



Annual Report 2023-2024

c3en

**chicago
chronic condition
equity network**

C3EN Mission & Vision

The mission of the Chicago Chronic Condition Equity Network (C3EN) is to address the following priorities in partnership with community stakeholders:

- Identify **solutions** to address inequities in multiple chronic conditions in the Chicagoland area, with a particular focus on cardiometabolic health
- Understand the **role of contextual/intersectoral factors** (e.g. neighborhood, social determinants of health, mental health) on development of multiple chronic conditions and the effectiveness of interventions to reduce inequities in those health conditions
- Engage **community partners** in a meaningful way throughout all phases of the research cycle
- Stimulate **collaborations** across academic institutions, clinics, regions, and community organizations



C3EN is looking for innovative solutions to reduce health disparities in populations with multiple chronic conditions. We recognize that solutions to these problems will require partnerships with community-based organizations and local care providers in order to link “on the ground” experience with scientific knowledge and methods.

Letter from C3EN Directors

“Of all the forms of inequality, injustice in health is the most shocking and the most inhuman because it often results in physical death.” - Martin Luther King, Jr. (Chicago, 1966)

Almost 60 years later, the death gap between Chicagoans of different races and zip codes remains far too pronounced. Chicago’s health disparities hit Chicago Chronic Condition Equity Network (C3EN) especially hard this past year with the passing of Community Stakeholder Advisory Council Member Joyce Chapman shortly after she gave the state of the community address and described next steps for the Far South Chicago Coalition Quality of Life plan. At C3EN, Joyce represented the far south side, Phalanx Family Services, and her Pullman neighborhood, always advocating for the needs of the community as the primary driver of our research. To honor her memory, C3EN’s minigrant program has been renamed the Joyce Chapman Community Grant.

C3EN’s first **Community-Based Organization Research Convening** focusing on mental health, a priority identified in our Town Halls, was co-hosted in-person and virtually by community partners on the south and west sides.

C3EN researchers launched two new research programs, **Patient Outcome Reporting for Timely Assessments of Life with Post-Traumatic Stress Disorder (PORTAL-PTSD)**, to screen for PTSD in disenfranchised communities on the south side, and **Activity and Recreation in Communities for Health (ARCH)**, an intervention for people with depression and physical inactivity or extra weight in underresourced communities.

C3EN Pilot Awards cultivate the next generation of health equity researchers in advance of a National Institutes of Health (NIH)-funded health disparities research project. This year, some early cycle Pilot Awardees have already obtained their first NIH Research Project Grants (R01s).

Joyce Chapman’s vision strongly aligned with C3EN’s mission to build coalitions of diverse organizations and individuals to find real world solutions. This third year at C3EN, we have made progress toward this ambitious goal.

Elbert Huang

University of Chicago

Elizabeth Lynch

Rush University Medical Center





Real world solutions for chronic disease and health equity in the Chicago area

Community Engagement

To facilitate the exchange of ideas between researchers and community partners regarding how to address disparities in communities

Investigator Development

To expand and cultivate the network of health disparities researchers throughout the Chicago region by supporting early career investigators

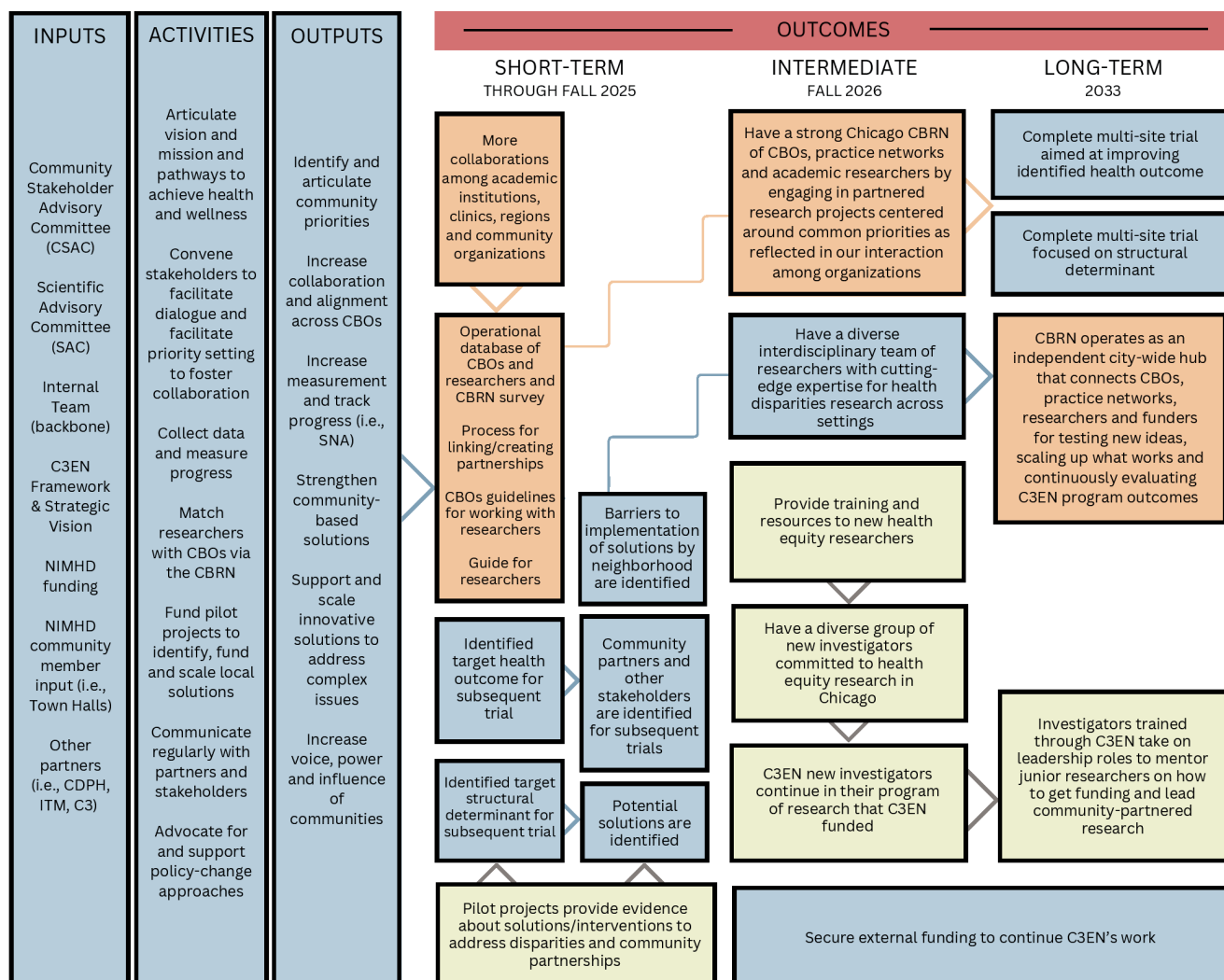
Administration

To achieve a sustainable administrative infrastructure that supports and bolsters all C3EN-related activities, personnel and stakeholders

C3EN Cores

C3EN Logic Model

Overarching Goals: Improve health of individuals at risk for multiple chronic conditions in low-income and racial minority groups in Chicago in order to eliminate disparities.



The C3EN Logic Model was designed in collaboration with our CSAC and SAC.

Community Engagement Core Highlights



- **Hired Lisa Kuklinski** to serve as Director of Community Research Partnerships in Spring 2024
- More than **doubled the Community-Based Research Network survey** from 30 organizations to over 60
- **Developing a searchable database** of CBOs and researchers to track relationship-building and matching
- **Hosted a CBO Researcher Convening** focused on mental health in partnership with the Institute for Translational Medicine to forge connections and spark conversation on the topics of prevention, policy and programming

Co-Directors

David Ansell

Rush University Medical Center

Sheila Dugan

Rush University Medical Center

Doriane Miller

University of Chicago



Core Support **Christie Edwards**, Program Manager | CBRN
Willie Love, Program Manager



C3EN's first **CBO Research Convening** focused on mental health to stimulate conversation and to start bridging the gap between those who are delivering programming in the community and scientists who conduct health equity research. 16 CBOs and 16 researchers attended. Featured CBOs Girls in the Game and Breakthrough gave presentations on prevention, policy and programs.



Community Stakeholder Advisory Council

To help identify the best solutions to address health disparities, the CSAC facilitates communication across sectors and between researchers and community stakeholders, disseminates research opportunities and findings, helps prioritize allocation of pilot funding, and provides feedback regarding C3EN projects.



Co-Chairs

Steve Epting

Alive Faith Network
Hope Community Church

Sherry Pace

Chicago Family Health Center

Tonya Roberson

Phalanx Family Services

Danielle Lazar

Access Community Health Network

Raul Garza

Aunt Martha's

Amit Acharya

Advocate Aurora

Veronica Fitzpatrick

Advocate Aurora (ITM)

Swati Goyal

Chicago Dept. of Public Health

Pat Lyons

Sean David

Endeavor Health (ITM)

Elizabeth Tumiel

Erie Family Health Centers

Katie McAuliff

Friend Family Health

Carlos Nelson

Kathryn Welch

Greater Auburn Gresham Dev. Corp.

Karyn Bolden Stovall

Illinois Institute of Technology (ITM)

Darryl T. Jenkins

Interfaith Mental Health Coalition

Uche Onwuta

Kane County Dept. of Public Health

Nallely Mora

Loyola University

Beth Lynch

LaDawne Jenkins

Rush University Medical Center (ITM)

The ecosystem here in Chicago is so unique, and the community development world is such a strong rich world. I want our community-based organizations to play more of a key strategic role just as our great colleges and universities and health systems have.

- Carlos Nelson, CSAC Member

Valerie Landfair

Sinai Community Institute

Brianna Hobbs

Teamwork Englewood

Dee Atkins

Thresholds

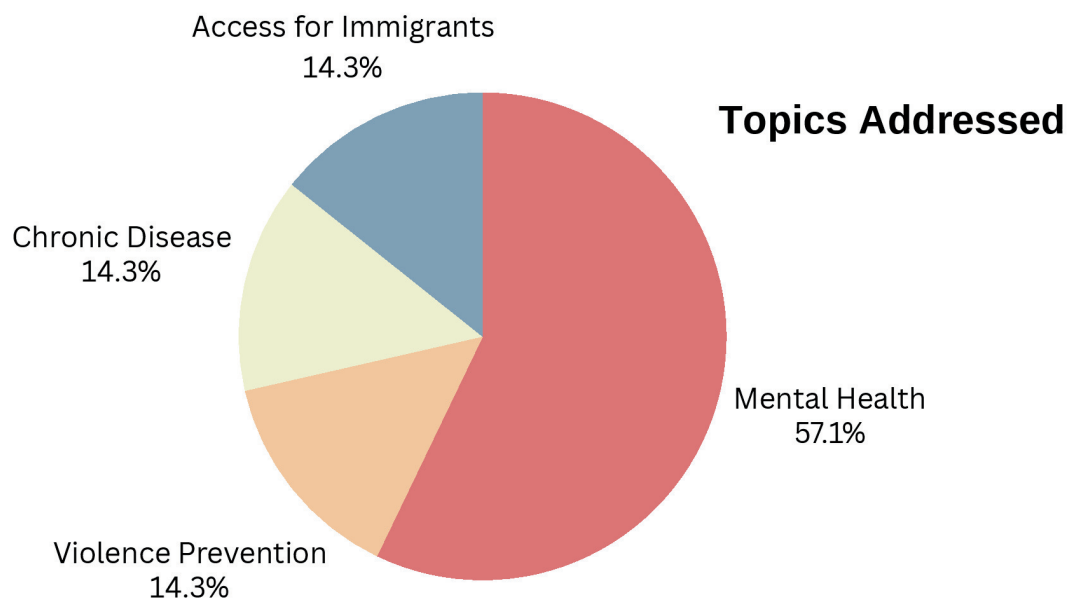
Morris Reed

Westside Health Authority

Ayesha Jaco

West Side United

10 Community Town Halls, conducted in-person and virtually, provided regionally-specific resources to attendees and reached 224 community members.



Pilot Awardee Presentations

Rachel Boutté, Community Trauma and Mental Health

Chuka Emezue, Trauma- and Equity-Focused Support for Boys and Men on Both Ends of the Gun

Kirsten Dickens, Racial Trauma and PTSD Among Women

Additional Presentations

LaDawne Jenkins, Mental Health First-Aid Matters

Daniela Velez-Cuclas, Overview of Health Coverage Programs for Immigrants and Resources

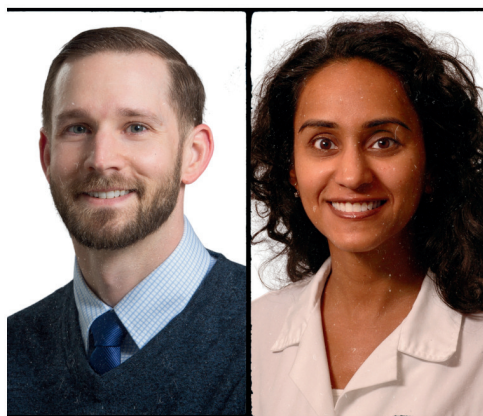


Investigator Development Core Highlights



Pilot Awards of up to **\$60,000** provide early stage investigators with funding to obtain compelling pilot data that they can leverage to establish and sustain an NIH-funded program of health disparities research. Grantees receive mentorship from experienced investigators, access to University of Chicago and Rush University Medical Center research infrastructure, and ongoing methodological and biostatistical consultation.

Joyce Chapman Community Grants of up to **\$3,000** support formative and summative health disparities research in partnership with a community-based organization.



Co-Directors

Brad Appelhans

Rush University Medical Center

Arshiya Baig

University of Chicago

- Funded **6 new Pilot Projects**
- Funded **6 new Joyce Chapman Community Projects**
- Offered **mentorship** to grant awardees and research support in biostatistics, data science and study design

Grant Reviewers

Marshall Chin

Paris Davis

Swati Goyal

Darryl T. Jenkins

Ayesha Jaco

Tricia Johnson

Doriane Miller

Sherry Pace

Lynda Powell

Tonya Roberson

Julian Solway

Sumihiro Suzuki

Core Support

Melanie Norstrom, Senior Program Manager

Scientific Advisory Council

The SAC advises upon the scientific direction of C3EN and ensures that C3EN activities and opportunities are disseminated across academic communities.



My mentors were concerned that my research approach with community partners would not work. But it did! Together with my community partners, we generated useful research results that influenced programs, policies and lives.

- Molly Martin, SAC Co-Chair

Co-Chairs

Ronald Ackermann

Northwestern University

Molly Martin

University of Illinois at Chicago

Marc Atkins

University of Illinois at Chicago

Lisa Barnes

Rush University Medical Center

Marshall Chin

University of Chicago

Joshua Jacobs

Rush University Medical Center

Wrenetha Julion

Rush University Medical Center

Stacy Lindau

University of Chicago

Monica Peek

University of Chicago

Lynda Powell

Rush University Medical Center

Julian Solway

University of Chicago

Clyde Yancy

Northwestern University

C3EN Research Projects Updates

Ongoing

Keep It Movin' (KIM)

PIs: **Elizabeth Lynch & Steven Rothschild**, Rush University Medical Center

Prior research conducted in partnership with the Alive Faith Network indicated high levels of physical function limitations during midlife and beyond for African Americans in Chicago. Physical function limitations are associated with poor health outcomes, including disability, and we know from other research that the right exercise program can improve physical function and reduce risk of long-term disability. However, there have been no studies testing whether this program can successfully improve physical function when offered in a community setting for African American adults.

KIM is a study conducted in partnership with the **Alive Faith Network** that is testing whether a church-based exercise program is effective at improving physical function for African Americans. We plan to enroll approximately 24 churches, each of which is randomized to either the intervention group (a group class held at the church) or the comparator group (self-paced guidelines for improving physical function).

17 churches are currently enrolled in the study and **361 individuals have been screened** for physical function in the churches. After completing their respective health assessments, churches are randomized to one of the study arms. To date, **111 individuals are participating in the study across nine church clusters**. Over the next year the study team hopes to randomize an additional seven clusters and complete data collection in churches that have finished the program.

Virtual Diabetes Group Visits Across Health Systems (VIDA)

PI: **Arshiya Baig**, University of Chicago

Diabetes Group Visits—shared appointments where patients receive self-management education in a group setting—can improve glycemic control, decrease healthcare utilization and provide social support and co-learning among peers.

While virtual appointments have become a routine part of clinical care, group visits via virtual platforms remain uncommon and understudied. The ability to train, implement and evaluate virtual group visits across two distinct health systems provides a unique opportunity to learn about adaptation and the barriers and facilitators for program implementation.

The virtual GV model (VIDA) is being implemented in **ACCESS** - one of the largest federally qualified health centers (FQHC) in the U.S., providing care for medically underserved and low-income patients across the Chicago metropolitan area - and **Advocate Aurora Health (AAH)** - a large, diverse, integrated private not-for-profit health system in Illinois.

To date, VIDA has been adapted and implemented at one ACCESS FQHC center and one AAH primary care clinic. Integration of VIDA has been assessed into clinical workflow in a pragmatic cluster randomized trial of virtual GVs across **9 intervention sites** (4 ACCESS clinics and 5 AAH clinics) and **9 control sites** (4 ACCESS Clinics and 5 AAH Clinics).

Voice-Activated Technology to Improve Mobility & Reduce Health Disparities: EngAGEing African American Older Adult-Care Partner Dyads

PI: **Megan Huisingh-Scheetz**, University of Chicago

EngAGE is a socially-motivated exercise tool for multimorbid Older Adult-Care Partner (OA-CP) pairs that leverages voice-activated technology. Driven by OA-CP feedback obtained through iterative participatory design, a subsequent in-home study of the program has demonstrated its feasibility and provided preliminary evidence of effectiveness, even among those at the fringe of technology literacy.

Currently **35 dyads** of the planned 124 have been randomized dyads into the study. Among those enrolled, **28 have completed the 6 month trial**.

The plan is to conduct a 12-month, randomized, in home trial of EngAGE (intervention) versus paper exercise handouts (usual care) in n=124 multimorbid, homebound, AA OA-CP dyads recruited from 2 hospital systems. The overall hypothesis is that EngAGE will improve both physical and social function. Community partners include **AgeGuide**, **Age Options**, **Department on Aging Illinois** and **Mather Lifeways**.

New

Activity and Recreation in Communities for Health (ARCH)

PI: **Brad Appelhans**, Rush University Medical Center

A sustainably-designed health outreach intervention for underresourced communities, ARCH draws from two contemporary models of health behavior, Behavioral Activation and Reinforcer Pathology, which jointly suggest that promoting and facilitating participation in rewarding recreational and social activities can directly reduce depressive symptoms, and enhance adherence to weight management and physical activity interventions.

The first phase of this 3-year project has involved intervention co-design with community stakeholders to maximize acceptability, feasibility and uptake. **Community Health Workers (CHWs)** and leadership from **Equal Hope** have had a major role in developing the social determinants of health screening and referral process that will be used in ARCH.

Patient Outcome Reporting for Timely Assessments of Life with Post-Traumatic Stress Disorder (PORTAL-PTSD)

PI: **Neda Laiteerapong**, University of Chicago

PORTAL-PTSD's goal is to implement and evaluate a more timely approach to PTSD diagnosis and management in a primary care setting with a high prevalence of trauma, specifically the south side of Chicago. In partnership with **Chicago Family Health Center**, an FQHC with five clinical sites and primary-care behavioral health (PCBH), the study includes a pragmatic clinic-randomized stepped wedge trial and a mixed methods evaluation using implementation science frameworks, patient and PCBH staff interviews, and PCBH staff surveys. The primary outcomes are the implementation effectiveness, defined by the rate of screening, receipt of treatment and symptom improvement. If proven effective, this model of care will be evaluated in a multi-center trial of FQHCs.

CYCLE 4 PILOT AWARDEES



Chibuzor Abasilim, Postdoctoral Scholar, **University of Illinois Chicago** | Per- and Polyfluoroalkyl Substances (PFAS) Exposure and Cardiometabolic Disease in African American Adults in the Chicago Multiethnic Prevention and Surveillance Study

Allison J. Carroll, Research Assistant Professor, **Northwestern University Feinberg School of Medicine** | Engaging diverse community partners to plan the implementation of a multi-level salt reduction intervention on the south side of Chicago



Eva Chang, Research Scientist Associate, **Advocate Aurora Research Institute, Advocate Health** | Social needs screening and intervention among patients with non-English language preference (NELP)

Melissa Crane, Assistant Professor, **Rush University** | Leveraging discrete choice experiments to increase participant diversity in future clinical trials in Chicagoland



Lindsay Sheehan, Assistant Professor and Associate Director at the Center on Health Equity, Education, and Research (CHEER), **Illinois Institute of Technology** | Peer Professional Self-Disclosure for Engaging Black Americans in Mental Health Care

Anna Volerman, Associate Professor, **University of Chicago** | Mental Health Matters: Harnessing Implementation Science to Advance Youth Mental Health Care in School-based Health Centers



JOYCE CHAPMAN COMMUNITY GRANTEES

PI: **John “Jack” Flores**, Fellow
University of Chicago

PI: **John Martin**, Assistant Professor
Rush University

PI: **Amanda Mathew**, Associate Professor
Rush University

PI: **Anna Volerman**, Associate Professor
University of Chicago

PI: **Cassandra Ma**, Executive Director
Reclaim13

PI: **Raheem Young**, Lecturer
Governors State University

Administrative Core Highlights

- Finalized **C3EN Logic Model**
- **Identified and shared funding opportunities** among the CSAC and Pilot Awardees
- Coordinated review of **25 Pilot Award applications** among SAC and CSAC members
- **Encouraged collaboration** across C3EN
- Co-led a course titled “**Developing Behavioral Interventions for Health Equity**” with C3EN leadership



Administrative Core Leadership

Yolanda Cartwright

Rush University Medical Center

Rachel Jantke

University of Chicago

Tricia Johnson

Rush University Medical Center

Biostatisticians **Sumihiro Suzuki**

Nikita Thomas

Wen Wan

Core Support

Natalie Brown

Christie Edwards

LaMorris Hampton

Irene Hsiao

Melanie Norstrom

Michael Quinn

Cris Rodriguez

C3EN Highlights 2023-2024

**Advancing
Community-
Research
Partnerships**

1st

CBO Researcher
Convening

4

CSAC and SAC
Meetings

10

Town Halls
July 2023 - July 2024

CBRN is developing long-lasting
relationships in Chicago's west
and south side communities to
help address:

Racial
discrimination on
older African
Americans in
health care

**Maternal-
infant
care**

Cognitive
Behavioral
Therapy

Painful
menstrual
periods

Coping
strategies for
pain in chronic
disease

Male gender
identity barriers
to preventative
healthcare



Pilot Awardee Kirsten Dickins, assistant professor at Rush University, received an NIH R01 for **Improving Traumatic Stress in Black Women Experiencing Homelessness: Evaluation of a Stakeholder Engaged Intervention**.

Pilot Awardee Li-Ting Longcoy, postdoctoral fellow at University of Illinois Chicago, is beginning the second year of her NIH K99 for **Facilitating Advance Care Planning Discussions Between Patients with Advanced Cancer and Their Family Caregivers Using a Resilience-Building Intervention**.

Pilot Awardees Elizabeth Tung, assistant professor at University of Chicago, and **Anna Volerman**, associate professor at University of Chicago, received an NIH R01 for **CHAMP-V + LAW: A program to prevent youth violence by addressing upstream structural determinants through community health worker and civil legal aid interventions**.

Pilot Awardee Chuka Emezue, assistant professor at Rush University, is an NIMHD Health Disparities Research Institute 2024 Scholar and received a Rush to Progress Pilot Award for **A Pilot Study to Evaluate the Feasibility of a Culturally Tailored Digital Therapeutic for Violence-Impacted Young Black Males**.

C3EN Goals for 2024-2025

Establish clear mechanisms for sharing information, resources, and decision-making power related to research projects with community-based organizations.

Create an educational toolkit around community-based participatory research for community-based organizations.

Host at least two convenings bringing together researchers and community-based organizations to foster relationship building and forge new research partnerships around health topics of high priority to the community.

Provide cutting edge research support and expertise to facilitate chronic condition health disparities research conducted across practice networks, in community settings, and in the home.

Attract and support diverse investigators who are new to health disparities research of multiple chronic conditions by providing education, training, mentoring, support for community and stakeholder engagement, pilot grant funding, and access to research support services.

Offer courses on research program development and community-based participatory research to early-stage investigators.

Fund 6-7 new pilot projects.



Instead of placing blame on individuals, it's crucial to shine a light on social factors that impede marginalized communities' ability to achieve and maintain good health.

- Pat Lyons, CSAC Member

It took years to be able to say, 'This has social causation, and part of the social causation is structural racism and economic deprivation'... if I'm proud of anything it was to change the narrative around causation.

- David Ansell, Community Core Co-Chair



Everything in life, it's all a group project—nothing is done best completely and totally alone when there are outcomes that impact us all.

- Paige Brown, Chicago resident

Let's judge our being one of the top cities in the world by how many people in our city are not helpless, how much of our population doesn't need drastic help, and how many people have food within walking distance. If we could do that, I think we would be one of the top cities in the world.

- Wayne Cauthen, Chicago resident

C3EN acknowledges the support of the **National Institute on Minority Health and Health Disparities**.

Annual Report Team

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Melanie Norstrom
University of Chicago

Yolanda Cartwright
Christie R. Edwards
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Rush University Medical Center

Designed and Written by
Irene Hsiao
Roell Schmidt

The University of Chicago and
Rush University Medical Center
Chicago Chronic Condition
Equity Network (C3EN)

People want to have a safe place to build. I'm so tired of seeing teddy bears and candles and balloons. At the end of the day, what are you going to do? How we get there, I don't know. It's a collective action.

- Joyce Chapman, CSAC Member



In Memoriam
Joyce Chapman
(1956-2023)

C3EN thanks all of our members for your partnership.

<https://www.c3en.org>

