MENTORING IN COMMUNITY-BASED PARTICIPATORY RESEARCH: THE RCMAR EXPERIENCE

Gina Moreno-John, MD, MPH; Candace Fleming, PhD; Marvilla E. Ford, PhD; Peter Lichtenberg, PhD, ABPP; Carole M. Mangione, MD, MSPH; Eliseo J. Pérez-Stable, MD; Barbara Tilley, PhD; Olivia G. M. Washington, PhD, APRN, BC, NP, LPC; Olveen Carrasquillo, MD, MPH

INTRODUCTION

America’s elderly population is increasingly more diverse. For example, Latino elders, who currently number 2.2 million, are expected to increase to 13 million by 2050.1 Similarly, American Indians and Alaska Natives who are 60 years and older currently number approximately 233,000. By 2050, this population is expected to increase 3.5 fold.1 Despite this growth, the health status and health care delivered to minority elders remains poorer than that of older Whites.2,3 For example, among enrollees in Medicare health plans, rates of appropriate diabetes, cholesterol and blood pressure control are 7% to 14%, with Black enrollees having lower control rates than White enrollees.4

Although health disparities are complex and a multi-factorial problem, two important strategies from a research perspective for reducing disparities among minority elders are: 1) increasing the number of African American, Latino, and American Indian investigators conducting minority aging research; and 2) increasing research participation among older minorities.2,5,6 Without research studies that include minority elders, clinicians and policy makers do not have the knowledge needed to provide the best care. Yet, despite the National Institutes of Health (NIH) Revitalization Act mandating the inclusion of minorities in clinical research, they remain underrepresented in such studies.7,8 In addition, the proportion of minority investigators (<5%) remains woefully inadequate.9

To address these shortcomings, the National Institute of Aging created the Resource Centers on Minority Aging Research.10,11 The current RCMAR sites are Wayne State University Institute of Gerontology/University of Michigan, University of Colorado Health Sciences Center, Columbia University Medical Center, Medical University of South Carolina, University of California at San Francisco, and University of California at Los Angeles. Each RCMAR Center comprises several focused cores, including a Community Liaison Core (CLC) responsible for community outreach and collaborations. At each of the sites, community-based participatory research (CBPR) has been identified as a key strategy to achieve these goals.

CBPR is widely acknowledged as critical for research that will ultimately be successful in reducing health disparities among elders.12,13 This approach is also important in reducing mistrust of medical research in racial/ethnic communities.14,15 CBPR links community members with researchers in a partnership for all phases of research including generating the research question, designing the research protocols, recruiting participants, assessing community need, and interpreting and evaluating the results of the research.16,17 As equal partners, the expertise of each is shared to address health issues of importance to the community and thus, the usability of research findings is enhanced.16,18,19

Although CBPR is gaining acceptance as a valuable tool, it still remains underused.16 Further, although formal training programs and class work in...