

Community Criteria for Research Participation

In August 2012, AAPCHO and its partners developed a set of research criteria that community health centers (CHCs) and communities could use to evaluate their participation in research studies. The criteria is rooted in the model of research known as Community-Based Participatory Research, in which communities actively and equitably engage in the research process. The criteria was designed to ensure that research on target communities was relevant and directly beneficial to the community being studied.

IMPORTANCE OF CBPR

- Research findings can be utilized in the development of interventions specifically for underserved communities facing health disparities.
- Traditional research is often done without community involvement and thus does not have relevance for communities. There is a greater need for education on how research can be appropriately conducted in partnership with community members.
- CBPR benefits not only researchers, but also the community under study by empowering it with the knowledge and tools to implement changes.
- CHCs and community-based organizations can engage in research that more-effectively address locally identified needs.¹
- Significant community involvement can lead to scientifically sound research.¹
- CBPR has the potential to build greater trust and respect between researchers and communities.¹

For more information, please refer to the “CBPR Toolkit” at http://www.aapcho.org/resources_db/cbpr-toolkit/.

PARTNERS

We gratefully acknowledge the following organizations that contributed to the development of the Community Criteria for Research Participation:

- Community Health Applied Research Network
- University of California Los Angeles, Los Angeles, CA
- Asian Health Services, Oakland, CA
- Charles B. Wang Community Health Center, New York, NY
- Waianae Coast Comprehensive Health Center, Waianae, HI
- Waimanalo Health Center, Waimanalo, HI
- Kaiser Permanente Center for Health Research, Portland, OR
- Alliance of Chicago Community Health Services, Chicago, IL
- Bay Clinic, Hilo, HI
- Ko’olauloa Community Health and Wellness Center, Kahuku, HI
- Waikiki Health Center, Honolulu, HI

This project was made possible by the generous support of the Department of Health and Human Services, Health Resources and Services Administration (Grant No: UB3HA20232).

PARTICIPANT INSIGHT

A COMMUNITY MEMBER EMPHASIZED COMMUNITY ENGAGEMENT IN RESEARCH:

“If the problem is in the community, the solution is in the community. Understanding the community is essential. We need to recognize the role of the community in research, and we need to change the metrics of research to capture the value of research in the community.”

A CHC ADMINISTRATOR COMMENTED THAT RESEARCH DONE AT CHCS NEEDS TO BE FLEXIBLE:

“At a CHC, everything always comes in secondary to patient services. Learning to be patient and flexible was hard but it’s helped to garner better results. Most of the work from a new research grant will fall on the front line staff. We really need to acknowledge the way new programs will impact the way we operate.”

AN ACADEMIC RESEARCHER SUGGESTED THAT CHCS SHOULD HAVE THEIR OWN ROADMAP OF RESEARCH PRIORITIES:

“Research is asking the right question. Making something better can only happen if we ask a question. CHCs should have their own roadmap to let outsiders know what their research priorities are.”

MORE INFORMATION

For more information, please contact Research Manager Hui Song, MPH at hsong@aapcho.org.

COMMUNITY CRITERIA FOR RESEARCH PARTICIPATION:

COMMUNITY INVOLVEMENT IN DESIGNING THE COMMUNITY PROJECT

1. Recognizes community expertise, gives voice and value to the community
2. Community is engaged throughout entire research process such that equal value is placed in community vs. academic expertise
3. Has clear, specified community relevance and impact
4. Includes processes collaboratively developed with the community that includes protections for both researcher and the researched
5. Includes investigators who have previous experience working within the community, and who have a true desire to learn from the community
6. Includes plan for community training and monitoring of “knowledge gain,” capacity building
7. Includes appropriate language of the community (e.g. “participants” instead of “subjects”)
8. Includes CHC staff, including front-line staff, and/or community members in planning and all phases of research
9. Includes CHC or community principal investigator in research

ALIGNMENT WITH THE MISSION OF THE CHC AND ITS CONSUMERS

1. Research plan is included in CHC executive priorities or organizational roadmap
2. CHC / consumer is an equal partner in the proposed research
3. Designed in a way that will be sustainable to the CHC
4. Includes goals of value to CHC and community to extent that CHC is committed to investing in it in the future, even after project ends
5. Includes training to raise capacity of staff and community

EQUITABLE AND BALANCED BUDGET ALLOCATION BETWEEN PARTNERS

1. Includes a balanced budget that reflects the strengths and expertise of CHCs and consumers
2. Includes allocation in budget for community advisory group or community member FTE support
3. Includes allocation in budget for dissemination to the community
4. Includes allocation in budget for indirect costs for space for research implementation

ACCOUNTABILITY TO THE COMMUNITY AND NOT JUST THE FUNDING AGENCY

1. Research will make a contribution and prove value to community, not just value to research world
2. Research is pertinent to and reflective of lived community experiences
3. Includes clear plan for how knowledge is shared with the community
4. Includes plan for how to mobilize the community for social change (training for “change agent” skills)
5. Incorporates community events and initiatives and popular and ethnic media and literature, not just peer-reviewed publications and conferences, in its dissemination strategy
6. Includes plan for research funder to visit and better understand the community
7. Includes a mechanism for community to reach out to funders in case of unresolved issues, if the main study contact is not the community
8. Includes plan for how research will be used for social change to inform practice and policy and improve health equity

MUTUALLY AGREEABLE STANDARDS FOR RESEARCH COLLABORATIONS BETWEEN PARTNERS

1. Includes a Memorandum of Agreement (MOA) between all partners in the project (e.g., the CHC, academic institution), not just a letter of support
 2. Roles and responsibilities are clearly laid out in a manual of operations that is available in case of staff turnover
 3. Includes plan for orientation for all staff involved that includes sharing of history and values
 4. Minimizes disruption of clinic workflow and thus patient direct care
 5. Includes a mutually acceptable plan for monitoring/evaluating partnership development and project advancement
 6. Includes plan for project risk management (e.g. how to resolve specified potential challenging issues that arise)
 7. Includes plan for workforce development including training on project management, contract negotiation, and conflict resolution
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