Transcript is computer generated and not reviewed for accuracy.

Transcript

Speaker

To the brain.

Speaker 1

The official podcast for the University of Maryland Baltimore School of Pharmacy Patients program, the patients program is the bridge between the community and researchers. The patients program created this partnership to help researchers listen to the Community's voice in order to build a bridge to an effective learning healthcare community. Here's your host, Rodney Elliott.

Rodney Elliott

Hello Juan. How? Are you?

Dywan Monroe

I'm good. Rodney, how are you?

Rodney Elliott

I am fantastic. I want to thank you for joining us today. I'm gonna apologize in this balance if I stumble over a word or go to the dentist this morning and I thought I was just going for a regular cleaning. But they filling in a number on one side, it's coming back, but.

Dywan Monroe

I can hear you good.

Rodney Elliott

Today we are honored to have a friend of the program who's been with the patients program for a while now and has played multiple roles. With the patient. Program, most recently the one I had to admit, I have enjoyed your contribution to the PA Patient Professors Academy. We're in our second year and we presented on a panel, but every time I've seen you in the square. Again, we're talking about Zoom contributed, awesome information, and awesome knowledge to our attendees, and I think that's attributed to the fact that matter you've been, you've been with the patient program for a long time, so.

Speaker

OK.

Dywan Monroe

Yeah, it's it's going on.

Rodney Elliott

12 years, 12 years, 12 years.

Speaker

I think so.

Rodney Elliott

That's that's longer than I've been here. I guess they're kind of look at. Me off to my first question. Talk a little bit about for one who you are and what. OK. And how you felt as though you can be a a long standing over a decade partner with the patient program?

Dywan Monroe

Sure, my full name is Dorian Monroe. My family calls me down. Still, I'm 55, still couldn't say that's what they call me. But that's fine. That means they love. Me right I am. I was a former community health work. I'm not sure if everybody.

Rodney Elliott

Go ahead.

Dywan Monroe

Knows what that is. But community health workers are people from the community who are this that go between that intermediary between the health and social system. And the community to make sure that people who are normally under under resourced, underserved, marginalized get the care that they need when they're managing chronic disease, acute disease, and they played a really good role, really good, particular role. In the recent COVID COVID epidemic 1 my role I work for organization, now called the Institute for Public Health Innovation. It is a public health institute, one of our 45 around the country and the the the overarching role. For our institute. Which is regional. So we covered DC well and Virginia. And our main mission is to support organizations like hospitals, community based organizations, health centers, but mainly the community, understand and. Figure out how do we. How do we move from health equality and HealthEquity? What does that mean? And then we provide opportunity to be this neutral convener. So when I interject my. Information and things like that. I'm not beholden to a university or government or anything. I could just say what is actually happening in the Community and what we need. And so my my wonderful role from CHW to now training manager, I became a master trainer and now I'm a training manager and we've trained over 1000 community health workers. In the last 10 years and it's really growing. Recently the CHW's, that's what they're called is the is the go to now health professional. Because they are professionals that are hospitals, community health centers, public health centers are looking to really change how they do healthcare and public health and impact those social determinants of health people, particularly of color, gender, who have been marginalized. So I am so happy to have gone from being boots on the ground to now supporting boots on the ground and a huge advocate for what community health workers do. And we were also about organization works and other things like food insecurity. We're working recently with seniors and also we're just now getting into understanding that violence is a public health. Issue and we're trying to impact that as well. So thank you so much for having me and I think the other question you asked. How did I get it? It's it's interesting. I before I before I. Started where I am now. I was a community health liaison with the pharmaceutical company, and Michael said the name, but my role

was not to sell drugs. It was to connect patients to resources and to help providers connect patients to resources that will support them outside of. With medical peace, a lot of people were struggling with food insecurity. Housing all of these things that impact someone going to the doctors get their medicine. And so I was helping those providers that were connected to pharmaceuticals through the pharmaceutical. To connect patients to resources and in those meetings, those initial partner meetings that I reached out to Doctor Mullins, who is, you know, the head of the patients program, he started coming to my meeting and he was a great contributor. And so Doctor Mullins came to me. And he said, would you want to participate on a board to just look how, how do we get community to ask the right questions about research. And my background was initially when I was HW Hopkins. It started in research, so that was one of my my my areas and I was like, I'm was very honored that he asked me and then from that first meeting on that we had, he really looked to the patients advisors. And the community to really support. Getting the community understand, but not just getting community to understand having the community be a voice as a part of what it's shaping research, that's the thing that kept. Yes, yes. Because I think that is so key. Just like as a CHW you go to community, you're not telling people what to do, you're motivating them to use their own assets and abilities to become their own advocate. It's the same thing. Doctor Mullis went to the community and he said, what do you want us to do? What is important for you? We're listening. We need your voice. But besides your voice, we want to be here as a living partner to really support what's happening in the community. And that made that dialogue just easy because. We, we. Genuine right. And the team was genuine.

Rodney Elliott

Yes, that was one of the first. That's kind of how I was introduced to Doctor Muellers as well. From the standpoint that he knew that I wanted to get into working with the community and some fourth form fashion and he knew that having people join him with the patient program. Would be that gap filler is important because like you just mentioned. You know you have the opportunity to stand in the gap for in most instances stand with the. And they share what they're going through their lived experiences, in fact, that they usually typically don't be it. And that kind of leads me to my next question. You've been doing this for. A while now and have had a lot of experience doing it. Some of the benefits. Of this partnership with the patients program, from there I mean what have you seen from the Community perspective that they've learned that they've kind of changed their ideals and thinking and same thing? For the research. Side like how? Has your partnership helped change the way people already shift the way people think about?

Dywan Monroe

Sure. So let's talk about the community side. It's been amazing what I've seen throughout the process of being on the patients program I've been. At the advisory level, but I've also am a patient. I live with diabetes and hypertension and so that was another reason why Doctor Mullins wanted me to also. Be a part of the. Advisory because I'm from the community and I'm living with a lot of what a lot of people are, particularly women of color are living with. Some of those diseases that need more support, particularly around the social determinants, those things that may impact my health, can I get to the doctor right? Am I eating the right foods because I am a diabetic and my taking my medication? And so throughout the patients program, I have meds? A lot of community people I met more community people through through that than I have kind of when I. Was with CHW and.

Rodney Elliott

So so you met more people? Yeah, with us as opposed to when you were actively doing loose on the brand?

Dywan Monroe

Absolutely. Because you know, when I was, HW was a targeted focus just on Blackman in East Baltimore, right? And I met their significant others and everything. But when it came to the patients program, I'm not been meeting community people, but I'm meeting also allies of the community partners. Other health professionals who are from the community, who believe in the community but also respect the community and make sure that their voice is not just heard, but what they say is actually implemented. Yeah, Sammy from other institutions that I've worked for, I see a lot of dog and pony shows. Let's bring in a community and then they go and decide to do what they want to do. This program is way different because they started with the Community first instead of coming in and saying, oh, we need your. Feedback about this, the prices program said. You know what? We want to be in the Community and while we're here, tell us how we can be of assistance and then as we as. We are here. We know research is something that a lot. Of communities particularly. People of color, we know some of the history around research is really tainted and people are not trusting. Even when I when I was at HW and I was working with black men in hypertension and I would meet their families and they would, they would be like, oh you from that place where they just ask people off for research. So I had to actually get through.

Rodney Elliott

You need sleep.

Dywan Monroe

To build trust. And rapport. And that's the thing. People know that I'm there for them and it's not about the historical peace. But there's. But as we are moving forward is changing.

Rodney Elliott

The one you talking about, you said building trust. That's something that in my role as an engagement specialist is what I'm a big part of the work that I do out in the community is that building trust. It's recognizing that helicopter research still does exist as. A term that's used. A lot in this field of work that we do, meaning research is typically not all, but typically we have had the experience of flying into the Community get, but getting back out of there, we don't participate in that. That's something that the community lets us know is a super. Uber red flag. You recognize it? Right away. But this kind of leads me to my next question. When you talk about, you don't necessarily have or as is as active when it comes to boots on the ground, but you are an advocate for community members. You're arrogant for yourself to be quite honest with the experience. What has been your biggest pivot? In your healthcare journey. As a patient.

Dywan Monroe

Caregiver and an advocate, my biggest pivot was advocating for my mom before she passed and making sure that she became her own advocate a lot of times we would go to the doctors and she would sit with the doctor. I'm sitting on the side. That she just didn't look at me. He would talk, she would say anything, or she would go umm and and I would have the number one. I had the kind that conversation with the doctor because I talked to her. I said, why do you? Why are you so stand office? I know you

don't like going to the doctor, but you know we have to be here. Well, I don't like that he got that. Computer he classics. Like and he's. Not looking at me and paying me attention. Oh, so I pulled his. I pulled the doctor aside. And I told her look. If you want to get what you need. Out of my mom, you have. To be personable, she loves. People to interact with her and be personable. If that computer is is. Is is a block and it it it. Makes her shut. Down and she's not going to respond. And I want her to be able to advocate for herself, even though. I'm here. To help her. So we came back for another appointment, and sure enough, he had the computer behind him.

Rodney Elliott

Hmm yeah.

Dywan Monroe

Pan and peels are like they used to do. And he started. He's like, hi, miss. Unroll. How you doing? He asked about, you know, things going on. And the and the the God babies. And and his nieces, her nieces and everything. But she loved to talk about. He went in and then she just started, right. So I supported her to understand what was going on.

Rodney Elliott

Right.

Dywan Monroe

And not connect to the physician and he. Said it changed the whole trajectory. You know, I've taken care of her help, even though she did pass. But prior to that, there were things that she was able to change and do for herself that she couldn't do before. And for me, as a a patient, I've always been, let's say, mouthy. My mother told me I should have been a lawyer, but I have always been a person that stands up and advocates for themselves. I'm only child, so I had to be in that space of if I'm not going to do it, who is? So I make all my my providers accountable. They know me, they know when they when I walk in the room, don't start with the you gotta lose weight. Did you take your medicine? You start with checking in who I am and then we can have that dialogue. So that is how it's been shifted. Yeah.

Rodney Elliott

Important. I mean, you've heard that a lot and I think from the researchers side, you know they from my experience they come to understand that we understand your research is important. But before you get there, meet the community leaders, meet the you're going to be engaging with and. Come down a little bit, you. Know come down out of your ivory tower, take off the lab coat. Sit and have a conversation with us and you know, because that will make the process that much smoother. And I tell people all the time. Like, look, you want to leave a good impression ever. You're dealing with. We're talking about the community health worker. We're talking about the stakeholder in the community.

Dywan Monroe

You stop the jargon. Uh, huh?

Rodney Elliott

Because once you leave, and once you go you. Want them to speak highly of you?

Dywan Monroe

And come back.

Rodney Elliott

Come back and refer you.

Dywan Monroe

Right. And they don't mind helping you because they know that you made it safe and OK for them to have a voice. And the voice means something, yeah.

Rodney Elliott

Only your voice means so, but your experiences are just as important as the. Letter all the letters and and and and letters behind your name. Doctor Solis. So PhD. That's great. But you know what the lived experiences of the community members are just as important in this process.

Dywan Monroe

And that's why community health workers are so important. Their lived experience is 30% of why we hire them.

Rodney Elliott

OK.

Dywan Monroe

You have to just live there. You may share the same disease state. You may have been a caregiver, but your lived experience is why we hire you and then we just train you to utilize that in an effective, appropriate way to make sure that you're motivating people to change, not making them or fixing people to change. It's different, yeah.

Rodney Elliott

Yeah, it it it. It is different. It is different. You know this is and also opportunity to want to speak to you here on the bridge podcast where you know we are an extension of the patients program when it comes to disseminating information and share with people all the time. That is opportunity for me to talk about the relationships that we've established, talk about the relationships that we've sustained with our community members. But also our researchers in a different way. And this question was brought up by another colleague of ours in the. Podcast space and when he mentioned it or he asked me that question, it had me thinking a little bit and I said, wow, I think I may take this question sometime. And next one of my guests when when did health? Become vital for you.

Dywan Monroe

I think it became vital the day I was diagnosed with diabetes. Seriously. I mean, prior to that, it was like. I would go to. I was going to school, I was working. I was worried about taking. Care of everybody else. And then I was diagnosed with diabetes. My A1C when I went in was 10. And I didn't really know about it that much at the time and but back then, they weren't. Talking about pre. Diabetes, right. So the

doctors didn't even know back then. That's how you know far back it was. And then when I realized that after I went through with a great physician who walked me through what I needed to do, showed me I had to stick myself with a needle. The first time. And he's like, your diet is going to change. So after I left that meeting, I actually got to go to the grocery store because I didn't have any food in my house. And I went in the grocery store, and I'm walking around looking at the stuff that I normally would get. And I'm and I. Stood in the store and I. Said. What the hell am I? Supposed to eat right? Because that. At that time, I. Really didn't know. So they signed me up for a class. I got the education and I was very diligent about making sure that I was not going to. Stay in the space of diabetes. But that really made me focus more on my health and the health of my family and and others, even though I was a community health worker and I was focused on health for everybody else. But I used to get about yourself, right. That stuff, kid goes out the window because you're helping everybody else.

Rodney Elliott

That's important. We got to make sure that we are taking care of sales because.

Dywan Monroe

Yeah, because I. Can't take anybody. Else I'm not well, right. If you can't pull from.

Rodney Elliott

Empty cup and I'm not trying to get religious or not trying.

Dywan Monroe

Well, absolutely.

Rodney Elliott

To get anything that.

Dywan Monroe

Ohh that's on my Facebook page, trust me I.

Rodney Elliott

Have more for the empty cup. And the one you've been around research, you've been around being advocating for community members for a while. You have tons of experience, good, bad, ugly and indifferent. I know again in our role or my role at the engagement special or the patient program in general, we just try to explain the importance of research to both sides.

Dywan Monroe

Right.

Rodney Elliott

And when I'm talking sides, I'm talking about the research academia side. I'm talking about the community side. My next question goes to. That researcher and that Community member, who are kind of on the fence, right, researcher, that's on the fence about how to connect with the community and

wanting to do it their way but. Just to get the. Results and that Community member who's like, OK, here we go again. They're coming in here again with their clipboard or they're coming in here. Wanting to get information but not what would you say to both of those folks who are on the fence like you know, should I participate in research or should I not or research it? Should I listen to what the patient program is talking about? Should I listen to what the windows had? The death rate was experience being the community health work. Those people on the fence, what would you say to them?

Dywan Monroe

Let's talk about the researcher on the fence. The first thing I will say to them is, before you think about an idea, go to the Community first. A lot of times what they do is they have the idea. They look at the research from previous of the studies. And then they make the hypothesis, and then they want to design things. And I'm like ohh so since we have this now, let's see. What the community says, you know. Let's say as soon as it pops in. Go out into the community and what I mean go out. I don't mean send something online, I don't mean. Sending newsletter I don't mean send an e-mail. Get your **** out up your chair, up your. Chair and go on to the community now. If you're scared, then you work, you understand and find who are the community gatekeepers, right?

Rodney Elliott

Call call call Riley your patience program. We'll connect.

Dywan Monroe

Exactly. Exactly because I unfortunately some people, because they are not some and don't live in those communities and we know the media pays a lot of certain pictures of certain communities. Researchers are they will tell you that they scared to go.

Rodney Elliott

To the community.

Dywan Monroe

They don't want to go. They don't want to go by themselves and they feel like they go. They're physical, they're by physical harm, and if they're not of the same race or ethnicity or shared the same values, they're going to be judged from the community, the community, and they know the community has this understanding of the history of research. Yeah. So they need to make sure that they number one are genuine. Is it? Is it about the research? Is it? About the community you want. To support because even if you come correct but you're not genuine, the community will take their foot and kick you out. And for the community out really think they're on the fence.

Rodney Elliott

There are three first.

Dywan Monroe

Hold them accountable. Hold the research is accountable, so if they. Come to you with with. Wanting to understand or having this idea, or if they want your your opinion. Not necessarily what's in it. For me, but what would you? Leave when we talk about helicopter research, they don't. Leave anything, yes. A

lot of times they bring these wonderful intervention, free medicine and literature, access to all kinds of services and stuff. And then when the research is over, all that's gone. So the. Person is back at square one. So you sell up. The community and then you drain it out. When you leave. No community wants to. If you fill us up, keep us filled, show us how to fill ourselves. Yeah, right. And to be able to be still. Have that dialogue.

Rodney Elliott

Keep us feel and show us how to keep and feel ohh man that is. That's an. Awesome piece. Yeah, you know, but but it, but it makes all the sense in the world. Other patients program have the opportunity with a lot of researchers and we have seen some of that work. Follow through. I love when we do get research and interested and work with the community and they do just that. They come in the very beginning to the point where now some of the community members are actually part of the implementation of these. They work alongside and you know that is great.

Dywan Monroe

They they work alongside, yeah.

Rodney Elliott

Because now, as a researcher, you have someone who literally walks the walk in that community, right? They can speak to what the community as a whole is thinking and they can help you shape your research. And you know what that. Provides them with clear, straightforward research, but it saves time also. A lot. And they.

Dywan Monroe

Yes, yes. Yeah. One of the things, the first thing I learned as a community health worker and and it resonates to me now in the all the spaces that I am to support communities is that I was told from a mentor even though the. Problems are in the community. The solutions are there. Well, because a lot of times we see the problems and we look at other places for the solution. You need to go back to the community because they will let you know how to do it right and if they. Don't know how to do it right. That will explain in a way that will lead you to understanding how to work with them and collaborate because a lot. Of times as. Higher institutions we don't like to collaborate with the Community because we. Serve the community. Right. So they used to serve it and not used to collaborating. So this is different for researchers. But now we need to get researchers to like ohh, just like your collaborate with other researchers, you need to do. The same thing with the community.

Rodney Elliott

You're part of the team. Which we work with the patients program. We're going to make you feel like you're part of the team of research and that starts with boots on the ground. It starts with engagement that starts with back and forth dialogue before we get out of here, though, I'll talk a little bit about what you thought the PA. It's going to be, I guess when you. First heard about it. Right, being involved with it for the second year, how that's been a contributing factor to the research space.

Dywan Monroe

Alright, so initially I kind of thought what it is going to be that we are training people to understand the the best way to engage in community and to work with communities to do research. But as we in the second year, the first year my session was on equity health equities. I did it with Doctor Claudia Beckey, one of my mentors.

Rodney Elliott

Ohh man, she's great.

Dywan Monroe

Yes, she is awesome and addressing not only did the PA talk about engagement. With the community as a way to really speak to supporting research in those communities that are hard to. Reach but it. Also talked about a lot of the issues around why engagement is hard, such as HealthEquity realizing that 2023. People are still because of either the color of their skin, their gender, their sexual identity. Where they come from, then language are still not receiving the support within the healthcare system. Even with the public health and some of the. Social systems. And realizing that because of that it adds another layer of mistrust for the community to really. Supports research, but what the EPA did was to not only do that, but explain what research is and. What it can be? It doesn't have to be what it used to be and realizing that.

Speaker 1

The community is.

Dywan Monroe

A big part of making it look like what it should be so that the. Community feels like. My contribution to being a part of this will help my grandchildren and their grandchildren. Yes, future you know when it comes to. Not just medication. But behavioral types of interventions cause research is not just about drugs, right? Right. It's about also utilizing people like community health workers and spaces where people normally don't utilize them. So I love the fact that my my journey as a Ch. For you was a part of research cause I've. Got to see both. Worlds, because before that I was skeptical about research. I learned about him in college and I learned about the goods and. The bad and I'm just. Like but I. Became a CSW as a part of research, so I did that purposely to make sure that I knew exactly what we were doing. And then what my role was not being a person that was taking advantage. Or not supporting the community. But what I did is a CHW made a difference to the community and when our study was done, what we decided was we wanted to transfer what we did back into the Community and we did that at least for a year after the study was over. So we would. Try not to be helicopter researchers because. We knew a lot of the men who were. They were doing well. We had a 92% retention rate over five years of men taking care of the blood pressure. We don't want to stop that. So we connected to community partners and we did. And instead of me going to the clinics, I was going down. To the community partner. Sites checking blood pressures, making sure people taking their medication, get helping them get jobs. I was doing the same thing. But we transferred it and that's why I'm like, that's how it's shipping done.

Rodney Elliott

I thank you all for the first time I met you. I pretty sure probably was over. Zoom your energy towards being the community health worker to standing in the. Gap for people. It's kind of always been the same and you and and like you said, you're advocate, but you're also a patient, so you've always. Still dealt with your health issues, but always been a shining light in this space and I want to commend. You on that, you know, like this. My first met you even to now, today and everything in between when I see the one or I hear the one I'm gonna be in the meeting or e-mail her energy is always there and she doesn't have any problem at all with letting people know he had me Rodney. Trying to get across so I appreciate you for that, Juan.

Dywan Monroe

Thank you so much. I appreciate you. I appreciate being a part of the the patience program. I appreciate doctor Muller's. It's been a great, wonderful experience.

Rodney Elliott

Before we go, I got one more question I like. To ask all my. For those who listening, the bridge is a podcast that's part of the patients program and we're here in Baltimore, MD, and Baltimore's really special to us. If you'll be in.

Dywan Monroe

Yes, yes, born and raised West side.

Rodney Elliott

I'm on the east side, but no matter what. Side of town, you. On you have a. You you, you, you. You know the importance of Baltimore and what it means to us being home world folks. My last question to you is not necessarily. Research related projects or some related if you had a chance to have dinner glass of wine, even a good old Baltimore snowball.

Speaker

OK.

Rodney Elliott

Who would you have it? With dead or alive, you be blate.

Speaker

N1.

Rodney Elliott

Do you know?

Dywan Monroe

Who you be, Blake is. OK. OK, I met you. Be Blake. At least I think a couple months before he passed at an event. I just got to shake his hand, but I never got to, really. I always wanted to, like, just just sit and listen to him talk. I've heard through the the music and that, but I wanted to just that would be great to

just have an opportunity to just sit because I love my seniors. Right. And he when you're in his press, it's great to see him more team with. You, in his presence, it's a whole different thing. So I dig and shake his hand, but I would like to. Sit down and. Have a snowball.

Rodney Elliott

Fantastic. And sitting in the company of seniors is great. Thank you. I appreciate you for joining us today on the bridge.

Dywan Monroe

Thank you Rodney for having me. I appreciate it.

Speaker 1

Thank you for listening to the bridge carpet. Learn more about the patients program, visit our website at www.patience.umaryland.edu.