BUILDING EFFECTIVE PARTNERSHIPS TO IMPROVE GLOBAL HEALTH: THE USA-CARIBBEAN ALLIANCE FOR HEALTH DISPARITIES RESEARCH PROGRAM

Louis W. Sullivan, M.D., Principal Investigator
Marlene Y. MacLeish, Ed. D., Project Director
The Sullivan Alliance to Transform the Health Professions
LEVERAGING PARTNERSHIPS TO DRIVE GLOBAL HEALTH DISPARITIES RESEARCH

The USA-Caribbean Alliance for Health Disparities Research Program (US-CAHDR)

• Innovative Partnership
  – The Sullivan Alliance (SA) to Transform the Health Professions
  – The University of the West Indies (UWI)

• USCAHDR’s vision of success is framed by the Institute of Medicine 2009 Report’s recommendation that US governmental and nongovernmental organizations should improve global health disparities by:
  – lessening existing knowledge gap on health disparities reduction
  – building effective partnerships to generate global health research data
  – investing in value-added capacity building with global partners
THE SULLIVAN ALLIANCE TO TRANSFORM THE HEALTH PROFESSIONS

• 2005: Louis W. Sullivan, M.D., former U.S. Secretary of Health and Human Services, formed *The Sullivan Alliance to Transform the Health Professions*.

• 2011: *The Alliance* was registered as a 501c.3 non-profit organization

• Sullivan Alliance’s mission is:
  – to drive US national-international health disparities research agenda through partnerships with health professionals, academia, governmental-nongovernmental organizations, and other stakeholders.

• National
  – Five State Alliances: Florida, Maryland, North Carolina, Ohio, Virginia-Nebraska
  – W.K. Kellogg Foundation: expand access to dental care by training mid-level dental health professionals

• International
  – The NIMHD-funded USCAHDR Program
THE UNIVERSITY OF THE WEST INDIES
INFORMATION SOURCE: E. NIGEL HARRIS, UWI VICE CHANCELLOR,
USCAHDR STEERING COMMITTEE MEETING, APRIL 2011
THE UNIVERSITY OF THE WEST INDIES

INFORMATION SOURCE: E. NIGEL HARRIS, UWI VICE CHANCELLOR,
USCAHDR STEERING COMMITTEE MEETING, APRIL 2011

• 1948: Established through special relationship with the University of London, England
• UWI is one of two regional universities in the world (University of the South Pacific)
• Supported by 16 sovereign countries with unique demographics
• Forty two Learning Centers
• Mission is: “...to propel the economic, social, political and cultural development of West Indian society through teaching, research, innovation, advisory and community services and intellectual leadership.”
• USCAHDR Program located on two campuses:
  – 1948: Jamaica, Mona Campus
  – 1963: Barbados, Cave Hill Campus
### UNIQUE DEMOGRAPHICS:

**SIXTEEN UWI PARTICIPANT COUNTRIES**

**INFORMATION SOURCE: E. NIGEL HARRIS, UWI VICE CHANCELLOR, USCAHDR STEERING COMMITTEE MEETING, APRIL 2011**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Antigua &amp; Barbuda</td>
<td>86,754</td>
<td>13,852</td>
<td>47</td>
</tr>
<tr>
<td>Bahamas</td>
<td>310,426</td>
<td>21,529</td>
<td>52</td>
</tr>
<tr>
<td><strong>Barbados</strong></td>
<td><strong>285,653</strong></td>
<td><strong>13,003</strong></td>
<td><strong>37</strong></td>
</tr>
<tr>
<td>Belize</td>
<td>314,522</td>
<td>4,045</td>
<td>93</td>
</tr>
<tr>
<td>Dominica</td>
<td>72,813</td>
<td>4,949</td>
<td>73</td>
</tr>
<tr>
<td>Grenada</td>
<td>107,818</td>
<td>5,969</td>
<td>74</td>
</tr>
<tr>
<td><strong>Jamaica</strong></td>
<td><strong>2,847,232</strong></td>
<td><strong>4,390</strong></td>
<td><strong>100</strong></td>
</tr>
<tr>
<td>Saint Lucia</td>
<td>160,922</td>
<td>5,671</td>
<td>69</td>
</tr>
<tr>
<td>St. Kitts &amp; Nevis</td>
<td>49,898</td>
<td>10,315</td>
<td>62</td>
</tr>
<tr>
<td>St. Vincent &amp; the Grenadines</td>
<td>104,217</td>
<td>5,291</td>
<td>91</td>
</tr>
<tr>
<td>Trinidad &amp; Tobago</td>
<td>1,228,691</td>
<td>15,581</td>
<td>64</td>
</tr>
</tbody>
</table>
REGIONAL ISSUES DRIVING UWI AGENDA
INFORMATION SOURCE: E. NIGEL HARRIS, UWI VICE CHANCELLOR,
USCAHDR STEERING COMMITTEE MEETING, APRIL 2011

Strong Emphasis on Issues relevant to the Caribbean and the Developing World

- Economics
- Entrepreneurship
- Climate Change
- Disaster Risk Management
- Renewable Energy
- Culture
- Agriculture
- Crime & Security
- Medicine/Topical Medicine
- NCDs
- Economics
- Culture
UWI ENROLMENT TREND: 2010
INFORMATION SOURCE: E. NIGEL HARRIS, UWI VICE CHANCELLOR,
USCAHDR STEERING COMMITTEE MEETING, APRIL 2011

<table>
<thead>
<tr>
<th>Year</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>1948</td>
<td>33</td>
</tr>
<tr>
<td>1998</td>
<td>19,224</td>
</tr>
<tr>
<td>2002</td>
<td>22,463</td>
</tr>
<tr>
<td>2010</td>
<td>43,933</td>
</tr>
</tbody>
</table>

Population
USCAHDR PROGRAM GOALS

GOALS:

• To conduct epidemiological research to ascertain similarities and differences among English speaking US and Caribbean populations of African descent.

• To explore how this research knowledge advances current understanding of the relationships among health determinants—history-ancestry, health practices, lifestyles and health disparities in the US and the Caribbean.

THREE SPECIFIC AIMS:

• To build a synergistic, public-private consortium with the Sullivan Alliance (SA) and the University of the West Indies to conduct health disparities research on the role of social determinants—ancestry, language, indigenous health practices, lifestyles and socioeconomic status in determining health status and health outcomes among Caribbean and US populations.
SPECIFIC AIMS

• To enhance the development of US-Caribbean researchers/scientists (epidemiologists, educators, biostatisticians, health professionals) and add-value to research capacities at the SA and the UWI.

• To establish a global health disparities E-Platform that adds content-value to the UWI’s broadband platforms and disseminates research materials globally.
PROGRAM STRATEGY

OVERALL PLAN

• Four organizing principles undergird USCAHDR’s program plan:
  – A phased development approach over the five-year funding span
  – Early partnership building activities to facilitate synergy, collegiality, and commitment to achieving USCAHDR program goal
  – Value-added approaches to develop research capacities including E-Platforms for sustained communication among USCAHDR researchers and global access to Caribbean health disparities research
  – Strong focus on research results and sustainability
  – Dissemination of new USCAHDR research information
EXPECTED OUTCOMES

1. A novel, sustainable US – Caribbean global health research consortium
2. A research program that facilitates ongoing global health disparities reduction research and knowledge transfer to and from the USA and Caribbean regions.
3. Peer-reviewed research publications that:
   - identify “gaps” in the current knowledge base of health status and health outcomes in African American and Caribbean populations
   - clarify emerging demographic increases in non communicable, chronic diseases (NCDs) in the Caribbean
   - inform global health disparities research scientists about shared disparities demographics among Caribbean and US populations.
4. A value-added E-Platform that builds research infrastructure at the UWI and the Sullivan Alliance
**SHARED VISION: PROJECT ROADMAP**

### Phase I: YRS 1&2
1. Establish Admin. Core with weekly meetings
2. Appoint Program Director
3. Establish Working Relationship with NIMHD
4. Execute subcontracts
5. UWU: Appoint Research Staff
6. Convene Coordinating/Steering Com. (CSC) Mtg. (Draft Implementation Plan for CSC approval)
7. Conduct UWU Site Visit
8. Identify Caribbean data sets
9. Identify US data sets
10. Write Report-CSC Approval

### Phase II: YRS 2& 3
1. Start UWU Research
   - Establish Caribbean database
   - Start biostatistical review
2. Start US Research
   - Identify US Database
   - Begin comparison of US-Caribbean data
   - Data entry-control
3. Design Museum Core
   - Seek UWU-PAHO Museum Input
   - Design content
4. Write Contracts

### Phase III: YRS 3&4&5
1. Publish papers
2. Field test e-Museum
3. Complete USCAHDR-PAHO museums
4. Establish Expansion Feasibility Committee
5. Set up public forums – hold public meetings
6. Write Reports
FRAMING SUCCESSFUL GLOBAL GOVERNMENTAL-PRIVATE PARTNERSHIP

INFORMATION SOURCE: E. NIGEL HARRIS, UWI VICE CHANCELLOR, USCAHDR STEERING COMMITTEE MEETING, APRIL 2011

- ORGANIZATIONAL ARRANGEMENTS must include leadership at the highest levels (UWI Vice Chancellor Harris and SA CEO Sullivan)
- Example: UWI Vice Chancellery Organizational Chart
LINK CULTURE, STRATEGY, EXECUTION
SITE VISIT – APRIL 2011
BUILD WINNING TEAMS

USCAHDR-UWI research teams located on two UWI campuses

• Jamaica, Mona Campus
  – Rainford Wilks, MBBS, D.M., M.Sc., FRCP, Team Leader
  – Trevor Ferguson, MB. BS, Ph.D.
  – Novi Younger, Ph.D.
  – Damian Francis, M.Sc.
  – Brigitte Collins, MS
  – Nadia Bennett, Ph.D.

• Barbados Team
  – Anselm Hennis, MB.BS, M.Sc., Ph.D., FRCP, Team Leader
  – Ian Hambleton, Ph.D.
  – Christopher Hassell, Ph.D.
  – Lynda Williams, Ph.D.
Three Major Programs: Evidence, Analysis, E-Platform

- **Evidence Program**
  - Goal is to do a systematic review of literature on health disparities in the Caribbean
  - Research Protocols will focus on 6 disease domains:
    - CVD (incl. heart disease, stroke)
    - Hypertension
    - Diabetes mellitus
    - Chronic lung disease
    - Cancer
    - Depression
  - Reviews will identify research gaps to guide further work
  - Systematic Review will produce three peer-reviewed papers (Year 2)
  - Systematic Review to date:
    - 3,000 hits from literature search algorithms
    - 300 articles – titles-abstracts - 170 journals
  - Findings will
    - Show a summary of review findings
    - Categorize articles found by study type
    - Identify “gaps” in research
SUCCESSES

• Analysis Program
  – Analysis of seven Caribbean datasets (Other dataset are under consideration)
  – Include epidemiological investigations of health issues and national health surveys
    • Jamaica Health and Lifestyle Survey I (2000 – 2001)
    • Spanish Town Survey and Cohort Study of Chronic Diseases (1999 et seq)
    • Jamaica 1986 Birth Cohort (1986 – present)
    • Jamaica Youth Risk and Resiliency Survey in 15 – 19 year olds (2006);
    • Barbados Register of Strokes 2001-2003
    • Barbados Component: Survey on Health, Well-Being and Aging in Latin America & the Caribbean
      • (SABE) 2000 conducted 1999-2000
• Analysis Protocol(s)
  – First Protocol will focus on “Within-Caribbean” analyses
  – Second Protocol will reflect US-Caribbean comparisons and will be developed in year 3
SUCCESSES

• **Data Repository E-Platform**
• Goal: to build research capacity at SA and the UWI
• Strategy:
  – A working group has been established (UWI –SA)
  – Will link with NIMHD-funded program, Eastern Caribbean *Health Outcomes and Research Network*
  – Online Document Management (AlFresco) system in place for internal document sharing
  – E-Platform research content will include:
    • Human Subjects Protection
    • Training: Ethical and Legal Issues in Global Health Research
    • Researchers Responsibility to Communities
    • Institutional Review Board (IRB) Requirements for Reviewing International Projects
    • Informed Consent for International Health Disparities research
    • Challenges in Conducting Multi-center Global Health Research
    • Conflict of Interest
    • Study Monitoring and Regulatory Compliance for Global Health Research
    • Protection of Vulnerable Populations
  – **UWI DataBank** (SALISES) will serve as online data repository for UWI
CHALLENGES

Year One – Organizational Structure and Behavior

- Listening, respecting and understanding nuances of respective indigenous culture(s)
- Coordinating highly differentiated units within the project
- Managing contractual complexity with distinct nations (Jamaica – Barbados)
- Maintaining clearly articulated common vision, careful team composition,
- Establishing guidelines for deploying scarce resources (e.g. journals, UWI logo)
- Managing international copyright issues
- Capitalizing on new “open source software”- collective intelligence to build E-Platform
- Facilitating constant communication among USCAHDR principals in Jamaica, Barbados, USA
INNOVATIONS

- **New knowledge** to advance current understanding of the relationships among determinants of health: history-ancestry, health practices, and life styles and health disparities in the US and the Caribbean.

- An innovative **“roadmap – new approaches”** for building global health disparities reduction consortia.

- **“New science”** (data and approaches) for reconfiguring global health global health disparities reduction research targets
USCAHDR TEAMS

**UWI Research Teams**

**Jamaica, Mona Campus**
- Rainford Wilks, MBBS, D.M., M.Sc., FRCP, Team Leader
- Trevor Ferguson, MB. BS, Ph.D.
- Novi Younger, Ph.D.
- Damian Francis, MSc
- Brigitte Collins, MS
- Nadia Bennett, Ph.D.

**Barbados Team**
- Anselm Hennis, MB.BS, M.Sc., Ph.D., FRCP, Team Leader
- Ian Hambleton, Ph.D.
- Christopher Hassell, Ph.D.
- Lynda Williams, Ph.D.

**SA-Administrative Team**
- Marlene MacLeish, Ed. D., Project Director
- Robin Carle, BA, SA, Chief Operations Officer
- Kathleen Cleary, SA
- Patrick Mills, M.S.,
- Walter Sullivan, Ph.D.,
- Ilana Mittan, Ph.D.

**USCAHDR Steering Committee**
- Louis W. Sullivan, MD, Principal Investigator
- E. Nigel Harris, MD, Vice Chancellor, (UWI)
- Nigel Unwin, BM, BCh., M.Sc., DM, FRCP, FFPH, (UWI)
- Claudia R. Baquet, MD, MPH, Univ. Maryland Baltimore (UMB) School of Medicine