

# Research Division

## In This Issue

- 1 Announcements
- 2-3 Division Updates
- 2 Wellness Corner
- 3 Dissemination
- 4-5 Global Health Report
- 6 Division Directory



Hello and welcome to the Winter Edition of the Department of Family & Community Medicine Research Division Newsletter. Here you will find updates and news on our many projects and community collaborations.

## WELCOME FROM THE DIRECTOR

Let us know how we might work together and assist with building your project from grant submission to evaluation.

-Sandra (Soni) Regan, PhD  
Director of DFCM Research Division

## Research Division puts their best mask forward

The faces of the Research Division were recently brightened thanks to a special event organized by Mary Beth Vonder Meulen, RN. Each team member was sent a mask to decorate before an internal meeting event. Everyone then displayed their colors with an informal ballot cast for best design. Keesha Goodnow took the prize for including everyone in the division, face to face!

The Research Division would like to again extend our gratitude and appreciation for all our project partners and colleagues within the department, in the community, and across institutions. Our success and accomplishments over the past year would not be possible without your passion and unwavering commitment despite our evolving and ever-present challenges. Thank you for all your continued support and effort!

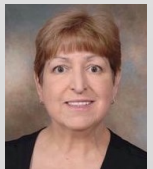
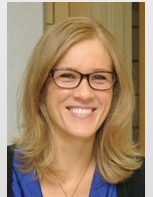


## RESEARCH DIVISION JOINS STATEWIDE INITIATIVE TO REDUCE CARDIOVASCULAR DISPARITIES

Ohio is in the top quartile of US states for high cardio-vascular disease (CVD) event rates (combined stroke and heart attack). The state has a high adult prevalence of two key modifiable CVD risk factors: hypertension (35%) and smoking (21%). A new collaborative project aims to improve blood pressure (BP) control and smoking cessation with the goal of mitigating CVD events in Ohio.

This 3-year Heart Healthy Project, funded by the Agency for Healthcare Research and Quality (AHRQ), will work with primary care providers across Ohio to design and test a Heart Healthy Quality Improvement (QI) project focused on cardiovascular health improvement and reducing disparities in CVD. Like the Cardi-OH MEDTAPP projects, primary care practices will work with regional health improvement collaboratives, health systems, payors, professional organizations and the Ohio Department of Health to focus on measures related to BP control, cholesterol management and smoking cessation. Research partners include the UC College of Medicine and other Ohio Medical Schools, under the leadership of Case Western Reserve University.

The project will feature Chris Bernheisel, MD and Michael Holliday, MD, who will be joined by Research Division team members Saundra (Soni) Regan, PhD, Jackie Knapke, PhD, and Mary Beth Vonder Meulen, RN.



## WELLNESS CORNER

By Mary Beth Vonder Meulen, RN

### February is American Heart Month

Making healthy lifestyle changes can be a lot easier when your friends, family, coworkers, and those in your community join you on the journey.

Start by finding a partner or group, then make a commitment to support each other and engage in heart healthy activities, such as:

- ◇ take a walk during lunch breaks
- ◇ swap healthy recipes with your friends
- ◇ plan meals ahead of time
- ◇ start a step challenge with your friends
- ◇ If you smoke, make an appointment to talk with your family doctor to learn about cessation options

Remember, habits that are fun and easy are more likely to be maintained. It takes 18 days or more to form a habit, so be patient, and be kind with yourself if you lapse. Track your progress and reward yourself.

Visit [www.nhlbi.nih.gov/heartmonth](http://www.nhlbi.nih.gov/heartmonth) to learn more about heart disease and how you can get involved.

## Ohio Department of Medicaid Virtual Sim experience now online



The University Cincinnati College of Nursing and the College of Medicine's Department of Family & Community Medicine worked with the UC Center for Simulations and Virtual Environments Research (UCSIM) to develop two patient care virtual reality simulations focusing on social determinants of health as part of the Medicaid Equity Simulation Project. Both simulations are from the perspective of the patient and intended to raise healthcare providers' awareness of barriers to care, which patients encounter on a daily basis. The Medicaid Equity Simulation Project is funded by the Ohio Department of Medicaid and administered by the Ohio Colleges of Medicine Resource Center.

We invite you to try one or both simulations which are available online at <https://nursing.uc.edu/mespsdoh.html>



# DISSEMINATION

## Manuscripts Recently Published or In Press

- Winhusen T, Wilson M, Dolor RJ, Theobald J, Lewis D, **Regan SL**, **Vonder Meulen MB**. Design considerations for a remote randomized multi-site clinical trial evaluating an e-health self-management program for chronic pain patients receiving opioid therapy. *Contemp Clin Trials*. 2020 Dec 10;101:106245. [doi: 10.1016/j.cct.2020.106245](https://doi.org/10.1016/j.cct.2020.106245).
- Wasson RS, Luberto CM, Murthi M, **McDonald SB**, **Pallerla H**, Novak BK, Cotton S. Feasibility and Acceptability of a Community-Based Modified Mindfulness-Based Stress Reduction Program for the Under- and Unemployed. *Glob Adv Health Med*. 2020. <https://doi.org/10.1177/2164956120973636>
- Goodnow K**. 7 strategies for successful remote meetings. *Physicians Practice*; 2020 December 1. <https://www.physicianspractice.com/view/7-strategies-for-successful-remote-meetings>
- Schlaudecker J, **Goodnow K**. (in press). The virtual Patient and Family Advisory Council in the COVID-era; Important now more than ever. *Journal of the American Board of Family Medicine* (Accepted for publication in JABFM on 26 October 2020).
- Novak BK, Gebhardt A, **Pallerla H**, **McDonald, SB**, Haramati A, Cotton, S. (2020). Impact of a university-wide interdisciplinary mind-body skills program on student mental and emotional well-being. *Global Advances in Health and Medicine*. <https://doi.org/10.1177/2164956120973983>
- McDonald SB**, Privitera M, Kakacek J, Owens S, Shafer PO, Kabu R. (2021). Developing epilepsy training capacity for primary care providers using the Project ECHO Telementoring Model. *Epilepsy and Behavior*. (In Press)
- Worrell SL, Kirschner ML, Shatz RS, Sengupta S, Erickson MG. Interdisciplinary approaches to survivorship with a focus on the low-grade and benign brain tumor populations. *Curr Oncol Rep*. 2021; 23:19. <https://doi.org/10.1007/s11912-020-01004-8>

## Cardi-OH collaborative releases currents

The statewide Cardi-OH collaborative of Ohio's schools of medicine led by Case Western Reserve University continues to release monthly "Currents" that detail new evidence-based findings in diabetes and hypertension care, particularly for those primary care providers who care for patients eligible to receive Medicaid.

Follow the button below for more Currents and other podcast, tools, and information about the collaborative.



ABOUT US - BEST PRACTICES - CARDI-OH ECHO - QIP - EVENTS - SIGN UP



### Hypertension Management

Access online evidence-based hypertension resources.

[READ MORE >](#)



### Diabetes Management

Access online evidence-based diabetes resources.

[READ MORE >](#)



### Lifestyle

Read current information about improving cardiovascular health through lifestyle.

[READ MORE >](#)



### Social Determinants of Health

View materials highlighting the connection between social factors and health outcomes.

[READ MORE >](#)



### Patient Adherence

Review content on patient adherence applicable to the primary care setting.

[READ MORE >](#)



### Effective Teams

Review resources designed for primary care practices to improve clinical operations and clinical team engagement.

[READ MORE >](#)



### Practice Improvement

Access resources on practice improvement strategies to improve care delivery and drive positive outcomes.

[READ MORE >](#)

LEARN MORE

Cardi-OH  
CURRENTS

## Global Health Projects Report:

# Guatemala Telehealth Partnership: Expanding Continuity of Care and Global Health Education in the Time of COVID-19

by Andrea Rosado MD, Douglas Collins MD, & Christine O’Dea MD

The Urban, Underserved and Global Health and Residency Divisions adjusted to the COVID-19 pandemic travel restrictions by launching a new telehealth partnership with our overseas Guatemala partner, Wuqu’ Kawoq. The launch has fostered new opportunities for cost-effective longitudinal care and global health education. Here, we summarize how our Telehealth model works and lessons learned, as an example of an international community partnership project.<sup>1</sup>

Wuqu’ Kawoq (WK) is a nongovernmental organization that works to overcome barriers to health and wellbeing by providing high quality health care to rural Guatemalans in their indigenous Mayan languages.<sup>2</sup> Our residency has partnered with WK since 2015 through team visits four times per year to promote patient continuity. As the pandemic intensified worldwide, our April 2020 trip was cancelled and we began planning a telehealth pilot for July 2020.

Evidence has demonstrated that telemedicine is typically applied to high-income countries but has progressed far less in lower-income countries, which is especially surprising given the difficulties in accessing health care.<sup>3</sup> Guatemala was early to adopt travel restrictions in the pandemic. Economic instability led to growing hardship in a landscape already burdened by persistently high rates of poverty, inequality, and chronic malnutrition. Telehealth offered a critical solution for vulnerable patients, and has been demonstrated to be an effective tool to improve patient access to safe care in low-income countries.<sup>4,5</sup>

In our framework, providers connect with patients in rural villages via community health workers (CHWs) at designated clinic sites. In the weeks prior to encounters, CHWs contact

Dr. Rosado, PGY-2, on a video call with WK community health worker, Irma Soto.

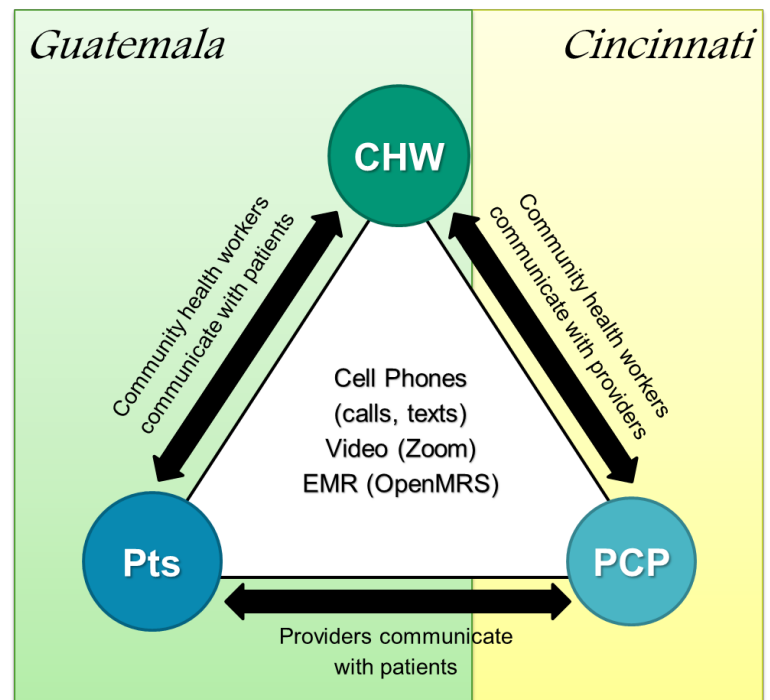
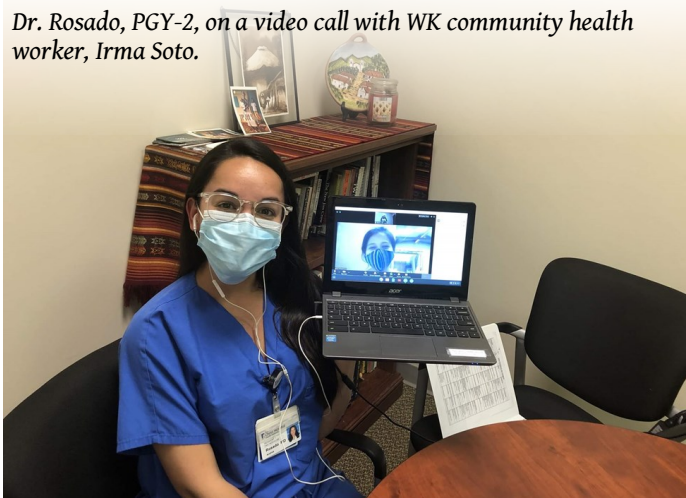


Figure 1. Framework for global telehealth encounters between TCH/UC and WK.

patients in various villages to arrange appointments, with a two-week schedule planned in advance. On the days of appointments, patients are registered as they arrive to the clinic sites, and CHWs create encounters in a shared, secure electronic medical record (OpenMRS) accessible to remote providers. Visits are conducted via video (Zoom), and interpreters are utilized if needed. Providers document diagnoses and plans in the EMR, and staff members dispense medications and supplies to the patients. Follow up is either arranged with a WK clinician or with our group at a future visit (See Figure 1).

Continued on page 5

**Global Health Projects Report:**

**Guatemala Telehealth Partnership: Expanding Continuity of Care and Global Health Education in the Time of COVID-19, Continued**

Pre-existing protocols used in global health trips, including management of diarrhea, malnutrition, hypertension, diabetes, and depression, were adapted for these telehealth visits. An established formulary was also adapted to telemedicine, utilizing medications and supplies from WK’s and our inventory. Telehealth encounters were made possible by investment in wireless internet devices which allowed for stable video connection throughout some of Guatemala’s remote territories. The video conferencing software also featured useful capabilities, such as the “share screen” setting, which enhanced patient education.

Provider preparation is critical to successful telehealth visits. Prior to their first telehealth visit, residents receive training through a global health orientation course. This includes orientation to WK and education about common conditions and management protocols, cultural humility, and working with a medical interpreter. Residents are also trained in conducting a telehealth visit. While real-time telehealth visits with patients are underway, a preceptor is physically on site to observe and help.

Following the pilot, feedback was obtained. Unique challenges and benefits encountered are listed in Figure 2.

Figure 2. Unique challenges & benefits encountered in global telehealth pilot

Challenges	Benefits
Occasional internet instability related to changes in weather interrupted visits	Comfortable telehealth environment allowed residents to better focus better on patient care, unhindered by distractions like heat, noise, travel-related illness
Time-zone differences created schedule constraints	Improved availability for patient care at the time of need, rather than delayed to the next trip
Pandemic-related curfews and travel restrictions in Guatemala limited appointment and interpreter availability	WK nurses were more available and utilized more effectively to help with interpretation and patient care
Virtual visits made it harder for residents to build rapport	Patient satisfaction was high, grateful for remote access care
Staff support required on the ground to ensure effective patient care and flow was high	Resident satisfaction was high, enjoying follow-up with patients with chronic conditions and addressing acute complaints

For the remainder of the pandemic, we will continue to use and improve our telehealth approach in order to serve our patients and train our residents in global health. We also plan to expand patient access between trips through ongoing global telehealth care that will last beyond the pandemic as an integral component of our partnership.

References

1. This project was presented at the AAFP Global Health Summit 2020: “Maintaining Continuity of Care and Global Health Education through Telehealth in the Time of COVID-19,” O’Dea C, Collins D, Rosado A, Kramer A, AAFP Global Health Summit, September 17, 2020.
2. www.wuqakawoq.org
3. Wootton R, Bonnardot L. Telemedicine in low-resource settings. *Frontiers in public health*. Jan 21;3:3.
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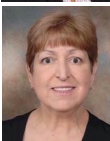
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Dedicated full-time staff members with over 50 years of cumulative experience provide full project support from assisting in design and implementation to analysis and evaluation. The division offers expertise in:

- Project Management
- Data Management
- Grant Writing
- IRB Protocols
- Statistical Analysis
- Data Collection Methods
- Project Reports
- Manuscript Development, Writing and Editing
- Research Nurse
- Qualitative Research



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