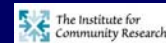


Building Long-term Partnerships to Conduct Basic, Intervention, and Translation Research in Communities: Case Examples from the Institute for Community Research

**Margaret R. Weeks, Ph.D.
Executive Director
Institute for Community Research**

Presented at the launch of the CT Institute for Clinical and Translation Science (CICATS), University of CT Business Learning Center, September 29, 2009. Request reprints from Margaret Weeks, Associate Director, Institute for Community Research, 2 Hartford Sq. W., Ste. 100, Hartford, CT 06106, or mweeks@icrweb.org.



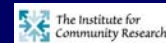
Community Partnerships: Laying the Foundation for T2 Translation and Dissemination Research

**Collaboration between researchers
and community agencies,
neighborhood residents, advocates,
and others to conceptualize, design,
develop and implement research
reduces the challenges for translating
science to practice.**



Partnership Studies: Case Examples from the Institute for Community Research

- **Project COPE and the Community Alliance for AIDS Prevention (CAAP) Consortium**
- **V.I.P.: Vaccinate for Influenza Prevention Project**
- **The Risk Avoidance Partnership (RAP) Project to train Peer Health Advocates**



Project COPE and the Community Alliance for AIDS Prevention (CAAP) Consortium (1988-1997)



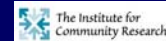
Project COPE and the Community Alliance for AIDS Prevention (CAAP) Consortium

Purpose of the Project and the Consortium:

- To study HIV drug and sex risk among out-of-treatment drug injectors, sex partners, and crack users in Hartford
- To build effective, culturally targeted AIDS prevention programs to reduce HIV risk and transmission

Partnership Approach of the Project and the Consortium:

- To build a partnership between researchers and community health and service organizations that work directly with the populations
- To share resources to design and implement the studies, evaluate the interventions, and interpret and disseminate findings together



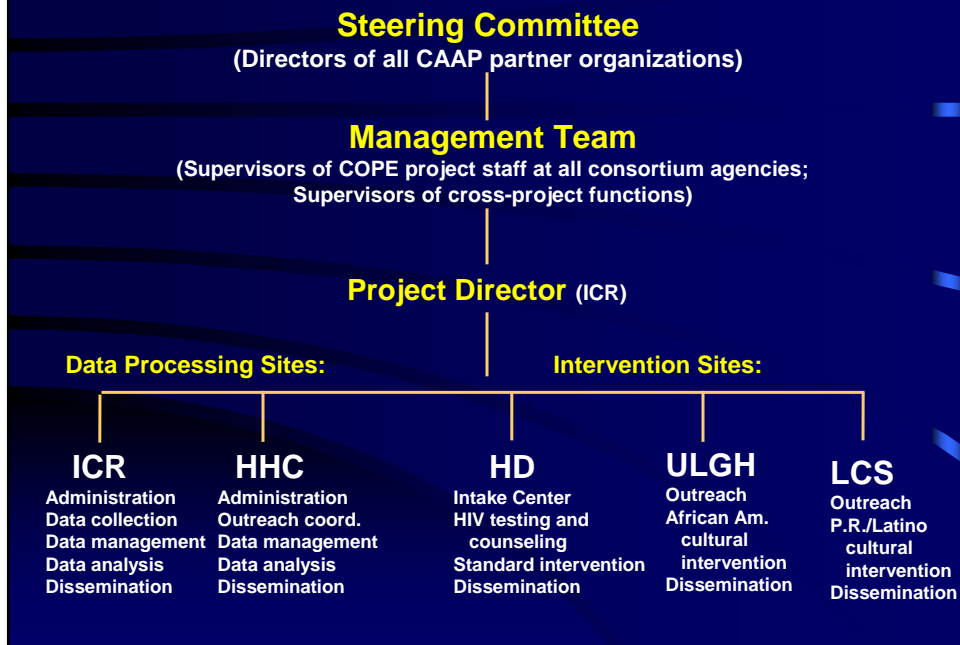
Membership of the CAAP Research/Service Consortium

- Institute for Community Research (ICR)
- Hispanic Health Council (HHC)
- Urban League of Greater Hartford (ULGH)
- Latinos/as Contra SIDA (LCS)
- Hartford Dispensary (HD)
- Hartford Health Department (HHD)
- AIDS Project/Hartford (AP/H)

Project staff at all agencies except HHD

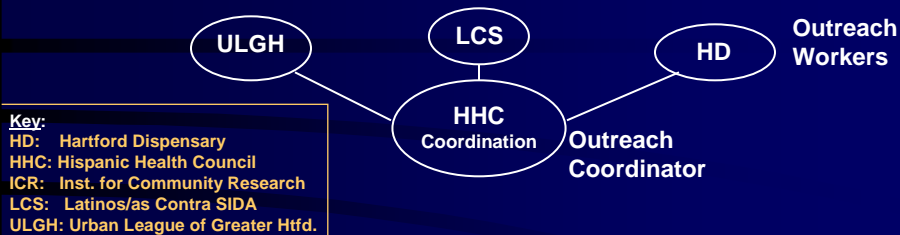


Project COPE Research Consortium Model

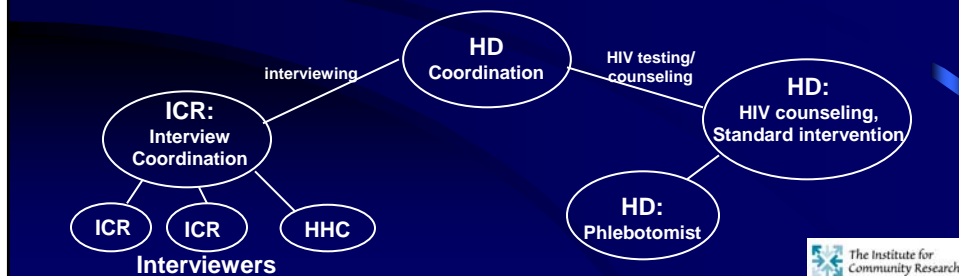


Project COPE Consortium: Interagency Roles

Sample Recruitment

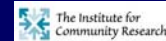


Assessment / Intake Center (HD)



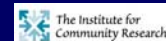
Projects of the CAAP Consortium (1988-1997)

- **Project COPE (Community Outreach Prevention Effort)** (NIDA DR, PIs: J. Schensul, ICR; M. Singer, HHC)
- **Project COPE II** (NIDA CA, PIs: M. Singer, HHC; M. Weeks, ICR)
- **Minority AIDS Prevention Project** (CDC, PD: R. Gruber, ULGH)
- **Project CONNECT** (CSAT, PD: M. Singer, HHC; Co-PD M. Weeks, ICR)
- **Evaluation of the Hartford Needle Exchange Program** (NIDA, PIs: M. Singer, HHC; M. Weeks, ICR)



“Products” of the CAAP Consortium

- **Breadth of research activities:**
 - basic epidemiology of HIV risk and prevention in drug users
 - longitudinal assessment of drug use and risk reduction
 - intervention model development and testing in community settings
 - monitoring of HIV prevalence
- **Continuum of HIV/AIDS prevention services/programs:**
 - community outreach work
 - evidence-based individual-level and culturally targeted group education, counseling, and behavior change interventions
 - case management
 - assisted entry into drug treatment



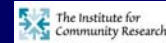
Benefits and Challenges of the CAAP Consortium Partnership

Benefits

- Strong, multi-ethnic, inter-disciplinary team working toward a common goal
- Ability to acquire new funding based on the strengths of the consortium
- Structure that promoted shared benefits of the research and resources
- Cross-agency communication and cross-disciplinary contribution

Challenges

- Large organization that required continuous communication efforts
- Substantial funds needed per project in order to divide across 5-6 organizations equitably
- Difficulty negotiating shared approach to management and personnel regulations



Vaccinate for Influenza Prevention (V.I.P.) (2004-2006)

An effective intervention to improve influenza vaccination uptake among under-vaccinated older low income and minority adults

PIs: Jean Schensul, ICR, and Janet McElhaney, UCHC

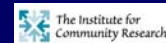
V.I.P. – Vaccinate for Influenza Prevention among Older Adults in Senior Housing

Purpose of the Project and the Consortium:

- To improve flu vaccination rates, knowledge and pro-vaccination beliefs and norms in senior housing settings
- To build sustainable public health promotion structures at multiple levels for senior residents

Partnership Approach of the Project and the Consortium:

- To build Influenza Strategic Alliances (ISA) of researchers, elder service organizations, housing authorities & building management in senior housing to support flu prevention
- To build resident flu vaccination advocacy committees (V.I.P. Committees) to deliver flu campaigns to other residents for sustainable health promotion



Members of the V.I.P. Research/Service Consortium

- Institute for Community Research (ICR)
- University of Connecticut Health Center (UCHC) Center on Aging
- CT North Central Area Agency on Aging (NCAAA)
- V.N.A. Health Care
- Hartford Housing Authority
- Senior Housing Building Managers

Project staff at ICR, UCHC, and NCAAA



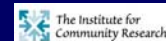
Research/Program Activities of V.I.P. Intervention

- Formation and activation of regional/local Influenza Strategic Alliance
- Partnership with building management
- Formation and activation of V.I.P. Committees
- Training of V.I.P. Committees in each building
- Development and delivery of two influenza vaccination campaigns each year by V.I.P. Committees
- Implementation of two flu clinics in treatment site
- Cross-sectional pre and post surveys in intervention and comparison buildings
- Ethnographic process and multilevel outcome documentation



Outcomes of Vaccinate for Influenza Prevention (1)

- **Influenza Strategic Alliance:**
Process: Formed alliance, supported V.I.P. Committee, provided funding for uninsured vaccinations
Outcomes: Continued to meet, promoted intervention elsewhere in the state
- **Building Management:**
Process: Supported V.I.P. Committee, provided resources, advocated for flu clinics
Outcomes: Sustained flu clinics independently, supported other public health efforts in buildings



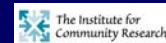
Outcomes of Vaccinate for Influenza Prevention (2)

- **V.I.P. Committee:**

Process: Reached out to increase resident membership, became flu experts, developed and adapted campaign materials, implemented flu campaigns, reached 70% or more of target population with campaigns

Outcomes: Expanded membership, repeated campaign with less support, expanded to other public health activities

These processes and outcomes encompassed adaptation, implementation, sustainability and infrastructural expansion.



Benefits and Challenges of the V.I.P. Partnership

Benefits

- Community base paved way for translation into other settings
- Interactions of researchers, physicians and residents in buildings enhanced trust
- Context specific flu vaccine promotion increased vaccination rate, decreased myths, and increased knowledge of flu vaccine
- Consortium created multi-level, manualized intervention for sustainable change and translation readiness.

Challenges

- Labor intensive
- Manualization for effective translation needs extra support
- Translation requires a cost effective design that reduces variability across buildings



The Risk Avoidance Partnership (RAP) (2001-2008)

An effective program to train drug injectors and crack users to become Peer Health Advocates

PIs: Margaret Weeks and Jianghong Li, ICR



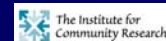
The Risk Avoidance Partnership (RAP)

Purpose of the Project and the Consortium:

- To develop and test a peer-delivered HIV prevention and intervention for drug users, to be implemented in high-risk drug-use sites

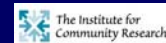
Partnership Approach of the Project and the Consortium:

- To train active drug injectors and crack users in Hartford to become Peer Health Advocates (PHAs)
- To partner with them for a limited period to deliver intervention to their peers, and monitor the impact of that intervention in their communities



Membership of the CAAP Research/Service Collaboration

- **Project staff at the Institute for Community Research (ICR)**
- **Community members who are active heroin or cocaine/crack users willing to become long-term Peer/Public Health Advocates (PHAs)**



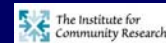
Research/Program Activities of the RAP Project

- **5-10 session training curriculum delivered to 112 active drug users on prevention of HIV, hepatitis, and STIs, and techniques to deliver RAP peer intervention**
- **Sessions 5-10 were PHA/staff partnered sessions in the community to practice delivering intervention to peers**
- **Monthly Community Advocacy Group (CAG) meetings of trained PHAs established to sustain partnership and support their continued access to prevention materials, conducted for more than 7 years**
- **Behavioral, ethnographic, and social network analysis of intervention reach, process, and efficacy outcomes**



Outcomes of the RAP Project

- PHAs delivered RAP intervention to network members in streets, shelters, soup kitchens, abandoned buildings, and personal apartments
- Significant reduction in drug risk and sex risk in PHAs and their network members, particularly those whose personal networks included 2 or more active PHAs
- Network members began to mimic peer health advocacy intervention activities of trained PHAs
- Strong outcomes in a community setting facilitated development of a translation grant to implement RAP in drug treatment clinics – currently under review at NIDA as a partnership between ICR and the Hartford Dispensary



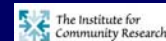
Benefits and Challenges of the RAP Project Partnership

Benefits

- Builds on direct linkages active users have to others at high risk to improve acceptability and perceived validity of the prevention message
- Reaches the people and places where and when risk is likely to be highest
- Creates a sustainable prevention intervention in high risk locations, with potential to continue after research funding has ended

Challenges

- Working with active drug users creates much tension regarding “games” and intense needs of PHAs
- Though attrition was lower than other programs, “natural” attrition (arrest, jail, illness, death) kept many from continuing
- Many ethical concerns arise in addressing needs and observing activities of active drug users



Summary and Conclusions

ICR's community research partnerships and collaborative research models have demonstrated the potential to:

- Conduct rigorous basic science (epidemiology, ethnography, social and behavioral research) in community settings
- Conduct mixed method, interdisciplinary R & D to test new intervention models with high risk populations on a variety of health issues
- Build community-based translational research in partnership with researchers at UCHC, Storrs, and other community research and health and service institutions and organizations