

### **Townhall Studio #2 Report** *Community-lead Research Priorities in Chronic Health Issues*

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#### Introduction

The first *Community Town Hall* on the south side of Chicago focused on understanding chronic health issues from the community perspective. This report compiles the highlights of the discussions among community members at each table and the top priorities as concluded.

The next step will be to organize a follow-up Town Hall to report on the results of the data analysis of the first town hall data. The next town hall will also enable joint ideation opportunities with chronic health conditions researchers to create potential research projects.

## **C3C** equity network

#### <u>Method</u>

The first *Community Town Hall* on the south side of Chicago used a human-centered design approach for community engagement. The town hall was conducted as a Co-Design Studio instead of a traditional town hall with PowerPoint presentations.

*Co-Design Studio* was used as a collaborative and participatory approach to group discussions, about issues in the community. The co-design studio approach helped the process to be intentionally inclusive and involve the community members and leaders. The co-design method enabled *belonging* and *equitable voice*, which are the project's primary goals.



# Overall discussion

All the notes from the discussions at each table were converted to post-it notes. Thematic analysis of qualitative data was conducted. The following slides show the themes discovered.



## Priorities of Chronic Health Issues

The priorities in chronic health issues from the community perspective ...

- 1. Mental health
- 2. Healthcare
- 3. Housing
- 4. Safety and violence
- 5. Education and health knowledge

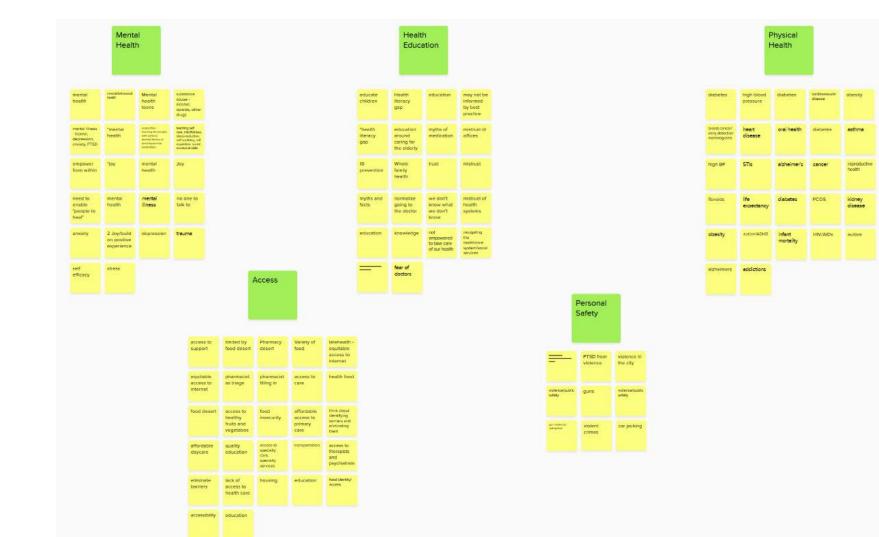


Priorities

## Themes of discussion on Chronic Health Issues

Themes from chronic health issues discussion, from the community perspective

- Mental Health
- Health Education
- Physical Health
- ✤ Access
- Personal Safety



## Theme: Health Education

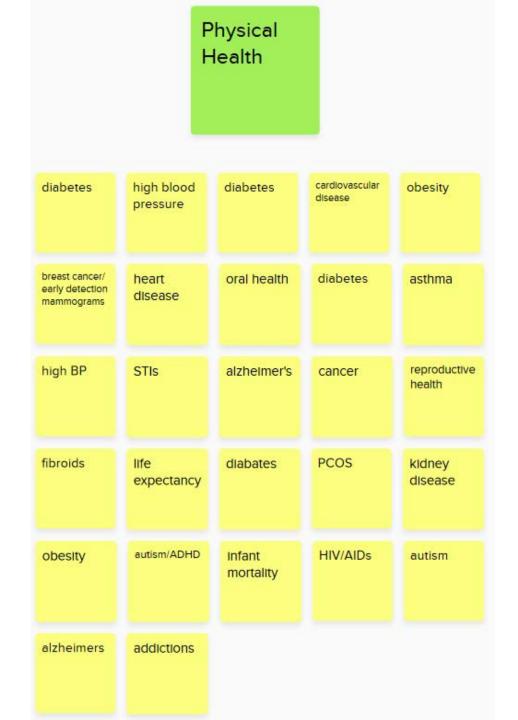
The theme of health care knowledge was largely present. Two aspects working against being healthy was having a mistrust of doctors and not having and following the best information.

#### Health Education Health education may not be educate children literacy Informed by best gap practice \*health education myths of mistrust dr medication offices literacy around caring for gap the elderly 10 Whole trust mistrust prevention family health myths and normalize we don't mistrust of going to facts know what health the doctor we don't systems know not navigating education knowledge the empowered healthicare to take care system/social of our health services lack of knowledge/ fear of education doctors

## **Themes: Physical Health**

This theme focused on all issues surrounding one's physical health that the community felt was important to address.

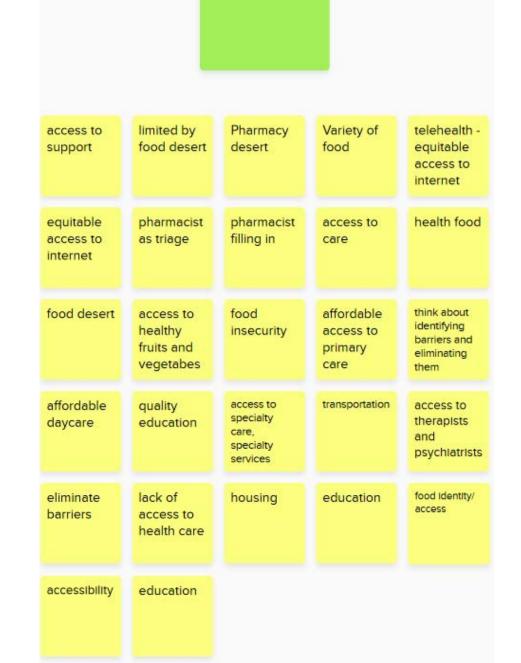
Diabetes, obesity and heart health were mentioned the most.



## **Themes: Access**

Inequitable access to many aspects of health was also brought up. These included not only access to healthy food but also, quality education and health care.

It was mentioned that eliminating these barriers was important to addressing one's health.



Access

## Themes: Mental Health and other related conditions

Mental health needs must be addressed by research being done by or at the health systems.

A solution was proposed to change the perspective from fixing mental health to creating joy.



## **Themes: Physical Safety**

The safety a community member feels in their neighborhood has a large impact on other aspects of their health. They cannot be physically fit if they feel it is not safe to do so in their neighborhood.



# Visualizations of the discussion by the community members



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