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Transcript

Brittany Harris

Welcome to the bridge, your health, your voice, the official podcast for the University of Maryland, Baltimore School of Pharmacy. The patients program is the bridge between. The community and reefer. The patients program created this partnership to help researchers listening to the community for you in order to build a bridge to an effective learning healthcare community. Here's your host broadening out.

Rodney Elliott

Excited about you guys learning a little bit more about Chalisa and Brittany, what they do and how they do it and what they rate to the patients program. So before we get into questions, I'm going to reach out to both of them or let them share a little bit about who they are, what they do, and then we'll have some questions about their role here. As senior community, pro band specialist and Senior Health program specialist, Brittany, can you tell us a little bit about who you are, but about what your role here and that little ice breaker is? What you like most about your job?

Brittany Harris

Right. Thank you for having me. My name is Brittany Harris and I'm the senior engagement specialist here with the patience program. A part of my role here is developing strategies to engage stakeholders to know more about what the patients program is and what we do. Everything is centered around HealthEquity. So a lot of the conversations that I'm having with or the organizations that I. Desire to engage with and develop relationships with. Fit within help the HealthEquity bucket. And our ability to to support ability and desire to support the Community and understand the HealthEquity and what goes into that, what I love most about working with the patients program is the, I want to say the culture of our. Internal community. They're here that the team is each individual is very passionate about the work that they do and very intentional and and understanding the communities that we serve and how they can do it better, even if they do something they always want to circle back. And what can we do better? And I love that because I've been a part of teams where

people just get the job done and check off a. They check off something on the list and just keep it pushing and they don't come back and and try to understand what they could have potentially done wrong, what they could have done better with with the input of the communities that they serve. So that's what I love most is that we work directly with the community.

Rodney Elliott

But. The culture around here, the patients program, I can echo that as well. Has been. You know, we kind of help each other, you know, as we go along. Because again, when we talk about HealthEquity, we talk about these community. There isn't one template that fits each group. So being flexible and knowing and understanding that and most importantly communicating that is a huge component of what we do to get the patients program. Tulisa, do you mind sharing it with our listeners a little bit about who you are? What you do and again, what do you like so far? Most about your role here as the senior health program specialist with the patients program?

Tralisa Colby

Thank you, Rodney. Hello everyone. It's Rodney said. My name is Teresa Colby. I am a senior hope program specialist here with the patients program where my role has kind of varied. Since I've been here, I've kind of had my hand in all things, but mainly I help manage, coordinate, implement and evaluate the programs and projects that we have going on here at the patients program. Ram, one of the main ones being our patients, professors Academy and our PPA continuous engagement program that we've come up with. So I would say the.

Rodney Elliott

Mm-hmm.

Tralisa Colby

Thing I like most about working here so far. My job so far. I'm at Echo Brittany a little bit. I really love the culture, the internal culture. It kind of feels like we're all a family who comes into the office every week and has the same goals as far as. You know how we want to impact the community, which is to of course increase HealthEquity and improve health outcomes for the West Baltimore Community.

Rodney Elliott

We're talking about how do you build relationships with diverse communities to promote HealthEquity? How do you build on those relationships? How do you prepare for those

relationships which are then about diverse communities and to promote HealthEquity? Is it something that you bring from your work prior to being the patients program or is it something that you learn here that you bring to the table and get building those relationships?

Brittany Harris

How are build a relationships with diverse communities and in an effort to promote HealthEquity, as I listen as active listening is very important, active listening to the communities voice. And understanding the very unique needs and challenges of each community is critical because you never want to show up to a community providing cookie cutter resources, and they may not need.

Speaker

MMM.

Brittany Harris

Or they haven't asked for something else or additional resources that you had no knowledge of because you didn't sit and have a conversation. And and it's not about posing questions, but sometimes just listen to them speak.

Speaker

Yeah.

Brittany Harris

But you'll hear that people echo. The same thing in a certain community, whole community may say, you know, we have. A full desert over here and another community could say, you know, we need more transportation or support transportation to get to to the hospital and things like that. You have to listen and take that back to whoever the people with that be and identify what resources you can pull into that community. If the if there's a space for that and also effectively communicating that we don't have all of the answers and we may not have all of the resources. But this is what I can guide you to and the other part is being inclusive and like culturally sensitive to. Different approaches that we take to. Co create an initiative with the community. Their voice matters and I think that with the patience program it is. What I've seen highlighted is that. We have the platform and not just utilizing it for ourselves, but to uplift our Community and their voices and their needs.

Rodney Elliott

When you. Feel like you know what the community needs or know what the community wants, and you go in there doing that initially. You didn't. You you didn't come listening. You come with all the answers and. As good as the project may sound, or if there's an opportunity may sound again, that community just might not be ready to receive that information yet, so have an ability to turn your listening ears on when you're out and about the community. When we're in these meetings and we're supporting events is crucial and important to the work that we do with the patients program, particularly with the engagement team, because we are. Boots on the ground when it comes to. Engage when we're talking about collaborating with local organizations or stakeholders again to advance that HealthEquity goals and that help equity space, your role as the program specialist. I know couple of projects that you're working on where you're making phone calls or exchanging emails, you're communicating with external folks. How do you collaborate with local organizations and stakeholders to advance HealthEquity goals?

Tralisa Colby

I feel like when working with UM Community programs and projects where you do have local organizations and stakeholders involved. I feel like one of the most important things that you can do is make sure that your goals and your vision and your mission, along with the stakeholders, goals and vision and mission for the Community or whatever population that you're targeting are aligned. Not only the goals and mission and vision aligned, but also I find that the character. Of the people in the organization or just the integrity of the organizations and stakeholders, period is also aligned with the work that we're trying to do because we are working with communities and populations that you know the history between them and research or the medical field. It it isn't good. You know what I'm saying? There isn't a lot of. Uh, what can I say? Trust there when you have people that are coming in and. And. Doing research kind of everything to the community members. Everything else kind of goes out the door when they hear that word research. So I feel like we're the local organizations and the stakeholders come in as they kind of help. Ease us into the community or help promote that trust and that and that relationship so that. You know the patients program and the Community can work, in conjunction together to promote HealthEquity. So I think it's very, very important in dealing with when dealing with stakeholders and local organizations. You look for organizations and groups of people that the community already knows they're well aware of and that they trust most importantly and. Like, that's the best way you're gonna go about starting to promote HealthEquity and getting the community involved in patient centers outcome research to to promote HealthEquity. Because if we're not involved in the research. We don't have the knowledge or the data to know what to do to. Get those positive outcomes.

Rodney Elliott

You know, we talked about trust and establishing and sustaining relationships. You have to have your listening ears on, right? You know, Brittany talked about the importance of listening early. You're talking about the importance of meeting the community where they are. The name of this podcast is called the Bridge. For that specific reason is because. You have to two people on different sides of the bridge. You have to come across or walk with each other or meet the community where they are to kind of understand a little bit more. So having a seat at the table when it comes to different type of health issues, you can only get to that point if you listened. If you've established relationships with the community, establish relationships with the research world and make sure that it makes sense for both sides. Right. And the work that we do, so the engagement piece is important. The project management piece is just as important. They both go hand in hand when it comes to that HealthEquity. Please don't keep going on and and Max question is geared to you, Brittany, when it comes to a successful community engagement event or initiative, you know pretty sure when you saw this job application online and then you know I made a line with some of the work with them before. I've had the opportunity to be in meet with you and we had conversation with some of the work you've done before. But for our listeners, can you provide an example of a successful community engagement initiative that you've been a part of and what made that event successful?

Brittany Harris

In another role, who previously? As an engagement coordinator for Baltimore City Recreation and parks for some years the mayor would do like block parties during the war. And so I was able to contribute to the collaboration of organizing the block parties, and that worked. That happened through collaboration. It happened with having sustainable relationships with community members, with City Council members. Cross collaboration, you know, with agencies and definitely having a. Connection with my internal team to be able to. Contribute and execute such a large. An ongoing project. It was really about team building and really about collaboration and community coming together and also identifying something that the community said they needed. They needed something for the youth to participate in. So again, we're being with the recreation centers, working with the families.

Rodney Elliott

Yeah.

Brittany Harris

Working with the city agencies specifically. DPW. Working with the Police Department community associations, just everyone pulling together and having this. Intersection, where we all just say, hey, this is what I have and this is my idea and this is how we're going to execute it and it it was, it was challenging, but it was just really exciting to know what resources existed in our city and to also know that we can come together and we can do amazing things that support our youth and our families. In Baltimore.

Rodney Elliott

You always talk about hearing the patients program. Impact, right? How do you measure impact for our community, particularly some of the initiatives that we are getting involved in or some of the projects we get in the line that and your role is health program specialists taking on the PA for managerial perspective, how do you measure the? Impact. Of our community engagement initiatives, our projects when it comes to HealthEquity.

Tralisa Colby

As far as measuring impact, we measure our impact directly from our participants or the group or the population that we're working with. So whether it be from the Community Community Advisory Board that works on that project or the actual participants like the PA graduates we collect, we either have. Impact stories that we collect just the personal feedback from people who have attended PPA or who graduated from PPA that come back and tell us how.

Rodney Elliott

Yeah.

Tralisa Colby

They're utilizing what they've learned from the PPA program to promote HealthEquity in their own jobs or their own communities. But we also do do. Qualitative analysis with evaluations that we have. So we work with we stat. I don't know if anybody's ever heard of that, but they're a research company and we create a survey that addresses. Each aspect and components of the PPA and after the PPA we give them a survey, then a year later we give them another survey asking questions about how they felt about the PA what could have been done better? Did we miss anything? Unfortunately with PA, it's one of those programs that come back with. About a 96% like we did everything right. So it's just a wonderful program to work with, and even with community engagement, and I see some other projects going around, even small projects like patients day last year, just the feedback from the community, you know that attended. The event how it impacted them, how they can use some of the tools from the speakers there to deal with grief, how just

people telling their stories made them open up. So sometimes you can just see the impact itself by people you know, speaking at the end of the bin or or during the event. But we're always. Sure to have like that. You know qualitative data and then that quantitative data from the actual surveys and we start too. So we have a couple of different avenues on how we measure the impacting the work that we're doing and of course another one that is very simple, it's it's funding if our if.

Rodney Elliott

Ohh yeah.

Tralisa Colby

Our sponsors fun test again. Then we're making a pretty good and very true.

Rodney Elliott

Very true. And now we're talking about creating some events where we can be more out. Out in the community, what experience do you have in community engagement and HealthEquity that you can bring to the patients program?

Brittany Harris

I address these factors through community driven initiatives where I work directly with the Community to again, whatever falls in those buckets of social determinants of health. That's how I kind of frame the events that I had because. Cause I don't. Have to have so much input from the community because the data already supports it and the data came from the community.

Rodney Elliott

To come to social determinants of health, we talk about it all the time. It isn't a cookie cutter or a, you know, exact size for each group being out in those communities, listening to our stakeholders coming together and collaborating give us opportunities to fill those buckets, to drop some jewels in those buckets. So I do look forward. To that as we grow here in the patients program, patients, Professors, Academy, it's in its third year where it's opportunity for Community members research. Investigators, funders, folks in the Academia space caregiving space. All come together for a six week course where they actually learn how to do the work that we do at the patients program and be able to branch out in in different areas and respect the work that they do. But all looking at research and community engagement from a patients lens, I think that's one of the things that was harped to me when I first got here in the patients program. Six years ago is that we try to provide stories and share. It's just just from a lot of different lenses, right, research lens,

community member lens. But when you dig down and get a little deeper. You know, our principal investigator asks questions that have concerns, OK? Giver has questions that contribute to this whole HealthEquity space. So, Brittany, can you talk about some strategies that you use when it comes to ensuring inclusivity and accessibility? In our community engagement efforts to get you know, I'm boots on the ground, we're boots on the ground when it comes to community engagement. But there's other ways that you can engage the community in a thorough way so. What would you bring or what do you hope to bring to the patients program when it comes to strategies that ensure inclusivity and accessibility when it comes to some of our Community engagement efforts?

Brittany Harris

I am excited that you framed it with hope to bring, so I want our listeners to know that these are hopes and dreams and strategies that have not been implemented yet, right. So one of the things, one of the strategies for inclusivity and accessibility. It would be a bilingual event. Or having the ability to have all of our documents translated. Because of the diverse population and communities that we had in Baltimore. A hope and a dream and a prayer of mine would be that when we do have events that we could provide transportation, if possible, for some communities that would love to engage with us and get to know us or have access to opportunities and resources. That they get transported to the event and using diverse communication channels such as like social media.

Rodney Elliott

Yeah.

Brittany Harris

Specifically Instagram. I would love to do that, but currently you know we have a XS or Twitter, we have Facebook, we have this lovely podcast. And we also have ohh boyfriend, LinkedIn, LinkedIn, LinkedIn and one last beautiful thing that we're currently utilizing is a newsletter that we send out. But when directly engaging in curating events in the community, I would I always I'm always so intentional about the experience of the person on the other side. So I want to prioritize accessible being used in materials so that everyone can participate and benefit from our efforts, but those are the strategies that I have in mind.

Rodney Elliott

We talked about meeting the community where they are here, the patients program and that's something I've heard when I first got here, I still hear it now and that could be as simple as me or us going to an outreach event in West Balto. Yes, there's meeting the

community where they are, but there are some folks who are getting their information from different spaces nowadays. So this is where the podcast came from, right. Having a good relationship internally with our team, Eric and I post pandemic thought about ways to still stay engaging and meet people where they are. And as folks were kind of getting acclimated to. Whatever the new. World would look like or started to look like some felt comfortable receiving information at home or from their device. Or you know from social media. So the bridge is a byproduct of that and we're excited about where this is going. You have plans to address some of the systematic barriers that are related to HealthEquity. Within the communities, whether it's your role now at project management or just in general with the patients program.

Tralisa Colby

Uhm, thanks Rodney. That's a good question. Uh, when I, one of the main reasons uhm. That I chose to work here, not it wasn't only because of the programs and the work that's already in place, but also because of the potential I saw with this program and the programs that it could implement that would really benefit the black community or minority populations or underserved populations in West. Baltimore and I feel like an issue that. That I would like to see being tackled, even though I know it's a little harder because you're dealing with underage participants, is the youth. I feel like here in Baltimore, especially the cities, you know, the education system is. Not where it should be, and I feel like it does have an impact on the youth and Youth health outcomes, whatever those outcomes may be. And I feel like also aces adverse childhood experiences also contribute to like the outcomes of the. Here in Baltimore, especially the city. So I would love to see programming or work done to address that, because I feel like when you know those educational barriers become a thing. And like Brittany was saying earlier, like places for these to have safe recreation and just feel safe. And you know, be a kid and things like that. I feel like it's not addressed as much as it could be. And I feel like patience does have room to address that just because of aces and. You know, childhood traumas and generational traumas and how cycles keep going and they aren't broken. And most of these cycles started if you want to get real. You know from slavery here, you know, and some of us haven't been able to get out of that cycle of survival, if that makes sense. So that's something I would like to see being brought here. As far as women, black women and maternal health. Pregnancy. I would love to see those outcomes improve, too. I believe there's a big space for research when it comes to maternal health and infant health for our black, black and black and brown babies. I believe the patients program has a capacity to make a difference there. As far as getting research. As to why black mothers are treated differently as to why they are dying. Two times at 2 * 3 times faster than what the rate than our our white counterparts. You know that's a systemic issue that can be addressed with

patient centers, outcome, research, education, awareness and intervention. So those are two of the main views that I would like to see here and I'm getting on the rampage. But also I feel like. Of holistic health model for this community. And how that will positively impact health outcomes? I feel like that's something that can be addressed here, can be addressed also because when we look at certain outcomes, health outcomes, HealthEquity, you know the whole person is not being addressed. Maybe we're just addressing the physical, but what about the mental, emotional, the spiritual that got us to these bad physical outcomes as well? So I believe more research as far as holistic health, faith and spirituality and how that impacts health outcomes would improve HealthEquity too. So those are the three main areas here that I see that I would like to get my hands into. Because I believe those three areas really have a strong impact as far as getting to the root of you know why some of these health trends and negative outcomes exist in our Community and have existed for for so long, I believe tackling those issues would get to the root of that and kind of push us into a. Break the cycle and push us into a more positive cycle if that makes sense.

Rodney Elliott

That's all the steps in the world having seated at tables, but that's sound like.

Brittany Harris

There.

Rodney Elliott

That you know me and.

Brittany Harris

That thing.

Rodney Elliott

Brittany, I didn't want to cut you off. I want you to.

Brittany Harris

Add on to that as well, she said something and I want to piggyback on was about our ability. If we could to support the youth and I think about that often. As I engage with adults, parents and seniors that they do have children, they do have grandchildren and nieces and nephews and. They will be adults at some point, so to to provide resources and support and and capture data and information and to identify how we can we could be supportive. Now which could impact their future, I think. Would be a world of it. It just

would be transformative. And I wish we did get to do work with these because they are a part of my hard work and my passion, and they have a lot to do with what my why my resume looks the way that it does and work in in communities in Baltimore because. I love the youth and I understand that if we do not cater to them, if we do not show up and support them. What does our future look like? Because they will be adults, and if they have nothing now and they don't get what they need now and we wait until they're adults to support them, it's it's not a good it's not a great cycle. It's not a great outcome and we we've seen this time and time again. And I just wish we could do more because what we're doing now, in my opinion, has nothing to do with my work here. My personal opinion is it is not enough. You're talking about systemic barriers, and we're talking about a whole population, a whole city, a whole county. You have to get the youth. Like the children. They really are the future to change you.

Tralisa Colby

Have to have the intervention where it really matters, which is in the youth. It's really hard to change it. Not saying it's not possible, but it's really hard to change certain behaviors, especially the mindset. When you're already a certain age, it's it's really good to get them while they're young. And I just saw news that, you know, Baltimore is, is opening has gotten \$1 million funding for a a prison or a new juvenile center or something like that \$1 million. What about the schools? That are falling apart that don't have air in the that don't have the air in the summertime. They don't have textbooks. You know what I'm saying? What about Wellness centers? What about intervention centers instead? There's \$1,000,000 could be going, you know what I'm saying? To other places. Instead of a prison.

Rodney Elliott

The approach to this whole thing as far as HealthEquity, when you're looking at it from a holistic perspective, when you look at it from a whole family perspective, when you looking at it from the youth as well, it's so, so, so important. And I know the patients program is in great hands with Brittany Harris, new to the. Program with Tulisa Colby new to the program and having innovative ideas and strategies on how to engage our community. How to. Work with different stakeholders and to be quite honest, how to speak up for our communities right? I know we all do share a passion for wanting to work with our communities, particularly the youth, and I think we do or can see that as part of the basic program initiative going forward. But we work with the family as a whole. So you know I echo. Some of the initiatives that both of you guys want to bring to the patients program want to help with the patients program and just let you guys know right now since you've been here with us, your hard work isn't going. Notice I appreciate all the contributions that we have to our meetings, to our strategies, to our events going forward, and I look for more positive and

more innovative approaches to how we engage our Community, how we educate and how we give our Community opportunities to have those seats at the table so they can speak for themselves.

Brittany Harris

Thank you for listening to the breach. Your health, your voice. To learn more about the patients program, visit our website at www.patients.umaryland.edu.