facilitator: Tai Baker

Attendance: WIND: 5 | NETWORK: 9

- 1. Introductions
- 2. ESRN Updates
 - a. November Meeting will have a different date.
 - i. Moving to Wed Nov 18th from 12:00-1:00 pm
 - ii. Dec meeting will be Dec 15th from 12:00-1:00 pm
 - b. Local Coalitions that make a difference in your communities' health outcomes? Goal to partnering and including to highlight their work rather than duplicate efforts. Bringing members into the ESRN to ensure we have represented voice. Who are groups we may want to include in our outreach or conference?
 - i. Kristen Schwartz
 - 1. Local DVSA throughout state (in each county)
 - 2. Prevention work with
 - a. Pilot Communities
 - b. SART (Sexual Assault Response Team)
 - c. Rape Prevention Education (RPE)
 - d. Working on Family Violence Prevention Act funding
 - i. Telehealth services for survivors (mental health)
 - ii. Prevention Coalitions through Tobacco, Alcohol, Suicide, and other drugs
 - 1. County work in each community
 - 2. Entities are part of public health offices and siphoned into COVID realm
 - iii. Wyoming Health Council conversations with Domestic Violence
 - 1. Ongoing
 - iv. Robin Barry
 - 1. Adult Protective Services (Jacob) meet monthly identify those who are struggling or a harm to themselves or others
 - a. Cheyenne and Sheridan groups on juvenile
 - WYCOA- Wyoming Center on Aging
 - a. Funding through geriatric workforce enhancement
 - b. Education and providing resources to providers across the state
 - c. Chronic Disease Self-Management Program
 - v. Deb Anderson
 - 1. Dementia Friendly Sheridan
 - 2. Risk Assessment for Opioid use in geriatric patients
 - vi. Albany County
 - 1. County Attorney's Office outcomes for juvenile needs
 - a. Mental Health Group (title 25)
 - b. Juvenile Board
- 3. Research Updates
 - a. Currently analyzing data from studies this year

- Mental health patients have they seen changes in their clients and patients due to COVID. (client changes)
 - 1. N=61
 - 2. Different patient populations
 - Increase in patient types with Anxiety, OCD, Depression, and Substance Disorders
- ii. Client types that needed ongoing support but not utilizing services
 - 1. Anxiety, OCD and Depression
 - 2. More clients out there that need ongoing services
- iii. Tele-mental health Competencies
 - 1. Low ratings on competencies
- b. COVID 19 Telehealth Provider Study
 - i. Data is wrapped up
 - ii. N=80
 - iii. Majority of providers not providing telehealth prior to COVID
 - iv. Many plan on continuing with telehealth
- c. COVID-19 Patient Survey Recruitment Challenges
 - i. Currently open
 - ii. Created by ESRN and workgroup
 - iii. Broad study
 - iv. Currently in Recruitment and stuck
 - 1. Sent it out to many listservs, councils, and providers
 - 2. N=50 responses from the state
 - 3. Looking for a couple hundred responses
 - 4. Workgroup is meeting on Monday
 - 5. Data collection open for next month or two to increase sample size
- d. Longitudinal Telehealth Network with ESRN
 - i. No ESRN input on design for this study
 - ii. Funding from College of health Sciences
 - iii. In depth perspective of Telehealth Provider
 - iv. Intensive longitudinal study usage over a months' time
 - v. In open recruitment
 - 1. 500 incentive per provider
 - 2. Broad representation across clinics, disciplines and state
- 4. News from the Network
 - a. Crystal Morse Coalition focus
 - i. Bringing patient and caregiver to the table together
 - ii. Big push on the patient experience and seeing buy in
 - iii. Increasing comfort working with health care providers
 - iv. Triple Aim incorporating patient experience while reducing cost of care and improving health outcomes. Looking at cost effective measures. Patients were the last to know and now working on increasing patient involvement without duplicating services. Having patients feel part of the team
 - b. Deb Anderson
 - i. Health and Wellness Lifestyle change programs
 - 1. Working with lifestyle change coaches
 - 2. Healthy U education
 - 3. Working with sites to utilize telehealth to keep class participants engaged
 - 4. Improving health through activity and nutrition

5. 13 sites across the state to help support and provide education to improve health outcomes

Action Items

- 1. If anyone has ideas or thoughts on how to collect more patients for the patient survey, please respond to Ethan or Eric
- 2. Recruitment of providers for longitudinal study

- 1. Contact primary care association for recruitment of Telehealth participants
- 2. Connect with FQHCs
- 3. 307 Health App