Community Linked Research Infrastructure

Expanding Community-Linked Infrastructure to Support Disparities Research: Helping Researchers and Communities Work Together

Multiple factors have been identified as negatively affecting minority participation in research, including lack of trust, power differences, limited access to healthcare and research opportunities, participant burden, and lack of perceived relevance. This body of research also identifies a critical need for community engagement in efforts to increase minority participation in research. Community engagement is facilitated by intentional structural support such as community advisory boards, financial and other resources, involvement of minority researchers, community health workers, and community-based participatory approaches.

This project seeks to establish the Community-Linked Research Infrastructure (CLRI) to respond to these needs by adapting a successful model of community engagement—the Community Connector Program (CCP). This model is employed by the TriCounty Rural Health Network (TCRHN), a partner of the UAMS Fay W. Boozman College of Public Health (COPH). The CLRI will adapt this approach to encompass a broader goal—establishing a community-linked infrastructure that will increase minority participation and community engagement in research and improve healthcare quality to reduce racial and ethnic health disparities.

Established in 2010 and based in Jefferson County, the CLRI is in its third and final year of development. The Research Team includes collaborating partners from the COPH, TCRHN, and the Pine-Bluff Area Education Health Center. Together these representatives from academic, grassroots communities, and health practice have successfully established the following components of the CLRI:

- Community Advisory Board (CAB): The CAB is a mechanism for community members to influence the development and implementation of the CLRI. CAB members are community residents that have experience with and understand prevalent community and health issues. The CAB meets regularly with the research team to provide feedback on the project.
- Network Collaborative: The Collaborative is a group of individuals representing several health service providers and state and local agencies. The Collaborative serves to facilitate communication and resource development between local institutions and promote collaborative health improvement efforts.
- Community Health Connector Program (CHCP): The CHCP, adapted from the CCP, is a service program in which individuals employed as Community Health Connectors make contact with residents through organized forums and group meetings, referrals at community-based and health service sites, and word of mouth. Connectors develop relationships with residents who can voluntarily select to complete a questionnaire about their health status and perceptions about research. Connectors use this information to facilitate referrals and follow-up for services that residents have expressed a specific interest and need for. Connectors have created and manage a Resource Directory of social, clinical and health services and research opportunities to meet those requests. TCRHN employs three Community Health Connectors
who are out in the field several days every week making such contacts and gathering information.

- Electronic Health Registry (EHR): The EHR contains the health information collected by the Connectors. It offers a community level profile of health concerns and research interests, providing the Research Team aggregate data to inform program process and future research possibilities based on interest and need. Connectors use the data at the individual level to maintain contact with residents to provide services and follow up.

These components ensure a community voice throughout the development of the CLRI. By partnering with many community members in these specific ways, the Research Team is able to respond to community identified and prioritized health needs and interests and engage minority communities as partners and participants in research. Several joint research efforts and grants have been and are under development that have emerged from the CLRI, including mental health issues of African Americans, prevention of hospital re-admissions, and health literacy initiatives among others. In the final year, the Research Team is continuing to enter and analyze data in the EHR, evaluate the CLRI, and advance community-academic partnerships to increase access to and development of community-identified research opportunities.

Through the first two years of the project, the CLRI has shown promise for 1) furthering NIH’s mission by increasing community engagement in both medical and behavioral research, leading to practice applications that reduce disparities in health and healthcare and 2) establishing a sustainable infrastructure that enables bidirectional flow of information among key stakeholder communities.

If you are a researcher or community member who would like to participate in this project, learn more, or be kept abreast of our progress, please email Ashley at abachelder@uams.edu or call 501-526-6632.