



## *DREAM Atlanta Study Overview*

*Dec 20th, 2019*



# Agenda

- Background: South Asian Health & CHW Model
- DREAM NYC
- Overview of DREAM Atlanta Study
  - Study Aims
  - Participant Eligibility Criteria
  - CHW Intervention
  - Data Collection
  - Study Roles

# SOUTH ASIAN HEALTH

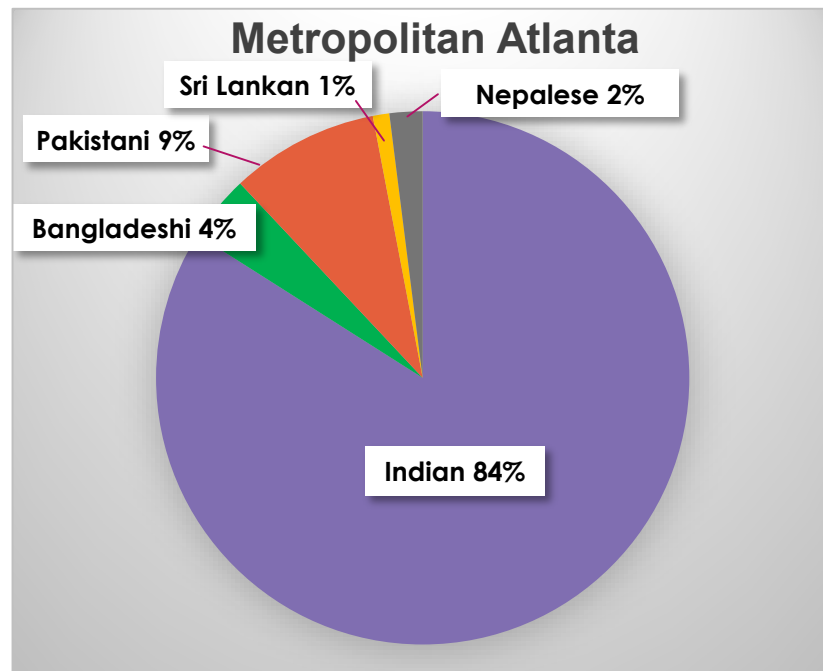
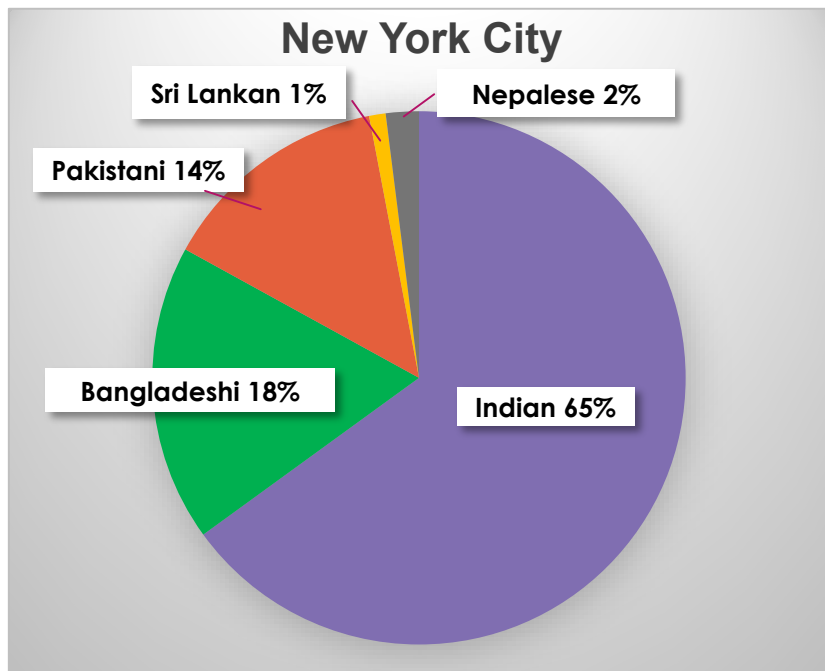
# The South Asian Community in the United States

- Ancestry from India, Pakistan, Bangladesh, Sri Lanka, Maldives, Nepal, Bhutan
- Indo-Caribbeans with South Asian origins, from Guyana, Trinidad, etc.



# South Asian Population in the NYC vs. Atlanta

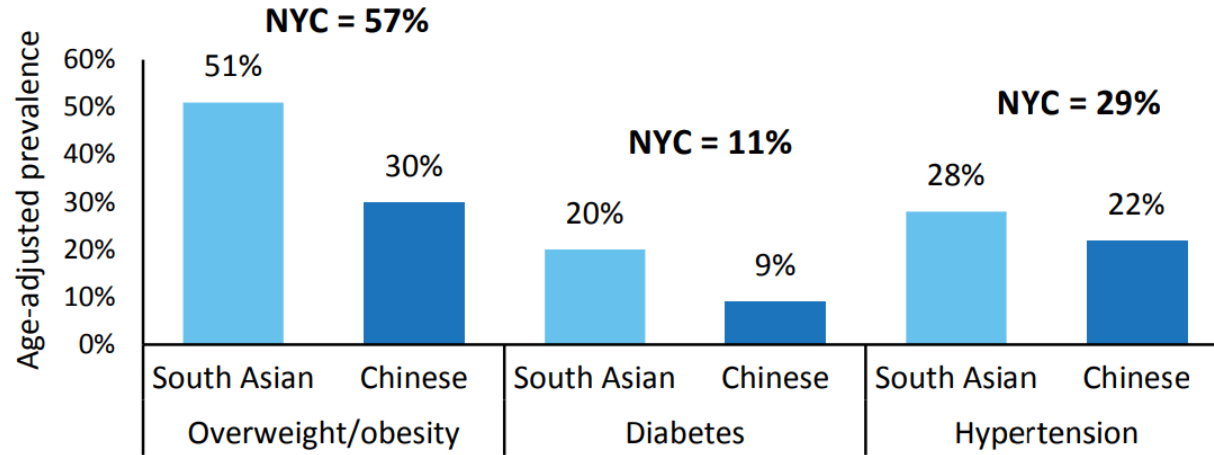
## 2015 5-year estimates, U.S. Census



<https://www.census.gov/prod/cen2010/briefs/c2010br-11.pdf>  
<https://factfinder.census.gov/>

# Cardiovascular Disease & Diabetes in South Asians

**Overweight/obesity, diabetes and hypertension among Chinese and South Asian adults, New York City, 2013-2015**



Note: Data are age-adjusted

Source: Community Health Survey, 2013-2015

# CHW MODEL

# Who are Community Health Workers (CHWs)?

CHWs are frontline public health professionals who have a close understanding of the communities they serve through shared ethnicity, culture, language, and life experiences and serve as a **bridge** between the community and health care system.





## CHW Role

- Culturally tailored, in-language health education
- Culturally tailored health promotion strategies
- In-language patient navigation
- Linkages to housing, immigration, and other social services
- Promote empowerment & enhancing self-efficacy



**ਭੋਜਨ ਦੇ ਲੇਬਲਾਂ ਨੂੰ ਪੜ੍ਹਣਾ ਸਿੱਖੋ**

ਮੱਟ ਫੂਡ (ਸੋਇਆ) ਮੱਟੀਆਂ ਵਾਲੀ ਪ੍ਰੋਟੀਨ ਨੂੰ ਲੋਕਾਂ ਦੇ ਸਾਂਝੇ ਵਿਚ ਸ਼ਾਮਲ ਕੀਤਾ ਗਿਆ ਹੈ।

ਕੋਲਾ ਨੂੰ ਹਰ ਲੋਕ 2,300 ਮਿਲੀਗ੍ਰਾਮ ਜਾਂ ਵੱਧ ਸੋਡੀਅਮ ਆਰ ਚਾਹੁੰਦੇ ਹਨ। ਸੋਡੀਅਮ ਫੂਡ ਦੇ ਡਾਟਮੈਂਟ ਫਾਨਕਸ਼ਨ ਇਸ ਤੋਂ ਵੱਧ ਟੀਕਾ ਲੱਭਣ ਵਿੱਚ ਸਹਾਇਤਾ ਦਿੰਦਾ ਹੈ।

ਇਸਨ ਲੈ ਚਾਹਨ ਆ ਸੁ।

**Nutrition Facts**

Serving Size 1 Cup (237g)	
Servings Per Container 2	
Amount Per Serving	
<b>Calories 100</b>	<b>% Daily Value*</b>
<b>Calories From Fat 15</b>	
<b>Total Fat 1.5g</b>	<b>3%</b>
<b>Saturated Fat 0g</b>	<b>0%</b>
<b>Trans Fat 0g</b>	<b>0%</b>
<b>Cholesterol 120mg</b>	<b>5%</b>
<b>Sodium 1200mg</b>	<b>400%</b>
<b>Total Carbohydrate 15g</b>	<b>5%</b>
<b>Dietary Fiber 4g</b>	<b>8%</b>
<b>Sugars 1g</b>	

ਸਲਫਿਕ ਆਫਰ (ਸਿਨਥੇਟਿਕ ਸੋਡੀਅਮ) ਵੀਰੋਜਨ ਵਿਚ ਸੋਡੀਅਮ ਆਫਰ ਵੱਧ ਸੋਡੀਅਮ ਦੇ ਸੋਡੀਅਮ ਦੇ ਸਾਂਝੇ ਹਨ। ਜੇ ਸੋਡੀਅਮ ਲੋਕਾਂ ਲਈ ਮੱਟ ਹੈ, ਤਾਂ ਤੁਸੀਂ 2 ਸਲਫਿਕ ਆਰ ਹੋਗੇ ਹੋ।

**ਸੋਡੀਅਮ (sodium) ਦੀ ਮਤਰਾ ਓਹੋ।**

ਸੁਪ ਦੇ ਇਕ ਕੱਪ ਵਿਚ ਤੁਸੀਂ ਇਸਦਾ ਸੋਡੀਅਮ ਹੋ।

ਦੀਵਾਂ-ਦੀਵਾਂ ਹੋਇਆ ਵਿਚ ਸੋਡੀਅਮ ਦੀ ਤੁਲਨਾ ਕਰੋ।  
ਉਹ ਹੋਇਆ ਫੂਡ ਇਸਨ ਵਿਚ ਸੋਡੀਅਮ ਦੀ ਵੱਧੇ-ਵੱਧ ਮਤਰਾ ਹੈ।

ਸੁਪ ਤੋਂ ਵੱਧ ਨੂੰ ਫੂਡੋ।

**NYC**

**HEALTHY HEART**  
A COMMITMENT TO COMMUNITY

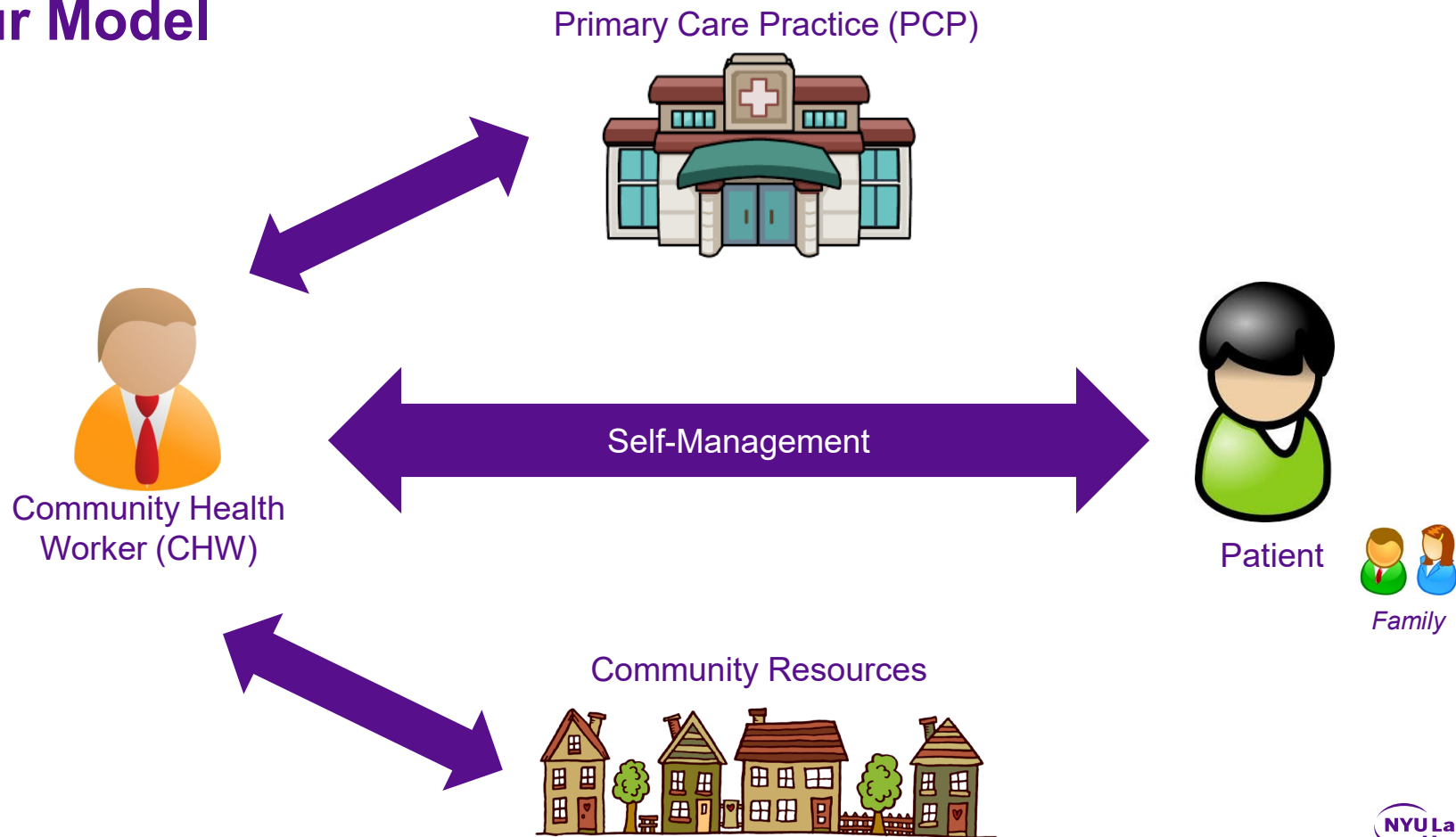
# **DREAM NYC: A WORK IN PROGRESS TO IMPROVE DIABETES PREVENTION AND CONTROL**

# DREAM NYC

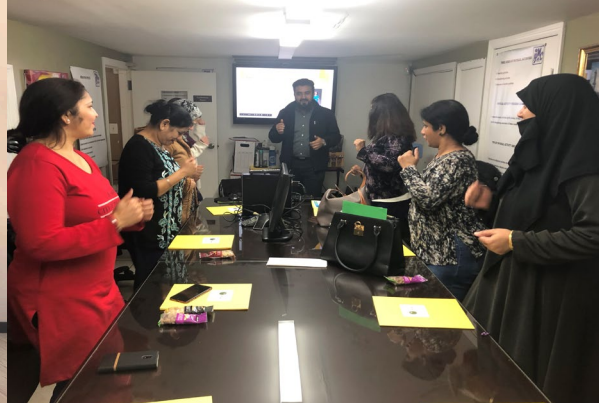
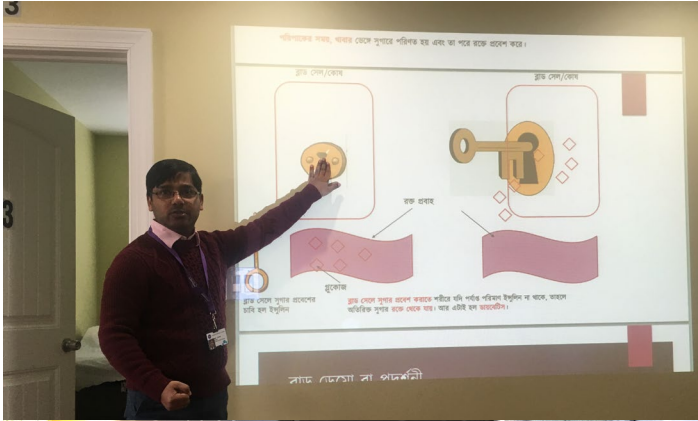


	DREAM NYC
Study Period	2018 - 2022
Study Goal	Testing a combined EHR- and CHW-led <b>diabetes prevention and management</b> intervention
Study Setting	NYC-based primary care clinic sites
Study Population	NYC South Asian and Indo-Caribbean patients

# Our Model



# CHW Led Health Education Sessions





# Collaborations with South Asian Community Partners



Exercise Workshop  
at India Home

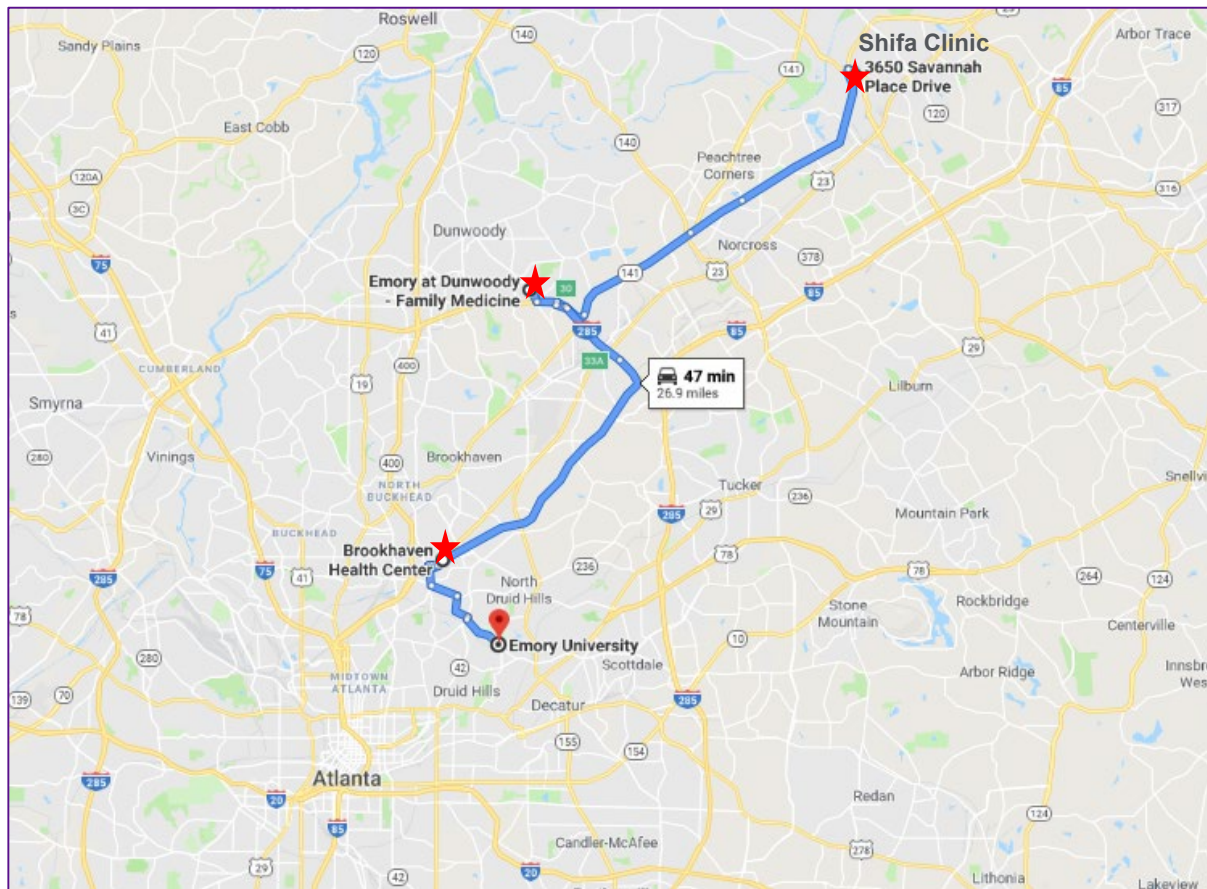


Educational  
sessions at SACSS



**TAKING DREAM NYC TO  
ATLANTA!**

# Implementing DREAM / IMPACT in 3 Clinics in Atlanta, GA





# Study Overview

- Study Goal: to test a CHW-led program among South Asians with uncontrolled **diabetes and hypertension** in Atlanta.
- Study Period: September 2019 - March 2021
- Study Sites:
  - Emory Family Medicine Clinic
  - Grady Clinic at Brookhaven
  - Shifa Free Clinic
- Funding Agency: National Institute on Minority Health and Health Disparities

# Overall Study Roles

	NYU	Emory
IRB and Site MOUs	X	X
Adapt Existing Project Protocols for Atlanta context		X
Develop and Lead Trainings for Study Team and CHWs	X	X
Revise Existing Tools and Curriculum Materials for Atlanta context		X
Study Implementation at 3 Clinics		X
Ongoing Technical Assistance and Support for Study Team and CHWs	X	
Evaluation	X	X
Dissemination	X	X

# Study Goal

To test a CHW-led intervention program for South Asians with **diabetes and uncontrolled hypertension** in Atlanta.

- ✓ We will measure improvement in blood pressure control (<130/80) among study participants compared to patients who do not participate in the study (called a “Control Group”)

# Study Aims

1. Provide research training, technical assistance, and capacity-building to research sites in Atlanta, GA to implement culturally tailored CHW program
  - To improve hypertension and diabetes management for South Asians.
2. Test the effectiveness of a CHW-led intervention among South Asians with diabetes and uncontrolled hypertension in Atlanta.
  - The primary outcome is blood pressure control, defined as 130/80 mmHg.
3. Identify what works within clinical and community settings to make it possible to implement the intervention in other cities.
  - Serve as a national information and dissemination resource in the adaptation of evidence-based strategies to reduce disparities in hypertension and diabetes across Asian American groups.

## Participant Eligibility Criteria

Inclusion Criteria	Method of Verification
South Asian ethnicity	EHR by language and List Review by name
Between 21-75 years of age	EHR
PCP visit within the last 12 months	EHR
Diagnosis of diabetes	EHR
Uncontrolled blood pressure reading in the past 6 months (130/80mmHg)	EHR (and BP at screening for referred patients?)

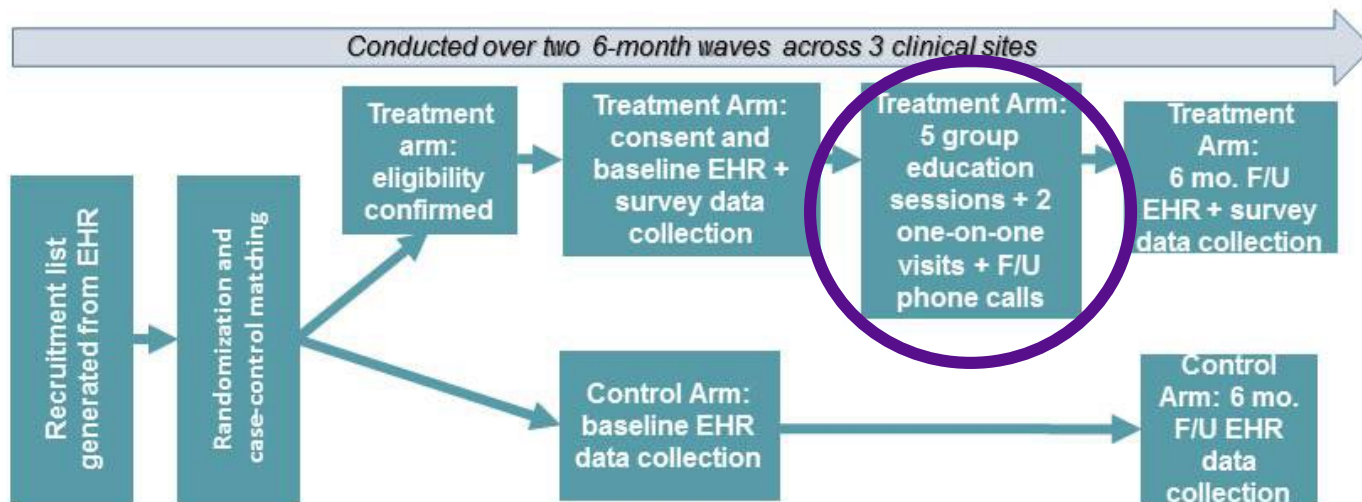
## Participant Eligibility Criteria

Exclusion Criteria	Method of Verification
Below age of 21 and older than 75	EHR
Women who are pregnant at the time of screening	Question on Screening Questionnaire
Type 1 diabetes or diabetes secondary to other conditions (e.g. steroid-induced, pancreatic insufficiency, or chemotherapy-induced)	EHR?
Life-threatening illness with life expectancy of <5 years; end-stage disease or serious illness that prohibits participation (e.g. end-stage renal disease or class IV congestive heart failure)	EHR
Inability to perform unsupervised physical activity	Question on Screening Questionnaire
Diagnosed cognitive deficits or limited decision-making capacity	EHR

# CHW Intervention

1. Monthly health education sessions (5 total)
2. Bi-weekly health coaching and goal-setting (9 total)

Figure 3: Recruitment, Enrollment, Randomization, & Data Collection



# CHW Intervention – Timeline

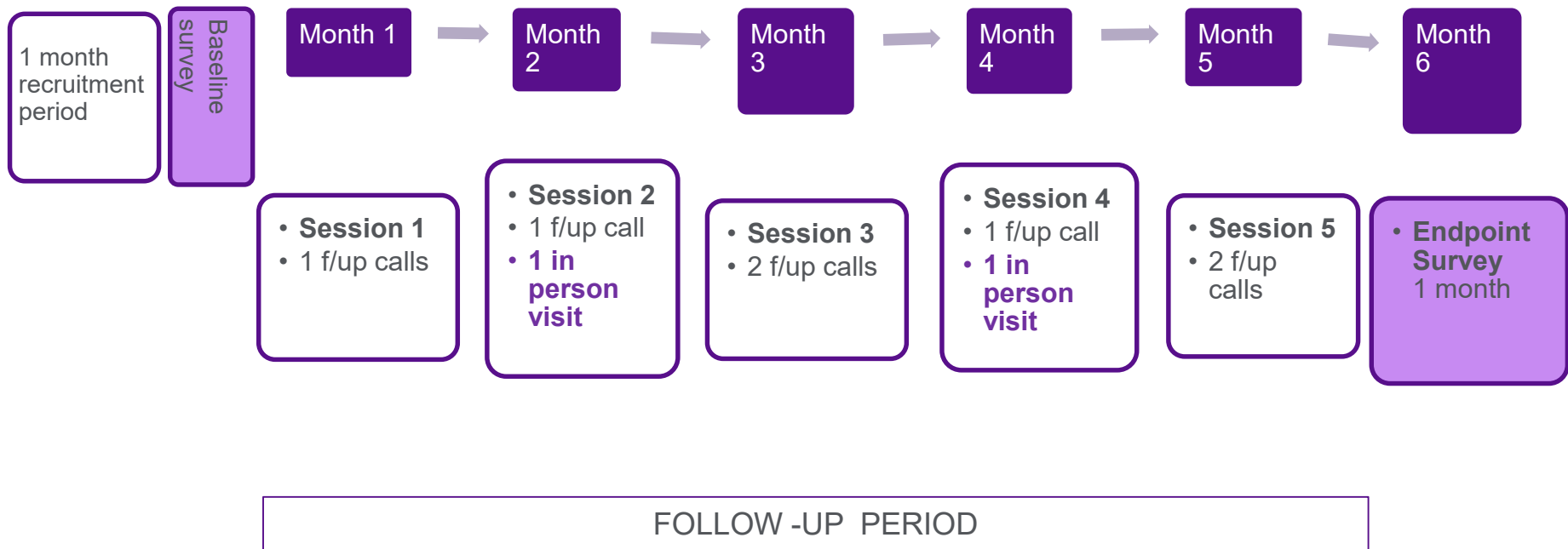
February 2020	March – July 2020	August 2020	July 2020	August – December 2019	January 2021
Participant Recruitment	Round 1 (41 Total Treatment) 14 Treatment participants/site	Data Collection	Participant Recruitment	Round 2 1 (41 Total Treatment) 14 Treatment participants/site	Data Collection

## Notes:

- This timeline allows for a buffer during recruitment; however, this means there will be overlaps:
  - In July: between R1 Session 5s and recruitment for Round 2
  - In August: between R1 Endpoints and R2 Sessions
- Ramadan month will be April 23 – May 23



# CHW Intervention – Round Schedule



# CHW Intervention – CHW Assignments

Emory	Grady	Shifa Clinic
CHW 1	CHW 2	CHW 3

# Health Education Sessions

- Session 1: Diabetes/Hypertension Overview
- Session 2: Nutrition
- Session 3: Physical Activity
- Session 4: Diabetes/Hypertension Management
- Session 5: Stress Management

# Session Structure

- Introduction of CHW/Group/Program (Session 1 only)
- Review/quiz of previous session (Sessions 2 - 5)
- Review session objectives
- Session Content
- Demonstrations, if applicable
- Exercise portion
- Session quiz
- Provide handouts
- Provide incentive

# Health Coaching Follow-up

- Month 1: Action Plan
- Month 2: 1 in-person + 1 call
- Month 3: 2 calls
- Month 4: 1 in-person + 1 call
- Month 5: 2 calls

# Data Collection

## Surveys

- Month 1: Baseline
- Month 5/6: Endpoint

## Clinical Measures

- Height (baseline only)
- Weight (baseline/endpoint)
- Blood pressure (baseline/endpoint)

## EHR (to be confirmed)

- Month 7
- Month 12
- Month 18

# The Control Group

- Is a group of patients from each study site who:
  - Are eligible for the study, but
  - Are randomly selected (“randomized”) to NOT be contacted to enroll in the CHW intervention (Intervention Group)
- Receives “Usual Care” from their providers for their diabetes/hypertension

## Why do we need a Control Group?

- Serves as our comparison group
  - At the end of the study, we will measure if there is any difference in blood pressure control and other health variables between:
    - participants in our study who received the CHW intervention, compared to
    - the control group patients who did not receive the CHW intervention

# Some Challenges for the Study during Recruitment

Challenges	Considerations
Family members/relatives	Study team/CHWs should try to identify any relatives; should be randomized to the same group (Intervention/Control)
Friends/relatives living in the same home or building	Study staff tried to randomize people who have the same address to the same group
People with the same first and last name	Sometimes patients will have the same first and last name. Be careful to always verify phone number or address when working on recruitment.
Participants who want to bring friends	Participants are encouraged to bring friends, but CHWs need to notify Coordinator to check their name and address/phone number against the control group list to make sure they are not on it



# Screening Questionnaire

## Purpose:

- confirm eligibility for a participant interested in joining the project
- collect some basic information important for scheduling sessions

## Questions:

- South Asian ethnicity
- Languages spoken
- Seen PCP in last 12 months
- Sex (Female/Male)
- Pregnancy status (Women only)
- Interested in participating in 5 monthly classes (Yes/No/Maybe)
- Able to participate in moderate physical activity
- Availability to attend sessions (days/times)
- Vacation Plans during intervention period

# Screening – Patients Referred by PCP (not on treatment/control list)

- In some cases, a provider may refer a patient to the program, even if the patient is not on the recruitment list OR control group list.
- In this case:
  - Use the Screening Questionnaire to verify eligibility
  - Take a Blood Pressure measurement and record on the screening form
  - Confirm with the Study Coordinator if the participant is eligible based on the BP reading (BP must be greater than 130/80)