

Research for Improved Health: Variability and Impact of Structural Characteristics in Federally Funded Community Engaged Research

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What is the Purpose of this Study/Review?

- To describe structural differences in federally funded community-based participatory research (CBPR) and community-engaged research (CEnR), projects by type of research (i.e., descriptive, intervention, or dissemination/policy change study), and structural characteristics of the partnership.
- Structural differences include those in the composition of the research partners (i.e., organizational and demographic diversity), funding mechanism, and type of formal research oversight processes.

What Is the Problem?

- Tribal and other community leaders' requests for guidance on the different types (or variability) of CBPR approaches used by researchers in current or proposed community-partnered research projects.
- The Affordability Care Act's focus on eliminating disparities and reducing costs relies on community engagement to align academic health center agendas with community priorities, enhance public trust, and build bidirectional capacity and empowerment, especially among hard-to-reach populations.
- The National Institutes of Health has highlighted the importance of translational research and has identified translating and disseminating interventions to real-world settings with high variability in culture, context, and levels of acceptance as a priority to reduce health disparities.
- Advocacy groups and policy leaders argue for greater practitioner and community engagement in the research process to enhance the translation and dissemination of research findings and thus help to address health disparities.
- A key step in understanding the link between CEnR, including CBPR, and a reduction in health disparities is to identify how community partnership contributes to improved research outcomes and to describe the structural dynamics of academic–community partnered projects.

What Are the Findings?

- Three institutes—The National Institute on Minority Health & Health Disparities, the National Cancer Institute, and the Centers for Disease Control and Prevention—funded almost one half of all CBPR and CEnR projects in the sample.
- Most projects were intervention projects.
- Projects serving the American Indian Alaskan Native (AIAN) population compared with other communities of color (Hispanic, African American, or Asian), and multiple-race/unspecified populations:
 - Were more likely to be descriptive projects;
 - Received less funding than projects serving multiple-race/unspecified groups;
 - Demonstrated comparable levels of research productivity; and

- Reported more resource and partnership power sharing, research integrity training (i.e., ethics and confidentiality), formal agreements, community ownership of data, and community involvement in publication and dissemination efforts including final review of presentations and publications.

Who Should Care Most?

- Community and academic research partners engaged in a CBPR/CEnR approach

Recommendations for Action

- There is clear variability in the structure of CEnR projects with future research needed to determine the impact of this variability on partnership processes and outcomes.
- Research funding agencies should identify solutions to remedy the fact that AIAN-serving projects receive lower levels of funding, yet still have comparable outcomes to those serving other communities.
- AIAN communities might consider partnering to compete for dissemination and policy change projects and develop a strategy for moving study design beyond description.