



Published in final edited form as:

Clin Transl Sci. 2015 August ; 8(4): 391–393. doi:10.1111/cts.12272.

Federally Qualified Health Centers' Capacity and Readiness for Research Collaborations: Implications for Clinical-Academic-Community Partnerships

Heather M. Brandt, PhD, CHES^{1,2}, Vicki M. Young, PhD³, Dayna A. Campbell, MPH³, Seul Ki Choi, MPH^{1,2}, Jessica S. Seel, BA^{1,2}, and Daniela B. Friedman, PhD^{1,2}

¹Department of Health Promotion, Education, and Behavior, Arnold School of Public Health, University of South Carolina, Columbia SC, 29208

²Statewide Cancer Prevention and Control Program, Arnold School of Public Health, University of South Carolina, Columbia SC, 29208

³South Carolina Primary Health Care Association, Clinical Quality Improvement Department, 3 Technology Circle, Columbia, SC 29203

Abstract

Background—Federally qualified health centers (FQHCs) provide a health care safety net for underserved populations and contribute unique expertise to research that could further enhance quality of patient care. The purpose of this research was to assess interest in, readiness to, and capacity for conducting research in FQHCs in South Carolina (SC).

Methods—A web-based survey was administered to 20 FQHCs across SC. Fourteen representatives of FQHCs completed the 39-item survey that assessed research experience and interest, partnerships and funding, barriers and benefits to research participation, training and technical assistance needs, and research capacity.

Results—FQHCs are interested in conducting research. FQHCs reported that health center leadership, organizational benefit, active engagement of staff, and clear roles for partners were important factors for successful partnerships. Inequity of budget and resources were the greatest challenges encountered. Improved patient outcomes, additional resources for the center, reduction in disparities, and academic partnerships were considered benefits for participation. FQHCs were interested in training and technical assistance opportunities for research funding and best practices for the use of research to inform programs and services.

Conclusions—FQHCs are willing to collaborate on research. For successful research partnerships, collaborators should understand FQHCs' challenges and barriers to participation.

Keywords

Federally Qualified Health Center; Research partnership; Capacity; Readiness

Introduction

Federally qualified health centers (FQHCs) are vital to the United States (US) primary care safety net by providing services to medically underserved patients.^{1,2} Compared to private providers, FQHCs serve more public insurance recipients, low income, and/or uninsured patients who have greater burden of diseases;^{3,4} thus, FQHCs play an important role in efforts to reduce health disparities.⁵ In South Carolina (SC), FQHCs have the support of a statewide membership organization, the SC Primary Health Care Association (SCPHCA), committed to assisting FQHCs by providing a coordinating structure to ensure access to health services for communities across the state. In 2012, the 20 FQHCs served more than 324,000 patients, including 266,000 covered by Medicare, Medicaid, or who were uninsured.⁶

FQHCs also have unique expertise they can contribute to research that could enhance the quality of patient care and assist in reducing health disparities. Previous research involving an FQHC as a location for a farmers' market showed improved fruit and vegetable intake among patients.⁷ Another study of oral health in underserved communities stressed the need to establish a dedicated FQHC research network to help reduce disparities.² To date, however, FQHCs' engagement in research has been hampered by organizational, cultural, and infrastructure obstacles.⁸

The current study was conducted with FQHCs to assess their levels of interest in, readiness to, and capacity for conducting research. This assessment was performed collaboratively between the SC Cancer Prevention and Control Research Network at the University of South Carolina, SCPHCA, National Association of Community Health Centers (NACHC), and Clinical and Translational Science Institute at Children's National (CTSI-CN). This is the first study to assess perceived benefits and barriers to engaging FQHCs in research in SC.

Methods

Twenty FQHCs were contacted by email to complete a web-based survey using Qualtrics™. A chief executive officer or executive director, a designated representative of the health center, or someone knowledgeable about their center's research activities was asked to participate. Fourteen FQHCs completed the survey. There were no major differences in characteristics between FQHC responders and non-responders. The survey consisted of 39 items to assess research experience and interest, partnership and funding, staffing and ethical review, barriers and benefits to research participation, training and technical assistance needs, and capacity for conducting research. Survey questions were adapted from a national survey conducted by NACHC and CTSI-CN.⁹⁻¹¹ Additional items for administration in SC were also included. The survey was conducted from October to December 2011. Participating FQHCs received \$100. Descriptive statistics were computed using SAS 9.4 (SAS Institute, Cary NC). The research protocol was approved by the university's institutional review board.

Results

Of the 14 FQHCs, 71% had previously conducted and/or participated in research (n=10), and 90% of those were interested in expanding research activities (n=9). Those who had not previously conducted or participated in research (n=4) were interested in research partnerships with external researchers. All FQHCs that had previous research experience reported that their experiences with external researchers were either successful (n=7) or somewhat successful (n=3). The five most mentioned factors for successful partnerships with external researchers were health center leadership (n=10), active engagement of front-line staff (n=9), clear and compelling benefits to organization (n=10), clear roles and responsibilities for each partner (n=9), and trust and/or transparency in partnership (n=8). The greatest challenge to conducting successful partnered research was inequity of budget and resources (n=4). Three FQHCs that had participated in research reported that they had not experienced any challenges in their partnership.

FQHCs both with and without research experiences reported several barriers to their health center's research participation. The top five most commonly reported barriers were dedicated staff time to conduct or participate in research, training to apply for and conduct research, concern about loss of productivity or income during research activities, methods to publish/disseminate findings, and funding opportunities for which health centers are eligible (Table 1). The top six factors indicated as huge or moderate benefits in motivating health centers to participate in research were improved patient outcomes and experience, additional resources to support the health center, reduction in health disparities, academic partnerships that support activities outside research, improved care delivery, and better access to specialty care for patients (Table 1). FQHCs were interested in training and technical assistance for finding and capitalizing on funding opportunities for research (n=11) and using research to inform programs and services (n=8). They reported that they would prefer these trainings/technical assistance through webinars/online learning (n=14) and seminars (n=11).

Discussion

Survey results revealed FQHCs' perceived benefits and barriers to participating in research partnerships. FQHCs are interested in research, however, they face barriers such as balancing patient care with research and lack of capacity. Providing training and technical assistance would be beneficial to FQHCs to lessen the burden of research engagement.¹⁰ Research partners could assist FQHCs in improving health care outcomes⁴ and overcome barriers to research participation through capacity building, especially in terms of addressing staff and financial limitations. Findings could inform opportunities to develop future training modules for FQHCs to overcome barriers and increase capacity. Based on reported barriers, modules need to include: trainings for quality improvement, trainings for improving research capacity, and trainings for interpretation and dissemination of research findings. Training of key staff is an important mechanism for solidifying relationships between FQHCs and external partners and facilitating mutual understanding of responsibilities of each person engaged in the partnership. Activities designed to create relationships between the FQHCs and their academic research partner could foster ownership in the process and build trust.⁵

Realizing the unique opportunities in partnering with FQHCs is crucial to working toward better health outcomes for vulnerable populations.⁹ FQHCs are willing to participate in research but they have expressed several barriers that discourage their engagement in research. Potential research partners of FQHCs need to understand the overwhelming demands of the FQHC setting and their perceived benefits and barriers to research.⁴ A shared understanding of needs, goals, and capacity between research partners and FQHCs will allow for the design of mutually beneficial research programs and lead to improved outcomes for populations served by FQHCs.

Acknowledgments

Funding provided to the South Carolina Cancer Prevention and Control Research Network (SCCPCRN) by the Centers for Disease Control and Prevention Health Promotion and Disease Prevention Research Center and National Cancer Institute-funded Cancer Prevention and Control Research Network (U48/DP001936 and U48/DP005000-01S2). The content is solely the responsibility of the authors and does not necessarily represent the official views of the Centers for Disease Control and Prevention or the National Institutes of Health.

Authors acknowledge their partnership with the National Association of Community Health Centers (NACHC) and the Clinical and Translational Science Institute at Children's National (CTSI-CN), a joint effort by Children's National Medical Center and the George Washington University.

References

1. Blumenthal DS, Lukomnik JE, Hawkins DR Jr. A proposal to provide care to the uninsured through a network of community health centers. *J Health Care Poor Underserved*. 1993; 4(3):272–279. [PubMed: 8353219]
2. Riedy CA, Ly KA, Ybarra V, Milgrom P. An FQHC research network in oral health: enhancing the workforce and reducing disparities. *Public Health Rep*. 2007; 122(5):592–601. [PubMed: 17877306]
3. Kaiser Family Foundation. *Community health centers: the challenge of growing to meet the need for primary care in medically underserved communities*. Washington, DC: 2012.
4. Allen CL, Harris JR, Hannon PA, et al. Opportunities for improving cancer prevention at federally qualified health centers. *J Cancer Educ*. 2014; 29(1):30–37. [PubMed: 23996232]
5. Davis RM, Hitch AD, Nichols M, Rizvi A, Salaam M, Mayer-Davis EJ. A collaborative approach to the recruitment and retention of minority patients with diabetes in rural community health centers. *Contemp Clin Trials*. 2009; 30(1):63–70. [PubMed: 18824135]
6. South Carolina Primary Health Care Association. [December 10, 2014] <http://www.scphca.org/>.
7. Freedman DA, Choi SK, Hurley T, Anadu E, Hébert JR. A farmers' market at a federally qualified health center improves fruit and vegetable intake among low-income diabetics. *Prev Med*. 2013; 56(5):288–292. [PubMed: 23384473]
8. Hacker K, Bhuiya N, Pernice J, Khan SM, Sequist TD, Tendulkar SA. Assessing research interest and capacity in community health centers. *Clin Transl Sci*. 2013; 6(5):391–397. [PubMed: 24127928]
9. Jester, M.; Proser, M.; Shin, P. *Building Research Partnerships with Community Health Centers: A Toolkit for Academics*. National Association of Community Health Centers; 2014.
10. Beeson T, Jester M, Proser M, Shin P. Engaging community health centers (CHCs) in research partnerships: The role of prior research experience on perceived needs and challenges. *Clin Transl Sci*. 2014; 7(2):115–120. [PubMed: 24774327]
11. Shin P, Sharac J, Beeson T, Proser M, Jester M. Identifying key patient demographics and organizational factors that contribute to health center participation in research. *J Ambul Care Manage*. 2014; 37(3):250–257. [PubMed: 24887526]

Table 1

The degree of barriers and benefits to health centers' participation in research [N(%)]

	Not	Minor	Moderate/Huge
Top barriers			
Dedicated staff time to conduct or participate in research	0 (0.0%)	2 (14.3%)	12 (85.7%)
Training in applying for and conducting research	0 (0.0%)	3 (21.4%)	11 (78.6%)
Concern about loss of productivity or income during research activities	0 (0.0%)	4 (28.6%)	10 (74.4%)
Methods to publish /disseminate findings	1 (7.1%)	3 (21.4%)	10 (74.4%)
Funding opportunities for which our health center is eligible	2 (14.3%)	3 (21.4%)	9 (64.3%)
Top benefits			
Improved patient outcomes and experience	0 (0.0%)	0 (0.0%)	14 (100.0%)
Additional resources to support health center capacity, including information technology	0 (0.0%)	0 (0.0%)	14 (100.0%)
Reduction in health disparities	0 (0.0%)	1 (7.1%)	13 (92.9%)
Academic partnerships that support activities outside research	0 (0.0%)	1 (7.1%)	13 (92.9%)
Improved care delivery	1 (7.1%)	0 (0.0%)	13 (92.9%)
Better access to specialty care for patients	1 (7.1%)	0 (0.0%)	13 (92.9%)