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Organizer 1:  My name is Victoria Frances.  We are from the CTSA in Denver, Colorado at the University of Colorado, and I am joined by my colleagues, and I will have them introduces themselves as well.

Organizer 2:  Hi, everyone.  I am Mary Fisher.  I am the Project Coordinator with this lovely team, and I will be co-presenting with Victoria today.  Thanks for coming.

Organizer 3:  Martell Tinez, University of Colorado Community Engagement with our CTSA, our Clinical and Translational Sciences Institute, and I am the Deputy Director of that program.

Organizer 4:  I am Don Mayes, and I have the privilege and honor of being the Director of our Community Engagement Core at the University of Colorado, and I get to work with these great people every day as well as our community partners.

Organizer 1:  So, in true community engagement form, we want to get to know you a little bit, too.  So, we see a lot of value when we begin all of our meetings with community members, that we take time to get to know one another.  So, what I would like to do is kind of go around the room and just have you introduce your names, what organization or university or school you are joining us from, and what made you decide to come to this session today, because you had a plethora of choices.  Can we start with you?  Sorry to put you on the spot.

Participant:  My name is Nicolette Davis.  I work with the Vanderbilt University Medical Center or the Vanderbilt CTSA, and I also work with the Meharry-Vanderbilt Alliance.  So, I am here today at this conference to learn more about community engagement and at this session to about planning community engagement.

Participant:  Good morning, everyone.  My name is Patricia Jones, and I am with \_\_\_\_\_\_.  I am the representative for the Domain Task Force for collaboration and community engagement.  I am also a Program Officer for other CTSA hubs.  I also have the opportunity to teach at George Washington School of Medicine in Translational Health Sciences Doctoral Program.  I chose this session because I think it is sorely needed, hugely important, and I am always excited to learn from everyone in our community on how to do a better job.

Participant:  I am Sarah Wehee.  I am with Indiana CTSI, and I came because I agree with what has already been said.  It is more eloquently than I can say it, but our renewal application has a lot of additional training because it is sorely needed, and we are trying to figure out better tools.  I heard the talk last year that talked about this, and I was really eager to hear more.

Participant:  My name is Luther Evans, and I am from Flint, Michigan, and I am a part of the team at the community-based organization, Partners, in Flint, and I am working in community engagement with more than one university - the University of Michigan, Michigan State, and to some degree, Wayne State.  I am here because we have identified, through some of our collaboratives locally, that we are having issues attracting into community engagement research the age group 18 to 35.  For the most part, it is older individuals.  So, we are looking for answers as to how to make it possible to reach out and bring in that sorely-needed group, because they truly are the future.  They are the people who are actually raising the generation behind them.  Hopefully we will have some answers to that from this session.

Participant:  I am Don Green.  I direct community academic engagement within the Prevention Research Center at the University of Michigan School of Public Health.  I am also on the faculty of our CTSA, which is called the Michigan Institute for Clinical and Health Research.  What brought me here is what I did before going to Michigan, which was a 20-year history at NIH, trying to promote community engagement in research.  So, this pipeline issue is a real challenge and something that we talk about, but that is very difficult to get going.  I am very curious to hear what you are doing.  I know Robert Granahan.  He came from University of Michigan.  So, I thought it would be great to be among friends and learn something new.

Participant:  I am \_\_\_\_\_\_ and I work as a Program Manager of Vanderbilt's CTSA, and I came ... (inaudible).

Participant:  I am Stephanie Miller Hughes.  I am a researcher for Meharry Medical College.  I am also one of the Associate Directors of the Meharry-Vanderbilt Community-Engaged Research Core, and relevant to this session, I co-lead the community engagement training for that.  We have been doing some things and need to do more, so I am really interested in new ideas and hearing what you guys have to say.

Participant:  Hello.  My name is Carrie \_\_\_\_\_\_.  I work here at \_\_\_\_\_\_\_ American Medical Colleges.  I am in the space of Health Equity Research and Policy here.  So, one of the reasons I came to this session is we are very interested, and one of our goals is to provide best practices and highlight programs for our member institutions.  So, pipeline training is of very much interest to a lot of our members and I just wanted to learn more, so we can get this information out.

Participant:  Good morning.  My name is Amina \_\_\_\_\_\_.  I am the CTSI Community Engagement \_\_\_\_\_\_\_, and we are actually planning a pipeline pilot and have the money to put into it, so we are trying to get some ideas of what we might do.  I am at the University of Rochester.

Participant:  Good morning, everyone.  I am Pam \_\_\_\_\_\_.  (Inaudible).  I am here because we like to train our community to be ready for research and our researchers to be ready for community, and so many of our researchers, I'm sorry to say ... (inaudible), and most of our community could be teaching us a lot of things.  So, I am really excited to hear more about this.

Participant:  Good morning.  My name is Janet Johnson, and I am a retired Case Manager for the Department of Juvenile Services in Baltimore.  I am your community member.  I am the minority in the room, but I came to this whole issue by way of Henrietta Ladd.  Johns Hopkins does a yearly symposium.  I attended the symposium and started to become away of the issues, and particularly because I was working with an underserved population to start with, I just saw it as a means to address some of the disparity.  So, I always find it helpful to see what programs are operating and what models cover other areas.  So, I am happy to be here.

Participant:  (Inaudible), which is a \_\_\_\_\_\_\_ school within the Johns Hopkins community, and I am the Community Liaison, but also the librarian, and I also had the opportunity to partner up with the \_\_\_\_\_\_ Foundation on the Book Club ... (inaudible) ... and Crystal Evans to help bridge the gap between our middle and high school students who kind of don't have a good feeling or relationship with Johns Hopkins because of all the disparities and the rumors that have happened over the course of their lifetime within our community.  So, I feel like our school, which is right across the street from Johns Hopkins, helps to bridge the gap and change the attitudes and mindsets of our students, which will therefore change that broke mentality going forward.  So, we do a lot of partnerships in the sense of helping our students better understand that they are not the bad person and we are trying to improve the relationship with our community and our students.  When Dr. \_\_\_\_\_\_ talked earlier today about how to change the broke mindset of our students or our community, we have to start at a younger age.  So, by us having students in the building, that helps change, so we do a lot of different community outreach events with Hopkins to either a) make them want to go there; or b) just see them differently.

Participant:  Good morning, everyone.  I am Darnell Richardson, Executive Director for the \_\_\_\_\_\_ School of Baltimore.  (Inaudible) ... and we are actually building toward building an Academy of Health Science for our students.  One of my roles as Executive Director is looking at the trajectory of potential jobs so that when our kids are ready for the workforce, they can meet the expectations of those jobs, and it is so clear that one of the hot-bed jobs by the time they are there is going to be in the medical field.  So, we are exploring what that looks like now.  One thing that intrigued me about this particular session is as Executive Director, I am always in the mode of meeting with the community, engaging with the community, for partnerships, for students and \_\_\_\_\_\_\_\_.  Engagement takes time.  It is not a one-time, let's sit down and talk for 30 minutes and now we are a partner.  It just doesn't happen that way.  But it is finding that balance between engaging and also meeting expectations, because sometimes the superficial expectations ... (inaudible).  You can't put time on a human relationship, and I am interested to try to figure out how to find the balance between meeting goals and at the same time, having deep, meaningful, engaging relationships.

Participant:  I almost feel like I should be picked over.  My name is Crystal Evans, and I am the Manager of Community Engagement and Research Partnerships at Hopkins and one of the roles I play is managing the \_\_\_\_\_\_ Outreach Program.  We work really close with \_\_\_\_\_\_ and other high schools in Baltimore City to ... (inaudible).  In this role, I also work on organizing trainings for researchers and community members on how we can do better community-engaged research and we have one we are organizing in December.  One of the feedbacks we have gotten over the past three or four years on everything we have surveyed is we want more of the "How-To's."  Our trainings have been a lot of case studies and lessons learned, like maybe a lot of talk, but people want to see it on a tangible scale.  For example, some investigators may ask, "How do I explain to a community partner that they don't have science aptitude?"  That was one example.  Another example from a community member was, "How do I tell the investigator that we don't like them?"  But there are practical questions like, "How can we build infrastructure that can lead to compensating our Community Advisory Board members and recognize the skills that people have in place?"  So, it is my hope that we can leave with some ideas of practical ... if I can go back to the office with one or two practical skills that we could teach in December, that would be wonderful.  Thank you.

Participant:  I am Barbara Bates-Hopkins, and work as a Community Engagement Coordinator with this \_\_\_\_\_ that I have at the table with me.  Why did I come to this session?  The title talked about helping community members claim their power.  I see myself as a helper, as being out in the community, and what I wanted to do is get more power from this session and be able to continue to be that connector and that resource to community members.

Participant:  Hello.  I am Shakia Carter.  I am an educator at National Academy Foundation as well.  Our goal here is to help my students know and explore the significance of disparities and that 15% of ESL's receive healthcare, and my school has a large population of English-as-a-second-language students, and I just want them to have more optimal health.

Participant:  My name is Heidi Bidiker, and I am with the University of Notre Dame.  I am a faculty member there, instructor and community-based researcher.  I work very closely with Sarah Wehee for the CHEP component of CTSI.  I am the CHEP liaison.  Somebody said beautifully.  They said they work with faculty, doing community-based community and looking for opportunities in the community.  Never can the community find opportunities that they can work with the faculty.  That is really my job description when I am wearing my CHEP liaison hat.  So, when I saw the title here ... and somebody actually got up and said it in the last session about the notion that academia and the community not sharing the same language.  We have community-based researchers on campus.  When I hear them interacting with the community, I am like, "And you are somebody who wants to engage with the community, but you have no idea how to translate what you just said to the community!"  And vice versa - the community gets so frustrated with us, like, "You guys are always talking over our head - you are so academic."  So, how do we start finding this common language?  Even, to start, let's just have a conversation that it exists, because we don't do that either.  We just sail into our presentations and assume everybody knows what is going on, rather than acknowledging in the room that, "You know how we are in academia - this is how we talk," and then acknowledging that things may be going over people's heads, and so we need to slow down and think about that.  So, I would like to hear about strategies that people are using to deal with those issues.

Participant:  Could I just say one thing?  CTSA was mentioned, and just what you said ... a number of people at our table don't know what means.  So, when we use those acronyms ... that is a great example of just what you said.  So, could someone tell us what CTSA is?

Participant:  We need a jargon jar.

Participant:  It is a Clinical and Translational Science Award, and thank you for calling all of us out on our propensity to resort to acronyms.

Participant:  Just one practical thing that we sometimes do with our community groups is - we have a jargon jar, and if you use a term that is not understandable, a community member can call you out on it and you've got put a dollar in the jar.

Participant:  One other thing about context - it is an award, so it is a grant that people get from the National Institutes of Health, but it is a well-thought-out reason approach by NIH to help universities generate an infrastructure that would do more research that focused on people and patients.  NIH's history has been to focus on basic research, not on patient research.  NIH, National Institutes of Health, is actually the National Institute of Diseases, and it focuses on diseases, things that go wrong in people.  The focus is not on people and patients.  So, in order to do that kind of work, universities would need to go back and figure out and restructure how they do research.  One of the things that you've got to be able to do, if you are going to do that, is you have to engage communities.  You can't do it as a group of scientists, most of whom are not M.D.'s, by the way.

Participant:  So, the award is directed to a university?

Participant:  It is directed at a university to be able to ask questions that are relevant to patients and diseases, and to answer those questions.  There is a requirement that there be a community-engagement component to those grants.

Participant:  Okay.  Thank you.

Participant:  Just to add a bit here - the award comes from the National Center for Advancing Translational Sciences, also known as NCATS, the center where I work.  So, yes, the awards are made to universities or institutions.  The distinction this gentleman just made is excellent.  While typically the focus has largely been around disease, specific interventions and activities, NCATS is disease-agnostic, and that is really where the power sits, is that this is intended to transcend across whatever communities and researchers identify as being relevant in their specific area, irrespective of the conditions.  There are five parts, and community engagement is one of the five parts.  Methods and processing is another.  Informatics is another, which is computer programming stuff.  We have another component, but the intent is to cut across all diseases and conditions and not focus on one particular area.

Organizer 1:  Okay.  So, Janet, if anything we are saying doesn't make sense, or if you think community is not being represented well, you raise your hand ... or if you have a question, you are our #1 gal.

Participant:  I accept the challenge, and I want you all to know I have her back.

Organizer 1:  And Darnell, I hope we impress you, because you impressed me in your introduction.  So, our objective today - we want to talk about who we are and what it is that we do within our community engagement and research program at University of Colorado.  We want to discuss how these core components fit together in the ever-popular word "pipeline," which I hope we can find a better word for some day, but for now, today, in this presentation, it is called a "pipeline."  Our goal is to provide education, training, funding opportunities and introduction to diverse communities on coaching and mentoring and everything that we do.  And because this is a learning session, we want you to ask questions throughout the presentation.  Please stop us if something does not make sense.  Ideally, we want you, at the end, to really engage at the tables and work on ways that you can bring the information that we share with you today back to the work that you do every day.  So, a little bit about who we are and what it is that we do - now we are pretty good on acronyms on where we got our award funding ...

Participant:  Who is collecting the money?  That is all I want to know.  The jargon jar.

(EVERYBODY LAUGHING)

Organizer 1:  So, we know we got money out of our CTSA at the University of Colorado, but more important is who our people are and who they represent and what it is they do.  Our goals in the work that we do are to convene partnerships that encourage trust and address community health concerns.  We build capacity and we try to engage people in community-engaged research, and the Gold Standard, as always, is CBPR (Community-Based Participatory Research).  We try to infuse community engagement throughout the translational research spectrum and to facilitate the transition and dissemination of scientific discoveries into community and practice.  It is a lot of work.  Here is how we do it.  Here is the makeup of our organization.  One is our PACT (Partnership of Academicians and Communities for Translation).  This is basically our Board of Directors that oversees all the work as a community engagement core within the CTSA.  This is made up of half community members, true community members, that are not affiliated with the university, and the other half are university members, academicians, who are interested in community-engaged research, or true CBPR (Community-Based Participatory Research).  They have a passion and a goal to include community in the work that they do every day as academicians at the University of Colorado and at other local affiliates as well.  Our CCTSI (Community Clinical Translational Sciences Institute) Community Research Liaison (we are going to call them "CRL's") are our true community people.  These are the people who take everything they learn at the university and translate into community, and vice versa - take what the community needs and brings it to the university, and we will get into that in more detail.  Some of you may have this problem at your university - that it is a little difficult to pay community members, that the \_\_\_\_\_\_\_ office really doesn't understand how to write a check to somebody for their meaningful work.  So, we partnered with a local public health institute called the Trailhead Institute, and they help us manage that financial burden that the university feels.  So, they are a strong partner with us, both within our infrastructure by providing additional support for pilot grantees, etc., but they really help us to meaningfully pay our community members.

Participant:  Before you go on, Trailhead - do they operate in a fiduciary capacity, or is it something different?

Participant:  They are a fiscal partner.

Organizer 1:  Then, SNOCAP ... I would rather just call this our practice-based research network (or PBRN, if you've ever heard of that), but it is our State Network of Colorado Ambulatory Research.  This is out of the Department of Family Medicine at the University of Colorado, and we partner with them to do community-engaged research on a lot of projects.  I am going to turn this over to Don to explain.  So, to kind of build the work that we are doing today, I will have Don share with you a research study that was done by both community members and researchers (it was nationwide in conjunction with other universities) to create what we call our "engagement infrastructure components."

Participant:  So, this is work that we ... (inaudible) ... at a PCORI meeting a while back.

Participant:  What is PCORI?

Participant:  I'm sorry, PCORI, Patient-Centered Outcomes Research Institute.  Thank you.  Got me.  So, a bunch of us were sitting around a table and talking about engagement and the fact that this doesn't just come out of thin air.  It requires infrastructure.  It requires dedicated resources.  But to the best of our knowledge, we weren't aware that it had really been documented or clearly delineated or worked out.  So, we formed a little group to see if we could develop some principles and then investigate exactly how that was contributing to folks' work in engagement.  Particularly, this was related at that time to folks who had received pilot awards from PCORI.  So, this was early in their work.  PCORI was nice enough to allow us to piggyback some questions onto their survey that they send out to all of their awardees, and we did that.  Through that, we validated ... it is essentially something we haven't published yet, but it is on my list to get the discussion finished for this paper to get this out into the press.  But these were the key domains or components that arose from that:  1) The importance of connections and relationships.  That gets to the point that you made back here.  This isn't something that just happens.  It is not speed dating, to put it in those terms.  2) Skills and expertise in engagement methods.  Again, one of the comments is, "What are the practicalities of how you do this?"  3) Culture.  In addition to the survey we also interviewed some of the respondents, and over and over again, people talked about either the presence or lack of a culture at their institution that supported this kind of work.  One person I remember very distinctly that I talked to on the phone said, "Well, this starts at the highest level of our institution; our President says this is what we are supposed to be doing."  4) Longitudinal non-study dependent engagement activities.  That is kind of word soup, but what it means is - relationships can't begin and end with a funded project.  Relationships have to be sustained across those.  That requires some infrastructure, some support, and also, most importantly it requires a commitment to maintaining those.  5) The systems that promote dissemination.  So, how many times have we, as university researchers, gone into a community, done research, and not gotten the results back?  It happens all the time.  We have to have ways and systems that promote that.  6) Engagement policies and procedures.  Montel, my Deputy Director, is fond of saying, "Once you get stuff into policy, then it tends to take a life of its own."  My example of that is, "Is this stuff written into promotion and tenure requirements at universities, that engagement," not only that it is recognized, but it is valued, because it does take longer.  A researcher that it is doing community-engaged research may need a slightly different timeline and trajectory than somebody that is sitting at benchline.  7) Training.  We are going to talk more about that.  8) Staff.  9) Funding and resources.

Participant:  In this structure, where or how do you approach fear?  A lot of our students and the parents of our students have a fear of immunizations.  The parents are afraid to give them to their children.  They are afraid of what those immunizations are going to do.  And also, getting students early diagnosis for mental disorders or autism ... parents have a fear of their child being labeled.  So, how does the community engage a parent to get beyond that fear so that we can help them get to that next step?

Participant:  Yeah, that's great.  I don't know if this will address all of that, but when I hear that, what I hear is, "Fear comes from the unknown and it comes from trust not being established."  So, hopefully you will see through the rest of our presentation, how we work to build that.

Organizer 1:  So, you are going to see this again, because we are going to pull this out and work through this at your tables a little bit later on, but kind of view this as the house within which the pipeline runs.  So, in everything we do in our work, we are considering this as our infrastructure, and notice how funding and resources ... there is a bottom, because the bigger things are the relationships that we have and the trust that we've built in the work that we are doing.  So, we will come back to this, but keep it in mind as we move forward.  Here is a beautiful graphic.  Montel has been an amazing designer.  But here is our group working together.  So, the PACT (Partnership of Academicians and Communities for Translation), which we call our Board ... if we need a corporate term for it, that's what they are.  They are statewide and made up of academic researchers, community-based organizations and individuals and healthcare provider networks.  They work together to make sure that everything we are doing involves community in the right way.  We are operationalized through relationships and strategies.  We try new things together, and we work through our challenges.  I am going to let Mary go over our community research liaison’s role.

Organizer 2:  Wonderful.  So, \_\_\_\_\_\_ did a great job earlier of introducing that we do have people ... we like to call them out "boots on the ground people," the people who are actually doing this work of liaising between the communities and academicians.  We want all of our work to try to be CBCR (community-based participatory research), which is the Gold Standard, which is bringing an idea from the community into that submission.  We don't want to sit in our ivory towers in university and say, "Do this," and "Do that."  We want the work to come from the community, because that is when we see the best outcomes in the end.  So, we have our community research liaison peer, Lorenzo.  He is an \_\_\_\_\_\_ dancer, a beautiful, beautiful dancer, but he is one of 10 liaisons that we have across the state who do a lot of this work.  They live and work in the communities that they are serving and working in.  They have full understanding because they are the ones who talk with the community, talk with their partners, talk with their neighbors, but they also have that very intimate knowledge of how the university works, how academicians work.  So, they do a great job of doing that translation, of what academicians are actually saying.  They are able to put that into a community context so that they are able to have those meaningful conversations.  They engage local partners, businesses, organizations and different community and neighborhood groups.  They engage patients.  A lot of our liaisons serve on different patient Boards across the state.  Then, they also work with health providers to identify needs and priorities in their specific communities.  So, just briefly - we have liaisons that work with different community organizations.  We have liaisons that are affiliated with university groups.  One of ours is based out of the School of Public Health.  Then, we also have a few liaisons who are independently contracted, and that is where Trailhead Institute, our financial sponsor, really come into play with those independent contracts.  We have one liaison who focuses primarily on Asian populations and refugees.  She doesn't have a home organization, so Trailhead Institute is her home organization.  She works across the state to bring the needs of our refugees and Asian population to our academicians.  Then, they are the ones to teach ... we have liaisons working as coaches for different pilot grant programs, which we will talk about later, but they are really the ones that bring forward all of our work.  Most recently, they helped to create a curriculum to expand this program.  We are hoping to eventually get this curriculum out broadly to the whole nation, the whole world, maybe, but right now it is very internal.  We are working out those kinks.  But it is a beautiful program that they created.  So, a few words that come to mind when we talk about our liaisons.  They are facilitators.  They are research assistants.  They are educators.  They are also guardians, especially of their communities.  They are advocates, ambassadors and match-makers.  They love to use "dating" in all of their terminology.  You have to date the community before you can marry them, before you can work, truly, with them.  It is not speed dating.  It is a long-haul relationship here.  They really have to date and date and date.

Organizer 1:  I just want to point out that this is how the CRL's describe themselves.  So, these are not our words.

Organizer 2:  Uh-huh.  They come from them.  When we were going around and doing introductions, there were a few things that stood out to me that I would also like to add to this list, even though these would be my words.  They are our "How-To" guys.  Then, somebody asked about the practical skills of how we do this work.  It is the liaisons, primarily.  They are the ones that take the practical skills to the test.  They are our connectors.  They are also our translators.  Many times it is the medical jargon context, but a good majority of our liaisons are bilingual or trilingual.  We have one liaison who actually speaks five languages.  So, they really do help with our translation into other languages as well.  So, to just step back a little bit more, and we have explained some of this already, but some of this will be to come as well ... all of the groups you have heard of already - SNOCAP, the PACT Council, Trailhead Institution, our CCTSI community engagement and our liaisons, all our people, help to go through all of these programs, resources, services and events.  We are going to dig into each of these individually a little bit with our trainings that we do, the pilot grants that we award, all the technical assistance, but then how we do that - there are different committees and different groups.  We will go through them individually as we go.  I am going to turn it back to Victoria.

Organizer 1:  So, here is the buzzword you have all been waiting for - the "pipeline!"  We are going to dig into each of these sections individually, but it is a beautiful pipeline.  The thing I want to point out right away is you don't have to enter the pipeline at the beginning.  You can enter it at any phase, and we encourage our community members, our academicians, our partners to enter at any phase.  So, I am going to keep reiterating that.  So, let's talk about some of those components.  One of our Gold Star programs that we offer, and that had a poster on last year here at this conference, is called our "Colorado Emersion Training," and this is where our community research liaison gets to shine.  This is where they get to pull researchers, true researchers, not community people, in to their community and for a week long, they are immersed in that community.  They meet community stakeholders and partners that they could potentially partner with down the road to do research.  We don't just throw them in.  First, they learn about CBPR.  They learn about community-based participatory research.  For a lot of these researchers, many of them are junior researchers, and it is their first time really learning about how to do community engagement.  So, we take a lot of time with them.  We hold their hand through this training and teach them what is expected of them in the community, and how they are not of help, but they are a partner with the community that they are working with.  So, it is a six-month program.  There is a strict curriculum that they have to follow and engage on discussion with before actually going into the field (as we call it).  So, it is a week-long field experience into Emersion.  So, what better way to get a good feel for this, but to see it ... so, if I can share with you just a short homemade video that we made, but it gives you an idea, a flavor, for what that week in the field looks like for researchers.

(PLAYS VIDEO)

Organizer 1:  So, to go back to the dating metaphor, this was a first date, right?  This was a first date for researchers going into the field.  Does anybody have any questions?

Participant:  I have a few questions.  I guess I would appreciate a little better understanding procedurally of what that six months looks like.  Are they immersed in someone's home, in an organization, a combination of both?  Where are they getting the tangible exposure?

Organizer 1:  Sure, sure.  So, the tangible exposure comes through the relationship that they build with the CRL (Community Research Liaison) who is leading that track and also through being in that community for a week.  No, they are not staying in people's homes; however, with our Native American tribes, we did stay in people's home and we stayed in a Hogan for a night.  However, communities welcome, in researchers, through that community research liaison, and introduce them to their community, and hoping that, in return, they can develop partnerships that could better that community down the road.

Organizer 2:  I will add that when we first started the Emersion training, it was funded with ARRA funds (American Recovery and Reinvestment Act), and we did have a model where they stayed with a host family, and we sometimes work with our regional are health education centers who do a lot of facilitating experiences and residency opportunities and practicum opportunities for medical students.  They are very connected in their communities.  So, we were able to also utilize that relationship, to find families who would be willing to host folks for a week.  So, there is a Cadillac version of this program that if you have a ton of funding, it is fun to do it that way, but what we sort of have pared it down to is what we have now, and that is not a host family, but being present in the community, staying the night, spending the week.

Participant:  So, it is a fiscal decision.  So, then my second question has to do with IRB.  How did you convince your IRB of that original model, and you talked about the "How-To," so what are some talking points that you could share on addressing concerns that may be raised by an Institutional Review Board?

Organizer 1:  Sure.  So, because this isn't research, because it is education, we don't need IRB approval, but we do provide training as part of this on how to work with the IRB, and we also have good connections with NRCTSA with our regulatory core, and we work closely together to try to make it as easy as possible for community-engaged research projects who have co-investigators in the community to facilitate a reasonable turnaround and approach to regulatory issues that could come up with that.

Organizer 4:  I think one thing that is important to recognize is - this isn't 20 people going into a community.  It is five.  So, we keep it very, very small.  Number one, we don't want to over-burden the community, because to bring 20 folks into a community, that is a huge lift, but it also really helps that relationship-building.  People have more close contact and the opportunity to form those close relationships because it is a much smaller group.

Participant:  (Inaudible - too far from microphone)?

Organizer 2:  Real quick, to put this in the context of the pipeline, we started getting people in the door by providing networking opportunities and events and maybe Facetime and Windshield time in the community and getting to know people, and working with our liaisons and trying to be present, and just be of service.  So, we sort of start pipeline there with building relationships and making connections.  Then, we provide training opportunities for folks, to continue to increase their knowledge and build relationships in a structured way.  Then, we provided opportunities for funding.  So, for example, a lot of researchers who participate in this particular program, many of them have no funded project in that community, but what happens is they build these relationships and they decide together to go for funding.  We have funding opportunities that are appropriate and in line with the work we are promoting, so then, they are able to take advantage of that.  Then, we provide wraparound coaching support and technical assistance.  Our liaisons help us.  We have faculty who work with the liaisons, so it is sort of a joint effort, a community-academic partnership in providing training and wraparound support.  Then, we work at an institutional level to help promote policies that make community-engaged research possible and welcomed at the institutional level.  So, that is kind of where this sits in the pipeline.

Participant:  (Inaudible - too far from microphone).

Participant:  I have a quick question about faculty and the researchers that actually get this ... how did you recruit them and is it like a typical researcher that would do this, and what incentives do they have?

Organizer 1:  We flyer the campus and we send out emails, and this is our seventh year doing it.  The first couple of years - 10 applications.  This year - 45 from across the state.  So, word of mouth ... yep, it spread.  They heard this was a really great way to get a lead into a community where you have interest.

Organizer 2:  Besides flyers, we have a list that goes out to the whole state.  So, it is not just for the University of Colorado.  We have partners from different universities around the state and different health groups, even, around the state that have research groups.

Participant:  So, did you make the pilot the incentive?

Organizer 2:  It is a free program.  That is the incentive.

Participant:  I am asking because I am getting that question.

Organizer 2:  It is free for them.  You saw planes.  You saw big vans.  We bring them everywhere.  We feed them.

Participant:  So, to apply for a pilot, you don't have to have ... (inaudible).

Organizer 4:  No, but I think to get to your point, it is pretty clear when you read the pilot applications, who has actually done this kind of work, who has been through the CIT training, and I don't know if you guys are going to talk about some of the numbers who graduate on to successfully having ... but we certainly have those numbers.

Organizer 1:  Okay.  Let me scoot through the pipe.  So, the end of the Emersion training experience ends with three months of coaching and basically hand-holding to try to create a grant application, within our organization, CCTSI, pilot grantees, or PCORI, or any other grant opportunities.  So, our academic partner, the Director of the program, helps participants create those messages after meeting the partners during that week intensive, and this is a great opportunity for them.  So, we offer two different grants.  One is a partnership development grant, which is actually by PCORI to the "Pipeline to Proposal Grant" that you might be familiar with.  We helped a little bit to sort of work out the kinks of that at the beginning.  Then, after that, a joint pilot grant ... so, this is an opportunity for those folks who had an Immersion experience to then build that relationship a little bit further with a little chunk of money, half of which goes to community members, so a fair and even allotment of funds.  So, within our CCTSI, we have the highest ROI from our researchers that are able to gain pilot grants and then go on to additional funding outside of any other research.

Participant:  What is ROI?

Organizer 1:  ROI - return on investment.  It is also important to note that outside of just the typical health topic concerns that the CTSA covers, such as cardiovascular disease, childhood chronic conditions and emotional health, we have awarded grants for areas such as access to care, healthy food access, health literacy, environmental health and refugee health ... so, looking a little bit outside the normal of what we typically see these grants going to.  And a lot of that has to do with folks being through the Emersion training beforehand and learning from the community what they might be needing.  Then, it is important to note that just about 40% of folks who receive a partnership development grant go on to apply them to a joint pilot.  Here is our pipeline, right?  So, emersion training, applying for that partnership development grant, getting a little chunk of money, and developing that relationship a little bit further, and then hopefully moving on to a joint pilot where you are able to really spend a few more funds and get your project off the ground and moving.  Then, along the way, we provide some support.

Organizer 2:  So, our \_\_\_\_\_\_\_\_ is a committee within our PACT Council.  We have members of the PACT Council, but then we also bring in community members onto this committee that helps to serve in a capacity to help, either with communities who have questions about how to do research and start relationships with people on campus, or to work with researchers who are maybe not as familiar with how to do community-engaged research.  We offer some brief consults for them.  They come in, we talk through their project, hopefully from the beginning, not after it has already been funded, to see how to engage communities, how to work with communities and how to further their relationship with comminutes in their research setting, or when communities come in, we bring resources to them.  We are actually in the very, very beginning stages of talking about putting together a toolkit for communities with the communities creating the toolkit with us on how to have communities interact with researchers, what is available on our campus specifically in terms of resources, but also, more broadly, outside of our campus, how communities could leverage resources that they have available to them.  Again, it is at the very beginning stages, but it is kind of a cool way ... there are already toolkits out there online that have all the resources for how researchers can work with communities, but we want to kind of do the reverse of that as well.  Most recently, we had a consult come in from a group on campus who is doing biobanking, or banking of specimens after they are taken after an appointment.  They wanted to create a Community Advisory Board that would help them along their whole process with this research.  They wanted to have community input on the forms that are signed at consent and so that was our most recent example.  It is a very ethical issue.  So, that is the other part of it - the ethics.  While we are doing research with communities, there are a lot of ethical issues that come up, so we want to address them early and have that community input in all the ethical issues that will come up.  So, a couple of other trainings that we, as CCTSI do, are Boot Camp Translation.  You may have heard \_\_\_\_\_ in the past week present Boot Camp Translation, but it a method for engaging community members, patients, etc., into different studies.  So, we want communities to have full input on how something is translated to their specific communities.  When you talk about high blood pressure, for example, it is not a one-size-fits-all thing.  What works in one community in Baltimore is not going to be the same that works in rural Colorado.  The messaging is going to be different.  So, we take community members through a nine-month process on how to translate medical jargon into messages that are appropriate for their communities.  This is one created for an urban Latino group in Denver.  They had a \_\_\_\_\_\_\_.  This was what they created after about a six-month process of going through what high blood pressure is.  Another training we offer is What Not to Wear.  What we do our liaisons go out and teach other people about community engagement, about CBPR.  Right now, we are focusing on training students in public health.  The class that we are going to is a general public health class.  So, it is not the students that are doing community work necessarily in public health ... so, your biostatisticians, your epidemiology students, all of those, kind of giving them a very brief crash course on what CBPR is, what community-engaged research is, and the first step into what that could look like is we offer resources and some mentorship opportunities.  Then, lastly, Let's Get Started and Let's Keep It Going - those are specific to our pilot grants.  So, what Victoria was just talking about - our pilot awardees, before they even get their funding ... they are granted the award, but before they get the money in their hands, we offer training on how to do CBPR again.  They have already shown that they know what CBPR is and how to do this research, but we need to keep in the forefront of their mind how to do this work and how to do it ethically.  We go through a half day of training, and a lot of that is about a Memorandum of Understanding - you want to create one of those with your community you are working with.  At those trainings, we have somebody from the community group and someone from the research group both there, so that everyone is starting off on the right foot of how to do this work.  Am I missing anything?  Victoria is lead on that, so hopefully I captured that correctly.  Then, we would like to share some success stories, and then we would like to do a little bit of talking in our brief time together.  Great.  So, here are some successes of how the pipeline has really worked.  Let me take you through a couple of these quickly.  So, Camilla \_\_\_\_\_ is an E.R. doc in one of our busiest hospitals in Denver.  She went through the Emersion program and then she applied and got a partnership development grant and then a joint pilot grant.  Here is our pipeline, success, right?  Then, she partnered with one of our community research liaisons and developed a hands-only CPR project.  It was highly successful.  She did it within refugee communities in Colorado, through the expertise of our community research liaison in that area, and then she applied and became a PACT Council member.  So, this is the Gold Star of how the pipeline has successfully worked throughout this process.  \_\_\_\_\_\_\_\_ is a local Denver organization that promotes health equity, offers some ...

Participant:  Looking at social justice issues ... (inaudible).

Organizer 2:  Phenomenal.  They have been a part of our Emersion program for seven years.  So, they have hosted researchers to come in to their organization.  Then, they turned around and partnered with those researchers and developed programs to help their community, based on their needs, and then they took it a step further and said, "What is the CBPR?"  So, the researchers keep coming in and saying this language and we don't know what it means.  So, they pulled researchers into their community organization for a half a day and listened to what CBPR is, community-based participatory research, and they said, "Oh, we kind of get it now.  We can use this to our advantage in the future.  We can apply for grants.  We can figure out how to do this research within our own organization using our own strengths."  So, Gold Star with that one!  Anne \_\_\_\_\_\_\_ was also an Emersion participant.  She got a partnership development grant and then moved on to be a joint pilot awardee.  She lives in rural Colorado, partnered with SNOCAP, so our PBRN, and developed her own network out there and now is a PACT council member with us.  So, full pipeline with her as well.  So, we are seeing some successes come out of this.  And granted, we are in our 10th year, so it took that long to see the pipeline flourish and really come back around.  Does anybody know \_\_\_\_\_\_\_?  No?  Okay.  So, we won an opportunity to do a Coffee Talk - "Talk amongst yourselves."  We are going to hand out the tables ... we introduced us in the beginning, and we want you to stop at the tables ... what your organization is doing now.  So, in relation to the infrastructure on this chart, what do you have going on?  What are your strengths and your resources within your organization right now?  What are some areas where you can really leverage those strengths moving forward?  Where are there maybe some gaps?  Where are you missing support?  Maybe you are missing support from your academic folks, right?  Maybe the higher-ups are not listening.  So, have a little discussion.  Let's take some time, and then I have a couple of questions.

Organizer 2:  One final note - take a look at the pipeline again, and just remember, you can enter at any point.  So, any one of your resources or your trainings can fit within a pipeline, right, and help support researchers and community members going down the line.  We did just want to mention some things we are working on, and we also want to open the doors to you.  We have business cards and please send us questions and be in contact with us moving forward.  We would love to hear from you and share anything that we are able to.  What we are working on right now is access, a database, to be able to track how our community members enter our organization, move throughout and work with us ... and the same for our researchers and staff and everyone.  So, it is going to be a way to show, strategically, how our pipeline is working.  So, we are pretty excited about that.  Additionally, we are working on a strategic business model to be able to help build that infrastructure a little bit more, and we are really trying to push through our CRL (community research liaison) curriculum so that it is widely available, because it is a process that has really worked for us, and we would really love to share that.  So, it is something that we are working on, and we would be happy to share it down the road.  Please feel free to come up and get a business card, but I want to thank you all so much for joining our session today.  Did we do okay, Janet?

Participant:  I love the Emersion training, but my challenge to everyone in the room is - what does all of this mean to the community?

Organizer 2:  Thank you very much.  Thank you for that.