

**COMMUNITY HEALTH CENTERS: WHY ENGAGE IN RESEARCH?**  
**BY MARY FRANCES ONEHA**

**INTRODUCTION**

Historically, Community, Migrant, Homeless, and Public Housing Health Centers (CHCs) have provided affordable primary and preventive services to low income and medically underserved communities. These communities most commonly represent individuals who are isolated from medical care due to geography, race/ethnicity, or language; are uninsured or publicly insured; and minority.<sup>1</sup> Little is known in the research literature about this unique population and their response to health care from the perspective of the organization/providers delivering their care. While CHCs are frequently asked to participate on research projects, resources that assist health centers in considering and implementing proposals are often unavailable. Staff time and knowledge of research are primary resource challenges encountered by many CHCs. In a survey conducted by the Association of Asian Pacific Community Health Organizations (AAPCHO) to understand the research needs, priorities, and gaps, 10 CHC members (45% response rate) identified funding (69%) and staff availability (62%) as the top two barriers to sustaining research. In addition, only few had staff with prior research experience.<sup>2</sup>

The purpose of this paper is to describe the benefits to CHCs engaging in research and how to get started. It targets CHC senior staff and others who must examine their available capacity and resources in order to commit to engaging in research. While this paper is not intended to be a how-to guide for doing research, it examines reasons for CHCs to engage in research – that is, CHCs participating in or generating their own research projects with or about their targeted population or community. Additional resources for health centers interested in

becoming more involved in research can be found online at <http://CBPRtoolkit.aapcho.org>. The paper also speaks to the beginning steps in building a CHC research infrastructure.

### DEFINING RESEARCH

The meaning of the word *research* is to search or to examine thoroughly. Specifically, it is a systematic inquiry “to validate and refine existing knowledge and develop new knowledge.”<sup>3</sup> Further, the Department of Health and Human Services (CFR 46.102) defines research as “a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge.”<sup>4</sup> Health centers offer a rich environment to raise research questions critical to the population served. Examples of research proposed or conducted in CHCs and the design/methodology identified are described in Table 1.

<b>Table 1. Examples of Research Conducted with CHCs</b>		
<b>Research Topic</b>	<b>CHCs</b>	<b>Research Design/Methodology</b>
1. The Development of Metabolic Syndrome in Filipino, Native Hawaiian and Samoan Adolescents "The Hawaii Youth Metabolic Study" <sup>5</sup>	Waianae Coast Comprehensive Health Center (WCCHC), Kalihi Palama Health Center (KPHC) and Kokua Kalihi Valley (KKV) Health Center.	Community-based cross-sectional observational study on the development of metabolic syndrome in overweight Filipino, Native Hawaiian and Samoan children based in Hawaii at 3 health centers.
2. Intimate Partner Violence: Community Health Centers Take Action <sup>5</sup>	Waianae Coast Comprehensive Health Center, Kalihi Palama Health Center and Kokua Kalihi Valley Health Center.	Descriptive community-based participatory research (CBPR) using both qualitative and quantitative methods focused on 3 cultural groups, Native Hawaiian, Filipino, & Chuukese at 3 health centers.
3. Incentivizing the Outcome: Paying for Population Health at Hawaii Federally Qualified Health Centers <sup>6</sup>	Waianae Coast Comprehensive Health Center, Kalihi Palama Health Center, Waimanalo Health Center, & Bay Clinic	Matched treatment-control study with four FQHCs participating as the intervention group, and the same numbers from eight other FQHCs who contract with the same payor but are not participating in the P4P program.
4. Impact of Enabling Services Utilization on Health Outcomes <sup>6</sup>	Waianae Coast Comprehensive Health Center, Kalihi Palama Health Center, International Community	Descriptive and statistically analysis to look at enabling service utilization at community health centers and its impact on health outcomes by comparing enabling service

	Health Services, Charles B. Wang Community Health Center	users and non-users.
5. [ADDITIONAL PENDING]		

Community health centers have a long tradition of engaging in program evaluation and quality improvement activities. Both activities may benefit from following a research framework and generating research questions in which findings add to an existing knowledge base or advance knowledge in a particular area. For the purposes of this paper, however, we exclude the following activities as they are generally not considered research: quality improvement (QI) activities that are part of the health center’s normal course of business or practice; public health surveillance or other routine disease or treatment reporting to a public health agency or insurer; and staff or patient experience, satisfaction, or other surveys that is generated for the health center’s use and is not part of a systematic investigation for advancing generalizable knowledge (i.e., disseminating results).

While there are various types of research<sup>7</sup> which could be conducted to address identified issues, the research question and the CHC’s unique experiences, patient demographics, and limited resources impact the type and design of the research project. Consequently, participation of the community and CHC staff helps to ensure that the study proposed is feasible, meets the needs of the community, and is conducted responsibly.

Community-based participatory research (CBPR) has emerged as a valuable **approach** to research for CHCs, regardless of the design and methodology of the identified research project. This approach is consistent with the community-directed operating structure of CHCs. The W.K. Kellogg Foundation’s Community Health Scholars Program (2001) defines CBPR as,

A **collaborative** approach to research that **equitably** involves all **partners** in the research process and recognizes the unique **strengths** that each brings. CBPR

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begins with a research topic of **importance to the community** with the aim of **combining knowledge and action** for social change **to improve community health** and eliminate health disparities.

Community-based participatory research is a good fit for CHCs as it is consistent with a CHC’s governance and operating structure. Equitable community representation at a board level is a worthwhile model when engaging in and conducting research with communities. CBPR works within and recognizes the expertise of CHCs and community members. CHCs can leverage their expertise on a community (hence the term “community-based”) and therefore answer the questions of who identifies the problem and who sets the priorities on what should be done. This research approach also respects and promotes the values of CHCs and the communities they serve through shared responsibility and accountability, long-term commitment, disclosure and transparency, the equitable division of resources, and a “less talking and more listening and asking questions” attitude from outside academic partners. It is through this balanced partnership that a difference can be made in narrowing community health disparities, as well as ensuring that research is relevant to the community and not prioritized by publication and grant opportunities.

Additional information on CBPR is provided through the AAPCHO-NACHC online toolkit, *“Community-Based Participatory Research: A Health Center Toolkit with Asian Americans, Native Hawaiians, and Pacific Islanders,”* for health centers interested in learning more about CBPR, as well as researchers interested in working with health centers. This toolkit is available at <http://CBPRtoolkit.aapcho.org>, and additional info is available from the Community-Campus Partnerships for Health (CCPH) at <http://depts.washington.edu/ccph/commbas.html>.

**WHY DO RESEARCH?**

Community health centers are ideal places for and initiators of research to generate new or refine existing knowledge with the populations served, and to speed dissemination of findings relevant to other CHCs and even other primary care providers. Key CHC decision makers – including board members, executive directors, medical directors, research coordinators, information officers, and others –all play a role in setting the course or vision for CHCs to engage in research. Their role involves incorporating research into the CHC’s mission and strategic plan, engaging board members and patients in defining research priorities, deciding what research to support or get involved in, and playing a direct role in the research project. The decision to engage in research is not taken lightly; significant concerns and questions need to be addressed.

### **Concerns and Questions Related to CHCs Engaging in Research**

*1.” The staff and resources are already stretched too thin and the idea of research added on to our current responsibilities will be one more distraction from our current mission of providing high quality clinical care.”*

Engaging in research provides CHCs an opportunity to discover one’s own evidence and integrate findings into practice to further improve health care delivery, quality of services, and public policy. Little is known about the population health centers serve, including their response to illness, understanding of health, the value of providing comprehensive care to a complex population, and how to respond appropriately to the medical, psycho-social, and environmental challenges faced by their targeted populations. For decades, CHCs have served a minority population in which little to no evidence exists in the research literature on their responses to illness. Demographic factors such as geographic location, duration of time in the United States, country of origin, income level, primary language, race/ethnicity, insurance status, medical and

behavioral condition(s) are just a few characteristics that make research, with the populations CHCs serve, complex yet greatly needed.

Research can serve two purposes to obtaining community health improvement. First, research can serve as a process for identifying and evaluating current health services used for a particular condition or experience. Research provides a source to health centers for knowing where the gaps and strengths in services are from a community participant’s perspective. Research participants may also suggest ways to improve or consider new services to achieve a particular health outcome. Next, meaningful dissemination of research findings to community members can also serve to improve health outcomes. Dissemination traditionally ended with peer-reviewed publications in mostly academic journals or presentations at professional conferences. Few research studies find their way back to the community in a way that is meaningful and useful to the community – the CHC providers and community served.<sup>8</sup> Health centers have had to “translate” and disseminate health information to communities for decades, and therefore, provide invaluable expertise on the most appropriate methods and timeliness of research dissemination to communities.

2. *“Who are you going to get to do this and will they have the time to do it? How much time do you think it will take? We know we always have to double that estimate.”*

Just as delivering services within communities is a long-term commitment, so to is deciding to engage in research with your communities. While individual research projects are time-limited, the research journey of a particular topic is long-term and may begin with an exploratory phase before moving to an intervention study. Engagement in research increases community and CHC staff capacity to be involved in the design, implementation, and analysis of the research. Getting staff involved, even at 1-2 hours/week, in recruiting, participating in data

collection, or interpreting and translating, presents an initial opportunity to acquire new skills not only as a member of a research team, but as a minority researcher representative of their ethnic group. Providing mentoring opportunities from CHCs engaged in research to other CHC staff and community members increases the capacity of CHCs to engage in and sustain research efforts.

3. *“Will this require an additional layer of administrative and financial management? How is that going to be handled and who is going to pay for it?”*

Research provides an alternative revenue stream to support existing services or provide funding for new resources (e.g. supplies, personnel, equipment, etc.). Engaging in research provides an opportunity to receive funds through research grant awards, and potential program grants developed as a result of research findings. Just as program grants always require some level of fiscal management, reporting, and transparency, it is no different for research grants. Additional administrative and financial resources are dependent on the degree and frequency of research engagement for each CHC.

4. *“We worked with researchers from the university in the past and the relationship was not necessarily one we would like to experience again. We are still trying to understand the benefits we received from the perspective of our clinical mission. We know it cost a lot of time, resources and disruption to our clinical practices. The university people we encountered were not empathetic when it came to our mission, patient relationships, and limited administrative resources.”*

The decision to engage in research accompanies identification of research priorities and what research to support or get involved in. It is OK to say “no.” If the CHC decides to collaborate with a research partner, lay out your center’s research priorities and the special conditions patients face. Invite partners to tour your community and center, for instance, and hold meetings in the community rather than at a university.

For example, in 1985, a research agency offered Hawaii’s Waianae community through its CHC (Waianae Coast Comprehensive Health Center, WCCHC) the opportunity to participate in planning cancer prevention research efforts.

The Board of Directors of the CHC, cognizant of the poor reputation of researchers among community residents, agreed to participate if certain conditions were met; first, the research must be carried out in a manner sensitive to the people and culture being studied, second, the project must incorporate direct and immediate benefits for the participants and the community as a whole. To meet these criteria, the CHC Board called for community representation in the planning and implementation of the project.<sup>9</sup>

Involving the community in this process to understand the issues surrounding cancer prevention resulted in the submission, funding, and completion of a 5-year “Waianae Cancer Research Project” to the National Cancer Institute. In addition, the community established “Principles and Guidelines for Participatory Research” through this experience, which has served as the foundation for the current research protocols of the WCCHC.<sup>9</sup>

*5. Some providers and nursing staff will remind us of why they joined our CHC. Research was not among their initial reasons for wanting to work with us and the special populations we serve.*

Health centers adhere to their mission of serving individuals regardless of their insurance status or ability to pay, offer services to decrease barriers to access, and tailor services to fit the needs and priorities of their communities. They are held accountable to the services delivered and findings discovered because they are governed by a board representative of the community. Research provides a different avenue to gain community input on those emerging community issues that requires a more in-depth understanding to explain a particular phenomenon or experience. This inquiry can also lead to engaging the community in the research process, a valuable tool to improving health outcomes and initiating community based participatory research (CBPR).



### **Benefits to CHCs Engaging in Research**

In response to the primary concerns and questions addressed, there are several **benefits** to CHCs for engaging in research.

<b>Table 3. Benefits to Engaging in Research</b>
<p><b><i>1. Advances the CHC mission</i></b> CHCs work to alleviate the root causes of poor health and aim to improve community health while narrowing health disparities. To do this, they serve individuals regardless of their insurance status or ability to pay, offer services to decrease barriers to care, and tailor services to fit the needs and priorities of their communities.</p>
<p><b><i>2. Builds CHC capacity</i></b> Research provides alternative financial resources, opportunities to engage and build on skills of staff and community members, and evidence that can lead to additional financial opportunities. The research process also helps to inform quality improvement activities. These enhance a CHC’s ability to provide the highest quality, most cost effective care to more patients in need.</p>
<p><b><i>3. Functions as a recruitment/retention tool and source of staff satisfaction</i></b> Engaging in research activities may be an employment incentive for some providers/staff and provide a learning opportunity for staff to gain new skills.</p>
<p><b><i>4. Recognition as a resource and expert, and helps broaden/strengthen local, state, and national partnerships</i></b> Establishing partnerships with government agencies, other community or grass-roots organizations, various schools within a research intensive university, health plans, or commercial vendors are beneficial to CHCs interested in doing research. This partnership creates a consortium or network in which other opportunities may evolve.</p>
<p><b><i>5. Strengthens 330 proposals or other grant applications</i></b> Disseminating evidence derived from research findings generated from a CHC strengthens proposals and provides a potential evidence base practice.</p>
<p><b><i>6. Improves data collection and reporting</i></b> The research process and findings contribute to refining data collection and reporting for CHCs, enhancing the quality of services provided.</p>

Testimonials from CHC staff reiterate the benefits to engaging in research: **[PENDING]**

### **BUILDING A RESEARCH INFRASTRUCTURE WITHIN YOUR HEALTH CENTER**

The decision by a CHC to build a research infrastructure may be derived from a need or desire to improve community health through research. There are different stages or types (Table

4) of research involvement for CHCs and the research infrastructure should reflect the extent to which a CHC would like to engage in and commit to research.

<b>Table 4. Stages or Types of Research Involvement</b>
<p><b><i>1. Collaborating with external entities to recruit research participants</i></b> At this first stage, a CHC may be contacted to assist with recruiting participants for a particular research project. The “recruitment” may be passive in the form of providing information to the targeted population or active in the form of identifying or engaging specific individuals to consider participating in the proposed research project.</p>
<p><b><i>2. Establishing formal partnerships with other organizations/institutions to conduct research</i></b> Formal partnerships articulate clearly the expectations and responsibilities of each partner when conducting research together. The partnership understands the conditions under which research will be considered at a particular CHC and are committed to pursuing and engaging in research as a team.</p>
<p><b><i>3. Creating a research department to generate own research proposals</i></b> Formalizing an organizational department with adequate resources to generate research proposals on their own is the third stage of research involvement. Research priorities are identified, proposals developed and submitted by providers/staff of the CHC.</p>

## **Research Infrastructure Requirements**

A research “infrastructure” was defined by Seifer and her colleagues<sup>10</sup> as “the sum of those elements that are essential and/or required to support activity leading to successful research processes and outcomes.” Commitment and support from the health center’s board and leadership is critical to building a research infrastructure and setting the ground rules for research. Seifer and colleagues identified five broad infrastructure themes related to developing and sustaining community-university partnerships for health research.

### ***1. Selecting and establishing partnerships***

While Seifer and her colleagues identify this as the community-university relationship, partnerships by CHCs with other community based organizations to engage in research are also logical. CHCs are in a unique position to initiate these partnerships and be responsive to them. Initiation may involve inviting organizations, academic institutions or other CHCs, to partner on mutual research ideas and needs. Significant to partnering with academic institutions is the

distinct difference in history (e.g., prior experience in partnering or engaging with communities) and culture (e.g., mission and role of the university and its faculty, and lack of representation from the community/cultural group of interest) they represent. Universities have not always been a welcome partner to communities. Nonetheless, they provide research expertise that may not be readily available in the community, an opportunity to raise questions from different perspectives, access to funding and resources from within and from other universities, an opportunity to expand the role of health professionals in a community setting, and assistance to work towards facilitating a healthy and sustainable future for communities. Inviting other CHCs to form a partnership provides an opportunity to create a research network with common interests.

Formalizing the research partnerships through a memorandum of understanding (MOU) or agreement (MOA) assists in clearly establishing roles, ground rules/principles, and commitment to the partnership for the long term. Increasingly, funding sources are asking researchers to describe the partnership and the length of time together. A MOU or MOA promptly addresses this requirement. In partnerships with universities, this document may also be used to orient new faculty pursuing their research interests.<sup>11</sup> Equal, trusting partnerships take time to nurture and develop; therefore, starting well-before funding opportunities arise is beneficial.

## ***2. Development of policies and procedures to conducting research***

Dependent upon the degree of research engagement and your organization's policy protocol, each CHC can best identify the appropriate depth and scope of their policies and procedures. However, it may be helpful to have one overriding policy about conducting research at your CHC, followed by detailed operating procedures such as research proposal review,

partnership agreements/contracts, dissemination goals, budget requirements/resource allocation, and data ownership.<sup>12</sup> It is within these procedures that a proposal review protocol is established for your health center. The protocol will need to operationalize who does the review (individual or team), frequency of reviews (monthly, quarterly, as needed), content of review (elements defined by your CHC as essential to a research proposal review), and how review findings are documented and communicated to the researcher and appropriate CHC staff.

### ***3. Financial resources***

Applying for and receiving the appropriate type of funds from the appropriate source and for a reasonable funding period can be a challenge for CHCs who lack the research expertise to navigate through these resources, particularly if the CHC is a novice to the research area of interest. Partnerships with experienced organizations and/or researchers can prove to be beneficial in this instance. However, discussing how to equitably distribute the financial resources can be a sensitive issue for all partners. It is most helpful if this discussion takes place at the time the partnership is being developed rather than at the time the proposal is being written. The discussion needs to include each partner's expectations and compromises. Engaging in research provides an avenue for CHCs to acquire additional funding, most commonly, to support staff time, equipment, supplies, transcription/translation, and participant incentives.

### ***4. Human resources***

While staff time is already invested in existing duties, engaging in research requires “the provision of resources to enable staff to support the partnership effectively.”<sup>10</sup> This may be accomplished through the hiring of new staff or through re-allocating a portion of particular staff time to research funding. Appropriate staff who are trained, committed, competent, flexible, share power, and have the capacity to make decisions, are essential to engaging in research

partnerships. The investment of human resources is highly dependent on the CHC's degree of research involvement and the roles and responsibilities of research partners. Research involvement may range from 2-4 hours a week to 20 hours or more per week if the CHC is presented with multiple proposals to review and monitor. When multiple research requests are made, CHCs may find a Research Coordinator position useful in maintaining the files and status of all research proposals reviewed by the appropriate persons within a CHC; facilitating research meetings; corresponding with researchers on the development, implementation, and status of their proposed research project; establishing formal research partnerships with other institutions whose interest are consistent with the CHC; and identifying research opportunities for staff at the CHC.

#### ***5. Hard infrastructure***

Although needed equipment will likely vary by project, “hard” infrastructure, such as equipment (computers, printers, copiers, video camera, tape recorder), space, software/programs (e.g. electronic health record), secure data storage, and internet, library, databases, or archive access is the final theme. Health centers may have some of the “hard” infrastructure in place or they may obtain/purchase items through research funding, building the needed infrastructure. Data analysis software (SPSS, Atlas.ti, NVivo, Ethnograph, etc.) and library, databases (CINAHL, MEDLINE, etc.) or archive access may not be readily available and accessible to CHCs. Partnering with other research organizations, particularly universities, will give health centers access to such analytical support and resources.

Identifying the appropriate infrastructure is essential to getting started with conducting research. While this section discussed the minimum infrastructure needs for engaging in research, health centers will need to decide the scope of resources which can be adequately and responsibly allocated as well as the appropriate policies to put in place to guide research for this endeavor. **[TESTIMONIALS PENDING]**

### **GETTING STARTED**

Community-based participatory research, in particular, aims for “**combining knowledge and action** for social change **to improve community health** and eliminate health disparities.” The challenge for CHCs is to support and sustain this action over the long term to create social change.

Community health centers that are new to engaging in research will want to partner with experienced organizations/researchers to get started. The AAPCHO-NACHC CBPR toolkit provides valuable information on getting started with forming research partnerships. A starting point for CHCs may be completing the partnership readiness assessment included in the toolkit. Community health centers are in a prime position to invite institutions to partner with them on research, instead of waiting to be invited by an academic institution. Take the time to form lasting partnerships and understand the history that your health center brings to the partnership.

The history and readiness of the health center is important, it takes time. The history of the health center cannot be isolated from this process (Jan Shoultz, RN, DrPH, University of Hawaii at Manoa School of Nursing & Dental Hygiene, personal communication, October 29, 2008).

Health centers that are interested in partnering or doing research usually begin with an idea, and it is at this point that partners need to be involved! Meeting to brainstorm and answer

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questions – such as what will work, what will not work, what value will it bring to the CHC and community, and does it meet a need in the community – are critical steps to moving forward.

The next step, responding to a request for proposals (RFP) from a funding source, can often be the first step. However, having a research partnership in place prior to the RFP is highly advised. Once the decision is made to respond to a request, determine each partner's role in the process. Who will lead the grant writing? Who will do what on the project? An upfront discussion is necessary to identify and understand who will take the lead, or will there be multiple principal investigators, will there be a co-investigator, a project coordinator, or other staff involved. The request or criteria established by the funding source dictates the funding amount, period of funding, who and how many are allowed to be principal investigators, the submission process, and deadlines. Consultants in the topic area, methodology, or population being studied may need to be identified for the research proposal.<sup>13</sup> Work with the project officer or contact person of the funding source throughout the proposal development process.

As the details of the proposal are being written, costs identified will begin to formulate the budget. Community health center staff participating in these discussions must have the capacity to speak knowledgeably and make decisions on the allocated amounts. Approving the amount allocated means that those resources will be committed to the research project. Although costs vary among CHCs, costs to consider when engaging in research include staff time, space, equipment, participant incentives, data/record retrieval, transcription, translation, and any other procedural costs due to the proposed intervention. Other costs which vary greatly or are not usually allowed include indirect (negotiated nonprofit rate agreement with the federal government), either limited by the funding source or varies greatly with multiple partners, and food (unless written as part of an intervention).

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Next, set a timeline to have the proposal reviewed by the appropriate person(s). This review may be specific to each CHC and involve not only a research review but an operational review. What would be the impact on the operations of the CHC to participate in the research project? The person or persons involved in the review is also determined by each CHC and may involve one person, such as the medical director, or a group of people, such as a research committee. When engaged in a research partnership, particularly with multiple partners, this can be a lengthy process. A few CHCs have a research committee and/or an institutional review board (IRB) that requires review of the research before implementation. An IRB is an established administrative body whose function is to protect the rights and welfare of human research participants recruited to participate in research activities. Review and approval of research by an IRB is required by the Code of Federal Regulations.<sup>14</sup> For example, the Waianae Coast Comprehensive Health Center's (WCCHC) Research Committee reviews all research proposals, prior to submission to the funding source, to ensure cultural responsibility, collaboration and equitable resource allocation, with protection of the WCCHC and community as a primary focus. The IRB reviews approved (by the Research Committee) and funded proposals, provides final approval to conduct research at WCCHC, provides legal oversight and monitors funded proposals with the primary intent of protecting the research participants. If a CHC does not have an IRB, a partnering organization, such as a university's IRB, or an independent IRB may be utilized. *"Ensuring Community-Level Research Protections"* provides additional information on the role of IRBs to ensure participant protection at the individual and community level.<sup>15</sup>

Once the proposal has been written, reviewed, and approved, it is submitted to the funding source by the appropriate and agreed upon partnering organization/researcher. If funded, planning and implementation of the proposed research project begins. Primary



challenges encountered by CHCs include ensuring that the research project does not disrupt patient flow and the generation of revenue, or take staff away from their existing duties and responsibilities without a replacement, thereby leaving a void or gap in services. Following implementation, participation of CHC staff in the analysis is crucial to providing a context. Regardless of the findings, information should always be disseminated in a way that is beneficial and not detrimental to the community. Findings should also be disseminated in a way that is useful and meaningful to the community and CHC, for example, as educational brochures, posters, videos, games, or DVDs; fact sheets; legislative testimony to benefit the community; and/or educational curricula for consumers and/or students.

### **CONCLUSION**

This paper describes the reasons for and benefits to CHCs engaging in research, and how to get started. Engaging in research builds capacity to serve more patients and provide new services, improves patient outcomes while addressing health disparities, serves as a recruitment and retention tool for staff, and diversifies revenue streams – all means for building a foundation on which to grow. Health centers nationally have committed to reaching 30 million patients by the year 2015 as part of the ACCESS for All America Plan.<sup>16</sup> Research, then, is an important avenue for meeting this goal. Research involvement allows CHCs the ability to influence what future research is conducted and how. By getting involved in research, CHCs will increasingly have a place at the table in determining research priorities that are relevant to the community's needs, and how that research is carried out (e.g., in a community-based participatory manner).

Community health centers possess invaluable knowledge that could make a significant contribution to existing knowledge. However, initiating or engaging in research is not the end; it is just the beginning. Engaging in research and developing research partnerships are long term

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commitments. The next step is using those findings to inform and improve practice or operations, and provide useful information to policy makers to address the needs of community health centers as they strive to create healthy, sustainable communities.

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<sup>1</sup> NACHC, (2008, August). America's Health Centers. NACHC Fact Sheet #0808.

<sup>2</sup> Chang Weir R, Tseng W, Valle-Perez M, & Caballero J. (2008, March). Evaluation Research Capacity and Priorities at Community Health Centers Serving Asian Americans, Native Hawaiians, and Pacific Islanders: Preliminary Results. Presented at AAPCHO's 20th Anniversary Conference: Cultivating Traditions of Wellness National Technical Assistance Conference, Washington D.C.

<sup>3</sup> Burns N. & Grove SK. (1995). Understanding nursing research. Philadelphia: WB Saunders.

<sup>4</sup> Department of Health and Human Services Code of Federal Regulations 46.102  
<http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.htm>. Accessed November 23, 2008.

<sup>5</sup> Contact Shelly Enos, [senos@wcchc.com](mailto:senos@wcchc.com), Research Coordinator, Waianae Coast Comprehensive Health Center for more information.

<sup>6</sup> Contact Rosy Chang-Weir, [rcweir@aapcho.org](mailto:rcweir@aapcho.org), Director of Research, AAPCHO, for more information.

<sup>7</sup> For one definition of research, the National Institutes of Health (NIH) definition of clinical research is; a) Patient oriented research involving a particular person or group of people or uses materials from humans; b) Epidemiological and behavioral studies which examine the distribution of disease, factors that affect health, and how people make health-related decisions; and c) Outcomes and health services research which seek to identify the most effective and efficient interventions, treatments, and services (<http://www.nichd.nih.gov/health/clinicalresearch/>).

<sup>8</sup> Oneha MF & Beckham S. (2004). Re-examining community based research protocols. Pacific Public Health 2, 11(1): 102-106.

<sup>9</sup> DeCambra H, Enos R, Segal Matsunaga D, Hammond OW. (1992). Community involvement in minority health research: Participatory research in a Native Hawaiian community. Cancer Control Research Reports for Public Health: 2-9.

<sup>10</sup> Seifer SD, Shore N, Holmes SL. (2003). Developing and Sustaining Community-University Partnerships for Health Research: Infrastructure Requirements. Seattle, WA: Community-Campus Partnerships for Health. [http://depts.washington.edu/ccph/pdf\\_files/p-nih012903.pdf](http://depts.washington.edu/ccph/pdf_files/p-nih012903.pdf)

<sup>11</sup> For more information, see the AAPCHO-NACHC online toolkit for a sample MOU:  
<http://CBPRtoolkit.aapcho.org>

<sup>12</sup> For more information, see the "CHC Research Collaboration Questionnaire" in the online toolkit:  
<http://CBPRtoolkit.aapcho.org>

<sup>13</sup> For additional information, see "Sample Grant Application" in the AAPCHO-NACHC online toolkit:  
<http://CBPRtoolkit.aapcho.org>

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<sup>14</sup> For more information about IRBs or establishing an IRB, see Code of Federal Regulations, Department of Health and Human Services Title 45 Part 46; <http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.htm>.

<sup>15</sup> Grignon J, Wong KA and Seifer SD. Ensuring Community-Level Research Protections. Proceedings of the 2007 Educational Conference Call Series on Institutional Review Boards and Ethical Issues in Research. Seattle, WA: Community-Campus Partnerships for Health, 2008.  
[http://depts.washington.edu/ccph/pdf\\_files/FinalResearchEthicsCallSeriesReport.pdf](http://depts.washington.edu/ccph/pdf_files/FinalResearchEthicsCallSeriesReport.pdf)

<sup>16</sup> For more information, see: <http://www.nachc.org/access-for-america.cfm>

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