

Making the Connection: Strengthening Community Partnerships in Preparation for Collaborative Research

Arkansas Cancer Community Network (AR-CCN)

Chara Stewart, MPH, CHES, Alan VanBiervliet, PhD, Will Torrence, PhD, Kelly Duke, MA, Paul Greene, PhD, Rise Jones, PhD, Dianne Rucinski, PhD, Ronda Henry-Tillman, MD, FACS

ABSTRACT

There is a significant benefit in campus and community coalitions working together. Especially, as cancer disparities continue to plague our healthcare system. Literature supports collaboration with communities to co-develop interventions designed to address and reduce cancer disparities. This abstract highlights the development of a three phase process for the implementation of a community-based research training program to prepare both community and academic researchers for Community-based Participatory Research (CBPR). The Arkansas Cancer Community Network (AR-CCN) developed and implemented a program that included CBPR planning, Community Development, and pilot research. The tools developed included the Arkansas Community Action Training (AR-CAT) and the Coalitions Online web-collaborating tool which are meant to prepare the community partners and academic investigators to work together to conceptualize and implement a CBPR project. A competitive grant submission process was developed in order to introduce CBPR to the Cancer Councils. Six out of the seven Cancer Councils submitted CBPR Planning Grants. Four of the Cancer Councils were successful in their submission and participated in the training program. Three of the four Cancer Councils collaborated with AR-CCN to write a Community Development Proposal. Of those three, two received \$10,000 grants to support implementation. The collaborative project collected data that provided pilot information to support the submission of an R24 CBPR Minority Health Disparities Proposal. The three phase process has allowed community and academic researchers to tailor interventions to the identified needs of the community and translate evidence-based interventions into sustainable community change. Process, benefits and challenges will be addressed. [National Cancer Institute (NCI) Center to Reduce Cancer Health Disparities: UO1 CA 06504]

COMMUNITY CANCER COUNCILS

Ashley, Bradley,
Cleveland, Cross,
Marion, Mississippi,
Phillips, St. Francis
Counties



METHODS

3-PHASE RFP PROCESS

- PHASE I: Community-based Participatory Research (CBPR) Planning (2006)
- PHASE II: Community Development Project (2007)
- PHASE III: Apply for Federal Funding (2007)

ARKANSAS COMMUNITY ACTION TRAINING (AR-CAT)

NAMING THE ISSUE

The Cancer Councils engaged in dialogue in order to analyze a specific issue affecting their community to arrive at root causes and solutions. They used their knowledge and skills to choose a specific issue or focus.

ASSET MAPPING VS. NEEDS ASSESSMENT

Cancer Councils were able to differentiate between asset-based assessments and need based assessments. These tools are essential for developing a thorough knowledge of the issue and collection baseline data.

DESIGNING YOUR DIAGNOSIS PLAN

Cancer Councils used the information gained from the asset mapping/needs assessment to design their community diagnosis and make a diagnosis plan. Cancer Councils were able to identify steps of a community diagnosis and developed a plan to conduct a diagnosis.

TURNING NUMBERS INTO STARTLING STATISTICS

Cancer Councils were able to identify places to collect existing data and use existing data sources to determine the health of their communities. Cancer Councils also worked with data from existing secondary data sources. They identified the most relevant statistics and prepare them in a visually compelling format.

SPECTRUM OF PREVENTION

Cancer Councils were able to identify the seven key components of the Spectrum of Prevention, explain why it is useful in community work, and place their own accomplishments and other activities within the framework of the Spectrum of Prevention.

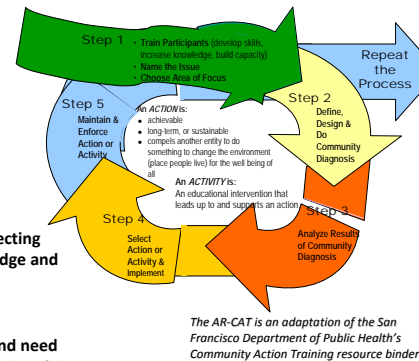
HOW LOCAL POLICIES ARE MADE

Provides an overview of policy development including the importance of assets mapping/needs assessments and statistics. Cancer Councils named examples of private, local, and state-wide policies they could think of related to cancer issues.

EVALUATION

This session focused on the importance of evaluation and provided an overview on the basis of evaluating process, impact, and outcome objectives. It also allowed the cancer council members to differentiate between qualitative and quantitative evaluation measures by using the SMART objectives.

COMMUNITY ACTION MODEL

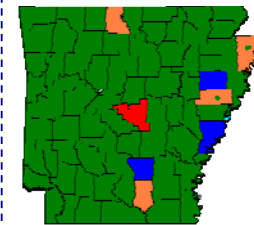


RESULTS

PHASE I: 4 - \$1,000 Planning Grants Awarded

PHASE II: 2 - \$10,000 Community Development Project (CDP)

PHASE III: \$2.5 Million NIH NCMHD CBPR grant awarded over 5 years



- Awarded Planning Grant
- No Planning Grant
- Awarded CDP and NCMHD grant
- Little Rock

AR-CAT PARTICIPATION

Date	Attendance	Module
05/24/06	13	Naming the Issue
06/21/06	17	Asset Mapping vs. Needs Assessment
08/29/06	16	Designing the Diagnosis Plan
09/13/06	16	Turning Numbers into Startling Statistics
10/18/06	12	Spectrum of Prevention and Evaluation

BENEFITS OF CBPR

- Focus research questions on issues that are relevant to the community;
- Tailor interventions to the identified needs of the community;
- Enhance the reliability and validity of measurement instruments;
- Incorporate community norms and values into scientifically valid approaches;
- Promote accurate and culturally sensitive interpretation of findings;
- Translate evidence-based interventions into sustainable community change.