

**CTSA Community Engagement Key Function Committee (CE-KFC)****“OUTCOMES THAT MATTER”****Face-to-Face Meeting  
October 24, 2008****Meeting Summary****Welcome and Opening Remarks**

Dr. Barbara Alving, Director, National Center for Research Resources (NCRR), NIH

Dr. Alving opened her address to the Community Engagement Key-Function Committee by citing how the current climate in our country might lend itself to a prolonged recession and a period of transition. Dr. Alving sees this period as a time to leverage and take advantage of the extraordinary resourcefulness of the institutions represented by individuals at the meeting. Additionally, there are many opportunities to learn and address operational organization. It will be important to utilize tools such as business plans and models, dashboards and metrics to aide with the organizational process and convey thoughtfulness, efficiency and a results-driven emphasis. By presenting this image, the CTSA's will be able to attract the partners needed to accomplish the work ahead. Community outreach and engagement is essential and will help to overcome barriers to the absence of a systematic mechanism for delivering care in this country.

**Address from Co-Chairs****The Role of Community Engagement**

Dr. Donna Jo McCloskey, NCRR

Dr. Sergio Aguilar-Gaxiola, University of California-Davis

Dr. Lloyd Michener, Duke University

Dr. Aguilar-Gaxiola opened his address to the Committee by citing that there is a great amount of work that is currently being executed within the Committee and there is still yet a lot of work to do. The work accomplished in this past year was overviewed and included Committee Engagement representation at several national meetings including the Council of Academic Societies of the AAMC, the AAMC GRAND meeting of research deans, the Academy Health and the May 9<sup>th</sup> Workshop titled “Accelerating the Dissemination and Translation of Clinical Research into Practice.”

Additionally, the five regional workshops which were made possible by the generosity in funding from the Association for Preventive Teaching and Research (APTR) and the Centers for Disease Control (CDC), helped to establish best practices in community engagement and the work accomplished is being documented in a monograph. The Committee has also joined the efforts of the CTSA Education Key Function Committee to develop a common definition of community engagement core competencies.

Another development this year has been the funding of two administrative supplements which are the Community Engagement Consultative Service and the Partnership-Driven Resources to Improve and Enhance Research or

PRIMER supplement. In addition, collaborations have been established with local partners, Health Departments, Prevention Research Centers (PRCs,) Practice-Based Research Networks (PBRNs), Federally Qualified Health Centers (FQHCs), CDC, and HRSA.

Dr. Michener asked the Committee to consider this juncture in time, a shift from preparation to work. A primary focus will be the process of dissemination and determining ways to link research to the communities that are being served throughout the consortium.

New tasks and priorities have been identified through the Strategic Planning process. The Committee is tasked with addressing Goal Four Enhancing the Health of Our Communities and the Nation which is comprised of these two key elements: A National Model for Community Engagement and Informing Public Health Policy through Research. In pursuing Goal Four and key elements, it is necessary to ask: how do the CTSA's organize themselves? How can connections be made with other groups in CTSA's? How is communication facilitated most effectively? The short answer to some of these questions is to link with the principal Investigators (PIs). PIs will be assigned to Goal Committees and are expected to provide leadership and direction. In closing, Dr. Michener reviewed the agenda for the meeting and stressed the importance of utilizing existing and new relationships to make a difference.

### **CTSA Strategic Goals and Priorities Discussion**

Dr. Elizabeth Ofili, Senior Associate Dean for Clinical Research, Morehouse School of Medicine  
Dr. Harry Selker, Executive Director, Clinical Research Program, Tufts University  
Dr. Barbara Alving, Director, NCCR Dr. Anthony Hayward, Director, DCRR, NCCR

Dr. Hayward opened the discussion with a brief overview of the CTSA Consortium Steering Committee meeting in early October. Dr. Hayward explained that community engagement was identified as a principal area where achievements could be made and discussed why it was identified as a strategic goal. The newly identified four strategic goals for the consortium were shared and Dr. Selker explained that the Strategic Goal of Enhancing the Health of Communities and the Nation has two components. One is the community engagement component where research is conducted and the public is engaged. The second component is that of public policy and how policy serves research's impact on the public. The policy component has not always been featured at the NIH, but it is nonetheless important.

Dr. Selker discussed the concept of clinical research and how the definition of research extends beyond the doctor and patient in a room. Rather, clinical research embraces an entire continuum of studies involving interaction with patients. Additionally, Dr. Selker emphasized the component of medical and health research intended to produce knowledge essential for understanding human disease and preventing and treating illness and promoting health. Dr. Selker stated: "In order to have an impact on the public, you must focus beyond a single spectrum of translational research. Clinical research must be translational to be effective." He also remarked "that a common issue encountered is that things learned in the research setting are often not implemented into daily clinical practice. Learning without implementation is problematic. The focus should be patient-oriented and population-oriented care, so the public receives a return on its investment." Dr. Selker also addressed the need to improve health services. Enhancement of communities and the nation via community engagement and public policy is directly tied to health services improvement.

Arriving directly from the airport, Dr Elizabeth Ofili addressed the attendees and emphasized the role of the CTSA's in providing leadership in the translation of research into improved care.

## Updates from Regional Workshops and Supplemental Awards

### **Southeast Region: Dr. Linda Cottler, Washington University**

Dr. Cottler presented a summary of the Southeast regional meeting which discussed key issues such as power sharing within communities and best practices for engaging the community into the research enterprise. The conversation café technique was used to re-visit topic areas that were previously mentioned during the meeting. Final conclusions from the meeting were that the region would like to continue meeting and that there is a desire to collaborate among these regional institutions in areas aligned with established goals.

### **Northeast Region: Dr. Sheila Gutter, Weill Cornell**

Dr. Gutter explained that the podium session of the regional workshop addressed questions such as: who is your community?, how do you interpret community engagement?, and what does it mean to be a partner? Panel discussions included topics like national models of community engagement and reaching out, building community partnerships which included a discussion of community based participatory research. Finally, breakout discussions fostered dialogue about establishing partnerships between researchers and underserved communities and increasing the interest and capacity of the community to engage in and conduct academic research.

### **Eastern Region: Dr. Charles Balch, Johns Hopkins**

Dr. Balch spoke about the Eastern region's workshop and the theme of moving to consensus about community engagement. Moving to consensus entails identifying best practices, discussing barriers and identifying strategies. Goals of community engagement as discussed by workshop attendees included educating the community about research, bringing the spectrum of clinical research content to patients treated in a community setting and enhancing public trust in research among other things. Outcomes of the meeting included synergy created by realizing that the regional institutions share similar goals and the approaches to realizing them and relationships were strengthened among the region's key PIs and partners.

### **Western Region: Dr. Linda Ziegahn, University of California, Davis**

Dr. Ziegahn shared the workshop goals including supporting and strengthening community engagement within the CTSA, facilitating partnerships between CTSA and between CTSA and community organizations and health institutions, and recognizing that community partnerships are an essential part of community research. The Western region used a novel facilitation approach called Open Space Technology. Use of this technique helped to generate 20 discussion topics led and facilitated by those that suggested them. Some of the discussion topics were improving community health and building community capacity as part of research. The greatest majority of the participants agreed that the facilitation approach was appropriate for achieving workshop goals.

### **Midwest Region: Dr. Sarah Gehlert, University of Chicago**

Dr. Bernard Ewigman provided a brief overview of the regional workshop which included panel discussions such as paths to productive health research in the community and ethical issues in establishing viable community partnerships. Dr. Theresa Cullen of the Indian Health Service served as the key note speaker and addressed translating research for maximum impact which stressed customizing research in a way that works for the community.

### **Supplemental Awards: Dr. David Warner, Mayo Clinic**

Dr. Warner provided a progress update regarding the award supplements update. Dr. Warner explained that the National Clinical Research Associate (NCRA) supplements were awarded in 2007 to increase the number of clinical investigators and accomplish the diversification of the settings in which clinical research is conducted. Four awards were granted to CTSA institutions last year including Columbia, Rochester, Duke and the Mayo Clinic. Activities conducted included defining educational needs for practitioners and engagement of a planning process for community based networks. Surveys and focus groups have been conducted as well as interviews with providers, community leaders and patients. Progress to date includes projects up and running at some sites. A summary report is planned. Dr. Warner concluded his presentation with an overview of the Community

Engagement Consultative Service and Partnership-Driven Resources to Improve and Enhance Research, (PRIMER), two funded administrative supplements for 2008.

### **Resource Opportunities Panel Presentation (Dr. Sergio Aguilar-Gaxiola, Moderator)**

#### **Dr. Christine Bachrach Acting Director, Office of Behavioral and Social Sciences Research (OBSSR), NIH**

Dr. Christine Bachrach presented information regarding OBSSR and the office's mission as well as funding opportunities that exist. The mission is to stimulate behavioral and social science research throughout NIH and to integrate these areas of research more fully into others of the NIH health research enterprise. Through this process, the improvement and understanding of treatment and prevention of disease will occur. Dr. Bacharach provided an overview of the organizational structure of OBSSR as well as its role which includes planning leading and supporting trans-NIH initiatives, education and training and informing Congress and the public as well as the NIH leadership and BSS community. The presentation also included announcements of current funding opportunities. Dr. Bacharach concluded her presentation with a brief overview of OBSSR training information and an explanation of how behavioral and social sciences research informs translation in the clinic and community. She explained that patient behaviors are important in determining the success of medical treatments. Meeting attendees were encouraged to contact Dr. Bacharach with any questions.

#### **Dana Sampson, Program Analyst, OBSSR, NIH**

Dana Sampson of OBSSR made a presentation regarding community-based participatory research (CBPR) at the NIH. Several funding opportunities were shared with meeting attendees. Dana provided a quick educational segment about the differences between the R01 and R21 mechanisms as well as some brief facts about the two grants. During the course of the presentation, Dana discussed hurdles to funding such as lack of familiarity with NIH and insufficient application preparation time and discussed how the NIH has attempted to assist with these common hurdles. Successful CBPR projects were referenced and meeting attendees were encouraged to contact Dana with any question or inquiries.

#### **Dr. William Elwood, Center for Scientific Review (CSR), NIH**

Dr. Bill Elwood of the Center for Scientific Review presented an overview of the peer review process and applications. The Center for Scientific Review is the central receipt center for most Public Health Service grant applications. The applications received are assigned to the CSR Integrated Review Groups/Study Sections as well as to NIH Institutes. Dr. Elwood discussed the types of scientific review groups as well as the peer review of NIH support mechanisms. Dr. Elwood pointed meeting attendees to helpful resources to guide them through the process including the CSR website as well as handouts regarding the grant application process.

#### **Dr. Donald J. DeNucci, Program Specialist-PBRN, National Institute for Dental and Craniofacial Research (NIDCR), NIH**

Dr. DeNucci presented an overview of the Dental Practice Based Research Networks (Dental PBRN). The purpose of the Dental PBRN is to answer questions encountered by dental practitioners in the routine care of their patients and strengthen the knowledge base for making clinical decisions. The objectives of the network include conducting at least sixteen short-term clinical studies over seven years as well as focusing an emphasis on effectiveness of oral health treatment and disease prevention as well as foster clear and clinically meaningful outcomes. A secondary objective is to ensure the provision of data on disease and treatment trends and obtain estimates of the prevalence of less common conditions. Outcomes of the Dental PBRNs include the establishment of partnerships between practitioners and experienced researchers as well as rapid translation of findings into clinical practice. The research networks are located across the country and Scandinavia. Dr. DeNucci provided an overview of the organizational structure of the PBRNs as well as the profiles of the practitioners in practice. Research activities include a focus on treatment strategy for advanced dental caries and root canal therapy. Additionally, Dr. DeNucci described the Practice Impact Research Group which is designed to assess the impact of practice-based research on translation and changes in clinical practice which may ultimately lead to improvements in patient care. Dr. DeNucci concluded his presentation with a brief overview of the NIDCR

Funded Oral Health Disparities Program which consists of established community networks configured to conduct interventional trials.