

CP Policy Workgroup Meeting Minuets

February 13, 2008

Members Present

Katherine Loving, Civic Engagement Coordinator, University of Wisconsin-Madison
Ilda Montoya, Manager of Research/IRB Administrator, Harvard University
Molly White, Community Engagement Program Manager, University of Michigan Medical School

CCPH Staff Present

Cate Clegg, Membership Coordinator
Lisa Moy, Graduate Research Assistant
Kristine Wong, Program Director

Welcome and Introductions

Kristine had everyone introduce themselves, their name, job title and location. Katherine suggested clarifying the call registration process. Kristine added that interested participants are asked to register for the call so that CCPH staff can ensure they are community or community-liaisons. Conference call information is then forwarded to them via email.

ACTION ITEM: Clarify how participants should register for the call in order to receive the call information.

Recap of Previous Call

Kristine then moved on to provide a recap of the last call for the new caller:

- Challenges with working with communities with a disengagement of faculty.
- The National Institutes of Health's (NIH) Clinical and Translational Science Awards (CTSA) funds 60 centers of translational research, which mandates that the academic health centers partner with the community. Currently 24 health centers have been established—but these centers do not have adequate community engagement tools. As a result, the community, centers, and funders are frustrated.

Updates/Discussion

Ilda gave an update on her work with the Dana Farber Cancer Institute (DFCI), which focuses on community health screenings and fairs, and has a dedicated Community Program Coordinator. Ilda has been working with the Community Program Coordinator to implement health fairs to promote awareness on Cancer. In speaking with DFCI's Community Program Coordinator, Ilda explored such questions as: How were the fairs started? How do you get investigators for research? Who are clinicians/researchers?

Ilda reported that DFCI's experienced a major challenge in engaging universities in community projects. DFCI articulated that the challenge lay in getting senior faculty engaged in the projects. Ilda highlighted these challenges:

- Often times senior faculty are hard to get involved as they have a lot of commitments and a lack of time and interest to become involved. Senior faculty

- doesn't know how disseminate information in a qualitative way, often stuck in taking a quantitative approach
- Senior faculty haven't thought outside of the traditional approach to disseminating information to communities or interested parties

For these reasons, DFCI has begun recruiting the involvement of junior faculty and junior physicians as a way of engaging University in community programs. This approach has proved successful as junior faculty and physicians have more time and a less traditionalized view on disseminating information to communities.

CTSA

Kristine then directed the conversation to the discussion of CTSA's and asked the group to share their experiences working with CTSA's.

Molly shared her concerns with the actual interest for action of CTSA's with moving forward with community engagement and community programs and projects. She commented there is a real disconnect in community engagement. How much is lip service? How much buy-in is really there?

Molly then highlighted the requirements for successful community-engagement:

- Successful community outreach
- Collaborative efforts/sharing resources
- Buy-in from investigators
- Providing education

She also identified some major challenges impeding the success of community-engagement. They are:

- No current requirement to have training on how to incorporate community input
- No current requirement to have community input in research
- No funding to collect community input

Molly said to combat this problem and to really get investigators and university folk to seek community-engagement there needs to be a large structural change.

Ilda agreed. She made the point that currently, senior faculty and investigators focus too exclusively on what happens in the lab and in the classroom. It's for this reason that senior faculty don't grasp the importance and true meaning of community. Ilda continued to say the structural change is crucial as the training of doctors, faculty, and investigators is passed on to future generations. Therefore there is a strong need to interject the paradigm, to change tradition, and emphasize the need to involve the community. Ilda recognized there is an existing dialogue on this topic, but now there is a need to take action.

Kristine then asked Molly for an update on the Community Engaged Steering Committee.

Molly announced to the group that the initiation of regional workshops to work on community engagement had begun. Molly noted that the CDC provided funding to help CTSA centers and community-based practitioners to work together on a regional basis, creating these regional task forces. The goal of the task forces are to figure out how to work together to promote and sustain community engagement. A few specific ideas of these workgroups are to become more involved with practice-based networks and movements of community-based outreach. There is no overarching theme for the regional meetings—they will vary in focus and in content. At a previous committee meeting there was discussion on having a writer at each of the regional meetings to ensure that the content of the meeting was disseminated. Molly noted that the focus of the meetings (based upon circulated draft agendas) is more on translational research rather than community engagement. A first regional meeting will take place in Washington DC on May 9th.

Kristine emphasizes that this is a step in the right direction, but that there really needs to be a standardized agenda or curriculum for these regional workgroups. Without tangible goals and action items, the potential for the groups to lose focus and wane in productivity is high. Kristine asked if there is a defined audience for the task force's work and if there are defined goals.

Both Kristine and Molly agreed that a major challenge with getting these groups to work together is the lack of commitment and willingness of “experts” to share their resources and expertise with outside parties. This further emphasizes the difficulty of making a united effort between workgroups to make change. Molly mentioned this challenge is one of the reasons it makes sense to focus efforts at a regional level first and focus on reaching a national collaboration later.

Kristine encouraged Molly to draft out her vision to bring to the Midwest Regional meeting, which Molly will attend. Kristine highlighted CCPH's resources on CBPR (www.cbprcurriculum.info) and encouraged Molly to try and focus the group on identifying a starting point, creating an agenda, and identifying existing resources.

Kristine reminded Molly of CCPH resources and that CCPH has members across the nation with expertise who might be interested in attending or speaking at these workshops. Molly expressed her interest in collaborating with Kristine and CCPH to bring CCPH's expertise and experience into these workshops and the discussion.

Responding to JAMA Article about Translational Research

Kristine brought up an article written by Steven Wolf in the Journal of the American Medical Association on CTSA's, and suggested that the workgroup write a letter in response to the article. She also suggested that we contact Steven—to create an ally and use the letter as a spring board to promote advancing the national discussion on community engagement.

ACTION ITEM: put this idea on the listserv as a question and gauge interest of group in taking this action

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COPR Collaboration

Kristine said that the last agenda item on working with the Council of Public Representatives (COPR) will be tabled until the next meeting when Ann-Gel is able to join the call.

NEXT MEETING: Wednesday, March 12, 2008. 1:30pm (PST)