

ASPH/CDC Project
Examining Community Partnerships for Prevention Research
Conference Call #1
Thurs, October 31, 2002 – 10am-12:00 Pacific
Call Notes

Partner Organizations & Primary Representatives:

1. CDC Prevention Research Centers National Community Committee
Ella Greene-Moton and Yvonne Lewis, Co-Chairs
2. Community-Based Public Health Caucus of the American Public Health Association
Al Richmond, Toby Citrin, and Renee Bayer
3. Community-Campus Partnerships for Health at the University of Washington School of Public Health and Community Medicine
Sarena Seifer, Stacy Holmes and Annika Robbins
4. Community Health Scholars Program
Lee Bone and Diane Calleson
5. Detroit Community-Academic Urban Research Center
Barbara Israel and Robert McGranaghan
6. Harlem Health Promotion Center
Gabriel Stover
7. New York Urban Research Center
Sarah Sisco and Sandro Galea
8. Seattle Partners for Healthy Communities—Urban Research Center
Kirsten Senturia
9. Yale-Griffin Prevention Research Center
Kari Hartwig and Margot Zaharek

CDC Technical Advisor on this project – **Lynda Anderson**

CDC Staff Liaison on this project – **Sharrice White**

Members present on this call: **Ella Greene-Moton, Yvonne Lewis, Renee Bayer, Sarena Seifer, Stacy Holmes, Lee Bone, Diane Calleson, Barbara Israel, Gabriel Stover, Sarah Sisco, Sandro Galea, Kirsten Senturia, Kari Hartwig, Margot Zaharek, Lynda Anderson, Sharrice White.**

Notes: Please send any additions, questions, or corrections to these notes to Stacy at: SLHOLMES@u.washington.edu

Acronyms:

APHA = American Public Health Association
ATPM = Association of Teachers of Preventive Medicine
CCPH = Community-Campus Partnerships for Health
CDC = Centers for Disease Control and Prevention
IRB = Institutional Review Board
PRC = Prevention Research Center

Goals for the call:

- Reorient everyone to the project and to the partners/individuals involved
- Understand the PRC Program's interest in funding this project and what their expectations are
- Confirm a plan for moving forward on objective #1 and completing deliverables required by our first in-person meeting
- Answer any burning questions as the project gets underway

Topic 1: Introductions and Overview of Agenda:

- Call participants introduced themselves, indicated who from their organizations would be the “primary” participants on this project. Participants also shared why/how they have been involved in community-based participatory research (CBPR).
- The majority of partner organizations will have individuals participating on this project who will not necessarily be joining the conference calls, but who will be an integral part of the project work and dissemination/feedback. Additional partnership representatives can and will be named throughout this project.

Topic 2: Role of the CDC technical advisor and Prevention Research Center program (Lynda Anderson)

- Lynda Anderson described her role as technical advisor and outlined the interest of the PRC program in the project. She offered assistance on multiples levels and is open to answering questions.

- The CDC's PRC program is interested in bringing our partnerships together to recognize the contributions that have been made, further the mission of the PRCs, and show a commitment to CBPR in prevention research.
- Lynda shared information about the logic model/concept mapping activities being done by the PRC program in an attempt to map PRC activity at both the national and community levels as a way to guide PRC work over the next 5 years. Lynda will be presenting some of this information at the APHA meeting (Tues, Nov 12, 2002. 10:45am).
- Lynda highlighted the Objective Reviewer Comments by encouraging the group to make connections to community constituents/partners explicit and to not worry about levels of funding for the second year since the second year's projects cannot be defined yet.
- Lynda introduced Sharrice White, ATPM Fellow with the PRC Program, who will be the main staff liaison for our project.

ACTION

Lynda will share more information on a four-center project being done on community capacity issues and she can provide more narrative on the logic model work described above.

Topic 3: Related PRC Program project: Trust in CBPR partnerships (Sharrice White)

- Sharrice described her fellowship project which will be investigating the characteristics needed to establish and maintain CBPR relationships. Her particular focus is on the element of "trust" and her literature review so far has uncovered literature that focuses on trust between individuals vs. trust between organizations.
- Sharrice and Lynda hope that her work in this area can be a valuable resource for our ASPH-CDC project.

ACTION

All group members should feel free to send Sharrice any suggestions on literature or resources that might be helpful to her fellowship research project.

Topic 4: Review of proposal, deliverables, partner roles, including discussion of how each partner organization will meet Objective #1 and answer the guiding questions as outlined in proposal

- Discussion of review outline, timeline, and how each partner expected to complete their part of the synthesis. Call participants agreed that it would be helpful to have an outline of required sections, page limits, format, etc for the individual reports.
- Call participants clarified understanding of the types of activities that will be taking place as part of this project. Specifically, partners will each be going back to existing reports, evaluations and analyses to answer the guiding questions. Partners will not be going back to original data. An exception to this is the National Community Committee (Ella & Yvonne), who will be collecting some original data (see IRB discussion below).
- Question of "rigor": Call participants discussed how the group will compare answers to questions that are based on past projects or studies that have varying levels of "rigor" and/or different types of methodologies. Since each partner has a different set of experiences and constituency, the call participants acknowledged that any questions of strengths or weaknesses in the findings will need to be a part of the larger in-person meeting where overall findings & themes will be determined. Each partner will take the guiding questions and answer them based on one or more past analyses/projects. These summaries will then be shared with the group for the in-person meeting.
- Answering Question #1: what is meant by "successful community-institutional partnerships for prevention research?" This question was added to the list of guiding questions during the original proposal writing process when the group realized that we needed to know the definitions of "successful" in order to answer the following questions on factor/barriers. During Conference Call #1, the group discussed that although not every past study or project has used the term "successful", partners have asked about "effective", "productive", "mutually-beneficial" partnerships whose definitions might be interpreted as "successful".
- Some partners, such as the Community-Based Public Health Caucus, will be more active in the dissemination/feedback phase of our project vs. going back to past reports to summarize findings. This role, and dissemination in general, will be discussed on the next call.

ACTION

Stacy/Sarena will draft an outline of summary sections & requirements for the group to review (attached to these notes).

All partners will begin to identify which literature, reports and analyses they will be using to answer the guiding questions (some partners might have more than one "set" of answers to the guiding questions, based on more than one research project.)

Topic 5: IRB Process

- IRB Review for Summary/Synthesis Process: Most partners will be going back and looking at existing published reports or analyses (from studies that already received IRB approval). As a result, several call participants assume that our process of summarizing and synthesizing existing analyses would fall under

“exempt” categories and would go through the University of Washington’s IRB process (UW is the named grantee on this project).

- Collecting original data: During the call, it became apparent that the National Community Committee (NCC) could be in the position of collecting original data in order to answer the guiding questions. It is unclear which institution’s IRB process would be applicable to NCC.
- IRB impact from collecting feedback on draft report of findings: The process of sending our report of findings to our separate constituencies for review and feedback is an important part of our project. However, the call participants discussed that this feedback will not be collected in such a way that it would require IRB approval. No demographic information or “who said what” would be recorded and no direct quotes from reviewers would be incorporated into the report. Reviewers’ suggested changes would be discussed and possibly incorporated per a typical review process.
- Multi-site IRB approval: Suggestion was made that our project might require a multi-site IRB approval. This process could be as easy as submitting the University of Washington’s exemption form to each partner’s IRB. We’ll know more on this issue once we have received an answer from the UW and all partners have checked with their respective IRBs.

ACTION

Sarena has contacted her University of Washington’s contact person to get an opinion on this project and is waiting to receive an answer.

Ella will contact Lynda Anderson to discuss the NCC’s requirements/IRB process for collecting original data to answer the guiding questions.

All partners will check with their respective institutions to make sure that they are in compliance with IRB standards.

Topic 6: Project Timeline—calls, deadlines, meetings/travel

- As outlined in the proposal, conference calls will be planned on a monthly/quasi-monthly basis. CCPH (Annika Robbins) will continue to schedule these and will work with Sharrice White to utilize the CDC Bridge Service for the calls.
- The original timeline as outlined in the proposal will need to be adjusted in order to accommodate our group’s process and possible IRB issues.
- 1st Meeting: Some call participants proposed having more time to prepare summaries on guiding questions and a shorter time period for the constituency review process. As a result, the first in-person meeting will most likely take place in **late February/early March**. Detroit and New York might be the easiest locations since they have the greatest concentration of partners (in or near).
- Deadline for Summaries: Suggestion to provide summaries to whole group for review at least two weeks prior to in-person meeting.
- Partners might be able to travel on federal gov’t rates via this CDC funded-project. Process for this has yet to be determined but could save significant money if no Sat-night stay for meeting.

ACTION

CCPH will send out an email to schedule a series of conference calls for this project (scheduling emails will often come from CCPH Executive Assistant –Annika Robbins).

CCPH will send out an email to schedule our in-person meetings.

CCPH will notify partners as soon as the travel process has been determined (booking airfare, etc)

Topic 7: Dissemination and Authorship guidelines

- Group briefly discussed dissemination and authorship guidelines and suggested that this be on the next call’s agenda.
- Some partners have examples of both dissemination and authorship guidelines that the group can use as an example. Two examples (from Detroit and Chapel Hill) are available on the CCPH website at <http://futurehealth.ucsf.edu/ccph/partnerships.html#Tools>. Group discussed concept of “corporate authorship” and “working group” authorship which identifies a group’s title/corporation name as the official author and then offer the individual members names as part of the report text/footnotes.

ACTION

Sarena will follow-up on suggestion to contact Donna Higgins who has more information on corporate authorship model.

All partners who have additional examples of dissemination and/or authorship guidelines should send them to Sarena/Stacy prior to the next call.

Sarena/Stacy will make sure to share any guidelines the group collects prior to the next call so that we can be prepared to discuss this issue.

Topic 8: Budget

Group had brief overview of budget with more to come by email and on the next call. All partners will be receiving a limited amount of funding for their time on the project (not including travel expenses). All partners (except CCPH at the University of Washington) will be paid by the University of Washington as “consultants”.

ACTION

Sarena/Stacy will provide information to partners on invoicing process as soon as they receive information from university administration.

DRAFT

ASPH/CDC Project Examining Community Partnerships for Prevention Research

Document Requirements for Partner Summaries Due 2 weeks Prior to First In-Person Meeting

Note: if you are answering the guiding questions based on more than one study/project, please include Sections 1-3 for each study/project.

Format: APA style for references & citations; 10-12 pt font

Section 1 : Description of partner organization/site --including the names of the individuals who contributed to this summary document. **(1/2 page max)**

Section 2: Description of data sources for answering guiding questions (e.g., titles & types of reports or published literature, original methods used to collect and analyze the data) **(1 page max)**

Section 3: Methods of review for this project **(1/2 page max)**

Section 4: Findings – answers to 4 guiding questions **(8 pages max)**

Section 5: References (citations for reports or published literature examined for this project, other key references pertinent to this report)

Appendix – List of direct quotes that should be considered for final report. These are quotes that have already been published in past reports/literature from IRB approved studies. **(1 page max)**

Guiding Questions:

(1) what is meant by "successful community-institutional partnerships for prevention research?";

Note: Question #1 was added to the list of guiding questions during the original proposal writing process when the group realized that we need to know the definitions of “successful” in order to answer the following questions on factor/barriers. During Conference Call #1, the group discussed that although not every past study or project has used the term “successful”, partners have asked about “effective”, “productive”, “mutually-beneficial” partnerships whose definitions might be interpreted as “successful”.

(2) what are the factors that contribute to successful community-institutional partnerships for prevention research?;

(3) what are the barriers that interfere with successful community-institutional partnerships for prevention research;

(4) what ideas, recommendations and strategies can build the capacity of communities, institutions and funding agencies to engage in successful community-institutional partnerships for prevention research?"