Podcast Interview Transcript

Erin Kobetz, Bruce Armstrong, Pamela Valera

Welcome to *Progress in Community Health Partnerships*' latest episode of our Beyond the Manuscript podcast. In each volume of the Journal, the editors select one article for our Beyond the Manuscript post-study interview with the authors. Beyond the Manuscript provides the authors the opportunity to tell listeners what they would want to know about the project beyond what went into the final manuscript. The Associate Editor who handles the featured article conducts our Beyond the Manuscript interview. In this episode of Beyond the Manuscript, Associate Editor Erin Kobetz interviews Bruce Armstrong and Pamela Valera, authors of "Academic Health Center–Community Justice Program Partnerships: Linking Men in the Justice System to Health Care."

Erin Kobetz:	Hi. I am a big fan your manuscript, *Academic Health Center- Community Justice Program Partnerships: Linking men in the justice system to health care*, and I'm hoping that you could give our listeners an overview of your paper and the purpose of your research.
Bruce Armstrong:	Well, thank you for this opportunity to do that. We'd be happy to. Pam and I are colleagues at the Mailman School of Public Health. Our paper was intended to describe the work that we've been doing up at our medical center.
	Columbia University Medical Center is a very large medical center in upper Manhattan that is composed of—like any medical center—a medical school, and a school of Public Health, and a school of Nursing and other schools , and a teaching hospital, New York Presbyterian Hospital. And our particular interest has been with a very vulnerable population, which is men that are involved in the justice system.
	So our article basically describes our work and how we at the Medical Center, using the resources we have the clinical services of a couple of clinics especially, the Young Men's Clinic and Project STAY—how we brought in the skills and the resources of clinicians from the hospital, and then faculty and students from the university to identify in the community very, very strong partners throughout Manhattan, not just in upper Manhattan, but reaching up into Brooklyn as well and other boroughs.
	Across the spectrum of the justice system, so be it probation parole, re-entry, diversion programs, legal assistance programs like legal-aid, and how the different sectors—how we worked with the different sectors to try to collaborate with the ultimate goal of helping men who are involved in the justice system get better access to care. And what did in our work was really try to frame our work based on some critically important principals from community-based participatory research.

Bruce Armstrong: So things like sharing resources and showing trust and respect, and building that trust and respect over time. Recognizing the strengths of our partners and sharing the strengths that we had. Again, all with the ultimate goal of linking men to healthcare. But also to at the same time fulfill our mission as researchers and teachers. To do service-based research in the field, and to create opportunities for our students to apply some of the skills that they're learning in the classroom.

And ultimately what we really hoped was that everybody, all the partners involved would gain from this. That our justice partners would have better access to care for their clients, our students would have more opportunities to practice, faculty would have opportunity to do some service-based research, and other kinds of research, and the hospital would benefit as well by increased utilization of clinics that really do provide some very critically needed primary care services to the vulnerable populations that we're interested in serving.

Erin Kobetz: Okay, I think that's a beautiful segue to one of the questions that I had in reading your manuscript. Your commitment to community-based participatory research and the notion of leveraging institutional resources to better serve the needs of incarcerated men as well as their service providers, was incredibly evident. The reason why I thought your work was so fascinating and of such strong interest to our readers and listeners was that most of us don't have the opportunity to work with an incarcerated community, and I think this issue that you raised about leveraging and sharing resources—I'd like to know a little bit more about that. So in your opinion, how can efforts to maximize equitable sharing of resources be built upon as well as sustained?

Pamela Valera: I think the major importance here is to seek out criminal justice systems that are in need of partnership. This is an important issue, and one of the things that I've noticed in my own experience is that the corrections system is extremely focused on public safety and control, and institutions like ours and those that are interested in CBPR are interested in partnerships, and also addressing issues related to health disparities.

And so these two aren't mutually exclusive, but it's really critical for our stake-holders to have long-standing conversations and build the trust. Building trust is really critical when working with the Criminal Justice System and also the incarcerated and formerly _____ population.

So in order for us to really leverage and maximize these types of resources we need to initially build trust, and develop long-standing relationships that go beyond the research. Because the correctional institutions are looking for something that's more long term. Especially for this population and also for those that are returning to the community. Bruce, would you like to add anything else?

Bruce Armstrong: I guess just to add that in terms of sustaining and maximizing resources—where I think we're all clear that that would be more than just monetary resources—but in fact, looking at resources broadly. You know, knowledge is a resource, access to services is a resource, man-power, woman-power—whatever—are resources that can be shared, and reaching across sectors I think that can be very challenging because many times the different sectors

don't know each other, may not trust each other. It may feel like one's re-inventing the wheel every time a new project gets generated and I think one of the ways that we've been somewhat successful is by keeping our eye on the prize and continuously showing up.

So, for example, not just appearing to say that we have some good research capabilities—or even a good clinic—in the middle of the night, but rather to show up at events that our partners are having that are part of their life cycle. Like a graduation that some of us attended last week of a Justice Corps cohort of young men who were graduating to the next level after some trouble with the justice system. Faculty showed up, which earned a lot of credibility. Probation officers coming over and saying, "Wow, it's nice to see you again". Not just showing up when you need something.

Today I'll be doing some training of lawyers downtown because they wanted to know more about resources throughout the city. Not just the Young Men's Clinic and Project STAY, but the great community health centers that are available throughout the city that very often are a well kept secret. This happens on a regular basis.

We've now built into the system where people who work in the justice system are regular speakers in some of our classes. In Pam's class and my class. We have justice involved formerly incarcerated folks come to evening events at Mailman, and speak to the students about the collateral consequences of incarceration.

And in return, of course, me and my staff are constantly working to connect their clients to low-cost or free health care services. Those events have become really institutionalized. They're not events that take a lot of planning or a lot of trust building, and I think one of the ways to sustaining relationships is to be really present in a variety of ways at a variety of times that sometimes aren't the highlight of your year. But just showing up for example to a fundraising event because they invited you. And I think that's the kind of currency that's been built up among the hospital, the university, and these justice partners that keep resources easily being shared back and forth.

Erin Kobetz:	And you know I always say—and it sounds like you share this sentiment—that when you do community-engaged scholarship, it's not a job, it's a lifestyle. Because I do agree that there is that expectation that to have a meaningful presence in the community that you actually have to be present, and so there have been many times in my life as well with the communities that I serve, where I'm spending nights and weekends at events even at the expense of being with my own family because that's what is necessitated if you want to actually build relationships around trust that can be ultimately sustainable.
Bruce Armstrong:	That's really so important. It's something that one might even think you didn't learn in school. It just makes sense you know, that they're very busy just like we're very busy. So to show up for them, to get out to where they are, on their turf, on their time is really what makes—you know it's the old adage, "trust is earned, it's not a given".
Erin Kobetz:	So let's take this—I'm sorry Pam. Sorry go ahead.

Pamela Valera: Just to add to that is that's how friendships are built, and I think it goes beyond sustainability as well. 'Cause friendships really withstand a lot of the concerns related to funding, related to ongoing projects. And so that's how we've been able to really focus on sustaining by cultivating our friendships with these organizations.

Erin Kobetz: So I mean taking that a step further, because I think you're right, the first thing that we do is try to build trust. We try to be invested in communities. Many of those relationships transcend the boundary of research to become friendships that are critically important to our lives both personally and professionally.

One of the things that struck me about your work was the idea of expanding capacity building activities, and you all noted that noted that most of the research that had been done had been done through the lens of practicum projects by students and that such projects were not publishable or even submitted for IRB approval.

So my question is how do you then build that capacity? What does that look and feel like? And how do you circumvent some of the obvious barriers that might preclude you from being successful in this particular endeavor?

Bruce Armstrong: Well, I think some of it I guess is being a little bit more intentional—well I'll speak for myself as faculty to—all of us, everybody in their work has responsibilities and very often we answer to different masters in our job. I know in the past there just may be a little bit more foresight—to seek out some specific funding for example—that would have allowed me to do a more rigorous job evaluating. There was no reason why terrific work had to occur without effectiveness being measured, without really intruding on the work. I just didn't sometimes have the foresight.

There have been times—some of the colleagues of ours on the paper, Linda Cushman and Deborah,—who are colleagues of ours at Mailman—we've intentionally secured funding to be able to evaluate for example some quasi-experimental health education, psycho-educational group work with men that really did show significant increases in knowledge and condom use behavior and accessing of clinical services. But we had specific designated funding to do that over time.

I've looked at some data that's occurred, that's sitting right at my fingertips. Data that's collected at the clinic, which is easy; name, date of birth. Data that's collected back at a re-entry program, and kind of eye-balling it not in as systematic a way as I might've if I had more research support. You could see that there were very different trends in utilization when students of ours led by faculty did certain interventions at the agency. And when those services were withdrawn because of funding disappearing, you could see utilization decline and it would have been very good if I had had more foresight to get some support to look at this—even doing a year's look of utilization of the clinic matching identifying data back to the re-entry program site over a couple of years. It would have given me a lot more leverage to go for more funding for these initiatives if I had done that.

So I think sometimes it's a question of practitioners just having foresight. I think on the student's side, we know from student evaluations that they are constantly feeling that

this connection to the community is benefiting their education. They really get practice at developing focus groups and qualitative interviews and analyzing qualitative data with faculty help. That's terrific from the teaching end. From the research and knowledge building end, I think a little bit more funding specifically designed for evaluation.

Pamela Valera: Yeah, I have to agree with Bruce on that. We're doing a really good job in formative research and research related to RCTs and dissemination and implementation research, but I think in terms of really trying to figure out programs that are sustainable and address the questions that we want, we need more funding for evaluation. That includes process and outcome evaluation. There's just a lot of programs that need evaluation, and there's not a whole lot of funding to be had related to this issue.

Erin Kobetz: I very much understand the perspective that both of you are offering in terms of the challenges of having sufficient funding to evaluate both the process and impact of doing the work that we do. And I'm not sure what the solution is. I certainly think engaging students in that effort is critical, right? Because they have obligations to do practicum, as well as the benefit of doing service learning to achieve research objectives that help us fulfill the obligations of evaluation when there's not sufficient funding to support it.

So I think that you guys have been really creative, and also in my own work I do very much the same thing where I try to give my students the opportunity to work with me and community partners so that they have a hand on understanding what CBPR is given on it's an applied science.

So my next question is a bit of a divergence from what we've been talking about, and it was something that came up in your paper and I thought, "Hmm, maybe this where they're potentially going in terms of future research opportunity". You talk about that faculty and clinicians learn that it was important to address hypothetical as well as rea- life life concerns.

For example, students created videos explaining testing and confidentiality policies because participants were worried about STI urine tests being used for drug screening. And so I was really—when I read this, I was a bit taken aback and then wondered, "how could we use social media and other technology to improve the incoming communication between disenfranchised patients and their providers, and do you think that an approach like that would even be feasible?".

Bruce Armstrong: I think it is feasible, and I think on some small levels—social media, there are so many different facets of that, right? Something as simple as text messaging and e-mailing. Just a quick example: I think we've improved services because of what we've learned.

In a couple of the programs we work with, with young men really involved with the justice system at the federal level that were just having a really difficult time. The margin for error was so small for them to not comply or adhere to carrying through with their medical appointments because it was connected to other things they were doing literally to stay out of becoming incarcerated again.

So we did a lot of qualitative work trying to understand where is the breakdown occurring?

Bruce Armstrong: We have such a friendly clinic. We have such nice relationships with the staff of this agency. What we came upon really was that these young men just weren't able to navigate the call system of the hospital.

And so what we did was create a system in the clinic for a few special programs where text messaging and e-mailing could be used to get a direct line in to the clinic to make appointments, and have found out—just anecdotally—but found out from the federal pre-sentencing program that their sense of the success rate of completed appointments has been much, much higher since we made that adaptation. And I think it was a great example of where a little bit of research informing a clinic of a problem that's occurring for a population made a very reasonable improvement in services. So that's just e-mail and text messaging.

One of our colleagues on the article, Dr. Cohall, has been very successful and very active in developing all kinds of social media and text messaging modalities to work with these young men. Appointments are made. Follow-ups are done through text messaging. Reminders to take medications are happening through text messaging and this is all secure. Done at the very highest quality level approved by the hospital, and it's been quite successful.

He's also been very active in creating digital media where vulnerable young men have actually come to the table to create with him decision dilemmas that are played out through the internet. You know, "You're in this situation. You have these choices. What can you do? What's gonna be the consequences if you do?". And it's really been pretty remarkable what he's done. I haven't done very much of it myself but I'm very much in awe of the way he's used social media to reach these young fellows.

Erin Kobetz: That's excellent. You know the more I hear about this work, the more engaged I am by what you're doing and how deep the connections run both in terms of the community and also your institutional collaborators and this larger commitment between people of different disciplines and backgrounds to really doing right by this particular vulnerable community. And it's incredibly impressive.

Like I said at the beginning of our call, as an associate editor I have the privilege—and sometimes not—of reading many, many manuscripts that are submitted to our journal, and yours by far was my most favorite this entire year, and I'm so glad that we've had this opportunity for us to talk and for you to share further about the great work that you're doing, and I look forward to seeing it in print.

Bruce Armstrong: Thank you so much and thank you for your kind comments and your collaboration. We appreciate that.

Pamela Valera: Thank you so much.