

CTSA Community Engagement Steering Committee

Monthly Web Meeting

April 25, 2008

<https://webmeeting.nih.gov/p42824268/>

Attendees: D.J. McCloskey (NIH Coordinator); L. Michener, Duke (Co-Chair); V. Pemberton, (NHLBI); B Tai NIDA (NIH Coordinator); D. Warner, Mayo; M. DeHaven, Dallas; K. Nokes, Cornell; R. Petryshyn, NCI; M.Sayre,NCRR; E. Simoes, CDC; B.Fureman, NINDS L. Ziegahn, UC Davis; N. Bennett, Rochester; Murray, Houston; D. Blumenthal; S. Nelson, Johns Hopkins; N. Benedict, Texas; D. Rosenblum, NCRR; S. Gehlert, Chicago; L.Cottler, Washington University; N. Dunham, Wisconsin; M. White, Ann Arbor; R. Joskow, NCRR; R. Kost, Rockefeller; J. Dunbar-Jacob, Pittsburgh; L. Minasian (NCI); C. Evans, Johns Hopkins; Y. Joosten, Vanderbilt; J. Cook, Duke; L Robbins, Cornell M.A. McDonald, Duke; S. Gutter, Cornell; R. Deyo, OHSU, M. Drezner, Wisconsin; K. Grumbach, UCSF; B. Alving, NCRR, A. Hayward, NCRR; H. Meissner, NIH; B. Moaquin, NCCAM; M.Purucker, NCRR; A.Sawczuk, NCRR; I. Abrams, NCRR E. Davis, BAH; J. Goldstein, BAH; Others not identified in Adobe Connect

Absent: T. Beck, NCRR; B. Beech, Vanderbilt; L. Bell, UPenn;; D. Buchwald, U Washington; R. Dittus, Vanderbilt; J. Hickner, Chicago; L. Hipps, Pittsburgh; C. Halbert, UPenn; G. Jenkins, OER; E. Larson, U Washington; S. McClure, NCRR; D. Meyers, AHRQ; R. Nowjack-Raymer, NIDCR; A. Sehgal, Case Western; L. Szczech, Duke; M. Verklan, Texas; R. Lantigua, Columbia; C. Sampsel, Ann Arbor; C. Caughman, NCRR; P. Einhorn; D. Musselman, Emory; L. Baldwin, U Washington; J. Ickovics, Yale; S. Aguilar-Gaxiola, UC Davis (Co-Chair); C. Dennison; Johns Hopkins;; E. Goldstein, UCSF;; P. Fleischer, UCSF; L.A. Jensen; P. Carney, OHSU; R. Edminson, NCI; P. Fishman, U Washington; B. Ewigman, Chicago; M. Baun, Houston; J. Hinman, Emory; C. Balch, Johns Hopkins; M. Fitzpatrick, UCSF;; S. Aguilar-Gaxiola, UC Davis (Co-Chair); K. Erwin, Moorehouse; B. Boden-Albala, Columbia; T. Bordonaro, NIH; ; J. Patel, Cornell; D. Alexander, NICHD;

I. Welcome to the monthly meeting (Lloyd Michener)

The welcome for the meeting was provided by Dr. Michener.

II. Approval of March meeting minutes (DJ McCloskey)

A motion to approve the meeting minutes was offered by Dr. Sheila Gutter of Weill Cornell. Several other members of the Committee provided the final approval.

III. Welcome of new members (DJ McCloskey)

Dr. McCloskey introduced Drs. Marc Drezner, who is PI of the CTSA at the University of Wisconsin, and one of the PI liaisons for the CE Steering Committee, Rick Deyo of Oregon Health and Sciences University and Barbara Moaquin of NCCAM.

IV. Translational science collaborations with CTSA's and Prevention Research Centers (Eduardo Simoes, Prevention Research Center Program, Centers for Disease Control)

Dr. Eduardo Simoes introduced himself as the Director of the Prevention Research Center Program, PRC at the Centers for Disease Control, CDC. He has served as the director since March of 2003. Dr. Simoes' professional background spans twenty-five years and has been focused on preventive medicine, public health, epidemiology and teaching in public health. Dr. Simoes presented an exploration of how the PRCs may be of service to the Clinical and Translational Science Awards, CTSA grantees. In exploring a potential partnership between the two programs, it is important to acknowledge one significant difference. The PRC program funded at thirty million dollars is smaller than the CTSA program, which is funded at five hundred million dollars. Regardless of size of the programs, it is believed that the PRC program can make a contribution to the CTSA program.

Dr. Simoes provided a brief background and overview of the PRCs. There are currently thirty-three centers in twenty-six states. The first three PRCs were funded in 1986. They were originally created to stimulate applied research particularly regarding health promotion and strategies to intervene before a risk or disease is established. In the creation of these entities, the vision was epidemiological investigative studies and methods for early interventions and screenings in high risk populations. Each of the PRCs must be affiliated with a school of public health or school of medicine. The PRCs are selected through a competitive peer review process. All PRCs must produce at least one research project in a five year funding cycle. It is likely that one hundred percent of PRCs are also funded through the NIH. Although there is a requirement for at least one research project to be produced, there are hundreds of projects occurring at any time across the PRCs due to two factors. One factor is that the PRCs leverage core funds and expertise to attract funding from public and private sources. There are also special interest projects that the CDC funds through mechanisms.

In addressing some of the similarities and differences of CTSA and PRCs, Dr. Simoes shared that both entities are based at academic institutions, both are proponents of multidisciplinary research and both aid in engaging the community in research. Examples of the novelties of the PRCs include the work the PRCs do with diverse ethnic and sociodemographic populations. The PRCs also have a developed a long-standing, larger network.

When PRCs talk about community, they are not necessarily speaking about patients or professionals, although some interventions have been designed to take place in clinical settings. Many of the communities of research have been at the society level rather than part of the medical system. Some examples shared include seniors with minor depression receiving social work care in Washington state and community services for deaf and hard of hearing adults in Rochester, New York. The PRCs have engaged several community partners including public school systems, community based organizations and faith based institutions. It was not until 2003 that requirements for community partnerships were made explicit. However, PRCs are now known as leaders in community based prevention research. Today, the role has expanded through the National Community Committee, NCC. In 1999, two community members from local not for profits started to explore the idea of bringing research communities and PRCs together. The NCC has representation from all PRC community committees. Every PRC

must have at least one community activity that serves to reflect local attitudes, beliefs and contributes to research priorities and recruit research participants. The Committee has some impressive accomplishments including having empowered communities advocate for health promoting policies, completion of a course concerning evidence based public health design and the development of a mini grant program regarding physical activity in the minority community. The PRC and NCC program have significant experience in academic community partnerships.

While relationships can take years to develop, they include benefits like a community support for research and enhancement of capacity for addressing health issues and increasing the likelihood of interventions being adopted and sustained. In the scope of this work, PRCs have invested in how trust is defined, categorized and measured. Researchers have experimented with methods and models for community research and evaluation and have studied issues of trust and equality.

Dr. Simoes addressed some of the challenges encountered by the Community Engagement Committee. Examples include: identifying models for pursuing community engagement and determining approaches in order to evaluate community programs. An additional challenge includes obstacles encountered within the institutions regarding community engagement. These are questions that the PRCs have been asking since their inception over twenty years ago.

Dr. Simoes reviewed the goal of the Community Engagement Steering Committee concerning the engagement of the community in translational research through bidirectional dialogues. Many PRCs as well as the NCC could be of service to the Consortium in achieving this goal. He asserted that true community involvement extends beyond engagement, and is a long time relationship of equal partners in continued conversation. In reviewing the Committee goal it was necessary to visit the various types and definitions of translational research. T1-T4 research was defined in sequential order as: bench to bedside; bedside to practice; practice to research and research and practice to community public health and health policy.

Dr. Simoes presented the case for collaborative opportunities with CTSA's. Currently, eleven of twenty-four CTSA sites have a PRC at the same institution, while five others have PRCs in the same city. Additionally, PRCs have a unique infrastructure that provides access to over two million communities that are ethnically and socially diverse. There is a tremendous economy that can be achieved in collaborating with PRCs. There is also an issue of complementarity. Many of the nation's leaders in community based research are involved in the work of the PRCs. Through collaboration, it would be possible to avoid dilution of a pool of talented professionals.

Dr. Simoes concluded his presentation with a set of questions around opportunities for collaboration and the potential for partnerships with the PRCs. Committee members shared that these opportunities seem like a good fit and opportunity

V. Workgroup Updates

a. Regional Workshops Workgroup (Lloyd Michener)

The Regional Workshops Workgroup is proceeding with the planning in the various regions. The audiences for the workshops are being defined and one of the goals is to include PRCs. The regional groups are having success collaborating with one another.

b. CAPP Workgroup (DJ McCloskey)

The Workgroup is presently trying to identify other entities involved with CTSAs, such as Dental PBRNs. Dr. DeNucci presented on this very topic to the Workgroup on Thursday. Some of the potential other networks that the Workgroup could explore are HMO research networks and Pediatrics. Dr David Lanier will present AHRQ PBRN's in May.

c. Educational Competencies (Bernadette Boden-Albala and Linda Ziegahn)

The liaisons participated in the teleconference last week with the Education / Career Development Steering Committee. The main goal in participating in the teleconference was to ensure that community engagement is represented in the educational competencies. The liaisons shared that their participation was important because community engagement is often not apparent.

d. May 9 Workshop (DJ McCloskey)

Currently, registration for the workshop is close to 600 participants. The agenda has been finalized and includes three panel sessions, two podium sessions and two key note speakers.

VI. Communication of Site Accomplishments and Challenges (time permitting)

This agenda item was tabled for the May meeting.

VI. Face to Face Meeting (Lloyd Michener)

Dr. Michener reported to the group that the majority of respondents to the poll regarding the face to face meeting voted for October 24, 2008. This will be the official date for the Committee face to face meeting.

VII. Other Issues

VIII. Next Meeting: May 23, 2008

#	Action Items	Owner	Due Date
1	Send revised competencies to the Education/Career Development Committee.	Education Liaisons	
2	Post presentation given by Dr. Simoes to the Wiki.	Jenna Goldstein	4/25/08
3	Add CTSA members update to May meeting agenda.	Jenna Goldstein	5/08