DEVELOPMENT OF COMMUNITY-BASED PARTNERSHIPS IN MINORITY AGING RESEARCH

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The Resource Centers for Minority Aging Research (RCMAR) initiative was established in 1997 and currently includes six centers across the United States. The model of community engagement developed by all the RCMARs is Community Based Participatory Research (CBPR). This supplement explores the diverse methods of partnership building in each RCMAR and highlights some of the successes and challenges encountered in CBPR. Two articles focus on how the CBPR infrastructure facilitates the conduct of research in minority communities. Two other manuscripts discuss the unique experiences at those RCMARs in the CBPR partnership development process. The final paper describes the mentoring processes used at each of the RCMARs for both junior academic investigators and community members. We conclude that CBPR is a difficult and long-term process requiring substantial buy-in and commitments from both the academic and community partners in a continuous and evolving collaborative partnership. (*Ethn Dis*. 2007;17[suppl 1]:S1-3–S1-5)

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The Resource Centers for Minority Aging Research (RCMAR) initiative was established in 1997 by the National Institute on Aging as part of its overall effort to reduce health disparities between minority and non-minority older adults. The RCMARs were mandated to include a community liaison core (CLC) whose mission was to develop and sustain mutually rewarding, productive, and culturally appropriate partnerships between academic institutions and their communities. In the second round of the RCMAR initiative, six centers across the United States were funded in Los Angeles, San Francisco, Colorado, Michigan, New York City, and South Carolina, as was one coordinating center.

The model of community engagement developed by all the RCMARs was that of community-based participatory research (CBPR), which is a collaborative approach to scientific inquiry conducted in equitable partnerships between academic researchers and the community being investigated.[1] In CBPR, community members and other key community stakeholders have the opportunity to be full participants in each phase of the work, including the conception, design, conduct, analysis, interpretation, and dissemination of results.[2] This equitable partnership is the hallmark that distinguishes CBPR from traditional community-based research in which academic investigators maintain most of the control with respect to research question, study design, data analysis, and dissemination of findings. CBPR improves the quality and impact of research by generating better informed hypotheses, developing more effective interventions, and enhancing the translation of the research.[3] The ultimate benefit from CBPR is a deeper understanding of a community's unique circumstances and a more accurate framework for testing and adapting best practices to community needs. Funders are increasingly recognizing that the CBPR approach is particularly attractive for academics and public health professionals in the areas of health promotion, disease prevention, and health disparities.[4]

Despite the promise of CBPR, numerous challenges have arisen, not the least of which is the partnership development process itself. To increase the knowledge base in minority aging CBPR, in 2004, the CLC cores of each RCMAR organized a workshop at the annual conference of the Gerontological Society of America. The aim was to explore the diverse methods of partnership building in each RCMAR and highlight some of the successes and challenges encountered in CBPR. In this supplement, we expand on the descriptions of five of the projects presented at that workshop.

The first two papers in the series are examples of how having a CBPR infrastructure can greatly facilitate the conduct of research in minority communities. The first study describes the Colorado RCMAR's focus on the American Indian community. Unlike the other RCMARs described in this supplement, the Colorado site defines its community by race rather than by geography. Noe et al examined the potential of the CBPR approach for increasing recruitment of American Indians into research studies. The finding of these investigators, that adding CBPR components to the study design (ie, active community involvement and having an American Indian as principal investigator) increased the recruitment of American Indians into research, is a contribution to the CBPR literature. This study

also demonstrates how the academic groups' knowledge of and ties to the American Indian community are essential for successfully conducting research with this population. We cannot imagine how this study could have been conducted without the CBPR framework to guide its development, implementation, and existing processes for obtaining the support of the American Indian community. Similarly, the paper by Daniels et al serves as an example of how a partnership between the San Francisco RCMAR investigators and faith-based organizations led to a successful community-based intervention study. Their finding that community-based vaccination programs are effective is not new. The approach that used faith-based organizations in a randomized experimental design to examine adult immunization was the innovative component. Likewise in this study, researchers could not have conducted such an experiment without first establishing the community-church partnerships.

The next two studies highlight the CBPR partnership development process itself. The first paper by Larken et al provides the perspective of one community group, the 7th Episcopal District African Methodist Episcopal Church in South Carolina. As most of the existing cased-based literature on CBPR is from the academic perspective, this piece is a particularly important contribution. This paper highlights several of the cultural differences that may not be initially obvious to new university investigators. The community group also stresses the importance of power sharing for the maintenance of a successful long-term relationship. The second manuscript developed by Norris et al at the Los Angeles RCMAR is an in-depth scholarly review of their nearly 15-year experience with CBPR. The recommendations for CBPR, including those for modifying and enhancing academic behavior, developing an effective community advisory board, and a sample memorandum of understanding, will make this article a valuable reference tool for CBPR investigators.

An additional component of the RCMAR initiative to reduce health disparities is to mentor minority academic researchers for careers in minority elder research. Thus, the last paper in this supplement, a collaborative effort across all of the RCMARs, describes the multidirectional mentoring processes used by each of the RCMARs to focus on minority aging CBPR for both junior academic investigators and community members. Formal training programs and graduate school courses in CBPR exist[5,6] and most of the RCMARs include a didactic component as part of their CBPR training. However, for both the training of junior faculty and the bi-directional mentoring relationship with community partners, hands-on training is emphasized. The importance of providing community members with services they deem as valuable is highlighted and is critical for both the partnership development process and training of investigators through service-learning methodology. As the article shows, each RCMAR partnership is in many ways quite unique. At the same time, all of the RCMARs recognize that new knowledge and improved services require multiple forms of expertise that include building on the strengths and resources of their partnering communities.

In summary, these articles highlight some of the facets of the RCMAR experiences with CBPR to date. Our goal was to provide timely and significant information on the processes of developing and maintaining successful CBPR partnerships in minority aging research. As the articles suggest, CBPR is a difficult and long-term process that requires substantial buy-in and commitments from both the academic and community partners in a continuous and evolving collaborative partnership. While CBPR holds much promise in helping to address specific problems and research questions, the relationships themselves cannot be sustained solely from traditional research funding (eg, RO1-type) mechanisms. Currently, two known mechanisms that are supporting and helping to maintain the infrastructure required for CBPR at the National Institutes of Health are RCMARs and the Centers of Excellence in Partnerships for Community Outreach, Research on Health Disparities and Training (Project EXPORT) programs. The challenge will be for academic institutions and funding agencies to creatively and strategically find additional innovative mechanisms to develop and maintain the requisite infrastructure required to support CBPR.

(Note: Request for applications for the EXPORT and RCMAR programs for 2007-2012 were issued by the NIH in the summer and fall 2006, respectively.[7,8] In this new cycle, the community cores of these centers are now optional and no longer mandatory as they were in prior cycles.)

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