

The Community Alliance: A community-school-university partnership to explore mental health and addiction services to support youth and young adults

CU Expo
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Overview



- How the research began
- Principles of CBPR
- Group exercise
- Discussion on barriers/challenges/solutions
- Questions & Discussion

Disclosures

- **Funding:**
 - Newfoundland and Labrador Centre for Applied Health Research (NLCAHR) development grant
 - Janus training level I grant
 - Summer Undergraduate Research Awards
 - CIHR Health Professional Student Research Award
 - Memorial University School of Pharmacy research grant.
- **In-Kind contribution:**
 - The Primary Healthcare Research Unit

How the research began

- Concerns raised by parents of youth affected by substance abuse during clinic visits
- Observation in clinic of late diagnosis of MH disorders and subsequent consequences
- Clinicians met to discuss approach of issue
 - Research component
 - Community information night
- Approached community leaders to discuss collaboration

Community-based participatory research

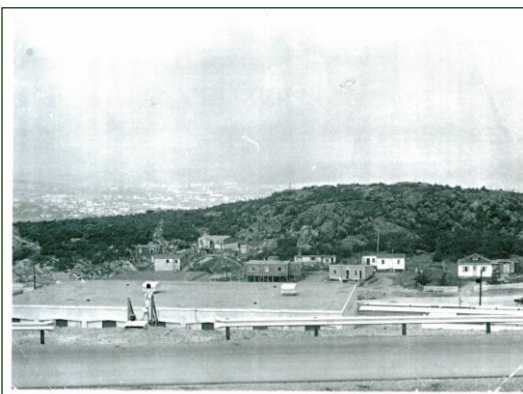
Principles of Community-Based Participatory Research

Isreal B, et al. Annu Rev Public Health 1998; 19:173-202

8 Principles of CBPR

- 1. Recognizes the community as a unit of identity.**
- 2. Builds on strengths and resources within the community.**

Isreal B, et al. Annu Rev Public Health 1998; 19:173-202





The Community at Present

- University Community Health Centre
- Local Community Board
- Local school (K-9)
- Churches
- Pharmacy

8 Principles of CBPR

- 3. Facilitates collaborative partnerships in all phases of the research.**

Isreal B, et al. Annu Rev Public Health 1998; 19:173-202

Research Team

- Health Centre researchers
 - Physicians (family physicians, resident learner)
 - Pharmacist
 - Social worker
- Community board members

Community Alliance



Degrees of Stakeholder Engagement in Research



K Culhane-Pera and Michelle Allan, North American Primary Care Research Group 2008

Community-Based Participatory Research

- *“In it’s fullest expression, the researcher-community partnership creates a team for decision making throughout the research process, from **developing the question**; **collecting, analyzing, and interpreting the data**; and **developing conclusions to disseminating the results.**”*

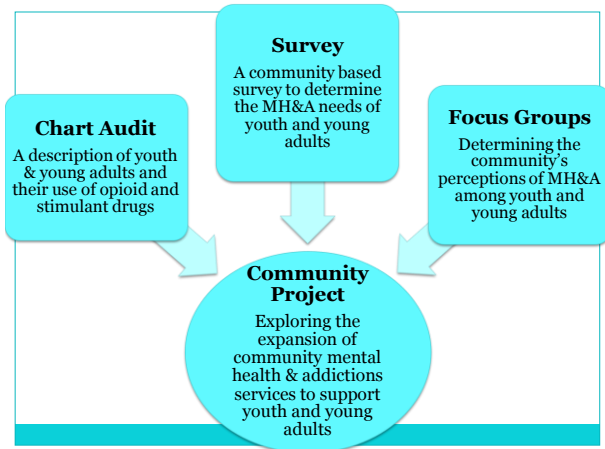
- Ann C. Macaulay

Ann Fam Med 2007; 5:557-560

8 Principles of CBPR

4. Integrates knowledge and action for the mutual benefit of all partners

Isreal B, et al. Annu Rev Public Health 1998; 19:173-202



8 Principles of CBPR

5. Promotes a co-learning and empowerment process that attends to social inequities.

Isreal B, et al. Annu Rev Public Health 1998; 19:173-202

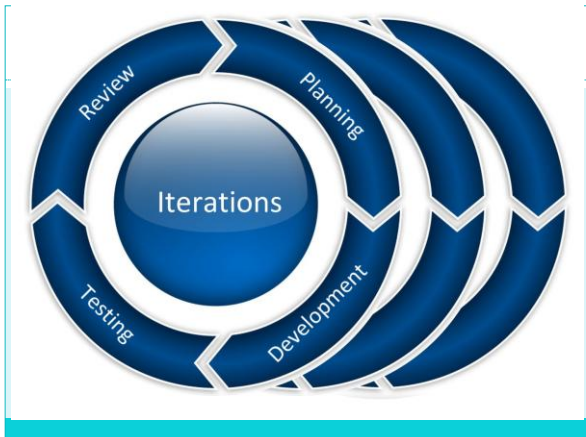
Co-learning Opportunities

1. Attend Community board meetings
2. Held 2 community information nights
 - o Planning meetings
 - o Debriefing sessions after community meetings
3. Academic workshop on CBPR with community representation & input
4. Direct feedback from community members

8 Principles of CBPR

6. Involves a cyclical and iterative process

Isreal B, et al. Annu Rev Public Health 1998; 19:173-202

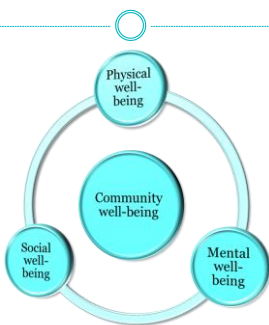


8 Principles of CBPR

7. Addresses health from both positive and ecological perspectives.

Isreal B, et al. Annu Rev Public Health 1998; 19:173-202

Positive health model



Isreal B, et al. Annu Rev Public Health 1998; 19:173-202

8 Principles of CBPR

8. Disseminates findings and knowledge gained to all partners.

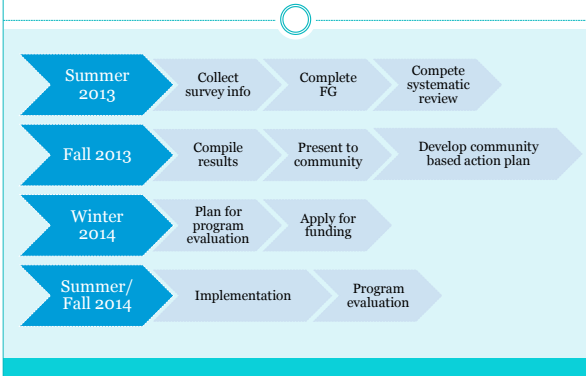
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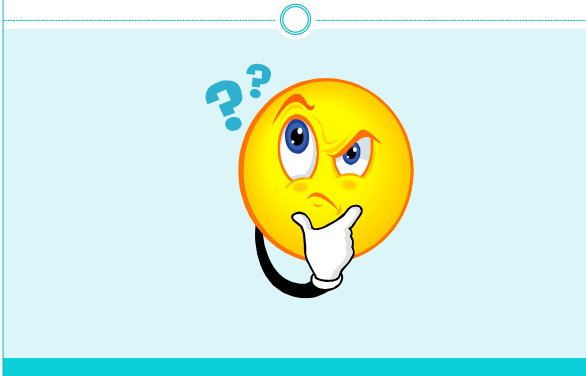
Summary of Timeline to Date



Summary of Anticipated Timeline



Clarification & Questions?



Activity



- What challenges do you see in implementing the principles of CBPR?
- If possible, identify potential solutions to the challenge.
- Comment on as many principles as you can, at least 2-3 per person.
- At end, place ideas on appropriate poster board.
- 15 minutes

Cards

Principle #

Challenge:

Potential Solution:

8 Principles of CBPR

1. Recognizes the community as a unit of identity.
2. Builds on strengths and resources within the community.
3. Facilitates collaborative partnerships in all phases of the research.
4. Integrates knowledge and action for the mutual benefit of all partners.
5. Promotes a co-learning and empowerment process that attends to social inequities.
6. Involves a cyclical and iterative process
7. Addresses health from both positive and ecological perspectives.
8. Disseminates findings and knowledge gained to all partners.

Challenges



1. Recognizes the community as a unit of identity.

- Each community is different as a result of their own unique histories, demographics, cultures and lifestyles.
- It is necessary to obtain as much information as possible of the historical and emotional aspects of the community to help gauge the best approach to obtaining and applying relevant information.

2. Builds on strengths and resources within the community.

- Some communities may or may not have an organized group (preferably in a leadership role) that would be a point of contact for researchers to draw upon for guidance and expertise.
- In our situation there was a well-established Board of community representatives/leaders who were willing to work in conjunction with the researchers towards the best possible outcome.

3. Facilitates collaborative partnerships in all phases of the research.

- Matching appropriate people (skill sets) with required tasks
- Ensuring adequate communication/ understanding between partners during technical phases eg. research instrument selection, etc.
- Dove-tailing goals and objectives
- Managing primary and secondary outcomes
- Keeping the “long view” (vision)
- Keeping momentum
- Sensitivity to community skill sets
- Utilizing a broad range of skill sets (technical/ organizational/ etc..)

4. Integrates knowledge and action for the mutual benefit of all partners

- Developing concrete initiatives from research data
- Community expecting “action” before obtaining the knowledge

5. Promotes a co-learning and empowerment process that attends to social inequities.

- There is a level of trust that must be reached between the community and the researchers in order to achieve this goal. This can be difficult if the community demographics are not the same as those of the researchers (education level, comfort level, feelings of inadequacy)
- It is important for researchers to clearly express their desire to help, and not simply “study” the community.
- Individuals are more open to express their thoughts/concerns when they are treated as equals.
 - Working in close conjunction with established community groups helps to bridge this gap

6. Involves a cyclical and iterative process

- Time consuming - extended involvement with the community
- May test the sincerity and integrity of outside researchers before true participation occur
- Must be willing to demonstrate commitment to the project and the community
- Willingness to continue through difficult times
- May mean revisiting issues several times
- Gives community members time to contemplate and seek advice before giving an answer
- Meet with research team regularly
- Research timelines may be extended - need flexibility of timelines

7. Addresses health from both positive and ecological perspectives.

- Lacking understanding of the context in which the community is making decisions about their health and welfare.
 - Acquire knowledge about community - research
 - Collaborate with community
- Focusing on negative aspects of the community-lack of community intake, past failures of similar projects
 - Identify assets within the community
 - Utilize its strengths
- Barriers within the community - stigma
 - Identify and address them

8. Disseminates findings and knowledge gained to all partners.

- Soliciting interest from the larger community to discuss community action plan
- Addressing needs of all partners (board, school, health centre, community members)
- Obtaining funding from funding bodies
- Sustaining program within community

Questions /Comments?

