UM-FMUSP Collaboration on the Western Region Project

Main Goals of Collaboration

1) Lessons from Brazil’s Family Health Program for US
   - Universal primary care provided
   - Health care teams incorporating paid community health agents (CHAs) in all primary care centers

2) Mutual Strengthening of Methodological Approaches
   - UM support for rigorous evaluation of health system interventions
   - Rigorous longitudinal survey analytical methods and qualitative semi-structured interviewing approaches

FMUSP is in charge of 11 Primary Care Centers in the Western Region:
Laboratory for Interdisciplinary Observational Research and Interventions to Improve Care
Pilot of Community Health Agent-led Diabetes Self-Management Support at UBS Vila Piauí

- Provided 20 hours of training to 24 CHAs to 24 community agents to deliver a Motivational Interviewing-based self-management support intervention
- 60 diabetic adults with poor glycemic control
- Six-month intervention period
- Examine feasibility and acceptability and conduct time-series analysis of changes in clinical values over period from 12 months before the intervention to six months after
- Patient assessments of changes in interactions with CHAs

Benefits from FMUSP-UM Collaboration

- FMUSP Roles
  - FMUSP PI got buy in from all stakeholders and led project for Master’s thesis
  - FMUSP PI mentored 2 UM medical students who helped
  - FMUSP trainers trained and provided oversight for CHAs
- UM Roles
  - Conducted “train the trainer” in MI skills and how to train others (35 hours 1/13, >16 hours skype sessions, and 40 hours 12/13)—13 participants
  - Observed and gave feedback on training of CHAs
  - Helped with measures, analysis plan, analyses, and writing manuscript

ROC Birth Cohort Study

- Longitudinal Study of all children from Western Region born at USP’s University Hospital and their mothers
- Two key research questions:
  - compare outcomes between new FHS program and traditional primary care model
  - examine impact of social determinants of health on child and maternal health
- Collaborating on measures, analyses and shared papers, and training (student involvement in research and leading graduate course at USP)

Key Challenges We Have Faced

- The critical importance of pilot funding
  - UM-FAPESP pilot grant to cover travel/expenses between countries
  - FAPESP grant to support pilot intervention
- Need to establish foundation of joint work with limited funds
  - Incorporated PhD and medical students into data gathering (will hear more tomorrow)
  - Drew in other faculty with research interests in areas
- Threats of political changes changing relationship of FMUSP and the health centers in Western Region
  - If FMUSP loses contract, can we continue?
Current Priorities

- Publishing Joint Papers using data from ROC
  - So much data good to have lots of researchers taking leads on different papers
- Gathering Six-month follow-up data and writing up results of pilot intervention to submit
- Disseminating results of pilot intervention to stakeholders
- Meeting with clinical and other leaders of Western Region Project and health centers about larger-scale intervention

Next Steps

- Prepare proposals for Fogarty, NIH, FAPESP and Gates Foundation
  - Build on pilot intervention for CHA-led m-health intervention (build smartphone app to elicit patients’ priorities and link to health and community resources)
  - Extend follow-up of birth cohort and add new families to cohort
- Add maternal and socio environmental measures to 3rd year home visit data collection
- Jointly lead graduate courses at FMUSP on health system evaluation (3/15) and social determinants of health (FMUSP, Harvard, UM)