

Building Community Connections

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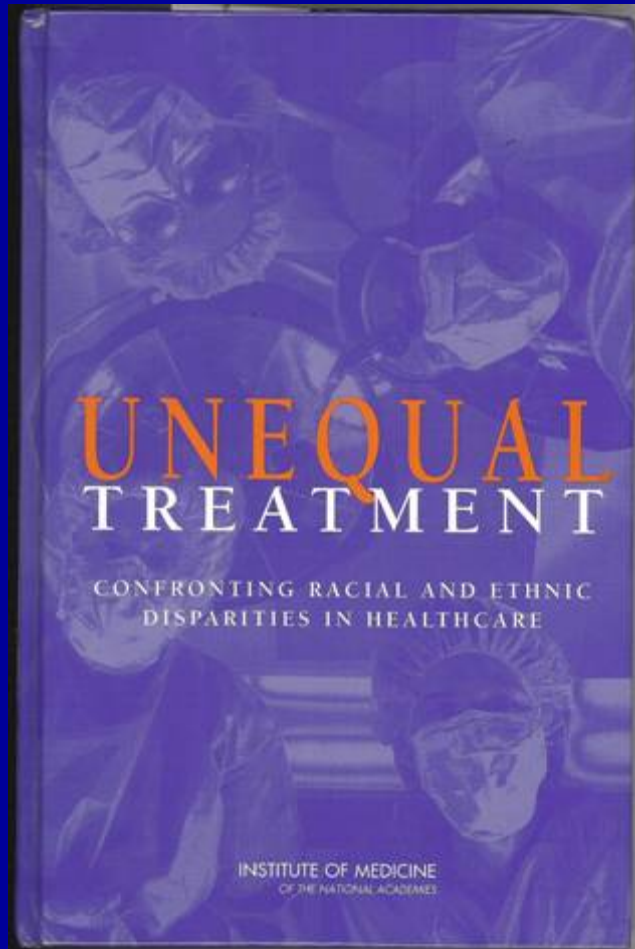
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Problems in the Health Care System

- Fragmentation in care
- Uninformed providers
- Lack of funding for clinical research
- Health care disparities
- Responding to acute needs rather than planning for chronic care



Racial and ethnic minorities tend to receive a lower quality of healthcare than non-minorities, even when access-related factors, such as patients' insurance status and income, are controlled.

Building national models

Care

Education

Outreach



Allied Team
Training for
Parkinson (ATTP)

Community
Partners for
Parkinson Care
(CPP)

CPP Mission

To inform whole communities about
Parkinson disease,
to provide resources and support,
and to improve access to care
for every person whose life is
affected by Parkinson's.

CPP Objectives

- **To address:**
 - Health disparities
 - Fragmentation in care
 - Lack of culturally competent care
- **To reach:**
 - ‘Whole’ communities
- **To build:**
 - Sustainable partnerships

Building Partnerships



The Framework of Outreach

- Relational
- Bi-directional
- Co-learners
- Culturally competent practice
- Developmental

Evolution of CPP

2002

Task Force

Creating Systems of
Care for Diverse and
Underserved
Communities



2003-2005

CPP I core group

PD champions

NPF representative(s)
Community liaison; Natural helpers
*Co-learning; Training in PD;
Learning about community*



2005-2007

CPP II

Expand coalitions

Agencies w/ infrastructure in
diverse/underserved
communities



2007

National Parkinson Care Network

National, State and
regional networks

National Partnerships

- Partner with National Organizations who share a commitment to reach medically underserved populations
- And have an established national infrastructure for training and / or service delivery

Initial Partners

- National Area Health Education Center Organization (NAO)
- National Alliance for Hispanic Health (Alliance)

Lessons learned

- Self-assessment - an important first step
- Gaining access to communities takes time
- Get buy-in from all levels
- Do not assume buy-in or ready acceptance
- Building trust is an essential first step

Lessons learned

- Coalition development - not uniform or linear - not predictable
- Regular coalition meetings are important
- Open, collaborative, team building leadership is key

Lessons learned

- Need to approach PD awareness/ education through wellness/ healthy aging programs—not focus on disease process which frightens some
- Being careful about language
- Not rebuilding hierarchies – letting all voices contribute and be heard

“The meeting of two personalities is like the contact of two chemical substances:
if there is any reaction,
both are transformed”

Carl Jung