

Sample of New Original Research Community Policy Brief

Perceptions of Methadone Maintained Clients about Barriers and Facilitators to Help-Seeking Behavior

Adeline Nyamathi, ANP, PhD¹, Donna McNeese Smith, RN, EdD¹, Steven Shoptaw, PhD², Malaika Mutere, PhD¹, Allan Cohen, MFC³, Israel Amrani, MFT³, Louis Morales, JD³, Viviane Castro, PhD^{1,4}

¹University of California, Los Angeles, School of Nursing; ²University of California, Los Angeles, Family Medicine; ³Bay Area Addiction, Research and Treatment, Inc., Los Angeles, CA; ⁴University of California, Los Angeles, Department of Psychiatry and Biobehavioral Science

WHAT IS THE PURPOSE OF THIS STUDY?

- To obtain perspectives of methadone clients who were also heavy drinkers (N = 41) on the barriers and facilitators to seeking medical assistance to improve their own health

WHAT IS THE PROBLEM?

- There are over 3 million Americans aged 12 or older who are dependent on or abuse both illicit drugs and alcohol. Fewer than 25% of these users enter drug or alcohol treatment, however.
- Little research exists that describes the barriers and facilitators to seeking medical assistance among this population of drug and alcohol users.

WHAT ARE THE FINDINGS?

- Clients felt stigmatized and “looked down upon” by medical providers and, as a result, often chose not to tell providers they were on methadone maintenance.
- Clients expressed an interest in having alcohol treatment offered within methadone clinics.
- Non-judgmental and empathetic care that fosters respect and facilitates help-seeking behavior were viewed as important, yet often lacking, characteristics of clinic staff

WHO SHOULD CARE MOST?

- Methadone maintenance programs
- Substance abuse providers, physicians, and nurse-practitioners serving methadone addicted clients
- Individuals responsible for training nursing, medical, and allied health professionals

RECOMMENDATIONS FOR ACTION

- Include alcohol addiction treatment in methadone maintenance programs, or have methadone maintenance programs more formally partner with external substance abuse treatment programs
- Provide a mechanism for private physicians and nurse practitioners to prescribe methadone
- Provide education for health care and social service providers on alcohol and drug abuse, especially methadone and create standards to increase provider expertise
- Provide funding for research to compare the treatment and outcomes, including patient/client satisfaction, of those treated in methadone settings versus treatment in private physicians' offices.

Nyamathi A, Smith DM, Shoptaw S, et al. Perceptions of Methadone Maintained Clients about Barriers and Facilitators to Help-Seeking Behavior. *Progress in Community Health Partnerships: Research, Education, and Action*. 2007; 4. The Community Policy Brief is intended to inform community based organizations, public health policy makers, and other individuals whose primary interest is not research, but who would be interested in the application and translation of research findings for practical purposes.

Sample of New Systematic Review Community Policy Brief

Systematic Review of U.S.-based Randomized Controlled Trials Using Community Health Workers

M. Christopher Gibbons, MD, MPH^{1,2,3,4,5}, Nadra C. Tyus, DrPH^{1,3}

¹The Johns Hopkins University Urban Health Institute, ²The Johns Hopkins University School of Medicine, ³The Johns Hopkins Bloomberg School of Public Health, ⁴The Johns Hopkins Center for Health Disparities Solutions, ⁵Center for Community HEALTH

WHAT IS THE PURPOSE OF THIS REVIEW?

- The purpose is to assess what is known about the effectiveness of using community health workers (CHW) in the U.S. healthcare setting.

WHAT IS THE PROBLEM?

- Racial and ethnic disparities in health status and healthcare are important problems in the US; CHWs may help address these disparities;
- Numerous studies have used CHWs, but no consensus exists about the effectiveness of CHWs in improving public health.

WHAT ARE THE FINDINGS?

- Twelve studies have evaluated the effectiveness of CHWs using the strongest study design possible (randomized control trial);
- CHWs helped to improve screening for breast cancer and cervical cancer;
- CHWs helped to improve blood pressure control and eating habits;
- CHWs helped to enhance child development and improve use of early intervention services of children at risk for developmental disabilities;
- CHWs have been used to address health issues among several racial and ethnic populations including African Americans, Latinos, Vietnamese Americans, Caucasians, and Native Americans;
- The studies demonstrated that CHWs can work effectively within the context of the U.S. healthcare setting.

WHO SHOULD CARE MOST?

- CHWs and health care policymakers;
- Community –based organizations and community health centers, such as the National Association of Community Health Centers (NACHC);
- Medical institutions and other health care providers.

RECOMMENDATIONS FOR ACTION

- **Recommendation #1** – Consider using CHWs as a potentially effective method to address communication, behavioral, and health knowledge gaps that exist between underserved populations and the US healthcare system.
- **Recommendation #2** – Consider tusing of CHWs as a potentially effective method to improve healthcare access and healthcare outcomes in the U.S. healthcare and public health settings.
- **Recommendation #3** – Consider using CHWs as a potentially effective method of culturally tailoring public health and healthcare interventions.

Gibbons MC, Tyus NC. Systematic Review of U.S.-based Randomized Controlled Trials Using Community Health Workers. *Progress in Community Health Partnerships: Research, Education, and Action*. 2007; 4. The Community Policy Brief is intended to inform community based organizations, public health policy makers, and other individuals whose primary interest is not research, but who would be interested in the application and translation of research findings for practical purposes.