

# Four Walls

Partnerships  
Promote  
Health Literacy  
and Build  
Community  
Capacity

By Sharon Tregaskis

THINKSTOCK



**O**lajide Williams, MD, was a neurology resident at Columbia when an annual physical turned his world upside down. “I had just turned 30 years old and I was diagnosed with high blood pressure,” says the Nigerian-born neurologist. “I was fit, healthy. My only risk factor was a family history and being black.”

Now a P&S associate professor of neurology, director of acute stroke services at NewYork-Presbyterian, and co-director of the Center for Stroke Disparities Solutions in New York, Dr. Williams was lucky. His diagnosis came early, he could afford the medical care he needed, and his professional training had given him the health literacy he needed to keep his blood pressure in check: medical compliance, diet changes, exercise, and stress management.

Hypertension, which afflicts nearly one-third of all Americans and is an underlying factor in more than 70 percent of strokes, is a poster child of this country’s racial health disparities. Americans of Hispanic and African descent are more likely to develop hypertension, less likely to be diagnosed early (when treatment is most effective), and less likely to respond fully to the drugs that can manage the condition.

While on rounds at Harlem Hospital Center to evaluate and treat patients who had suffered strokes, Dr. Williams bore daily witness to hypertension’s ravages and its disproportionate insults in Harlem. Among people aged 35 to 45, the incidence of stroke is four times higher in blacks than in whites; of all races, African-Americans have the highest mortality rate from stroke.

And so even as the neurologist garnered millions of dollars in research funding from the NIH to better understand how hypertension and racial disparities conspire to kill African-Americans, Dr. Williams resolved to make prevention—starting with basic health literacy—a cornerstone of his career. He earned a

master’s degree in public health at Columbia’s Mailman School of Public Health, began giving speeches at local churches, and authored “Stroke Diaries: A Guide for Patients and their Families.” And with rapper Doug E. Fresh, he co-founded Hip Hop Public Health, a nonprofit that uses music and media to promote health literacy within economically disadvantaged under-resourced communities and has developed programs such as Hip-Hop Stroke, which is funded by the NIH and supported by the New York State Department of Health.

“I live in Harlem, I raised my children in Harlem, I have worked in Harlem my whole career as a neurologist, and I recognized the painful disparities that plague communities of color,” says Dr. Williams, who performs for schoolchildren, calling himself the Hip Hop Doc and wearing scrubs and an outsized golden chain yet speaking with the hint of a British accent acquired during his own youth at a boarding school in London. “I don’t think that we, as physicians, will be able to realize the type of outcomes that our local communities desperately need if we do not venture out of the four walls of our hospitals.”

Dr. Williams’ community-first approach will be front and center in Columbia’s new Community Wellness Center, slated to open later this year in the Jerome L. Greene Science Center on the University’s new Manhattanville campus. A partnership of the departments of neurology and psychiatry and ColumbiaDoctors—with operating support from the Mortimer B. Zuckerman Mind Brain Behavior Institute—the self-contained center will house two new initiatives: the Community Health Worker Stroke Prevention program, led by Dr. Williams, and Mental Health First Aid, or MHFA, led by Sidney Hankerson, MD, assistant professor of clinical psychiatry.

“There is a huge stigma around mental health in the black community,” says Dr. Hankerson. Dr. Hankerson’s passion for community-based interventions draws on personal experiences and NIH-funded studies focused on reducing race-based health disparities in the United States. The Baptist Church that Dr. Hankerson regularly attended growing up—where his father served as a deacon and his mother played piano for the children’s choir—was a second family to him. “I was raised in Fredericksburg, Va., where my church was a hub of educational, social, and civic engagement. We were a tight-knit community that helped people tackle familial challenges and supported one’s spiritual growth,” says Dr. Hankerson.

After completing undergraduate studies at the University of Virginia, Dr. Hankerson enrolled at Emory University School of Medicine. He did most of his clinical training at Grady Memorial Hospital, a large public hospital system which he calls “the Harlem Hospital of the South.” Fueled by his perception of substandard mental health services at Grady, Dr. Hankerson obtained a dual MD/MBA at Emory to understand how to translate best practices from business into research and clinical care.

Dr. Hankerson came to Columbia in 2009 after receiving a competitive NIMH-funded research fellowship. He studied how community-based interventions could address factors such as



## HELP FROM OUR FRIENDS

### HELPING PEOPLE IN THE COMMUNITY

The Chapman Perelman Foundation has made gifts of more than \$2.3 million to support programs in the Department of Psychiatry and new projects within the Institute of Genomic Medicine that apply precision medicine technology to improve diagnosis and ultimately treat mental illness. The Chapman Perelman Foundation is continuing support for a program it helped establish in 2014 to provide mental health services to victims of domestic violence in historically underserved communities. Working in tandem with the New York City Mayor’s Office to Combat Domestic Violence, Columbia provides mental health services at the New York City Family Justice Center in the Bronx. The new gift provides support to replicate this program at Family Justice Centers in each of New York’s five boroughs, allowing psychiatry faculty to continue providing comprehensive and integrated care for families affected by domestic violence.



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lack of access to care, financial constraints, stigma, and distrust of health care professionals that contribute to African-Americans' low depression treatment rates. "When I first arrived at Columbia, I attended several community meetings with Dr. Williams, gave free mental health workshops, and talked to numerous community leaders," says Dr. Hankerson.

"I conducted several focus groups with pastors, who described depression as a 'silent killer' in the black community." Indeed, recent data from the Department of Health and Mental Hygiene show that clinical depression is the No. 1 cause of disability in New York City, but many people refuse to seek depression care. "The pastors' insights caused me to pursue their role in mental health care more in-depth."

A landmark national study found that more people contact clergy first for mental health problems compared with psychiatrists, psychologists, or general medical doctors. "Our clergy are trusted," says Dr. Hankerson. And yet, faith communities are often ill-equipped to address the needs of members struggling with depression and other mental health illnesses. "The notion that people of faith don't get depressed or struggle with other mental health problems creates tremendous tension that we have to work through. It's often counter-cultural for us to be talking about mental health in the church, but it's a great opportunity to reach people who need help." For example, Dr. Hankerson found

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high rates of depression (20 percent) via a depression screening study among congregants at three black churches in New York City. The study was the first of its kind, and Dr. Hankerson was invited to the White House last year to discuss the results and his community-based program.

Dr. Hankerson is delivering the eight-hour Mental Health First Aid program, currently housed in Harlem's First Corinthian Baptist Church, in trusted community venues. His program draws on the strong social ties within communities of faith and the credibility of clergy to combat the stigma of mental health troubles and build connections among congregants and health care providers. "The churches have spearheaded the emotional needs of their congregations for years," says Dr. Hankerson.

Mental Health First Aid, which is available in English and Spanish, trains faith leaders—pastors, imams, deacons, and other clergy—and Harlem community members to assess and support someone experiencing a mental health crisis. Participants learn to detect signs and symptoms of depression and other mental illnesses, and the program provides a five-step

# A 250-Year Commitment to Community

On May 16, 1769, the medical school now known as Columbia University's College of Physicians & Surgeons celebrated its first commencement. "No less than Life, and its greatest Blessing Health, are to be the Objects of your Attention," the school's dean, Samuel Bard, advised the graduates in his speech that day, "and would you acquit yourselves to your own Consciences, you must spend your Days in arduous Enquiries, after the Means of rendering those of others long and happy."

Language—not to mention capitalization—has changed significantly since those early years of Columbia's medical school, but the commitment to patients has only expanded with the times. Dr. Bard urged the two graduates, who received bachelor of medicine degrees that day, to pursue a life of inquiry, of integrity, and of compassion. He also issued a call for a public hospital. Later the same day, a subscription raised 1,000 pounds to establish New York Hospital, dedicated not only to the care of the city's poorest residents, but also to the study of disease in all its forms and the training of aspiring physicians.

Expansion of Dr. Bard's vision over the years has come in the form of clinics and programs—including many founded by students—that address the population's changing needs. Among the current student-

run clinics are the Columbia-Harlem Homeless Medical Partnership, a 10-year-old program that provides free health services in West Harlem, and the Columbia Student Medical Outreach, or CoSMO, which offers the uninsured in Washington Heights primary health care and access to social workers, health educators, Spanish-language interpreters, and nurses while instilling in students a lifelong commitment to the service of all who are in need.

The Community Wellness Center that will open in the new Jerome L. Greene Science Center on the Manhattanville campus will promote stroke and depression awareness, augmented by the efforts of specially trained health ambassadors. "Ours is not a unique endeavor," says Olajide Williams, MD, co-founding director of the new center. "Community medicine has been a long and deliberate endeavor over many years."

The Ambulatory Care Network—ACN—is just one example of providing care beyond the medical center's boundar-

ies. Established by NewYork-Presbyterian Hospital nearly 30 years ago to provide health care to the underserved communities of northern Manhattan, the network is composed of 14 primary care practices and more than 50 specialty clinics that care for children and adults by combining the resources of the hospital, the medical center's schools, and the community to enable residents to have the finest care without leaving their neighborhood.

Demand for ACN appointments is high, and new patients sometimes had to wait six to eight weeks to get an appointment. That prompted the ACN's Broadway practice medical director Rachana Gavara, MD, to make timely care a priority, boosting the availability of same-day and walk-in appointments.

Dr. Gavara, assistant professor of obstetrics & gynecology, has a particular interest in patients who are pregnant and have not received any prenatal care. "Initiating prenatal care early on provides an opportunity for early detection of problems during pregnancy and enables early intervention and prevention of complications and poor outcomes," says Dr. Gavara. To speed access for these patients, Dr. Gavara and her colleagues instituted a new policy to see any woman at more than 20 weeks' gestation within a week of her request for an appointment. "It has improved patient satisfaction, relieves the anxiety of the mother, and helps the staff, who are not seeing mothers for the first time late in the pregnancy."

In addition to emphasizing patient care, Dr. Bard early on envisioned the imperative for physicians to tailor their studies of disease to unique manifestations in different populations. "Every Country has its particular Diseases," he declared, "the Varieties of Climate, Exposure, Soil, Situations, Trades, Arts, Manufactures, and even the Character of a People, all Pave the Way to new Complaints and vary the Appearance of those, with which we are already acquainted."

The Irving Institute for Clinical and Translational Research has used part of its \$58.4 million NIH grant to strengthen its commitment to the neighborhood by creating new opportunities to engage community leaders and residents in the design and pursuit of medical research, including precision medicine. Led by José Luchsinger, MD, and co-directors Ana Abraidolanza, PhD, and Rafael Lantigua, MD, and associate director Elizabeth Cohn, RN, PhD, the Institute's Community Engagement Core Resource provides education, training, and off-campus space for health research and promotion activities and links residents to health information and services. "Community-based participation in research allows us to know more about how medical knowledge is generated," says Dr. Luchsinger, who also directs the Center on Aging and Health Disparities in the Division of General Medicine. "It's immensely important for research and for the community we serve."



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Rachana Gavara, MD



Sidney Hankerson, MD

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action plan for connecting people to appropriate support. Dr. Hankerson's team has trained nearly 100 people and scheduled monthly trainings for the remainder of 2017.

Dr. Williams' Community Health Worker Stroke Prevention program has a similar commitment to honoring the ways in which relationships between congregants and their clergy can boost access to health care. Now in its third training block, the program recruits volunteers from local faith communities for a free eight-week course during which they learn about stroke and cardiovascular disease risk factors, screening, and prevention and learn how to do CPR and motivational interviewing. "We train community health workers as resources within the community, to serve as health advocates, linkage to the health system, health educators, and counselors," says Dr. Williams, who plans to extend the program to additional faith communities in Harlem and to predominantly Latino churches in Harlem and Washington Heights. "We provide them with myriad skills required for them to act as the health foot soldiers in their churches." To make good on that promise, the program also helps participants earn New York state certificates that allow them to counsel and enroll fellow New Yorkers into health insurance plans. "It's one thing to provide resources to a community," he says, "and another thing to help communities build capacity."

In addition to offering stroke and mental health awareness programs, the Community Wellness Center will provide free blood pressure readings and cholesterol tests on weekdays and select weekends to all who walk in. Visitors will be given records of their

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results plus information on ways to improve their health. Center staff will offer information—in English and Spanish—about free and low-cost clinical resources in the neighborhood and at NewYork-Presbyterian/Columbia University Medical Center.

Perhaps most importantly, the programs housed within the center will address a key and long-standing obstacle preventing access to appropriate health care among African-Americans—that of mistrust of mainstream medical science and health care in general. "We know that people of color—African-Americans and Latinos—are disproportionately affected by chronic medical conditions, such as high blood pressure, diabetes, depression, anxiety, and stroke," says Dr. Hankerson. "This is going to be an amazing opportunity for collaborations, for the development of new partnerships with scientists, physicians, psychologists, and, most importantly, among members of the West Harlem community to really identify how we can provide the best care, delivered in a culturally sensitive way, and how we can positively impact the lives of people in West Harlem." ❖

*Elizabeth Chute contributed reporting to this article.*