

COMMENTARY: COMMUNITY-ACADEMIC PARTNERSHIP FOR RESEARCH TO IMPROVE HEALTH IN COMMUNITIES: A FOUNDATION OFFICER'S PERSPECTIVE

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INTRODUCTION

As someone who has visited many academic health centers over the years, I am often frustrated by the sight of a research-rich medical center campus surrounded by a neighborhood challenged with poverty, complex social problems, and public perceptions that often ignore the strengths of the community. I know the people in such neighborhoods have crucial needs for health and healthcare interventions at the same time as the researchers inside the medical center walls invest themselves in discovering ways to improve health. Yet translating the research to interventions that actually improve health in those communities most often takes decades. Community-based participatory research (CBPR) is one of several models through which the health needs of communities and the research strengths of academic health centers can be brought together. Its advantage is the meaningful involvement of community members to explore solutions to problems. However, although the principle of CBPR—listen to and engage the affected parties in research to address problems—is elegantly simple, the devil is in the details. Funding agencies, including foundations, have yet to address many challenges and issues raised by CBPR. So what would need to change in foundations to strengthen CBPR as a field?

FOUNDATIONS COULD DELIBERATELY INVEST IN CBPR PARTNERSHIPS

All funding agencies and foundations have a mission to improve health, increase educational opportunity, or save environmental resources. Underneath these missions are specific priorities, such as reducing childhood obesity, making scholarships available to poor children, or turning abandoned land into parks. These priorities direct grant dollars to certain projects above others by essentially restricting grant applications and awards to often well-defined areas of inquiry. This reality, thus, presents a key challenge to CBPR, in which the needs of the

community drive the priorities and research questions, rather than the latest “call for proposals.” As a result, academic researchers who want to partner with communities must patch together multiple grants from multiple agencies and foundations to align research funds with community needs. This phenomenon has many implications that in practice can undermine the academic-community partnership. For example, even if patching grant dollars together is feasible, the products expected from each sponsor are likely to differ greatly. Even the patchwork itself largely falls on academic researchers to maintain, and few grants are given to the community organizations, making the development of an “equal” partnership quite difficult. Further, foundations are interested in funding rigorous research, and although CBPR can be rigorous, often community members need help to understand this pressure and how to balance rigor with mission.

Thus, options for foundations might be:

1. Making grants to partnerships that have broad aims to improve health and health care;
2. Ensuring that support is given to community agencies as well as to academic research organizations;
3. Making technical assistance available to community agencies to increase their capacity to incorporate research partnerships; and
4. Allowing flexibility of funding within the partnerships.

Such changes would likely require foundations to find new ways to assess the viability of partnerships, the financial capacity of community agencies, and appropriate financial monitoring. Further, such changes carry some risk to all parties. For example, a community-based organization given money for their research partnerships may risk giving less attention to their core mission to provide services to people—the “mission creep” dilemma. In addition, academic researchers will likely risk having this kind of research undervalued by university administrators because less money would flow into the academic institutions.

FOUNDATIONS COULD DEVELOP NEW METHODS FOR ASSESSING THE IMPACT OF CBPR GRANTS

A growing trend among foundation boards of trustees is greater accountability for making measurable change. Foundations are stewards of public trusts after all and thus must

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demonstrate that the funds benefit the public good. This simple reality underlies a number of tensions in the philanthropic world. One of these is the tension between supporting research versus supporting services for people who need them. Although in theory CBPR can address this tension by supporting both research and services, the documentation of measurable change is more complicated for a variety of reasons. First, CBPR takes longer precisely because it involves the development of enduring relationships among the partners and the alignment of research goals with community needs. Second, traditional evaluation methods may not be sufficient to document all the change that happens through CBPR. The number of publications or citations of the research clearly will not provide an adequate picture of how a CBPR grant has made a difference. Likewise, recording increases in screening visits or number of community members attending a health fair is not enough. Thus, funding CBPR projects requires a more holistic approach to evaluation, one that measures multiple factors and their interactions with each other, which will likely also take longer and cost more than traditional evaluation methods.

FOUNDATIONS AND OTHER FUNDING SOURCES COULD PARTNER WITH EACH OTHER

As mentioned, the burden of patching together funding to support CBPR falls largely on academic researchers. Traditionally, developing funding partnerships among private foundations and government agencies is fraught with barriers. These include differing priorities, strategies, mechanisms for making grants, long-term goals, and other factors. Typically such partnerships occur when one or more funders have similar priorities and join forces or when one sponsor solicits co-sponsorship for an existing project and thus “leads” a combined funding consortium. Either way, the partnerships tend to be for particular projects and are relatively short-lived. Ways to break from this tradition would be interesting for a group of funders to explore. Funders would need to try to develop partnerships among sponsors to address specific but broad areas (eg, community health promotion, community health improvement) by using CBPR as a strategy to effect change and increase knowledge. Such partnerships could also address issues

such as distribution of grant dollars, evaluation challenges, and value of CBPR to the overall research enterprise.

FOUNDATIONS COULD TAKE A LONGER TERM VIEW

Throughout this special issue, a repeated observation is that CBPR requires a longer term view from funders to be sustainable. The relationships required by CBPR take time to develop and nurture, and researchers cannot jump into and out of communities when grant funding ebbs and flows. The fragility of funding also makes CBPR especially risky for young investigators who worry about how to sustain their academic careers in the face of traditional academic criteria, which do not tend to value long investment in a particular research project that results in fewer publications. Any longer term view would need to include not only stable research funding but also funding to build community capacity to fully participate in the research enterprise, which is a very tall order for foundations (and government funding agencies), especially in a time of increased accountability. The most likely way this change might happen is for a consortium of funders to take the risk together to make a long-term commitment of funds and then apply evaluation techniques that measure change holistically and regularly to provide benchmarks and real-time learning along the way.

SHOULD FOUNDATIONS SEE CBPR AS AN OPPORTUNITY?

My personal view is yes. From a health and healthcare perspective, multiple factors determine the well-being of individuals and communities. Foundations can and do invest in improving many of these factors in isolation, but CBPR offers the promise of addressing multiple dimensions of health in a way that can make marked change for people and their communities. Academic-community partnerships, when accomplished well, can combine the power of research to increase our knowledge of what works with community capital to facilitate the translation of that knowledge. The key is doing it well and doing it in a sustainable manner, and consequently, the time may be right to try new ways of funding these complex efforts and document their value to academia, communities, and funders alike.