Resources at Morgan State to Help You Do Translational and Community-Engaged Research

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Background

❖ Historically, research has rarely directly benefited and sometimes actually harmed the communities involved

❖ Resulted in understandable distrust of, and reluctance to participate in, research

❖ Those communities most impacted by health inequities are least likely to be involved in the research process

Background (continued)

❖ Public health interventions have often not been as effective as they could be because they:

➢ Often are not tailored to the concerns and cultures of participants;

➢ Rarely include participants in all aspects of intervention design, implementation and evaluation;

➢ Often focused only on individual behavior change with less attention to broader social and structural determinants of health and well-being

Background (continued)

Increasing calls for more comprehensive and participatory approaches to research and practice to understand and address health disparities

Increasing interest in and support for such partnership approaches (e.g., funding opportunities through NCMHD and other NIH Institutes, W.K. Kellogg Foundation, Robert Wood Johnson Foundation)

Translational Research, Team Science, and Community-Based Participatory Research are examples of such interdisciplinary partnership approaches

Translational Research

Team Science and Interdisciplinary Collaboration
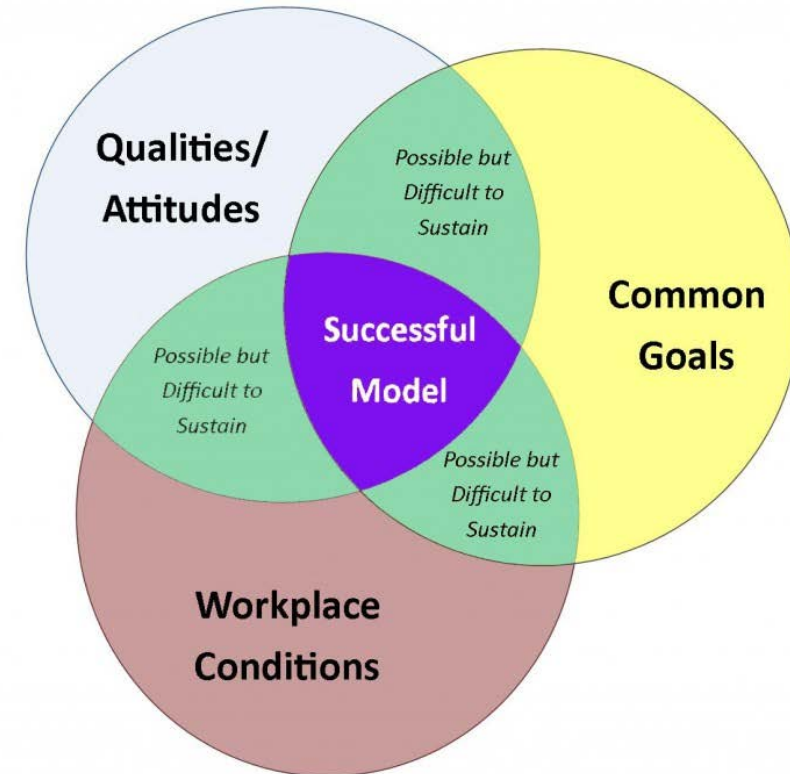
Preconditions

- Willingness and attitudes

- Environmental Condition

- Common Goals

Definition of Community-Based Participatory Research (CBPR)

" Collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings. CBPR begins with a research topic of importance to the community with the aim of combining knowledge and action for social change to improve community health and eliminate health disparities."

W.K. Kellogg Community Scholar's Program (2001)

Community-Based Participatory Research (CBPR) is a research approach based on equitable partnership between community members and academicians

Principles of CBPR

Recognizes community as a unit of identity

Builds on strengths and resources within the community

Facilitates collaborative partnerships in all phases of the research

Integrates knowledge and action for mutual benefit of all partners

Promotes a co-learning and empowering process that attends to social inequalities

Involves a cyclical and incremental process

Addresses health from both positive and ecological perspectives

Disseminates findings and knowledge gained to all partners

Israel et al, 1998 and 2003

Application of CBPR Approach

1. Descriptive research to identify multiple determinants of health

2. Research to understand disparities in health status and health-related risk

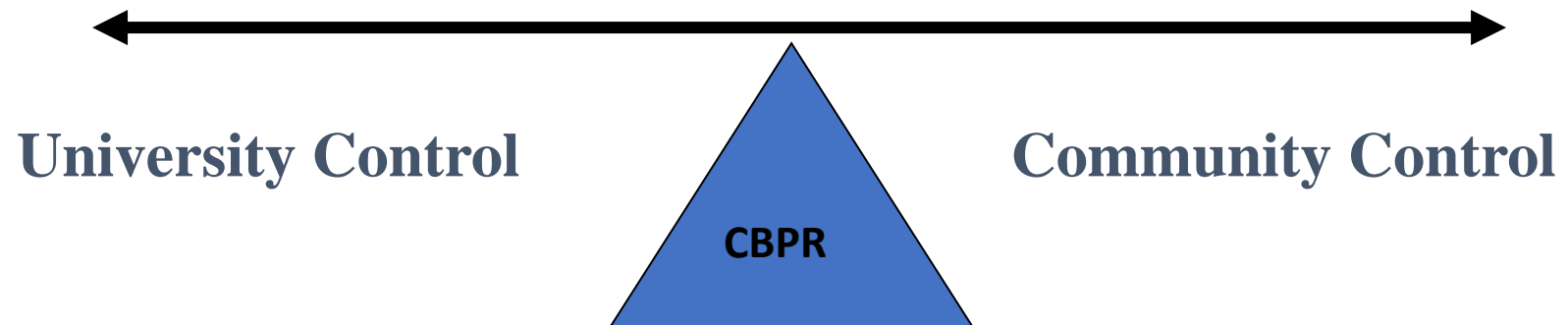CBPR is particularly applicable to four types of research.

3. Research to understand community needs, problems, resources and assets

4. Efforts to design, implement, and evaluate interventions and policies

Challenge of Research/ Community Relationships

Shared University & Community Control

University Control   **Community Control**

CBPR

Benefits

Translational and community-engaged research

Benefits to Academic Researchers

Improved Research Relevance

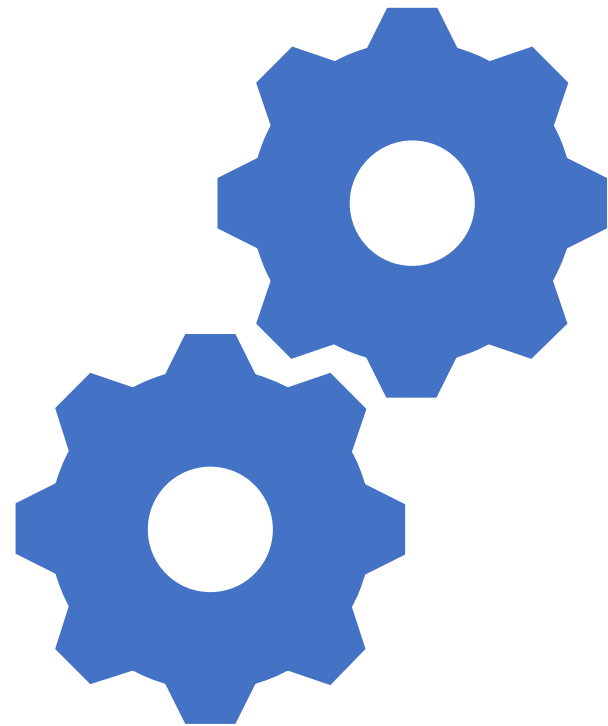Increased Funding Opportunity

Enhanced Teaching

Personal Satisfaction

Benefits to the Community

- Real-World Application
- Building Trust and Ownership
- Diverse Perspective
- Long-Term Academic-Community Relationships

Challenges

- Raising the visibility of CBR
- Diffusing expertise to implement CBR
- Providing critical support for designing and implementing CBR
- Assistance connecting with the community (faculty, staff, space, and other resources)

- Supporting CBR in ways that make it more feasible for the people (primarily faculty) who have to make the greatest investment in bringing it about
- Promotion and tenure recognizing CBR

CBPR Approach & Methodologies

CBPR Methodology: Stages

Build and Maintain CBPR Partnerships (continual)

Identify Research Questions and Methodologies

Participatory Data Collection

Conduct Participatory Data Analysis and Interpretation

Conduct Participatory Dissemination   To community (ies)
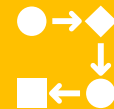
To academia

1. Building Partnerships

Self-Reflection

Our own intentions, capacities, and liabilities

Our institution's strengths and liabilities

Identify Potential Partners (representing who?)

Negotiate Issues (how evolve)

Create and Build Participatory Structures between Academia and Community

Principles

Decision-making

Control of budgets

Control of data

2. Identify Research Questions and Methods

Difference between community outreach and CBPR

Where do questions come from: community or academy or both

Initial participation by Advisory Committee

Continual participation throughout that informs and changes intervention

3. Participatory Data Collection

Frequently employed

Train community interviewers, survey data collectors, focus-group facilitators

Job opportunities for community

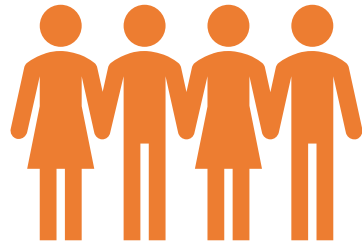**Enables better response rate**

Issues of confidentiality
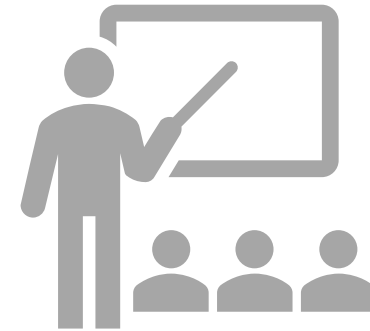
4. Participatory Data Analysis

- Role of University Expertise:
  - Statistical programs (Quantitative/Qualitative)
  - Present data in useable form for interpretation
  - Train community members
- Role of Community Expertise:
  - Provide interpretation of results, which can only come from the community (local research team/advisory committee)
  - Protection of community

5. Participatory Dissemination

Accountability to communities and to community protection

Publishing issues (especially for junior faculty)

Morgan State University Resources

Center For Health Disparities
Research and Innovation

Morgan CARES (RCMI Community
Engagement Core)

Morgan CARES (Community Aligned REsearch Solutions)

The Network

- Members- 770
- Partners- 103
- Social Media-
  - 181 Facebook Followers
  - 43 X (Twitter) Followers
  - 532 Instagram Followers
- Bi-weekly Email Blasts, Quarterly Newsletters
  - 46% Open Rate

- *Mission*- To build capacity for mutually beneficial community-academic relationships that support community driven and valued initiatives that promote equity

- *Vision*- Healthy communities where equity exists without struggle

CARES
Model

Supports & Services

Partnerships and Projects

STAGE	ACTIVITIES	THE NUMBERS TO DATE
CONNECTION & PARTNERSHIP DEVT.	Information Sessions, Introductory CBPR Training, Linkage Session, Needs Assessment, Networking Events, Outreach	**Sessions: 71** **Attendees: 706**
INNOVATION	Technical Assistance, Research Training, Orientation Sessions, Seed Funding	**Sessions: 89** **Attendees: 217**
COLLABORATIVE ACTION	Facility for Implementation, Project Management Support, Skills Training Workshops	**Sessions: 41** **Attendees: 438**
OUTCOME & IMPACT	Project Evaluation Workshops, Consultation with Experts, Dissemination Support	**Sessions: 25** **Attendees: 598**

The **Community Award** Initiative

Community-Campus Partnerships

The Initiative

- Seed funding to support the **formation, strengthening and maintenance** of collaborative partnerships
  - Up to $2,000
  - 10 projects a year
- **4** Cohorts, **29** Projects Funded

The Process

- Community leaders and academic experts **connect**
  - They **collaborate** on co-design of a project, implementation, and dissemination of findings
  - We provide **support and capacity building** throughout
  - CBPR Workshop
    - 2022, 2-Day workshop
    - 2023, 3-Day Retreat (in progress)- 5 proposals
- Data collection-
  - Mid & Final Project Report
  - Mid & Final Partnership Evaluation
  - In Development- Follow up

ASCEND CBPR Pilot Grants

- The MSU ASCEND CBPR Initiative
  - To fund small health-related CBPR projects led collaboratively by two co-principal investigators, one an academic from MSU, and the other a community stakeholder.
  - To increase Morgan State University (MSU) faculty members' and students' awareness of CBPR, and their capacity to engage in the CBPR approach.
  - Commenced 2016 and has been offered in 4 rounds

Projects to Date

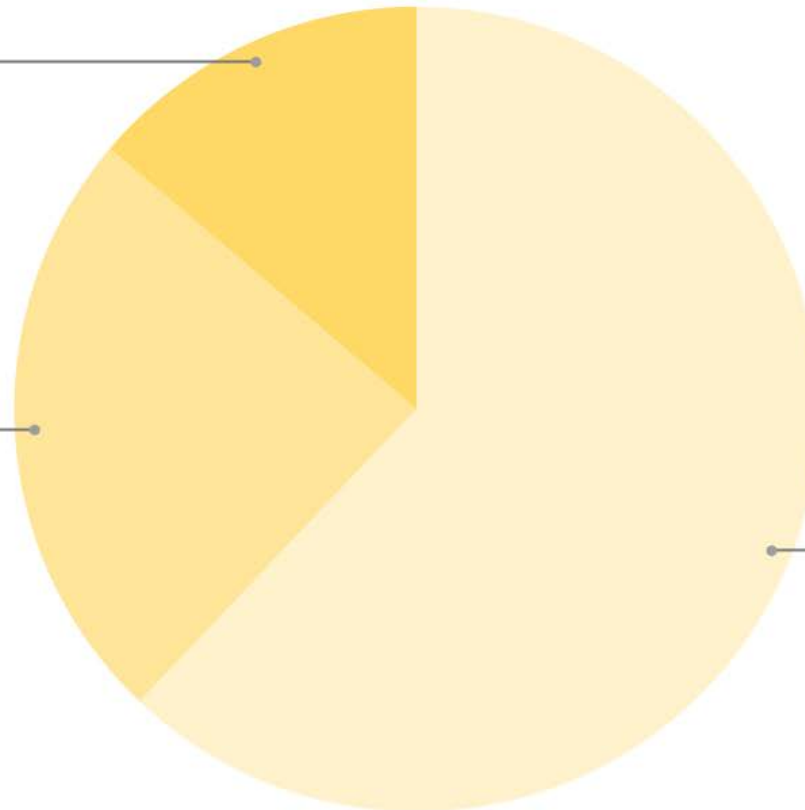4 Cohorts, 29 Projects Funded

Types of Projects

Evaluations
13.8%

Needs
24.1%

Education &
62.1%

Preliminary Metrics & Indicators

Evaluating the Outcome & Impact

METRIC	INDICATORS
THE PROJECT	
PROGRESS TOWARD AIM	1. Were the objectives achieved? 2. Was the aim static? (If no- what was changed?) 3. Is there a clear outcome?
COMMUNITY INVOLVEMENT	1. Involvement of the community lead? 2. Was community represented throughout? 3. Were participants from the focal community involved?
OUTCOME & IMPACT	1. Did the project contribute to policy? Programming? Practice? 2. Were there improvements in community health? 3. Did the project result in improved access?

Preliminary Metrics & Indicators

Evaluating the Outcome & Impact

METRIC	INDICATORS
THE PARTNERSHIP	
EQUITY	1. Was the work divided equitably between partners? 2. Could partners rely on one another?
CONFLICT RESOLUTION	1. Did partners work together to resolve disagreements?
INVOLVEMENT	1. Did partners learn from one another?
COMMITMENT	1. Do partners view the partnership as a long-term commitment? 2. Are partners committed to sustaining partnership even without future funding? 3. Are partners interested in mentoring future Morgan CARES partners? 4. Do partners plan to be involved in the dissemination process?
BENEFITS	1. Did partners improve individual skills & abilities? 2. Are partners more confident in ability to secure additional funding?

Thank you! Questions?

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Please join the Morgan CARES Network at www.morgan.edu/morgancares