Mixed Blood Theatre: Project 154 Evaluation

Findings from Health Care Provider Survey

About Project 154 and these findings

Project 154 is a narrative health project designed by Mixed Blood Theatre. Throughout 2018, Mixed Blood staff worked with community health leaders to host story circles with residents of the Cedar-Riverside neighborhood in Minneapolis and with health care providers who work in the neighborhood. These story circles explored personal and community health. As part of the project, 20 neighborhood residents shared their stories of health as part of a short film series with Mixed Blood. These short films were shown at a community art event hosted by Mixed Blood, called *Luubaan Stories: Stories of Health and Community*. This event also showcased live performances and offered storytelling and narrative health workshops for neighborhood residents and health care providers.

Mixed Blood partnered with Wilder Research to help evaluate Project 154. As part of the evaluation, Wilder Research designed a survey that was administered by Mixed Blood staff at the health care provider story circles. The survey asked about a number of aspects of how providers perceived the story circle, including learnings from the story circle, changing practice based on these learnings, considerations for future story circles, and information about the providers who attended the story circle. Overall, 19 providers completed the survey, though not all providers answered every question.

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Learnings from the story circle

Almost all providers (14 of 15) agreed that they learned something that they will incorporate into their practice (Figure 1) and all providers (14 of 14) agreed that they are more confident in their ability to listen to their patients (Figure 2). Figure 3 displays open-ended responses from providers when asked about what they learned at the story circle; common responses included learning about Somali culture and learning about communication strategies.

1. I learned something in this session that I will incorporation into my practice. (n=15)

Response options	Number of providers
Strongly agree	8
Agree	6
Disagree	1
Strongly disagree	—

2. I am more confident in my ability to listen to my patients about their health concerns and questions. (n=14)

Response options	Number of providers
Strongly agree	4
Agree	10
Disagree	—
Strongly disagree	—

3. What was the most helpful thing you learned during today's session on narrative health? (n=17)

> *Themes from Somali community story circles*
>
> *Somali culture themes*
>
> *About Somali circles: what was discussed, themes*
>
> *Learning about stories from Somali cultures*
>
> *How to listen without your own filter. Learnings from Somali community and health care providers*
>
> *The report from storytelling circle*
>
> *The videos*
>
> *I've learned that Somali patients had trouble trusting and believing their provider and that interpretation is problem. Some patients have a hard time understanding due to people using different dialects and young interpreters lacking use of the native language.*
>
> *Learning more of health care gaps*
>
> *Hearing stories from the community here*

3. What was the most helpful thing you learned during today's session on narrative health? (n=17) (continued)

> *Story-listening vs story-telling*
>
> *Listen with positive intent*
>
> *Racial bias is real and should be considered.*
>
> *Reflecting on our bias, recognizing one's own bias*
>
> *The process of putting word to the experience of bias*
>
> *We don't have the power to "empower" someone. We do have the power to learn to listen well and allow people to know they already have power. To practice shared decision making*
>
> *The value of self-reflection*
>
> *Breaking down thoughts*

Changing practice based on learnings from the story circle

When asked about changing their practice based on what they learned during the story circles, providers identified barriers that may prevent them from making such changes—with "lack of resources" and "lack of time to assess or counsel patients" being the most common responses (Figure 4). Some providers mentioned these barriers when asked about what kinds of resources would be help them to provide better care to immigrant populations, with many providers requesting more educational resources and relationship-building opportunities (Figure 5). A few providers also noted challenges in working with interpreters while others reported only positive experiences with interpreters (Figure 6).

4. What barriers may prevent you from making changes in your clinical practice? (n=16)

Response options	Number of providers
Lack of resources	5
Lack of time to assess or counsel patients	4
Cost	3
Lack of experience	3
Lack of administrative support	3
Lack of opportunity	2
No perceived barriers	2

5. What tools or resources would be helpful to you to provide better care to the immigrant populations you serve? (n=11)

> *More opportunities for hearing stories*
>
> *Hearing more of what our patients really think/feel*
>
> *Translated health education information, time to be out listening in the community*
>
> *Understand the culture/community*
>
> *More education for me about immigrant population*
>
> *More materials that are culturally relevant to lead discussion on chronic disease treatment and prevention*
>
> *Educational resources, interpreters—qualified ones*
>
> *More support staff and resources*
>
> *Listen better*
>
> *Longer time and interpreter*

6. Please briefly describe your experience working with interpreters. What are the advantages and/or disadvantages of using interpreters when working with patients who are non-English speaking? (n=10)

> *I work with them all the time—they are excellent and central members of the care team.*
>
> *Wonderful*
>
> *We have great interpreters*
>
> *Positive experience*
>
> *It appears that things are literally lost in translation. It is difficult managing the treatment and translations.*
>
> *The advantage is that communication happens; otherwise there is no understanding. A disadvantage is that a lot gets lost in translation both ways.*
>
> *Daily, I am not sure what they are saying. I have established a relationship to some of the interpreters more trusting both ways.*
>
> *Interpreters provide expanded care, such as care coordination and transportation. Late, make choices for patients, though maybe not giving full info to patients.*
>
> *Take longer time to get information, cultural differences in language*
>
> *Good and bad, depends on interpreter*

Considerations for future story circles

All providers (17 of 17) said that they were at least somewhat interested in attending another story circle hosted by Mixed Blood (Figure 7) and almost all providers (11 of 13) agreed that they were able to connect meaningfully with other physicians in the session (Figure 8). Likewise, all providers noted that the session was free of commercial bias and that any pertinent conflicts of interest were adequately disclosed (Figures 9 and 10). In terms of improving future story circles, providers said that generally more time would have been appreciated and that more practical instructions about how to incorporate learnings into their practice would likewise have been appreciated (Figure 11).

7. How interested would you be in attending another session for health professionals at Mixed Blood Theatre? (n=17)

Response options	Number of providers
Very interested	15
Somewhat interested	2
Not interested	—

8. I was able to connect with other physicians in a meaningful way during this session. (n=13)

Response options	Number of providers
Strongly agree	4
Agree	7
Disagree	2
Strongly disagree	—

9. Do you feel this program was free of commercial bias? (n=16)

Response options	Number of providers
Yes	16
No	—

10. Was appropriate disclosure of conflict of interest made for each speaker? (n=15)

Response options	Number of providers
Yes	14
No	1*

* This respondent noted that a conflict disclosure was not needed.

11. What about this session could be improved in the future? (n=17)

More time for the exercise at end

More time

Longer time

I think more time, too much information

Time/location—not in winter

More hands-on writing and interchange, get to this sooner

Less focus on slides and statistics, more focus on narrative health and the community and how they feel and how to better listen and communicate. Not to go overtime due to technical difficulty. Respect people's time in the evening.

I would like to see how concepts could be practically applied. For instance, it might be interesting to role play a dialogue between a provider and a "non-compliant" patient.

Explore deeper info regarding the narratives, how to change based on examples provided

Specific tips on how to address or communicate through the issues or bias

More guidance on interview techniques

More time to hear stories from the Somali community in Riverside. More practical skills to use narrative health. Stay on time.

AV equipment

Partner with John Halberg, has family medicine clinic with interests in Fine Arts/Creativity and Medicine

More education in health care

Stop and see myself in my thoughts, judgments

It was good

About the providers who attended the story circle

The most common professional background was doctor of medicine/doctor of osteopathic medicine (MD/DO) followed by registered nurse (RN) and nurse practitioner (NP) (Figure 12). The most common lengths of time that providers have worked with immigrant populations were 1-5 years and 16-25 years (Figure 13). Lastly, most providers identified as female (Figure 14).

12. What is your professional background? (n=19)

Response options	Number of providers
MD/DO	6
RN	3
NP	3
Social Work	2
Other	5*

* Other included: MBA, Project Manager, Performing Artist, CQ1, RCDCE.

13. How many years have you been working with immigrant populations? (n=18)

Response options	Number of providers
1-5 years	9
6-10 years	2
11-15 years	1
16-25 years	5
26 years or more	1

14. How do you identify your gender? (n=18)

Response options	Number of providers
Female	15
Male	3
Something else	—

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For more information

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