Benefits of partnership: Community-based organizations and academic health sciences centers

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Objectives

- Provide a brief overview of CBO & academic health center goals
- Discuss common myths surrounding ‘research’
- Identify methods to capitalize on extant data; reporting and fundor expectations
CBO Goals

• Serve clients
• Help meet basic needs
• Increase societal awareness of issues
• Serve / advocate for disenfranchised persons
• Bring about social change
Academic Health Center Goals

• Serve patients
• Help meet basic needs
• Increase societal awareness of issues
• Treat / advocate for disenfranchised persons
• Bring about social change
Faculty Goals

- Publish research
- Grants for research
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- Publish research
- Student service (disenfranchised population?)
- Service
What is research?

US National Institutes of Health defines research as:

A systematic intended to increase knowledge or understanding of the subject studied, a systematic study specifically directed toward applying new knowledge to meet a recognized need, or a systematic application of knowledge to the production of useful materials, devices, and systems or methods, including design, development, and improvement of prototypes and new processes to meet specific requirements.
Examples of Research Types

Epidemiologic Research is the investigation of disease or other factors which impact health on a population.

Behavioral Research is the investigation of the impact of behavior on health.

Outcomes / health service research investigates the impact of health care services on outcomes.
Research Myths

• Must be life long endeavor
• Requires large amounts of time
• Expensive
• Must disclose personal identifying information
• Not important for those in practice
• Not easily translatable to practice
Basic Research Needs

• Institutional Review Board (AHC)
• Required trainings/certifications (AHC)
• Access to population (AHCs & CBOs)
• Data (CBOs – client records, reports)
• Data management methods (AHC)
• Collaborator(s) (AHCs, CBOs, Health Departments, Mental Health, etc)
Integrating Research into Practice

• To integrate research effectively, a brief, recorded analysis should be conducted:
  – Interests
  – Needs
  – Opportunities
  – Resources (on hand and needed)
  – Collaborators
  – Prioritize
Extant Data

• In practices which receive national funding – reports are required. Additions to these data for research and QM is easy.
• Quality management projects / outcomes evaluations are often able to be funded separately from ‘research’ if staged correctly
• Use allows a direct return to practice, improving health, increasing efficiency and improving income
Common Pit Falls

- Systems in place do not support research
- Persons in positions are not appropriately trained or supportive of research = poor data
- Lack of system understanding creates anxiety
- Inadequate / inconsistent documentation
- “Grab it and go”
- Lack of formal agreements
Positives of Collaboration

• Benefits each entity
• Benefits clients / patients
• Improves quality of services
• Provides novel funding opportunities
• Contributes to science, practice, & education
• Agreed upon through formal agreements, outlines data, publications, release, etc
Examples of CBO / AHC Projects

• Housing First
• Housing Opportunities for Persons with AIDS
• Emergency Department Use Studies
  – Homeless  -HIV infected  -Frequent users
• Shelter Based Chronic Homeless studies
• Shelter Based Community Studies
• Supportive Housing Outcomes Evaluation
Questions?

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