

## **Community-Based and Translational Research: Opportunities for AHEC and HETC**

### Introduction

The National Institutes of Health (NIH) is engaged in a series of initiatives, collectively known as the “NIH Roadmap for Medical Research,” that promote clinical and translational investigation and aim to improve health and prevent disease. Under the Roadmap initiative, the NIH has established an Institutional Clinical and Translational Science Award (CTSA) program to strengthen and focus its work in this area. In addition to NIH, the Centers for Disease Control and Prevention (CDC), the Agency for Healthcare Research and Quality (AHRQ), and other agencies and foundations are increasingly interested in assuring that the results of their major research and education programs are more quickly and effectively utilized by health care practitioners to improve the quality of care they deliver.

With the increased emphasis on conducting research at the community level and in assuring that the results of research are more rapidly adopted into practice, AHEC programs are in a unique position to be more engaged with university research initiatives and bring certain assets to this process that may prove valuable to both academic and community partners. This paper seeks to describe some of the new research efforts currently underway nationally that offer opportunities for greater AHEC involvement.

### The NIH Institutional Clinical and Translational Science Award (CTSA) Program

The goal of the Institutional CTSA program is to “transform the local, regional and national environment for clinical and translational science, thereby increasing the efficiency and speed of clinical and translational research.” These new CTSA entities within each academic center are expected to serve as a magnet that concentrates basic, translational and clinical investigators, community clinicians, clinical practices, networks, professional societies, and industry to facilitate the speed with which the results of basic and clinical research are put into practice by clinicians at the community level.

The NIH funded comprehensive CTSA centers/departments at five academic health centers (AHCs) in 2006. The RFA (RFA-RM-06-0002) was reissued on August 22, 2006 seeking applications from additional AHCs, with a letter of intent due December 8, 2006 and the application due January, 17 2007. Subsequent RFAs are expected to be issued in the coming years to fund 60-70 of these entities across the country. According to the RFA, the CTSA should “support the discipline of clinical and translational science and the needs of its researchers. Applicants are encouraged to propose novel concepts, methodologies, and approaches that are integrated into a comprehensive, effective, and efficient researcher-trainee-, and participant-centered program.”



The CTSA RFA defines two areas of translational research, 1) “process of applying discoveries generated during research in the laboratory, and in preclinical studies, to the development of trials and studies in humans” and 2) “research aimed at enhancing the adoption of best practices in the community.” The major functions to be included in the new CTSA are:

- development of novel clinical and translational methodologies
- pilot and collaborative translational and clinical studies
- biomedical informatics
- design, biostatistics, and clinical research ethics
- regulatory knowledge and support
- participant and clinical interactions resources
- community engagement
- translational technologies and resources
- research education, training and career development

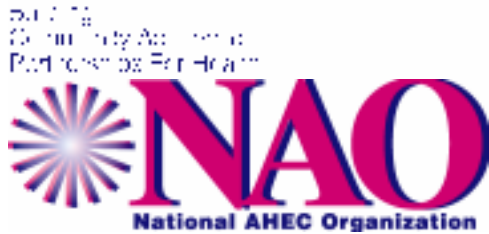
At least two of the functions noted above provide opportunities for AHEC involvement in the CTSA initiative related to the AHC: community engagement and research education, training and career development.

### Community Engagement

The most obvious opportunity for AHEC involvement relates to Community Engagement. The NIH RFA describes this function as follows:

Community outreach could foster collaborative partnerships and enhance public trust in clinical and translational research, facilitating the recruitment of research participants from the community. Engagement of both the public and community providers, and establishing long-term relationships with community-based groups such as voluntary and professional organizations, schools, women’s health groups, faith-based groups might be required. Resources that might be requested include community outreach and cultural sensitivity training for institutional clinical and translational researchers, community and provider education and outreach, development of software to facilitate the collaboration of community practitioners, and communication outlets (e.g., newsletters and internet sites). Additional resources that expose scholars and researchers to population and community-based research methods as a supplement to ongoing research efforts in order to enhance applications of science to the general community may prove to be valuable.

It is apparent from both the RFA and the pre-application meetings sponsored by NIH that the Institute is very serious about wanting innovative and creative ways of



engaging community providers and translating the research that occurs on the campuses to practice in the community setting. AHEC is an obvious network to achieve this goal. Without AHEC, the academic researchers will have to create a parallel system to seriously become engaged with community providers, establish networks for doing community-based research and then developing methods for educating providers about the results of the research and supporting them in implementing evidenced-based practices in the care they provide their patients.

### Research Education, Training and Career Development

The other function that may offer opportunities for AHEC involves research education, training and career development. Although the primary focus of this function relates to graduate degree-granting and post graduate programs that train career researchers at the AHC, there may be some opportunities for AHECs to train community researchers in effective ways to relate to local communities, training in cultural sensitivity and diversity, and related issues. In addition, there may also be opportunities to link AHEC health careers programs to this effort through creating tracks with health careers programs that have a research focus.

### AHECs as Partners in CTSA Initiatives

AHECs interested in being involved with the CTSA at their academic health center need to make contact with the person(s) providing leadership to the initiative at the school. This may be an associate dean for research, a head of a major research center, or a senior faculty member who has been given responsibility for heading up the CTSA initiative.

Ways that AHECs may be involved in the CTSA initiative include, but are not limited to:

--utilizing the AHEC network to offer CME/CE for community providers on evidence-based practices or on new research findings

--encouraging dialogue between university researchers and community participants to assure an “upward” flow of ideas through contacts and introductions, community advocacy, meeting facilitation, focus groups, etc.

--utilizing AHEC staff at the community level, or adding new staff, to connect researchers to community groups in order to facilitate community-based research.



--training researchers in working with community groups, in cultural diversity and in creating win-win situations for both university and community professionals

--utilizing existing electronic networks, including digital library resources developed by some AHECs, to post research resources, offer on-line instructional resources, and other services to support the CTSA initiative

--training community groups to work with on-campus researchers, facilitate data collection at the community level, recruit community participants and in other ways create a seamless integrated system to support research and facilitate its translation into practice

--creating research tracks in AHEC health careers programs; one of the goals of the CTSA is to develop more basic and clinical researchers from underrepresented groups, and AHEC health careers programs offer a well developed source of underrepresented minority students who could enter a research career.

#### Other AHEC/HETC Opportunities in Translational and Community-Based Research

Beyond the NIH CTSA initiative, there are other opportunities for AHEC/HETC roles in fostering community-based research and for translating research into practice. NIH has two grant announcements out now for translational research and community based research programs – one in diabetes and obesity, and the other in community participation in research. Community-based research operates from the assumption that the research is relevant to the needs of communities, and that the communities have an opportunity to influence both the subject matter of the research and the way in which the research is conducted.

The CDC has created a public health research agenda that emphasizes collaboration with community partners to increase the utilization of research results in the community. Some items (with a potential AHEC role ) in the new agenda include: pandemic and seasonal influenza, behavioral and prevention research, risk communication and information dissemination, health promotion, chronic disease management, health marketing, intervention and translational research, community based participatory research, social determinants of health, and health disparities prevention.

Several AHEC and HETC programs are currently involved in community-based research initiatives, including:

--having students involved in community-based research projects while on rotation in community settings, and assisting them in successfully completing their projects. For example, in Vermont, the AHEC facilitated a research project by first-year medical



students on rotation in communities to collect data on the weight of pre-adolescents to better predict risk of diabetes.

--facilitating linkages between university researchers and community groups to assure that research at the community level addresses important community health issues and is conducted in ways that is sensitive to cultural issues relating to the groups who are the subject of the research. For example, at the University of North Carolina, a RWJ grant to the schools of public health and medicine to improve research on health disparities has funded full time staff in two AHECs to assist researchers in linking more effectively to minority communities in their regions.

--expanding the audience for AHEC educational programming beyond the traditional audiences of health professionals and those involved in the delivery of health care services. For example, the Arkansas AHEC Program provides counseling and support groups for persons with sickle cell or diabetes; programs to help prevent childhood obesity; worksite smoking cessation program; caregiver training for families with disabilities; and fitness training for youth and the elderly. All of these could have research components enabled through sponsoring academic health centers.

--applying for funding directly to NIH, CDC and other agencies in order to carry out educational outreach programs to meet the goals of these agencies to more quickly translate research into practice. For example, the Oklahoma AHEC has submitted a proposal to the National Cancer Institute to establish education and awareness programs on cancer survivorship for cancer survivors and their families, community health providers, and the lay public in rural Oklahoma counties.

### Conclusion:

The AHEC Program was developed by Congress in 1971 to recruit, train and retain a health professions workforce committed to underserved populations. The HETC Program was created in 1989 to provide programs for specific populations with persistent, severe unmet health needs. Together the AHEC and HETC programs help bring the resources of academic medicine to bear in addressing local community health needs. Today, 50 AHEC and HETC programs with more than 200 centers operate in almost every state and the District of Columbia. By their very structure, AHECs and HETCs are able to respond in a flexible and creative manner in adapting national health and health research initiatives to the particular needs of communities.

AHEC and HETC programs and centers can build on the successful community-academic partnership model, as partners in research, by helping universities translate research into effective interventions, thereby addressing the AHEC mission to enhance access to quality



health care. AHECs and HETCs represent a comprehensive and extensive network of resources that are ideally positioned to become more engaged with their academic colleagues in assuring that community-based research is conducted in the most effective and efficient way possible and is done with sensitivity to the health and cultural needs of diverse populations, and that the results of that research is utilized by community practitioners to improve the quality of care delivered to patients.

Resources:

Community-based Participatory Research: Assessing the Evidence,  
<http://www.ahrq.gov/downloads/pub/evidence/pdf/cbpr/cbpr.pdf>

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