CBPR
Health Disparities Research Group (HDRG)
Our endeavors started with the awarding of an EXPORT program planning grant to the University of South Alabama Center for Healthy Communities in the fall of 2004.

Focus on addressing health disparities in Mobile, Alabama.

The health disparate populations of interest were those of African American ethnicity and the economically impoverished.

The overall strategy for the Center for Healthy Communities was to implement community based participatory research (CBPR) approaches.

As part of this strategy, the intellectual resources at the University of South Alabama specifically, and Mobile in general, were considered an integral part of the community.

We sought to develop broad-based collaborative efforts between the researchers and other community members.
Consolidating the Academic End of a Community-Based Participatory Research Venture to Address Health Disparities

Table 1. University Research Group (URG) Activities and Their Impact on Consolidation

Promotion of Group Identity and Permanence

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<tr>
<th>Activity</th>
<th>Outcome</th>
<th>Impact on Consolidation</th>
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</table>
| Monthly meetings during spring and fall semesters, with brief notes distributed to all URG affiliates | • Strong relationships among core group members  
• Space open for discussions around health disparities and CBR  
• Amicable forum for faculty and/or community organizations to introduce initiatives and discuss projects | • URG meetings are an established feature of the university's academic landscape  
• Meetings provide a venue for potential members to become acquainted with the group |
| Structured review of URG's vision, mission, and goals | • Vision and mission reaffirmed, streamlined goals | • A statement of the guiding principles of URG |
Fostering Health Disparities Research Capacity

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<tr>
<th>Activity</th>
<th>Outcome</th>
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<tbody>
<tr>
<td>Fostering Health Disparities Research Capacity</td>
<td>• 7 pilot projects fully funded</td>
<td>• Increased capacity for health disparities research</td>
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<tr>
<td></td>
<td>• 2 projects expanded into comprehensive independent proposals</td>
<td>• Community members involved as advisers to community-based projects</td>
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<td>Internal awards to fund pilot projects</td>
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<tr>
<td>Internal Research Forum</td>
<td>• Increased understanding of internal capacity</td>
<td>• Opportunities for Collaboration</td>
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<tr>
<td>Qualitative analysis of focus groups with</td>
<td>• 12 URG members formed three interdisciplinary analysis groups</td>
<td>• Practical experience working together</td>
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<td>residents in a disadvantaged area regarding</td>
<td>• One publication disseminating the findings</td>
<td>• Demonstrated how cross-disciplinary connections can be fruitful</td>
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<tr>
<td>barriers to health care access</td>
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**Structural and Hidden Barriers to a Local Primary Health Care Infrastructure: Autonomy, Decisions About Primary Health Care, and the Centrality and Significance of Power**
Res Sociol Health Care. 2013
## Engagement in Participatory Research

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| Development & implementation of a participatory research project in partnership with a grassroots organization (Coalition–URG collaboration) | • Strong partnership with a grassroots community organization  
  • Neighborhood-specific health data obtained  
  • Research apprenticeship approach developed and implemented  
  • Improved understanding of the potential and importance of community–university partnerships | • Synergistic relationships benefiting both the community partner and URG faculty  
  • Administrative university departments gained understanding of and appreciation for CBPR |

## Engagement in Participatory Research

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<tbody>
<tr>
<td>Fostering the research capacity of community-based</td>
<td>• Coalition demonstrated capacity to manage and field an experimental</td>
<td>• Strong community–academia ties that support further partnership work</td>
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<tr>
<td>partner (Pilot 7)</td>
<td>research project</td>
<td>• Administrative university departments gain experience in the management and support of community–academia initiatives</td>
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<td></td>
<td>• Twenty patients benefited from care provided in the framework of a</td>
<td></td>
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<td></td>
<td>pilot research project</td>
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<td>• Funds procured through research contributed to the sustainability of</td>
<td></td>
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<td></td>
<td>a neighborhood clinic during its first year of operation</td>
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## Dissemination of CBPR Principles and Practice

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| Implementation of a CBPR dissemination initiative for the university and region | - Increased understanding of university-wide capacity for community-engagement and CBPR  
- Effective contribution by URG to the university’s expanded focus on community-engagement  
- Capacity to catalyze the coalescence of community-engagement initiatives by university faculty | - Institutional recognition of the value of URG  
- Direction, input, and collaboration from faculty to develop and execute a 5-year CBPR dissemination plan |
Challenges encountered and responses devised

(1) Limited time and competing responsibilities of faculty
   - Relevant, directed interaction

(2) Administrative delays in effective engagement with community partners
   - Be mindful
   - Work around it

(3) Sustainability
   - Continued funding
Keys to Success in the Consolidation of HDRG

(1) Unequivocal focus on participatory research
(2) Sustained interaction with the community
(3) Commitment to the partnership
(4) Focusing on CBPR practice
(5) Adequate funding to support CBPR projects.
Fig 1: COMMUNITY BASED PARTICIPATORY RESEARCH HUB 5-YEAR OBJECTIVES

YEAR 1  
(2015-16)  
- Identifying CBPR Human Capital at USA  
- Engaging human capital in the planning and execution of activities to achieve intermediate aims: Focal Cells of  
  - Administration  
  - Curriculum  
  - Research

YEAR 2  
(2016-17)  
- Dynamic website as repository of CBPR resources within the University and the Community  
- Curriculum modules created & Seminars offered  
- Dissemination Resources compiled

YEAR 5  
(2019-20)  
- Active CBPR human capital within the University and the community  
- Training for Community Engagement and CBPR Institutionalized  
- Active Update of Dissemination Resources
2015 Faculty Forum on Engaged Scholarship
“ENCOURAGING AND SUPPORTING COMMUNITY ENGAGED RESEARCH & SCHOLARSHIP AT USA:
a day of learning, networking & planning”

January 13, 2017
“Strengthening the Community Engaged Research & Scholarship Tool Box”

Access Forum information and Call for Posters through http://www.usahealthsystem.com/center-for-healthy-communities/forum

This Forum will highlight Community Engaged Scholarship and Community Based Participatory Research in our region.
We have come a long way since 2004…

• Health Disparities / Health Equity are now part of the vocabulary in Medicine, Social Sciences, etc…

• We recognize the social determinants of health

• We speak of social justice within a research framework

• Community engagement is a recognized strategy within translational science
Support to community engagement and participatory research at the University of South Alabama…

• The Center for Healthy Communities is part of the Regional Engagement Consortium for the UAB Center for Translational Sciences

• The Research Development & Learning Office at USA is a strong promoter and supporter of Community Engagement and CBPR

• President Waldrop named Community Engagement as one of five priorities for the University
Table 1. Self-Developed Vision, Mission and Goals of HDRG

**VISION:** “To become an integral facilitator in eliminating health disparities thorough partnerships with our community”

**MISSION:** “The Mission of the University of South Alabama Health Disparities Research Group is to foster interdisciplinary, collaborative research toward eliminating health disparities. HDRG will realize its mission through the strengthening of faculty capabilities, the garnering of resources, the provision of an intellectual forum for disparities research, the engagement of the community as a partner in its endeavors, and the establishment of an interface with policy makers”

**GOALS:**
1. Conduct and support health disparities research.
2. Garner adequate resources for the HDRG to become self-sustaining.
3. Engage community stakeholders in the process of developing research and collaboration.
4. Strengthen faculty capabilities to conduct health disparities research.
5. Translate and disseminate research findings related to health disparities.
Recently…

• The Center for Healthy Communities collaborated with the Mitchell Cancer Institute Genomics Division to respond to the RFA “Expanding Genome Integrity Assays to Population Studies (U01)”
  • 15 member CAB

• We are gearing up to disseminate the findings from the four-year Sentinel Surveillance Project

• The manuscript “Research Apprenticeship and its Potential as a Distinct Model of Peer Research Practice” was accepted for publication by *Progress in Community Campus Partnerships for Health*