

Improving university-community research partnerships

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Researchers from Tufts University and their community-based colleagues have identified several strategies to improve community-based participatory research (CBPR) partnerships. A study published in a supplement to the November 2009 issue of the *American Journal of Public Health* reported that training local leaders in research practices, especially human subjects protections, while engaging them in research improved university-community relationships, strengthened the ability of local organizations to seek additional funding through grants and conduct independent research, and diminished negative perceptions of researchers within immigrant populations.

"Our goal was to add to the existing research skills of our community partners and provide them with additional tools for independent research," says lead author Raymond Hyatt, PhD, assistant professor in the Department of Public Health and Community Medicine at Tufts University School of Medicine.

Hyatt and his colleagues worked closely with local leaders to design an occupational health assessment for immigrant workers in Somerville, Massachusetts. The research included community partners in survey preparation and implementation, plans for data analysis, and interpretation of results. The academic and community partners trained bilingual teen educators to conduct the surveys within the [immigrant population](#) as a way to build trust and lessen cultural barriers.

Noting the unique risks to the immigrant population associated with

participation in an occupational health study, including risks to undocumented individuals, risks of legal action for employees and employers who may not have proper safety procedures, and risk of alienation from peers; the researchers were careful to follow Tufts' Institutional Review Board (IRB) procedures to protect all participants.

"At times, the rigorous university procedures around protocol review and informed consent were frustrating and even confusing to community organizations who work closely and regularly within this population," says Hyatt.

Seeking to bridge the gap between researchers and community leaders, Hyatt and colleagues implemented a three-pronged intervention promoting education, training, and dialogue in the area of human subjects protection. The team worked with community leaders to share historical examples of experimentation on vulnerable populations and examples of how their own research had benefited from IRB policy. The academic researchers also had success in bringing a Tufts IRB administrator to meet face-to-face with community partners. The meeting promoted greater understanding of the IRB process and reinforced the shared goal of protecting participants.

"It is encouraging to see such positive results stem from our efforts to bring together university researchers, IRB administrators, and members of the community," says Hyatt. "The community benefits as local leaders gain the skills needed to be more successful in writing grants and conducting their own research, and the university benefits as the community grows more involved and accepting of the research process."

"We have already seen an improvement in the strength of our grant applications. Our experience with the IRB reinforces our commitment to the protection of our communities as they participate in research projects. We will use this experience to help secure more funding for

local initiatives," says Alex Pirie, head of the Somerville Immigrant Service Providers Group/Health.

Hyatt and colleagues recommend involving community partners with the IRB as early as possible to promote greater understanding and facilitate cooperation in community-based research projects. They encourage researchers to share personal experiences involving the IRB to help bring the process to life, and they suggest constant communication between community partners, researchers, and the IRB.

Source: Tufts University

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