ICRC-S Community of Practice: Collaborating with Community Stakeholders for Research Success

Meeting 4: Friday, December 18th, 2015, 2:00-3:00 p.m. ET

Moderator: Cindy Rodgers
Presenters: Susan Keys and Yeates Conwell
Webinar Orientation

• Audio is streaming through your computer speakers. If you cannot listen through computer speakers, call 855-257-8350
• Type any technical questions or questions for the presenters into the Q&A box on the left.
• This meeting will be recorded and archived.
• We do not provide CEUs or certificates for our webinars.
The Community of Practice (CoP)

- Promote research collaboration between researchers and practitioners
- Monthly webinars 3rd Friday, September – February
- Open to everyone
- [http://suicideprevention-icrc-s.org/cop/planning](http://suicideprevention-icrc-s.org/cop/planning)

The Research Training Institute (RTI)

- Skill building and mentored project development
- Intensive 5-day workshop held in Rochester, NY
- Application Due January 11th
- [Call for Application and Application Form](#)

Examples of Collaborative Research
Building Collaborative Relationships to Support Research in Rural Primary Care

Susan Keys, Ph.D.
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Overview

• Background on the pilot project
• Key principles for building a collaborative relationship to support research
• Implications for conducting research in a rural primary care settings
• Implications for conducting research on firearm safety in rural primary care settings
Promoting Firearm Safety for Suicide Prevention in Rural Primary Care

Aim
to identify culturally competent language and approaches for promoting firearm safety with patients in rural primary care settings
End Result

- To identify acceptable, non-threatening methods of improving gun safety and keeping suicidal patients from harm using cultural frames that are normative to gun owners.
Collaborators

- OSU-Cascades
- LaPine Community Health Center
- Deschutes County Health Services
- Cheryl Emerson, LPC
Methods: Focus Groups and Key Informant Interviews

- General firearm use and safety
- Firearm safety communication patterns and specific firearm safety circumstances
- Communication in primary care settings about firearm availability and safety
Status of the Project

• Data collection completed
  – Conducted 5 focus groups and held 3 key informant interviews
  – Total of 39 participants

• All participants were rural firearm owners
Preliminary Results

• Language matters – safety vs access
• Norms in place to discuss safety
• Cultural taboo to ask about the number of guns and where these are stored
• Mental health matters
• Trust is critical to discussions of firearm access and safety
Next Steps

• Complete data analysis
• Further test messaging using quantitative survey
• Use data from the focus groups and survey to inform messaging and tool development
Participatory Research

An approach, orientation, way of working – not a research method
Participatory Research

• Is based on a relationship that is collaborative, participatory, equitable, and effective
• Shares power, resources, knowledge, credit, results
• Supports the active participation of end-users in the design and testing of different systems, services and products (aka intervention).
Participatory Research

A key strength of participatory research is the integration of researchers theoretical and methodological expertise with nonacademic participants real world knowledge and experiences into a mutually reinforcing partnership (Cargo & Mercer, 2008)
Key Principles of Building Collaborative Relationships

• Relationships begin before projects and provide the foundation for working together
• Identify a problem of common interest/community-defined priorities
• Secure leadership commitment/joint ownership of the project
Key Principles of Building Collaborative Relationships

• Listen and accept a diversity of opinion
• Recognize and respect that each person in the relationship brings expertise to the problem – value existing knowledge
• Create effective two-way communication
Key Principles of Building Collaborative Relationships

• Solicit challenges to project recruitment/implementation
• Stay in-step with your partners
• Value participatory decision making
• Meet where your partners work – need to understand the context in which the intervention will be placed
Key Principles of Building Collaborative Relationships

• Co-create solutions that are useful and acceptable; translate knowledge into action
• Remember collaboration takes work, can be messy, takes time, and a commitment to the “long haul”
• Attend to how to create, sustain, and maintain the relationship, research, and research products over time
Implications for Research in Rural Primary Care

• Identify a champion in the administrative structure – but appreciate that is only a first step
• Understand work flow and how your project will be affected by this --- or will affect this
• Suicide prevention is about more than teaching providers to do risk assessments
• Changing a culture requires role clarity, protocols, training, effective communication, and supportive services
Implications for Research on Firearm Safety in Rural Primary Care

• Interventions need to be consistent with the cultural orientation of rural firearm owners

• Relinquishing guns under any circumstance feels “risky” to gun owners – we must just accept this

• In-group affiliation is a key to building trust

• The art of caring is most effective if accepting advice is an act of in-group performance and consistent with in-group moral values.
Partnering for Progress

Yeates Conwell, M.D.  
Director, Senior Health and Research (SHARE) Alliance

Carol Podgorski, PhD, LMFT  
Assoc Director, SHARE Alliance
Objectives:

• Delineate different “levels” of community-based research and

• Place partnership development between academic and community stakeholders into a theoretical context.

• Illustrate partnership development processes using the Senior Health and Research (SHARE) Alliance.
“LEVELS” OF PARTNERED RESEARCH

1. Community-based research
2. Community-partnered research
3. Community-based participatory research
Community-Based Research (CBR)

Academic Partner

(Pilot) Projects

Research Findings

Community Partner

Process Transformation

(Changes in) Service Delivery

Continuous Quality Improvement
Community-Partnered Research (CPR)

Academic Partner

(Pilot) Projects

Community Partner

Process Transformation

(Changes in) Service Delivery

Continuous Quality Improvement

Research

Research Findings

Partnership

(compelling, systematically derived, focused, relevant, innovative, researchable)
Community-Based Participatory Research (CBPR)

Academic Partner

Community Partner

Partnership

(Pilot) Projects

Process Transformation

Research Findings

(Changes in) Service Delivery

CQI = Research

(compelling, systematically derived, focused, relevant, innovative, researchable)
Partnered Research

• An approach which acknowledges that individuals are embedded within social, political and economic systems that shape behaviors and access to resources necessary to maintain health.
Partnership Development

• A theoretical basis in the SOCIAL ECOLOGICAL MODEL
Social Ecological Models

Bronfenbrenner’s Original SEM of Child Development

CDC’s SEM
Structure of Ecological Environment

• **Macrosystem**: The complex of nested, interconnected systems that represent the overarching patterns of belief systems, ideology and organization of the social institutions common to a particular culture or subculture.

• **Exosystem**: One or more settings that affect what happens in the partner’s immediate environment.

• **Mesosystem**: Comprises two or more inter-relating settings in which the developing partner actively participates.

• **Microsystem**: A complex of interrelations experienced by the developing partner in a given setting.
What are transactional dynamics?

• Transactional dynamics are reciprocal effects

• Examples include:
  – Collaborations that result in cultural or other organizational transformations that occur within the partnering members
  – Shifts in the communities or key stakeholders with which each partner originally identified
Developmental Processes

• Each process represents a stage that reflects increased progressive mutual accommodation

• The staged developmental processes reflect incremental progress that partners make in accommodating each other as well as their individual and mutual environmental settings.

• The processes include:
  – Ecological orientation
  – Ecological transition
  – Developmental validity
  – Partnership development
Potential Utility of Model

• Partner selection
• Anticipating challenges
• Prognistication – sustainability, research outcomes
• Guiding measurement
SHARE Alliance

NIMH Interventions and Practice Research Infrastructure Program Grant #R24 MH071604; 5/2006 – 4/2011

MISSION: The SHARE Alliance is a partnership between the behavioral health and aging services networks to develop new evidence-based models of integrated care for older adults and those who care for them to increase awareness, access and quality of mental health services.
Points of Access to Vulnerable Elders

Health Care
- Primary
- Specialty
- Long-term
- Home

Aging Services
- Senior centers
- Transportation
- Peer support
- Outreach

Mental Health Services

Community
- Banks
- Utility companies
- Pharmacists
- Mail carriers
- Faith communities
Aging Services Network (ASN)

• Older Americans Act of 1965
  – 56 State Units on Aging
  – 629 Area Agencies on Aging
  – 246 Tribal organizations
  – 20,000 community services provider organizations

• **Mission:** Help older adults maintain independence at home by providing a range of services from information and referral to comprehensive care management.

• Serves over 7 million older adults and 300,000 caregivers each year
The Role of ASN Providers in Late Life Mental Illness

• Many barriers to adequate care are social in nature.
• Social factors
  – place seniors at risk for depression
  – are determinants of outcome.
The Role of ASN Providers in Late Life Mental Illness

Premises:
• Mental illness is common in ASN clients.
• Social services ARE mental health interventions.
• Social services are a necessary adjunct to primary and MH specialty care management of mental illness in older adults.
• True interdisciplinary collaboration is possible as never before: IT, population health, financing reform.
SHARE Research Objectives

- **Study 1**: Descriptive epidemiology
  - How large is the problem in aging services clients, and for which older adults that we serve?

- **Study 2**: Social services “care as usual” (CAU): Is CAU associated with a decrease in depressive symptoms? Anxiety? What aspects of CAU? How much?

- **Study 3**: Design/testing of interventions
SHARE Alliance Development

- Ecological Orientation
- Ecological Transition
- Developmental Validity

2003: Getting to Know you
- CM training in mental health

2005: Created mission
- Funding begins; SHARE structure formalized

2006: Research projects conducted
- CM training in mental health
- CMs incorporate screening
- ES data base altered
- # UR investigators grows

2011-2016: Funding ends; other funding in place
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Resources

• Archived Webinars, Resources, and the RTI Application can be found at: http://suicideprevention-icrc-s.org/cop/planning

• Contact us with questions, and stay engaged with the CoP for technical assistance: icrc-s@edc.org
Thank you for participating!

Please complete this evaluation:
https://www.surveymonkey.com/r/9MDHFLC

Next Meeting:
January 15, 2016
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