

ACTIVATING COMMUNITY FOR BETTER HEALTH

Dr. Abby Letcher, Kathy Perlow, Laura Gutierrez, Nate Boateng

Introduction

All four workshop presenters addressed the “Activating Community for Better Health” workshop topic in relaxed discussion, laced with lots of humor and camaraderie about their Community Exchange TimeBank (CE) in Allentown, PA.

Practices

Exchange founder Kathy Perlow described their unique organizational structure within the Lehigh Valley Health Network (LVHN). Grant funded still, their TB is one of 580 community members/organizations under the LVHN umbrella. Recently, their self-study revealed that only 32 people in the entire 576-member TB had not exchanged services in a 6-month period. Nate Boateng ran their *documentary short* produced in partnership with Muhlenberg University telling the story of how a strong friendship, originally unlikely, evolved through CETB.

Kathy, the two additional CETB staff presenters and their “partner,” Dr. Letcher, comfortably shared situational stories, including: member *offerings* (*) and varying circumstances surrounding them; their roles in ensuring that offerings/needs are matched; and, examples of what running interference to overcome obstacles can look like in different situations. Often in response to participant inquiry, they shared case-by-case descriptions of comparable challenges along with examples of their mission-driven troubleshooting strategies. Time well managed allowed for examples of off-the-beaten-track circumstances and “exception-to-the-norm” solutions.

Due to not only each presenter’s conversation, but also through participant questions, these folks came across as an experienced, politically astute, “best practice” team. They’re sensitively tuned into the people they are trying to serve—and proficient in modeling for members’ service to one another; also, not only do they pay attention to one another but genuinely seem to support, respect and appreciate one another’s roles and gifts. Individually and collectively there’s lots of laughter between and among them. Participants were totally engaged, from beginning to end; listening alone was proactive.

Tools

The Exchange relies on the following valuable tools:

- Member Directory (in-print and online) updated regularly by member data entry staff. Earn half TD to bring in/or at-home shred old before new one is released.
- Monthly Newsletter mailed to members along with an online E-Newsletter version. The Newsletter contains member generated information almost exclusively. (Approximately 8 pages per month monthly. Substantive material is not written/provided by staff.)

Participants

Joel Nitzberg
Sara Forster
Jan Blanton
Stacey Jacobsohn
Mashi Blech
Zoila Rojas
Abby Letcher
Jeff Dicken
Chloe Budnick
Jennie Weakley
Shawn Kimmel
Nate Boateng
Sherry Sutler
Hilary Hoban
Ellen Kreutler
Debbie Davis*
Barbary Huston
Kathy Perlow
Laura Gutierrez
Susan Poor



- “Blasts” provided weekly by way of E-Newsletter. Intermittent news falling outside monthly Newsletter deadline.
- For people without computers, they have something they call “Email buddies.”
- A small Facebook page. Members can talk to one another individually online but cannot send mass emails. To reach entire membership must go through CETB Network.
- They do have “Cluster Groups,” i.e., music cluster, geographic cluster, etc.
- TB Member Handbook of “Dos and don’ts,” i.e. to protect against member info leaks.

Below, a list of CETB and LVHN initiatives that engage and activate patients and community:

- Community Exchange Neighbor to Neighbor TimeBank Network
- “Wheel Time” Medical Transportation (for recurrent medical appointments)
- *Las Palabras* Community Medical Interpreters
- Stanford Chronic Disease Self Management Workshops led by community lay leaders
- Citizen Health Care-Patient/Provider. Created Chronic Pain Project (CBPR) with community leader development, convening many meetings of multiple providers and sufferers
- Developing a Practice Advisory Council to empower patient/family leaders, enhance patient- and family-centeredness, and improve quality of care. (Patient Centered Medical Homes. NCQA Guide Changes for 2011 handout)

There was much interest and discussion about CE’s Medical Interpreter (MI), 46 hour, training program. MI programs take about 3 years to get a well-oiled machine level of functioning. It’s particularly relevant to their TB because Allentown is 47% Latino. Since their Medical transport driver’s have been successfully serving a dual role as Interpreters for their passengers, they are building a bi-lingual driver corps. It’s perhaps easier for them since, as yet, there is no MI certification requirement in PA (although it’s expected soon). Dr. Letcher emphasized the importance of culturally and linguistically appropriate interpreters to practicing physicians, especially those without in-house/staff interpreters. Medical interpreters trained through this program are required to interpret for a certain amount of time in exchange for their training.

Affiliations and Connections

Participants:

Barbara Huston’s suggestion in terms of her constituency--a good way to build community around seniors is to compile tasks necessary to get a job done.

Mashi shared that as her NYC TB has grown, they now have an Uptown Group, Downtown Group and Brooklyn Group.

Stacey (ME) shared that as her TB spans 7 Counties (having invited members from failed TBs to join) some mentoring and tutoring is conducted by telephone.

Debbie Davis (Detroit) is trying to negotiate with local access cable network and asks if others have successfully done so, and how? Stacey (ME) said “yes.”

Joel Nitzberg weighed into Medical Interpreter discussion since he ran an MI program at his college; also, asked about screening and rejection phases of their intake process.

*(In their intake process they did away with asking members to list their needs. Instead they ask; “What do you have to offer?”)