



Session # F8

Strategies and Lessons Learned in Conducting Couple- and Family-Focused Research in Primary Care Settings

- Jerica Berge, PhD, MPH, LMFT, CFLE
- Jennifer Hodgson, PhD, LMFT
- Angela Lamson, PhD, LMFT
- Tai Mendenhall, PhD, LMFT

CFHA 20th Annual Conference
October 18-20, 2018 • Rochester, New York



Strategies and Lessons Learned in Conducting Couple- and Family-Focused Research in Primary Care Settings

- Jerica Berge, PhD, MPH, LMFT, CFLE, Family Medicine and Community Health, University of Minnesota Medical School
- Jennifer Hodgson, PhD, LMFT, College of Health and Human Performance, East Carolina University
- Angela Lamson, PhD, LMFT, College of Health and Human Performance, East Carolina University
- Tai Mendenhall, PhD, LMFT, Family Social Science, University of Minnesota
- Thompson Forbes, PhD, College of Nursing, East Carolina University
- Sandra Hardee, PharmD, Vidant Medical Center



Faculty Disclosure

The presenters of this session have
NOT had any relevant financial
relationships during the past 12
months.

Conference Resources

Slides and handouts shared in advance by our Conference Presenters are available on the CFHA website at http://www.cfha.net/?page=Resources_2018



Slides and handouts are also available on the mobile app.



Learning Objectives

At the conclusion of this session, the participant will be able to:

- Identify the state-of-the-field with regard to carrying out family-focused research in primary care settings and funding mechanisms for supporting this type of research.
- Articulate best practices and lessons learned related to carrying out family-focused research and collecting family-level data in primary settings.
- Describe ways in which participants might include family-level measures in their own research in primary care settings.



Bibliography / Reference

1. Berge, J.M., Law, D.D., Johnson, J., Wells, M.G. (2010). Effectiveness of a psychoeducational parenting group on child, parent and family behavior: a pilot study in a family practice clinic with an underserved population. *Families, Systems and Health, 28*, 224-235. Reference
2. Mendenhall, T., & Ballard, J. (2014). Including the family in research evaluating integrated care: A call for expanding investigators' scope beyond single-person measures. *Families, Systems, & Health, 32*, 291-302. doi: 10.1037/fsh0000018 Reference
3. Hodgson, J., Atherton, L., Stanton, M., Toriello, P., Borst, C., & Maag, A. (2016). Providers' perceptions of barriers to implementation of an SBIRT protocol in academic and community healthcare settings, *Journal of Rehabilitation, 82*, 56-67.
4. Lamson, A., Lacks, M., Cobb, E., & Seamon, G. (2018). Medical family therapy in military and veteran health systems. *Clinical methods in medical family therapy*. New York, NY: Springer.
5. Mendenhall, T., Seal, K., GreenCrow, B., LittleWalker, K., & BrownOwl, S. (2012). The Family Education Diabetes Series (FEDS): Improving health in an urban-dwelling American Indian community. *Qualitative Health Research, 22*, 1524-1534. doi: 10.1177/1049732312457469
6. Berge, J.M., Mendenhall, T.J., & Doherty, W.J. (2009). Using community-based participatory research to target health disparities in Primary Care Settings. *Family Relations, 58*, 475-488.



Learning Assessment

A learning assessment is required for CE credit.

A question and answer period will be conducted at the end of this presentation.

Couple- and Family-focused Research

What does this mean?

Considering the family/relational context within the study design, guiding theory, research questions, hypotheses, analysis, and dissemination of a research project

Research Evidence for This Approach

Prior Theory

Observational Research Studies

Intervention Studies

Clinical Work

Anecdotal

*All point to the importance of a Relational/Family focus in research carried out in primary care settings

Conducting Family-based Research in Primary Care Settings

NIH/federal Funding in Primary Care Settings

Minnesota Department of Health and Primary
Care Settings

Department of Defense and Military Couples
in Primary Care on Base

Internal Funding in Primary Care Settings

NIH/Federal Funding in Primary Care Settings

Study: Family Matters

Aims: (1) Identify risk and protective factors for childhood obesity in the home environment; (2) Create an intervention for targeting childhood obesity disparities via Family Medicine and the Family Home Environment

Context: Family Medicine Residency Clinic and Community Setting

Funding Mechanism: R01 5-year NIH grant

Key Lessons Learned/Take Home Messages

1. Contagious energy about importance and satisfaction of carrying out research in primary care
2. Show stakeholders the importance of research to them
3. Interdisciplinary partners (I always have MD CO-PI or Co-I)
4. Start small and then grow; cyclical nature of research
5. Identify a public health impact of your research
6. Innovation is key
7. Findings should be translational
8. Always plan publications/presentations from the start

Minnesota Department of Health and Primary Care Settings

Study: Family Education Diabetes Series (FEDS) & East Metro American Indian Diabetes Initiative

Aims: To eliminate health disparities in the American Indian (AI) community

Context: Urban-dwelling (Twin Cities), low-SES, AIs

Funding Mechanism: MDH (primary) + internal (UMN) and external foundation (Ucare) and external federal (NIH)

Key Lessons Learned/Take Home Messages

Navigating limitations/contributions of conventional provider/consumer models of care

Navigating limitations/contributions of community-engaged scholarship, outreach, education, and interventions (e.g., COPC, CBPR)

Navigating IRB / human-subjects foci across multiple agencies in ever-evolving and changing project(s)

Coordinating multiple stakeholder agencies with overlapping (but often different) missions, funding priorities/schedules, ethics codes, and infrastructures

Disseminating findings in manners that are relevant and useful to (a) AI patients, families, and communities AND (b) professional guilds, P&T committees, and funding agencies

Department of Defense and Military Couples in Primary Care

Study: Integrated Care for Military Couples

Aims: The primary aim of this project was to assess a baseline versus an experimental group using integrated behavioral care with military couples as the unit of analysis (including biomarkers and a biopsychosocial-spiritual screener) throughout the intervention; as well as measures for compassion fatigue, burnout, and compassion fatigue with the medical providers and staff.

Context: Family Medicine Clinic (on Base)

Funding Mechanism: Department of Defense
W81XWH1120221

Key Lessons Learned/Take Home Messages

1- Stakeholders Turnover

2-IRB is a test of endurance

3-Installation based research requires more levels of clearance than community based research (security clearance; parking; HIPAA)

4-Initiatives must be relevant beyond military/veteran populations

5-Translational research and commercialization are becoming even more important to DoD

6-Constraints with incentives

7-Challenges associated with couple research (how to be available for medical visits when live in different states, have work conflicts, have high family demands)

Internal Funding in Primary Care Settings

Study: (a) DKA readmissions and (b) Use of EHR systems in promoting models of family-centered care

Aims: To help prevent DKA readmissions and reduce incidence of uncontrolled diabetes through increased opportunities with family-centered engagement and care.

Context: Inpatient and outpatient systems of care

Funding Mechanism: Private donor funding mechanism

Key Lessons Learned/Take Home Messages

1. Interdisciplinary teams add depth and meaning to the work
2. When studying a system like the EHR, you have to navigate layers upon layers of approval and stakeholders...be patient and plan ahead
3. The harder the research, the more passion you have to have for it
4. Let the population that you want to impact guide your research questions
5. Choose your research team members carefully

How might you, or have you, included relational- and family-based studies in your own health care settings?

Contact Information

Jerica Berge: jberge@umn.edu

Tai Mendenhall: mend0009@umn.edu

Jennifer Hodgson: HODGSONJ@ecu.edu

Angela Lamson: LAMSONA@ecu.edu



Session Evaluation

Use the CFHA mobile app to complete the evaluation for this session.

Thank you!

