Building CHC Capacity for Practice Based Research

Massachusetts League of Community Health Centers
Community Health Institute
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Research and Service
• Identify and address issues of public importance to the NIH
• Bring NIH attention to issues of importance to the public
• Increase public awareness of NIH outreach activities, programs, and resources, including trustworthy health information
• Act as sounding board for major issues facing NIH
• Encourage broad representation of the public on standing and ad hoc policy and program advisory bodies, including national advisory councils
• Identify best practices for receiving public input and advocate their replication across NIH
Public Participation and Community Engagement

Working to bring the public voice to the NIH and taking the NIH message to the public.

Public engagement is not about getting the policy you want; it’s about getting the public input you need to craft sustainable policy that enjoys public confidence.

Rick Borchelt and Kathy Hudson, “Engaging the Scientific Community With the Public” Genetics and Public Policy Center, Johns Hopkins University, 2008
Public participation is the process by which an organization consults with those who are affected by a decision and have a right to be involved and other interested or affected individuals, organizations, and government entities before making a decision. Public participation is a two-way communication and collaborative problem solving process with the goal of achieving better and more acceptable decisions.

Community engagement in research, is a process of inclusive participation that supports mutual respect of values, strategies, and actions for authentic partnership of people affiliated with or self-identified by geographic proximity, special interest, or similar situations to address issues affecting the well-being of the community of focus. Community engagement is a core element of any research effort involving communities.
One-Way Dissemination of Evidence-Based Practice

The 17½-year odyssey

- Priorities for Research Funding
- Peer Review of Grants
- Publication Priorities & Peer Review
- Academic appointments, promotion, & tenure criteria
- Research Synthesis
- Guidelines for Evidence-Based Practice
- Evidence-based Medicine movement
- Practice Funding/patient or Population needs, demands; local practice or policy circumstances; professional discretion; credibility & fit of the evidence.

Building Policy and Practice from Evidence + Context + Theory

- Not starting with theory and looking for problems on which to test them, but starting with problems and looking for theories to help us solve them*
- Evidence on solutions generalizes to other settings, circumstances, and populations in the form of either replication or theory
- Replication is limited by the infinite number of context-population combinations
- "In theory, theory and practice are the same thing. In practice they're not.."
- “All models are wrong. Some are useful.”

A Research Paradigm Shift

- Randomized Controlled Trial vs. Natural Experiment
- Biomedical Scientists vs. Experimenting Practitioners
- In the Community vs. With the Community
- Participants vs. Subjects
- Hypothesis Driven vs. Solution Driven
- I Wonder If vs. I Wonder How
- Evidence Based Practice vs. Practice Based Evidence
- Academic Impact vs. Societal Impact
Aligning Evidence with Practice: Matching, Mapping, Pooling and Patching

- **Matching** ecological levels of a system or community with evidence of *efficacy* for interventions at those levels
- **Mapping** theory to the causal chain to fill gaps in the evidence for *effectiveness* of interventions
- **Pooling** experience to blend interventions to fill gaps in evidence for the effectiveness of programs in particular situations
- **Patching** pooled interventions with indigenous wisdom and professional judgment about plausible interventions to fill gaps in the *program* for the specific population

Scaling Up Participatory Health Research

International Collaboration on Participatory Health Research

First Working Meeting

22-24 March 2010 | Berlin, Germany

Canada – Germany – United Kingdom – Australia – Netherlands
Sweden – Mexico – United States
CCHERS’ Research Goals

- To establish a sustainable practice based research network of “academic community health centers”.
- To become recognized as a credible center for initiating and conducting community-based health services and clinical research.
- To increase interest and reward of university faculty to engage in and conduct community-based research.
- To increase the interest and capacity of the community to engage in and conduct academic research.
- To develop common research agendas derived through consensus between academic and community partners.
Community Health Center Partners

- Bowdoin Street
- Brookside
- Codman Square
- Dimock
- Dorchester House
- East Boston
- Gieger/Gibson
- Harvard Street
- Mattapan
- Neponset
- Roslindale
- South Boston
- Southern Jamaica Plain
- Uphams Corner
- Whittier Street

Certified as a primary care practice-based research network by the Agency for Healthcare Research and Quality and recognized as a minority serving institution by the National Institutes of Health
Continuum of Research Relationships

Unilateral  Collaborative  Participatory  Democratic

- Unilateral – Single researcher sets the agenda and maintains control over all aspects of the study.
- Collaborative – Idea comes from the researcher who decides to include the community in some stages of the study.
- Participatory – Driven by the convergence of community need and researcher interest/expertise.
- Democratic – A partnership arising out of a CBPR project and uses a participatory decision making process with designated representatives.

Ritas, 2003
CBPR is a collaborative approach to research that combines methods of inquiry with community capacity-building strategies to bridge the gap between knowledge produced through research and translation of this research into interventions and policies to improve health.

Israel, et al. 2003

Challenges of Community Research

- Tenuous nature of university and community relationships
- Understanding the academic research enterprise
- Building research capacity and infrastructure
- Building relationships based on trust
- Coping with differentials in power and issues of control
- Being seen as credible partners with “expertise”
- Establishing a structure and process for inclusion, communication and decision making
- Allocation of financial resources and fiscal control
- Coping with the dynamic and fluid process of community engagement

Bridging the Gap Between Researchers and Practitioners Scientists and Communities

Practice is Here

Want it Here

Innovation
Diffusion
Implementation
Adoption
TRIP
Education
Clinical and Translational Research

Part of the NIH Roadmap created by Dr. Zerhouni in 2006 for cross-cutting initiatives and transforming biomedical research in this country

National CTSA program to fund 60 sites ... 46 funded to date ... 3 in Boston

- Goal 1: Build national clinical and translational research capability
- Goal 2: Provide training and improve career development of clinical and translational scientists
- Goal 3: Enhance consortium-wide collaborations
- Goal 4: Improve the health of our communities and the nation
- Goal 5: Advance T1 translational research to move basic laboratory discoveries and knowledge into clinical testing
Comparative Effectiveness Research

- Comparison of two or more health interventions to determine what works, how well, for whom, and under what circumstances
- $1.1 billion contained in the American Reinvestment and Recovery Act
  - $400 million to NIH
  - $300 million to AHRQ
  - $400 million to Secretary HHS
- Public concerns of CER being the precursor of health care rationing
- National Health Reform Act establishes non profit, quasi governmental Patient Centered Outcomes Research Institute
Comparative Effectiveness Research

- **1st Quartile** – comprehensive care coordination; combined clinical and social interventions; and disparities reduction interventions
- **2nd Quartile** – shared decision making in chronic disease management; decision support tools for LEP; and telemedicine for chronic disease management in rural areas
- **3rd Quartile** – EHR and PHR to increase compliance and adherence; QI strategies for disease prevention and chronic disease care; benefit design to improve access and quality; and strategies to engage and retain patients in care
- **4th Quartile** – effectiveness of models of care coordination; different delivery models (e.g. use of clinical pharmacists); different treatment approaches (e.g., self care management); and co-location (e.g., integrating mental health and primary care)
ALLHAT

- **Antihypertensive and Lipid-Lowering Treatment to Prevent Heart Attack Trial**
- 50 to 60 million hypertensives in the US costing $37 billion annually ... $15.5 billion of which is pharmaceuticals
- Randomized controlled trial of 33,357 high risk hypertensive patients aged 55+ w/ hypertension and one other risk factor, from 623 practices to lipid lowering or channel blocker vs. diuretic
- Run at 6 CCHERS health center partners w/ Dr. Pincus out of Codman Square as the local PI
- Thiazide-type diuretics are superior in preventing one or more major forms of CVD and are less expensive. They should be the preferred 1st step in antihypertensive therapy
Current Research Collaborations

• **Community Health and Academic Medicine Partnership (CHAMP)** – Brigham and Women’s Hospital and Harvard Medical School – Intervention Patient Health Education and Literacy Project funded by Tufts Health Plan

• **Tufts Community Research Center** Tufts University, CHCs, CBOs and JP community RC24 funded targeting Caribbean Latino youth in JP

• **Tufts Clinical and Translational Science Institute** – Tufts University and Tufts Medical Center UC1 Supplement training community organization staff

• **Center for Social and Behavioral Health** – Harvard School of Public Health Racial Discrimination and Risk of Chronic Disease: My Body ... My Story

• **Center for Women’s Health** – Boston Medical Center, Boston HealthNet and Boston University School of Medicine NCI Patient Navigators in CHCs

• **Harvard Cancer Disparities Research Center**– Harvard School of Public Health and Dana Farber/Harvard Cancer Center P-50 Center on Population Health Disparities
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